

**MEMOIRS OF FIRST WORLD WAR NURSES:
MAKING MEANING OF TRAUMATIC EXPERIENCES**

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**A thesis
submitted to the Victoria University of Wellington
in partial fulfilment of the requirements for the degree of
Doctor of Philosophy in Creative Writing**

2013

NOTE

The original hardbound and the original electronic copy of this thesis comprises a creative component in the form of a novel *Lives We Leave Behind (LWLB)*, which Penguin Books (NZ) published in 2012 and Editions PRISMA (France) as *Des Vies Derrière Soi* in 2013, a connecting essay outlining the genesis for *LWLB* and clarifying my connections to nursing and to the First World War, and a critical component in the form of a research project that focuses on the memoirs of nurses who served in Egypt and/or France during the conflict. These original copies are deposited in the Permanent Restricted Archive. However, because this electronic version contains only the essay and the research project, and not the creative component, it is available through the Open Research Archive.

ABSTRACT

This version of the multi-genre and multi-voiced thesis comprises a reflective essay and a research project that examines the emotional legacies of the First World War for nurses and volunteers who attempted to make meaning of their experiences through the writing of memoirs. The essay situates me as author and researcher. The research project uses a narrative framework, as interpreted within the field of cultural history, to study the significance of physical, emotional and narrative proximity to trauma for the memoirists.

A Seven-stage Memoir Analysis Framework offers a visual representation of the findings which emerged in four areas: authorial intention and publishing trends, thematic content and cultural shifts, writing approaches and storytelling devices, and links between relationships and resilience. There were two main writing styles. Memoirists with publication as their main goal, and who released their memoirs during the war, adopted a dramatic, upbeat style that contained victorious tales which emulated the prevailing publishing trends and mirrored the preferences of the reading public. These memoirists ordered events, drew heavily on their imaginative abilities and rarely ruminated on their experiences. In contrast, the memoirists who published during the ‘war book boom’ of the late 20s through to the late 30s, and contributed to ‘literature of crisis’, adopted a more reflective writing approach and wrote of loss and disillusionment, key themes in a cultural shift that took place in post-war society. The primary aim of these memoirists was to honour the work of nursing.

Making meaning of experience occurred most successfully in the post-war memoirs. Memoirists used four strategies: ordering events, writing reflectively, forming connections, and drawing on storytelling devices. Memoirists from both groups ordered events and all but one drew on storytelling devices to entice readers into their narratives. However, apart from the aforementioned exception, only the post-war memoirists reflected on their physical, emotional and narrative proximity to trauma and considered the overall impact on their wellbeing. Each memoirist in this group kept her emotions under control in the workplace but in private spaces spoke with friends about fear, sorrow, anxiety and despair. Memoirists who lost a loved one or were separated from a close companion frequently developed painful physical ailments, which amplified their emotional distress. Those who formed meaningful relationships and empathetic emotional

connections with patients, friends and colleagues enhanced their functional resilience and better managed the relentless rhythms of work, worry and weariness. Those who remained hopeful about the future were more likely to display markers of existential resilience after the war.

ACKNOWLEDGEMENTS

I am especially indebted to Bill Manhire who read and commented on drafts of the three works which constitute the original thesis and who engaged me in stimulating conversations about craft and content. Thanks also to Pamela Wood for her advice on nursing practices of the era and her astute comments on historical details and approaches to historiography. Bill and Pamela's support, enthusiasm and knowledge nourished more than this thesis.

Sincere thanks to Pip Adam, Angela Andrews, Michalia Arathimos, Stephanie de Montalk, Laurence Fearnley, David Fleming, Lynn Jenner, Marian Evans, Kerry Hines, Christine Leunens, Tina Makereti, Gavin McGibbon, Hannah McKie, Lawrence Patchett and Steve Toussaint from the PhD in Creative Writing programme at the International Institute of Modern Letters, Victoria University of Wellington, for their helpful feedback and stimulating company during the writing of this thesis. Thanks also to Katie Hardwick-Smith and Clare Moleta for helping me keep on top of the paperwork and for checking in from time to time.

I am also grateful to friends Jackie Ballantyne, Elizabeth Brooke-Carr, Martha Morseth and Miranda Spary who read the manuscript of the novel in embryonic form and offered suggestions that invariably made their way into the work.

Key aspects of the novel benefited from the generous input and expertise of Pieter van Ammers, Claire Beynon, Bill Gillespie, Konstanze Ehlebrecht, Gundula Güldner, Alison Holst, Peter Holst, Helen Leach and Axel de Maupeou d'Ableiges.

As always, members of my writing group contributed in useful ways and celebrated significant milestones as the work took shape. The women in my book club also showed a keen interest in the novel, as did friends and colleagues at Otago Polytechnic.

Others helped through conversations and acts of kindness. Annie Price sent me her mother's Queen Alexandra Imperial Military Nursing Service cape and medal from which I drew inspiration. Prue Donald talked to me about her role as interpreter at Te Papa for part of the Great War section of the 'Slice of Life' exhibition. Frances Steel and Tom Bond shared their knowledge of steamships, while Glenda Hall told me about her great-aunt, Jean Porteous, who trained and worked as a nurse anaesthetist in the Great War.

Detta Russell accompanied me on a trip to Riverton and Tuatapere, the hometowns of my fictional nurses, Addie and Meg.

Staff at the Hocken Collections and the Alexander Turnbull Library assisted me with essential reading material, and Rachael Manson at Wellington City Archives and Dean Miller at Museums Wellington sent me detailed plans of the steamship *Maheno*, which I drew on to authenticate the nurses' initial sea voyage. I am also indebted to Anna Rogers for her in-depth knowledge of military nursing.

Geoff Walker commented on an early draft of the novel. His steadfast faith in *Lives We Leave Behind*, a title he and Laurence Fearnley helped to choose, kept me writing in my den under the stairs on evenings and weekends when other pleasures beckoned.

Verona Cournane, Paula Haines-Bellamy and Phillip Bellamy, Elaine and Carl Fisk, Alison Gerry and Alistair Nicholson, and Sonia Jones and Mark Richter provided me with inspiring spaces to write in beautiful locations in New Zealand and Australia. I am extremely grateful for their generosity.

Once again, the love and support of my family, Noel, Kate, Jo, Nic, Damara and Kiwa, my parents, John and Lorna Ferns, and members of our extended family, sustained me as I worked on this project.

Finally, I want to thank all the nurses I have worked with or come to know in other contexts for their friendship, and for their stories.

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ESSAY

CONNECTIONS

CONNECTIONS

That the Great War was to be the source of many achievements in prose, poetry, in drama, and in autobiography and memoirs is not surprising. Literature, after all, reflects both the values and impulses of an age.¹

Background

The genesis for this research was a story relayed to me fifteen years ago by a friend while we were working together as staff developers at a higher education institution. At the time, I was also a fledging fiction writer and narrative researcher and she was an historian who had initially trained as a nurse. Not surprisingly, given our backgrounds, we both enjoyed telling and listening to stories. Our lunchtime conversations often covered current educational topics through to historical events. On one occasion, she told me about the torpedoing of the British troopship, *Marquette*, by a German U-boat on 23 October 1915 in the Gulf of Salonika, which resulted in the loss of 167 lives. Ten New Zealand nurses were among the casualties.

The plight of these nurses stayed with me long after the conversation ended, primarily because of the tragic wartime circumstances, but also because of my long association with nurses and nursing in my professional role as an educator. I have taught reflective practice and narrative research methodologies to undergraduate and postgraduate nursing students. Nurses contributed to a research project undertaken for my Masters in Education in which I explored the role of reflection for individuals from four disciplines in bringing about thoughtful change to practice. Some of their stories also featured in an academic text I co-authored on narrative approaches to learning.²

Family history has informed my interest in the ‘caring’ profession too. In the early 1930s my maternal grandmother ran a private nursing home in Riverton, a small town in the South Island of New Zealand. My mother, who also has many of the attributes that make an excellent nurse – compassion, empathy, diligence, intelligence, resourcefulness, a sense of humour – was unable to fulfil her dream of entering the profession due to family obligations, something she only revealed to me when I told her about the *Marquette* tragedy.

¹ George A. Panichas, (ed.), *Promise of Greatness: The War of 1914-1918* (New York: John Day Company, 1968), xx.

² Janice McDrury and Maxine Alterio, *Learning through Storytelling in Higher Education: Using Reflection and Experience to Improve Learning* (London: RoutledgeFalmer, UK & US, 2003).

Perhaps on a sub-conscious level, I had ‘sensed’ her lost aspiration some time ago, because nurses, or women who wanted to become nurses, often appear in my fiction. There is a hospice nurse in ‘Timing is Everything’, a short story from my collection.³ One of the three narrators in my first novel is a woman who harbours a desire to nurse in a goldfield hospital.⁴ My second novel, the creative component of this thesis, traces the interlinked storylines of two fictional New Zealand First World War nurses and explores the emotional legacies of their experiences in Egypt and France.⁵

Memoirs of First World War nurses, the focus of the critical component of this thesis, nourished my imagination as I created representations of the war in *Lives We Leave Behind (LWLB)*. For example, several nurse-memoirists recounted the consequences of forming close relationships. As the war progressed, they also recorded their internal shifts, and later, their complex reactions to the Armistice. I was able to call upon their insights to inform similar themes in my novel. To instil additional historical echoes, I drew on their impressions of the social and political changes that took place during the war years, including the suffragist movement.

Reflective process

Since my life experiences were far removed from the theatre of war and the work performed by trained nurses and Voluntary Aid Detachment (VAD) members,⁶ on active service in hospitals, casualty clearing stations, and trains, barges and ships, I had to find a way to ‘live’ as an ‘unseen’ character in my fiction. It was not enough to imagine the wartime lives of my fictional nurses and draw on the first-hand accounts of actual nurses. I needed to enter the ‘warscape’ of Egypt and France.

Initially I bridged the gap between lived experience⁷ and imagined experience⁸ by writing early drafts of my novel in the present tense. The immediacy that the present tense brought to the narrative enabled me to explore the territory of wartime nursing as though I was there, working alongside my characters, sharing their hardships and their

³ Maxine Alterio, *Live News and Other Stories* (Wellington: Steele Roberts, 2005).

⁴ Maxine Alterio, *Ribbons of Grace* (Auckland: Penguin Books, 2007).

⁵ Maxine Alterio, *Lives We Leave Behind* (Auckland: Penguin Books, 2012; Paris: Editions PRISMA, 2013).

⁶ VADs were usually with the Red Cross, although some joined the St. John Ambulance Service and other voluntary organisations.

⁷ For an in-depth account of this concept, see Max van Manen, *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy* (London: Althouse Press, 1990).

⁸ Imagined experience refers to fictionalized accounts such as those depicted in LWLB.

lighter moments. The further I got into the novel the more I dreamed about nursing at the New Zealand No. 1 Stationary Hospital in Port Said and later in Northern France. I sometimes woke in the morning “knowing” what my characters had been doing during the night. On these occasions, I wrote as though I was ‘dreaming the dream on’,⁹ not always a pleasant experience due to the nightmarish qualities of a military nurse’s work.

Only after I had laid down the bones of the novel, fleshed out the characters and transplanted the emotional ‘heart’ into their storylines, could I withdraw from my frontline position and translate the narratives of my nurse characters into the past tense. However, I did not change the tense of the first person male monologues that appear between each chapter. I wanted the voices of these men, who include a surgeon, medical officer, soldier, orderly and chaplain, to rise from the past like mist, much as the shadowy presence of a great-uncle, who died in the same war, does in my father’s family.

For these reasons, and because I am neither a nurse nor an historian nor a sociologist, I offer, as a fiction writer and a narrative researcher, a fresh perspective to international discussions and debates amassing around memory, historiography and nurses’ writings of the First World War. In particular, I uncover multiple ways in which nine women, working in challenging places and under extraordinary circumstances, made meaning of their traumatic experiences through the writing of memoirs.

⁹ Carl Jung, *Memories, Dreams and Reflections* (New York: Vintage Books, 1963).

CRITICAL COMPONENT

MEMOIRS OF FIRST WORLD WAR NURSES

CHAPTER ONE: A WORLD AT WAR

When, at last, on August 4th the news flashed round a stricken world, and we knew that war was even now upon us, the feeling was almost one of relief from the acute tension of the last few days. England was at war! The Empire was in peril.¹

During the First World War, thousands of trained nurses and untrained volunteers served in hospitals and casualty clearing stations (CCSs) and on ships, trains and barges. They often worked long hours under appalling conditions, sometimes close to the fighting. When bombs fell on or near their workplaces they had to prepare patients for transfer to other facilities, travel through war zones and set up in safer locations where the injured and the ill continued to pour in.²

These circumstances and conditions created for nurses and their assistants, who tended to be Voluntary Aid Detachment (VAD) workers, a compelling sense of closeness to the war, to each other, to doctors and orderlies, to loved ones fighting at the front, and to patients. At the same time, their work exposed them to physical and emotional challenges, which they managed with varying degrees of success.

Until recently, few historians had focused on the experiences of nurses and VADs, despite “an increasing interest in the complexity of the war’s impact on different societies and social groups, and a growing recognition that there was no one war ‘experience’”.³ Historians Gail Braybon and Joanne Bourke have called for further studies into the effects of the First World War on specific groups.⁴ This study, which focuses on the memoirs of seven nurses and two VADs, is my response to their call.

Research into the nature of memory and memoir writing, particularly as it relates to the First World War, suggests there are many ways to describe experiences associated with active service.⁵ Collective and individual accounts make significant contributions to

¹ Rosa Kirkcaldie, *In Gray and Scarlet* (Melbourne: Alexander McCubbin, 1922). 9.

² For example, at Etaples on 19 May 1918, bombs fell on English and Canadian hospitals, killing three Canadian Sisters.

³ Gail Braybon (ed.), Introduction, *Evidence, History and the Great War: Historians and the Impact of 1914-18* (Oxford: Berghahn Books, 2003), 5.

⁴ Braybon, 2003; Joanne Bourke, *Dismembering the Male: Men’s Bodies, Britain and the Great War* (London: Reaktion Books, 1996).

⁵ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009); Margaret Higonnet, *Nurses at the Front: Writing the Wounds of the Great War* (Boston: Northeastern University Press, 2001); Alison Fell, ‘Myth, Countermyth and the Politics of

our understanding of this period in women's lives. Each group contributes narratives from their particular perspective and, within these groups, individuals tell personal stories shaped by specific circumstances and influences.

While researching the work of First World War nurses and VADs prior to writing *Lives We Leave Behind (LWLB)*, the creative component of this thesis, I read all available memoirs written in English by these two groups, an undertaking that increased my interest in the process of writing about history. In *LWLB*, Addie writes letters, keeps a diary and she harbours a desire to become a writer, paralleling the way actual memoirists recorded, reflected on and made meaning of their experiences, whereas Meg seeks resolution through talking to colleagues and friends.

My aim as I wrote *LWLB* was to trace the emotional legacies of the war on Addie and Meg and the other characters, tell an engaging and credible story, and convey historical realities in a creative narrative form. As I embarked on the critical component, I wanted to contribute to the rapidly emerging field of women's experiences of war. Specifically, I was interested in establishing the significance of relationships and emotions and the impact of war work on two particular groups, nine individuals in total. While not sufficient in numbers to constitute a valid group, the two VADs are representative of the volunteers who belonged to this organisation. Overall, I intended to offer different yet complementary narratives depicting fictional and actual women involved in the work of nursing between 1914 and 1918.

To contextualise the study, I outline in this chapter the circumstances that contributed to the First World War, identify scholars who studied women writers of the time and those who researched the experiences of nurses and VADs in particular, outline the scope and purpose of my research and present the theoretical framework and the literature that informs it.

From promise to despair

Considered the age of great promise, the early twentieth century stood for progress and affluence. Significant industrial and domestic advancements were taking place, although

Memory: Vera Brittain and Madeleine Clemenceau Jacquemaire's Interwar Nurse Memoirs', *Synergies Royaume-Uni et Irlande*, 4 (2011), 11-22; Janet Watson, *Fighting Different Wars: Experience, Memory and the First World War* (Cambridge: University Press, 2004).

in 1914 horse-drawn carriages were more prevalent than motorcars, electric lighting was a domestic luxury and the aeroplane industry was in its infancy.

Literary and cultural critic George Panichas maintained that people in Europe and beyond believed the romantic and idealistic rhetoric of the day,⁶ as reflected in comments such as the war could be “amusing” and offer opportunities to “picnic on the grass”.⁷ Moreover, rousing assurances implied that men would fight “not so much to destroy an enemy as to extend the possibilities of civilization”.⁸

Industrial developments, political rhetoric and general optimism fuelled the hopes of ordinary people who believed a military victory would bring further prosperity and a more egalitarian epoch. Unfortunately this commonly held view failed to consider the wider context. Few individuals anticipated the catastrophe that would ensue or understood the chain of events that contributed to what was termed the first global war.⁹

Diplomat, commentator and writer Sir Richard Reeves highlighted two disparate facts which he believed made war inevitable.

...technological development had reached a point where it could continue without disaster only in a unified world and, second, that the existing political and social organizations in the world made its unification impossible.¹⁰

Almost fifty years on, historian Barbara Tuchman in her Pulitzer prize-winning book likened the First World War to “a band of scorched earth dividing that time [before the war] from ours”.¹¹ She also asserted that in “wiping out so many lives ... in destroying beliefs, changing ideas, and leaving incurable wounds of disillusion, it created a physical as well as a psychological gulf between two epochs”.¹²

Both Panichas and Tuchman documented the shift in public consciousness and commented on the emotional repercussions for men and women as the true cost of the

⁶ George Panichas (ed.), *Promise of Greatness: The War of 1914 – 1918* (New York: John Day Company, 1968).

⁷ For further information on this topic, see Julien Benda, *The Betrayal of the Intellectuals*, trans. Richard Aldington (Boston: Beacon Press, 1955), 140.

⁸ Panichas, xvi.

⁹ Barbara Wertheim Tuchman, *The Guns of August* (New York: Macmillan, 1962).

¹⁰ Sir Richard Rees, ‘Nemesis’, in *Promise of Happiness: The War 1914-1918* (ed.), George E. Panichas (New York: John Day Company, 1968), 475.

¹¹ Barbara Tuchman, *The Proud Tower: A Portrait of the World before the War, 1890-1914* (New York: Ballantine Books, 1966), xi.

¹² Tuchman, xi.

war became apparent. These scholars, along with Samuel Hynes¹³ and Janet Watson,¹⁴ also highlighted the chasm that existed between what those who served thought they had been fighting for and the shattered, embittered world they found themselves inhabiting. Once the age of promise had turned into the age of despair, no amount of post-war rhetoric could erase the horrors that plagued those who had served in military capacities, including nurses and VADs, a small percentage of whom wrote about their experiences.

Literature of crisis

Some survivors described the war as the “lost years”,¹⁵ often framing their memories as stories of disillusionment and loss.¹⁶ Among the survivors were writers who contributed to a body of work that Panichas referred to as “literature of crisis”,¹⁷ a cultural phenomenon that reflected “an intensity of awakening to reality and to truth”,¹⁸ and the realisation that “little had been gained, and much had been lost”.¹⁹ These writers represented the war as “an apocalyptic crisis” that had “disrupted human relations”.²⁰ They also considered its consequences on society and on individuals, along with the poignancy that arose “from the transformation of mood over its four years”.²¹

While numerous fighting men wrote about the war and its aftermath and made worthy literary contributions, this study focuses on the memoirs of women who served as nurses or VADs. In addition to the nine memoirists under examination, other literate women who had performed assorted war-related duties produced an array of novels,²²

¹³ Samuel Hynes, *A War Imagined: The First World War and the English Culture* (London: The Bodley Head, 1990).

¹⁴ Janet Watson, *Fighting Different Wars: Experience, Memory and the First World War in Britain* (Cambridge: Cambridge University Press, 2004).

¹⁵ Panichas, xxx.

¹⁶ Watson, 2004.

¹⁷ Panichas, xxxi.

¹⁸ Panichas, xx.

¹⁹ Panichas, xxvii.

²⁰ Shadi Neimneh, ‘“Literature of Crisis”: The Great War in Anglo-American Modernism’, *International Journal of Applied Linguistics & English Literature*, 1, 6 (2012), 122-130.

²¹ Harry Mount, ‘The First World War: The war that changed us all’, *Telegraph*, 11 October 2012.

²² For example, Enid Bagnold, *The Happy Foreigner* (London: W. Heinemann, 1920); May Wedderburn Cannan, *The Lonely Generation* (London: Hutchinson, 1934); Willa Cather, *One of Ours* (London: Heinemann, 1923); Berta Ruck (Mrs Oliver Onions), *The Girls at his Billet* (London: Hutchinson & Co., 1916); May Sinclair, *The Romantic* (London: W. Collins Sons & Co., 1920); Helen Zenna Smith, (Evadne Price), *‘Not So Quiet’ ... Stepdaughters of War* (London: A. E. Marriott, 1930); Rebecca West, *The Return of the Soldier* (London: Nisbet, 1918).

short stories,²³ memoirs,²⁴ biographies²⁵ and poetry,²⁶ that explored the twin themes of loss and disillusionment commonly found in ‘literature of crisis’.

Reading these primary sources introduced me to the cultural milieu that shaped the lives and writings of women contributors. Examining the secondary texts and journal articles of scholars who wrote about these women’s experiences further advanced my understandings of the topic and increased my interest in emotions and relationships. Narrowing my focus to historians and other scholars who wrote specifically about nurses and VADS exposed gaps in the literature and suggested original directions for this study. A précis of the literature precedes an outline of my intentions as a researcher.

Writing about women’s experiences

In 1986 British feminist critic Claire Tylee conducted a landmark study of the First World War and women’s consciousness that highlighted women’s writing from this era.²⁷ By the 1990s, American scholar Margaret Higonnet was working in similar areas to Tylee. The two women conducted separate studies on gender issues related to cultural and literary histories of war and drew attention to disparities existing between working- and middle-

²³ For example, Mary Borden, *The Forbidden Zone* (London: Heinemann, 1929); Dorothy Canfield, *Home Fires in France* (London: Constable, 1919); Radclyffe Hall, *Miss Ogilvy finds Herself* (London: Heinemann, 1934); and Evelyn Sharp, *The War of all the Ages* (London: Sidgwick & Jackson, 1915).

²⁴ For example, Catherine Black, *King’s Nurse – Beggar’s Nurse* (London: Hurst and Blackett, 1939); Mabel Clint, *Our Bit: Memories of War Service by a Canadian Sister* (Nurses’ Edition issued under the auspices of the Alumnae Association of the Royal Victoria Hospital, Montreal, 1934); Rosa Kirkcaldie, 1922; Shirley Millard, *I Saw Them Die* (New York: Harcourt, Brace & Co., 1936); Mary Eliza L. Martin-Nicholson, *My Experiences on Three Fronts* (London: George Allen & Unwin, 1916); Maria Naepflin, *Fortgerungen, durchgedrungen bis zum kleinod hin/Wrenched Forth, Pierced to the Core* (Meiningen: Loeptien, 1922); Maud Sutton-Pickhard, *France in War Time, 1914-1915* (London: Methuen and Co., 1915, reprinted General Books, 2010); Edna Pengelly, *Nursing in Peace and War* (Wellington: Wingfield Press, 1956); Maria Luisa Perduca, *Un anno d’ospedale/A Hospital Year* (Milan: Fratelli Treves, 1917); Käthe Russner, *Schwestern-dienst im Weltkrieg: Feldpostbriefe und Tagebuchblätter/Nursing in the Great War: Field Letters and Diary Pages* (Leipzig: Breitkopf & Härtel, 1936); Flora Sandes, *An Englishwoman Sergeant in the Serbian Army* (London: Hodder & Stoughton, 1916); May Tilton, *The Grey Battalion* (Sydney: Angus & Robertson Limited, 1934); Kate Wilson-Simmie, *Lights Out!* (Bellevue: Mika, 1981).

²⁵ For example, Vera Brittain, *Testament of Youth* (London: Victor Gollancz, 1933, reprinted Virago, 1979); Katherine Furse, *Hearts and Pomegranates. The Story of Forty-Five Years, 1877-1920* (London: Peter Davies, 1940); Baroness de T’Serclaes, *Flanders and Other Fields* (London: Harrap & Co., 1964).

²⁶ For example, Gertrude Ford, *Poems of War and Peace* (London: Publisher Unknown, 1915); Diana Gurney, *The Poppied Dream* (London: Publisher Unknown, 1921); Margaret Sackville, *The Pageant of War* (London: Publisher Unknown, 1916); Katherine Tynan, *Flower of Youth* (London: Publisher Unknown, 1915).

²⁷ Claire Tylee, *The Great War and Women’s Consciousness: Images of Militarism and Womanhood in Women’s Writings 1914-1918* (Basingstoke: Macmillan, 1990).

class women and their perceived worth as recorded in history, further reviving interest in women's writings set during and immediately after the war.²⁸

The publications of Nosheen Khan, Agnes Cardinal, Dorothy Goldman and Judith Hattaway, Sandra Gilbert and Susan Gubar, Angela Smith, and Suzanne Raitt and Trudi Tate offered comprehensive investigations into the literary nature of women's war writings.²⁹ In texts on Canadian military and cultural history, Jonathan Vance examined the war's impact on service men and women in relation to social memory,³⁰ a topic Jane Marcus explored in an essay on writing women.³¹ In her exploration of the relationships between experience and memory Janet Watson addressed men and women's differing attitudes to the war, and variances between social classes and perspectives that changed over time. She also tackled women's notions of service.³² Deborah Thom studied the effect of patriotic fervour on women's lives, particularly those employed in the industrial sector.³³ Patriotism was also a theme of David Mitchell's text, principally the efforts of suffragettes who operated outside the law, suffragists who worked for their cause within the law, and nurses, servicewomen and factory workers who helped break down class and domestic barriers.³⁴ While stories of soldiers and their experiences largely captured the attention of Samuel Hynes, he also addressed the impact of the war on Suffragism.³⁵ Lyn Macdonald contributed several books, one of which was based on first-hand accounts of British survivors of the war, some of whom were women.³⁶ Joyce Marlow provided accounts of women working in non-traditional roles such as surgeons, bus conductors and

²⁸ Margaret Higonnet (ed.), *Lines of Fire: Women Writers of World War I* (New York: Plume, 1999); Margaret Higonnet (ed.), *Nurses at the Front: Writing the Wounds of the Great War* (Boston: Northeastern University Press, 2001).

²⁹ Nosheen Khan, *Women's Poetry of the First World War* (Kentucky: University Press of Kentucky, 1988); Agnes Cardinal, Dorothy Goldman and Judith Hattaway, *Women's Writing on the First World War* (Oxford: Oxford University Press, 1999); Sandra Gilbert and Susan Gubar, *No Man's Land: The Place of the Woman Writer in the Twentieth Century, Volume 3, Letters from the Front* (Yale: Yale University Press, 1996); Angela Smith (ed.), *Women's Writing of the First World War* (Manchester: Manchester University Press, 2000); Suzanne Raitt and Trudi Tate (eds.), *Women's Fiction and the Great War* (Oxford: Clarendon Press, 1997).

³⁰ Jonathan F. W. Vance, *Death So Noble: Memory, Meaning and the First World War* (Vancouver: University of British Columbia Press, 1997).

³¹ Jane Marcus, 'Corpus/Corps/Corpse', afterword to Helen Zenna Smith, *Not So Quiet... Stepdaughters of War* (New York: The Feminist Press, 1989).

³² Watson, 2004.

³³ Deborah Thom, *Nice Girls and Rude Girls: Women Workers in World War I* (London: I. B. Tauris, 2000).

³⁴ David Mitchell, *Women on the Warpath* (London: Jonathan Cape, 1966).

³⁵ Hynes, 1990.

³⁶ Lyn Macdonald, *Roses of No Man's Land* (London: Penguin, 1993).

bank clerks³⁷ while Margaret Darrow focused on their involvement in charity work, munitions manufacturing, military service, espionage and nursing.³⁸ Drawing on these and other writings, Susan Grayzel traversed women's social, cultural and political contributions.³⁹

Writing about nurses' and VADs' experiences

Several historians and scholars have written specifically about nurses and VADs. Anna Rogers provided a comprehensive account of New Zealand military nursing from 1899 to 1948,⁴⁰ while Jan Basset covered Australian Army Nursing from the Boer to the Gulf War.⁴¹ Marianne Barker retold the stories of Australian First World War nurses,⁴² a territory which journalist Peter Rees also mined.⁴³ In her book on Australian army nurses' experiences Kirsty Harris drew attention to the differences between civilian and military nursing.⁴⁴ Anne Summers focused specifically on the contribution of British military nurses.⁴⁵ In her study of English and French memoirs, Alison Fell explored the double status of nurses and VADs as "active participants" in and "passive witnesses" to war,⁴⁶ while Linda Quiney addressed the notion of Canadian VADs depicted in government propaganda as "assistant angels".⁴⁷ In his book on touch and intimacy, Santanu Das reserved two chapters to the experiences of nurses and VADs as described in their personal writings.⁴⁸ Richard Holmes⁴⁹ and Michael Roper⁵⁰ alluded to the impact of war

³⁷ Joyce Marlow (ed.), *The Virago Book of Women and the Great War* (London: Virago Press, 1998).

³⁸ Margaret Darrow, *French Women and the First World War: Stories of the Home Front* (New York: Berg, 2000).

³⁹ Susan Grayzel, *Women and the First World War* (Harlow: Pearson Education, 2002).

⁴⁰ Anna Rogers, *While You're Away: New Zealand Nurses at War 1899-1948* (Auckland: Auckland University Press, 2003).

⁴¹ Jan Basset, *Guns and Brooches: Australian Army Nursing from the Boer to the Gulf War* (Melbourne: Oxford University Press Australia, 1997).

⁴² Marianne Barker, *Nightingales in the Mud* (Sydney: Allen & Unwin, 1989).

⁴³ Peter Rees, *The Other Anzacs: Nurses at War, 1914-1918* (Crow's Nest: Allen & Unwin, 2008).

⁴⁴ Kirsty Harris, *More than Bombs and Bandages: Australian Army Nurses at Work in World War One* (Newport: Big Sky Publishing, 2011).

⁴⁵ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854-1914* (London: Routledge, Kegan and Paul, 1988).

⁴⁶ Fell, 11-22.

⁴⁷ Linda J. Quiney, 'Assistant Angels: Canadian Voluntary Aid Detachment Nurses in the Great War', *Canadian Bulletin of Medical History/Bulletin Canadien d'histoire de la Médecine*, 15 (1998), 189-206.

⁴⁸ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005).

⁴⁹ Richard Holmes, *Tommy: The British Soldier on the Western Front 1914 - 1918* (London: Harper Collins, 2004).

⁵⁰ Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester: Manchester University Press, 2009).

on nurses in their soldier-orientated texts and the writings of a VAD played a minor role in Harry Ricketts's creative non-fiction book on poets of the time.⁵¹ Samuel Hynes also referred to the writings of VAD Vera Brittain,⁵² still the most well known First World War female volunteer. Biographer Susan Mann documented the military life of Margaret Macdonald, matron-in-chief in the Canadian Army Medical Corps (CAMC)⁵³ and Shawna Quinn contributed a book on Agnes Warner and other Canadian nursing sisters,⁵⁴ prompting a reviewer to note that the experiences of women was a largely neglected field of study in Canadian military history.⁵⁵

A similar finding emerged in regard to rank-and-file American Red Cross (ARC) nurses in Jennifer Casavant Telford's PhD dissertation. Telford found historians tended to concentrate on institutional histories and professional histories of high profile nurses such as Jane Delano who headed ARC during the war.⁵⁶ However, journalist Lettie Gavin devoted a chapter to trained nurses and another to volunteers in her text about the wartime services of military and civilian women⁵⁷ and Colonel Mary Sarnecky also wrote about First World War American nurses.⁵⁸ Another theme in Telford's study involved the shortage of American nurses and the debate over the use of nurse aids, a topic she later wrote about in a journal article.⁵⁹ The recent publication of Judith Bellafaire's annotated bibliography should help address the scarcity of writings about American nurses as it brings relevant sources together for the first time.⁶⁰

The writings of nurse historians have also made worthy contributions to our understanding of the work of nursing and the women who served in these capacities. A journal article by Christine Hallett about the interplay of authorial intention and scholarly

⁵¹ Harry Ricketts, *Strange Meetings: The Poets of the Great War* (London: Chatto & Windus, 2010).

⁵² Hynes, 1990.

⁵³ Susan Mann, *Margaret Macdonald: Imperial Daughter* (Montreal: McGill University Press, 2005).

