Women as voluntary and professional military nurses in Great Britain, 1854-1914

Thesis

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WOMEN AS VOLUNTARY AND PROFESSIONAL MILITARY NURSES
IN GREAT BRITAIN 1854 - 1914

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Abstract

After the Crimean War, civilian initiatives were largely responsible for introducing female nurses into military hospitals to supplement and supervise male orderlies. The early difficulties of the new nursing service were similar to those experienced by middle and upper-class women reformers of civilian hospitals. The first female corps was almost independent of military commandants and medical officers; 'lady superintendents' made unwelcome attempts to impose the social norms and work patterns of upper-class households. The medical officers achieved full authority over the female nurses only in 1885. Although reluctant to mobilise female nurses for colonial warfare, under pressure from civilian relief agencies army medical authorities did so after 1879. Army nurses were not prominent public figures; nevertheless, British and foreign war nursing attracted considerable civilian interest, and for some women became a symbol of their right to political participation and equal citizenship. The institution in 1883 of the first national decoration for women, the Royal Red Cross, further legitimated heroism in war as a female ambition. The Royal British Nurses' Association's attempt to form a military nursing reserve indicates that many trained nurses saw war service as conferring the public status necessary to their campaign for state registration. The manpower crisis of the Boer War 1899 - 1902 convinced officials that army hospitals required more female personnel; the success of subsequent drives to recruit trained nurses and voluntary first-aiders as military reserve nurses and auxiliaries on the eve of World War I owed much to interests, enthusiasms and ambitions generated among women in the nineteenth century. The early history of British female army nursing demonstrates the influence of civilian expectations upon military institutions; developments at the turn of the century suggest that it was through military nursing that civilian women were militarised.
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Bibliography:
1. Archives.
2. Official Army publications.
4. Other official publications.
5. Reports, etc., of Societies.
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Maps and illustrations accompanying the text:
The Crimean Theatre (two maps) facing pp. 25 and 26.
'Donna Quixote' facing p. 236.
Material previously published by the author which is included in this thesis

pp. 35-7, 40-5, 54-63 have been published in a slightly altered form as 'Pride and Prejudice: Ladies and Nurses in the Crimean War' in History Workshop Journal 16, Autumn 1983, pp. 33-56.

Passages from pp. 225 and 257, and footnotes 130 and 131 on p. 264 have been published in an expanded form as 'Images of the Nineteenth Century Nurse', in History Today December 1984, pp. 40-42.

Chapter IV has been published in abbreviated form as 'Just what did the nurse do?' in Nursing Times 27.3.1985, pp. 43-45.

Reference is also made in the thesis to three articles published before the research for the thesis was undertaken:

'Militarism in Britain before the Great War' History Workshop Journal 2, Autumn 1976, pp. 104-23.


ABBREVIATIONS

A.H.C. Army Hospital Corps
A.M.D. Army Medical Department.
A.M.S. Army Medical Services.
A.N.S. Army Nursing Service.
BL.Add.MSS. British Library Additional Manuscripts.
B.P. Burke's Peerage
B.R.C.S. British Red Cross Society.
F.A.N.Y. First Aid Nursing Yeomanry.
I.A.N.S. Indian Army Nursing Service.
I.O.R. India Office Records.
I.W.M. Imperial War Museum.
m.o. Medical Officer.
M.R. Muniment Room, Royal Army Medical Corps Library.
N.L.O.W.S. National League for Opposing Women's Suffrage.
P.P. Parliamentary Papers.
Q.A.I.M.N.S. Queen Alexandra's Imperial Military Nursing Service.
Q.A.R.A.N.C. Queen Alexandra's Royal Army Nursing Corps.
R.A.M.C. Royal Army Medical Corps.
S.J.A.A. St. John's Ambulance Association.
S.J.A.B. St. John's Ambulance Brigade.
T.F.N.S. Territorial Force Nursing Service.
V.A.D. Voluntary Aid Detachment.
W.S.P.U. Women's Social and Political Union.
W.S.W.C.C. Women's Sick and Wounded Convoy Corps.
W.V.M.S.C. Women's Volunteer Medical Staff Corps.
W.W.W. Who Was Who.
INTRODUCTION

The subject of this thesis is the nursing of soldiers by British women, in peace and war, between 1854 and 1914. The topic embraces both British army nursing by women officially paid and authorised for this purpose, and the volunteer nursing by British women of sick and wounded soldiers of other national armies. The thesis deals with military nursing as a regular career for a restricted number of women, and as a focus for the ambitions of many others. It does not cover either nursing in the navy¹ or among army wives and children²; nor does it attempt to deal with the many cases of individual women who, having come to the war zone in some other capacity, found themselves having to act as nurses, except where their actions were a significant inspiration to other women to take up military nursing in earnest.

For most of the sixty years under discussion, British military nursing was a predominantly masculine occupation. The number of female nurses in the army hospital service rose with extreme slowness from half a dozen in 1861 to just under a hundred on the eve of the Boer War of 1899-1902. The popular assumption that Florence Nightingale effected a transformation of the military nursing system shortly after the Crimean War, replacing drunken soldiers, their wives, and their camp followers with efficient women nurses trained by her to high professional standards, is wholly incorrect. The typical military nurse throughout the nineteenth century was a uniformed male ward orderly, subject to military routines and military discipline. Only the manpower crisis of the Boer War dictated a change in official policy and a greater 'feminisation' of military nursing work. A study of the obstacles to the introduction of female nurses into army hospitals, and of the terms on which they were ultimately accepted, sheds considerable light on the changing social position of women in nineteenth century Britain, and on the difficulties and limitations of
their transition from the female domestic sphere to the male public arena.

The secondary literature on British military nursing before 1914 is extremely scanty. This is in part explained by the relative inaccessibility of sources, described in the second half of this introduction. It is also due to a somewhat obsessive literary and historiographical concentration on the career of Florence Nightingale, amounting almost to a 'cult of personality', which takes too many of her successes for granted. Military nursing has, so to speak, been relegated to a footnote in Nightingale history. Once the subject is retrieved and examined on its own merits, however, it furnishes an important and revisionist contribution to the history of nursing, as well as a valuable case-study of the changing relations between the sexes; and, perhaps most interesting of all, it offers an insight into the growing identification of women, a social and political sub-group, with the world-political aims of a modern state.

This thesis is concerned not only with relations between women and men in the period 1854-1914, but also with those between civilians and military institutions. When the Napoleonic Wars ended in 1815, the British armed forces were essentially remote from the mainstream of civilian society, which paid for their services through taxation and did not regard taking up arms as a personal obligation of citizenship. A century later, Britain mobilised one and a quarter million soldiers on the basis of voluntary enlistment only, the sole World War I belligerent to do so. Conscription was not imposed until 1916. This history of military nursing is in part an attempt to understand the changes which made this unique mobilisation possible. Women have always been the quintessential civilians, and a study of their incorporation in the army does much to illuminate the process by which civilian society became 'militarised'. This process is also discussed with reference to developments in other European states in these years.
At the beginning of our period, however, in Britain at least, the boot was firmly on the other foot. The creation of a female nursing service was one of several measures— which included church missions, greater attention to the family life of soldiers, and the provisions of temperance canteens and healthy recreational facilities—by which middle-class British society attempted to 'civilianise' the army, to transform it in its own image, or at least to make it a less disreputable and alien body. It was not an Army Medical Department initiative to bring female nurses into military hospitals during and after the Crimean War. The measure was called for by individuals associated with the movement to reform civilian hospital nursing launched in the previous decade: a movement which in Florence Nightingale's case was inspired by secular, public health considerations, but which was also inspired by the High Church party of the Church of England and the nursing sisterhoods it helped to found. Military medical officers certainly called for reforms within the army hospital system after 1854, but their chief preoccupations were with their own lack of combatant status and power to command, and with the need for a trained and permanent staff of male ward orderlies. They did not regard female nurses as a remedy for their difficulties: their introduction would be symbolic of outside interference in 'their' hospitals, thus undermining their prestige; and practical problems were anticipated in applying military discipline and preserving the sexual proprieties.

Obstacles to the acceptance of female nurses were further exacerbated by the insistence of Florence Nightingale and her associates that the nurses should exercise a predominantly supervisory function. The women of the Army Nursing Service were always to be 'sisters', not mere 'nurses'. This policy was adopted on the assumption, often quite unfounded, that the civilian female nurses' training would always be superior to that of the male ward staff. The policy also dictated, at least in principle, the recruitment of women entitled to be regarded as 'ladies'—or at least
regarded as belonging to a higher social class than their patients and male
nursing colleagues. Only such appointments could make it possible for
female staff to reverse normal social expectations by giving orders to men.

The appointment of 'ladies' was also predicated on the assumption that
improper sexual relations would be unlikely to develop between them and men
of a lower social class. Fears of sexual misconduct further dictated
strict limits being placed on the sisters' performance of night duty, and
on their dealings with convalescents, and in the outright ban placed on
their entry into venereas wards. As venereal cases constituted an enormous
proportion of all soldiers brought into military hospitals, many medical
officers could with justice feel that a female nursing service was more of
a luxury than a necessity.

Despite these objections, female nurses had by 1870 achieved a limited
degree of acceptance. They offered at least the hope of a permanent
nursing corps, not liable to be whisked away for combatant duties at little
notice; and successive amendments to the army medical regulations,
culminating in the revised regulations of 1885, eroded the controversial
separate status within the military hospitals, and the 'parallel power' of
their lady superintendents, upon which Florence Nightingale and Jane Shaw
Stewart had insisted. Nevertheless, they continued to be regarded by many
medical officers as an inappropriate transplant from the civilian world;
and the Army Medical Department failed to include female nurses in its
plans to put the medical establishment on a war footing. However, here
again the power of civilian opinion was to prove difficult to resist. The
rise of the international Red Cross movement, and the growth of voluntary
medical aid societies on the Continent during the German and Italian wars
of unification, exercised a strong influence on political sympathisers and
charitable groups in Britain. This helped to keep alive the 'Crimean
spirit' which sought to assist British sick and wounded soldiers in time of
war. Thus in 1879 regular army sisters were for the first time despatched
to the scene of a foreign engagement - the Zulu war - in order that the Army Medical Department might not be publicly upstaged by the efforts of a charitable agency, the Stafford House Committee.

It was only after the Boer War that the female military nursing establishment was expanded to several hundred, with the formation of Queen Alexandra's Imperial Military Nursing Service, and it became axiomatic that female nurses would be employed in time of war. The primary impulse behind this move was an intensified preoccupation with the numbers of able-bodied men available to serve in the army. To a lesser extent the change represented the army's willingness to accommodate civilian standards of medical care. Leading military medical officers began to acknowledge that the military hospital system was not adequately equipped to deal with epidemics of serious disease in the field. It was recognised that the manpower requirements of future wars would involve supplementing regular soldiers with large numbers of civilian 'irregulars' enlisted on a voluntary basis, who would expect a high standard of medical provision. But the military priority of maintaining troops in good health, and repairing the damage of battle and disease as efficiently and speedily as possible, was the overriding preoccupation. The greater role allowed to female nurses in war planning after 1902 certainly owed little or nothing to any changing perceptions of women's ability to cope with the rigours of nursing during military campaigns - to which generous tribute had been paid from the Crimean War onwards - nor to any recognition of the effect on women's lives of the expansion of women's education (including physical education) since the 1870s, the growth of new opportunities for employment, and the emergence of widespread debate on the social and political inequalities existing between the sexes.

This thesis is concerned with the attitude of military institutions and voluntary agencies to the employment of women as military nurses, but it is equally concerned with the attitudes of women to the opportunities
such work offered them. Neither the Army Medical Department nor the Red Cross considered itself to have been forwarding the cause of women's emancipation, the relaxation of barriers between the sexes, or the greater involvement of women in public life: but Florence Nightingale and Jane Shaw Stewart in the 1850s and 60s saw themselves as opening up new economic, personal and even spiritual avenues for women of all social backgrounds; and in the 1870s and 80s many women saw war nursing as an opportunity for personal adventure and public distinction, as well as a practical means of showing sympathy in a foreign political cause. At the turn of the century, organisations concerned to raise the professional standard of nursing seized on army nursing as proof of their own importance to the state, and campaigned for a greater role for female nurses both in time of war and in the military general hospitals in peacetime. In the five years before the outbreak of World War I, independent groups of women, and those organised in official Voluntary Aid Detachments, clamoured for the chance to participate in the military-medical organisation of the nation. Male military and military-medical authorities may have viewed the increased employment of female nurses in strictly utilitarian terms. Nevertheless, the growth of military nursing as work for women played a significant part in the social and political changes which were taking place in civilian women's lives in this period. The complex relationship between war, war nursing, and women's emancipation receives particular consideration in Chapter X and in the conclusion.

Sources

The official sources on British military nursing reflect the fact that for most of this period regular army nurses were 'in but not of' the army. Central government relied heavily on voluntary agencies for the provision of extra female nurses in time of war, and kept very little record of their
proceedings. Series of official primary sources are, in fact, disappointingly meagre. The War Office holdings include two files and a scattering of general correspondence on the Crimean nursing expedition, and reports of inquiries held on the Army Nursing Service in 1868, 1893 and 1902. The first of these reports was on the problems of the nursing system under the superintendence of Jane Shaw Stewart, and all official documents with a bearing on the case, other than the report itself, appear to have been destroyed. In the indexes to correspondence, W.O. 139/2 and 139/7, it is stated that three files were destroyed between February and April 1901, for undisclosed reasons. The guide to War Office records published in 1931 lists two further files on the Shaw Stewart period in the W.O. 32 class which have completely disappeared since this class was reorganised, although there is no written evidence that they have been destroyed.

Two War Office files contain nominal and seniority rolls for the Army Nursing Service before and after 1902. The pre-1902 file gives the date but only very occasionally the place of birth of individual nurses, and contains no information on education, training, previous occupation or father's occupation. It also contains annual summaries of quarterly reports (since destroyed) made on the conduct of each nurse, with remarks on her fitness for promotion. The main purpose of these records was to establish eligibility for pensions. Since most nurses in the nineteenth century stayed less than three years in the service, the file necessarily covers only a minority of entrants. The file on the post-1902 entry does give details on education, training and father's occupation, and records details of promotion, but does not contain comments on individual conduct. The Paymaster-General's files on nurses' pensions add very little to the information in the nominal and seniority rolls.

After 1902 an Army Nursing Board was set up to deal on a regular basis with the structure and conditions of service of the Q.A.I.M.N.S; a similar board was set up after 1908 for the Territorial Force Nursing Service.
Neither of these bodies has left records in official repositories. No records were kept centrally of either the T.F.N.S., or the Voluntary Aid Detachments established after 1909. Both bodies were administered locally through County Associations and together made up the largest organisation of war nursing staff in the period covered by this thesis.