⁵⁴ Shawna M. Quinn, *Agnes Warner and the Nursing Sisters of the Great War* (Fredericton: Goose Lane Editions and the New Brunswick Military Heritage Project, 2010).

⁵⁵ Kathryn Rose, 'Agnes Warner and the Nursing Sisters of the Great War', *Canadian Military History*, Book Review, 21, 1 (2012), <http://www.canadianmilitaryhistory.ca/review-of-shawna-m-quinns-agnes-warner-and-the-nursing-sisters-of-the-great-war-by-kathryn-rose/>, accessed 1 August, 2012.

⁵⁶ Jennifer Casavant Telford, 'American Red Cross Nursing during World War 1: Opportunities and Obstacles', PhD dissertation, Department of Nursing, University of Virginia, 2007.

⁵⁷ Lettie Gavin, *American World in World War 1: They Also Served* (Denver: University of Colorado Press, 1997). This text is an e-Book; therefore, instead of using page numbers, it refers to locations.

⁵⁸ Mary Sarnecky, *A History of US Army Nursing Corps* (Boulder Springs: University of Pennsylvania, 2000).

⁵⁹ Jennifer Casavant Telford, 'The American Nursing Shortage during World War 1: The Debate over the Use of Nurses' Aids', *Canadian Bulletin of Medical History/Bulletin Canadien d'histoire de la Médecine*, 27, 1 (2010), 85-99.

⁶⁰ Judith A. Bellafaire, *Women in the United States Military: An Annotated Bibliography* (Kindle Edition: Routledge Research Guides to American Studies, 2010).

interpretation of First World War nurses' personal writings had particular significance for this study.⁶¹ Aspects of Hallett's book on trauma, in which she examined multiple First World War nursing scenarios, including various treatments and different forms of physical, emotional and spiritual care, also informed this thesis.⁶² Yvonne McEwen's work on British and Irish nurses' experiences and her views of their responses to warfare proved useful too.⁶³ Ruth Rae⁶⁴ contributed a text on the experiences of Australian nurses which, along with her thesis,⁶⁵ and those of Janet Butler,⁶⁶ Jan Rogers,⁶⁷ Jude Roddick,⁶⁸ and Ae Leah Soine,⁶⁹ supplied me with useful background information.

This literature informed my thinking as I considered how my study might make original contributions to our knowledge and understandings of women's experiences of war. I realised that although the viewpoints of these scholars had contributed to or been at the centre of academic endeavours in recent years, no one had considered the influence of 'literature of crisis' on the writing and publishing of First World War nurses' and VADs' memoirs. This observation influenced the scope and purpose of my research project.

Scope and purpose

After reading the memoirs of nurses and VADs who served in the First World War, reflecting on their connections to *LWLB*, the creative component of this thesis, and considering the 40,000-word limit for the critical component, I created a matrix designed to narrow the field. I settled on seven headings: Name, Nationality, Type of Training, Title of Memoir, Countries Served In, Years Served and Atypical Notes. Guided by Sharon Ouditt's annotated bibliography I searched for women who, like Addie and Meg, the main characters in my novel, had served as a nurse or a volunteer in Egypt and/or

⁶¹ Christine E. Hallett, 'The Personal Writings of First World War Nurses: A Study of the Interplay of Authorial Intention and Scholarly Interpretation', *Nursing Inquiry*, 14, 4 (2007), 320-329.

⁶² Hallett, *Containing Trauma*, 2009.

⁶³ Yvonne McEwen, *It's a Long Way to Tipperary: British and Irish Nurses in the Great War* (Dunfermline: Cualann Press Limited, 2006).

⁶⁴ Ruth Rae, *Scarlet Poppies: The Army Experience of Australian Nurses during World War One* (Burwood, NSW: The College of Nursing, 2005).

⁶⁵ Ruth Rae, 'Jessie Tomlins: An Australian Army Nurse - World War One', PhD thesis, University of Sydney, Sydney, 2000.

⁶⁶ Janet Butler, 'Identity and the Challenge of Experience: An Australian Army Nurse's Diary of the Great War', PhD thesis, La Trobe University, Melbourne, 2007.

⁶⁷ Jan Rogers, 'A Paradox of Power and Marginality: New Zealand Nurses' Professional Campaign During War', PhD Thesis, Massey University, Palmerston North, 1994.

⁶⁸ Judith Roddick, 'When the Flag flew at Half Mast: Nursing and the 1918 Influenza Epidemic in Dunedin', MA thesis, Otago Polytechnic, Dunedin, 2005.

⁶⁹ Ae Leah Soine, 'From Nursing Sisters to a Sisterhood of Nurses: German Nurses and Transactional Professionalization, 1836-1918', PhD thesis, University of Minnesota, Minneapolis, 2009.

France.⁷⁰ I reasoned that the perceived exoticism of these two countries would lend more sense of adventure and offer the memoirists closer proximity to battle fronts than if I had focused on the writings of nurses and VADs who had served, for example, in England. I also anticipated challenges for the memoirists as they worked and lived in these two countries, such as encountering unfamiliar languages and complex attitudes to women.

Nine women met the criteria: Catherine Black, Mabel Clint, Rosa Kirkcaldie, Shirley Millard, Mary Eliza L. (Joan) Martin-Nicholson, Maud Fortescue Sutton-Pickhard, Edna Pengelly, May Tilton and Kate Wilson-Simmie. Initially I questioned whether to include Sutton-Pickhard because her service involved a single month of night duty in a French hospital and tours of other hospitals spanning three fronts, primarily it would seem to gather newsworthy or memoir-worthy experiences. However, despite her minimal contribution, she eventually earned a place because she represented the type of volunteer that trained nurses abhorred and also because she made a striking contrast to the hard-working VAD Shirley Millard, thus enabling me to portray two extremes.

Seven of the memoirists were trained nurses and two were untrained volunteers. They were from five countries – America, Australia, Canada, England and New Zealand – and their war service ranged from one month to four years. Although this group remains the focus, I refer, when appropriate, to the writings of other nurses and volunteers.

An initial reading of the nine memoirs revealed different levels of reflectivity and modes of self-representation. These interpretations helped shape my overall aim which was to place relationships and emotions at the centre of this study and to examine them through six connected questions.

1. What prompted these particular memoirists to embark on a military life?
2. How did the memoirists manage the challenges of living and working in unfamiliar and potentially dangerous spaces?
3. How did tensions between trained nurses and volunteers, and between imperial and colonial nurses, impact on the working relationships of these memoirists?
4. How did these memoirists convey compassion and empathy to their patients?
5. How did these memoirists manage their emotions and in what circumstances did they express them?

⁷⁰ Sharon Ouditt, *Women Writers of the First World War* (Abingdon: Routledge, 2000). This annotated bibliography categorizes primary and secondary material written by women about the war, thus debunking the myth that women did not make significant contributions to the war effort or record their insightful perspectives in written forms.

6. How did these memoirists make meaning of their First World War experiences through the writing of memoirs?

I felt these questions warranted investigation because until late in the twentieth century there was a tendency to highlight trench experiences, and to focus on the histories of fighting men⁷¹ and medical innovations,⁷² rather than the work of those who healed and cared for the wounded. Also, as mentioned earlier, Braybon⁷³ and Bourke⁷⁴ had identified a need for further scholarly studies into the effects of the First World War on specific groups. Furthermore, there were gaps in the literature regarding the emotional impact of the war on nurses and VADs, the significance of their wartime relationships, and their need to make meaning of their experiences through the writing of memoirs that contributed to the body of work known as ‘literature of crisis’.

I positioned my research accordingly. As a consequence, this is the first study to consider the influence of ‘literature of crisis’ on the writing and publishing of the memoirs of First World War nurses and VADs. It is also the first to examine trauma and resilience in the memoirs of First World War colonial nurses from Australia, Canada and New Zealand, alongside those of English nurses and American VADs. Moreover, it ascertains for the first time the ways this particular group of nurses and VADs made meaning of their traumatic war experiences through the writing of memoirs, and it links the perils of physical and emotional proximity for these memoirists to the relationships that sustained and challenged them.

Methodology

The research employs a narrative inquiry framework as interpreted within the sphere of cultural history and uses memoir as a field of primary data. Narrative inquiry in this instance refers to the study of storied, lived experiences as depicted in the nurses’ and

⁷¹ Martin Evans, *Battles of World War 1* (Ramesbury: Airline, 2004); Marc Ferro, *The Great War* (London: Routledge, 1973); Paul Fussell, *The Great War and Modern Memory* (Oxford: Oxford University Press, 2000); Neil Hanson, *The Story of the Missing of the First World War* (London: Vintage, 2007); Michael King, *New Zealanders at War* (Auckland: Penguin Books, 2003); Jock Philips, Nicholas Boyack and EP Malone (eds.), *The Great Adventure: New Zealand Soldiers describe the First World War* (Wellington: Allen & Unwin, in association with Port Nicolson Press, 1988); Nicholas Boyack and Jane Tolerton, *In the Shadow of War* (Auckland: Penguin Books, 1990).

⁷² Jeffery Reznick, *Healing the Nation: Soldiers and Cultured Caregiving in Britain during the Great War* (Manchester: Manchester University Press, 2004); Michael Tyquin, *The Medical War* (Sydney: New South Wales University Press, 1993).

⁷³ Braybon, 2003.

⁷⁴ Bourke, 1996.

VADs' memoirs, as well as the process of generating interpretations and meanings from the texts.⁷⁵ Narrative is therefore both the method and the phenomenon. In essence, the project involves the study of nine memoirists' experiences as depicted in their memoirs from my perspective as a researcher and in relationship to a cultural milieu.

Addressing the six research questions enabled me to examine the physical and emotional complexities embedded within each memoirist's storied experience of the war and to present my findings in ways that reflected the tenets of this methodology. Towards the end of my research journey I developed a generic Seven-stage Memoir Analysis Framework (see Appendix 1) and applied it to map the themes that had emerged during the course of this study (see Appendix 2). Since future researchers working in the field of memoir can use the generic version of this analytical tool, it offers a fifth original research contribution. Furthermore, this tool has the potential to strengthen claims for authenticity and interpretation.

External and internal criticism

In recent years there has been more recognition and acceptance of multiple ways of knowing. A broadening of our understanding of what constitutes robust research findings has accompanied this shift. Both narrative and historical inquiry rely on authenticity, sometimes called external criticism; interpretation, often referred to as internal criticism; and reliability and author influences. For British historian John Tosh, authenticity is best posed as a question. "Are the author, the place and the date of writing what they purport to be?"⁷⁶ Interpretation from his perspective involves working with the words in front of us within their historical context and not reading modern meanings into the past.⁷⁷ To establish reliability of sources, Tosh contends that researchers must demonstrate sound knowledge of their historical context, show insight into human nature, and determine "whether the writer was in a position to give a faithful account",⁷⁸ something this thesis does in both creative and critical forms. Author influences and prejudices also affect reliability. Therefore, Tosh suggests researchers stay alert for bias while remaining mindful that such variables may be historically significant. For instance, the subjectivity

⁷⁵ D. Jean Clandinin (ed.), *Handbook of Narrative Inquiry: Mapping a Methodology* (Thousand Oaks: Sage Publications, 2007).

⁷⁶ John Tosh with Sean Lang, *The Pursuit of History* (Harlow: Pearson Education Limited, 2006), 93.

⁷⁷ Tosh, 95-96.

⁷⁸ Tosh, 96-97.

of the memoirists could be their most valuable contribution because the patterns made of a life are “cultural as much as personal constructs” and reveal “the frame of mind in which not only the book was written but the life itself was led”.⁷⁹ Furthermore, Clandinin maintains that notions of truth and fact, and establishing one’s objectivity or coming to terms with subjectivity, contribute to the telling of stories. Narrative inquiry also values the metaphoric quality of language found, for example, in recurring tropes.⁸⁰ The significance of these matters is woven throughout the narrative. In addition, due to the study’s theoretical underpinnings, cultural history and historiography remain central to the approach and topic.

Cultural history

Described by Peter Burke as “once a Cinderella among the disciplines, neglected by its more successful sisters”, cultural history underwent a revival in the 1970s.⁸¹ This revival has led to various attempts to define it and to explain what cultural historians actually do. Burke, a scholar and practitioner of the discipline for forty years, argues that “the cultural historian gets to parts of the past that other historians cannot reach”.⁸² He also believes opposing but congruent approaches can offer useful insights, particularly when they concentrate on the “values held by particular groups in particular places and particular periods”,⁸³ a stance supported by Braybon and Bourke.

Peter Burke also asserts that the “common ground of cultural historians might be described as a concern with the symbolic and its interpretation”.⁸⁴ Drawing on Jean-Paul Sartre’s “epigram of humanity”, Burke claims cultural history has a history of its own, that the “activities of reading and writing about the past are as much time-bound as other activities” and that cultural history is in a state of “perpetual transformation” adjusting and adapting to new situations.⁸⁵ In a sense, this state mirrors the experiences of the memoirists who were constantly on the move and expected to adapt to challenging circumstances.

⁷⁹ Tosh, 99-100.

⁸⁰ Clandinin, 29.

⁸¹ Peter Burke, *What is Cultural History?* (Cambridge: Polity, 2008), 1.

⁸² Burke, 1.

⁸³ Burke, 2.

⁸⁴ Burke, 3.

⁸⁵ Burke, 3.

Like the memoirists, cultural historians are storytellers. Military historian Geoffrey Roberts proposes that scholars such as Noël Carroll, William Dray, Walter Gallie, Louis O. Mink and Hayden White have attempted to determine “the extent to which the discipline of history is essentially a narrative mode of knowing, understanding, explaining, and reconstructing the past”.⁸⁶ They and other scholars, Roberts asserts, have also considered the role of narratives to enhance “historical understanding and intelligibility”, the notion that human action, when couched in narrative terms, makes historical studies more meaningful.⁸⁷ Moreover, Roberts maintains that historians construct stories of “narrative character and constitution” in the belief that they better “reflect life, consciousness and human existence”.⁸⁸

Other cultural historians, such as Lloyd Kramer and Dominick LaCapra, bridge literary criticism and cultural history. Although literary criticism is not the focus of this study, these scholars shaped my understandings of cultural history. For example, Kramer acknowledges the influence of literary criticism in persuading “historians to recognize the active role of language texts, and narrative structures in the creation and description of historical reality”.⁸⁹ LaCapra’s work on “rethinking history” emphasises the importance of adopting a critical approach to the interplay between texts and their contextual origins, as well as their intended audience.⁹⁰ Furthermore, Karen Halttunen refers to cultural historians Natalie Zemon Davis, John Demos and Simon Schama, who, like Hayden White, highlight the fictive properties of historiography, which also have implications for this study.⁹¹

Historiography

British historian John Arnold contends that we might not be as free as we imagine when we choose which stories to tell, something I allude to in the reflective essay that connects the creative and critical components of this thesis. Arnold also clarifies the meanings

⁸⁶ Geoffrey Roberts (ed.), *The History and Narrative Reader* (London: Routledge, 2001), 1.

⁸⁷ Roberts, 1.

⁸⁸ Roberts, 1.

⁸⁹ Lloyd Kramer, ‘Literature, Criticism and Historical Imagination: The Literary Challenge of Hayden White and Dominick LaCapra’, in L. Hunt (ed.), *The New Cultural History* (Berkeley: University of California Press, 1989), 97-98.

⁹⁰ Dominick LaCapra, *History in Transition: Experiences, Identity and Critical Theory* (Cornell: Cornell University Press, 1980).

⁹¹ Karen Halttunen, ‘Cultural History and the Challenge of Narrativity’, in V. E. Bonnell and L. Hunt (eds.), *Beyond the Cultural Turn: New Directions in the Study of Society and Culture* (Berkeley: University of California Press, 1999).

ascribed to historiography. “‘Historiography’ can mean either the process of writing history, or the study of that process.” In his introductory text, Arnold uses it as “the process of writing history; and ‘history’ to mean the end product of that process”.⁹²

For the purposes of this study, I view historiography as the process of writing history, an approach that takes into account specific elements such as authorship and interpretation, a topic I address in relation to memoir in Chapter Five. While history must reflect the evidence, Arnold suggests that the writer must also strive to create “an interesting, coherent and useful narrative about the past” from something “as chaotic, uncoordinated and complex as life”, which entails “finding or creating patterns and meaning and stories from the maelstrom”.⁹³ Moreover, Arnold maintains that along the way, on multiple occasions, the writer will encounter a diverging pathway and must choose, informed by available evidence, to favour one possibility over another and construct a bridge to move the narrative on. These bridges are the writer’s creation. Their placement and the reason behind their construction become part of the narrative and therefore warrant acknowledgment.⁹⁴

Drawing on the work of Young⁹⁵ and later Cobb,⁹⁶ Tosh contends that the best historical researchers possess either something almost akin to instinct, or bring to a study a certain attitude of mind that compels them to *listen* to the wording of documents and to *hear* what a writer is *saying*.⁹⁷ Since the past can never be completely captured from the study of documents, Tosh and Arnold encourage researchers to try and *feel* what might have been happening for their subjects and to draw on their own imaginative capabilities. Furthermore, Tosh believes that breadth of experience aids the imaginative capacity of historians and better prepares them to create empathetic narratives.⁹⁸ Defining empathy as the “ability to enter the feelings of others (not to be confused with sympathy, which denotes actually sharing them)”,⁹⁹ Tosh explains that historical narratives can restore for people of the past “immediacy of experience” and arouse powerful emotions in current

⁹² John Arnold, *History: A Very Short Introduction* (Oxford: Oxford University Press, 2000), 5.

⁹³ Arnold, 13.

⁹⁴ Arnold, 76.

⁹⁵ According to Tosh, G.M. Young was a well-known historian of the interwar period.

⁹⁶ Richard Cobb, *Modern French History* (Oxford: Oxford University Press, 1969) cited in Tosh, 109.

⁹⁷ Tosh, 109.

⁹⁸ Tosh, 165.

⁹⁹ Tosh, 8.

readers,¹⁰⁰ factors which have contributed to the rising number of historians, as well as writers of historical fiction, exploring representations of war.

For example, Roper's psychoanalytical study of First World War soldiers' correspondence to their families generated interest in the emotional trauma these men experienced and offered insights into their post-war behaviours such as nightmares, anxiety and moodiness. According to Roper, the value of their letters, which contain slips of the pen, contradictions, grammatical errors, – what Freud calls “parapaxes” – only becomes apparent once readers accept that the emotional states of the writers are not fully conscious, rather they are hinted at and sometimes left unspoken.¹⁰¹

Roper has urged historians to place relationships and emotions at the centre of their First World War studies, believing that such an approach will advance understandings of subjectivity and emotional proximity and thereby extend the landscape of narrative understandings,¹⁰² a stance that connects with my overall aim. Complex relationships and emotional tensions certainly underpin the work of many nurses and VADs whose writings contributed to ‘literature of crisis’, and they are prevalent themes within the memoirs in this study.

Thesis structure

Chapter One has provided cultural and literature contexts for the First World War, highlighted the contributions of scholars and historians who have examined women's writing from the era, outlined the scope and purpose of the study, charted a theoretical framework and defined my position as a narrative researcher within a cultural history and historiographical framework. Chapter Two outlines the motivations and requirements for trained nurses and volunteers to sign up, supplies snapshots of the nine memoirists and considers the emotional challenges involved in travelling to war zones, accommodating cultural differences and adjusting to unfamiliar living and working spaces. Chapter Three addresses the notion of recording experiences in letters and diaries, establishes the features of memoir writing, and identifies which relationships the memoirists documented and what importance they attached to them. Chapter Four investigates the nurses' and VADs' capacity to convey compassion and empathy to their patients, explores the

¹⁰⁰ Tosh, 148-149. Tosh acknowledges the work of C.V. Wedge as *Des Vies Derrière Soi* wood and Simon Schama in introducing present readers to the notion of the immediacy of experience.

¹⁰¹ Roper, 21.

¹⁰² Roper, 2009.

physical and emotional consequences of providing care in challenging situations and localities and determines the ways in which the memoirists managed their emotions and under what circumstances they expressed them. Chapter Five considers how successfully these nurses and VADs made meaning of their wartime experiences through the writing of memoirs and summarises what contributions their accounts make to our understanding of individual and group experiences of the First World War.

CHAPTER TWO: SIGNING UP

‘Signing up’ – making a commitment to active service – meant more than just offering one’s services for a time. Nurses lost their freedom and autonomy, and were obliged to go where the War Office sent them. For some this could have unforeseen consequences.¹

The purpose of this chapter is to ascertain what prompted these particular memoirists to embark on a military life because, as the quotation above suggests, there could be significant repercussions. Readings of the nine memoirs revealed notable differences among the women in their conviction and contribution to active service. Nevertheless, all nine memoirists documented a five-step process: making the decision to serve, meeting the requirements of a nursing or voluntary organisation or, in Pickhard-Sutton’s case, touring independently, travelling to war zones, accommodating cultural differences and adjusting to military living and working conditions. These steps mirror the structure of this chapter, which begins with snapshots of the memoirists, some of whom included pre-war details. Others did not. Reasons for these inclusions or omissions are considered in Chapter Three, along with the degree to which the memoirs of these nurses and VADs were shaped by their time of publication, as well as the time they described.

Snapshots

Appearing in alphabetical order, these snapshots introduce the nine memoirists at the centre of this study, detailing, where known, their upbringing, education and training, as well as providing their reasons for signing up, and initial reactions as they prepared to travel from the ‘known’ into the ‘unknown’. This information was drawn primarily from their memoirs, and occasionally from forewords written by others, online records, academic texts and journal articles.

Catherine Black

The eldest of six children, Catherine Black was born in the market town of Ramelton in the County of Donegal, Ireland. Her father, a prosperous linen draper, and Calvinist, looked “on all worldly distractions as sinful” and sang the “Psalms of David in metre”.

¹ Hallett, *Containing Trauma*, 2009, 209.

Her mother who had lived in America as a child favoured the livelier strains of “Yankee Doodle” and “Marching through Georgia”. Despite their differences, Black thought her parents achieved “a curious harmony” and provided a happy home life.²

Black was fond of playing with dolls and it was on such an occasion that she decided to become a nurse. Her parents were against her decision; however, after a lengthy and intense battle, she caught a train to Dublin and presented herself to the City of Dublin Hospital where she had an interview with the matron who turned her down. Looking back on the incident, Black described her eighteen-year-old self as “very small and underdeveloped ... I certainly did not look fitted for the strain of nursing”.³ The duties of any probationer involved cleaning wards and feeding and bathing patients.

Eventually she found a hospital “willing to take probationers without a personal interview” and she composed the necessary letter.⁴ Prior to sitting for an obligatory photograph, Black asked the photographer and his wife to make her look “considerably older” than she normally appeared. They piled her hair up on her head and draped her in “yards of billowing chiffon” transforming her “thin little girl shoulders and bust into a fashionable mature silhouette”.⁵ The ruse apparently worked because three weeks later Black received an acceptance letter. It was 1901.

In her memoir, she gave her first hospital a fictitious name – “‘Southgate’ (as I’m going to call it)”.⁶ Two and a half years on, she secured a position at the London Hospital where she began work again as a probationer. Although she had already worked in such a role for two and a half years she had to undergo six weeks preliminary training before she was allowed on a ward where once again she spent more time “scrubbing, dusting and polishing than nursing”.⁷

When war broke out, Black was on the private nursing staff of this hospital. Convinced “it would be all over by Christmas”, she volunteered to join the Queen Alexandra Imperial Military Nursing Service (QAIMNS), “though without really expecting to be called up”.⁸ Members of this organisation had to be British subjects between the ages of twenty-five and thirty-five, recipients of a completed three-year

² Black, 13.

³ Black, 36.

⁴ Black, 36 and 37.

⁵ Black, 37.

⁶ Black, 37.

⁷ Black, 45.

⁸ Black, 84.

qualification from an approved hospital, and able to prove they were of accepted social standing.⁹ Despite going through the two-year nurse training programme at the London Hospital, Black was accepted, possibly because she had been nursing for over a decade.

Once she had completed her application, Black left the city to nurse a private patient in the country who died unexpectedly, allowing her to return to London where she accepted a posting to Cambridge Hospital in Aldershot and began caring for wounded soldiers.¹⁰ Drafted out to France in autumn 1916, Black's first overseas posting was at No. 7 General Hospital (G.H.) at St. Omer in France.¹¹

Mabel Clint

Life began for Mabel Clint on 21 June 1876 in Quebec, Canada, where she was born to Caroline Clint whose circumstances remain unknown. No early information exists about Mabel Clint either, although records reveal that she became executive secretary of the Association of Registered Nurses for Quebec in 1910.¹²

Clint's military record lists her as a graduate nurse who worked at the Royal Victoria Hospital in Montreal. At thirty-eight years of age, well past the required minimum of twenty-one years of age required by the Canadian Army Medical Corps (CAMC), she was among the first group of Canadian nursing sisters to volunteer.

While waiting for a telegram, she recalled the "impatience of that month ... the thought that the war would be over before we sailed, the panic lest a name be struck off the roll".¹³ On 23 September, she received word to report to Quebec.¹⁴

Initially quartered at Valcartier Camp in the Immigration Hospital on the outskirts of the city, Clint described the building as a "huge draughty space" packed with "three-tiered wire bunks, on which we lay sandwiched at night, with our military rugs and 'martial cloaks' around us".¹⁵ While there, she underwent medical examinations, inoculations and vaccinations and uniform fittings. She also signed forms "in triplicate" and read "Orders" written "in army parlance". Clint believed "the lure of adventure" was

⁹ Regulations for admission to Queen Alexandra's Imperial Military Nursing Service, 1914. Sue Light, 'British Military Nurses and the Great War: A Guide to the Services', 2010. This information is available at <http://www.westernfrontassociation.com/great-war-on-land/casualties-medcal/1140-british-military-nurses-and-the-great-war-a-guide-to-the-services.html>, accessed 10 September 2010.

¹⁰ Black, 84

¹¹ Black, 90.

¹² This detail came from <http://came.wordpress.com/?s=mabel+Clint>, accessed 15 June 2011.

¹³ Clint, 4.

¹⁴ Clint, 4.

¹⁵ Clint, 4.

foremost in some nurses' minds, as it was with the men, while "experience and mass-action" attracted others. She fitted into the group who "responded immediately to the call" since she thought it was a "just cause".¹⁶

Clint boarded the *Franconia*, with the first contingent. As she and her unit filed up the gangplank, the men of the 90th Winnipeg Rifles cheered, which she interpreted as "the first tangible evidence of that comradeship which united men and women as never before in war".¹⁷

On 1 October, when her ship slipped down the river, Clint felt the "secret excitement of imagination and assumed the term 'Sealed Orders' created a new sensation for us all". Early on 2 October, the *Franconia* steamed into Gaspé Bay. The following afternoon, thirty-one liners, including the *Franconia*, and the fleet's escorting cruisers lined up, and, one by one, headed east at exact intervals. Writing about this day twenty years later Clint recalled the brilliant colours of the surrounding hills and woods, bugle calls ringing out across the calm water, orders going back and forth, the Red Ensign fluttering, and the feeling she was part of "a never-to-be forgotten event ... an epoch-making precedent in world-history".¹⁸

When the fleet reached Plymouth, invitations poured in for the nurses to sightsee, go to the theatre and attend war lectures, activities which Clint participated in.¹⁹ Based at St Thomas's Hospital when the Order finally came, she recalled the corridors "hummed with debate" as to who would go where.²⁰

Clint ended up twenty-five miles from Boulogne at the Le Touquet Golf Hotel, which she helped turn into a semi-modern hospital.²¹ She and her colleagues had just made up the last bed when 200 patients arrived caked in Flanders mud. It was 3 December 1914.

¹⁶ Clint, 5.

¹⁷ Clint, 6.

¹⁸ Clint, 7.

¹⁹ Clint, 17.

²⁰ *British Journal of Nursing*, 'Nursing Contingent of the Canadian Expeditionary Force', 1, LIII, October 24, 1914, 325.

²¹ Clint, 27 and 28.

Rosa Kirkcaldie

Rosa Angela Kirkcaldie was the second daughter of a Scottish father, David Kirkcaldie, and English mother, Alice Kirkcaldie, née Mountain. She was born on 3 June 1887 at Homebush, Sydney.

Kirkcaldie's nursing career began as a probationer in March 1910 at the Royal Prince Alfred Hospital, Sydney, where she trained for four years, gaining her nurse's certificate and winning the Sir Alfred Roberts Medal for General Nursing Proficiency. When news of the war reached her, she "seethed with excitement and longed ... to do something – be it ever so small – to help with the great struggle".²² She resigned from the hospital on 21 August 1914 and secured a place on the *Grantala*, a hospital ship heading for German New Guinea with the Australian Naval and Military Expeditionary Force (AN & MEF). On 30 September 1914, Kirkcaldie felt her throat tighten as the ship passed Darling Harbour.²³

Shortly after arriving in Simpson's Haven at the entrance to Rabaul, she nursed "between twenty and thirty ... 'slight casualties'", mostly gunshot wounds to limbs, before travelling on to Suva.²⁴ She returned to Sydney in December, disappointed there had only been 200 patients and lamenting "at the little service we had been able to render".²⁵ She then made "futile attempts" to join the Australian Nursing Service. While venting her frustrations to friend Elsie Welman on the telephone one day, Welman suggested they go to England together and Kirkcaldie "jumped at the suggestion".²⁶

The pair set off to London aboard the *Ballarat* on 20 February 1915, which Kirkcaldie thought had a "military atmosphere", due to men constantly drilling and exercising.²⁷ After a "week's frivolity" early in May, followed by an interview with Miss Beecher, the Matron-in-Chief, Kirkcaldie and Welman enrolled in the Queen Alexandra Imperial Military Nursing Service Reserves (QAIMNSR),²⁸ securing temporary contracts which allowed them to work under the same conditions as QAIMNS members. By mid-May, Kirkcaldie was working at the Hospital of the Knights of St John, Valetta, Malta, nursing casualties from Gallipoli.

²² Kirkcaldie, 9.

²³ Kirkcaldie, 16.

²⁴ Kirkcaldie, 25.

²⁵ Kirkcaldie, 37.

²⁶ Kirkcaldie, 38.

²⁷ Kirkcaldie, 41.

²⁸ Kirkcaldie, 46.

Mary Eliza L. Martin-Nicholson

Little information is available about Mary Eliza L. (known as Joan) Martin-Nicholson outside her memoir, other than she was most likely born in 1876.²⁹ She does not mention where she trained. We only learn through the 1917 records of her publisher, Stanley Unwin, that due to a staffing shortage she took on the role of sister in charge of a large surgical ward at King's Lancashire Hospital in Blackpool where she nursed the "Big Push" men who arrived straight from the front.³⁰ In a letter from this period to Unwin she wrote, "I am driven to death up here but am having a splendid time".³¹

In the opening pages of her memoir, and again in the text, Martin-Nicholson emphasises her status as a trained nurse but she does not provide details of her training. Martin-Nicholson served in Belgium, Russia and France, and commences her tale with a highly dramatic description of her steering a skiff down a river on 4 August 1914.

Her memoir came out in 1916 when Martin-Nicholson was forty years old. By March the following year 428 copies had sold, a figure that pleased her although she informed her publisher in a letter that her parents could not afford the price of 4/6. Although her memoir mostly received "jolly good notices from the papers", a Belfast reviewer wrote that it "bangs the high melodramatic note".³²

Martin-Nicholson followed the war news with increasing interest until she too became part of the exodus, leaving England as a member of an unnamed British nursing contingent that crossed to Belgium on 9 August 1914 and headed for Brussels, which "was crying for fully trained nurses".³³ Martin-Nicholson booked into the Hôtel Métropole on the same day the Germans marched in and took control of the city. Unable to get a wire through to England, as communications had ceased, she declared, "I and the rest of the city had been swept up like small fish into the gigantic German net".³⁴

Overcoming this obstacle, she travelled to Russia whose nursing sisters she considered the "most charming in the world, courteous, gentle sweet", although their

²⁹ Jane Potter, *Boys in Khaki, Girls in Print: Women's Literary Responses to the Great War* (Oxford: Oxford University Press, 2008); Anne Powell, *Women in the War Zone: Hospital Service in the First World War* (Stroud: The History Press, 2009).

³⁰ Potter, 232.

³¹ Potter, 232.

³² Letter dated 10 March 1917, among the records of George Allen & Unwin, Ltd., MS3282, University of Reading Library, quoted in Potter, 2008, 232.

³³ Martin-Nicholson, 27.

³⁴ Martin-Nicholson, 34.

methods were “sometimes of the dim ages”.³⁵ Eventually Martin-Nicholson travelled back to England where she incurred the wrath of her seniors who in turn incensed her.