Light is thrown on the workings of the Army Nursing Service by several classes of War Office documents dealing with army hospital administration, the ambulance service, and the male nursing staff, known successively as the Medical Staff Corps, Army Hospital Corps, and Royal Army Medical Corps in this period. Printed regulations for both the male and female nursing services are also a valuable source, as are the reports of parliamentary inquiries made into the military hospital system in peace and war after the Crimean War, the campaign in Egypt of 1882-3, and the Boer War.

No series of documents on nursing appears to have been retained by the Army Medical Department, the A.N.S., the Q.A.I.M.N.S., or the military general hospitals. Senior medical officers took much of their official correspondence away with them on retirement. As Surgeon-General Munro wrote proudly in 1887: 'I have in my possession every letter that the Director-General wrote to me, in which there is any reference to duty'.4 It was through private channels that papers such as those of Inspector-General John Hall and Professor Thomas Longmore were deposited at the Muniment Room of the R.A.M.C. Library at Millbank, London. (This collection has now been transferred to the R.A.M.C. Museum at Aldershot). Many collections remain in private hands, or are lost.5 Neither the R.A.M.C., the Ministry of Defence, nor Queen Alexandra's Royal Army Nursing Corps possesses any collection of official unpublished records dealing with military nursing. The Royal Herbert Hospital, Woolwich, still in use as a military hospital, has no records other than those of currently serving nurses. The army withdrew from the Royal Victoria Hospital, Netley in 1966, and the whereabouts of its records are unknown. In 1950 the
Commandant at Netley wrote to the biographer of Sir Almroth Wright that 'all our records seem to have disappeared'.

The paucity of official documents is to a considerable extent offset by the holdings of private individuals and organisations. In addition to furnishing material valuable in itself for what it reveals of civilian attitudes to war and war nursing, these sources often contain official records and information on official decision-making. Thus some deficiencies in government records on the Army Nursing Service 1854-1885 can be made good by reference to Florence Nightingale's correspondence, and to the correspondence of the Nightingale Training School at St. Thomas's Hospital, London. The papers of Sir Robert Loyd-Lindsay (later Lord Wantage), who was an M.P., Financial Secretary to the War Office, and first president of the National Society for Aid to the Sick and Wounded in War (later the British Red Cross Society) are an indispensable source on the scheme by which the army accepted sponsored nurses for training at Netley between 1881 and 1885, and sponsored nurses to accompany the British military expeditions to Egypt and the Sudan between 1882 and 1887. Both the British Red Cross Society and the St. John's Ambulance Association were involved in the organisation of voluntary medical and nursing aid during the Boer War, and published detailed reports on their work. The two organisations were also involved in the administration of the V.A.D. scheme between 1909 and 1919: their files contain records of War Office decisions, and texts of War Office and Army Medical Department circulars to the County Associations, which are not easily located elsewhere. Another non-official source, which throws much light on the period 1906 - 1914, is the correspondence of Elizabeth Haldane, whose brother was Secretary of State for War 1906 - 1912. She sat on the Nursing Board of the T.F.N.S., and was the confidante of the Director-General of Army Medical Services and of the Matron-in-Chief, Q.A.I.M.N.S. The texts of several official Army Medical Department proposals are to be found in her papers, and her daily
correspondence with her mother reveals details of the activities of the Nursing Board, and of spontaneous movements to set up voluntary aid detachments in advance of government initiatives.

The Royal Archive at Windsor Castle constitutes one possible source on army nursing which could perhaps be classified as simultaneously official and non-official. Princess Christian and Queen Alexandra were both actively involved in nursing affairs. Princess Christian became president of the Royal British Nurses' Association, in which capacity she helped to form the first official army nursing reserve in 1897. Her sister-in-law while Princess of Wales personally sponsored military nurses in Egypt and South Africa; subsequently she became patron of the Q.A.I.M.N.S., the Q.A.I.M.N.S. for India, and the Q.A.I.M.N.S. Reserve, and president of the Nursing Boards of the Q.A.I.M.N.S. and the T.F.N.S. The correspondence of both these royal ladies might be expected to provide valuable information on military nursing 1885-1914; unfortunately, researchers working for degrees are debarred from access to these records.

Finally, as is apparent throughout the thesis, documentary sources can be supplemented to a considerable extent by printed memoirs and periodical literature. The period covered includes a number of wars: and these have the great advantage for the historian of producing published memoirs and rapportage from individuals who might not ever have put pen to paper in other circumstances, and who did so in sufficient numbers to make the comparison of different accounts a possibility. Equally important for the historian is the fact that by the late 1880s the nursing community was generating the readership for several periodicals, chief among which were the 'Nursing Mirror' section of The Hospital and the Nursing Record (continued as the British Journal of Nursing.) Both publications appeared weekly, and are a copious source on individual biographies, conditions of work, and the controversy over the proposal for state registration of nurses, to which the 'Nursing Mirror' was opposed. The differing
'politics' of these journals make each a useful 'control' on information supplied by the other. Above all, however, they provide, through editorial comment, and articles and letters contributed by nurses, an unparalleled insight into the large and small issues of the nursing world, allowing the reader to take note of individual voices as well as collective movements. They also show how wide were the interests and aspirations of British nurses at the turn of the century; articles on medicine and hospital care lie alongside features on literature, social and public health issues, the contemporary women's movement, and foreign travel and adventure. No other women's publications in this period - certainly not the weeklies produced by the suffrage movement - offer so much evidence of broad-mindedness, optimism, and practicality. This writer can only feel grateful for the opportunity of making the acquaintance of so lively-minded and courageous a body of women.
1. On naval medicine and nursing in this period, see C. Lloyd and J.L.S. Coulter, *Medicine and the Navy 1200 - 1900* (Edinburgh and London 1963) Vol. IV, and M.L. Hughes, 'The Naval Nursing Service', *Journal of the Royal Naval Medical Service* 8, 1922, pp. 182-90. An official history of the naval nursing service has recently been commissioned. The lack of contact between the army and navy medical services in this period is a subject worthy of study in itself.

2. This subject is partially covered in M. Trustram, *Women of the Regiment* (Cambridge 1984), and in the same author's 'Marriage and the Victorian Army at Home: the Regulation of Soldiers' relations with women, and the treatment of Soldiers' Wives', unpublished D. Phil, Bristol University 1981.

3. I. Hay, *One Hundred Years of Army Nursing* (London 1953) and J. Piggot, *Q.A.R.A.N.C.* (London 1975), contain only a few pages of information on nineteenth century military nursing, most of which is inaccurate.


6. MR Docs 1091, Major Rundle's Collection on Netley, Col J. Hyatt to L. Colebrook 26.5.50.
The Crimean War of 1854-6 is rightly regarded as a watershed in the history of British hospital nursing, both military and civilian. Press coverage of the inadequate treatment afforded to sick and wounded soldiers drew attention to the deficiencies of the army hospital system; and the role played by the female nurses under the official leadership of Florence Nightingale launched the latter's career in the reform of nursing and public health. It would nevertheless be wrong to imagine that nursing reform attracted neither individual pioneers nor general public interest before 1854. As is so often the case with distinguished careers, Florence Nightingale's achievements were made possible by the prior initiatives of others. The early decades of the nineteenth century were marked by a wide variety of medical, religious and philanthropic movements in fields related to the care of the sick in England and Wales. These generated support essential to the project of re-defining, and devising suitable training for, the function of sick-nursing; and in the 1840s, women of the middle and upper classes began to make a distinctive contribution to this work.

A number of meanings attached to the word 'nurse' in mid-nineteenth century. Her (and very occasionally his) work was not exclusively defined as taking place within a public institution. To nurse still meant to suckle a baby. The nursemaid or nurse was often a domestic servant whose sole or principal occupation was the care of small children - an occupation later entitled 'nanny'. In most households, the care of the sick was the province of a female relative, or of a specially engaged private nurse, whose work was something of a specialised form of domestic service. Only the very poor encountered the nurse as a hospital employee; and even they went into hospital in small numbers, and on a very selective basis. Within the hospital, the line drawn between the medical and domestic
aspects of the nursing function was not often a clear one. A matron was appointed chiefly as a housekeeper; and the daily work of a ward would often require a woman to cook, scrub floors, empty chamber pots and perform all the 'usual duties of a housemaid' in addition to giving her patients medicine and making and applying their poultices. ¹

The movement to create a specialised function of sick nursing, which was largely divorced from domestic work and management, almost certainly originated in the hospitals erected and maintained by voluntary charitable subscription in London and the main provincial centres in the eighteenth and early nineteenth centuries. It has been suggested that with the development of more ambitious and specialised surgical and medical treatment in this period, and the expansion of the teaching function of hospitals, surgeons and physicians became more interested in the results of hospital treatment, and therefore began to look for more reliable auxiliaries in the wards. A constant watch over patients, and the accurate distribution of medicines and application of external remedies, were necessary if the efficacy of new forms of treatment were to be tested. ² Writing in 1857, J.F. South, the senior surgeon at St. Thomas's Hospital, London, maintained that 'only those who have operated much know how greatly the success of operations depends on good nursing', and particularly commended Mrs. Roberts, an experienced St. Thomas's nurse who went to the Crimea, for her skill in the treatment of accident victims, and of patients who had been operated on for the stone. ³

South described a nursing system at St. Thomas's of some twenty years' standing, which divided the nursing staff into two distinct grades. Domestic duties were performed by the lower, referred to as nurse or ward-maid; the duties of the higher grade, known as head nurse or sister, were to supervise the nurses' domestic work and simple attentions to the sick, and to nurse personally the more serious cases in the ward. ⁴ This two-grade system was said to be the norm in the London hospitals in
mid-century; it was also widespread in the provinces, as the letters of application for nursing posts in the Crimea, which poured in from all over
Britain, make clear.\textsuperscript{5} In some cases, doctors pressed for a better class of under nurse, and more reliable night nursing, rather than place their trust in the two-grade system as such. There were also hospitals where certain skilled nursing functions were performed by male medical students, or the incumbents of junior medical posts known as dressers or clinical clerks, rather than by female nurses.\textsuperscript{6}

Voluntary hospitals were not, of course, the only agencies providing care for the sick poor in the first half of the nineteenth century. The public authorities were responsible for a medical relief system under the terms of the Poor Law.\textsuperscript{7} In many cases treatment was not institutional, but came under the heading of 'outdoor relief': the poor received medical attention in their own homes. For those whose condition required 'indoor relief', both before and after the Poor Law Amendment Act of 1834, a variety of institutional facilities was available. Patients might be sent into voluntary hospitals, where these were geographically accessible. If they lived in the remoter rural areas, or if their condition came into one of the many categories refused admission to the voluntary hospitals - cancer, scurvy, consumption and smallpox, for example, might all be excluded - they had to receive treatment in their local workhouses.\textsuperscript{8} In some areas this was provided to a high standard: some Norfolk 'houses of industry' set up dispensaries, employed surgeons and midwives, and established separate wards for surgical and mental patients as well as separate wards or 'pest houses' for smallpox or other infectious diseases. After the 1808 County Asylums Act, special provision was made in many counties for pauper lunatics.\textsuperscript{9} In many places, however, overcrowding was rife, and there was very little classification and segregation of cases. Bad conditions were aggravated after the passing of the 1834 Act, which was not originally intended to apply to the sick: it attempted to abolish the
practice of paying subsidies to the destitute in their own homes, and to demonstrate that incarceration in the workhouse was the punitive condition on which relief payments could be made to the able-bodied poor. The institutional needs of the sick poor were not officially recognised until legislation in 1842 and 1847 sanctioned medical provision as an integral part of the new Poor Law System.10

In very few instances were the men and women who staffed the Poor Law sick bays and infirmaries expected to have any special qualification in caring for the sick; and in the County Asylums, the overwhelming trend was to rely on the physical restraint of lunatic patients, rather than to develop the intensive nursing skills appropriate to their condition.11 It was in the voluntary hospitals - to which many Poor Law patients continued to be sent - that the nursing function was evolving, and standards being set against which all institutional nursing would eventually be measured. In the 1840s many workhouse and asylum scandals and tragedies came to light; these heightened the concern of a middle-class and professional public which was already exercised on a number of public health issues. The decades of industrialisation and urbanisation had been conducive to a high level of incidence of typhus and consumption amongst the poorer classes. Periodic outbreaks of infectious disease such as smallpox had caused much alarm; Asiatic cholera had made its first appearance in 1831. Some medical observers and enthusiasts for sanitary reform in this period saw Poor Law medical provision less as a source of relief than as a simultaneous symptom and cause of the breakdown in public health. The poor were thought to fall victim to disease because of the insanitary condition of their dwellings, especially in towns, although rural conditions were equally grim; and conditions in workhouses were thought to ensure the persistence and spread of infection.12

It is an interesting index of the new medical value being placed upon sick-nursing in this period that by 1849
we actually find that it is already the custom in many workhouses to permit such of the inmates as have proved themselves to be trustworthy, to go as nurses to the neighbouring poor in cases of sickness.

The quotation is from the physician Edward Sieveking's *The Training Institutions for Nurses, and the Workhouses: an attempt to solve one of the social problems of the present day*. An expedient whereby many a Poor Law medical officer must have attempted to relieve some of the pressure on his working time and infirmary resources was seen by Sieveking as the germ of a scheme to save families from 'ruin and degradation', whose implementation would promote 'communion in spirit' between the different ranks of society. He also pointed out that it was in the medical interests of the rich to deal with sources of infection in the homes of the poor. 13 His plan to establish a workhouse visiting society, one of whose functions should be to give nursing training to the female inmates of workhouses, was further elaborated in 1854, when he formed a Nursing Scheme sub-committee of the Epidemiological Society. The scheme envisaged the Poor Law infirmaries becoming centres of training for 'outdoor' nurses. Pauper women were initially to be instructed in the preparation of sick-room diets and other domestic skills, but they were to receive ward training also. As a practical project, the scheme was doomed from the start by the multiple inadequacies of workhouse personnel in the 1850s; 14 it was not until major initiatives had been taken in the field of hospital nursing training that the reform of workhouse nursing could become a serious possibility.