...I was told that as I had presumed to come back unbidden I could stay back ... No matter if I *were* highly skilled, or a good linguist, I should not be sent to the Front again, there were others more obedient; and so on and so on.³⁶

A flurry of letters and telegrams ensued between Martin-Nicholson and nursing authorities, until she finally accepted she had “been relegated to the back of my profession”.³⁷ Outraged she took a job nursing typhoid patients at a hotel run by the Red Cross in Le Havre, France.

Shirley Millard

Early biographical information about American volunteer Shirley Millard is also scant. American academic Elizabeth Townsend-Gard included no new biographical details in a Foreword she wrote for a 2011 edition of Millard’s memoir.³⁸ Nor have other academics or historians unearthed material about Millard’s pre-war past.

However, we do know from Millard that her son, Coco, was five years old when, while preparing to move house, she found her 1918 diary, a “pig-skin volume with a gilt clasp”³⁹ in a trunk “wrapped in a small French tricolor”.⁴⁰ Flicking through the pages of January and February, she returned in her mind to troops parading down Fifth Avenue, Red Cross centres opening, relief offices and canteens springing up in Manhattan, and her brothers and her fiancé Ted going to Officers Training Camps. As she read on she cringed at her long-forgotten romantic notions, such as “reading to quiet men with bandaged eyes” and Ted coming to a hospital “very slightly wounded”. “Gassed a bit,” she mused, and perhaps opening his eyes and finding “me bending over him, my white veil brushing his cheek”.⁴¹ These innocent images, coupled with others she had of Paris “overrun by bristle-headed Prussians, clicking their heels and rattling their sabres” fuelled her desire

³⁵ Martin-Nicholson, 113.

³⁶ Martin-Nicholson, 191.

³⁷ Martin-Nicholson, 193.

³⁸ Elizabeth Townsend-Gard, foreword in Shirley Millard, *I Saw Them Die* (ed.), Adele Comandini (New Orleans: Quid Pro Books, Journeys and Memoirs Series, 2011).

³⁹ Millard, 3.

⁴⁰ Millard, ix.

⁴¹ Millard, 4.

to “help save France”, where she had spent several happy years before the war.⁴² An entry from her diary, included in her memoir, captured her fervour.

I wanted to go overseas! In spite of refusals, advice and even ridicule on the part of my elders and betters, I plagued and persisted ... I had two valuable assets – a fair knowledge of French, and the determination that goes with red hair.⁴³

On 16 March 1918, as Millard was about to leave on a steamer as a member of a volunteer group bound for France, her fiancé Ted begged her not to “win the war until he had a chance at it”. He also sent presents to her stateroom, including candy, flowers, books, a tiny new wristwatch “that I had been dying for”, a fountain pen and an enormous life preserver.⁴⁴ Since the rest of the volunteers looked older, Millard dared not open her mouth in case they discovered she had barely left school and had no nursing training whatsoever. Her relief was obvious when she learned the majority were also untrained and had been accepted like her for “their enthusiasm and their exuberant health”.⁴⁵

Millard passed the dangerous eight-day trip eating chocolate bars, secretly reading a handbook on nursing and sleeping on the hard deck in a cork lifebelt. She landed in Bordeaux on 24 March 1918 and travelled straight to Paris where her unit received word they were required at an emergency hospital near the firing line. Millard wrote this passage in her diary which eighteen years later would inform her memoir. “It is so exciting and we are all thrilled to have such luck. Real War at last.”⁴⁶

Maud Fortescue Sutton-Pickhard

Born on 25 August 1880, Maud Fortescue was the illegitimate daughter of Robert Barnwell Roosevelt Senior and Irish immigrant Marion Theresa O’Shea.⁴⁷ Initially Sutton Pickhard lived with her mother and her siblings in a brownstone house in Manhattan on the same street as Robert Roosevelt’s primary family. Roosevelt later relocated his Fortescue family to Long Island.

At twenty years of age, Sutton-Pickhard left a “relatively sedate” life, to marry Ernest William Sutton-Pickhard, the son of a German-born millionaire who had made his

⁴² Millard, 3-4.

⁴³ Millard, 5.

⁴⁴ Millard, 6.

⁴⁵ Millard, 7.

⁴⁶ Millard, 7.

⁴⁷ Raymond E. Spinzia, ‘Those Other Roosevelts: The Fortescues’, *The Freeholder*, 11, 8-9 (2006), 16-22.

fortune in the dye industry. She moved with her husband to London, although the births of their two children, Roland in 1901 and Marion in 1904, occurred in New York.⁴⁸ At the time of Ernest Sutton-Pickhard's suicide in 1909, the couple were already divorced.⁴⁹

Sutton-Pickhard returned intermittently to Manhattan, but she set off from Charing Cross depot, London, mid September 1914, to see what France was like in war time, thinking she could convey "to those who are obliged to remain at home some idea of the great work which is being done in France by the Red Cross and other kindred organisations".⁵⁰ She took with her a letter addressed to a Doctor Turner who was based in a Paris hospital, formerly the Lycee Pasteur, where she hoped to work as a VAD because she was under the impression this facility was short of nurses and untrained volunteers.

On the first stage of her train journey, she discussed with those in her compartment "whether the Germans would succeed in breaking through to Paris, the possibilities of a siege, the horrors of bomb-dropping, the sufferings of the Belgians". In Folkstone, where everything was in a "state of fuss and flurry", she had to fill out a form to prove she was not a spy and hand over her newspapers.⁵¹ She described the passage to Dieppe as "calm and uneventful" and her arrival into a harbour as a "scene of a great exodus" because for three days "over twenty thousand refugees" had been in "a mad struggle" to get on boats travelling to England.⁵² Unconcerned that she was going in the opposite direction Sutton-Pickhard pressed on convinced her social connections would open doors and keep her from harm.

Edna Pengelly

Born in Canada on 5 July 1874 to a Canadian mother and English father, Edna Pengelly spent her early childhood in Pasadena, California, before moving permanently with her parents to New Zealand where the family settled at Annat, near the foothills of the Southern Alps.

⁴⁸ 1909 New York Census, quoted in Roots Web's World Connect Project. Information available at <http://wc.rootsweb.ancestry.com/cgi-bin/igm.cgi?op=GET&db=dgbowling&id=I08651> accessed 5 November 2011.

⁴⁹ 1909 New York Census, accessed 5 November 2011.

⁵⁰ Sutton-Pickhard, 1.

⁵¹ Sutton-Pickhard, 2.

⁵² Sutton-Pickhard, 3 and 4.

Prior to the building of a primary school at Annat, Pengelly walked two miles to a primary school at Waddington. Later, for a year, she travelled by train to West Christchurch Secondary School before becoming a boarder at Christchurch Girls' High School. A keen reader, she often bought books from a shop in Cathedral Square. "I was interested in poetry, being rather a sentimental young thing."⁵³

After she completed her education, Pengelly boarded with the Waterston family, helping them run a small private school in Rangiora located near Christchurch in the South Island. The Waterston's aversion to drink and gambling pleased Pengelly's mother who did not want her daughter "subjected to evil influences abroad".⁵⁴ Pengelly remembered spending her free time "playing tennis, attending the country dances, having a free and easy life, full of ups and downs".⁵⁵

In 1902, she left Rangiora with her mother and moved to Levin in the North Island where they ran a small poultry business, which led circuitously to the beginning of Pengelly's nursing career. "I had splinted a rooster's leg and painted the throat of a hen which had roup [sic], and those incidents decided me to try to aid humanity."⁵⁶

She trained as a nurse at Wellington Public Hospital from January 1904 to 1907. Once qualified, she took charge of various wards from 1909 onwards, and ran the Nurses' Home for a time. At the declaration of war, Pengelly, frustrated with officialdom, commented that New Zealand "seemed to concentrate on making shirts".⁵⁷ In January 1915, she applied to go on active service through the New Zealand Trained Nurses Association (NZTNA), which required nurses between twenty-one and forty years of age. Pengelly found herself in the "First Fifty" under the command of Hester Mclean.⁵⁸ She spent the rest of March "packing, turning out things, getting uniforms, etc., and generally preparing ... There were vaccinations, inoculations and much guarding against infections which were likely on leaving one's own country".⁵⁹

⁵³ Pengelly, 8.

⁵⁴ Pengelly, 9. While Pengelly's mother instilled in her daughter a commonsense approach to life, she also sent Edna violets on a regular basis.

⁵⁵ Pengelly, 10.

⁵⁶ Pengelly, 12.

⁵⁷ Pengelly, 20.

⁵⁸ Hester McLean arrived in New Zealand in 1906 to take up the position of Assistant Inspector of Hospitals. She also joined the NZANS as Matron-in-Chief. From 1914 to 1923, she was Director of the Division of Nursing in the Department of Health. She died in 1932.

⁵⁹ Pengelly, 21 and 22.

On 8 April 1915, Pengelly travelled by car to the dockside in Wellington where “there was a great crowd, and a band, which played *It’s a Long Way to Tipperary*”.⁶⁰ She boarded the *Rotorua* for London where she learned she would travel to Egypt on the *Scotian*.⁶¹ Her first posting was to No. 15 General Military Hospital (G.M.H.), Alexandria.

May Tilton

Little is known about May Tilton beyond her memoir. Tilton spent the winter months of 1914 with family in the country after nursing for five years at Launceston General in Tasmania but she was nursing private patients in Melbourne when she offered her services to the Australian Army Nursing Service (AANS). To qualify, members had to be either single or widowed, have completed three years training, be between twenty-one and forty years of age, pass a medical examination and submit references attesting to their ability to withstand the physical and mental rigours of army service.⁶² When Australia’s first contingent of twenty thousand men departed with New Zealanders on 1 November 1914 in a convoy of forty-two ships, Tilton recalled in her memoir that “a feeling of thankfulness filled my heart that I was free to offer my services and follow these men”.⁶³

Following months “of waiting and many disappointments”, Tilton received a telegram instructing her to board the *Orontes* at Town Pier, Port Melbourne, on 4 August 1915.⁶⁴ Four days passed before she was free of her current private case. Over the next eight, she packed her trunk and prepared for her journey. On her way to the ship, she ran into her seventeen-year-old brother Jack who had finally gained their parents’ consent and was heading for an army camp. They were both keen to follow their friends into service and “a beloved cousin, Sergeant Norman Ellsworth” who Tilton recorded was the first man to fire a shot on Gallipoli.⁶⁵

On board the *Orontes* she was among 111 members of AANS dressed in what she described as a “most unpopular uniform”, although she conceded “our friends and families all thought we looked lovely”.⁶⁶ The unit’s destination remained unknown until

⁶⁰ Pengelly, 22.

⁶¹ Pengelly, 30. Pengelly served in military hospitals in Egypt and England.

⁶² Bassett, 1997.

⁶³ Tilton, 1.

⁶⁴ Tilton, 1.

⁶⁵ Tilton, 2.

⁶⁶ Tilton, 3.

well into the journey. Her first posting was to the No. 1 Australian General Hospital (A.G.H.) at Heliopolis in Cairo.

Kate Wilson-Simmie

Katherine Mildred Wilson's life began on 15 October 1887, in Chatsworth, Ontario. One of six children, she was raised by parents who valued education, music and religion. Wilson-Simmie attended Chatsworth Primary School and took her high school matriculation at Owen Sound. She enrolled in secretarial training at the Northern Business School and worked briefly as a journalist until her younger sister developed tuberculosis and she returned home to help care for her. Observing Wilson's aptitude for providing care and comfort, the family doctor suggested she become a nurse.⁶⁷

She enrolled at the Owen Sound Marine Hospital in 1910 where she trained for three years. After graduating, she worked as a contract nurse for the Board of Education, a position she still held when war broke out. She was visiting a doctor friend when she heard the news. "If it did prove to be a real war, I thought, and if Canadian men were to fight, then Canadian nurses would have to follow to tend the injured".⁶⁸ Upon her return to Owen Sound, she learned that two of her former classmates had already signed up. She wanted to join them. When several members of the Education Board vetoed her decision, she dropped a letter of resignation into the Chairman's office and left him staring "as if I was completely mad".⁶⁹

Wilson-Simmie also had a personal reason for wanting to enlist. Her fiancé, Duncan, had recently died of typhoid fever. Had he lived she believed he would have been one of the first to enlist and therefore she wanted to offer herself in his place.

Although failing to join the first contingent's complement of 101 nursing sisters, when the call came for seventy-two reinforcements early in 1915, Wilson-Simmie gained a place with the help of a cousin who was secretary to the Minister of Militia.⁷⁰

In the days leading up to her departure, she stayed with an aunt in Ottawa. Having spread her uniform out on a bed, Wilson-Simmie felt "thrilled and yet at the same time had a slight shiver of trepidation",⁷¹ as she began to dress.

⁶⁷ Norma Christie wrote a preface and a postscript in the 2004 edition of Wilson-Simmie's memoir and included this information on page 197.

⁶⁸ Wilson-Simmie, 2.

⁶⁹ Wilson-Simmie, 3.

⁷⁰ Wilson-Simmie, 2 and 3.

With every buckle in place and an extra dab of powder on my nose (to prove to myself that even in my excitement I was still in a normal state of mind) ... I set out, head up, eyes to the front, and heart pounding.⁷²

As a Canadian Army Nursing Sister of the British Expeditionary Force, Wilson-Simmie caught a train in Ottawa and travelled to Halifax where she boarded the *Hesperian* which was bound for Liverpool. A train took her to Charing Cross depot, London. Billeted at the Kingsley Hotel in Bloomsbury Square, Wilson-Simmie went sightseeing before catching a train to Folkstone and transferring to the *Victoria*, which was heading for France. Her first posting was to the No. 4 British General Hospital (B.G.H.) in Versailles.

To recap, these seven trained nurses and two VADs came from diverse backgrounds and social circumstances. Their motivations for serving overseas were wide-ranging. Variations in training and the requirements of their organisations separated them further. Seven went through channels available to them in their own countries and two took different routes. Trained nurse Kirkcaldie, weary of enlisting processes in Australia, sailed to England and signed up with the QAIMNSR and American volunteer Sutton-Pickhard funded her journey to France and subsequent travels because it gave her the independence she sought. Class also set the women apart, yet throughout the war they were required to travel extensively, accommodate cultural differences and adjust to often uncomfortable and sometimes dangerous living and working spaces for indefinite periods.

Travelling to war zones

The memoirists travelled through enemy patrolled oceans, criss-crossed regions within countries, rarely settling in one place for more than a few months and sometimes for less than a week. They covered great distances by ship, train, truck and ambulance, often at short notice and rarely in comfort and, every now and then, they endured tense delays due to bombing or fighting in the vicinity. Patchy communications invariably resulted in them turning up unexpected at a new posting where there was inadequate accommodation.

⁷¹ Wilson-Simmie, 7.

⁷² Wilson-Simmie, 8.

Often a battle raged in the next town. The upheaval of constantly travelling and adjusting to new postings has been well documented in the literature.⁷³

In this study the majority of the nine memoirists felt uneasy as they travelled to postings. Several mention the sinking of the *Marquette*, which is recreated in *LWLB*. Clint and Kirkcaldie also refer to troop and hospital ships going down off the English coast due to enemy action. Another memoirist curbed her enthusiasm mid-way through a six-hour train trip to Cairo. Tilton's initial impression reads like a tourist guidebook with vivid depictions of irrigated fertile countryside, crops such as sugarcane and berseem clover, palm-trees and their uses, mud huts, and melons that grew on roofs. However, when the train stopped and she was "besieged by natives selling all kinds of produce", and a commanding officer confiscated the fruit she had purchased due to the threat of disease, she realised that life might be different in this country.⁷⁴

Accommodating cultural differences

Even when the memoirists arrived safely at a posting there was no guarantee that they could cope with the perceived exoticism. When Pengelly caught sight of Alexandria for the first time, she openly expressed her views on the place and the people.

The old places certainly look as though they had belonged to the time of Pharaoh, and the flies are most certainly descendants of his time ... I have never seen such a strange mixture of people – every nationality under the sun ... crowds of black creatures about. I do not like them. I scowl at them quite madly.⁷⁵

Initially Pengelly struggled with Egyptian men wanting to carry her basket or call her a gharry. "I get most annoyed when the natives will not let me do as I like with my own things. We are really very independent in New Zealand."⁷⁶ However, her attitude softened a little in December 1915 when "the natives who do the scrubbing and cleaning came and wished me a Happy Christmas, and were so courtly and shook hands and kissed my hands and salaamed most gracefully".⁷⁷

⁷³ For a detailed description of Australian nurses' experiences see Harris, Chapter Four, *New Environments, Changing Roles*.

⁷⁴ Tilton, 11.

⁷⁵ Pengelly, 28 and 29.

⁷⁶ Pengelly, 45.

⁷⁷ Pengelly, 42.

Meanwhile Tilton expressed concern for Egyptian women whose lives she felt were limited by their men folk, “but I was told it was wasted on them. In fact, *they* were very sorry for *us*, that we were all unmarried; and thought it very strange that we should be allowed to walk about with such freedom”.⁷⁸

Pengelly and Tilton’s observations demonstrate that the war was a turning point for women in the services in general, and these memoirists in particular, expanding their vision of the world and their place in it. Not only had they travelled to exotic destinations under dangerous circumstances, taken on employment responsibilities outside their usual sphere of practice and grappled with unfamiliar customs and languages, throughout their service they were expected to adjust to vastly different living and working conditions to those they were familiar with back home.

Adjusting to living and working quarters

Collectively the work of these memoirists took them to Belgium, England, Egypt, France, Malta, Lemnos, Poland and Russia. This thesis, however, focuses primarily on Egypt and France, the countries depicted in *LWLB*. The memoirists’ living quarters in these two locations included wind-prone tents, revamped schools, converted hotels and convents, snow-covered dwellings, thatched rush huts and a chateau, spaces they generally shared with others. Nurses on transport duties had to double up in cramped ship cabins. While stationed in Cairo, Tilton shared a tent that she referred to as “a spacious harem – minus the sheikhs!”,⁷⁹ complete with “menservants” who came at the clap of hands and caught the snakes that came into the rooms.⁸⁰ “Egypt has its trials,” Tilton wryly concluded.⁸¹

Cultural, physical and emotional challenges beset the memoirists throughout their service for, as Harris comments, conditions for war nurses “could be as bloody, as frightening and as foul smelling as it was for some men in the trenches”, and they were expected to “cope with the distressing and depressing work in a constantly changing environment”.⁸² Hallett agrees, and acknowledges that one “of the most difficult features of war work was its unpredictable nature”.⁸³

⁷⁸ Tilton, 91.

⁷⁹ Tilton, 86.

⁸⁰ Tilton, 87.

⁸¹ Tilton, 88.

⁸² Harris, 87.

⁸³ Hallett, *Containing Trauma*, 2009, 208

The memoirists worked in stifling canvas operating theatres where orderlies performed fly-swatting duties, makeshift huts at CCSs, marquees beside the sea, civilian, government and military hospitals, and wards on hospital ships. Each memoirist served in numerous locations – Tilton alone endured up to nineteen moves. The physical and emotional strain of constantly shifting was further compounded by the need to adopt new patterns of work.⁸⁴ As Harris points out, few nurses had previously helped establish a hospital or wards on a new site.⁸⁵ Nor had they had faced the extent of what Hallett refers to as environmental hazards such as “heat, cold, dust, mud and flies” or been called upon to protect patients from their potentially life-threatening effects.⁸⁶

Two of the nine memoirists served in Egypt: Pengelly and Tilton. Clint and Wilson-Simmie nursed on Lemnos where patients’ deaths from dysentery and typhoid (enteric) fever were so numerous that Clint likened the carting away of their bodies to the “Great Plague of London without the clang of the bell”.⁸⁷

When Pengelly left Egypt to work in England, Tilton went to France, where the other seven memoirists also served. Their living and working conditions in this country varied significantly and each move required the eight women to make emotional as well as physical adjustments. Although Rees makes this point in relation to Australian nurses⁸⁸ and Hallett contextualises the environmental extremes that imperial and colonial nurses encountered during their war service,⁸⁹ neither writer considers in depth the emotional connections that nurses and VADs formed with their quarters.

On occasion particular memoirists felt an emotional wrench when they had to move. When she received orders to leave the *Panama* and report to No. 8 G.H. at Rouen, Kirkcaldie wrote: “It was with quite sad hearts that we [she and friend Sister Welman] packed our belongings and handed our comfy little cabin over to our successors, who, we felt, would never love it quite as much as we had”.⁹⁰

After a stint in a field unit where she cared for American soldiers with “shocking” and “crude wounds”, VAD Millard returned to Chateau Gabriel, the French Evacuation

⁸⁴ For a comprehensive account of Australian nurses’ experiences see Harris, Chapter Five, A Real Touch of War – New Patterns of War. For details about New Zealand nurses refer to Rogers, Chapter Seven, Somewhere in France: Serving on the Western Front. For information about British nurses see Hallett, *Containing Trauma*, Chapter Four, Nursing in ‘Far Flung Places’.

⁸⁵ Harris, 100.

⁸⁶ Hallett, *Containing Trauma*, 2009, 149.

⁸⁷ Clint, 61.

⁸⁸ Rees, 195, 209, 211 and 214.

⁸⁹ Hallett, *Containing Trauma*, 2009, 149.

⁹⁰ Kirkcaldie, 126.

Hospital where she had first worked. “It is like home to us. I am beginning to feel that I have always lived here...”⁹¹ Millard’s attachment suggests that after her experiences “behind the front line”,⁹² she needed to emotionally and physically connect with a place that substituted as ‘home’.

Emotional leave-takings or re-connections were more prevalent in the memoirs of colonial nurses and this American VAD, possibly due to the distance they were from their homelands and their need to belong somewhere during the crisis. Also present within these memoirs is a heightened sense of being in the right place when injured soldiers from their own countries were brought in.

During rushes, such as those associated with the 1917 Arras Offensive in France, the number of wounded arriving at CCSs often exceeded the physical space available for their care and treatment. Without exception, these memoirists recalled times when they lived and worked under dire circumstances and struggled to cope with the horrors unfolding in front of them.

The “eternal cry for beds” on the *Panama* when it took over the Le Havre to Southampton run during the Battle of the Somme, led Kirkcaldie to compare the situation to “a gigantic game of draughts, with the men all moving one way and crowding each other out”.⁹³ Pengelly also used a draughts analogy while working at a military hospital in Cairo. “My ward at present is nothing but a clearing station. It is like playing draughts – you move one man to make room for the next”.⁹⁴ Millard chose another board game to describe medical officers tracking the progress of the war: “...the movements of armies are followed like a game of chess, with little flags on a map”.⁹⁵

The association with games is suggestive of what Ouditt terms “maternal discourse” since the dislocation between the severity of an event and the trivia of a game cushions the reality.⁹⁶ Yet the comparison also contains a hint of irony, a topic Fussell explored in relation to the language of war.⁹⁷ Furthermore, the memoirists’ recollections of their travel arrangements and living and working quarters closely mirror the experiences of nurses and VADs who published autobiographies, diaries and fictionalised

⁹¹ Millard, 74.

⁹² Millard, 72.

⁹³ Kirkcaldie, 120.

⁹⁴ Pengelly, 33.

⁹⁵ Millard, 76.

⁹⁶ Ouditt, 1994, 24.

⁹⁷ Fussell, 30.

narratives,⁹⁸ those depicted in Higonnet's and Fell's work, and those who wrote letters that informed the writings of historians such as Harris and Rogers.

In conclusion, the travelling experiences of these memoirists included sea journeys, multiple expeditions in vehicles such as trains and trucks, cultural differences, emotional leave-takings, unexpected arrivals at postings, diverse accommodation ranging from no bed to a chateau through to a tent, and dealing with extreme temperatures spanning the heat of Egypt to the chilly Northern French winters. Constantly shifting was more common for nurses than soldiers, a factor that impacted on their ability to form and maintain relationships and therefore emotional proximity. Moreover, officials expected nurses and VADs to develop and sustain cordial working relationships. Understandably, given the aforementioned challenges, and taking into account the ill feelings that existed between these two groups prior to the war, and between imperial and colonial nurses from the onset, tensions and turmoil erupted. Chapter Three explores how historians and others have written about these complex relationships and how the nurses and VADs who experienced them first-hand wrote about them in their memoirs.

⁹⁸ For example Vera Brittain, Mary Borden, Baroness de T'Serlaes, Ellen N. La Motte and June Richardson Lucas.

CHAPTER THREE: WRITING AND RELATIONSHIPS

An attempt has been made to convey a general picture of scenes of the war as nurses saw it, living and working behind the lines, the only phase which has remained unnoticed during the years since, and to recapture something of the atmosphere of those days, which will I believe appeal to all who were “over there”, even though it comprises only *some* experiences of *some* nurses. Others had thrilling personal adventures, but an eyewitness account must be necessarily incomplete.¹

Many nurses and VADs recorded in written form their impressions of moving from civilian to military life.² Letters in particular played a significant role for both groups, although the content only occasionally reflected the horrors the women habitually faced.³ When Potter examined a sample written by English nurses, she found a proportion had constructed lyrical accounts to spare family and friends back home,⁴ tendencies also present in some of the Australian and New Zealand nurses’ letters.⁵

Watson has studied the writings of VADs who expressed similar sentiments possibly because they thought their families would order them home if they thought they were in danger.⁶ There was also another reason for caution. Letters passed through the hands of censors who checked them for banned details such as locations of recent battles.

While nurses and VADs could write more candidly in their personal diaries, Watson notes that the “overall tone is one of routine work done under exceptional circumstances”. She also comments that diarists who served in exotic places tended to write at length about social and sightseeing activities, making their diaries sound “more like travelogues than accounts of patriot effort”. Not surprisingly volunteers considered France, where many had previously holidayed, “the most desirable locale for service”,⁷ while the less travelled nurses, attached to units, had no choice where they were sent.

After the war, diaries belonging to women such as Enid Bagnold, Katherine E. Laurd, Florence Farmborough, Kate Finzi, Clare Gass and Violetta Thurstan found their

¹ Clint, 177.

² For example Fell, 2011; Hallett, ‘Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers,’ *Canadian Bulletin of Medical History/Bulletin Canadien d’histoire de la Médecine*, 27, 1 (2010), 65-84; Higonet, 1999; Potter, 2008.

³ Hallett, 2010, 65-84; Hallett, 2007, 322.

⁴ Potter, 2008.

⁵ Bassett, 1997; Harris, 2011; Rees, 2008; Rogers, 2003.

⁶ Watson, 86.

⁷ Watson, 79 and 80.

way into the hands of publishers who released them in original or slightly edited forms. Baroness de Flanders T'Serclaes and Vera Brittain drew on their diary entries to write their autobiographies. Brittain also penned semi-fictional works, along with Irene Rathbone, Helen Zenna Smith, Mary Borden and Ellen N. La Motte.

Memoirs of nurses and VADs, often informed by their diaries, also appeared during and after the war, although not as many as scholars might have envisaged. When historian Susan Mann searched for Canadian examples she could only find three: Constance Bruce (1918),⁸ Mabel Clint (1934) and Katherine Simmie-Wilson (1981).⁹ While the memoirs of Clint and Wilson-Simmie feature in this study, Bruce's was unobtainable. Nevertheless, in an edited compendium, Anne Innis Dagg makes a revealing comment about this memoir: "Despite the horror of caring for wounded and dying men, the author tries to keep her descriptions upbeat with sixty-four of her own humorous illustrations and with amusing anecdotes."¹⁰ This style provides a stark contrast to the grittier memoirs that were published later.

Nurses and volunteers also published memoirs in languages other than English. In recent years scholars such as Higonnet and Fell have introduced these works to a broader audience. Higonnet offers contemporary readers relatively unknown excerpts from the memoirs of Mary Britnieva (1934), Maria Poll-Naepflin (1922) and Maria Luisa Perduca (1917).¹¹ Britnieva, born to a Russian aristocratic father and English mother, volunteered as a nurse on the southern Russian Front, work that earned her the Order of St George. A less honourable fate befell volunteer Poll-Naepflin who in 1916 suffered from depression. To ease her distress, she took morphine to which she later became addicted. Perduca, a volunteer Red Cross nurse serving in base and field hospitals, was fluent in several languages and by profession a teacher of French.

Fell's study gave a wider readership access to a fictionalised memoir written by Red Cross nurse Madeleine Clemenceau Jacquemaire (1919), daughter of the French prime minister. While Clemenceau Jacquemaire respected the work of soldiers and nurses, her memoir, like Vera Brittain's autobiography, has a political agenda of advancing women's rights.

⁸ Constance Bruce, *Humour in Tragedy. Hospital Life Behind Three Fronts* (London: Skeffington, 1918).

⁹ Mann, 'Where have all the Bluebirds gone? On the trail of Canada's Military Nurses, 1914-1918, *Atlantis*, 26 1 (2001), 35-43.

¹⁰ Anne Innis Dagg (ed.), *The Feminine Gaze: A Canadian Compendium of Non-Fiction Women Authors and their Books, 1836-1945* (Waterloo: Wilfrid Laurier UP, 2001).

¹¹ Higonnet, 1999.

Although Shirley Millard, one of two VADs in this study, does not express such views, she conveys an anti-war message in her memoir. A *New York Times* reviewer purports that she “hammers away – it seems almost unconsciously – at a single theme: the torture and destruction of valorous youth deceived”.¹²

Released in 1936, Millard’s memoir contributed to what became known as the “war books boom” which began towards the end of 1927 and continued through to the late 30s.¹³ The onslaught of books published during this period signifies the changing viewpoints about representation and memory because the war had become culturally significant for what it had cost. The upbeat tone and high rhetoric found in earlier memoirs such as those by Bruce, Sutton-Pickhard and Sister Martin-Nicholson had fallen out of favour. So had the “strange imaginative silence”¹⁴ that Hynes had noticed in the decade following the war, although inexplicably the memoir of Australian nursing sister Rosa Kirkcaldie appeared during this time.

According to Mann, nurses, like soldiers and civilians, thought it best to “put their experiences behind them as quickly as possible”. There was, she suggests, a “post-war desire for normality, silence and forgetting”.¹⁵ Inherent in this theory is the possibility that nurses colluded with the cultural context of the time and fell silent after the war, and only picked up their pens when, as Watson asserts, “the floodgates opened and books about the war became all the rage”.¹⁶

During the boom years, reviewers praised books written by male survivors for their “authority of direct experience”.¹⁷ Since the promise of a better world had failed to materialise, readers were more receptive to literature that focussed on the crisis and its tragic aftermath. This trend most likely influenced nursing sisters Clint (1934), Tilton (1934), VAD Millard (1936) and Black (1939) to write about the grim realities of nursing work and to publish their memoirs during this phase. The memoirs of Pengelly (1956) and Wilson-Simmie (1981) emerged years later. Possibly family members, friends or colleagues of Pengelly urged her to share her experiences and she warmed to the idea as she grew older. Wilson Simmie’s memoir was published three years before her death. Originally she had written an account of her war service as a souvenir for her children but

¹² Book review in *The New York Times*, 1 November, 1936. [Author unknown]

¹³ Cyril Falls, ‘Two War Books’, *Times Literary Supplement*, 3, 1927, 776.

¹⁴ Hynes, 423.

¹⁵ Mann, 37.

¹⁶ Watson, 186.

¹⁷ Hynes, 158-159.

in old age she expressed “a tremendous desire to tell my story, in my own way, to try and provide a clear picture of a Canadian Army Nursing Sister during the 1914-1918 World War”.¹⁸

Shifting attitudes about the war undoubtedly influenced the type of memoirs publishers were willing to print and when they were most likely to find favour with the public. A gender bias among some publishers may have also existed since this war was known as the “most literary and the most poetical” in English history, and a significant number of literate nurses and volunteers served overseas.¹⁹ Coupled with the notion that the experiences of nurses and VADS were not seen as heroic as those of front-line soldiers,²⁰ these reasons may account for the small number of published memoirs by women who worked in a nursing capacity.

These were not the only challenges the memoirists under scrutiny had to face if they were to write about their wartime experiences and see their work published. They also had to contend with conventions embedded within the genre itself.

At the heart of memoir lie many of the hallmarks of the personal essay, which Michel Eyquem de Montaigne first made famous: intimacy, a conversational tone, reflection, vulnerability, candour, irony, self-revelation, humour.²¹ Above all, memoir values experience. Unlike the personal essayist who is more suited to a circling motion, Philip Lopate, acclaimed proponent of the genre, contends that the memoirist accrues “extra points of psychological or social shading from initial setups, like a novelist, the deeper he or she moves into the narrative”.²²

In this study, such shadings occur in a novel, the reflective essay that connects the creative and critical components, within the thesis, and within the nurses’ and VADS memoirs, in essence spanning four narrative forms. Shadings also exist within individual memoirs. For example, Pengelly’s 1956 publication, which is virtually a replica of her diary, reveals a sharp humour, strong opinions and a no-nonsense approach to nursing but scant reflective material. Likewise, the memoirs of Sister Martin-Nicholson and VAD Sutton-Pickhard, published during the war, pulse with bravado and melodrama, though offer little in the way of reflection.