Very little information exists on the 'pre-Nightingale' nurse. Impressions based on Dickens' fictional creation, Sarah Gamp, are not reliable; it is unlikely that the majority of women who made a living by caring for the sick were exceptionally drunken and dissolute characters. Elizabeth Davis, who was nearly sixty years old when engaged for the Crimean, was a perfectly respectable woman, the daughter of a celebrated Welsh dissenting preacher, who had supported herself by turns as domestic servant, hospital nurse and private nurse. 15

References supplied for
other nurses hoping to go to the east in 1854 and 1855 indicate that over the previous ten years many had moved between workhouse, voluntary hospital, asylum and private nursing; the same nurse might spend as much as three years or as little as three months in a situation. South thought that ward-maids were, 'like many household servants, fond of change'; and the turnover rate among the lower grade of nurses was no giddier than that among their counterparts in domestic service. Nurses may, however, have had a special kind of market value, arising from their willingness to perform extremely objectionable tasks; and on this account they were able, if they wished, to move fairly easily from one post to another.

According to South, it was at one period possible for a London hospital nurse to earn promotion to the grade of sister over time, but this practice had ceased by the 1850s. Sisters in St. Thomas's were specially recruited: they were women of about thirty who were taken on as supernumeraries in the matron's office. Their turnover rate was not high; and here, too, there was a parallel with domestic service where, in London at least, the higher grade of household servant stayed longer in post than the lower, and was usually separately recruited. Head servants in gentlemen's families, and respectable widows in reduced circumstances, were thought the most suitable candidates for sisters' posts. This picture of separate patterns of recruitment is confirmed by some of the records of the applications of 1854-5. C. Grieg, a surgeon of Clifton, near Bristol, engaged and brought a number of nurses to London whom he categorised as 'upper' or 'under' nurses, not according to age and hospital experience, but according to such qualities as 'intelligence and respectability'. If the two-grade system was not universal in voluntary hospitals - and it certainly did not apply within the wards of the workhouse infirmary - the superior grade of nurse would not have been an extensive species. To increase the supply of such nurses became the preoccupation of an important group of nursing reformers from the mid-1840s onwards.
In order to trace the origins and development of this strand of the nursing reform movement, it is necessary to leave the spheres of medical science and public health, and to focus on those of philanthropy and religion. The processes of industrialisation and urbanisation in early nineteenth century Britain gave rise, as is well documented, to much social distress and dislocation; but within the classes which profited from economic change, there were many groups and individuals who worked to relieve the poverty of those whose livelihoods had been destroyed. Their charitable impulses were often mingled with fears that the growing social and physical distance between the 'two nations' might foster political disturbance and even revolution; philanthropy was a mechanism of conciliation and communication. It was also a medium for the teaching of Christianity. The migration of agricultural workers to the newly expanding conurbations put them largely beyond the reach of the Anglican parish organisation; and within all sections of the church in Britain there was a growing sense of the need for internal missionary work. Many denominations undertook the relief of sickness among the poor, by forming religious institutions specifically devoted to that purpose. Not only was this a service which could not be criticised (as much charity was) for encouraging improvidence and laziness in the able-bodied pauper, but it was also one which appeared to go to the heart of the Christian purpose. The state of medicine was not such that the sufferer could be assured of recovery from infection: the sickbed was therefore the place where the soul might at the last be brought to recognise the necessity and the source of salvation, and be rescued from the pains of hell. The care of the body was not ignored, but its spiritual importance lay in facilitating the cure of the soul.

The sick poor were for the most part visited in their homes by these missionaries; but those of them who were admitted to hospital suggested an even more fruitful field for their labours. 'An excellent clergyman, who
was for some years chaplain to one of the great London hospitals' extolled the advantages of a captive audience:21

... In the visits paid by the parochial minister to the poor of his flock, he is often embarrassed by the inconvenience of the humble dwelling in which the sick man lies. The necessary arrangements of the family, the noise of the children, and interruptions from other causes, frequently distract the attention, and interfere with the solemnity of the occasion. In the Hospital, all these inconveniences are obviated. There the sick are in quiet and comfortable wards; the heart is already in some measure softened by the kindness received, and the mind is prepared to attend to the great concerns of eternity. What an opportunity for winning their souls to the Saviour!

In the best-regulated parish there are many persons almost removed by circumstances from the happy influence of pastoral visitation. There are the young apprentices, the servants of careless families, the various classes of humble mechanics and artisans, who are not to be found at their own homes during the week, and who too frequently absent themselves from the house of God on the Sabbath. These are brought by sickness, or by casualty, to the Hospital; and experience has proved that many of them have left it, no more to return to the broad run of sin and folly, but to walk in the narrow way that leadeth unto life...

...the minister of a parish ... longs to conduct the thoughtless and the giddy, for one brief hour, to the house of mourning. He would gladly carry the youth, to whom sin is presenting its allurements, to the wretched chamber where its consequences are displayed in the most loathsome aspect. In the ward of the hospital this great practical benefit is not unfrequently attained. There the remorse and despair of the hardened offender speak far more powerfully to the consciences of those around them, than the most pointed address can do. There, scenes of an opposite character leave a sacred impression, and have often drawn from the once careless and unconcerned the heartfelt prayer, 'May I die the death of the righteous, and may my last end be like his!'

The first specifically religious mission to the sick poor in Britain was a Catholic initiative. Between 1827 and 1831 Catherine McAuley founded an institution dedicated to the 'service of the poor, sick, and ignorant' in Dublin; in 1839, after nine more convents of her order had
been established in Ireland, the first English convent of the Sisters of Mercy was established in Bermondsey, London.22 A year later, at the other end of the church spectrum, the Quaker philanthropist Elizabeth Fry founded a Protestant, non-denominational 'Institution for Nursing Sisters' at Devonshire Square, London; its members, although not an 'order' in any formal sense, were sometimes referred to as Sisters of Charity. The inspiration for this Institution had been the nursing work of the Church Order of Deaconesses at Kaiserswerth in Germany, which Mrs. Fry had observed in the spring of 1840. Pastor Fliedner had revived this ancient form of church organisation for women in 1836, having himself been inspired by the example of Mrs. Fry's prison visiting work.23 Soon after this, the High Church party in the Church of England began to establish charitable sisterhoods. The Sisterhood of the Holy Cross was set up under the influence and guidance of the Rev. Pusey in 1845, and the Sisterhood of Mercy of Devonport and Plymouth was established by Pusey's friend Priscilla Lydia Sellon in 1848. Members of both orders nursed in the homes of the poor in the Plymouth cholera outbreaks of 1848, 1849 and 1853, and they merged into a single order in 1856.24 Finally, in 1848, the St. John's House Training Institution for Nurses was founded by a High Church group including such dignitaries as the Bishop of London, the Rev. F.D. Maurice, and W.E. Gladstone M.P. This was the first sisterhood within the Church of England to be designed exclusively as a nursing order.25

Like other foundations of this period, St. John's house was initially established to provide home nursing for the sick of all classes; but unlike them, it was also seen as a potential vehicle for the reform of hospital nursing.26 It was to achieve this by providing a better quality nurse for hospital work. Spiritual rather than medical improvement was the goal: the issue was not simply one of replacing drunks and drabs with competent cooks, cleaners and poulticers, but of steering patients towards salvation, and improving the general moral tone of the wards. Since it
was impossible to dispense with the purely practical side of ward work, the two-grade system of nursing was seen as essential, and invested with a greater significance than hitherto, since only head nurses or sisters could be expected to have time for pastoral duties. The constitution of St. John's House faithfully reflected this philosophy of Marthas and Marys. Members, who wore uniform but did not take religious vows, were divided into three distinct groups. Probationers and nurses received wages, and were trained for private and hospital work; they were also required to 'assist in such domestic duties of the house as may be assigned to them'. Sisters, who accepted no salary, and paid for their own board and lodging, trained and supervised the probationers, and visited the sick and aged poor in their homes. There was also a class of Associate Sisters, whose home ties did not permit residence, but who supported the work of the House generally. 27 A very determined confusion of the notions of social and spiritual superiority was in operation here. Women of means were automatically assumed to be more spiritually endowed than working women, and were also deemed qualified to instruct the latter in the proper duties of a hospital and private nurse, without themselves having to undergo any practical probation.

It is worth asking — as Florence Nightingale was to ask, in exasperation, many times in the 1850s and 1860s — why a group of women of independent income and religious inclination, but without formal training of any kind, should have been considered competent to perform these functions. 28 The answer lies at least in part in the side-effects of the industrial revolution, which produced leafy suburbs and comfortable middle-class households as well as satanic mills; and which increased the number of female domestic servants and of their leisured female employers, as well as giving birth to an industrial working class. Much has been written of the middle-class cult of domesticity in this period, and of the special role of women within it. The leisured woman, who neither accepted
nor was educated for paid employment, was an important symbol of new-found economic and social status; her confinement to family responsibilities was invested with a higher significance by the Evangelical movement within the Church of England, which stressed the value of family worship and religious teaching within the home. Women were seen as the guardians of spiritual standards which were to inform the actions of their male relatives in politics and the marketplace; they themselves were also seen as potential carriers of those standards beyond the confines of the household. In particular, their relations with their servants were seen as models for the extension of middle-class influence on society at large. Within their homes, 'ladies' were supposed to exercise moral supervision over 'women' and girls of the lower classes, teaching them cleanliness and discipline, and respect for their employers' way of life. Many of the reforming clergy thought that this experience of household management qualified ladies to exercise a beneficent influence over the homes of the poor, and over the inmates of public institutions such as prisons, workhouses and hospitals.

In 1852, the Rev. Butler, chaplain of the Anglican Sisterhood of St. Mary's, Wantage, which had charge of a house for penitents (former prostitutes), insisted that 'the discipline, so necessary to aid the work of the Chaplain in their repentance, must be carried out by those who can unite firmness with gentleness...' Such qualities were 'hardly to be found, except in those of gentle birth and education.' In 1855 the Rev. J.S. Brewer enthused:

If then it were possible, in this or in the great manufacturing towns of this country, for the ladies of England to extend that influence over all classes of the poor which, for the great good of this country, they are extending over one large portion of the classes below them, I really believe the blessing to this nation would be inestimable.

Underlying each of these statements was the paradigm of the mistress–servant relationship. The paradigm applied to hospital nursing,
with its heavy domestic component, more than to almost any other sphere of public and philanthropic work. The comparison between the work of nurses, under-nurses or ward-maids and that of ordinary housemaids was obvious; and the work of the sister, head or upper nurse, being still in an early stage of development at many hospitals, could be assimilated to notions of the supervisory mistress of the middle-class household. In this context, the latter's unpaid status indicated, not idleness and amateurism, but the disinterested and spiritual character of her work. The desiderata here were not medical cures, but the tidiness, obedience and religion of the sick poor, and of their humbler nurses; and women of the servant-employing classes, rather than male chaplains or medical officers, were seen as the crucial agents of both social and spiritual transformation.

It is against this background that the special contribution of Florence Nightingale to nursing reform must be evaluated. Her enormous influence on the development of hospital nursing as a profession was due not merely to her distinguished family connections and still more distinguished intellectual gifts, but to the fact that in her person she appeared to unite all the different strands in the movement for reform. She was passionately interested in social statistics of all kind, and was an enthusiast for sanitary reform; and as a follower of Edwin Chadwick and the anti-contagionist theory of disease, she insisted on the primacy of environmental factors in the spread of infection. Through a programme of reading and hospital visits in England and on the Continent, she made herself an expert on the newest theories of hospital management and design. But with all this, she was a refined gentlewoman, who from her seventeenth birthday had felt called to God's service, and who subsequently worked without remuneration.

Florence Nightingale was concerned with nursing as an aid to the prevention and cure of disease, not as a means to save souls. She did not believe that either a genteel pedigree or the desire to offer spiritual
consolation were in themselves qualifications for nursing. Her own religious sense was highly individual and unsectarian: the laws of health were the laws of God; to reveal and follow them was to do his will. Caring for the sick was an act of self-sacrifice and charity which was not to be exploited in any competition between sects or creeds. Her own personal experience of nursing before the Crimean War was relatively slight, consisting of two short stays with Fliedner at Kaiserswerth in 1850 and 1851, and twelve months as lady superintendent of the Institution for Invalid Gentlewomen at Harley Street, London. Nevertheless, she considered herself 'a real Hospital Nurse' in comparison with many other well-meaning women who often had much more practical experience of dealing with the seriously ill, but who lacked her scientific interests and motivation. Being tarred with the same brush as other 'lady philanthropists' infuriated her, even though - perhaps because - it was one of the conditions of her public acceptance and success. The intense rivalries and bitterness which characterised her dealings with other nursing agencies during and immediately after the Crimean War were in large part due to her desire to distance herself from other schools of thought on the future of nursing, and to establish the credentials of her own, as she saw it, secular and scientific approach.

There is no evidence that either Florence Nightingale or any of the other groups - medical, sanitarian or religious - interested in the reform of nursing had considered the army hospital system as a field for their labours before the Crimean War. During the long period of peace which had followed the Congress of Vienna of 1815, the British army had been largely occupied in its colonial garrison functions. It maintained a very separate existence from the mainstream of civilian society; it was not a conscript force, but a paid body recruited through voluntary enlistment. Moreover, the health of the home battalions had not been the source of any major scandal in this period; during the cholera epidemics, indeed, the
sanitary discipline established in barracks was such that mortality had compared very favourably with that among the population at large.\textsuperscript{36}

An unemployed man who took the Queen's shilling at the beginning of 1854 gained access to a far more comprehensive medical organisation than would have been available to him in civilian life. In theory at least, the state could not afford an army of sick soldiers. Each regiment, therefore, had its own medical officer, who officiated at daily sick parades, and attended the men in the regimental hospital. Malingering was as much the object of investigation as illness. For this reason, hospitalisation played a vital, and somewhat punitive, role in the army medical system. It was considered destructive of morale for sick soldiers to remain in barracks; hence the mildest illness or disability which prevented a soldier from carrying out his normal military duties was the occasion for his removal to hospital. If his disease or injury had not been contracted in the course of performing his duties, the bulk of his daily wage was deducted for the duration of his stay. This measure, known as 'hospital stoppage', was directed principally, though not exclusively, at men who had contracted venereal disease: at the beginning of the 19th century, between 20 and 25\% of all military hospital admissions were venereal cases. Within the hospital, the soldier was cared for by ward orderlies seconded from the regiment. These men received no training in nursing, but often acquired some medical knowledge through long service. They undertook cooking and cleaning as well as nursing duties. They may have been clumsy, but they were not unkind to their patients, since the latter were also their regimental comrades. The sick soldier was cared for as well as his civilian counterpart in many voluntary hospitals, and infinitely better than the pitiable inmates of most workhouse infirmaries.\textsuperscript{37}

The defects which undoubtedly did exist within the army medical system bore very little relation to the calibre of hospital staff; they were, moreover, not easily visible in peacetime. As in the army as a whole, a
centralised form of organisation was very little developed. The decentralised, regimental system was well suited to minor skirmishes and essentially policing duties in far-flung imperial stations; but it did not fit either the combatant or the medical wings of the army for the demands of a major military engagement. In 1853, one year before the Crimean War, the British army held its first ever peacetime camp of exercise. Brigades of infantry and cavalry combined for training with battalions of artillery and engineers: an enormous innovation, which came in belated recognition of the need for greater co-ordination of resources and planning in order to bring British military organisation up to a level with that of the Continental powers. By this date Dr. Andrew Smith, Director-General of the Army Medical Department, had begun to argue, against fierce resistance from the regimental medical officers, for a reduction in their number, and a corresponding increase in the central medical staff branch, which was attached directly to the Department, and to its general hospitals.

Because the vast majority of medical officers were attached to the regimental branch, they dealt with limited numbers and classes of cases — perhaps no more than thirty patients at any one time — and had little opportunity to gain wider professional experience. There were only three military general hospitals, situated at Chatham, Dublin and Cork; they held two or three hundred patients suffering from serious disease or injury, or needing long-term care. The medical staff of these hospitals were for the most part permanently attached to them. At larger stations, such as Aldershot, Shorncliffe and Portsmouth, it was still the practice for regimental hospitals to combine to occupy the same buildings, but to be administered and staffed independently. The regimental m.o.s. were thus deprived, not only of opportunities to advance their medical knowledge, but of any experience in administering large units. They did not learn to work with colleagues, or to anticipate the problems involved in prescribing, dispensing, catering and nursing on a major scale: all skills
which would be badly needed in the Crimea.

All military medical officers belonged to the civil department of the army. They did not enjoy commissioned rank, and did not, therefore, have the power of command over combatant soldiers, among whom ward orderlies were classed. This principle was glossed over in the regimental hospitals, where the m.o.s were placed in authority over their patients and the non-commissioned officers working in the wards; in the general hospitals, however, the full separation of powers was enforced. This was one reason why the regimental m.o.s so disliked the prospect of transferring to them. A general hospital m.o. might give an orderly instructions as to the care of the sick, but he could not give him orders, or punish him for dereliction of duty. The power of discipline lay with the military commandant of the general hospital, and was exercised by a wardmaster or hospital sergeant. Thus the m.o.s of the military general hospitals, although in principle gaining access to higher medical expertise, did so at the cost of losing the position of control which could be enjoyed in a regimental post. This practical divorce between medical expertise and military authority was in ordinary peacetime circumstances amenable to pragmatic day-to-day solutions; but when strangers were forced to work together under the pressures of war, this situation was pregnant with disaster.

What role, if any, did women play in the pre-Crimean army hospital system? Records from the mid-eighteenth century have shown women paid, not only as nurses, but as head nurses, to accompany a military expedition abroad; whether they were army wives, or recruited direct from civilian hospitals, is not known. British army wives served as nurses, cooks, cleaners and laundresses in the military hospitals of the American War of Independence. The principal historian of the Army Medical Department states that soldiers' wives were employed as nurses in regimental hospitals up to 1838. They were subsequently forbidden to attend male patients
except with the previous sanction of the Secretary of State at War; they were, however employed to attend sick regimental wives and children to whom a dozen beds were now allotted in every regimental hospital.\textsuperscript{44} It is clear that the practice of female military nursing was not, in fact, sharply discontinued at this point, but evidence on this question is extremely fragmentary. At least three applicants for war nursing posts in 1854 claimed military nursing experience. Mrs. Bull, the widow of a major of militia, was said to 'understand gunshot wounds'; Mrs. Anderton, the widow of a Colour Sergeant of the Royal Artillery, was said to have been 'accustomed to nurse soldiers at Spike Island'.\textsuperscript{45} Mrs. Blakey, the widow of a soldier who had died on his way home from India, was 'Five years Hospital nurse of the 5th Regiment', 'though generally employed in the women's ward'.\textsuperscript{46} It is more than likely that women who nursed soldiers' families would also nurse in the men's wards if the workload was heavy there; it is also likely that a hospital sergeant's wife might be asked to act as a nurse.\textsuperscript{47} As late as 1856 there were female nurses at the Woolwich Artillery Hospital. They were 'in a wretched state - ill paid, under no system, neither fed nor clothed (\& only nine of them lodged) in the Building', and the Director-General was in the process of replacing them with his newly created, and all-male, Medical Staff Corps.\textsuperscript{48}

It can at least be stated with some certainty that between 1815 and 1854 the number of female nurses in military hospitals was declining. The practice of employing army wives, widows and camp followers as nurses probably reached its peak during the Napoleonic wars. With the coming of peace there was a sharp contraction in the demand for their services; and with the dispersion of regiments among colonial garrisons, there were fewer opportunities for wives and children to accompany the men. Permission to marry was only granted to a small proportion of the regiment - between six and ten per cent of the men - whose families were thereby classified as 'on the strength', and entitled to welfare provision.\textsuperscript{49} The harsh conditions,
and lack of employment, in some colonial stations, may have discouraged 'unofficial' wives from following their husbands. There were other reasons for the declining female involvement in army life in these decades. In times of peace military support services, such as transport and supply, could be brought more completely under the direct control of the army. Soldiers were housed in barracks where once they had been billeted in towns. Food, drink, forage and clothing were provided by civil departments of the army. As military life became more self-contained, it became more male. Women who had moved freely in and out of army society as sutlers, cooks, nurses and seamstresses were now excluded; henceforth their relations with soldiers were restricted to the personal, and they were visible only as wives, daughters, widows and prostitutes. The female presence in camp - 'on the strength' families apart - was almost by definition disreputable. It is likely that this process was responsible for the disappearance of female nurses from military hospitals. The decision to staff military hospitals exclusively with male orderlies does not seem to have arisen from any new ideas of medical organisation as such: although it was recommended as early as 1811 that orderlies be treated as permanently assigned to their hospital duties, it was not until after the outbreak of the Crimean War that any necessity was seen for constituting them as an official corps, and giving them appropriate training.

Anyone in full possession of the facts in 1854 would surely have shrunk from the enterprise of re-introducing female nurses into army hospitals. The circumstances were not propitious for 'feminising' a masculine occupation, and 'civilianising' a military institution. The vast majority of military m.o.s were mainly concerned in this period with integrating themselves more fully within the military machine. They resented their non-combatant status, and battled throughout the century to have their ranking system made fully equivalent to that of combatant
commissioned officers. Rather than transfer to a central staff branch where they would have opportunities to gain more advanced professional experience, they clamoured to retain their close regimental associations. They were unlikely to be responsive to arguments that a new female nursing service was necessary because it would bring army hospitals into line with the most up-to-date developments in civilian wards. They would see, instead, the problems involved in employing 'unattached' females - in an environment where this status carried indecent connotations - to perform highly personal services for male hospital patients. They would also shrink from the difficulty of bringing new approaches to nursing, and a new body of hospital staff, into the complex organisation of the military general wards. The army medical system on the eve of the Crimean War was for the most part a regimental, colonial, and masculine club; and nothing short of a cataclysm could have led to its penetration by religious sisters, refined gentlewomen, or 'superior family servants'. 
Footnotes


4. Ibid., pp. 7, 9, 11, 13-14.


7. By 1861, there were 11,000 patients in voluntary hospitals, and 50,000 in workhouses: Abel-Smith, *The Hospitals*, p. 46.


27. Rules of the Training Institution for Nurses for Hospitals, Families and the Poor, St. John's House, Queen Square, Westminster (London 1855) pp. 8-11.

28. W.O. 43/963, f.222, Florence Nightingale to Hawes 1.5.55: 'Ladies are with difficulty to be found, whose qualities, experience and health fit them for the task...'; MR. 801/9/9, Nightingale to Col. Clark Kennedy, 14.6.61, objecting to 'making it a test of a person's devotion to any service that he or she will perform it gratuitously' and to 'a Civil Institution in London, admirable in almost every other respect, which makes "Ladies" (who can pay) "Sisters", by right of that condition, ...'


33. These biographical details are drawn from E.T. Cook, The Life of Florence Nightingale (London 1913) Vols I and II.

34. Nightingale to Elizabeth Herbert, 14.10.54; quoted in Cook, op. cit., Vol. I p. 151.

35. On the pre-Crimean army, see Hew Strachan, Wellington's legacy: the reform of the British Army 1830-1854 (Manchester 1984).


39. Strachan, *op. cit.*, p. 244


44. Cantlie, *op. cit.*, Vol. I p. 445. I have not been able to trace the regulation cited.

45. GLRO, H.I./ST/NC. 8/1, f. 10.

46. Ibid., f. 17; W.O. 25/264, Bundle 'B', letter from Mrs. Gordon, 30.11.54.

47. BL Add. MSS. 45761 ff. 228-228b, Nightingale to D. Galton, 4.12.63.


CHAPTER II : THE CRIMEAN EXPERIMENT

All wars have their literary bye-product, but the Crimean War of 1854-6 has perhaps been exceptional in the amount of printed material it has generated. It ranged Britain and France, Prussia, Sardinia and Turkey against Russia, and was the first major campaign in which the British army had been involved for nearly forty years. The heavy casualties of the early battles, the stalemate of the siege of Sebastopol, and the failures - well publicised in the press, above all in The Times - of military support services of every kind, precipitated the fall of the Aberdeen government and the launching of a series of parliamentary commissions of inquiry. Their number was greatly increased by the consensus that not the least of the disasters of the war lay in the medical sphere. General inquiries into the state of the army before Sebastopol delved into the deficiencies of the Army Medical Department, both in respect of its permanent administrative structure and its response to the specific pressures of the war. Separate reports were also commissioned on the medical and surgical history of the war, and on the sanitary state of camps and hospitals in the early months of 1855.\(^1\) The 'unofficial' publications on the war included not only a predictably vast crop of personal military memoirs, but also a large number of medical memoirs and essays penned by civilian volunteers.\(^2\)

In addition to this literature, the experiment of despatching a group of female nurses under the superintendence of Florence Nightingale to the theatre of war produced a new phenomenon, the female military nursing memoir, before the war had even ended:\(^3\) and, as is well known, the association of the war with Florence Nightingale's subsequent career in the development of professional nursing attracted the attention of a succession of biographers to the events of these two years.\(^4\)

Although many studies have been published on the military aspects of the war,\(^5\) to the general reader of the twentieth century it is, indeed, for its place in the history of nursing that the war is remembered. However,
that nursing history is seen largely through Florence Nightingale's eyes, as little more than the story of her struggle against adversity and adversaries. This is, of course, a gross distortion of the record. In the first place, it exaggerates (as the civilian public of the time was, indeed, prone to do) the contribution of nursing care in general to the solution of the medical difficulties of the war. Secondly, it exaggerates the role of Florence Nightingale in the provision of medical care and general relief. The fact that most of the nursing work of the military hospitals lay outside her control - and that even the female service was to a large extent independent of her - has been obscured. Worst of all, an obsessive fascination with the internal politics of the female nursing experiment has been allowed to take the place of any study of the nursing which actually took place. 6 This chapter, therefore, reappraises the nursing of the campaign in the context of military medical provision as a whole, and to pay more serious attention to the work performed by the female nurses, including those who evaded Florence Nightingale's superintendence, than previous authors have done.

The medical problems of the British military expedition to the Crimea began long before its first engagement, at Alma, on 29th September 1854. 7 War had been declared on 27th March, and the Expeditionary Force had begun to assemble in Turkey, along with its French and Turkish allies, from the beginning of April. Two months later, cholera and other serious enteric disorders were rife among the British troops. Between June and August, 5,667 men - 20% of the entire strength - had been admitted to hospital: either into one of the fifty-six regimental hospitals in the field, or into the general hospitals established at Varna, on the coast of what is now Bulgaria, or at Scutari, on the Straits. Nearly one thousand lives were lost without a shot being fired: the Russian enemy was still on its own side of the Black Sea. Losses on this scale would place a considerable burden of extra labour on the remaining combatants, for fit and experienced
The Crimean Theatre

Site of British military hospitals employing female nurses.

soldiers could not easily be replaced. The immediate burden was, however, felt by the Army Medical Department. The medical and hospital supplies delivered to the troops by mid-June had been expected to last for six months; they were exhausted in three. The number of hospital beds available was inadequate by the end of July. Not until late November were fresh supplies of bedding and medical stores delivered to the east in anything like the looked-for quantities. Many deliveries continued to be made to Varna between September and November, despite the fact that the entire Army, together with the personnel and equipment for the general and regimental hospitals, had left Varna in mid-September, and the depot for all supplies had been consolidated at Scutari.

Further and more severe obstacles were to face the Army Medical Department in the field as the military campaign finally got under way. Lord Raglan was neither the first nor the last British commander to think that the campaign ahead of him would be a short one. In order to achieve maximum speed and mobility, he ordered his soldiers to proceed into the field without the encumbrance of their knapsacks (containing changes of clothing, and some items of cooking equipment), and their medical officers to accompany them without the major part of their stores. The army moved from Kalamita Bay towards the port of Sebastopol without a single hospital bed or marquee. Surgeons were allowed to transport a small box of medical comforts and a pair of panniers of drugs and dressings: and, instead of a marquee, one bell tent, airy enough to provoke the admiration of the Sanitary Commissioners of 1855, and a rather different reaction from those who actually had to work or lie in it.

The battle of Alma was a success for the Allies, but a costly one, the British total of wounded being 1609. On 23rd September, three days after the battle, cholera broke out with renewed violence, raising by a third again the number of cases requiring evacuation to Scutari. Conditions aboard the hospital transport ships, which were slow, overcrowded and
British military hospitals employing female nurses.

medically understaffed, were productive of high mortality rates. On 26th September, with the Allied capture of Balaklava, prospects for the sick and wounded seemed to improve; a second general hospital was opened at Balaklava itself, and the strain on Scutari and the hospital transports lessened. This improvement was, however, short-lived. Shortly after the battle of Balaklava of 25th October, the Commander-in-Chief decided that the Allies could not be sure of holding the town against the Russian army, and that all British general hospital patients and equipment must be evacuated to Scutari. The base hospital there, which by the beginning of October had managed to fall only twenty beds short for its complement of 1940 patients, was once again swamped. The chaos was compounded when, on 5th November, the battle of Inkerman left a further 1938 wounded.