¹⁸ Wilson-Simmie, *Foreword*, 1981.

¹⁹ Hynes, 28.

²⁰ Watson, 2004.

²¹ Sarah Bakewell, *How to Live* (London: Vintage, 2011).

²² Philip Lopate (ed.), *The Art of the Personal Essay* (New York: Anchor Books, 1995), xxix.

In contrast, the memoirs of Sisters Black, Clint, Tilton and VAD Millard, released during the ‘war books boom’, Sister Kirkcaldie whose work was published five years earlier, and Wilson-Simmie who followed four decades later, include reflective passages that convey the human cost of a protracted and senseless war. In addition, these six memoirists use humour, irony, candidness, intimacy and vulnerability to draw readers into their narratives, thereby revealing aspects of their personalities.

To “capture a personality” Barrington maintains that memoirists must develop a believable and engaging voice.²³ They also need to impose some form of narrative order on a selected slice of life, culminating in a perspective that belongs to them alone. Zinsser explains:

Unlike autobiography, which moves in a dutiful line from birth to fame, memoir narrows the lens, focusing on a time in the writer’s life that was unusually vivid, such as childhood or adolescence, or that was framed by war or travel or public service or some other special circumstance.²⁴

Potter shares this perspective, commenting that writing a memoir becomes a “medium for coming to terms with experiences that defy all imagining”²⁵ and “the act of writing, then, is an act of self-discovery”.²⁶ Ideally memoirs nourish readers, bring them along on the journey and encourage them to connect with aspects that relate to their own quests. For Zinsser, this sense of connectedness draws readers in and makes them believe what they read on the page.²⁷

Synergies develop between writers and readers due to these connections. Additionally, the interplay between cultural contexts and reader responsiveness or readiness to particular narratives, at particular times, raises the notion of memory and representation. As Hynes comments, the war and its repercussions “altered the way in which men and women thought” about themselves, “about culture and its expressions”.²⁸

Undoubtedly the war’s historical significance helped frame the views of the post-war memoirists since they were living in a changed world and writing about experiences that had altered them as individuals. They were also grappling with the nebulous nature of memory and the daunting task of trying to make sense of experiences that had been

²³ Judith Barrington, *Writing the Memoir* (St Leonards: Allen & Unwin, 1997), 21.

²⁴ Zinsser, 15.

²⁵ Potter, 156.

²⁶ Sidonie Smith, *A Poetics of Women’s Autobiography: Marginality and Fictions of Self-Representation* (Bloomington: Indiana University Press, 1987), 9.

²⁷ Zinsser, 6.

²⁸ Hynes, 27.

fuelled by heightened emotions and patriotic duty but lived amidst death and destruction. Fortunately, memoir as a genre offers creative flexibility. As Roorbach asserts, it “holds the door open for the greater values of drama and character, and the peculiar artistic force of memory”.²⁹ However, memoir is not a reproduction of the past, but rather a creative redescription, since we can only, as Hacking, Kearney and Tosh suggest, creatively imagine historical events and recreate them.³⁰

The nine memoirists under examination used facts recorded in their diaries, such as dates, times and events, but on occasion they were at the mercy of their memory to recreate authentic thoughts and feelings, and most likely their imaginations to overcome gaps, or in the case of Sutton-Pickhard and Martin-Nicholson to embellish or fictionalise events, aspects that have fascinated theorists such as Gustorf, Freeman and Atwan. While Gusdorf acknowledges memoir as “unquestionably a document about a life”³¹ and urges readers to consider it as a “work of art”,³² Freeman refers to its “aesthetic dimension”, believing a key aim of narrative inquiry is to move beyond a subject/object split to what he calls a “region of truth”.³³ Positioned further along the fact/fictive memoir continuum Atwan asks if the “unverifiable world is vast and accommodating”, should we even concern ourselves with the issue of truth?³⁴

Reflecting on these views further enhanced my appreciation of Freeman’s “aesthetic dimension”, as long as the memoirists had employed it in ways that truly served the content of their lives.³⁵ Such artistry requires meaningful reflection and a willingness to examine one’s motives, actions and emotions, to revisit one’s failings as well as one’s achievements, steeped as they are in the milieu in which they unfolded, yet examined in another time and place. For me, this is where the real value of memoir writing lies.

²⁹ Bill Roorbach, *Contemporary Creative Fiction: The Art of Truth* (New York: Oxford University Press, 2001), 5.

³⁰ Ian Hacking, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (Princeton, NJ: Princeton University Press, 1995); Richard Kearney, *On Stories* (London: Routledge, 2002); Tosh, 2006.

³¹ George Gusdorf, ‘Conditions and Limits of Autobiography’, in J. Olney (ed.), *Autobiography: Essays Theoretical and Critical* (Princeton, NJ: Princeton University Press, 1980), 43.

³² Gusdorf, 43.

³³ Mark Freeman, ‘Autobiographical Understanding and Narrative Inquiry’, in D. J. Clandinin (ed.), *Handbook of Narrative Inquiry: Mapping a Methodology* (Thousand Oaks: Sage Publications, 2007), 137.

³⁴ Robert Atwan (ed.), *Best American Essays* (Boston: Mariner Books, 2006), xii.

³⁵ Mark Freeman, ‘Autobiographical Understanding and Narrative Inquiry’, in J. Clandinin (ed.), *Handbook of Narrative Inquiry: Mapping a Methodology* (Thousand Oaks: Sage Publications, 2007).

As discussed, the memoirists varied in their propensity to reflect on and write about such matters, partly due to cultural contexts and publishing trends, although their personalities most likely played a role too. Martin-Nicholson and Sutton-Pickhard wanted to write memoirs from the outset; therefore, they focused more on this task than on the work of nursing. Interestingly, they also attached less importance to camaraderie and forming relationships than the other seven memoirists.

WRITING ABOUT RELATIONSHIPS

Whatever the approach a memoirist takes, writing in this genre brings specific challenges. One of the most significant revolves around which people to include in the narrative and for what reasons. Relationships are complex at the best of times. Those forged or reconstituted in wartime have the potential to become more so. Yet the literature shows that relationships were essential to the physical and emotional wellbeing of those engaged in warfare and to those who cared and comforted the sick and wounded.³⁶

McEwen found that male and female companionship provided British and Irish nurses with emotional comfort and helped sustain morale. Companionship also gave them “a sense of normality and occasionally relaxing or breaking of the rules [such as fraternising with officers and regular soldiers outside their workplaces] helped nurses cope with the demands of war”.³⁷ The study Harris undertook of Australian nurses yielded similar findings, with AANS nurses finding their initial experience of war “shocking and confronting” and physically and emotionally exhausted.³⁸ Friendships among Australian nurses and Australian soldiers “helped all to cope with the difficulties of their military life and countered the constant stress of being surrounded by death”.³⁹

However, until this study, and this chapter specifically, no one has considered the range of relationships that nurses and VADs contributed to, relied on, and wrote about. Nor has anyone examined the significance of these relationships on the ability of these particular memoirists to carry out their duties or the physical and emotional consequences that occurred when they changed due to separation or, in some cases, death. Furthermore, no other study has linked the resilience of these memoirists to the presence of beneficial relationships.

³⁶ Das, 2005; McEwen, 2006; Roper, 2009.

³⁷ McEwen, 163.

³⁸ Harris, 128.

³⁹ Harris, 130.

Range of relationships

Every memoirist invariably writes about individuals and groups who, due to random through to intimate connections, find aspects of themselves, knowingly or unknowingly, willingly or unwillingly, filtered through the memory and imagination of the writer and represented, not necessarily in favourable lights, on the page. The people and groups depicted in these particular memoirs served their country in multiple and diverse ways and for varying periods. Those known to the memoirists prior to the war included relatives, friends and fiancés. Largely, though, many nurses and VADs began their military lives as strangers caught up in events that required them to live and work in close proximity to those who would subsequently memorialise them in their writings. Five key relationships feature in the memoirs under scrutiny: interactions between nurses and VADs; exchanges between imperial and colonial nurses; friendships between women; associations with orderlies; and, intimacies between men and women.

Interactions between nurses and VADs

Das, Hallett, Harris, McEwen, Watson and Quinn have all commented on the ill feelings between untrained VADs and trained nurses, with Hallett pointing out that until recently researchers tended to focus on the war work of VADs and treated trained nurses as a homogeneous group. In reality, there were major differences, as McEwen explains.

Over the years, nurses of the Great War have been depicted as young, pretty and upper-class. While the image of young, innocent, self-sacrificing ladies of good social position ministering to the war wounded might appear attractive, the reality was that they were only part of the picture as, for the most part, the women who nursed in, and managed Casualty Clearing Stations, Base Hospitals, Hospital Barges and Trains were over thirty, middle-class, determined, dedicated, trained professionals.⁴⁰

Despite the VAD organisation sitting within what Das terms a “patriarchal and patriotic mould”, its units tended to attract women who were involved with or supported the aims of the suffragist and suffragette movements.⁴¹ Das also notes that the VAD recruitment drive “conflated class prejudices with the idea of service”, and assumed the “breeding” and “character” of upper- and middle-class women rendered them more suited

⁴⁰ McEwen, ii.

⁴¹ Das, 186.

to serve in a nurse aid capacity than working-class women.⁴² Hallett contends it was “not the reality of nursing, but its distorted public image that drew VADs into nursing work”,⁴³ and fuelled class tensions.⁴⁴ Glorified recruitment posters suggested to the uninitiated that compassion and an eagerness to serve were the main attributes of wartime nursing. To help the public and the soldiers differentiate between trained nurses and untrained volunteers, officials adopted an easily recognisable dress code for VADs, further romanticising their image. Government propaganda and suffragette rhetoric resulted in thousands of ill-prepared young women donning Red Cross uniforms and heading overseas to work alongside trained nurses who had their own reasons for signing up, none of which involved the glamour of a uniform.

Professional nurses worked for a living. VADs came from privileged backgrounds and had no need to earn a wage. Tensions between the two groups were inevitable. Some nurses feared that VADs would take their jobs, a belief that stemmed from situations prior to the war when back in their own countries untrained women had taken on private work and charged less than their trained counterparts.⁴⁵

Nursing leaders held strong views on this subject too. For example New Zealand’s Hester Maclean was firmly opposed to the employment of VADs⁴⁶ and Canada’s Margaret Macdonald was equally vociferous.⁴⁷ Reports in the *British Journal of Nursing*, a publication aimed at nurses who regarded themselves as an elite group, and edited by Ethel Bedford Fenwick, inflamed this matter. McEwen quotes from a particular editorial: “While so many nurses, with excellent certificates, are available for the care of the sick and wounded, there is no excuse for employing persons with lower qualifications”.⁴⁸ Around this time Rachel Crowdy, Principal Commandant of the Red Cross in France, wrote a glowing report about VADs in France feeding soldiers, dressing wounds, doing laundry, running lending libraries, making sandbags, tracing misdirected letters and generally alleviating the soldiers’ pain, suffering, hunger and distress. This report

⁴² Das, 185.

⁴³ Hallett, *Containing Trauma*, 2009, 8.

⁴⁴ Margaret Vining and Barton C. Hacker, ‘From Camp Follower to Lady in Uniform: Women, Social Class and Military Institutions before 1920’, *Contemporary European History*, 10, 3 (2001), 353-373.

⁴⁵ McEwen, 2006.

⁴⁶ Maclean, *Kai Tiaki*, April 1915, 73.

⁴⁷ Mann, 88-90.

⁴⁸ McEwen, 117.

incensed trained nurses as it coincided with reports in *The Times* and *The Spectator* that claimed they were treating VADs in an “ungenerous and discourteous” manner.⁴⁹

There are similar examples in these memoirs of antagonistic behaviours and attitudes from both sides, although viewpoints changed according to circumstances and expectations. Initially Pengelly sympathised with her trained English counterparts, writing: “It is hardly fair to the English sisters to send untrained people out here, and then give them the same allowances”,⁵⁰ but later she commented while working in England: “We have Mrs Stuart and Miss Herbert here as VADs, and they do so much for the men and are a great help in every way”.⁵¹

Sister Wilson-Simmie criticised the skills of her VAD during an intense work period when she needed a proficient pair of hands.

I was placed on the third floor under a Territorial Nursing Sister, with a Voluntary Aid Detachment (V.A.D.), as our assistant. There were many times when I wondered just what use the V.A.D. was! If she had confined herself to washing utensils and setting up instrument trays, she might have been a help. As an assistant at a dressing, she was hopeless.⁵²

However, Wilson-Simmie’s compatriot Clint had nothing but praise for the Red Cross volunteers. “VAD nurses too often rendered splendid assistance, especially in the final year in France.”⁵³

Tilton held a similar view.

Our V.A.Ds were treasures; their willing service and unselfish devotion inspired admiration. They did the cooking, waited on the sisters’ mess and took their turn in the wards. No words of mine can adequately praise them. Without their help, I dare not think how we should have managed.⁵⁴

Tilton particularly valued the support of Nurse Muriel Bowes-Lyon while they worked together in an acute ward. “She was so dependable among these sick men and they all loved her.”⁵⁵

Black also recalled the willingness of VADs to work hard. She specifically welcomed their assistance in the feeding of soldiers with facial wounds whom she

⁴⁹ McEwen, 117.

⁵⁰ Pengelly, 39.

⁵¹ Pengelly, 61.

⁵² Wilson-Simmie, 25.

⁵³ Clint, 37.

⁵⁴ Tilton, 199-200.

⁵⁵ Tilton, 204.

described as the saddest cases of her nursing career, commenting that VADs toiled “all day long, cooking and clearing away, for no sooner was one feed finished than it was time to start preparing another”.⁵⁶ While stationed at Rouen and in charge of two large wards, Black valued “one overworked little VAD” to such a degree that she allowed her to give saline.⁵⁷

When VAD Millard arrived in France in 1918, she discovered trained nurses, whom she referred to as “colleagues”, expected her to perform unfamiliar duties. “In the ward, orders flew at us. Do this! Do that!”⁵⁸ Millard felt out of her depth when someone thrust a hypodermic syringe and a packet at her and insisted she give every man who came in a shot against tetanus and then get them ready for the operating table.

I looked about helplessly. How on earth did one give a hypodermic? I’d never even *had* one. And what did “get them ready” mean? I watched another nurse snap the glass tube containing the antitoxin, fill the syringe, and jab the needle in. Taking a deep breath I filled my syringe, shut my eyes and tried it.⁵⁹

On her first attempt she bent the needle and had to seek advice from an orderly who assured her that it was not her fault if the patient’s skin was “as tough as leather”.⁶⁰ She attached a second needle and tried again. “This time it worked. The second, third, fourth times are easier. Soon I am going like lightning.”⁶¹ As if to emphasise her deficits and illustrate her willingness to do whatever trained nurses required of her, Millard recounts stressful situations in the present tense.

I watch my colleague closely to see what she does about that. She undresses them, removing all their clothing – boots, leggings, belts, gas-masks, kit bags. She washes their wounds as well as she can with a little tin basin of water and wraps them in a clean sheet to go to surgery. The clothes are left in a heap to stumble over in the aisles. I follow her example.⁶²

She soon learned to remove “blood- and mud-soaked bandages” or “a strip of coat sleeve or an old muffler or a muddy legging wrapped on quickly by a comrade in the field”.⁶³ While taking off a “newspaper tied with a bootlace”, she uncovered “an arm

⁵⁶ Black, 87.

⁵⁷ Black, 118 and 119.

⁵⁸ Millard, 12.

⁵⁹ Millard, 13.

⁶⁰ Millard, 13.

⁶¹ Millard, 13.

⁶² Millard, 13-14

⁶³ Millard, 14.

hanging by a tendon” and had “a crazy impulse to run. But I stay”.⁶⁴ Once again she reverts to the present tense. Her tendency to convey closeness and immediacy through tense intrigued me because to enter the minds of Addie and Meg, my nursing characters in *LWLB*, and to fully inhabit a world that was vastly different to my own, I wrote the initial drafts of my novel in present tense. Like Millard, I had to *feel* as if I belonged to the time and place that I was representing in my writing.

As with Meg, Millard valued relationships and wanted to be popular. She believed a trained French nurse, described as Madame de R who had served her country since the outbreak of war, welcomed her contributions.

I learned that she was a somewhat *déclassée vicomtesse* who had been for years the mistress of the surgeon she assisted. She went with him everywhere as his special nurse. At first we were inclined to resent her privileges and air of authority, but we soon understood that she was a grand person, an understanding friend to all of us, and that she genuinely admired our spunk and appreciated our hard work.⁶⁵

Not all VADs were as diligent or as dedicated as Millard though. When Sutton-Pickhard registered at the American Consulate and offered her services to the French Red Cross, she expressed a preference for day-work over night-duty.⁶⁶ Back at her lodgings, she wrote that she could possibly “stand the strain” of helping out for a month.⁶⁷

Sutton-Pickhard ended up at the Second British Auxiliary Red Cross Hospital, commonly known as the Institut Jaworski (IJ), staffed mostly by volunteers like her and all of them working nights. Night sister, Miss Lee, whom Sutton-Pickhard described as “a fully qualified and certificated English-trained nurse”, took her through the wards and introduced her to patients “as an American lady who had come to help nurse them”.⁶⁸

Assigned to the middle floor which housed less severe cases, Sutton-Pickhard, “dressed in the regulation white overall, headgear and Red Cross apron” cared for patients who were “horribly shot up” and others writhing “in the agonies of rheumatism, pneumonia and dysentery”.⁶⁹ Afterwards she documented a conversation with “nerves cases”.

⁶⁴ Millard, 14.

⁶⁵ Millard, 40. Millard appreciated the guidance and support of this trained nurse which is an exception to Hallett’s comment, *Containing Trauma*, 2009, 8.

⁶⁶ Sutton-Pickhard, 12.

⁶⁷ Sutton-Pickhard, 15.

⁶⁸ Sutton-Pickhard, 14.

⁶⁹ Sutton-Pickhard, 14.

Most of the men declare that they want to get back to the Front, but a few say that they have “done their bit.” The young boys seem to suffer most from nerves, although one would expect just the opposite. The men of about thirty-five, especially when they belong to the Regular army, seem to stand the strain the best.⁷⁰

Alarmed at her responsibilities, even though Lee, who cared for serious cases in the top wards, “came down to me quite often, and explained exactly what to do under the various emergencies that might arise”,⁷¹ Sutton-Pickhard showed little of Millard’s willingness to continue caring for wounded or sick soldiers. She moved from place to place and seemed more committed to gathering material for a memoir.

According to Watson, due to their class and social constructs, VADs likened the wards to trenches and considered themselves equivalent to volunteer soldiers who, like them, had changed their lives when their country asked.⁷² Understandably they were puzzled when trained nurses, whom they considered their social inferiors, became impatient with them. Even so, the ability to adapt was an essential attribute for VADs because trained nurses needed them to perform menial tasks during lulls and take on extra responsibilities during rushes. Fortunately, VAD Millard was a quick learner and respected the skills and knowledge of her trained counterparts. VAD Sutton-Pickhard was less willing to relinquish her social advantage.

While the majority of memoirists developed mutually beneficial working relationships with colleagues on the wards, they tended to befriend members of their own class, which meant interactions between nurses and VADs were unlikely to lead to close friendships. Limited time together, due to short periods of service for VADs, was another factor. In this study, friendship involving a nurse and a VAD was limited to Millard and her mentor who sometimes invited the young American to share cocoa and conversation in her room, and Millard’s association with Susan Mercier, another French nurse. Otherwise, relationships between the two groups focused on establishing practical working arrangements, which was just as well as there were also tensions between two groups of trained nurses.

⁷⁰ Sutton-Pickhard, 16.

⁷¹ Sutton-Pickhard, 14.

⁷² Watson, 61.

Imperial and colonial nurses' relationships

Uneasy relationships between imperial and colonial nurses arose in part because of their different training systems. Nurse training in England had a strong supervisory focus whereas Australia, Canada and New Zealand favoured a more hands-on approach.⁷³ There were also discrepancies within the English model. Historian and archivist Susan McGann writes that in April 1916 when “the war brought together nurses from every kind of hospital and training school” imperial matrons unearthed “problems caused by a lack of a uniform qualification and standard of training”.⁷⁴ Generally, though, British military nurses trained orderlies to perform nursing duties, freeing them to manage the wards and supervise their subordinates, whereas colonial nursing sisters actively participated in day-to-day nursing duties.⁷⁵ This marked difference, according to Harris, “drew criticism from both the civilian nurses and doctors who worked alongside them, including the Australians”.⁷⁶ As the number of patients increased, ill feelings escalated because colonial nurses thought it inappropriate for imperial nurses “to work in a purely supervisor role, a pattern developed in peacetime”, while they and the orderlies were often overworked.⁷⁷

Memoirist Clint witnessed this difference early in her military nursing career. “Canadian Sisters always had a great deal more physical work to do than the English Nurses, as their trained orderlies accomplished a large amount of routine care of the patients.”⁷⁸ Clint not only worked alongside imperial and colonial nurses, she had first-hand experience of being a patient under the care of the latter group when she developed phlebitis and a pulmonary embolism which required her to stay behind at an Anglo-American Hospital situated on Gezira Island.⁷⁹ Five New Zealand nurses and one Australian staffed the hospital. Clint praised the New Zealanders who cared for her. “Their training in the N.Z. hospitals seemed to be very thorough, and they were excellent professionally.”⁸⁰

⁷³ Harris, 37.

⁷⁴ Susan McGann, *The Battle of the Nurses* (London: Scutari Press, 1992), 5.

⁷⁵ Harris, 37.

⁷⁶ Harris, 37.

⁷⁷ Harris, 37.

⁷⁸ Clint, 118.

⁷⁹ Mann, 2001.

⁸⁰ Clint, 82.

Early in the spring of 1915, Clint's Canadian colleague Wilson-Simmie observed English nurses treating Canadian nurses as "subjects of curiosity" and sometimes with disdain.⁸¹

We were called the "Millionaire Colonials" owing to the fact that we were paid the magnificent sum of four dollars and ten cents a day. Perhaps it was hard for the old country people to understand our spontaneous personalities but we found it hard to penetrate their reserve. Even our expressions and ways of thinking and speaking were so entirely different.⁸²

In November 1916 Wilson-Simmie had this initial impression reconfirmed when she and friend Elsie Willett spent a wet, miserable night under canvas and developed dreadful colds. Their matron sent them to recover at the Princess Louise Convalescent Hospital to the west of Boulogne, where they met South African, New Zealand, Australian and English nurses.

We found the nurses of the colonies so easy to become acquainted with, the Australians free and easy, and the New Zealand girls quiet and dignified, but very friendly. The South African girls reminded us of the Southerners from the United States. The English were much harder to approach.⁸³

In defence of the English sisters, Harris points out that many welcomed AANS members working in British hospitals, while ensuring they adhered to stringent QAIMNS rules and regulations. Reactions among AANS members ranged from thinking the British regulars considered them "wild women from down under" who needed reining in through to sharing Canadian memoirist Mabel Clint's more measured viewpoint.⁸⁴

I'm afraid the English Sisters looked upon us at first with some prejudice. Discipline and routine were carried out by them exactly the same as in the barrack military hospitals ... We allowed our patients more liberty, but our wards looked less orderly ... For steady, efficient service however, sacrifice of personal comfort, ability to work without recreation, the English personnel could not be surpassed.⁸⁵

Harris contends these differences became less problematic and tensions decreased as more colonial nurses shouldered responsibilities in British hospitals. Colonials soon became highly sought after, especially for taxing roles such as those at CCSs, and

⁸¹ Wilson-Simmie, 29.

⁸² Wilson-Simmie, 29.

⁸³ Wilson-Simmie, 171.

⁸⁴ Gertrude Moberly quoted in Harris, 153.

⁸⁵ Clint, 41.

stationary hospitals, a quaint misnomer because they were frequently moved to where the need was greatest and were often situated close to the front. As time passed, each group found that professional differences need not interfere on a personal level and that one method was not necessarily superior to another. Realising they could learn from each, colonial and imperial nurses began to form more congenial working relationships.

Originally from Ireland, Black is the only memoirist who trained under the imperialist QAIMNS system yet she seems to have taken more of a hands-on approach to nursing in the field than her British colleagues, perhaps because of her Irish heritage. While Kirkcaldie served in QAIMNSR, she was Australian and therefore trained under the colonial nursing model. Although Martin-Nicholson may have qualified in England she does not include this information in her memoir. These factors, along with the observation that the imperial and colonial nurses in this study were mostly in each other company for reasons of ill health or for brief periods when their units were preparing to hand-over a base, lessened the likelihood of individuals within these two groups forming close relationships. Like the majority of interactions between nurses and VADs, those between imperial and colonial memoirists concentrated on learning to work amicably together. However, deeper feelings surfaced when the memoirists wrote about women in their own unit or long-time friends who had joined up with them.

Friendships between women

Previous studies on friendship between service women support the notion that, as with soldiers, emotional connections helped sustain morale, gave a sense of normality, made life and work bearable and offered opportunities to relax the rules a little.⁸⁶ There are also ample examples in these nurses' and VADs' memoirs of close friendships. One of the most enduring and endearing involved Australians Sister Rosa Kirkcaldie and Sister Elsie Welman who had known each other prior to the war. When they signed their two-year contracts with QAIMNSR, they asked to stay together if possible "and, though it had not been promised us, it had evidently been kept in mind at Headquarters – for which we were very grateful".⁸⁷ Nonetheless, while working at Abbeville, "the biggest of tragedies nearly overtook us," Kirkcaldie wrote. "Orders came for me to join a C.C.S. – and there

⁸⁶ Darrow, 161; Harris, 130; McEwen, 163.

⁸⁷ Kirkcaldie, 143.

was nothing for Elsie! Our hearts stood still.”⁸⁸ Help came from an unexpected source. Observing Kirkcaldie and Welman’s distress, their Home sister, who was responsible for domestic arrangements, “quietly rang up Head Quarters and explained the situation”.⁸⁹ Within an hour, another sister had taken Kirkcaldie’s place.

Kirkcaldie and Welman’s next posting was to No.10 S.H., in St Omer, where they remained until Kirkcaldie received orders to report to another CCS, without Welman, because their matron thought her not robust enough after a recent illness for the work required of a sister at a clearing station. Kirkcaldie’s separation from Elsie came as “a sad blow” for they had “borne each other’s burdens and relied instinctively on the spirit of companionship”.⁹⁰

Canadian Wilson-Simmie also valued her friendship with Sister Ella Willett, “a dark-haired, freckle-faced girl with the most soulful brown eyes”, whom she met on Lemnos.⁹¹ The two sisters became inseparable, earning them the nickname of “the Siamese twins”.⁹² On receiving their posting to a CCS in France Wilson-Simmie noted that the “only fly in the ointment” was working on a different shift to Willett but she was pleased they “were to share the same sleeping quarters”.⁹³

When they arrived at new postings, the memoirists regularly met colleagues under tremendous strain who welcomed them warmly. Once Black travelled with three sisters in an ambulance “that rocked and rolled like a ship at sea in avoiding the shell-craters” to a CCS station at Poperinghe where a bomb had killed a sister and injured several others.⁹⁴ On arrival Black found a constant procession of stretchers, and surgeons operating day and night. The sister who met Black’s party “was haggard and hollow-eyed from lack of sleep” but she gave them tea and wanted to know if they had brought “tin hats and gumboots” because she thought they would need them.⁹⁵ Looking back on her experiences at various CCSs, Black wondered how she managed to get through them.

I know that they changed us ... But at the time you did not reflect on it much, or on anything else. You did not dare to. Instead you filled your mind with concrete facts – pulses and temperatures, dressings and treatments –

⁸⁸ Kirkcaldie, 147.

⁸⁹ Kirkcaldie, 147. A Home sister held a non-nursing role and was responsible for ensuring nursing sisters had adequate supplies and support.

⁹⁰ Kirkcaldie, 177.

⁹¹ Wilson-Simmie, 78.

⁹² Wilson-Simmie, 78.

⁹³ Wilson-Simmie, 142.

⁹⁴ Black, 93.

⁹⁵ Black, 93 and 94.

because you soon learnt that if you concentrated hard enough on them it stopped you remembering other things.⁹⁶

Clint who also served in numerous CCSs described meeting off-duty friends in a hut during raids and, being generously proportioned and unable to fit under a bed, lying on top while the others competed for the coveted space underneath, grateful for the extra padding she provided.⁹⁷ She often used humour to overcome her friends' unease, as well as her own, indicating that she felt comfortable with, and close to, her friends.

Black could see the funny side of things too, even under terrifying circumstances. Invariably in the company of a friend she revealed her fear in a humorous way. Relieved from work at 3 a.m., one evening in Amiens, Black and Sister Duggan were making their way to their hotel, which was within walking distance of their ward. They had not gone far when enemy planes flew overhead and anti-aircraft guns boomed. Black tried the handle of a door to a private house and found it locked. A Scottish soldier coming up the street yelled to the two women to lie down flat on the street. Black recorded her feelings.

Sister Duggan's boot was within an inch of my face; it quivered every time a bomb crashed. I thought hazily, 'If she kicks a little harder she'll probably break my nose'; but I was too paralysed with terror either to move or call out to her.⁹⁸

Noticing a red glow ahead and realising a house was on fire, Black speculated that had the bomb landed a little nearer she might be full of "bomb splinters" and she recalled laughing hysterically because she had been saved from a "penetrating abdominal".⁹⁹ Had she not been in the company of her close friend she might not have reacted this way.

Revealing a similar wit, although in less terrifying circumstances, Tilton describes an event that occurred on her last day in England, prior to travelling to France in May 1917. She was visiting Sevenoaks with three friends when the bus they were travelling in "suddenly bolted downhill, rocked violently across a ditch, through a post and rail fence, and came to rest in a ploughed field, with the front wheels buried to the axle in the soft ground".¹⁰⁰ Desperate to return to camp before anyone noticed their absence, the battered and bruised sisters hitched a ride on the back of a brewery wagon. Reflecting on this

⁹⁶ Black, 95.

⁹⁷ Clint, 115.

⁹⁸ Black, 113.

⁹⁹ Black, 114.

¹⁰⁰ Tilton, 196

event Tilton sardonically remarked that it was not her fate “to be killed in driving accidents on active service”.¹⁰¹

While Clint, Black and Tilton were inclined to laugh at themselves and use humour to lift their friends’ spirits, Pengelly often directed her blistering wit at someone she disapproved of such as an ambulance driver who told Pengelly’s matron “with a gleam in her eye, that she did not eat meat or fish. It is a matter of principle, evidently. She cannot eat anything that has been killed! ... they say she is a suffragette!”¹⁰² Even so Pengelly mentions dining, shopping and sightseeing with a Sister Speedy in England.

Interestingly Gavin found “sainte blague” (gallows humour) present in Anna Coleman Ladd’s American Red Cross Studio for Portrait Masks in Paris, a gathering place for disfigured French soldiers and nurses,¹⁰³ although whether the women shared close friendships with one another is unclear.

For Black, Clint and Tilton camaraderie and humour were connected. They willingly exposed their own fears in order to alleviate those of their friends. However, more than a sense of humour and the company of close friends contributed to the resilience apparent in the writings of these memoirists, especially when they were working. Keeping up appearances and believing in the divine enabled Tilton to carry on under duress. “‘Keep smiling’ was our motto,” she wrote.¹⁰⁴ “It was not so easy to be brave there [in France] amongst the ravages of war, but I forced all my errant thoughts to the back of my brain...”¹⁰⁵

Tilton’s comment and Black’s earlier remark about trying to focus on concrete tasks links to Hallett’s notion of “emotional containment” whereby nurses put aside their own feelings in order to provide the conditions that gave their patients the best chance of recovery.¹⁰⁶ As Hallett notes, “nurses conspired with patients to ‘ignore’ or ‘forget’ the reality of warfare until it was safe to remember”, signifying this ability or mindset not only assisted the nurses to hold their patients together, but also helped them protect their own psyche.¹⁰⁷

¹⁰¹ Tilton, 196.

¹⁰² Pengelly, 72.

¹⁰³ Gavin, Location 3788. Ladd was a well-known US sculptor and the wife of Dr Maynard Ladd of the Harvard Medical School who in 1917 took charge of the work of the Red Cross Children’s Bureau in the Meurthe-et-Moselle Department of France.

¹⁰⁴ Tilton, 206.

¹⁰⁵ Tilton, 206-207.

¹⁰⁶ Hallett, *Containing Trauma*, 2009, 157.

¹⁰⁷ Hallett, 162.

However, Tilton became visibly distressed when she learned that her friend Sister Violet Duddy was on a list going to Lemnos and not to Egypt with her. When their matron refused to change the orders, Tilton wrote that “...we retired to my room and shed tears there together”.¹⁰⁸ Weeping privately over a personal matter was to this memoirist more acceptable than showing emotion in a professional setting.

Instances of a sister beleaguered with professional self-doubt but putting on a brave face in front of friends and colleagues often appear in these memoirs. When Wilson-Simmie learned of her posting to No. 1 Canadian General, a 1,000 bed hospital at Etaples where she would be Night Supervisor, she wrote, “Outwardly I do not think I appeared to flinch, but down inside I was one big question mark, ‘Can I do it?’”¹⁰⁹ She spent the next three nights learning the ropes under the retiring Night Supervisor. Although daunted by the responsibility when left alone, Wilson-Simmie “learned the lay of the land and the various wards” and reached the conclusion that “few would have guessed how young I felt”.¹¹⁰ External forces could shake her confidence, though.

On one occasion when Wilson-Simmie was on night duty, a shell passed directly over the hospital and tore a great crater in the wheat field beside it. “At the time I was carrying a wide tray piled high with dressings and equipment”, which crashed to the floor while she stood in a daze. “For the first time I lost my nerve.”¹¹¹ This confession took place in a private space, her diary, but later crossed over into a public space, her published memoir.

According to Gavin, a number of American nurses succumbed to nerves in the months prior to the Armistice.¹¹² Chief Nurse Julia Stimson confessed in a phone interview that “it was hard to keep steady, especially as everyone was much over-worked”.¹¹³ At the height of US battle action, when there were over 10,000 patients in a hospital at Vittel, and nurses “often worked 40 to 50 hours at a stretch”,¹¹⁴ Nurse Eva Belle Babcock became “so nervous” that she was found walking in the street in her nightwear, saying she had to get back to duty. On admission to hospital she received a

¹⁰⁸ Tilton, 18.

¹⁰⁹ Wilson-Simmie, 46.

¹¹⁰ Wilson Simmie, 46 and 47.

¹¹¹ Wilson-Simmie, 150.

¹¹² Gavin, 1124.

¹¹³ Gavin, 959.

¹¹⁴ Gavin, 1112.

“warm bath and some sedatives”.¹¹⁵ Officials in Washington told her father she was suffering from shell shock, a condition that encompassed “emotional reactions”.¹¹⁶

Although admiring of the *poilus*, the term given to regular French soldiers, Clemenceau Jacquemaire assigned equal weight to their suffering and to that experienced by nurses and volunteers, attributing psychological symptoms, *le cafard*, to war work undertaken by both groups.¹¹⁷ However, McEwen contends that most nurses were not psychologically debilitated, despite witnessing horrific sights for extended time periods. She also found the few who suffered from “debility, nervous debility and neurasthenia and conditions such as ‘Exhaustion Psychosis’”¹¹⁸ tended to break down due to “the conditions in which they lived and worked”.¹¹⁹ Like Gavin, McEwen noticed that such cases peaked in 1918 when nurses were emotionally and physically fatigued and their physical health had become compromised,¹²⁰ a finding replicated in this study, and which I link to war trauma specialist and psychologist James Garbarino’s view that on-going exposure to emotional and/or physical trauma had significant repercussions for some individuals.¹²¹ Nurses and VADs in this study found the death of friends, relatives and loved ones particularly stressful, which may have been partly due to lack of time and space to grieve since they had to continue caring for injured and unwell soldiers.

Millard wrote candidly about grief in her diary and later in her memoir when she lost a woman friend while working in Paris, initially telling readers she was “...getting better acquainted with the other nurses and particularly like Suzanne Mercier, a French girl, who helped me through the rush of the first few days by showing me the ropes”.¹²² Mercier had joined a travelling field hospital – a fleet of ten *camions*/ambulances – and had met her death during a bombing.¹²³ On hearing of the news, Millard wrote that she was “sick about it”, later adding that the “entire hospital was saddened by Suzanne’s death, and my sense of loss was immense”.¹²⁴ Along with trained nurses like Tilton and

¹¹⁵ Gavin, 1124.

¹¹⁶ Gavin, 1419. Gavin interviewed Eva Belle Babcock Austin, Buena Park, Ca, 1988.

¹¹⁷ Fell, 17.

¹¹⁸ McEwen, 177.

¹¹⁹ McEwen, 178.

¹²⁰ McEwen, 178.

¹²¹ James Garbarino, *The Positive Psychology of Personal Transformation: Leveraging Resilience for Life Change* (New York: Springer, 2011).

¹²² Millard, 22.

¹²³ Christine Hallett has written about Violetta Thurston, Florence Farnborough and Mary Britnieva who offered their services to similar ‘flying columns’. See ‘Russian Romances: Emotionalism and Spirituality in the Writings of “Eastern Front” Nurses 1914-1918’, *Nursing History Review*, 17, (2009), 101-128.

¹²⁴ Millard, 54.

Wilson-Simmie, volunteer Millard documented her feelings in her diary and carried on caring for her patients, which suggests that these women's diaries acted as vessels of containment for emotional distress.

The importance of friendship between women features strongly in the majority of these memoirs, particularly those published during the 'war books boom'. As indicated, there are heart-wrenching descriptions of nurses desperate to stay together and emotional scenes when partings occur, which infers that they thought their luck might run out if they were separated. In this context, a close friend doubled as a talisman, as well as providing practical support on the wards and emotional support off duty. Some nurses and VADs also worried that they would no longer fit in when they returned home because the war was changing them. Millard remarked that she wanted "no chatter about it over teacups and cocktail glasses".¹²⁵ Relationships formed "over here" took on prime significance, a situation that extended to orderlies.

Associations with orderlies

There were two categories of orderlies who worked on the wards: general duty orderlies and nursing or medical orderlies. General duty orderlies performed stretcher-bearer roles and heavy lifting tasks involving patients and stores while nursing or medical orderlies helped the nurses care for their patients.¹²⁶ As Harris notes, the skills of these orderlies significantly impacted on the work of nurses, the running of wards and the care of patients.¹²⁷ English matrons had full control over the deployment and training of their orderlies while Australian matrons had to go through the AAMC Quartermaster (QM). Butler noted that the Australian matrons emphasised in their writings the importance of developing cordial working relationships and mutual cooperation with the QMs in order to secure competent men,¹²⁸ "since ward duty was not popular among general orderlies".¹²⁹ Due to the close proximity of nurses and orderlies on the wards, everyone, including patients, benefitted when both groups worked well together and valued each other's contributions. While imperial nurses treated their orderlies as subordinates, colonial nurses considered them more like equals. In some cases amiable interactions

¹²⁵ Millard, 111.

¹²⁶ Harris, 101.

¹²⁷ Harris, 103.

¹²⁸ A. G. Butler, *History of the Australian Army Medical Services 1914-1918*, III, Special Problems and Services (Canberra: Australian War Memorial, 1943).

¹²⁹ Harris, 103.

between colonial nurses and orderlies led to personal relationships. Quoting from Lieutenant Colonel Stacy's unofficial history, Harris refers to "two or three" engagements occurring at the end of the war between orderlies and nurses.¹³⁰

Although none of the memoirists developed long-term relationships with their orderlies, most garnished them with praise. Kirkcaldie and her colleagues found those on the *Panama* particularly helpful.

The ship was staffed by Newcastle men ... Without exception, they were the finest set of nursing orderlies I found in all my wanderings. They had all received a few months training in Newcastle hospitals, so they were not quite raw when they came to us. It was, however, their willing spirit, their unselfish endurance and their unfailing kindness to these helpless patients that won our highest esteem.¹³¹

Another orderly proved to be a "tower of strength" to Tilton, slipping into her ward to "lighten" her load when she contracted dysentery while caring for patients from Gallipoli.¹³² Although Tilton quietly treated herself and kept working, she lost a stone in weight over three weeks and struggled to sleep soundly as "patients' ravings" filled her mind.¹³³ The support of her orderly helped her get through this ordeal.

Martin-Nicholson also had reason to acknowledge the skills of an orderly when a large number of patients needed categorising.

Wounded men poured in from all directions, filling every part of the building, and my own particular spot to overflowing. Every one [sic] in this sad stream of battered men required attention. In work such as ours there was need for management and cooperation, and I wonder what I would have done without my splendid orderly.¹³⁴

Orderlies were also highly valued by Black, especially at a CCS. She recalled a night when she and a single orderly, cared for fifteen criticals, each of whom could have done with their own special nurse. The orderly, "an experienced Red Cross man who could be depended upon in an emergency", was quite capable of doing minor dressings, which freed her to inject the dying with morphine to ease their pain and to give saline transfusions and morphia to the haemorrhage cases before she sent a message to an

¹³⁰ H. S. Stacy, *Unofficial History of the 2nd Australian Clearing Station*, 1, Medical History Museum Collection, Brownless Biomedical Library, University of Melbourne, 1938, 12, quoted in Harris, 106.

¹³¹ Kirkcaldie, 97.

¹³² Tilton, 14.

¹³³ Tilton, 15.

¹³⁴ Martin-Nicholson, 262.

overworked surgeon.¹³⁵ She documents her relief when a pair of general duty orderlies came through the door as it meant a patient with a haemorrhage had a chance of surviving.¹³⁶ Black also mentions training orderlies to exacting standards only to have them posted further up the line to assist at aid stations and in field ambulances, a situation that disrupted professional relationships and increased her workload until new orderlies became proficient, another finding that resonates with Harris's work,¹³⁷ only in this study it applies to memoirs.

Mutually beneficial working relationships between the memoirists and their orderlies contributed to the effective running of wards and eased the nurses and VADs physical burdens. Other relationships, conducted primarily outside hospital settings, offered the memoirists more intimate forms of support.

Intimate male and female relationships

Drawing predominantly on letters and diaries Rees confirms that intimate relationships existed between some Australian nurses and men they met while on service or had known prior to the war,¹³⁸ a theme also present for two of the memoirists. Several men feature in Millard's narratives, primarily her fiancé, Ted, and a French surgeon.

Dr. Le Brun was my favourite of all the surgeons ... Good looking, too. I wondered where Ted was ... I had crossed a river of blood since I last saw him. How would I feel about him when we met again?¹³⁹

Millard was not impressed with another French doctor who asked her to accompany him into Paris, an offer she turned down. Later she wrote that had Dr Le Brun invited her, she might not have brushed him off so easily.

Recalling the flirting that went on between nurses and doctors after "a big drive", Millard stated "apart from a normal amount of: 'He said and I said ...'" they all emerged from their experiences "none the worse, except for our increased opinion of our own seductiveness".¹⁴⁰

¹³⁵ Black, 97 and 98.

¹³⁶ Black, 98.

¹³⁷ Harris, 101-104.

¹³⁸ Rees, 241 and 244.

¹³⁹ Millard, 18.

¹⁴⁰ Millard, 39.

Millard's observation connects with Das's assertion that the need for intimacy or comfort and contact heightens at times of uncertainty and danger.¹⁴¹ Roper also presents scenarios where unconventional forms of intimacy became permissible, especially when individuals were in danger of falling apart.¹⁴² Although nurses and VADs did not fight in a traditional military sense, they battled to save the lives and psyches of their patients whilst trying to shore up their own defences against emotional trauma and physical exhaustion.¹⁴³ Millard certainly used intimate diversions to boost her spirits.

Walking through the woods with Dr Le Brun she discovered "he had a delightful sense of humour" which she considered a "dangerous thing to find out about someone you already like a lot".¹⁴⁴ When Le Brun asked if she had ever been in love, she responded "No" and wondered if "Ted would mind if I shifted to someone else, especially a Frenchman".¹⁴⁵

Although she went on further outings with Le Brun, she maintained that their friendship "remained on a purely spiritual plane" despite allowing him to kiss her on one occasion while they walked in a park.¹⁴⁶ "Ted," she later wrote, "seems so far away and long ago. Le. B. has been part of my life for months."¹⁴⁷ Following the "kiss" she could think "of nothing else all day",¹⁴⁸ another example of Millard living in the moment.

Her reasoning is not atypical in the literature, however there is some evidence to support her claim.¹⁴⁹ Braybon refers to French novelist Marcel Prévost who commented on romantic attachments blossoming amidst physical misery and the stink of iodine and blood, which he attributed to freer associations between the sexes, and she also mentions a doctor who thought war led to sexual liberty.¹⁵⁰ In addition, Macdonald includes a passage in her text attributed to Margaret Ellis, a Special Military Probationer (SMP) attached to No. 26 G.H. at Camiers, who expresses her views on this matter. "Of course, in normal times or even at home we would never have dreamed of 'picking a man up', as

¹⁴¹ Das, 20.

¹⁴² See Part III of Roper's text for further details on intimacy, love and loss.

¹⁴³ Hallett, *Containing Trauma*, 2009, 157.

¹⁴⁴ Millard, 42-43.

¹⁴⁵ Millard, 43.

¹⁴⁶ Millard, 45.

¹⁴⁷ Millard, 90.

¹⁴⁸ Millard, 91.

¹⁴⁹ Rees, 241 and 244.

¹⁵⁰ Braybon, 147.

they used to call it, because we were very well-brought-up girls, but out there it seemed the natural thing to do.”¹⁵¹

Eventually Millard and her fiancé spent a few days together in Paris. The following quotation reveals the significance of their rendezvous, as well as the importance Millard placed on recording the details. “I must get it all down, for I shall want to read this again and again when I am old.”¹⁵² She clarified her feelings for Ted in another passage. “Ted met me at the train and I knew the minute he put his arms around me in the dismal old Gare du Nord that he is mine and I am his and, war, or no war, we belong together”,¹⁵³ another passage she wrote in the present tense.

While they were together, Ted received orders to meet his regiment at Fère-en-Tardenois not far from the line.¹⁵⁴ Millard’s concern for his safety, based on her experience, is evident. “My heart almost stops when I think of Ted going up this line. He is like all the other Americans; he doesn’t know what he will get into.”¹⁵⁵

Back at the French hospital, she continued to worry about Ted which impaired her efficiency on the ward and helped her realise why hospital services preferred not to have anyone who had a relative or a fiancé in the war.¹⁵⁶

Not long afterwards, Ted received wounds at Fismes. When Millard saw his fractured leg and an arm suspended in a frame, she blurted out, “Oh darling, thank God you’re not hurt”, as she had feared he might have incurred more serious wounds such as the head and chest wounds she had seen in patients at the chateau.¹⁵⁷ Apparently “Ted looked deeply offended” but Millard made up for her “careless greeting” behind a strategically placed screen.¹⁵⁸

Millard appears to have lived more easily than the other memoirists ‘in’, and ‘for’, the present moment. Despite the dangers inherent in wartime service, and her abnormal working and living circumstances, she behaved like a normal young woman freed from the restraints of family and home. Even more telling, she did not censor, as far as we know, her youthful exploits in her memoir. Nor did she play down their emotional legacy.

¹⁵¹ Margaret Ellis, quoted in Macdonald, 200.

¹⁵² Millard, 92.

¹⁵³ Millard, 92.

¹⁵⁴ Millard, 97.

¹⁵⁵ Millard, 96 and 97.

¹⁵⁶ Millard, 102.

¹⁵⁷ Millard, 103.

¹⁵⁸ Millard, 103.

Conducting intimate relationships under stressful and sometimes life-threatening circumstances could take an emotional toll, though, as Tilton discovered. Like Millard, Tilton had a fiancé in the army. She also had a brother in the same situation. Her attachment to these two men caused her on-going anguish. However, her fears for her fiancé abated briefly when he turned up unexpectedly for a tea party while she was at No. 4 British G.H., at Camiers.

When the men arrived and entered the mess, my heart for a moment ceased functioning. My head and senses reeled, for, coming towards me, was “the one man in all the world.” He had also just arrived in this sector. That tea party was the greatest effort of our lives. My beloved kept whispering in my ear: “Oh, for God’s sake, can’t you get us out of here?”¹⁵⁹

The pair met daily over the next two months, going for walks and making plans for their future. Although Tilton’s chap thought he would come through the war, she confessed that his confidence did not “quell the fear in the back of my mind to which I never gave expression”.¹⁶⁰

He worried about her too. On August 25, after hearing her unit at No. 4 Canadian CCS in St Omer had been under attack, he rode forty miles on a bicycle in search of her, arriving “desperately tired” and with years “added to his appearance”.¹⁶¹ The camp was under bombardment again that night. Too anxious and scared to close her eyes, Tilton spent the night walking, while her exhausted fiancé slept through the clamour of bombs and Lewis guns. Next morning, she thought he was “more than usually troubled” as he returned to the line. The following day he wrote her a note that contained the chilling words: “Every man has a premonition of his fate up here”.¹⁶²

On 16 October, as Tilton sat down to dinner, someone handed her a newspaper. In the Casualty List under “the big, black heading, ‘Killed’”, was the name of her fiancé.¹⁶³ Assailed by an “overwhelming sense of desolation”, she felt she “could endure no more”.¹⁶⁴ Incapable of working as scheduled in the theatre, she spent the night alone in her tent. The following morning a senior officer paid her a visit and “talked of things that made me realize my own selfishness in forgetting for a moment the needs of our poor men, dependent on us”. She added that the “comforting kindness and consideration of

¹⁵⁹ Tilton, 200.

¹⁶⁰ Tilton, 200.

¹⁶¹ Tilton, 241.

¹⁶² Tilton, 242.

¹⁶³ Tilton, 271.

¹⁶⁴ Tilton, 271.

those about me”, enabled her to pull herself together and carry on,¹⁶⁵ another example of relying on and appreciating friends who could empathise with her loss.

Although she was able to perform day-to-day duties, an ability Garbarino refers to as functional resilience, her head felt tight inside.¹⁶⁶ A fortnight later while walking along duckboards “a dud archie” fell close to her and “the rush of air” knocked her off her feet. Two orderlies came to her assistance but instead of feeling thankful that she was unharmed, the incident left her wondering why she had lived.¹⁶⁷ She noted that she had become “too dead tired to notice the guns” and had therefore ceased to worry about them.¹⁶⁸

By now, she knew her fiancé had died while transporting ammunition to the front line. Due to intense fighting, his body had lain on Menin Road for five days before a burial for him could take place. Understandably, Tilton did not want to leave the region. “My feeling was: no matter where I go or what I do, the best part of me will always remain in this Passchendaele area where lie many of the friends I loved best”. Her close friend Elsie Grant had lost her beloved brother during the same period and “was suffering keenly” as well.¹⁶⁹ Tilton and Grant tried to support one another through their anguish and disillusionment but weariness and grief took a heavy toll.

Tilton’s physical and emotional health deteriorated at No. 3 A.G.H., at Abbeville, during January 1918 where snow fell on the canvas wards.

Terrific headaches prevented sleep; my brain was all tight inside, and I felt stupid. Groups of boils on both arms and wrists necessitated my transfer to another ward. I had never yet reported sick, but felt so ill at the time that I knew I must soon do so.¹⁷⁰

Despite her frail physical and emotional state, Tilton worked on while grief manifested in physical forms. Towards the end of the month, a medical officer arranged a transfer for Tilton “before I had a complete breakdown”.¹⁷¹ He also considered her friend Elsie Grant physically unfit for work. The two sisters received an order to proceed to London and to await orders to take up transport duty to Australia. Throughout this state of uncertainty and suffering from physical and emotional exhaustion, Tilton worked at the

¹⁶⁵ Tilton, 272.

¹⁶⁶ Garbarino, 56-57.

¹⁶⁷ Tilton, 272 and 273.

¹⁶⁸ Tilton, 273.

¹⁶⁹ Tilton, 275.

¹⁷⁰ Tilton, 287.

¹⁷¹ Tilton, 292.

Australian Auxiliary Hospital (AUA) at Southall, which was full of limbless soldiers. Her ward contained “fifteen patients who had three legs between them”.¹⁷² She described shrinking “from meeting them at first”, but “their cheeriness and independence” as they did things for themselves and others, and slid along the polished floors on purpose-made cushions, eventually won her over.¹⁷³

Slowly her health improved and one day in March, while walking in a wood listening to birdsong and trying not to think of anything else, she felt something happen to her brain. “It seemed to expand, as though a tight band was suddenly lifted from it. I will never forget the experience or the relief after months of wondering what had happened to it”.¹⁷⁴ When Tilton finally obtained five days leave, she visited relatives then, with Welman, she boarded the *Kenilworth Castle* feeling “like a deserter” because she was going home without her brother who was still in the army.¹⁷⁵

In her memoir, probably to counterbalance and contextualise her experience of grief, Tilton wrote about the emotional strain on other nurses at the front. She described a piece of shell penetrating the chest of a Canadian sister at No. 44 CCS while she slept and killing her. An adjoining tent “was blown to bits” but fortunately the sister who should have been inside was out lorry-hopping, a form of recreation “we took to help us forget the horrors of war”. According to Tilton, the constant bombardment of No. 44 left three sisters “so shell-shocked that they were sent away in ambulances”.¹⁷⁶ Some sisters coped by laughing at army absurdities such as a Home sister in the middle of a bombing announcing that supper would be served at 7.15 instead of 7.30 p.m. Another incident occurred in the middle of an evacuation. Tilton’s matron sat on sandbags with her mess book and urged her nurses to pay up before they made their way to St Omer.¹⁷⁷ Tilton proudly remarked that during the events that led to this evacuation “fifteen English girls went down shell-shocked”, but no Australian nurses “went under”, a pointed comment to the imperial and colonial tensions addressed earlier.¹⁷⁸

¹⁷² Tilton, 292.

¹⁷³ Tilton, 292 and 293.

¹⁷⁴ Tilton, 293.

¹⁷⁵ Tilton, 294.

¹⁷⁶ Tilton, 236.

¹⁷⁷ Tilton, 237.

¹⁷⁸ Tilton, 238.

In conclusion, the memoirists' recollections of the complex relationships existing between trained nurses and VADs, and among imperial and colonial nurses, highlights the difficulties of writing about such women as a group since their individual accounts highlight the contradictory nature of memory and representation. However, for the majority of nurses and VAD Millard, developing and sustaining close friendships, made their lives bearable and contributed to their resilience. Almost all their friendships were formed with members of their own class and, due to constant moves, with individuals from their own unit. Since the majority of the memoirists had derived emotional support from friends, any separation, or death, came as a terrible blow. While orderlies generally supplied practical support, close or intimate relationships with members of the opposite sex served multiple purposes, ranging from buoying spirits through to clinging to the promise of a happy future.

Pervading the memoirs of Sisters Black, Clint, Kirkcaldie, Tilton, Wilson-Simmie and VAD Millard is their determination to carry on despite poor health, personal loss or emotional turmoil. These themes are less prevalent in the memoir of Pengelly who served in Egypt then England, and rarely present in the writings of Martin-Nicholson and Sutton-Pickhard. However, there is sufficient evidence to suggest that the nine memoirs were shaped as much by the time in which they were published as the period that they described. Although there is less convincing data, it is also plausible that Black and Pengelly's inclusion of background information and family details reflected their authorial intentions, as well as those of their publishers, and that both were influenced by the prevailing cultural milieu. Black's memoir came out in 1939 and Pengelly's in 1956.

Further research encompassing multiple genres is needed to verify overarching links between women's individual representations of the First World War, publishing trends and cultural expectations. Nonetheless, two substantial and interrelated findings emerged about writing and relationships. Firstly, the habitual appearance of five types of relationships signifies their importance to the majority of memoirists and demonstrates how they contributed to the nurses' and VADs' physical and emotional wellbeing. Secondly, the majority of the memoirists wrote about their work and their relationships for three reasons: first, to inform the reading public of their wartime contributions, second, to acknowledge and memorialise the support of friends and colleagues, and third, to make meaning of their experiences, a topic that is addressed in depth in Chapter Five.

These findings serve as a backdrop for the next chapter, which focuses on the memoirists' capacities to convey compassion and empathy and express emotion while considering the meaning of relationships in regard to physical and emotional proximity and resilience.

CHAPTER FOUR: PERILS OF PROXIMITY¹

Hundreds upon hundreds of wounded [soldiers] poured in like a rushing torrent. No matter what we did, how fast we worked, it did not seem to be fast enough or hard enough. More came. It took me several days to steel my emotions against the stabbing cries of pain. The crowded, twisted bodies, the screams and groans, made one think of the old engravings of Dante's *Inferno*. More came, and still more.²

The nurse-patient relationship is the means through which the work of nursing takes place. Consequently, nurses are often in direct or close proximity to patients presenting with various diseases, illnesses or injuries, and exhibiting degrees of distress, sometimes for extended periods. These situations require nurses to walk a metaphorical tightrope as they strive for professional distance while conveying emotional closeness.³

Acts of war have the capacity to intensify and complicate this situation, especially when multiple populations are involved. Between 1914 and 1918, over ten million military personnel died, the majority of whom were men, and almost twice as many suffered serious injuries. Of all the women on national service for the allies, the highest casualties were among nurses, VADs or St John workers, with over 400 lives lost.⁴ While these are global figures and therefore approximations, they depict the complex work related challenges and personal risks undertaken by nurses and their assistants.

Overcrowding aboard ships, at CCSs and in hospitals accentuated the nearness of nurses and VADs to patients. Unremitting physical proximity was a by-product of the war. However, few books and journal articles on the First World War refer to patient proximity and the impact on nurses and VADs. Texts that touch on the subject include sociologist Michael Roper who concentrates on the effects of physical and emotional proximity on soldiers, and historian Santanu Das who examines sympathy, service and suffering as portrayed in the diaries and other writings of nurses and VADs. Das refers to VAD Mary Borden who recast operating theatres as the "second battlefield",⁵ a statement

¹ Elizabeth Peter and Joan Liaschenko previously used the title of this chapter in the following article. Elizabeth Peter and Joan Liaschenko, 'Perils of Proximity: A Spatiotemporal Analysis of Moral Distress and Moral Ambiguity', *Nursing Inquiry* 11, 4 (2004).

² Millard, 12.

³ Hallett, *Containing Trauma*, 2009, 165.

⁴ Gaynor Kavanagh, *Museums and the First World War: A Social History* (Leicester: Leicester University Press, 1994), 1.

⁵ Das, 187.

that connects to the notion that VADs viewed themselves as equal to volunteer soldiers. Although Hallett explores in her text the contributions nurses made in helping to contain the physical, emotional and spiritual traumas of soldier-patients while keeping their own emotions under control,⁶ and in an article she considers emotionalism in relation to nurses serving on the Eastern Front,⁷ she does not venture into the territory of writing memoirs to make sense of traumatic experiences. Nor does American academic Ruth Malone in her study on physical, moral and narrative proximity within a modern-day nursing context.⁸ Physical proximity from Malone's perspective refers to the "nearness within which nurses physically touch and care for patients' bodies",⁹ however she does not consider emotional proximity.

These gaps in the literature alerted me to the possibility of exploring, for the first time, the perils of physical and emotional proximity on First World War memoirists when caring for and comforting injured and unwell soldiers, the primary work relationship for nurses and VADs. Drawing on the contributions of Das, Hallett, Malone and Roper, I adapted the concepts of physical and emotional proximity to reflect the challenges that arose in a military nursing context while remaining mindful that memoirs offer perceptions, not necessarily truths. Memoirists choose which aspects to highlight and make judgements about the degree to which they will expose their own flaws. As readers we are not usually privy to these decision-making processes. However if we *listen* carefully as we *read* these works we *hear* what Tosh refers to as "the intentions and prejudices of the writer"¹⁰ and we also gain insight into the audiences the memoirists had in mind for their writings, a topic Hallett explored in her study of personal diaries.¹¹ Likewise my readings and interpretations of the nine memoirs were filtered through my preferences, prejudices and interests, as were my adaptations of the definitions for physical and emotional proximity.

In this study, physical proximity refers to the nearness of nurses and VADs to the wounded and ill soldiers they cared for and to whom they showed compassion through 'touch' and 'talk'. Emotional proximity refers to the capacity of nurses and VADs to convey empathy to their soldier-patients while retaining their professionalism. Exploring

⁶ Hallett, *Containing Trauma*, 2009. See Chapters Two, Three, Five and Six.

⁷ Hallett, 'Russian Romances', (2009), 101-128.

⁸ Ruth E. Malone, 'Distal Nursing', *Social Science & Medicine*, 56, 11 (2003), 2317-2326.

⁹ Malone, 2318.

¹⁰ Tosh, 98.

¹¹ Hallett, 2007, 322.

these themes within the context of memoir writing provides a further opportunity to consider how these memoirists managed their emotions and under which circumstances they expressed them.

Collectively these nine memoirists cared for large numbers of dying soldiers and treated numerous others suffering from minor through to severe wounds, as well as those debilitated by frostbite, dysentery, typhoid, pneumonia, gas gangrene and shell shock. This chapter exposes the perils of physical and emotional proximity to soldier-patients as experienced by these memoirists. Since both forms of proximity overlap, quite markedly in some cases, I have positioned these accounts according to whether I considered them physically or emotionally dominant. Because proximity is examined in the context of war, I begin with an overview of trauma to demonstrate how exposure to horrific events and situations tends to bring about physical and emotional changes in individuals.

Trauma

As Hallett notes, trauma played an integral role in nurses' and VADs' military lives.¹² Their writings not only provided insights into the meaning of nursing, they also offered compelling perspectives into the meaning of suffering.¹³ Hallett found that due to their training professional nurses were "already familiar with trauma from their pre-war work" and were more familiar with emotionally detaching themselves from distressing sights than untrained VADs.¹⁴ However, the neat surgical wounds trained nurses treated in pristine wards were vastly different from the horrific mutilations caused by shrapnel, the devastating effects of gas gangrene and the debilitating symptoms of shell shock which they encountered in makeshift hospitals.¹⁵ Therefore, although previous experience advantaged trained nurses, both groups of memoirists faced unfamiliar and distressing horrors. In addition to witnessing the effects of trauma on patients, nurses, such as Tilton, endured personal traumas that amplified the overall impact.

According to Garbarino, "trauma arises when we cannot do two things at once: handle the surge of feelings that floods us when we are faced with horror *and* give

¹² Hallett, *Containing Trauma*, 2009. For an overview see Chapter One.

¹³ Hallett, 2010, 71.

¹⁴ Hallett, 2010, 68.

¹⁵ Hallett, 2010, 68. For a description of shell shock see Peter Barham, *Forgotten Lunatics of the Great War* (New Haven: Yale University Press, 2004), introduction.

meaning to these frightening experiences”.¹⁶ He also maintains the residue of trauma is detectable in the writings of the traumatised long after the event or events, particularly if they experienced chronic trauma, which he categorises as “repeated and persistent”.¹⁷

Echoes of war trauma reverberate through the majority of the memoirs of these First World War nurses and VADs. They had signed up to work and were expected to manage their feelings. The closer they were to their patients and to the wide-ranging damage that had been inflicted on young minds and bodies, the more difficult it was to meet this expectation. Even memoirists beleaguered by personal tragedy went to great lengths to present a facade of wellness, ignoring for lengthy periods signs of physical and emotional strain in order to continue performing their duties. Providing comfort and care to others in close physical proximity often came at a cost to themselves.

Physical proximity

Initial contact between nurses, who were sometimes assisted by VADs, and their patients invariably involved an examination. In her work on French nurses, Darrow contends that “typically they viewed the inevitable physical intimacy with strange men that was inherent in the job either neutrally or as a drawback that experience eventually overcame”.¹⁸ Others, most notably Hallett, refer to Enid Bagnold’s diary as an example of First World War nurses speaking of soldiers as “boys” thereby allowing them to “act as the patients’ sisters or mothers”.¹⁹ Potter reminds us that the picture-postcards, posters and book and magazine illustrations of elderly mothers sending young sons to war contributed to this interpretation.²⁰ Furthermore the phrase “our boys” was prevalent in society generally, appearing in conversations when anyone discussed soldiers “over there”, and transferring through social and cultural means to hospitals in Egypt and France. Referring to fighting men as “boys” played down the task to which they had been assigned by virtually comparing it to a backyard game, which reflected the romantic and idealistic rhetoric of the initial stage of the war. This ‘game’ further separated the sexes.

Unlike most VADs, many nurses represented themselves in their memoirs as both separate and privileged because of their sex from fighting men, and as sisterly and

¹⁶ Garbarino, 48-49.

¹⁷ Garbarino, 50.

¹⁸ Darrow, 158.

¹⁹ Hallett, 2010, 68.