If the military hospitals of the campaign had not been so starved of equipment and so swamped with non-battle casualties, how would they have functioned? The remarkable apologia of the head of the Army Medical Department has often been quoted: 8

If I had been given to understand when I received this intimation that the troops were to be employed on the duties which are usually exacted of soldiers in times of peace, I should have had no difficulty in deciding what I ought to furnish, but the having been on the contrary led to expect that they would probably soon be engaged in the field, in conflict with an enemy, caused me both much consideration and anxiety, the more especially as neither myself nor any of the officers of the Department had, from personal experience, a knowledge of all that would probably be found necessary for the wants of sick and wounded during a European war.

The untoward position in which I found myself led me immediately to require the records of the Department to be searched, in a hope that they might, by supplying information in reference to the events which were observed and the wants that arose during the campaigns in Spain and Portugal, afford what under existing circumstances was so greatly needed ... only two or three valueless documents were found, ... I was constrained to depend entirely on my own judgement ...
It should not be inferred from this that the Department's entire war organization had to be improvised out of thin air. Regimental practice in dealing with the casualties of battle was long established. Ideally, as a regiment advanced to an engagement, one of its three assistant surgeons would accompany it to the front. He would perform immediate first aid, before the wounded soldier was carried a few hundred yards to a regimental dressing station. Here the brigade surgeon, with the help of two other assistant surgeons, would perform primary surgery. The wounded man would subsequently be accommodated in a tented regimental hospital.9 Precedents were lacking, however, where it was a question of co-ordinating services for several regiments, as when the overflow of sick and wounded had to be transferred from regimental hospitals to a general hospital at the base of operations. In part this was due to the fact, already noted, that the Department was not responsible for the management of general hospitals, which were placed under the authority of a military commandant. However, even if senior medical officers had been inclined to devise working briefs for their combatant colleagues at these hospitals and in the field, they would have been hamstrung from the start by their lack of control over any part of the transport and supply services essential to medical provision.

The responsibility for these services was divided between the Department of Ordnance - an almost autonomous body - and the Commissariat, a civil department of the army accountable to the Treasury. The former supplied 'warlike stores', including the carriages and tents which might be needed for medical services in the field; it was also in charge of barracks, and by extension hospitals, and supplied bedding and items of clothing such as greatcoats. The Commissariat was responsible for the supply of food and all other stores not provided by the Ordnance, including medicines and medical comforts, purchased and stored for the Commissariat by the Purveyor's department; for the cleaning of hospitals; and for the management of transport. Like the Army Medical Department, these bodies
had very little experience of operating on any level beyond that of the regiment; moreover, their spheres of competence often overlapped in a confusing way: both, for example, were held to be responsible for fuel, light, and forage for horses. One immediate casualty of this system, or lack of system, was ambulance provision. The Army Medical Department did not dispose of its own ambulance corps, and no plans had been worked out for the transport of the sick and wounded before the spring of 1854. After the battle of Alma, the task of moving the British wounded three miles to the coast was accomplished with the help of the navy, and of the French military ambulance service. An ambulance corps had arrived in the east on 20th July, composed of 100 men, mainly army pensioners; but this 'soon ceased to exist as an effective unit', as the pensioners who did not succumb to cholera were rapidly incapacitated by drink. The ambulance waggons themselves were unsuitable for the type of horses locally available, and all but three were, in the end, left behind when the army embarked at Varna for the Crimean theatre.

Obtaining hospital supplies for the sick and wounded was, if anything, a harder task than obtaining transport for them. The Army Medical Department in London had no direct communication with the Secretary at War, and for many months found it almost impossible to deal with the Ordnance, the Commissariat, the Treasury, and the Admiralty - which was responsible for everything relating to despatch by sea, and hospital ships - over the procurement and delivery of desperately needed items. At the base of operations, medical officers struggled for access to medical stores with a Purveyor-in-Chief whose funds were obtained from the Commissariat, and who for many months considered himself answerable only to the War Office in London, and not to the local Inspector-General of Hospitals, and Principal Medical Officer.

The possibility remains that, even if the Army Medical Department had operated under optimal administrative conditions, its officers would
nevertheless have proved helpless in the face of the cholera epidemic. Between 1849 and 1854, research carried out by Dr. John Snow and Dr. William Budd had established that the cholera infection was transmitted through water. Although their findings were initially rejected by the Royal College of Physicians, they influenced some other medical practitioners. Military medical officers do not appear to have taken note of this work before or during the outbreak of the war. Although trained alongside their civilian colleagues, they were very much isolated from them once they embarked on their army careers, particularly as most of their service was spent abroad. A survey of successive editions of the military Manual of Practical Hygiene published after 1864 has revealed that it did not discuss the transmission of diseases by micro-organisms in water until 1887; the theory was officially accepted only in the 1896 manual, which referred to it as a 'recent' discovery.

The official reports of both the navy and the army medical departments on the war assumed that impure air was chiefly responsible for the spread of cholera, though the authors of the Medical and Surgical History of the war wrote in a questioning tone which suggested openness to other ideas:

... our own experience has impressed us with the conviction that, although the atmosphere is the ordinary vehicle for the propagation and transmission of the disease to such an extent as to render measures of the strictest quarantine abortive, yet, that its sudden outbreak on the arrival of ships from infected places, and its frequently observed extension from hospitals to the general community, are not simply matters of accident and of coincidence merely, or to be explained on the supposition that hygienic conditions alone determine these results.

Practice in camp and hospital, however, tended not to depart from the traditional. A stricken camp was normally ordered to move to 'healthier soil'. Hospital treatment was varied and usually futile, ranging from ordering smoking in the wards, experimenting with chloroform, dosing with
brandy and ice, and rubbing the stomach and cramped joints with mustard or turpentine. It was thought that cholera could develop from other stomach infections, and might be brought on by an over-acid diet, or simply by an attack of panic. 18 Where a regimental surgeon in the field did hold strong views on the siting and sanitation of a camp, he had no means of enforcing them. As in the general hospital, his position was advisory, not executive; and much depended on the character and intelligence of the commanding officer with whom he had to deal.

Among the multiple disabilities under which the military medical officers laboured, it is not easy to single out the inadequacies of their nursing staff. It is noteworthy that surgeons in the field, still working within the regimental framework, did not condemn the quality of their workforce as roundly as did their colleagues in the general hospital, even though the terms of the questionnaire sent out to them by the Parliamentary Commission on the state of the military hospitals in the Crimea and Scutari invited them to do so. 'These men are, of course, fitted for their capacity, or they would not be retained'. '... they are men of good character and well fitted for their duty, otherwise they are immediately dismissed.' 'The men are exceedingly attentive to the onerous duties they have to perform.' '... all are willing to do their best.' '... all good steady old soldiers, and well suited to the purpose.' 19 The scale of regimental hospital work was not too great for the existing organisation of labour; moreover, the orderlies, however medically inexperienced, were at least among familiar faces. Like their general hospital colleagues, the regimental surgeons complained of losing good orderlies through illness or military postings. But their greatest complaints were about the division of labour between the regimental and general hospitals. They had been deprived of much-needed equipment from the moment they landed in the Crimea, and the first engagement had demonstrated the inadequacy of the facilities for evacuating the sick and wounded to the base. After the
battle of Balaklava on 25th October, the transport of supplies in the opposite direction became equally problematic; for the Russians had captured the only metalled road in the theatre, and the onset of winter rain, mud and frosts made all other routes impassable. Faced as they were with problems of this magnitude, the regimental medical officers were not likely to worry overmuch about the quality of their orderlies.

At Scutari, however, nursing problems were more in evidence. The orderlies were detailed to the hospital from regiments in the vicinity. They were chosen, not on grounds of previous experience in regimental hospitals, but on grounds of unfitness for active service. As it was, no prior experience could have prepared them to cope with the shocking state in which the sick and wounded arrived, and had to be packed together in wards and corridors. One Anglican nursing sister thoughtfully observed: 20

... it is either unduly depressing or hardening and demoralising for the wild buoyancy of youth to be thrust into such scenes. I have ... caught them even at leap-frog along the feet of a row of sufferers, some in anguish, some in the awful stillness of death; and if reproved, 'We can do them no good, poor fellows; we must keep up our own spirits a bit,' was the answer.

The medical staff on whose instructions the orderlies cared for the patients did not help in this situation as they perhaps might have, by giving some thought to the ways in which these instructions might be more efficiently and routinely accomplished. Great as the personal deficiencies of the orderlies undoubtedly were, the problems of Scutari at management level were even worse.

The justification of the general hospital system was that it made possible all kinds of economies of scale; but there was no economy of effort in the way that ward orderlies, in particular, were deployed. In order to feed 'his' patients, a ward orderly had to obtain that day's diet sheet from the ward medical officer, queue outside the Purveryor's office
until the necessary raw materials had been supplied, then queue at the kitchen until the raw materials had been cooked. He had then to distribute the food to his patients. The same performance was repeated for the patients' second meal of the day. For the supply of medicines, a similar procedure was followed. Dietary 'extras' and comforts had to be cooked as well as distributed by the ward orderlies themselves, using, as and when available, the hospital kitchen, a fire made up on an outhouse, or a stove in the ward. These procedures, perfectly adequate to a regimental establishment catering for thirty patients, amounted to black farce in a hospital complex accommodating over three thousand. In a letter to Sidney Herbert, the retiring Secretary of State at War, of 8th January 1855, Florence Nightingale described the existing system, and proposed its radical overhaul: one commissariat officer, for example, could be appointed to receive all the medical officers' diet sheets, and present them, with the necessary ingredients, directly to the kitchen orderlies, who could then proceed with a rationalised bulk order.21

It was perhaps an outsider's eye which was needed to single out the failings of the system. This particular outsider had written a year earlier, on taking up her first post as hospital superintendent:22

The indispensable conditions of a suitable house are, first, that the nurse should never be obliged to quit her floor, except for her own dinner and supper, and her patients' dinner and supper (and even the latter might be avoided by the windlass we have talked about). Without a system of this kind, the nurse is converted into a pair of legs.

Under the Scutari system, the ward orderly was in fact nothing but a pair of legs, although in principle his hands were also required to care for his patients: to distribute food and medicine, and spoon-feed it if necessary, at times which were appropriate to the individual patient's needs; to wash the men, shift their position in bed, and change their clothing and bed-linen; to dress their wounds and attend to them during surgical operations. Their hands were also needed to sweep and clean the wards,
and empty the lavatory tubs. 'Of course' wrote the Anglican nursing sister quoted above 'men whose hands were hard and horny through labour - hands used once perhaps to the plough, and more recently to the firelock - were not fitted to touch, bathe, and dress wounded limbs, however gentle and considerate their hearts might be.' The relative roughness or smoothness of a nurse's hands were not, however, so significant as the time in which he or she was allowed to use them.

It seemed to the officers of the Army Medical Department the height of injustice that so much public uproar should arise over the state of the Scutari hospitals in the autumn of 1854. It was the War Office, and the Commander-in-Chief Lord Raglan, and not the non-executive medical officers who were, in the first and last instance, responsible for the wretched state of the sick and wounded after the battle of Alma. However, the newspaper reading public focussed first its indignation, and then its philanthropy, on the last stage and ultimate destination of the stricken soldier's journey from the front. Civilian observers had no fund of knowledge from which to propose immediate and constructive solutions to the inadequacies of military supply systems; but many were qualified to discuss questions of hospital nursing and management. It was a known fact that all medical officers, wherever stationed, bemoaned the lack of a truly permanent corps of hospital orderlies; the War Office was, in fact, exerting itself to despatch a properly constituted corps from England by the middle of 1855. Amidst the chaos and horror of the Crimean debacle, the offer to send out parties of female nurses, which was made in October, may have seemed a pathetic crumb of consolation; but it was certainly not an irrelevance. An orderly corps, conjured suddenly into existence, might ultimately offer the advantage of stability; for the moment, it did not offer any wealth of previous experience. For this commodity the War Office would have had to look to civilian society, and to the female half of it.

* * * * *
The call for female nurses did not arise in the Crimea itself, nor did it come from any medical circles in the east or in Great Britain. The tirades of The Times' war correspondent, W.H. Russell, were directed towards a philanthropic middle-class public which responded chiefly in terms of its own religious and charitable concerns and ambitions. Two newspaper letters which appeared shortly after Russell's vivid descriptions of the sufferings of the sick and wounded after the battles of Alma and Balaklava seem to have been particularly influential in stimulating voluntary initiatives to organise nursing parties. One, in The Times of 14th October, asked with reference to the apparently superior hospital arrangements of the French army, 'Why have we no Sisters of Charity? There are numbers of able-bodied and tender-hearted English women who would joyfully and with alacrity go out to devote themselves to nursing the sick and wounded, if they could be associated for that purpose, and placed under proper protection.' Another, in the High Church Tractarian Guardian of 18th October, declared 'It is more than ever a reproach on our Church that the faith of her members is not exhibited by the presence there of Sisters of Charity. ... If the heads of the few sisterhoods we have ... would spare two or more each, ... I would see what could be done towards sending them out'. Between the publication of these two letters took place a now celebrated exchange of correspondence between Florence Nightingale, the Secretary at War Sidney Herbert, and his wife Elizabeth. Florence Nightingale wrote to the latter on 14th October, offering to command 'a small private expedition of nurses ... for Scutari' and asking whether Sidney Herbert could give her letters of recommendation, or would advise her to apply to the Secretary for War for further authorization. On 15th October Sidney Herbert wrote to Florence Nightingale saying that he had already received 'numbers of offers from ladies to go out' and begging her to organise and superintend such a scheme.24

There is, of course, no single explanation for the enthusiasm
generated for nursing, or despatching others to nurse, the sick and wounded soldiers in the east. Nevertheless, a predominant role must be ascribed to rivalries within the church. Different sects, which had been the subject of controversy and prejudice, wished to clothe themselves with the mantle of patriotism: their members did not seek personal fame and glory so much as respectability for their collective religious enterprise. The Anglican sisterhoods, together with their founders and associate members, were anxious to dispel suspicions that their movement destroyed women's primary loyalties to their own families, and was a dangerous, un-English, road to Rome. They wished to prove that theirs was the best possible form of organisation for badly-needed service among the poor; participation in the war effort would ensure the maximum publicity for their work. The Catholic Bishop of Southwark hoped by the same means to dispel Protestant prejudice against the Sisters of Mercy in Britain. 'Let the nuns who are so fiercely assailed proceed at once to the battlefield. There their daily life, seen by the whole world, and their devotedness to the cause of charity, will be the best answer to the vile calumnies uttered against them'. He was so ambitious for this project that he made sure that five members of the Bermondsey Convent of Mercy set off for Turkey in advance of the main party being organised by the Government.