²⁰ Potter, 71.

motherly to those who relied on their nursing expertise and ability to provide physical and emotional support. Recalling the 1917 Arras offensive Kirkcaldie wrote: “It seemed as if we had entered into a race with Death”.²¹ From her perspective she was not ‘facing’ death but ‘working’ to prevent it. Clint echoed Kirkcaldie’s sentiments: “See what has happened to you, fighting for me,’ she told an injured Tommy²² after she finished dressing his wounds, words that could have easily been spoken by a sister or mother.²³

Kirkcaldie, Clint and the other nurses and VADs commonly describe their soldier-patients as “boys” in their memoirs. Furthermore, they frequently employ the adjective “poor” when referring to seriously injured or unwell patients, signifying compassion. At No. 1 A.G.H., at Heliopolis, Tilton remembered hospital trains bringing in “poor, dejected sick and wounded patients from Gallipoli,”²⁴ many “a bundle of nerves” who would spring out of their beds at the slightest noise.²⁵ While stationed at No.8 G.H., near Rouen, Kirkcaldie worked in a fracture ward, where “poor souls, often remained for eight to ten weeks with us before they were fit to be moved to England”.²⁶ Sutton-Pickhard included a passage from a newspaper to convey the horror of gas attacks. “...all those poor black faces, struggling, struggling for life.”²⁷ She also mentioned a “poor boy” with multiple gunshot wounds.²⁸

Although the majority of nurses and VADs used “poor” to describe young soldier-patients, Pengelly also applied it to older patients.

A very busy day, one poor old man is dying. It is sadder to see these old frail men passing out than to see the young ones. It is pathetic to think of them struggling out to do their bit. The MO who passed him did not do his bit properly, I think.²⁹

Pengelly used the descriptor in the more common way as well. “We had a convoy in today – all walking cases, but some have had very bad dysentery, poor things”,³⁰ and “...men are coming in with rheumatism and frost bite [sic]. They are up to their waists in water on the peninsula, poor things ... the men are so glad to get into a bed, poor souls,

²¹ Kirkcaldie, 161.

²² Tilton, 249.

²³ Tommy was a nickname given to regular British soldiers

²⁴ Tilton, 16.

²⁵ Tilton, 17.

²⁶ Kirkcaldie, 130.

²⁷ Sutton-Pickhard, 59.

²⁸ Sutton-Pickhard, 9.

²⁹ Pengelly, 36.

³⁰ Pengelly, 36.

and sleep”.³¹ These extracts come from a passage in which Pengelly made another poignant observation. “It will soon be Christmas, but does not feel much like Christmastide, with all the world fighting and killing each other – nations and individuals. Feels like a frost.”³²

The memoirists also used the same descriptors “boy” and “poor” in settings other than hospitals. At an orphanage, lights extinguished and enemy bombers circling, Black “knelt down beside the stretcher of a boy who had been raving with delirium”, feeling wretched because she had no drugs to give him. He eventually quietened and talked of his life back in Newcastle.³³ When the bombs fell, and searchlights flashed, and flames spun “sickeningly earthwards”, another shell-shocked boy started to sob hysterically.³⁴ Black tucked his blankets firmly around him and talked to him as she would to a child.³⁵ In a space designated for France’s orphans, Black offered a motherly form of comfort.

While staying overnight in a hotel in Boulogne prior to boarding a ship, Wilson-Simmie was woken during the night by military orders. Leaning out her window, she watched English soldiers disembark from ships and in fours march over a bridge and up a hill. “Poor boys whoever they are,” she wrote.³⁶

As demonstrated these memoirists described young and older soldiers as “poor boys”, within and outside hospital settings. Equally significant the memoirists also used the term to make meaning of their roles in relation to those of the soldiers, a gender related distinction. The workplaces of these nurses and VADs were generally hospitals or CCSs while the soldiers’ workplaces were invariably trenches or battlefields, which suggests the memoirists frequent use of “poor boys” recognised the soldiers’ plight and their sacrifice. The ‘game’ had turned deadly and the rhetoric shifted accordingly.

As well as using these descriptors in their writings, and caring for patients in close physical proximity, these nurses and VADs also used ‘touch and ‘talk’ to ease the psychological pain of those injured on the frontline even though becoming “familiar with patients, particularly men”, contravened the rules in civilian hospitals. Like the Australian nurses in Harris’s study, these memoirists considered expressions of compassion as

³¹ Pengelly, 40.

³² Pengelly, 40.

³³ Black, 111.

³⁴ Black, 112.

³⁵ Black, 112.

³⁶ Wilson-Simmie, 49.

“vitaly important – as important as dressing wounds”.³⁷ Physical contact generally came through the memoirists’ hands. Sometimes, on patients’ departures to other hospitals or on death, touch also came via their lips. Although historians and academics such as Bassett, Darrow, Hallett, Higonnet, Harris, McDonald, McEwen and Rogers who studied the diaries and letters of First World War nurses and VADs found multiple references to the work and comfort afforded by their hands, this study establishes similar patterns among these nine memoirists.

Martin-Nicholson, while travelling in an ambulance to a CCS, “wrapped in mackintosh and hat, with high, thick boots”,³⁸ rightly surmised that the CCS was “the first place outside the trenches where a *woman*’s hand is brought to bear on the wounded and battered soldiers”.³⁹ There was, she wrote, “‘something’ in the touch of the trained nurse which no man can give to our wounded heroes, who are entitled to everything of the very best”.⁴⁰ Martin-Nicholson also gave another example while travelling with a batch of wounded men when she held a “dying boy’s hand”, because there was nothing else she could offer him.⁴¹

As you can well imagine, in this spot near the fighting line it is not possible to do more than clean up a little, put a dressing on the wounds, and alleviate the pain of those who are suffering intense agony, and prepare them for the excruciating journey in horse ambulances over rough roads to the clearing station.⁴²

In charge of a ward alone for the first time, VAD Millard held the hand of a French patient who haemorrhaged before dying. Afterwards, shaken and feeling inadequate, she wondered if she had done everything possible to save him but there was little time to reflect on her shortfalls. There was work to be done. “I set up the screen and went about my tasks, but my hand shook for the rest of the night and I spilled medicines and botched hypos”.⁴³ Millard also recalled giving morphine to a blinded boy from Idaho who had had both his feet shot away and holding his hand until the drug took effect.⁴⁴

³⁷ Harris, 134.

³⁸ Martin-Nicholson, 229 and 237.

³⁹ Martin-Nicholson, 237.

⁴⁰ Martin-Nicholson, 237.

⁴¹ Martin-Nicholson, 255.

⁴² Martin-Nicholson, 253-254.

⁴³ Millard, 59.

⁴⁴ Millard, 80.

Pengelly contributes an example too. “Today I actually sat and held a patient’s hand and stroked his brow, and he seemed calmed and quietened by the proceeding. He is most awfully ill, but I trust and hope he will pull through.”⁴⁵ The use of “actually” in Pengelly’s account suggests she rarely provided this form of comfort.

The hand trope appeared again as Tilton farewelled patients at Dartford, which she compared to “parting from brothers”, further evidence of emotional closeness and adopting a sisterly stance. There is poignancy and pathos in her account. “Some held my hand against their faces under cover of the bed-clothes, not uttering a word, while I stood silently, swallowing a big lump in my throat”.⁴⁶

Sometimes patients became completely overwhelmed in the presence of a nurse as Tilton discovered in Egypt where she cared for soldiers who, prior to being admitted, had lived “like rats in a hole” for months.⁴⁷

Some of these boys had not seen or spoken to a woman for thirteen months, until they meet us. It affected them strangely at times. They told me later it made them feel like kids, they wanted to cry, because they felt so homesick. They said they would lie still, listening for our footsteps, praying we would enter their ward and talk to them; then when we did go in, they would only gaze at us in silence.⁴⁸

Intimate moments were not always clear-cut. Physical closeness to the bodies of badly injured or gravely ill soldier-patients, some of whom were also shell-shocked, tested Wilson-Simmie’s notion of mercy when she transferred to No. 44 CCS in France to work in “a ward of horrors!”⁴⁹

Perhaps the head cases were the most harrowing. A boy would come in with all his senses, and suddenly I would hear a scream, and would find that he had gone absolutely insane, often with all his bandages torn off, and his wound hemorrhaging [sic], with particles of his brain oozing out of the open wound. Immediately he would be moved to an empty tent. Always I prayed that the end would come soon, and mercifully. If ever a time could come that a merciful shot might be tempted, it was then.⁵⁰

Wilson-Simmie’s inability to comfort these patients made her feel inadequate. She estimated that only ten of the forty-eight, which also included amputation, chest and

⁴⁵ Pengelly, 36.

⁴⁶ Tilton, 185.

⁴⁷ Tilton, 68.

⁴⁸ Tilton, 68.

⁴⁹ Wilson-Simmie, 144.

⁵⁰ Wilson-Simmie, 144.

abdominal cases, would survive long enough to reach a base hospital. Wilson-Simmie and one orderly were entirely responsible for this ward. She had to stay alert for emergencies and, although she found the responsibility gruelling, the patients' perilous conditions gave her and the orderly the strength to carry on.⁵¹

Other memoirists have also written of feeling overwhelmed when circumstances and patient numbers prevented them from providing adequate care and comfort. In Cairo Tilton remembered her hospital receiving 500 "frightfully ill" patients who arrived on a hospital ship from India that had picked them up in Mesopotamia.⁵²

A hundred of them had each lost a leg, and there were many empty sleeves. Eleven were hopelessly mental. Most of them were brought down the river on barges in the most distressing heat, and were without medical aid or nursing attention for almost two weeks.

Their emaciated bodies were covered in pressure sores, that made one feel sick to dress ... It was a distressing ordeal attending to these patients. They would scream like children as soon as they saw the sister enter the ward, so afraid were they to be touched. They were so distraught, the utmost gentleness and patience had to be exercised before they could be induced to even take their nourishment.⁵³

Some of these patients developed excruciating head pain, which Tilton attempted to ease through massage. As she rubbed their heads, several boys pressed her hand over their eyes and she felt (and concealed) their tears, a form of physical intimacy and tenderness similar to those that Das found occurring between men in the trenches.⁵⁴

Invariably nurses and VADs touched their patients' bodies as they performed practical every-day duties such as undressing, sponging, lifting, feeding and dressing wounds. Compassion and practicality often overlapped. Clint recalled an incident on Lemnos where she came across a dying soldier who had been lying on the ground in another tent for several days with four dead bodies beside him. She undressed him, sponged and settled him so he could die in a clean bed. When she asked if he was "more comfortable," he replied, "I'm in the pink!"⁵⁵ He died before morning.

The contrasting responses of the nurses in these accounts are worth considering since they fall into six distinct categories: tendency to intellectualise in Martin-

⁵¹ Wilson-Simmie, 144.

⁵² Tilton, 82.

⁵³ Tilton, 82 and 83.

⁵⁴ Das, 2005. For details on this topic see Part II of this text.

⁵⁵ Clint, 73.

Nicholson's case; inexperience and youth in Millard's; pragmatism in Pengelly's example; Tilton's capacity to empathise was her strength when comforting homesick soldiers but her point of vulnerability when surveying huge numbers of desperately ill men from Mesopotamia; while in Wilson-Simmie's situation, helplessness due to the sheer number of shell-shocked patients exhibiting terrifying symptoms overwhelmed her to such an extent that she expressed the unthinkable – putting a patient down as if he were an animal; and, finally, Clint's practicality is tinged with compassion. Personal attributes, together with contextual elements, impacted on the memoirists' ability to respond to their patients' emotional and physical conditions. Recalling these experiences through the process of writing a memoir finally enabled the memoirists to give 'voice' to their feelings and to acknowledge the physical and emotional impact of their exposure to unremitting trauma.

During active service, though, the propensity of these memoirists to contain their doubts and fears meant their patients were most likely unaware of their inner turmoil. Nonetheless, to convey their appreciation, those who survived their illnesses or wounds often wrote to the women who nursed them after they returned home or re-joined their regiment. "We feel so proud of all you girls, too, who have sacrificed good homes to come over here and look after the welfare of us chaps".⁵⁶ In addition, nurses took on the role for incapacitated patients of writing to their loved ones, which Harris describes as extending the "feminine role" of the nurse to "comforters" of families waiting for news.⁵⁷

Tilton recalled another form of gratitude that regular soldiers adopted which she believed not only acknowledged her and the other nurses' contributions to the war effort but also fulfilled the men's need to form human connections amidst the chaos of war.

Australian boys in the camps around would pick great bunches of lovely flowers – lily of the valley, forget-me-not, daisies, iris, buttercups, pansies, violets – and bring them to the hospital, inquiring for Australian sisters. It was an opportunity to meet and talk with someone from "Home".⁵⁸

Furthermore, all the memoirists tried to comfort those who became disheartened due to their condition or because of a distressing situation such as the death of a mate or receiving bad news from home. Sometimes a nurse's dedication came at the expense of her own health, as shown in Tilton's case.

⁵⁶ Tilton, 110.

⁵⁷ Harris, 135.

⁵⁸ Tilton, 203-204.

Exhaustion and feelings of helplessness, arising from the inability to protect soldiers from the physical and emotional damage that resulted during battles, often led a nurse or VAD to comment that no words could convey a particularly heart-breaking scene, another theme in ‘literature of crisis’.⁵⁹ For example, Kirkcaldie, at No. 8 CCS near Arras, woke on 9 April 1917, at 5 a.m., to thousands of guns culminating “in a hideous roar, as they scatter abroad their messages of death”.⁶⁰ As the first ambulances pulled into the CCS, she and her colleagues, “commenced work as we had never known it, and to face sights the tragedy of which no words can tell”.⁶¹

When a torrent of “penetrating chest wounds and spine cases” poured into Kirkcaldie’s ward, filling her entire allocation of twenty-six beds with “men coughing, struggling, and gasping for breath”, she felt a wave of “utter impotence” sweep over her.⁶² These memoirists used similar phrases to the nurses and VADs featured in the studies of Das and Potter.⁶³ Kirkcaldie knew when “Convoys-in” and “Convoys-out” overlapped, those men “whose biggest – probably only – chance of life” was staying at the CCS, would have to go on an uncertain journey to a base hospital.⁶⁴ “Yet it had to be done,” she wrote, “and few among them, I suppose, ever guessed the grief it caused us to see them go.”⁶⁵ The doctor in charge used a simple formula – if he could feel a man’s pulse, he had to go. In between tending men who were haemorrhaging and dying, Kirkcaldie dressed and packed the travelling patients’ wounds and administered morphia to ease their pain. “Never,” she wrote, speaking of these men en masse, “never will I forget their wonderful endurance and patience, and, so often, their calm acceptance of death.”⁶⁶

Kirkcaldie’s graphic descriptions of this CCS’s operating theatre also shows the pressure medical and nursing personnel were under: “...five tables were kept going day and night without a break. The surgical teams relieved each other, each working sixteen hours at a stretch, a few minutes being snatched between cases for meals”. The number of patients waiting for surgery in the preparation hut “rarely fell below fifty, and was

⁵⁹ M. Jeanne Yardley, ‘The Bitterness and the Greatness: Reading F. G. Scott’s War’, *Studies in Canadian Literature / Etudes en Littérature Canadienne*, 16, 1 (1991); Das, 2005; Potter, 2008.

⁶⁰ Kirkcaldie, 159.

⁶¹ Kirkcaldie, 160.

⁶² Kirkcaldie, 160 and 161.

⁶³ Das, 2005, Potter, 2008.

⁶⁴ Kirkcaldie, 163.

⁶⁵ Kirkcaldie, 163 and 164.

⁶⁶ Kirkcaldie, 162.

frequently as high as eighty”.⁶⁷ She explained that many of the wounded had lain for days in shell holes. “It was heart-breaking to see these frozen remnants of humanity as they were brought to us”, and when she touched their bodies they “felt like marble”, another poignant reminder of the hand trope. Although Kirkcaldie and her colleagues put considerable physical energy into warming these patients, she reported that it sometimes took “twenty-four or thirty-six hours before we could feel any trace of warmth returning to the poor frozen bodies”.⁶⁸ The nurses’ proximity to these heart-breaking and traumatic sights haunted them. Recalling the plight of those who fought in the Arras campaign, years after the war ended, the inadequacy of language struck Kirkcaldie a second time. “No words of mine could bring before your eyes the sorrows and sacrifices of that C.C.S.”⁶⁹

Finding words to portray a two-pronged bombing raid that took place one evening early in April 1918 came more easily to VAD Millard who was working at a chateau that had become a hospital, although proximity to the event and the sights she had witnessed caused her significant distress. During the first attack, her “mind had refused to accept the fact” since she believed “the big red cross on the roof made this sacred ground”,⁷⁰ but a second run destroyed this erroneous belief.

When I rushed out to discover what the explosion had done this time, I saw an unforgettable sight. Against the blood red sky of sunrise stood a tree that had spread its bare branches over one of the barracks. For a moment I could think of nothing but a Christmas tree: the building had disappeared and the barren branches had blossomed horribly with fragments of human bodies, arms, legs, bits of bedding, furniture, and hospital equipment.⁷¹

Millard could barely comprehend that the ward next to hers, previously full of wounded men, was gone. Shocked and drained emotionally she did not write in her diary for several days. When she picked up her pen again she made no overt reference to the event, although at the end of five paragraphs outlining mundane every-day occurrences she mentioned that the maid of the chatelaine had blessed her and her French nursing friend Suzanne “with tears in her eyes. It made us feel rather shaky and choked up”.⁷²

⁶⁷ Kirkcaldie, 164.

⁶⁸ Kirkcaldie, 165.

⁶⁹ Kirkcaldie, 163.

⁷⁰ Millard, 20 and 21.

⁷¹ Millard, 21.

⁷² Millard, 23.

Ceasing to write, according to Darrow, reflects a nurse or VAD's emotional and mental exhaustion, which may also have been true in Millard's case.⁷³ While the maid's unexpected blessing had restored a degree of order to the chaos and confirmed to Millard that she was making a worthwhile contribution, she felt powerless to stop the carnage and the red cross marking the site as a hospital had not saved the lives of defenceless men either. Perhaps she feared for the cross on her uniform too and worried that the feminine power she thought it had given her no longer carried the same security or significance.

From the perspectives of Raitt and Tate, the mix of "feminine power and vulnerability [hinges] on an almost shamanic power to rescue and heal".⁷⁴ Potter describes similar findings after analysing six nurses' diaries and memoirs, noting that the "dominant narrative patterns common in autobiography" – paradise, journey, conversion and confession" were present.⁷⁵ Potter also contends that diarist Kate Finzi's compulsion to tell her story reveals a need to transform chaos and disorder into ordered events, places and dates, in other words, to exert some control over essentially powerless situations.

For the more reflective memoirists, such as Black, Clint, Kirkcaldie, Millard, Simmie-Wilson and Tilton, all of whom had been in close physical proximity to traumatic events, the process of writing about their experiences enabled them to create order from chaos, at least on the page, and turn helplessness into insightful reflections. Confronting their emotional scars and making meaning of their impact helped reduce what Garbarino terms residual feelings of powerlessness,⁷⁶ also a significant theme in Das's study.

Das views nurses' memoirs "as traumatic objects" contending "they evoke not only intense emotional experiences but physical responses".⁷⁷ He also alerts us to tensions arising between "the exhilaration of service" and "the agony of witnessing".⁷⁸ The hand, he suggests, mediates "between these twin worlds",⁷⁹ a finding also borne out in this study.

Sometimes the touch of a hand, accompanied by soothing talk, was all a nurse or a VAD could offer a dying or distraught patient. It did not seem to matter, at least to these memoirists, whether their patients were members of allied or enemy forces. Previously

⁷³ Darrow, 2000.

⁷⁴ Raitt and Tate, 1997, 9.

⁷⁵ Potter, 2008, 154, quotes Susanna Egan, *Patterns of Experience in Autobiography* (Chapel Hill: University of North Carolina, 1984), 4.

⁷⁶ Garbarino, 50-57.

⁷⁷ Das, 228.

⁷⁸ Das, 27.

⁷⁹ Das, 27.

entrenched attitudes softened in the presence of human suffering, an observation Das also made after analysing the works of Flora Sandes and the memoir of an ambulance driver who was “haunted by the ‘one English word’ of her German patient, ‘Pain’”.⁸⁰ Darrow also cites volunteer Jacquemaire who wrote that the main enemy was not the Germans but her living and working conditions, army bureaucracy and her supervisors.⁸¹ In this study the memoirists had various opportunities to test their compassion against their prejudices.

Physical proximity to German patients

When a captain told Wilson-Simmie he was bringing her a wounded prisoner, she was “up in arms”.⁸² However, when the captain registered his disappointment, she consented to care for a “dark-haired boy” with a “terrible abdominal wound”. One glance at his face and she forgot his nationality and observed instead a frightened patient without a friend to comfort him.⁸³ Wilson-Simmie used the descriptor “boy” to describe this patient too. When she placed her hand under his head, and gave him a drink of water, he looked directly at her, smiled and grasping her hand he kissed it. “I could not keep the tears from my eyes.”⁸⁴ His helplessness “wiped away all hate”,⁸⁵ a comment that supports Garbarino’s view that when faced with a traumatic situation, forgiveness is the most important attribute in developing resilience.⁸⁶

Physical closeness to regular enemy soldiers rarely bothered these nurses or VADs. A patient was a patient regardless of the colour of his uniform because, as American historian Susan Zieger notes, nurses and VADs generally came in contact with the “enemy” in the form of a young, sick and frightened individual. Zieger also mentions that in some hospitals German convalescents were used as orderlies.⁸⁷

Occasionally a memoirist discovered a connection that affirmed her willingness to treat the enemy as she would her own boys. While stationed at No. 3 A.G.H., at Abbeville in July 1917, Tilton received assistance from German prisoners from a nearby camp who told her their wives were nurses in German hospitals. “They seemed decent fellows.

⁸⁰ Sandes, 1979, and C. E Tisdall, *Memoir of the London Ambulance Column, 1914-1818* by a VAD, IWM, 92/22/1, cited in Das, 189.

⁸¹ Darrow, 154.

⁸² Wilson-Simmie, 146.

⁸³ Wilson-Simmie, 146.

⁸⁴ Wilson-Simmie, 146.

⁸⁵ Wilson-Simmie, 147.

⁸⁶ Garbarino, 58.

⁸⁷ Susan Zeiger, *In Uncle Sam’s Service* (Ithaca: Cornell University Press,1999), 135.

When I could I gave them extra food for which they expressed gratitude.”⁸⁸ Kirkcaldie had no problem nursing German prisoners either.

Later, during the rush of the Somme battles, we carried many wounded German prisoners, and somehow the hatred one felt towards them collectively, faded when individuals, piteously wounded, were brought to us ... As a rule they were most grateful for what was done for them, and, when I look back and see again that ward of mine, crowded with terribly wounded and dying Germans, I still feel only infinite pity for their awful sufferings.⁸⁹

Black also behaved in a professional manner when nursing members of the enemy force. Musing on a particular order, she wrote: “The German wounded [stretchered into a CCS] had exactly the same treatment as our own, except that they were not allowed to speak to one another, and we were always ordered to place them in beds as far apart as possible.”⁹⁰ Denying German patients physical proximity to their comrades most likely increased the men’s feelings of vulnerability and powerlessness, something that would not have been lost on Black who was possibly the most empathetic of all the memoirists.

While Martin-Nicholson showed the least empathy towards others and displayed little insight into her own failings, she also cared for enemy patients. In her usual dramatic style she explained that German soldiers had to first overcome their suspicions that she would go “round at night to gouge out their eyes with scissors and put poison in their medicine”. Although Martin-Nicholson reports that she had no problem with German officers, she considered them, “with one or two exceptions”, as “brutal, domineering, and ready in every instance to browbeat and insult”.⁹¹ She thought orderlies should care for them, a comment indicative of her English training.

Initially VAD Millard was not keen on nursing German officers either, describing them as “insolent, cocky and rude”,⁹² however, she soon befriended a regular German soldier who had an uncle in Milwaukee – “I’m afraid I made quite a pet of him”.⁹³ Like her, he was young. He also spoke reasonable English and he had visited America. When he told her that his mother had sent him a pair of roller-skates for Christmas, Millard commented said this German woman “could not know what war was really like”.⁹⁴

⁸⁸ Tilton, 211.

⁸⁹ Kirkcaldie, 119 and 120.

⁹⁰ Black, 99.

⁹¹ Martin-Nicholson, 75.

⁹² Millard, 26.

⁹³ Millard, 31.

⁹⁴ Millard, 32.

Certainly few civilians would have envisaged the cordial chats taking place between enemy patients or prisoners and allied soldiers, as witnessed by VAD Sutton-Pickhard. “The British soldiers bear no ill-will whatsoever to the Germans who are either wounded or made prisoners. On the contrary, they treat them with the utmost kindness and friendliness.”⁹⁵ She described one occasion in detail.

They sat by themselves in a group, at a table on the raised terrace, and they seemed in the best of spirits, laughing and talking in the most cheerful manner. The Colonel stopped and chatted to them in a friendly way, evidently his usual custom, as they showed no surprise, but greeted him with pleasant smiles, more like old friends than deadly enemies. The Germans were a fine-looking set of men, whom one would have thought incapable of the atrocities which they are said to commit when war-madness is upon them.⁹⁶

These examples substantiate the memoirists’ contact with German soldier-patients/prisoners and verify their willingness to care for them. Physical proximity was not reliant on country of origin or allegiance to an allied fighting force.

To recap, nurses and VADs used “touch”, most often by way of a hand, and “talk” to comfort their patients. They also showed compassion through actions such as writing to their loved ones or undressing and washing a dying soldier and placing him in a clean bed. Sometimes their interactions afforded two-way comfort: firstly, soldiers were soothed as their lives ebbed away or their pain became unbearable and, secondly, when patients reached for the hands of their nurses and VADs they bestowed gratitude upon them which reinforced their worth and enhanced their resilience. The memoirists frequent use of “boy” and “poor” indicates a verbal form of compassion while their willingness to care for enemy patients or prisoners demonstrates their humanity and commitment to the work of nursing. Despite suffering from exhaustion and feeling helpless and powerless during long periods of back-breaking duties, all the memoirists, including to a lesser degree VAD Sutton-Pickhard and Sister Martin-Nicholson, continued to care for and comfort their patients to the best of their ability. While physical proximity to soldier-patients brought the memoirists a mix of challenges and rewards, emotional proximity tested them in different ways.

⁹⁵ Sutton-Pickhard, 38.

⁹⁶ Sutton-Pickhard, 10.

Emotional proximity

In this study, emotional proximity refers to the capacity and willingness of nurses and VADs to convey empathy to their soldier-patients. These factors contributed to the emotional wellbeing of everyone involved because day-to-day interactions between patients, nurses and VADs were the closest anyone in these three groups had to a normal life. As with the previous section there will also be overlaps between physical and emotional proximity, however, my focus is now on the latter.

Hallett maintains that the presence of nurses helped protect the psyches of their patients, enabling them to “hold themselves together” while they embarked on a healing process.⁹⁷ She also writes about the expectations placed on nurses and VADs to contain their own emotions. Building on Hallett’s findings, I contend that the act of conveying empathy to patients enabled the majority of these memoirists to work with their emotions and to later make meaning of them through the writing of their memoirs.

Empathy is a consistent theme in Black’s memoir. She conveyed it to patients, doctors, nurses, orderlies and civilians.⁹⁸ Her empathy also extended to patient-prisoners with self-inflicted wounds. A commanding officer who caught her serving these men eggs for tea gave her an official rebuke, as no privileges were to pass the lips of a prisoner. Although she “answered with becoming meekness the eggs made their appearance again a few days later”. Black believed the officer had viewed his prisoners solely “from a military angle” whereas she saw “the human one”.⁹⁹ Able to metaphorically step into the prisoners’ shoes, which implies the presence of empathy, she imagined their reasons for harming themselves.

Yet nearly all those prisoners, and I had one hundred and two of them at the time, were mere boys of fifteen or sixteen, who had joined up by putting their ages down as twenty-one. It had been fine in that first glow of patriotism, wearing uniform[s], marching to military bands, feeling themselves grown up. But it was quite another thing to live in a trench in the depths of winter fourteen days at a time with the rain beating down on you, and be covered with lice, and get gangrenous feet ... just waiting there without any flags or glory ... and probably waiting to be killed at the end of it ... until at last they had been only frightened children looking for the quickest way out.¹⁰⁰

⁹⁷ Hallett, *Containing Trauma*, 2009, 158.

⁹⁸ Black, 1939.

⁹⁹ Black, 101.

¹⁰⁰ Black, 101.

Black continued to imagine what might have been going on for these boys before they harmed themselves, offering a realistic depiction of conditions in the trenches and the emotional strain on weary young soldiers who constantly expected to die. There is a story in her memoir of a self-inflicted case, a lieutenant she had previously nursed, and considered brave, who dreaded writing to his father to inform him of the truth, more than he feared the upcoming court-martial. After the lieutenant died of a sudden haemorrhage, Black found a letter addressed to his father. Concerned he might have confessed, she ripped it up and wrote another to the lieutenant's mother, "a letter which I knew she would treasure to the end of her days, for it told how her son had been wounded while leading his men into action, how bravely he had died".¹⁰¹ Black's emotional proximity to this soldier, along with her desire to comfort a grieving family, clouded her judgment and contributed to her decision to alter history.

Other memoirists also tried to protect their patients. When star shells lit up the eastern sky and gave Wilson-Simmie "a feeling of nausea", she sympathised with the shirkers who, weary of the war and hospitalised with minor complaints, wanted to get to England for a rest. To help things along, they would heat thermometers in their hot water bottles. Due to what Wilson-Simmie called "a streak of cussedness", she would remark to anyone who accompanied her on rounds that the soldiers in question were almost "normal today" because in her heart she felt sorry for them since they had usually been at the front for months. Occasionally, she also recorded false temperature readings on her charts.¹⁰² Tilton tried to retain patients too. "We would do anything to keep them there a little longer. The M.Os knew it, and declared we needed watching."¹⁰³

Deciding on the object of one's empathy was not always straightforward as VAD Millard discovered when an Englishman who had been to Cambridge went insane. "He tried to choke one of the English nurses ... the orderlies rushed over and pinned him down. Poor kid! They had to put him in a straight-jacket."¹⁰⁴ Although he had endangered a life, Millard extended her sympathy to him, not the nurse. The phrase "Poor kid", is particularly telling as it hints at his youth and vulnerability, traits Millard recognised in herself during the first few weeks of her nursing work, particularly when bombs fell.

¹⁰¹ Black, 105.

¹⁰² Wilson-Simmie, 136-137.

¹⁰³ Tilton, 205.

¹⁰⁴ Millard, 108 and 109.

There were many more instances of the memoirists struggling with the nature, pressure and scale of their duties. Big pushes dramatically increased everyone's workloads and heightened their feelings of hopelessness and helplessness. Tilton recalled with equal amounts of despair and sorrow the conditions of wounded soldiers from Mesopotamia.

How we hated the beastly war! Sights and sufferings like these sickened us. The whole thing seemed such a ghastly muddle, engineered by a few men, sitting in safety and civilization, who never knew the horror, the agony, and abomination these poor soldiers had to bear. Fine types of men, they were; young, splendidly fit, and healthy. Then the war mowed them down; doomed them to spend their future with broken bodies, the long years marred by ghastly memories that would only die with them.¹⁰⁵

Tilton had also experienced another personal loss that compounded her despondency. While stationed at No. 3 Australian CCS where "the screech of big shells, and the awful crash when they burst at no great distance, kept our nerves on edge; but even to this terrific noise we became accustomed",¹⁰⁶ she received news that her cousin Norman had died in the vicinity. After a downpour, Tilton, and three girls who had volunteered to accompany her, set off on foot to the site of Norman's grave at Dickebusch in Belgium, "ploughing through mud and slush almost to our knees", shells occasionally going over their heads.¹⁰⁷ Two of the girls soon gave up and returned to camp, but Tilton and her close friend Elsie Grant pressed on until they found a sergeant who took them directly to the site. While Tilton and Grant prayed, the men stopped digging fresh graves.¹⁰⁸

That day, there were three rows of new mounds. Forty-eight hours after she paid her respects, No. 3 CCS was bombed.

There seemed no place big enough for us to hide. We were completely at their [the Germans] mercy. It was terrifying lying in bed, expecting at any minute to be blown to pieces ... I could not control the violent trembling of my legs. My knees positively knocked together. I could laugh at myself but I could not stop the trembling ... It was a night of hell ... Of course, we hated it and were horribly scared at times, but we would sooner have died than admitted it: if the men could stick it, we could.¹⁰⁹

¹⁰⁵ Tilton, 83.

¹⁰⁶ Tilton, 217.

¹⁰⁷ Tilton, 221

¹⁰⁸ Tilton, 221.

¹⁰⁹ Tilton, 222-223.