Florence Nightingale's party, as finally composed, consisted of thirty-eight women in all: eight sisters from two Anglican orders; six nurses from St. John's House; five nuns from each of two Catholic Convents of Mercy; and fourteen hospital nurses. She delegated the task of selecting the secular nurses to her friends Mrs. Bracebridge, Elizabeth Herbert and Mary Stanley. Mary Stanley was the daughter of the Bishop of Norwich; like Mrs. Herbert, she was a High Church enthusiast with strong leanings towards Rome. In 1854 she had published a little book, *Hospitals and Sisterhoods*, which voiced the St. John's House philosophy: to nurse was to exercise a spiritual calling; the sick patient was a
spiritual opportunity. Perhaps it was because of the difference in their views on nursing and religion that Florence Nightingale decided to undertake the negotiations with the various sisterhoods unaided. To her great regret, the Protestant Institution for Nursing Sisters declined to join the expedition and balance its 'sectarian arithmetic'. The grounds given for this refusal were that the nurses could not be placed under the authority of a lady not belonging to their own order. It is possible that this Institution was connected with the earliest female initiative to send out nurses, that of the low church evangelical Lady Maria Forester, and may have felt piqued at the latter's supersession by Florence Nightingale. Only in the spring of 1855 were some of its sisters allowed to proceed to the east. Similar problems dogged negotiations with St. John's House, the Sellonite orders, and the Catholic convents.

It might seem that the only way out of this minefield would have been to have avoided the sisterhoods altogether, and to have sought out professional nurses working privately or in secular hospitals. However, from the outset this was considered a very dubious option. Sidney Herbert had written of 'the difficulty of finding nurses who are at all versed in their business' and of the magnitude of 'the task of ruling them and introducing system among them'. Mary Stanley considered that the ideal nurse belonged to 'a class of persons which remains to be created, and which will never be created except by education, and that not by desultory experiments or individual efforts'. The real article filled her with distaste. Of the paid nurses whom she selected for the first nursing party, she wrote:

I wish people who may hereafter complain of the women selected could have seen the set we had to choose from. All London was scoured for them. We sent emissaries in every direction to every likely place. ... We felt ashamed to have in the house such women as came. One alone expressed a wish to go from a good motive. Money was the only inducement.
One of the Anglican sisters wrote with more sympathy and insight of the same group of women that many were widows, struggling to support large families; they were willing to risk death from contagious disease, cholera in particular, in the hope that the government would then make proper provision for their children.\textsuperscript{33} As the paid nurses for the first two parties were hurriedly recruited in the space of barely six weeks, it is hardly surprising that they should have included a large quota of the financially desperate. Working women who had a secure livelihood or a responsible senior position in a hospital might be thought unlikely to sacrifice it for dangerous employment of uncertain duration. But financial desperation need not preclude other sentiments. Mary Stanley must have been of a very fixed cast of mind to have been unmoved by this application from Matilda Norman:\textsuperscript{34}

\begin{quote}
I am Soldgers Wife and my Husband is just gone out to the East ... the Colonel been well satisfied with my Carertor thought I should be very usefull in the Regt but having heard that was being Nurses sent out I would do any thing to go for I there might be able to help him in is dieing moments I am Young and Strong and do not mind what I suffer should Sir you not think me Experienced I will try and get into a Horespitll for a time I realy do not recorse to fly to ...
\end{quote}

In the light of the records which survive on the paid nurses selected for the Crimea, Sidney Herbert's doubts (which presumably echoed those of his wife) and Mary Stanley's condemnation seem somewhat misplaced. Mrs. Roberts of St. Thomas's, for example, whom South had so highly praised for her surgical nursing, won equally golden opinions in the east.\textsuperscript{35} Elizabeth Smith, another St. Thomas's nurse of six to seven years' standing, was also highly praised at the end of her service. Mrs. Robbins, recommended on the basis of four and a half years' work in the female accident ward of Queen's Hospital, Birmingham, worked satisfactorily at Scutari for the whole duration of the war.\textsuperscript{36} Mary Ann Noble's competence at Scutari was rewarded by her appointment as head nurse of three female
medical wards at the Westminster Hospital in January 1856. Neither E. Grundy, who had nursed seven years at the Middlesex Hospital, nor Mrs. Tuffell, who had been a surgical nurse at King's College Hospital for two years, nor E. Hawkins, who had spent two months as a night nurse at Guy's, gave any cause for complaint; and a St. John's House nurse, Mrs. Lawfield, who was 'too much of a fine lady to be a good Nurse' and 'fonder of sketching than of poulticing' would hardly have been an offensive presence in Mrs. Herbert's house.

It is most probably the case that neither Florence Nightingale nor her helpers had had any very close contact with nurses in British hospitals before the outbreak of the war. They were quite unprepared to meet the nurses on their own terms. The candidates for the east did not match the standards of deference and submissiveness which they would have expected to apply to women seeking domestic employment. Thus, in March 1855 Mrs. Davidson, the experienced head nurse in the surgical ward of a Dr. Simpson in an Edinburgh hospital, was 'sent home for disobedience to orders' and 'lightness of behaviour'. Another nurse with 'very good medical and private certificates' was 'sent home for being out without leave in bad Company'. The nurses inspired alarm and distrust in their female employers. Florence Nightingale referred to them as 'the most slippery race in existence'. Mrs. Bracebridge, her companion and amanuensis at Scutari, wrote of Mrs. Jane Gibson, a St. Thomas's surgical nurse, that she was 'sent home for intoxication has since proved a Thief' - but made a second note that on subsequent evidence this charge proved groundless. Mrs. Mary Young, a Bart's surgical nurse, was 'sent home on strong suspicion of very gross misconduct'; the conduct of Mrs. Newton, a nurse at the London Hospital for Women, caused scandal 'though nothing was proved'. The main charge against all nurses dismissed, however, was intoxication, and this does pose problems of interpretation. Could so many women, highly recommended by responsible physicians and surgeons, really
have been hopeless drunks? One may perhaps speculate that in this respect a hospital nurse behaved more like a male employee than a female servant; and that what shocked a female superintendent into shipping a nurse back to England might not have provoked the same reaction from a man.

Florence Nightingale may have felt that the shortage of suitable personnel was a good reason to keep the numbers and scope of the military nursing experiment strictly limited. Nevertheless, Elizabeth Herbert and Mary Stanley were not asked to stop recruiting after the formation of the first nursing party, but were charged with the task of interviewing the seemingly endless stream of applicants, and arranging for them to receive, where appropriate, an initial period of hospital training in London. Although no applications from untrained ladies, volunteering to nurse on a non-stipendiary basis, had been accepted for Florence Nightingale's first contingent, she herself encouraged at least one, Jane Shaw Stewart, to gain experience at Guy's and Westminster Hospitals while waiting to hear that reinforcements were needed at Scutari. Many other candidates were given two or three weeks' hospital training under the aegis of St. John's House.42

In his letter of 15th October, Sidney Herbert had written:43

It would be impossible to carry about a large staff of female nurses with the army in the field. But at Scutari, having now a fixed hospital, no military reason exists against their introduction,...

He implied that it was the fixed position which made the whole expedition feasible from a managerial point of view, and from the point of view of propriety - totally different in character from the traipsing of wives and camp followers who had been the chief female nurses of the Peninsular War. Florence Nightingale was only too ready to accept the suggestion that Scutari was the proper base for her operations: her recruiting experiences had left her very pessimistic as to the possibilities of expanding her corps either numerically or geographically. Nevertheless, Herbert was
being somewhat unrealistic. Scutari was already overcrowded, and a second
general hospital was just being re-opened at Balaklava, in the Crimea.
Within three weeks of Florence Nightingale's arrival, the War Office was
looking for further hospital accommodation in Turkey.\textsuperscript{44} If female nurses
were thought to be of use in Scutari, it was likely that they would then be
wanted in larger numbers, in order to staff the additional general
hospitals. The form of agreement signed by the members of the original
expedition acknowledged this possibility: nurses' expenses were to be paid
for journeys 'to or from the present, or any future Hospital that may be
appointed for the accommodation of the Sick and Wounded of the said
Army'.\textsuperscript{45}

Florence Nightingale arrived in Turkey at the beginning of November
1854. She met with a very mixed reception from the army medical officers
in Scutari: some were hostile to, others contemptuous of the female
nursing corps; above all, her privilege of direct communication with the
Secretary at War - despite her nominal responsibility to the Principal
Medical Officer, Dr. Duncan Menzies - and her association with The Times
through the shared administration of its 'comforts' fund, aroused defensive
suspicion. Sensitive to all these stirrings, she was horrified to learn in
December that Mary Stanley and Elizabeth Herbert, without first
ascertaining her wishes in the matter, had despatched a second nursing
party, with Mary Stanley at its head. Of its forty-six members,
twenty-one were working women with some experience of caring for the sick;
ten were 'ladies', without experience of paid employment; and fifteen were
Catholic Sisters of Mercy from Ireland.\textsuperscript{45} The composition of the group
convinced her that the Herbergs and Mary Stanley had been intriguing behind
her back, both to strengthen the influence of the kind of philanthropic,
non-professional gentlewoman who Florence Nightingale did not consider to
have any place in a hospital at all, and to reinforce the potentially
controversial Catholic presence in the military wards. Had she known that
the Reverend Mother Bridgeman, of the Kinsale Convent of Mercy, had secured an official agreement to her acting as sole superioress of the Irish sisters in all matters outside the hospital wards, where she was to be the only medium of communication between the sisters and the Lady Superintendent, and to the sisters' forming a separate and undispersed community at all times, she would have been doubly horrified.47

Much has been made in the biographical literature of the upset caused to Florence Nightingale by the arrival of Mary Stanley's contingent. Her gift for the sharp phrase has fixed them in our vicarious memory as given to 'spiritual flirtations', 'scampering about the wards', and 'wandering about with notebooks in their hands'.48 Most of them, however, were seriously interested in nursing, and dedicated to the work as they conceived it; two of them died at their posts.49 Frances Margaret Taylor, for example, was a far from inconsiderable person. She was the daughter of a rural clergyman and, at twenty-two, the youngest of Mary Stanley's ladies. At the age of sixteen or seventeen she had visited the Anglican Sisterhood of Mercy of Devonport and Plymouth, of which her elder sister Charlotte, who also went to the east, was one of the first members, and worked with them in the homes of the poor during the cholera outbreak of 1849. She did not subsequently choose to join the sisterhood but lived with her widowed mother in London, where she worked in hospital wards, visited the poor in their homes, and helped to found a Ragged School. She underwent another period of hospital training after being selected as a military nurse. Like Mary Stanley, she was received into the Catholic church while in the East. After the war, she wrote a number of books, which successfully plugged a temporary gap in the family fortunes; became proprietor of The Lamp, a Catholic monthly periodical; and finally became Mother Magdalen Taylor, the foundress of an order called The Poor Servants of the Mother of God.50
Another of the ladies was Kate Anderson, the daughter of 'a Master in the Royal Navy'. She was an associate of the Sellonite sisters, and acted as a visitor to workhouses and slums in Devonport. She had nursed cholera patients - as, indeed had most of the ladies in her party - and learned invalid cookery before applying to nurse in the east. She nursed at the naval hospital at Therapia, at Scutari, and at Kulali, and there became engaged to be married to an army chaplain. He wrote of this engagement after her death, thirty years later:

The decision was not lightly made, with which her work had no slight concern - how that might be affected - ... she really changed in nought, save the merely outward phases of being; keeping ever her own individual life largely, apart but never alien to mine, nor ever diminishing in pity and care, or ceasing to keep the vision of poverty, ignorance, and suffering before her, and "going forth to her work and to her labour until the evening" and the Master's call. 51

If Florence Nightingale had such a one in mind when she wrote that 'the ladies from Koulali and Smyrna have little other idea than that of riding out with the Chaplains and Officers and none at all of work', she was being less than just. 52

Florence Nightingale's assertion that the new arrivals could bring no appreciable medical benefits to the sick and wounded has been accepted by almost every reader of Cecil Woodham-Smith's biography, in particular. It is clear, however, that the second party arrived at precisely the moment when hospital provision was being expanded. Their presence was timely and necessary, and seems to have been genuinely welcomed by the doctors involved in setting up the over-flow accommodation. This was in marked contrast to the situation at Scutari, where some doctors remained unreconciled to the Nightingale nurses, and appear never to have called on their services. 53

Florence Nightingale's immediate reaction to the arrival of the Mary Stanley party was to say that she had neither room nor work for them.
Eventually she decided to send home from Scutari five of the Roman Catholic Sisters of Mercy who had proved less than competent, replacing them with five of the Irish nuns from the second party, and consented to take at least three of the lady volunteers and one of the nurses on to her team. The rest of the new contingent cooled their heels in lodgings at Therapia until late January 1855.54 On 23rd January a female nursing party was established outside Turkey, at Inspector-General Hall's request, at the re-opened General Hospital at Balaklava. This was led by the Sellonite Mother Eldress Emma Langston, from Florence Nightingale's original party, and included two of Mary Stanley's ladies, Martha Clough and Jane Shaw Stewart, and five nurses of whom at least one came from the second party.55 A week later the rest of the second party were established in the new hospitals at Koulali. In mid-February those of the second party who had been allowed into Scutari accepted Florence Nightingale's offer to re-join their party at Koulali.56 Four St. John's nurses had already been sent home for not conforming sufficiently to Nightingale concepts of nursing practice and discipline, as well as the Sellonite Sister Ethelreda, who was ill; some estimates suggest that at least a dozen nurses had been dismissed from Scutari by Christmas 1854.57 Florence Nightingale informed the War Office at the beginning of March that she required one more lady superintendent and eighteen nurses to be despatched from England: somewhat disingenuously, she explained that illness had depleted the number of her nurses below the necessary strength, and made no reference to dismissals or the ostracism of the second party.58

The migration to Koulali and the General Hospital at Balaklava did not end the dispersion of the female nursing corps. By March Martha Clough had left Balaklava General Hospital to take charge of the regimental hospital of the Highland Brigade. She was the only female nurse to work in a regimental hospital, going at the request of Sir Colin Campbell and against the wishes of both Florence Nightingale and Mary Stanley.59 Jane
Shaw Stewart, after a brief period as superintendent at the General Hospital following the death of Eldress Langston in March 1855, was herself replaced by Margaret Wear, and went to introduce female nursing staff at the Castle Hospital, Balaklava: in 1856 she established female nurses at the hospital of the Land Transport Corps, also in the Crimea.\textsuperscript{60} By the autumn of 1855, Inspector-General Hall had, indeed decided to concentrate most of his hospital provision in the Crimea: the work of Koulali was wound up, and Mother Bridgeman and the nuns of the Kinsale Convent of Mercy transferred from there to the Balaklava General Hospital.\textsuperscript{61} Female nurses were also employed in the hospitals established on voluntary civilian initiative at Smyrna and Renkioi in March and October 1855 respectively. Although the doctors involved were recruited and paid on a separate basis from their military colleagues, the female nurses were recruited and equipped uniformly with the nurses at the military hospitals.\textsuperscript{62}

By the spring of 1855, therefore, the female nursing experiment had expanded beyond anything originally envisaged by Florence Nightingale. By anathematizing the Stanley party, she had made sure that misunderstandings would multiply between the different sections of the corps, and that her authority would be resented to the point of active resistance. Her offer to those Stanleyites she had accepted at Scutari to rejoin the others at Koulali was an implicit admission of defeat in the attempt to impose a unified command, followed as it was by a swift request for fresh reinforcements for Scutari from England. Florence Nightingale's persistent snubbing of Mary Stanley was, in the end, to prove extremely counter-productive for her. She refused to countenance Mary Stanley's requests for reinforcements to the Koulali nursing complement: in consequence, Mary Stanley wrote independently to the London organisers of the nursing corps, and also turned increasingly to Lady Stratford de Redcliffe, wife of the British ambassador at Constantinople, for help.\textsuperscript{63} By the end of March nurses were being sent directly for Koulali from
London; and when Florence Nightingale tried to appoint the superintendent to replace Mary Stanley shortly before her return to England, Mary Stanley peremptorily returned the lady to Scutari. 64

In mid-February 1855, Florence Nightingale admitted to Sidney Herbert, who was now out of office, that she was no longer in control of the female nursing corps as a whole. She appointed the nursing staff at the Koulali and Balaklava hospitals, but was leaving the management of their work in their hands, subject to the authority of the medical officers. 65 She cannot have found this a satisfactory resolution of her difficulties with Mary Stanley, and it was certainly not an official one. On 5th March, she wrote to Lord Panmure, Herbert's successor: 66

I beg to be distinctly instructed what authority I am deemed to have over the Scutari Hospitals, as regards the Sisters and nurses generally, as well as over the Hospital at Balaklava and those at Koulalee. ...

On the same day Sidney Herbert was writing to tell her that the independence of the Koulali ladies was about to be officially sanctioned. 67 A draft reply to Florence Nightingale in the War Office files, dated 22nd March, states that the ladies of Mercy at Scutari were under her control and that of the Principal Medical Officer. A draft reference to Koulali and Balaklava has been firmly struck out. 68 Although both the Herberths had made it clear to her that she was going to be deprived of overall control, Florence Nightingale nevertheless tried to recover the initiative, and wrote to the War Office again on 2nd April: she asked to be relieved of responsibility for the Koulali hospitals, on the grounds of Mary Stanley's refusal of co-operation. On 20th April the War Office formally agreed to her request. It was perhaps not a coincidence, given the intense animosity which Florence Nightingale felt for her former friend, that her letter of resignation was not written until the day that Mary Stanley left for England. 69

These developments completely undermined Florence Nightingale's
position as 'Superintendent of the female nursing establishment in the English General Military Hospitals in Turkey'. Her original commission had been effectively withdrawn within four months of her arrival in the east. Both the War Office and the voluntary organisers in London had grown tired of all the wrangling. The support of that class of pious and enthusiastic lady philanthropists, committee members and hospital visitors to whom she had before the war shown, at best, a breezy and patronising condescension, could no longer be taken for granted. Lady Stratford de Redcliffe, whose earlier efforts with her husband to give assistance at Scutari had provoked scathing comments from the Lady Superintendent, was now put in charge of all arrangements and appointments at Koulali, and was in constant communication with Lord William Paulet, the British Military Commandant in the Bosphorus since January 1855. As for the other nursing parties, those at Smyrna and Renkioi were already under the direction of civilian doctors; the Kinsale nuns' first obedience was to their Superioress; and most of the nursing staff who had gone to Balaklava placed themselves in direct communication with Inspector-General Hall and Lord Raglan and, taking a literal reading of the terms of Florence Nightingale's appointment, disputed her claim to have any superintending authority outside Turkey itself. The bulk of the female nursing work of the Crimean War was, therefore, done outside Florence Nightingale's jurisdiction, and without reference to her ideas of proper professional practice.

Only in the spring of 1856, as the war drew to a close, was she able to reassert a position of control. She had since 27th April 1855 been officially designated Almoner of the Free Gifts in all British hospitals in the Crimea, and had visited the Crimean hospitals in 1855 and 1856 on the pretext of checking on the manner of their distribution. Through press reports, and through the publicising activities of her family and friends in England, she managed to capture the public imagination at home.
military hospital organisation was now contracting; Koulali and Smyrna were closed, and the ladies and nurses who did not return to Britain came to nurse at Scutari under her auspices. After protracted wrangles with Inspector-General Hall and Mother Bridgeman, she finally extracted a declaration from the War Office on her official position:

> It appears to me that the Medical Authorities of the Army do not correctly comprehend Miss Nightingale's position as it has been officially recognized by me ... Miss Nightingale is recognized by Her Majesty's Government as the General Superintendent of the Female Nursing Establishment of the military hospitals of the Army. No lady, or sister, or nurse is to be transferred from one hospital to another, or introduced into any hospital, without consultation with her. ... The Principal Medical Officer will communicate with Miss Nightingale upon all subjects connected with the Female Nursing Establishment, and will give his directions through that lady.

The declaration was communicated to the Commander of the Forces on 25th February 1856, and issued as a General Order on 16th March. The Times printed it on 1st April, two days after the peace treaty was signed. Florence Nightingale has monopolised the public imagination, and blotted out most of the history of Crimean War nursing, ever since.

* * * * *

The foregoing constitutes, in a sense, a political history of the Crimean War nursing experiment. Most accounts of the episode are, indeed, restricted to these political aspects. Chiefly biographical, they focus on Florence Nightingale's numerous conflicts with, and occasional triumphs over officials of the War Office, the Army Medical Department and the Purveying Department, Mary Stanley, and the sectarian press at home.
It is hardly surprising that the documents produced on these subjects by Florence Nightingale's prolific and witty pen should dominate subsequent perceptions of the episode; but in order to learn about Crimean nursing itself, one has almost to ignore them. It is certainly true that the labour history of the episode can begin only where the political history ends. In order to find out what work the female nurses actually did in the military hospitals, one must consider Koulali and Balaklava on a par with Scutari, and Mary Stanley on a level with Florence Nightingale; not tangle with the rights and wrongs of the situation as perceived by the latter, ultimately more distinguished woman. What needs were, in fact, fulfilled by the arrival of female nurses? Since their coming was, literally, uncalled-for by those on the spot, did they find their own work or was it found for them? Did they perform tasks which could be characterised as female, in contrast to 'male' functions performed by existing male nursing staff? And if so, might it be possible further to clarify the concept of their female work by considering it in relation to the class composition of the nursing parties and divisions of labour between them? In some ways it is better to seek the answers to these questions from the published memoirs, parliamentary reports and War Office papers of the period than from the highly subjective and political correspondence of Florence Nightingale.

When the first nursing party arrived at Scutari the immediate priority appeared to be not in the sphere of medical or surgical nursing as such, but in that of domestic management. The patients were not merely Sick and Wounded. They were also badly and inefficiently fed, and their unwashed bodies lay in filthy sheets or blankets in filthy and foul-smelling wards. There was little point in attempting nursing work until these very material non-medical conditions had been dealt with. Hence the exchange between Florence Nightingale and one of her party on approaching Constantinople:
"Oh, Miss Nightingale, when we land, don't let there be any red-tape delays, let us get straight to nursing the poor fellows!"
'The strongest will be wanted at the wash-tub' ..

Eventually the laundry work was farmed out to soldiers' wives, and the bulk of the cleaning continued to be done by the orderlies. But it was done at Florence Nightingale's insistence, and often with equipment procured by her. Where a medical officer wished to ensure cleanliness in and around his patients' beds, he gave instructions to the orderlies; if these were not followed, he had to inform the purveyor; if the purveyor was unable to get the instructions carried out, appeal was to be made to the Principal Medical Officer, and in the last resort to the military commandant of the hospital. This was hardly an efficient method of keeping the wards of a large and overcrowded hospital clean. Someone needed to be permanently on the spot to see that the work was being done. Just over a fortnight after her arrival at Scutari, Florence Nightingale was available for the task.

'She scolds sergeants and orderlies all day long' wrote one of her companions. The ladies and nuns at Koulali were equally brisk at licking the orderlies into shape. Ironically, Florence Nightingale's domestic work at Scutari, rather than her claims to nursing expertise, may have done most to reconcile the doctors to the activities of ladies in a military hospital. If there was one form of work in which ladies were fully qualified, whether hospital-trained or not, it was in giving directions to domestic servants: and this was a chore of which many medical officers were only too glad to be relieved.

In attending to the dietary needs of their patients, the female nurses entered an area which seemed to be more simply 'women's work', and in which any special qualities of 'ladies' were largely irrelevant. The staple diets of the hospitals were always prepared and served by the male orderlies. The sheer size of this catering operation, and the cumbersome and inefficient method of distributing meals to individual patients, referred to above, meant that the provision of 'extra diets' - which often
were of greater value in stimulating appetite and morale — was very unsatisfactory. Small helpings, intended to be tempting or reviving, of e.g. arrowroot, beef-tea, port wine, lemonade, jelly and rice-pudding, were either badly prepared and served at inappropriate times, or not distributed at all. Florence Nightingale at Scutari set up her own 'extra diet kitchens' and supplementary boilers where these items alone were prepared and, on medical requisition, issued to ward orderlies. Mary Stanley after two days at Koulali wrote of the as yet incomplete organisation of the new hospital, and the 'messes of lemonade, arrowroot, beat-up eggs, rice pudding, etc., going on in every room.' Mother Bridgeman's sisters, for the good of the orderlies as much as for their patients' sakes, took control of the distribution of alcoholic stimulants.79

After the war, Florence Nightingale wrote, with a note of regret:80

Practically, it is of little avail to superintend, ever so carefully, the issue of extras to the sick, unless there is permission and opportunity to pour the nourishment, perhaps in continual drops, down the throat of reluctant agony, or delirium, or stupor.

From cooking to feeding was indeed a logical sequence, if the ratio of nurses to patients was adequate. During the war, however, Florence Nightingale was strongly critical of what she considered the overstaffing of those hospitals where the female nursing was not under her control: she predicted that the men would be overindulged and the medical staff alienated by extensive female interference; she claimed that moral dangers existed, since most of the men were not 'really sick', but convalescing until fit for combatant service; in May 1855 she wished she had fewer nurses herself. The ideal ratio was two and a half to three female nurses per hundred severely sick men. Koulali now had about forty-three female nurses for five hundred patients.81 There is no evidence that the medical officers outside Scutari shared Florence Nightingale's reservations. When
the Koulali hospitals were opened, it was explained to Mary Stanley that her party was chiefly required for cooking and administering the patients' diets, and watching and feeding the medical cases. They were also given more responsibility in the matter than the nurses at Scutari: 82

The doctors are worn out, and simply say, 'With such a diet you may use your own discretion: he must be fed, get down all you can.'

The extent to which these functions were appreciated was shown again towards the end of the war, when the staff-surgeon responsible for the civilian Land Transport Corps put in a request for twelve female nurses, 83

As there is a large amount of sickness in the Corps, and of a nature requiring nourishment carefully prepared and administered with discretion, as well as great attention to personal cleanliness and comfort of the sick, and as these ends are not obtained by the class of hospital orderlies sent from the Corps ...

While it may seem that the female nurses were appreciated more for their domestic than their medical capacities, the classifying line between the two functions was necessarily somewhat blurred. Cleanliness, and the encouragement to eat, were recognised as aids to recovery in a situation where no certain medical antidotes to infection had been discovered. After the war, one surgeon wrote: 84

Those who remember the cooking for the sick which prevailed at Scutari before, and that introduced after the kitchen department underwent the 'female revolution,' will be able to appreciate the difference which attention to this point must make on the results of treatment. ... It was in the management of those cases of such frequent occurrence in the East, where a lingering convalescence - most liable to relapse - had succeeded to a wasting flux or debilitating fever, that the 'extras' from the 'sisters' kitchen' came to tell in the treatment. Nourishment, properly and judiciously administered, was the sole medication on which we could rely in such cases. It was often of itself sufficient to cure, and it was in attending to this that the female nurses saved so many lives.

Moreover, it was for the medical officers a small step from entrusting the female nurses with administering diets to patients, to administering their
medicines, and supervising all severe medical cases. In his confidential report on the nursing system in the Crimea, prepared at the end of 1855, Deputy Purveyor David Fitzgerald waxed particularly lyrical over the qualities displayed by the Sisters of Mercy in this sphere:

... the Medical Officer can safely consign his most critical case to their hands; stimulants - or opiates - ordered every five minutes, will be faithfully administered, though the five minutes' labour were repeated uninterruptedly for a week.

At Scutari, by contrast, much to Florence Nightingale's chagrin, the female nurses' work in this area was actually curtailed. The arrival of the newly created Medical Staff Corps in the second half of 1855 seems to have provided the occasion for this:

The existence of the old regulations and the arrival of the new ones, about the Medical Staff Orderlies, were made great use of against our work, by some of the Medical Officers, after the heavy pressure of the war was over. So, at Scutari, a Principal Medical Officer took away and would not restore the practice of the nurses giving medicines, in which he was borne out by an existing rule. ... The existence of these Regulations proved also a great stumbling-block in the Castle Hospital, ...