The three rows had turned into thousands.¹¹⁰

After briefly retreating to No. 62 CCS at Proven, Tilton's unit soon returned to No. 3 CCS where "no one slept, day or night" and the guns set their bell tents "rocking and vibrating".¹¹¹ Worse was to come. "All the sisters' tents and clothes hanging on the tent poles were riddled with holes" and the force of more explosions threw those girls not in bed to the ground.¹¹² By week's end, the hospital was full of wounded men. Still dazed from this terrifying attack, Tilton went "from one moaning bed to another",¹¹³ taking on "difficult and heart-rending" nursing work, while outside endless processions marched to the cemetery.¹¹⁴ Although she contained her emotions at work she was able to process them sufficiently to recall them in graphic form years later on the page.

Unlike Tilton, Pengelly seldom expressed emotion in her writing and when she did, it generally took the form of indignation or, in some cases, anger. For example, when a group of convalescents misbehaved, she acted in a punitive manner, without considering their motives, as Black might have done. "Some of my men are in disgrace. They tore down a notice, so I reported them. Men are so tiresome when they have no sense."¹¹⁵ Pengelly preferred those who were unwell and unlikely to cause her any bother.¹¹⁶ She also made an interesting comment about officers, which sets her apart from the other memoirists.

Officers are really quite nice. Sometimes they fidget a bit. It is a remarkable thing, but as a rule no one likes nursing officers. I know that in Alexandria everyone hoped to be delivered from it. I did too until I had to do it, and then found them really very nice on the whole. A bit silly, but then we all can be that. After all, they need looking after just as much as the men [regular soldiers].¹¹⁷

Pengelly generally reserved her empathy for soldiers who had fought to stay alive or had a stoic outlook despite their debilitating injuries. Recalling the death of a young Englishman "who had made a very hard fight" she thought it sad that the dying did not have their own people with them.¹¹⁸ However, while working in England, Pengelly wrote

¹¹⁰ Tilton, 221.

¹¹¹ Tilton, 226-227.

¹¹² Tilton, 228.

¹¹³ Tilton, 229.

¹¹⁴ Tilton, 230.

¹¹⁵ Pengelly, 58.

¹¹⁶ Pengelly, 43.

¹¹⁷ Pengelly, 49.

¹¹⁸ Pengelly, 31.

unemotionally about gas cases. “Two convoys in. Men from the firing line, mostly gassed – five days to get here”.¹¹⁹ She may have been rushed and also her written account is representative of the nurses who, in their diaries, wrote in a concrete or matter-of-fact style, and Pengelly’s memoir consists mainly of diary entries.¹²⁰

In contrast, Wilson-Simmie described the day her first gassed patients arrived as “horrible and contemptible” with them “gasping for breath from the searing of their throats and lungs”.¹²¹ Very little could be done to help them and “it broke our hearts”.¹²² Wilson-Simmie considered gas “a terrible form of warfare” and thought “Germany would forever carry the disgrace of introducing it”.¹²³ The plight of gas cases also affected VAD Millard who remembered them crying out in pain.

They just struggle for breath, but nothing can be done ... their lungs are gone ... literally burnt out. Some with their eyes and faces entirely eaten away by the gas, and bodies covered with first degree burns. We try to relieve them by pouring oil on them. They cannot be bandaged or even touched.¹²⁴

Millard and Wilson-Simmie’s patients came directly from the battlefield, often displaying acute signs of physical and emotional distress, whereas Pengelly’s would have received care first at a CCS then on board ship prior to arriving in her ward, providing another possible reason for her lack of emotion.

Being closer to the action also heightened the potential for memoirists to come across someone they knew, especially when the injured came from the same country. While stationed twenty-five miles from Boulogne in 1915, Clint watched marquees go up on the grounds of her hospital, previously the Le Touquet Golf Hotel, in preparation for a heavy intake of injured soldiers from Ypres. The tension was palpable when 327 Canadians arrived on April 26, still dazed from a gas attack.

The war was certainly brought close that night. Everyone was called on duty, and as each ambulance rolled up friends were recognized, officers, sisters, and orderlies crowded to the stretchers, anxious questions poured forth, shock and relief alternated, as one and another replied, and well-known names were uttered: ‘B-‘s gone ... G. D. dead ... Captain P. fell in

¹¹⁹ Pengelly, 83.

¹²⁰ Hallett, 2007, 324.

¹²¹ Wilson-Simmie, 28.

¹²² Wilson-Simmie, 33.

¹²³ Wilson-Simmie, 33.

¹²⁴ Millard, 108.

the first hour ... Didn't you see your brother at the last ... Fatally wounded ...' We fell silent.¹²⁵

Five days later, her unit was evacuated to hospitals further south where “the beds were filled again by men direct from the trenches”. Within days, “1,100 men had passed through the Clearing Station as we had temporarily become”, straining resources and personnel. Constant orders to send “‘walking cases’ down the line and ‘stretchers’ to England” with little notice, caused “great uncertainty and confusion”, which Clint found “more fatiguing than the actual unremitting surgical toll of the week”.¹²⁶ The strain of concealing her emotions pushed Clint to the limits of human endeavour.

Fortunately a brief reprieve came late May when she was transferred to No. 1 S.H., situated on cliff tops close to Wimereux, and within 200 yards of a railway line where hospital trains came around the curve more slowly than the troop trains carrying reinforcements to outposts closer to the line. Clint describes being “in the midst of fields, and all about us the grass was blood-red with thickly-growing poppies”.¹²⁷

Touring English concert parties made use of No. 1's natural amphitheatre to entertain convalescents dressed in “blue and white hospital uniforms, with red tie”.¹²⁸ These activities connected to the belief, commonly held amongst the English and their supporters in 1914, that war would provide opportunities for picnics and other civilised past-times.¹²⁹ McEwen stresses music, concerts and parties helped to maintain individual and group morale for soldiers about to return to the front.¹³⁰ Hallett agrees, adding that nurses felt responsible for their patients' overall morale and therefore actively promoted these events.¹³¹

These concerts proved “a welcome relief for nurses as well...”¹³² In a letter home a nurse wrote that even those performed in the wards enabled patients and nurses to forget the “suffering mass of humanity” and feel happy and amused for a time.¹³³ Entertainment acted like a pressure valve, relieving the intensity that comes with emotional proximity.

¹²⁵ Clint, 30.

¹²⁶ Clint, 31.

¹²⁷ Clint, 40.

¹²⁸ Clint, 41.

¹²⁹ Panichas, xvi.

¹³⁰ McEwen, 154.

¹³¹ Hallett, *Containing Trauma*, 2009, 90.

¹³² McEwen, 155.

¹³³ McEwen, 155.

Concerts brought fleeting comfort to the nurses and VADs in this study though, especially as the war progressed and the debilitating effects of exposure to on-going trauma weighed them down. One day well into her service Clint and a colleague sat in the doorway of their hut at No. 3 C.G.H., which had turned into a huge casualty clearing station, and watched a bombardment take place not far away. Clint's description reflects her sense of inevitability and utter weariness.

There was a dug-out of sandbags in the corner of our ground then, but two of us preferred, if we were to die of Hun frightfulness, not to be smothered, and sitting at the door of our hut, had a good view of the weird scene. The red glare of fires, bursts of firing from defence positions, the shaking of the ground under us, shrapnel pattering on our roof ... a nose-cap whacked on to our doorstep ... made an appalling ensemble.¹³⁴

Clint's proximity to this event contrasts sharply with VAD Sutton-Pickhard's second-hand account of the bombardment of Rheims Cathedral where "the gutters ran with blood" as sixty wounded German soldiers lay trapped inside and the mob outside killed those who tried to escape the flames. She heard the tale over dinner from "some intrepid war correspondents", one of whom was her brother, Granville Fortescue.¹³⁵ On the same evening, she learned that correspondents were collecting shards of broken stained glass from the Cathedral and "having small pieces of the exquisite sapphire blue set in sleeve-links, by way of souvenirs". Among the condiments on the table, Sutton-Pickhard viewed photographs of the bombardment, including a "gruesome one of the German prisoners who had burned to death", declaring it a "blood-chilling presentation of the horrors of war", before turning her attention to the "execrable" food at Voisin's, a highly regarded café. She considered the champagne "excellent and plentiful", although she thought the cost of 480 francs, "exclusive of the tip", for dinner and drinks on the high side for nine people, but overall, in spite of feeling "rather like a rice pudding at an Epicure's Feast", she had "a very enjoyable evening, listening to the exchange of wit and stories of adventure".¹³⁶

Occasionally a hospital scene overshadows Sutton-Pickhard's thirst for sensational war news. After visiting an officer-patient, she picked up her pen.

The poor boy had been shot in both arms and one leg. His right arm was paralyzed. But, in spite of this, he was most anxious to get well and return to

¹³⁴ Clint, 115.

¹³⁵ Sutton-Pickhard, 10.

¹³⁶ Sutton-Pickhard, 11

the Front ... He told me a lot about the Germans. They are very tricky, but the men only obey orders!”¹³⁷

However, her quest for a good story remained because when the officer asked her to stay she pulled up a chair and listened to his exploits, which she claimed had taken place along the riverbank of the Aisne. According to Sutton-Pickhard, he had captured then released sixteen prisoners before his men removed him from danger. Her account *feels* enhanced as if she intentionally strayed into fiction to better entertain her readers.

At the same hospital, Sutton-Pickhard went upstairs to visit a few Tommies and handed out the rest of her cigarettes and helped the men light them. She believed they were pleased to have her company but thought that “they looked most horribly weak and ill”. Their bravery, patience and cheerfulness, she wrote, “brought tears to one’s eyes when they said how glad they would be to see wife and children again”.¹³⁸ This interaction sounds more plausible than the officer’s feat on the banks of the Aisne, as other memoirists wrote about similar incidents.

Sutton-Pickhard’s thoughts on the discrepancies between newspaper reports and wartime realities also have an authentic tone, largely because they too can be verified through other sources, but also because she shows a modicum of empathy which makes her emotional response seem more sincere.

The newspapers are full of good tidings from the Front: and yet every one [sic] here is pessimistic. I suppose it is the sight of the wounded constantly coming in. There was not enough room for all of them on the ship this afternoon, and three poor wretches who had been on board were taken off again. It was a tragic sight to witness their cruel disappointment endured with heroic fortitude. Funeral after funeral takes place here, always several hearses, sometimes five at one time, with double coffins inside.¹³⁹

Although correspondents actively sought and reported on the news, Clint, while briefly in England, cast doubt on the value of some accounts, possibly due to her first-hand experiences. She also commented on the mood of the general population.

Authentic news from the front was hard to get in March [1918]. We knew something serious was impending, and that the enemy with every man available would make a last effort before the American troops were ready. But the break through the Fifth Army at Cambrai, and the pressure on the

¹³⁷ Sutton-Pickhard, 9.

¹³⁸ Sutton-Pickhard, 10.

¹³⁹ Sutton-Pickhard, 34.

road to Amiens, made us realize how terribly dangerous the situation might become. Never was the nation more calm or more silent.¹⁴⁰

One reporter Clint might have respected was American Mary Rinehart, a nurse before her marriage to a physician. In the early stages of the war, Rinehart visited hospitals “at or near the front” to assess the conditions and the types of supplies most needed.¹⁴¹ Rinehart observed numerous nurses at work. She disagreed with an officer who thought nurses should leave after three months otherwise they grew callous, a theme Hallett has also identified, explaining that firmness was sometimes “interpreted as callousness”.¹⁴² Rinehart believed something quite different was going on.

If there is a change in the nurses after a time, it is that, like the soldiers in the field, they develop a philosophy which carries them through their terrible days. “What must be, must be,” say the men in the trenches. “What must be, must be,” say the nurses in the hospital. And both save themselves from madness.¹⁴³

Rinehart considered hospitals “an interval” or a “connecting link between the trenches and home, between war and peace, between life and death”.¹⁴⁴ Due to her nursing background she understood the strain nurses were under when they were homesick and had huge numbers of patients relying on them for emotional support and physical care, a situation borne out in the following story.

When Tilton had no mail from Australia for two months, she welled up during a conversation with a nineteen-year-old nervy American soldier who had lost two brothers in France and recently received a cable informing him of the deaths of both parents. She recorded her recollection of their interaction.

I don't know any more about them; how, why and when. I've done all I know to get knocked [killed] to follow them until the colonel sent me here. Damned funny, isn't it? There's nothing wrong with me. But I've got no home, no relatives, not a soul in the world who cares if I come or go, and I don't want to go back now. That's my trouble sister.¹⁴⁵

Incapable of speaking, Tilton stooped down and kissed him as a mother would a child. This tender response caused him to break down and sob before falling asleep.

¹⁴⁰ Clint, 100.

¹⁴¹ Mary Rinehart, *Kings, Queens and Pawns* (New York: George H. Doran Company, 1915), 12.

¹⁴² Hallett, *Containing Trauma*, 2009, 5.

¹⁴³ Rinehart, 236 and 237.

¹⁴⁴ Rinehart, 338.

¹⁴⁵ Tilton, 208-209.

Similar tragedies placed significant emotional strain on the nurses. At No. 44 CCS in France, and only five miles behind the firing line, Wilson-Simmie struggled to come to terms with the large number of dying soldiers. “My heart ached, for they were so very young, and very brave.” She wanted parents to know their sons had a bed to lie on and a Padre beside them. At the root of her despair was the belief that these boys deserved better than to be “snuffed out” at their early age.¹⁴⁶

At the same CCS, Wilson-Simmie described the mounting strain on her and her colleagues.

The days were passing with fierce fighting on the Somme front, one night of horror following another. The mornings found us tired beyond words, ready to lie down on our little mattresses on the ground and sleep the sleep of the utterly weary, regardless of the black beetles that wandered over our coverlets and faces.¹⁴⁷

By this stage, the thunder of the guns no longer affected Wilson-Simmie, unlike another sister who could not sleep and had to return to base due to nerves. Nurses who could shut down preserved their sanity.¹⁴⁸ Those who went on high alert suffered doubly, a situation that was compounded when officials shunted them from one place to another due to German Offenses, some of which had terrifying consequences as Tilton recalled.

The M.O’s at No. 3 were horrified to see us arrive in the midst of a bombardment and no place ready for us. The guns were pounding away at a terrific rate. It was so deafening, we could hardly hear ourselves speak, and the shells were screaming and bursting in all directions. Ypres was only three and a half miles away, and this locality had been shelled all the previous day.¹⁴⁹

Two medical officers escorted Tilton and her companions twelve miles back to the relative safety of No. 62 CCS at Proven only to return them to No. 3 two days later. On that occasion Tilton’s luggage went missing, the ward and the sleeping tents leaked, and she had to wear a tin hat like the troops. While at Proven, physical proximity to the “rumble of guns” increased her emotional concern for the “boys up there” as she wondered if they would survive.¹⁵⁰ Their plight heightened Tilton’s wish to take care of them, suggesting that empathy was not reliant on physical proximity.

¹⁴⁶ Wilson-Simmie, 143 and 144.

¹⁴⁷ Wilson-Simmie, 145

¹⁴⁸ Wilson-Simmie, 143.

¹⁴⁹ Tilton, 214.

¹⁵⁰ Tilton, 215.

Days spent at CCSs were not always exhausting, though, according to Kirkcaldie, referring to a posting to No. 6 at Barlin some ten miles north from her old CCS at Arras. This assignment was “vastly different from my first”, for although there were sufficient patients to keep the beds full there was none of the previous strain. Nonetheless, she recalled “a long ward, full of gasping and choking victims” succumbing to “the deadly effects of poison gas”, and she remembered the distress on the faces of these patients.¹⁵¹

Sometimes nurses had to contend with appalling stench in their wards. Wilson-Simmie recalled a vile odour at the British No. 4 G.H., housed in the Trianon Palace at Versailles, which was “alive with soldiers in khaki, or hospital blues”, all surgical cases.¹⁵² Men in her ward had lost limbs, “dirty cases” where infection had set in and led to gangrene which carried “the most horrible malodorous ‘smell’ anyone could imagine. It was in the air, it saturated our clothing and hair”.¹⁵³ So even when patient numbers stabilised, nurses were often engaged in work that tested their senses.

When wracked with sensory or emotional torment the memoirists sometimes ventured into the countryside to walk off their sorrow. During a lull in the fighting at No. 6 CCS one summer’s day, Kirkcaldie and an unnamed sister climbed a hill. Standing on a ridge, Kirkcaldie got out her binoculars and surveyed the countryside. Behind her “stretched the fertile plains of France” while in front she could make out the “dark irregular patches on the green earth” that “were our trenches” and in the distance “where those puffs of smoke were dotted, we could see the enemy lines”. It seemed to Kirkcaldie that both sides were “merely playing at war”,¹⁵⁴ because there “was no trace of the intensive bombardment” she had experienced at Arras.¹⁵⁵ These remarks contains two juxtaposed views and foregrounds both extremes in a single scene.

While Kirkcaldie walked to ease emotional tension, Martin-Nicholson walked to relieve what she considered a dreary phase in her existence, working in Le Havre at a typhoid hospital.

Put straight on night duty, I struggled through the nights alone. The orderlies were willing and eager to help, but how could they be taught when

¹⁵¹ Kirkcaldie, 180.

¹⁵² Wilson-Simmie, 24.

¹⁵³ Wilson-Simmie, 27.

¹⁵⁴ Kirkcaldie, 181.

¹⁵⁵ Kirkcaldie, 182.

every day, and sometimes twice a day, the doctor would change treatment, diet, and hours?¹⁵⁶

Afterwards she retired “wearily to that mockery of sleep in which the night nurse must indulge” and strove to compose her “ever-active mind”.¹⁵⁷ However, there were no leisurely strolls while she worked for a brief period at a CCS. “...when the stream [of wounded] is at high tide doctors, Sisters, and orderlies have to work at feverish pressure”.¹⁵⁸

In such situations, fear and empathy could occur simultaneously. On 15 July 1918, VAD Millard felt jumpy as bulletins came in hourly by telephone from the front predicting “another big German offensive at Soissons” about ten miles away and relaying news that “American regiments were being sent up to the line”.¹⁵⁹ The atmosphere at the hospital became “electric with a rigid silence”.¹⁶⁰

There was a two-week gap before she picked up her pen again and described the grounds of the chateau as “once more a sea of stretchers, a human carpet”.¹⁶¹ Many of the wounded were Americans; therefore, she felt a deeply personal connection.

I feel they are mine, every last one of them, and their downright grit makes me want to cry all over them ... Am too sympathetic to make a good nurse. I want to explain to each man all about his wounds and reassure him, and tell him how fine the doctors are and that they will fix him up as good as new.¹⁶²

To settle the wounded men before they went to theatre, Millard explained what might take place when the doctor took over, “though more than half the time I don’t know myself and I just make up something that sounds plausible and reassuring. They seem grateful and go into surgery a little less bewildered”.¹⁶³

Nevertheless, her own emotional distress heightened when she had to work in the Salle de Mort, a room set aside for dying cases. “In they came, young and shattered. Out they went, covered with a sheet, to the chill cellar beyond which had once stored provisions for the banquet tables of the château. Then on to the churchyard.” The thought of writing to one young sergeant’s mother sickened her. “What can I say? How can I say

¹⁵⁶ Martin-Nicholson, 196.

¹⁵⁷ Martin-Nicholson, 198 and 199.

¹⁵⁸ Martin-Nicholson, 239.

¹⁵⁹ Millard, 76.

¹⁶⁰ Millard, 77.

¹⁶¹ Millard, 78.

¹⁶² Millard, 78.

¹⁶³ Millard, 79.

it?”¹⁶⁴ She finally overcame her reticence and included a copy of the letter she sent to his family in her memoir.

Empathy also occurred in reverse, as Tilton recounted while nursing briefly in Brighton, where she had several patients with pulpy-black trench feet that discharged a “sickening odour” into the ward. As she cut away parts of a soldier’s foot during a dressing, he offered to take over: “I’ll do the job for you, sister. You are quite green...”¹⁶⁵

A remarkable display of empathy also came Black’s way in the midst of an evacuation from a CCS. “Surgeons, Sisters, and orderlies ran to and fro between the wards and ambulances trying to get hundreds of wounded men away in some sort of order before the Germans were actually upon us”.¹⁶⁶ One by one, packed ambulances left, and the wards were empty apart from a patient whose leg Black was bandaging. She heard people calling her name but carried on attending to her patient. When she finished she ran to the door in time to see the last ambulance leaving. “Just as I realized the full horror of it”, a German prisoner, “a young giant of a Bavarian” shouted loudly and the ambulance pulled up. Following more shouts a sister emerged from the ambulance and ran back to the ward. Seeing Black and her patient, “her face clouded with dismay” as she realised they could not carry the patient and would have to fetch the driver. Before they could move, the Bavarian lifted the patient onto his shoulders and carried him along the duckboards to the ambulance. Unable to thank him in German, Black waved and “stood there, smiling shyly”, thinking “there is no such person as an enemy ... only the people of one nation obeying orders to fight the people of another”.¹⁶⁷

These examples clearly demonstrate the mutually supportive nature of patient-nurse relationships, regardless of fighting alliances. Acts, such as this German prisoner’s, helped keep nurses and VADS emotional and physically safe and increased their ability to forgive, thereby improving the likelihood of remaining resilient.

Other memoirists shared Black’s view that there were only “people” not “enemies”, and included memorable images in their writings to reflect this stance. In France even Martin-Nicholson let down her guard and revealed a softer side. Witnessing a flap, not tightly drawn, at the end of an ambulance, she took a closer look.

¹⁶⁴ Millard, 107.

¹⁶⁵ Tilton, 184.

¹⁶⁶ Black, 106.

¹⁶⁷ Black, 107.

Just a pair of boots! Boots, mud-stained, blood-stained, belonging to a son, a brother, a father, a husband. There is something indescribably pathetic about those boots resting so still at the end of a motor ambulance.¹⁶⁸

The poignancy of this image stands out due to the avalanche of melodramatic narratives that normally mark Martin-Nicholson's writings. Based on this instance her memoir seems almost worthy of a place in 'literature of crisis'¹⁶⁹ because she revealed a more human self than the one who regularly sensationalised suffering to satisfy her publisher and the reading public.

Self-revelation or disclosure, as Zinsser and Lopate argue, enriches memoir if honesty, vulnerability or emotional integrity are present. These characteristics appear in Millard's writings when German planes bombed the district she worked and lived in. Although personally terrified she realised it was worse for her patients. Her ability to empathise enhances her appeal as a memoirist and because of her own fear *we feel* for her as much we do for the patients.

It must be an uncomfortable feeling for the men to lie helpless in bed, with arms strapped up or down, fastened tightly to a frame, or legs in casts, aware that directly over their heads are enemy planes loaded with bombs.¹⁷⁰

Millard's candour, unlike Martin-Nicholson's usual self-absorption, establishes her as a more reliable narrator because paradoxically, as Lopate points out, a sincere memoirist exposes her "betrayals, uncertainties and self-mistrust",¹⁷¹ and shows "a willingness to dilute the moment".¹⁷² Such a memoirist also reflects on her experiences, something Clint does throughout her memoir.

The last months of the war were especially nerve-racking for this Canadian sister. Her sleep was "disturbed one and twice nightly if the weather was clear, and about five nights a week".¹⁷³ Around 11.00 p.m., the alarm would sound and the lights went out. In the eerie silence, Clint waited for the bombs to fall. "It was not so much the noise as the concussion on the ground that was the most terrifying, and speculation never could be

¹⁶⁸ Martin-Nicholson, 223.

¹⁶⁹ Panichas, xxxi.

¹⁷⁰ Millard, 19.

¹⁷¹ Lopate, xxvi.

¹⁷² Lopate, iii.

¹⁷³ Clint, 114.

sure of the direction, and who or what had been hit.”¹⁷⁴ Over eighty bombs fell in the region during this period, which accounts for her uneasy frame of mind.

Meanwhile the paymaster at No. 44 invited Wilson-Simmie and a Sister Fitzgerald to join him on a hour long trip in a transport to the town of Albert, five miles away, which had recently been bombed for three weeks. Before long Wilson-Simmie witnessed freshly dug trenches and rolls of barbwire, huge army trucks with supplies, exhausted soldiers sleeping on the roadside and battalions of men coming out of the trenches to rest in billets. Sitting well back in the cab of the truck so the sentries could not see her and stop her going on, Wilson-Simmie thought she and her colleague “were possibly the only women to come so dangerously close to the front line trenches”.¹⁷⁵ Observation balloons hung in the sky. Hundreds of cavalry horses munched on the grass verges.¹⁷⁶ The town lay in ruins. A marble statue of the Virgin Mary hung aslant from the steeple top of the shattered cathedral.¹⁷⁷

On a metaphorical level, this statue reflects the trauma the war inflicted on the memoirists. They had signed up eager to serve but nothing had prepared them for the sights they encountered or the consequences of their experiences on their own emotional and physical wellbeing. As the Armistice approached, those who had served for long periods under diabolical conditions were as battle-worn as the patients they cared for.

Black described her response to the longed for news. “The Armistice had come so suddenly that it left us dazed and bewildered.”¹⁷⁸ Standing on the duckboards, watching fireworks illuminate a skyline that searchlights had been raking only twenty-four hours ago, she tried to take it in.

Never again to hear the insistent booming of the guns in the distance, the zoom-zoom of approaching enemy aircraft. No more processions of stretchers sagging beneath their load of mangled humanity. I strangled a sob in my throat, for there was no time for tears, and turned to the steadying mundane task of filling and trimming the Primus stove. No use waiting for orderlies that night, they were all too busying celebrating ... So as I struggled in with a tray of drinks for wakeful patients I tried not to feel

¹⁷⁴ Clint, 114.

¹⁷⁵ Wilson-Simmie, 149.

¹⁷⁶ Wilson-Simmie learned the horses were not used in battle because the Cavalry Brigade had agreed to fight with the infantry. See page 148 of her memoir for further details.

¹⁷⁷ Wilson-Simmie, 149.

¹⁷⁸ Black, 124.

resentful, and remembered instead that orderlies are only young, after all, and I had been young once, though it seemed so long ago.¹⁷⁹

VAD Millard heard the announcement as a favourite patient in the ward died. “Everyone was in tears”.¹⁸⁰ She kept telling herself “it’s over, it’s over, it’s over”, and tried to pull herself together. Dismissed the following day, along with other volunteers, Millard “felt numb, bewildered” because the “regular nurses would carry on”.¹⁸¹ She also experienced “a sudden shyness about returning home” due to the “fuss” she assumed would be made of her”. Prior to leaving, she went to the churchyard with Dr Le Brun. As she stared at the rows of crosses, she recorded that she “was beyond feeling anything except the numbness of grief”.¹⁸²

Clint was on leave when she received the news, not “in the midst of the Army, as I would have wished”.¹⁸³ She wrote: “The whole situation seemed unreal. We kept saying to ourselves aloud, ‘The war is over ... the war is over!’ but it was hours before we could adjust ourselves to all that it meant in many lands, as the news spread around the globe”. She celebrated at the Nurses’ Hostel in Paris with champagne at dinner, drinking first to the King’s health and then “a silent toast to the vanished millions”.¹⁸⁴ Next morning she attended a packed church service and in her mind believed the “thoughts of all hearts were with the dead”.¹⁸⁵

Pengelly who was in England gave another perspective.

A most eventful day. We heard rumours at 8.30 that the armistice had been signed, but, of course, could not believe it. A noon we heard it was a fact, and everyone began to feel a little gentle excitement. By evening it was past the gentle stage for some of the men! We went to a Thanksgiving Service at Weybridge church – the place was packed to the doors. I returned to find an impromptu dance in progress. A great many had gone up to London to see the festivities. The town was quite mad.¹⁸⁶

Recalling the weeks and months following the Armistice, Tilton wrote, “we lived in a pitch of excitement, as the men and women returned home in thousands at a time.

¹⁷⁹ Black, 124.

¹⁸⁰ Millard, 109.

¹⁸¹ Millard, 110.

¹⁸² Millard, 111.

¹⁸³ Clint, 121.

¹⁸⁴ Clint, 122.

¹⁸⁵ Clint, 123.

¹⁸⁶ Pengelly, 84.

Our joy as a family knew no bounds when our brother returned to us, fit and well”.¹⁸⁷ She then comments on a procession that she and Sister Grant reluctantly took part in. Finding the cheering, gifts and music too much, Tilton wept the entire way because her thoughts were of “the beastliness, the destruction, the waste, the agonies and endurance”.¹⁸⁸

In conclusion, at times of physical proximity, these nurses and VADs used “touch” and “talk” to ease their patients’ distress. They also conveyed empathy, the mainstays of emotional proximity, thereby fostering trust and respect. For the majority of memoirists displaying empathy *was* expressing emotions. Both groups remembered the courage of their “boys” and their patients remembered the care and consideration the memoirists bestowed upon them during their darkest moments. Patients relied on the nurses and VADs for physical and emotional support, while, as demonstrated in Chapter Four, the majority of memoirists depended on friends, colleagues and loved ones to cope with their emotions and continue performing their duties, regardless of what unfolded around them. Importantly these relationships bolstered what Garbarino terms functional resilience. They also found solace in writing about loss, grief and fear in their diaries, and going for walks.

Faced with desperately injured or unwell patients, for the most part, the memoirists were able to cast aside their prejudices and preferences and care for and comfort regular soldiers and officers, regardless of their nationalities. Significantly, the strong emotional connections nurses and VADs formed with their patients often persisted long after they parted, suggesting that these relationships were not dependent on continued physical proximity. Acts of kindness from individuals within enemy forces further increased the nurses and VADs functional resilience. On one level these findings normalise the significance of these relationships and, on another, they highlight the intense circumstances under which they were forged. The next challenge for the memoirists was to making sense of their wartime experiences through the writing of memoirs.

¹⁸⁷ Tilton, 310.

¹⁸⁸ Tilton, 309.

CHAPTER FIVE: MEMOIR AS MEANING-MAKER

War is not two great armies meeting in a clash and frenzy of battle. It is much more than that. War is a boy carried on a stretcher, looking up at God's blue sky with bewildering eyes soon to close; war is a woman carrying a child that has been wounded by a shell; war is a spirited horse tied in burning buildings and waiting for death; war is the flower of a race, torn, battered, hungry, bleeding, up to its knees in icy water; war is an old woman burning a candle before the Mater Dolorosa for the son she has given. For King and Country!¹

In this final chapter I determine how successfully the memoirists were able to make meaning of their experiences through the writing of their memoirs and establish what their accounts contribute to our understandings of the First World War. Firstly, I examine the memoirists' motivations to publish. Secondly, I discuss their propensity or otherwise to reflect on experience, then I consider their concluding comments in their memoirs and propose that those who wrote and thought reflectively made connections between trauma, relationships and emotions, which aided their meaning-making process. Thirdly, I argue that narrative proximity, defined in this study as the closeness of the memoirists to the events they heard of, witnessed or experienced and creatively re-described in memoir form, influenced the authenticity of their writings. Finally, I contend that emotional connections forged with patients, friends, and loved ones in close physical proximity, contributed to the nurses' and VADs' functional resilience, enabling them to manage the relentless rhythms of work, worry and weariness. I also argue that the loss of a loved one or the threat of being parted from a close friend threatened the resilience of some memoirists and that their emotional distress, which often resulted in physical ailments, impinged on their capacity to carry on performing their challenging duties. These and other interrelated factors incorporate the six research questions outlined in Chapter One.

Motivations to publish

The motivations of these nine memoirists to publish were diverse and their authorial intentions were influenced by publishing trends and cultural shifts. Prior to considering their motivations in detail, and because traumatic experiences are always mediated through the culture in which they unfold,² and since Das and Roper insist that this aspect

¹ Rinehart, 367-368.

² Roper, 27.

influences the coherency of the resulting narratives, regardless of genre,³ it is worth revisiting the nine publication dates. Sutton-Pickard's memoir came out first in 1915, followed by Martin-Nicholson's in 1916. It was another six years before Kirkcaldie's appeared, joined by Clint and Tilton's in 1934, VAD Millard in 1936 and Black in 1939. The memoir of Pengelly materialised in 1956 followed by Wilson-Simmie's in 1981.

The first two dates are telling because Sutton-Pickard and Martin-Nicholson generally placed themselves at the centre of their narratives and often relied on second-hand accounts rather than their own lived experiences. Clearly Sutton-Pickard and Martin-Nicholson intended to publish their memoirs from the outset and actively sought stories and experiences that they, and their publishers, believed would appeal to readers. Several of these stories came across as embellished or, in some cases, entirely fabricated which raises the role of truth in memoir writing.

The relationship between truth and memory is a contentious topic among historians and other scholars, as well as writers of historical fiction. Although at ease with Freeman's "region of truth" and Hacking and Kearney's "creative redescrptions", which accommodate the construction of imaginative bridges,⁴ I felt that Sutton-Pickard and Martin-Nicholson had, on occasion, strayed into unbelievable territory. Likewise Martin-Nicholson's failure to expose her vulnerabilities and fears and, to a lesser degree, her uncertainties, and her tendency to blame others for her misfortunes, also struck me as problematic. In Sutton-Pickard's case, although she informed readers when she used quotations taken directly from newspapers such as the *Daily Telegraph*, her mode of gathering stories involved either listening to other people's gruesome tales, reporting on news already in the public arena or visiting bombed and largely deserted areas to interview survivors. In reality these trips were few and brief, and her impressions of nursing work were based on a single month of night duty, augmented by observations of trained nurses and other VADs working in the hospitals she visited on her tours.

More importantly there were fewer similarities in these two memoirs when considered in relation to the other seven where content overlaps despite variations in narrative voices and presentation of material. Although a blend of observation, experience and imagination forms an acceptable palette for memoirists, readers expect these aspects to come across on the page as authentic and trustworthy.

³ Das, 63; Roper, 21.

⁴ Arnold, 76.

Declaring at the beginning of her memoir that she wanted to draw attention to the great work of “the Red Cross and other kindred organisations in France”,⁵ Sutton-Pickhard’s narrative voice has a less forceful quality than Martin-Nicholson’s but, like Martin-Nicholson, Sutton-Pickhard attempts to entertain readers with sensationalised war details and possibly fictionalised stories. Her writing style emulates newspaper reporters of the time, implying that as well as complying to her publisher’s brief, she may have been influenced by her brother’s approach and that of his contemporaries, who were also responding in the early years of the war to the public’s preference for triumphant stories.

While Martin-Nicholson’s memoir occupies similar territory to Sutton-Pickhard’s, there is a notable difference. Martin-Nicholson presents herself as an authority on wartime nursing. However, her predilection for melodrama, and her keenness to publish, raises doubts about her commitment to the profession. So does the way she announced the end of her service – “And then the blow fell”.⁶ She follows this dramatic statement with an account of being poisoned through vague means – a scratch on her hand or from food “too long confined in a tin”. Declaring, “it was useless to fight against it”, and since “there was no room or time for invalid nurses” she travelled “with an almost breaking heart” in an ambulance down to the base.⁷ This alleged incident occurred once she had collected sufficient stories to write a war memoir that spanned three fronts.

In letters to her publisher Martin-Nicholson appears as “forthright, opinionated, and determined”,⁸ which suggests her narrative voice closely resembled her true self; therefore this aspect could be authentic. On the contrary, her narratives, like those of Sutton-Pickhard, are less convincing, especially when compared to the verifiable accounts of the other memoirists. Another point of difference is that the content of Martin-Nicholson and Sutton-Pickhard’s memoirs tended to serve the drama of their narratives rather than provide readers with meaningful insights into their wartime experiences of the work of nursing.

Close readings of Sutton-Pickhard and Martin-Nicholson’s memoirs suggest that nursing served as subject matter, unlike VAD Millard who made it a temporary calling. Millard shared Black, Clint, Kirkcaldie, Pengelly, Tilton and Wilson-Simmie’s

⁵ Sutton-Pickhard, 1.

⁶ Martin-Nicholson, 267.

⁷ Martin-Nicholson, 268.

⁸ Potter, 192.

motivation to honour the work of nursing, those they had cared for and comforted, and those they had worked with and whose relationships had sustained them.

The decision of five of this post-war group to publish during the ‘war book boom’ is also telling. Black, Clint, Kirkcaldie, Tilton and Millard wanted to convey the grim realities, acknowledge their fears and uncertainties, and bring readers as close as possible to the full horror and cost of war. Informing these motivations was also the urge to make meaning of their experiences through the writing of memoirs.

There may also have been a secondary motivation for four of the five, Black, Clint, Millard and Tilton, to seek publication, as VAD Millard’s dedication indicates. “Now the world is once again beating the drums of war. To my son Coco, his friends and their mothers I offer this simple record of the dark caravan that winds endlessly through the memory of my youth.”⁹ The threat of another catastrophe may have strengthened these memoirists resolve to convey the horrors and consequences of war to the next generation. Clint, Millard and Tilton published their memoirs in the lead up to the Second World War while Black’s appeared the year it began.

Encouragement from relatives, as documented in forewords and dedications, may have also made the seven post-war memoirists more willing to publish their personal accounts, which would have otherwise remained accessible in diary format only to close friends and family members. Finally, all nine memoirists may have wanted to be remembered, which Hallett gives as one of five reasons nurses wrote letters and diaries.¹⁰

Although their motivations and authorial intentions varied, these memoirists utilised some of the meaning-making strategies that are in keeping with memoir writing. These techniques included ordering events, reflective writing which necessitated reflective thinking, making connections that led to meaningful insights, and storytelling devices that engaged readers on multiple levels and, in the case of the post-war memoirists, conveying empathy which brought about deeper understandings of self and others.

Ordering, reflecting, connecting and using storytelling devices

All nine memoirists used at least one of these four strategies. Pengelly ordered events in her memoir, which is formulated almost entirely from material taken directly from her

⁹ Millard, 115.

¹⁰ Hallett, 2007, 233.

letters and diary. Even towards the end when she writes a section from memory, since some letters had gone astray, she does not purposefully reflect on her wartime service or try to make meaning of what she had seen and done. Sutton-Pickard and Martin-Nicholson also ordered events and drew heavily of storytelling devices such as dramatic tension, however they exhibited few signs of reflexivity. Pengelly waited longer than other memoirists to commit her experiences to print and she presented a record, rather than an in-depth reflective account of the war and her role in it. Pengelly's lack of reflection raises the question of whether she intended it as a memoir, as defined in this study, or viewed it as more of a record.

Although Pengelly's memoir occupies the opposite end to Martin-Nicholson's and Sutton-Pickard's on Atwan's fact/fictive continuum, their contributions emphasise the range of possibilities available to writers of this genre and highlight the preferences of publishers and the reading public at certain times due to cultural shifts within society. In the early stages of the war, publishers and the reading public wanted dramatic, hopeful, newsy memoirs. After the war there was a shift to realistic portrayals of loss, disillusionment and on-going trauma. Eight of the nine memoirs mirror the rhetoric that occurred during or after the war and which echoed the mood of a population, either buoyed with promise or bowed with despair. For unknown reasons, Pengelly's memoir sits outside this configuration.

A notable difference between those who wrote memoirs during and those who wrote them after the war is their level of reflection. Roper claims that "retrospective accounts are generally more reflective about the emotional experiences of war than the letter or diary",¹¹ an assertion largely substantiated in this study about memoirs. There is ample evidence to suggest that those who wrote reflectively about the cost of the war, on themselves and others, felt compelled to work through their residual trauma. Das believes "theories and narratives of trauma resonate with each other at a particular narrative juncture",¹² and that writing a memoir "becomes a ritual in owning experience as much to oneself in the solitude of recollection as to rest of the world".¹³ He continues: "Just as a nurse sews up physical wounds and tries to save life, the narrator seeks to heal her mental wounds through the act of writing",¹⁴ a viewpoint shared by American military librarian

¹¹ Roper, 21.

¹² Das, 194.

¹³ Das, 226.

¹⁴ Das 227.

Richard King who contends this process “allowed these women [First World memoirists] to work with their memories of their wartime work in a conscious attempt to comprehend its significance”.¹⁵ Higonet used the phrase “writing the wounds of war” in the title of her text about an American nurse and VAD who served in France. To write about trauma is, on one level, to reclaim the experience, and also, as American scholar Cathy Caruth purports, to attest to its “endless impact on life”.¹⁶ Therefore, it is possible that the desire of Black, Clint, Kirkcaldie, Millard, Tilton and Wilson-Simmie to make sense of their wartime experiences intensified as time passed.

Support for this claim appears in the work of psychologist David Pillemer who specialises in historical trauma. Pillemer contends that writers “may be motivated by considerations external to the individual, such as a perceived duty to record the events for posterity and to honour the vanquished”.¹⁷ He also maintains that writing about “personal trauma does more than simply document the recovery process: it actively facilitated it”.¹⁸

Such work involves recalling and working through emotions. Rather than confine their accounts to the actual work they performed, a major finding in Hallett’s study of nurses’ letters and diaries, all the memoirists, other than Pengelly, wrote extensively about their feelings and their relationships, something Hallett believed was the prerogative of the privileged but less emotionally prepared VADS.¹⁹ This was clearly not the case for these memoirists whose writings contain significant emotional content. Writing four years after the end of the war, Kirkcaldie remarked that she only had to close her eyes and time and distance collapsed and she was back amongst “faces I will never forget”.²⁰ Exploring intense emotional memories occurred with more understanding and insight in those memoirists who reflected on and made meaning of their experiences, as opposed to those who described second-hand events, embellishing aspects of their own experiences and rarely reflected on their feelings. Time between letter writing and memoir writing may partly explain this difference when compared with the findings in Hallett’s study.

¹⁵ Richard R. King, ‘Women’s Memories of the Great War’, *Collection Management*, 15, 3 (1992), 301-352.

¹⁶ Caruth, 7.

¹⁷ David Pillemer, ‘Can the Psychology of Memory Enrich Historical Analyses of Trauma,’ *History and Memory*, 16, 2 (2004), 144.

¹⁸ Pillemer, 143.

¹⁹ Hallett, ‘Portrayals of Suffering’, 2010, 74.

²⁰ Kirkcaldie, 63.

Meaningful memoir writing involves a reflective process whereupon memoirists look back on a period in their lives and, with the benefit of hindsight, “see” aspects that may not have been apparent at the time. Patterns of behaviour and vulnerabilities emerge. Remembered events take on different hues. Seemingly unrelated thoughts and feelings begin to make sense. New ways of looking at experiences and, therefore one’s life, bring about changed perspectives, and changes in oneself.

The memoirists who published during the ‘war books boom’ and addressed the notions of loss and disillusionment, a recurring theme in ‘literature of crisis’, reflected deeply on their wartime experiences and represented war in similar ways to Rinehart whose quotation appears at the beginning of this chapter. Black wondered “what life had given them [her patients] in exchange for the youth they had lost”,²¹ while Clint referred to “the four years’ reign of frightfulness”.²² Wilson-Simmie wrote of the “sickening slaughter in Europe”,²³ Millard of the “enormous crime of the whole thing”,²⁴ and Tilton thought “the world seemed completely changed”.²⁵ These memoirists exposed readers to the full horror of war. Their readers were also privy to shifts in the memoirists’ emotional registers from the time they set off eager to serve, through to their return “older than any span of years could make you”.²⁶

Millard’s tendency to revert to present tense whenever she felt emotionally or physically pressured provides a vivid picture of her younger self while subsequent reflections on and insights into the war, reveal a mature woman who, in the process of writing her memoir, has repaired aspects of her emotional self. Her candour serves to authenticate her account and her willingness to expose her own vulnerabilities marks her as a trustworthy narrator.

Black, Clint, Kirkcaldie, Tilton and Wilson-Simmie engaged in more considered reflections and appeared to balance their desire to convey the realities of war to the general public with their need to make personal meaning of their military nursing service. Few would question the authenticity of the experiences that imbue the pages of these five nurses’ memoirs, nor doubt the connections they made between the work of nursing and the suffering of their patients, and their own disappointments, discomforts and anxieties.

²¹ Black, 93.

²² Clint, 144.

²³ Wilson-Simmie, 188.

²⁴ Millard, 110.

²⁵ Tilton, 309.

²⁶ Black, 95.

Their writing styles reflect their competence as nursing sisters and their warmth as human beings. Despite the compelling nature of their narratives, they take time to pause and reflect on the impact the war had on themselves and on others. When recalling heart-breaking sights, they sometimes acknowledged that there were no words to express their feelings or admitted that others had already tried and failed to depict the horrors, a topic Potter has investigated and which links to Winter's belief that "an appropriate language of loss" is central to understanding the war's legacy.²⁷ Inevitably the memoirists' search for an appropriate language and their acts of mourning or remembrance intersected with their own traumatic experiences and their attempts to emotionally recover through writing, an area currently attracting multi-disciplinary attention.

Fell views memoir as an act of mourning, a place where individuals can voice the trauma of bereavement,²⁸ a notion Pillemer takes further, claiming that "the psychology of memory points to a personal benefit: the healing aspects of purposeful remembrance".²⁹ However, as revealed in Roth's interpretations of LaCapra's interest in constructing empathetic understanding, it is impossible for another person to know "how it really was"³⁰ for those who experienced trauma first-hand, something these memoirists wanted to convey from personal and professional perspectives. Telling their stories in a public arena enabled them to serve these dual aims.

These memoirists also used storytelling devices to draw readers into their narratives and sustain their interest throughout the reading experience. Devices likely to engender empathy include creating believable characters or, in this case, narrators, valuing emotional realities, capturing the complexities of situations and revealing multiple perspectives. The closer the memoirists brought their readers to their experiences, the more likely they, too, were able to reach empathetic understandings.³¹

Proximity, authenticity and resilience

The proximity of memoirists to their narratives, not only the mode of telling, but also the content of their recollections, once again brings into question the role of memory. The

²⁷ Jay Winter, *Sites of Memory, Sites of Mourning: The Great War in European Cultural History* (Cambridge: Cambridge University Press, 1996), 5.

²⁸ Fell, 15.

²⁹ Pillemer, 144.

³⁰ Roth, 198.

³¹ These assertions are informed by my work as a novelist and as a tertiary educator specialising in narrative learning, teaching and research practices.

interplay between experience and memory suggests narrative proximity has a significant function. Clint made an interesting point about other peoples' stories and gave her reasons for including several in her memoir, one of which was the deliberate bombing of the English and Canadian Hospitals at Etaples, twenty miles from where Clint was then stationed at No. 3 General Canadian Hospital. First she stated the facts: "There were 171 casualties, 56 fatal, many from machine gun bullets, and among them seven Canadian sisters, of whom four died". Then she gave her reasons: "These incidents do not properly come within the scope of these pages, as I was not present, but I cannot refrain from mentioning them".³² It is reasonable to assume that because Clint identified with these nurses she wanted readers to know of the dangers she and her colleagues had faced and to inform the public that death was not confined to soldiers.

In terms of narrative proximity, Clint was not present but, because this second-hand account is situated within her first-hand accounts, and since Clint comes across as a trustworthy narrator, its inclusion is accepted as authentic. In contrast, Sutton-Pickhard's depiction of the bombed cathedral and the incinerated German prisoners, together with her tendency to fabricate or embellish events, raises doubts about her version. Like Clint, she was not present at the incident. Unlike Clint, she chose not to, or could not, verify her brother and his friends' tale with other sources.

Narrative proximity coexists with authenticity and trustworthiness. The presence of these three factors ensures that readers empathise with the narrators and willingly accompany them on their narrative journeys, and perhaps continue to care about them long after the reading relationship has ceased. This was my experience with the post-war memoirists. Their reflections still haunt me.

In the last few pages of her memoir Black mentions "looking back over the years" and seeing the mistakes she made and the opportunities she missed due to fear, which she believed was magnified by her imagination.³³ She writes about regret and moments spoiled by worry. She also goes to pains to reassure readers that her memoir is "not one of fairy tales but of real men and women whom I have known, and who, to me, have been so infinitely more interesting than any I could presume to create". Black also confesses that her ambition to write a book had been "bottled up since childhood" and that she wanted

³² Clint, 113.

³³ Black, 254-255.

to portray everyone in her memoir “just as they are, or were, for many have passed on” indicating there was a memorialising purpose to her publication.³⁴

Kirkcaldie who dedicated her memoir to her mother wrote: “this little book must speak for itself and justify its own existence”.³⁵ After arriving home she announced that “...only those who had been on Service could realise our intense longing to be back in the midst of it all again...” She also referred to the “spiritual splendour” of her time “over there” and expressed the hope that when she met up again with those whom she had worked alongside, their experiences would “glow vividly again”.³⁶ While signifying her difference to those who stayed at home, she also exalts friendships borne out of adversity.

Tilton’s memoir ends on a very different note to Kirkcaldie’s. She arrived “tired and unwell” to Australia which “looked just the same as when we left it” and she soon realised how little people knew about the ordeals that nurses had been through.³⁷ While she had advanced her understanding of her experiences through the writing of her memoir, she remained desolate. The death of her fiancé had crushed her hopes for a happy future as a married woman. Of the nine memoirists Tilton expressed the bleakest viewpoint on the emotional aftermath of war.

Although Wilson-Simmie lost a fiancé prior to the war, she met a Canadian hockey star in France who was an army captain and whom she married in 1917. She ends her memoir with a paragraph that begins with these two sentences: “I have told my story and kept it simple. Now I will dismiss my visions with many happy memories of the past”.³⁸ Unlike Tilton, Wilson-Simmie had a marriage to organise.

The memoirs of Black, Clint, Kirkcaldie, Tilton and Wilson-Simmie contain more traumatic experiences than those of Martin-Nicholson, Millard, Pengelly and Sutton-Pickard. The locations of the postings for the group of five nurses, and their length of service, which was longer than Martin-Nicholson’s and the two VADs, Millard and Sutton-Pickard, contributed to this anomaly. Spared the horrors of France, Pengelly worked in England after Egypt and enemy aircrafts did not bomb the military hospitals she worked in. Nor did she lose anyone close to her or travel to or work at a CCS under

³⁴ Black, 254.

³⁵ Kirkcaldie, Author’s Note, no page number.

³⁶ Kirkcaldie, 187.

³⁷ Tilton, 309.

³⁸ Wilson-Simmie, 191.

attack. Millard experienced bombings in France, although for shorter periods than the five nurses.

Despite these variations all the memoirists described their emotional reactions to their circumstances and to the plight of their patients. Clint, Black, Kirkcaldie, Millard, Tilton and Wilson-Simmie also made connections between trauma and emotions, cultivated and valued relationships, exhibited well-developed capacities to think and write reflectively. In addition, these six memoirists displayed functional resilience while under duress and often used gallows humour to get them through a terrifying or heart-breaking patch. Pengelly also used humour but for a different purpose.

Garbarino who specialises in the impact of war on individuals, and whose work on functional resilience has already been mentioned, refers to a second state, existential resilience, which he attributes to people who are at peace inside. From Garbarino's perspective, it is not enough to look at trauma in the short term as some individuals can maintain functional resilience for long periods but fall prey to existential despair later in life.³⁹ Although the latter form was more difficult to determine from an examination of the memoirs of Black, Clint, Kirkcaldie, Millard, Tilton and Wilson-Simmie, there were indications, apart from in Tilton's, of a crucial maker of existential resilience – hope for the future.⁴⁰ Hardiness, in Garbarino's view, also plays a role and, in particular, three elements: commitment, feeling in control, and perceiving the world in terms of a challenge rather than a threat.⁴¹ These memoirists' presence in war zones demonstrates their commitment to the war effort, and to the challenging work of nursing, or in Martin-Nicholson and Sutton-Pickhard's case the desire to publish entertaining accounts of their 'daring' involvement. The degree to which all memoirists felt in control depended on the circumstances, contexts and capabilities.

Throughout the war the focus of the majority of memoirists remained on the trauma inflicted on their patients and on caring for and comforting them. Looking back on those times for the purposes of writing a memoir prompted the larger group of five nurses and VAD Millard to also consider the emotional and physical impact of their wartime service on themselves as individuals.

³⁹ Garbarino, 57.

⁴⁰ Garbarino, 56 and 57.

⁴¹ Garbarino, 56 and 57.

Writing about traumatic events, especially when there is an attempt to make sense of them, to express emotions and to exert some control over one's wellbeing, helps mobilise hardiness which Garbarino maintains relies on the human capacity for finding meaning in life.⁴² Furthermore, he believes that the key to emotional wellness lies in harnessing imagination in ways that reprocess traumatic challenges into inspiration.⁴³

Sutton-Pickard and Martin-Nicholson called on their imagination but rarely looked inwards. Pengelly did not reflect on the past either, although for different reasons. Nor did she bring her imagination into play. The other six examined their wartime service reflectively and imaginatively and, as they made meaning of their experiences, they commented on changes in themselves and in the post-war world. The more effectively they exposed their vulnerabilities, processed their emotions, valued mutually supportive relationships and recalled their compassion and empathy to patients and others, the more insights they gained and the more deeply they made meaning of their experiences.

Conclusion

Hospitals and CCSs, and those who worked in them, occupied the territory between the front and home, and between life and death. The memoirs of the nurses and VADs in this study offer accounts of their experiences during a specific time in history. Their wartime service required them to adapt to military life, which included travelling through war zones, accommodating cultural differences and adjusting to diverse working and living conditions, to care for and comfort soldier-patients presenting with a range of injuries and illnesses and to show them compassion and empathy, to contain their feelings on the wards, to cope in private with personal tragedies such as the death or separation from a loved one or close friend, and to maintain functional resilience under shell fire and during bombing raids.

Individually, the memoirs reveal variations in class, motivations, training, length of service, localities, type of contribution and proximity to traumatic events. They also expose differences in the abilities of the nine memoirists to develop and maintain five forms of relationships: interactions between nurses and VADs; exchanges between imperial and colonial nurses; friendships between women; associations with orderlies; and, intimacies between men and women. Notable disparities occurred in relation to the

⁴² Garbarino, 56.

⁴³ Garbarino, 57.

nurses' and VADs' primary role of caring for and comforting patients, especially their attitude to the perils of physical and emotional proximity and their management of rules and regulations. The memoirists also varied in their capacity or inclination to make meaning of their experiences through ordering events, writing reflectively, forming connections that led to significant insights, and utilising storytelling devices such as creating an authentic voice and conveying empathy. Their proclivity to retain hope in the future produced uneven outcomes too. Overall, there were as many individual differences between the seven nurses as there were between the two VADS.

Collectively, these nine memoirs convey the emotional legacies of traumatic war experiences on two groups: nurses and VADs. Their accounts contribute, in five specific areas, to studies on memory, trauma, relationships and emotions within the context of the work of nursing during the First World War. The development of a Seven-stage Memoir Analysis Framework offers those who undertake future research into memoir an analysis tool to make meaning of their findings and a way to visually represent them. This study links 'literature of crisis' to the 'war books boom' and the writing and publishing of First World War nurses' and VADs' memoirs and demonstrates connections between authorial intention, publishing trends and cultural shifts in society.

Two main writing styles emerged. Memoirists with publication as their main goal, and who released their memoirs during the war, adopted a dramatic, upbeat style that contained victorious tales which emulated the prevailing publishing trends and mirrored the preferences of the reading public. In contrast, memoirists who published during the 'war books boom' adopted a more reflective writing approach and wrote of loss and disillusionment, key themes in a cultural shift that took place in post-war society. The primary aim of these memoirists was to honour the work of nursing. Although the memoirs of nurses Kirkcaldie and Wilson-Simmie were published outside the boom period they too wrote reflectively and focussed on loss and disillusionment and nursing.

This study also expands on the frictions between colonial and imperial nurses and stresses the importance of five specific relationships that helped the majority of memoirists maintain functional resilience. As well it addresses the perils for these nurses and VADs of physical and emotional proximity to soldier-patients, proposes that emotional proximity is not dependent on physical proximity and suggests that empathy is the single most important factor in establishing mutually beneficial human connections.

Finally, making meaning of experience occurred most successfully in the post-war memoirs. Memoirists used four strategies: ordering events, writing reflectively, forming connections, and drawing on storytelling devices. Memoirists from both groups ordered events and all but one drew on storytelling devices to entice readers into the narratives. However, apart from the aforementioned exception, only the post-war memoirists reflected on their physical, emotional and narrative proximity to trauma and considered the overall impact on their wellbeing. Each memoirist in this group kept her emotions under control in the workplace but in private spaces spoke with friends about fear, sorrow, anxiety and despair. Memoirists who lost a loved one or were separated from a close companion frequently developed painful physical ailments that amplified their emotional distress. Those who formed meaningful relationships and empathetic emotional connections with patients, friends and colleagues enhanced their functional resilience and better managed the relentless rhythms of work, worry and weariness. Those who remained hopeful about the future were more likely to display markers of existential resilience after the war.

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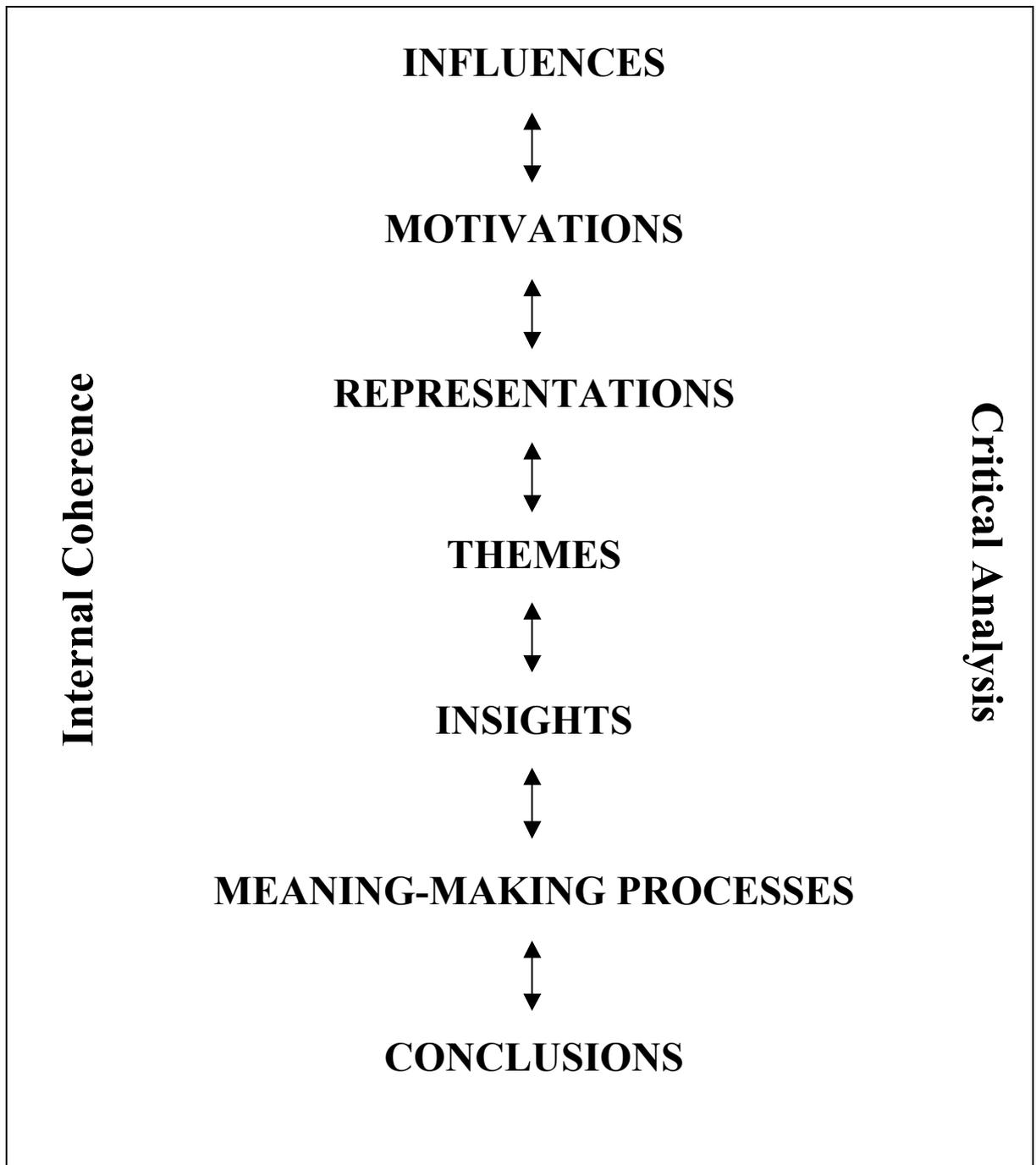
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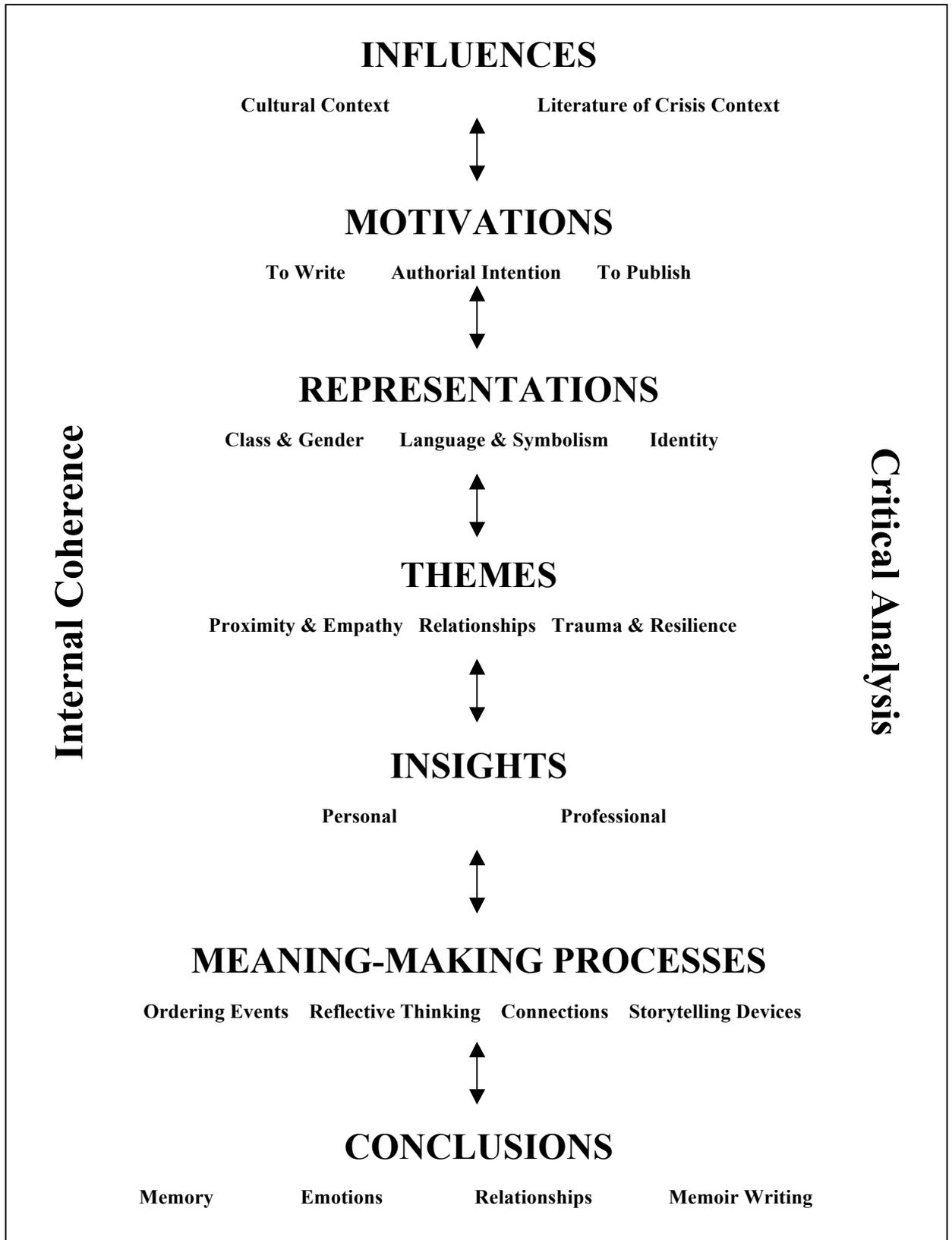
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Appendix 1: Seven-stage Generic Memoir Analysis Framework



Appendix 2 – Seven-stage Applied Memoir Analysis Framework



Appendix 3 - Abbreviations

AANS	Australian Army Nursing Service
ACCS	Australian Casualty Clearing Station
AGH	Australian General Hospital
AMC	Army Medical Corps
AAMC	Australian Army Medical Corps
AN & MEF	Australian Naval and Military Expeditionary Force
ANA	American Nursing Association
ANZAC	Australian and New Zealand Army Corps
ARC	American Red Cross
AUA	Australian Auxiliary Hospital
BCCS	British Casualty Clearing Station
BEF	British Expeditionary Force
BGH	British General Hospital
BSH	British Stationary Hospital
CO	Commanding Officer
CAMC	Canadian Army Medical Corps
CCS	Casualty Clearing Station
G.H.	General Hospital
G.M.H.	General Military Hospital
HQ	Headquarters
MO	Medical Officer

SMP	Special Military Probationers
NZTNA	New Zealand Trained Nurses Association
NZANS	New Zealand Arming Nursing Service
QAIMNS	Queen Alexandra's Imperial Military Nursing Service
QAIMNSR	Queen Alexandra's Imperial Military Nursing Service Reserve
QM	Quartermaster
VAD	Voluntary Aid Detachment