The final indication of the value which was placed on the services of the female nurses, especially outside Scutari, was the institution of the practice of night nursing. If the nurses really had been superfluous to requirements, or required for housekeeping duties only, there would presumably have been strong arguments, on grounds of propriety, against allowing them in the wards at night. Florence Nightingale did not allow her nurses in the wards after 8.30 p.m. She alone (with an occasional companion) was allowed to figure as The Lady with the Lamp. At Koulali, night nursing was introduced after the arrival of the first reinforcements from England in the spring of 1855. In the autumn, when the Kinsale nuns transferred from Koulali to Balaklava, there was a cholera outbreak, and

The Sisters were up every night ... Rev. Mother did not allow the Sisters to remain up at night, except in cases of cholera, without a written order from the doctor.
At Smyrna, some of the ladies sat up all night, on a voluntary basis, if a patient needed special care; eventually an order was issued that this should always be the practice of the hospital. 89

The female nurses' other main contribution to the work of the military hospitals fell in the category of small personal attentions for which the orderlies had little or no time. Fanny Taylor recalled cooling Koulali fever patients with a large feather fan, putting ice on their brows, or in their mouths at five-minute intervals. Margaret Goodman at Scutari found that 'for each languid sufferer, some trifling thing could be done' and included in her list of 'womanly attentions' moistening the lint over inflamed wounds, helping patients to turn in bed, and placing a cologne-filled handkerchief next to a stinking post-operative limb. At Smyrna a lady shaved a patient's head to get out the vermin. 90 Menzies' comment to the Parliamentary commissioners on the state of the army hospitals that the female nurses 'are very useful in shifting the men's linen, washing their faces and hands' sounds like damnation by faint praise, but merely indicates the restraints imposed upon the women's work by the demands of sexual propriety. Only a very small proportion of the body's surface area could be washed or cooled by them. Sister Doyle recalled that at Scutari 'aromatic vinegar ... was the greatest refreshment the poor patients got. When a little of it was put into water, and they were sponged with it over and over, they used to hold out their poor hands for more.' Disarmingly, the same writer commented: 'Rarely, very rarely, did any remedy succeed' ... 91 The one area where the female contribution seems to have been slight was in surgical nursing. At Scutari medical students, and at Koulali regimental dressers took care of the soldiers' wounds; however, Florence Nightingale is said to have attended operations at Scutari, and the Kinsale sisters did so at Koulali. 92

It is difficult to escape the conclusion that the further the female nursing corps moved from Scutari and Florence Nightingale, the more they
were appreciated by the doctors. Florence Nightingale's dire forecasts that the ladies of the second and subsequent parties would be incompetent, and the Catholic nuns interested in little beyond proselytisation, were not borne out by events. It would have been galling to have to admit this, and even more infuriating to have to concede that the nurses outside her control found more favour with 'their' doctors than she had with the medical officers at Scutari. Instead, she libelled the ladies and sisters at every opportunity; the power of her pen is such that the accusations of incompetence, spiritual interference, filth and neurosis are still current in the literature. This said, however, it cannot be claimed that all was sweetness and light within the non-Nightingale ranks. There were difficulties involved in creating a unified corps out of women of very different social origins. The relations between the non-Nightingale corps and 'their' doctors may have been excellent; but relations amongst themselves were another matter.

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At the beginning of December 1854, the second party of nurses had been assembled at the house of Sidney Herbert, Secretary of State at War, to hear a solemn address on the dangers and difficulties of the undertaking. 'If you behave yourselves well,' Herbert warned the very variegated group of women before him, 'there will be a provision for you; if not, it will be the ruin of you.' He further impressed upon them 'that we all went out on the same footing as hospital nurses, and that no one was to consider herself as in any way above her companions.' Herbert's first warning was directed at the paid nurses in the party. The second was intended for the 'lady volunteers', and was based, not on any sudden enthusiasm for social or religious egalitarianism, but on an assessment of the nursing duties which awaited them. It was not feasible to divide the women going out to Scutari into the two grades of nurses known in many civilian
hospitals: civilian patterns of work could not be replicated in military wards. In the military hospitals, all heavy domestic tasks were assigned to male orderlies; there was no room for a low grade of female nurse hired to perform the same functions. Nor was it possible to create a supervisory rank of nursing sisters which could simply replace or supplement the work of the ward sergeants, for the latters' duties were purely administrative and disciplinary; they could not be assimilated to the role of the head nurse or sister, since they did not take charge of serious cases, or instruct the orderlies in other than domestic duties. As Florence Nightingale later recalled, 'no General Order or Warrant was ever issued as to the duties of the nurses', and the hastily improvised female corps had no official grading within the military hospital structure. The female nurses were expected to supplement existing nursing provision in an ad hoc fashion, according to the differing wishes of individual doctors, and priorities to be decided by the latter on the spot. Clearly, it would only complicate matters if they had to be distinguished from the outset according to rank and function. Florence Nightingale had, of course, dealt with the problem of equal grading by engaging no 'lady volunteers' in her original party.

'Fancy one's receiving people' wrote Martha Clough from Balaklava, 'in such a costume as a pepper and salt, dirty-looking, dressing-gown sort of a dress, a night cap, a blue checked apron, and a hospital badge across one's shoulder! Yet I feel as proud of my humble costume as many of those men are of their orders'. Her attitude was unique among the ladies going to the East, who were utterly dismayed to discover that the consequence of taking up government service was to appear to all the world as domestic servants. One of the nuns in Mary Stanley's party reflected 'That ladies could be found to walk into such a costume was certainly a triumph of grace over nature'. In most cases the triumph was exceedingly short-lived. Martha Nicol, who was sent out to nurse at Smyrna, felt the inconveniences
of the uniform before she had even left European soil, when she heard one of the orderlies 'accost one of the ladies of our party with the greatest familiarity, shouting with laughter, when she instinctively drew back, evidently thinking she was assuming a superiority which did not belong to her. I shall not repeat his conversation, which was coarse, and excessively free and easy; but it ended by his telling her, "He supposed she was hungry, and that there was a slap-up dinner waiting for her at the hotel!". The enormity of the offence lay not so much in the orderly's indirect reference to the lady's innards, but in his addressing her at all. Members of the servant class were not supposed to initiate conversations with their superiors. Domestic servants were not, indeed, supposed even to address each other before 'the ladies and gentlemen of the house' unless it were a matter of urgent necessity, when it should be 'as shortly as possible, and in a low voice'. Fanny Taylor, too, felt the distress of the situation long before she reached Turkey: 'The ladies had suffered by it through the journey, for having no authority to restrain the hired nurses they were compelled to listen to the worst language, and to be treated not unfrequently with coarse insolence'. Nevertheless, according to Martha Nicol 'the real evil was done to the nurses, who fancied that according to our descent in the social scale, was to be their ascent, ... the seeds of discontent and dissatisfaction were sown by their being told that we went out on the same footing; ...' 

It was more than amour propre which was at stake. The Stanley party was, as we have seen, refused admission to Scutari and forced to seek lodgings elsewhere, where they had not been expected, and where arrangements for domestic service had not been made. Somewhat rashly, as it might appear to a twentieth-century eye, 'Miss Stanley refused assistance from the English hotel in Therapia, thinking it best to employ the paid nurses in the household work which was to be performed'. This might have worked in St. John's House, but it aroused among the paid
contingent 'a strong inclination to strike work. "We are not come out to be cooks, housemaids, and washerwomen", and they dwelt considerably on Mr. Herbert's words about equality.' The next morning, after a 'kind address' by Mary Stanley, on the need for "serving one another by love", each assisting to the best of her power in the work of the house as she should allot to them, 'some few of the nurses worked hard and willingly for the public good', 'most of the paid nurses performed their work with an air of infinite condescension' and one maintained her strike to the bitter end. The Smyrna ladies experienced the same revolt when they established their living quarters: 'On the nurses first being asked, if they would come and work for us, they all refused, with the exception of Mrs. Gunning and Mrs. Butler; saying, "they came out as nurses, not to do house-work."' The ladies considered the issue one of urgent physical necessity as well as social principle. Mary Stanley was on record as 'lamenting her inability to carry a coal-scuttle or lift a pail of water'. Fanny Taylor was amazed when one of her own rank in the party joined the group of nurses whom Mary Stanley subsequently appointed to do laundry work for the naval hospital at Therapia: 'There would be few ladies whose health would have enabled them to undertake such a labour.' It was a relief to find that not all the nurses had been contaminated by the notion of equality. Some were 'hard-working, respectable and obliging'; and at Smyrna there was even a 'treasure': 'We had now seventeen nurses one of whom, Mrs. Suter, acted as cook at our quarters ... Not only was she kind and obliging as a servant, but she was one who thoroughly knew her place, and was never above doing anything to assist us, or add to our comforts in any and every way,...' However, the ladies did not wish to remain dependent upon the mere goodwill of their social inferiors. Promptly and energetically they set about altering the relative status of ladies and nurses on the spot, and redefining the conditions of the nurses' employment as laid down in London.
A simple first step was to cease wearing the same uniform. The Smyrna ladies kept to their grey dresses, but left off their 'badges', the strips of brown material bearing the name of the hospital embroidered in red. The Stanley party changed their dress. When a new party of ladies and nurses arrived at Koulali early in April, all clad alike in the noxious weeds, the welcoming ladies expressed 'our surprise and vexation' at the fact that 'the home authorities had not thought well to learn experience from those who had to struggle with difficulties on the spot'. They soon persuaded the new arrivals of their own class to follow their example in the matter of dress. More far-reaching measures followed, to establish distance between the classes. The nurses were not allowed in the wards except under the ladies' supervision. This was explained with reference to the medical needs of the patients:

... not a single one, except Mrs. Woodward, could be trusted alone. They would give things to favourite patients without the surgeon's leave, or omit to carry out his orders unless they were made to do it.

However, this measure did also bolster the ladies' own authority over the patients; 'the more external indications of our position were kept up, the more influence we had with them'. Other non-medical considerations - the prevention of too much familiarity between nurses and male patients of the same social class - provided a further powerful impulse for control. At Scutari, the nurses were forbidden to speak to the patients except through the Sisters of Mercy; they were also forbidden to speak to the patients at Balaklava. Mary Stanley was, if anything, even more conscious of the difficulties of disciplining the nurses into impersonality in their relations with the sick and wounded than was Florence Nightingale.

A system of supervision was devised for the nurses at Koulali which covered all their waking, as well as their working hours:

At the ladies' Home we assembled at eight o'clock for prayers, read by our superintendent, then followed breakfast. At nine the bell for work
rang. We all assembled; each lady called the nurse under her charge to accompany her to her ward, or kitchen, or linen stores (we never allowed the nurses to go out alone, unless with special permission); ... At half-past two we dined, the ladies in one room, the nurses in another, with a lady at the head of their table. The ladies took it by turns, a week about, to superintend all the meals of the nurses. At half-past four the bell summoned us to return to the hospital. ... At seven we returned to tea; then one lady - we took it in turns - went out with the nurses for a walk; now and then, for a treat, in caiques, to the sweet waters, or Bebec. At nine the chaplain of the Church of England came and read part of the evening service. Those who wished for it took some supper ere they went to their rooms.

There were, it is clear, times when the ladies rather regretted the duties they had laid upon themselves:

It was often very fatiguing, after a long day in the wards, to escort the long train of nurses for an evening walk. They were rather exigent in their wishes as to where they should go. Some wished to climb the hills to catch the breeze, while others declared they could only walk along the shore, while the oldest of the party (and rather a character amongst us) had yearnings after a krogue as she termed a caique. 109

Mary Stanley had characterised her nurses, long before they could be tested in the wards, as being 'like troublesome children', 110 and one has the strong impression that some of them were acting up to her expectations for all that they were worth.

It may well be that 'the respectable part of the nurses submitted willingly to the restrictions placed upon them, irksome though they were', but they must have seemed intolerable to many. The controls, and the behaviour required were not, perhaps, too dissimilar from the working conditions of a domestic servant resident in a middle or upper class household; but the Koulali regime also bore irresistible comparisons with the one, described by Mary Stanley in Hospitals and Sisterhoods, which was practised at St. Mary's House, Wantage. Of this small sisterhood's house for former prostitutes she reported:

... these poor persons require constant watchfulness. Whenever two or more are engaged in
any work, some one in authority should be present, to see that the work is properly done, and to prevent improper conversation, quarrelling, or other misconduct. It is moreover at their work, and in their hours of recreation, that their various tempers are manifested; and then the watchful eye and ready word are needed, to check the evil, or foster the good feeling, as it is drawn forth. All this requires, not only many supervisors, but great tact and peculiar qualifications. It must be carried out by those who can unite firmness with gentleness, who will be faithful to their charge in requiring obedience, while they enforce it in the spirit of love.

Since a mistress-servant model had not held good for relations between ladies and nurses, the supervisor-penitent model was introduced to replace, or strengthen it - with equal maladroitness and lack of success.

While the ladies certainly believed themselves innately qualified to exercise spiritual authority over the nurses, they also acknowledged, at some level at least, that they derived this authority from the lower classes' recognition of their social and political power. If this recognition were not forthcoming, and a position of superiority were not reinforced within the institution (household, hospital) in which work was being carried out, then spiritual influence would evaporate with disconcerting speed. 'The real mischief of the equality system' Martha Nicol asserted, was 'done ... to the nurses, who felt themselves aggrieved at being displaced from their fancied position of "ladies" ... and their insolent bearing made it impossible for us to be of that help to them which we otherwise might have been.' In consequence, the Wantage methods of firmness, gentleness and the spirit of love had to be supplemented if not indeed replaced by the wielding of economic power: the ladies' chief weapon against the nurses being the threat of dismissal with a bad character.

Almost half the nurses at Koulali were dismissed in less than eight months, and 'to our profound astonishment we found that our sending home so
many gave great umbrage to the authorities at home'. A request for further particulars of individual cases produced rather vague references to 'loose character and immoral habits'. The ladies did not imagine that 'the authorities would require details which were often too terrible to dwell on'. The brazen mind of the twentieth-century reader boggles. Nowhere in these particular memoirs (Fanny Taylor's) is any more specific delinquency named than drunkenness, and one declaration of atheism. However, it certainly seems as if many nurses found ways of escaping their warders. They must surely have needed a greater degree of relief from unpleasant and dangerous work, and from the contemplation of continuing, irremediable human misery, than was afforded by Mary Stanley's pious routines. These might, indeed, have been expressly devised to spark off the desperate conduct which the ladies so deplored. Florence Nightingale was convinced that some nurses in the east misbehaved deliberately, in order to be dismissed; she thought the prospect of a better situation provided the inducement, but the desire to escape the ladies' control was an equally plausible motive. For all their assumed spiritual superiority, the ladies made little allowance for the pressures acting upon their presumed weaker and more childlike sisters.

Florence Nightingale, too, had her disciplinary problems. She claimed, often without justice, that the failings of many of her paid nurses reflected their lack of previous experience, and blamed 'want of care in selection - and, I may add, want of special knowledge in the selectors, as well as want of assiduity in testing recommendations'. At the London end of the operation, Lady Canning admitted that nurses had been engaged without appropriate previous experience. She begged the War Office to finance two or three weeks' training for more nurses at St. John's House; at present she could obtain only four or five free admissions for training. The cost would not be greater than that of sending out and bringing home unsuitable nurses. Her anxiety over training stemmed from
her dislike of hospital nurses as a class:

From experience we learn to mistrust regular hospital nurses and very few of them should be engaged. There is no doubt but that household servants and private nurses after a little teaching answer best.

In short, she sympathised with the ladies' desire for lower-class women who knew their place.¹¹⁵

By the summer of 1855, Mary Stanley was back in England, and Florence Nightingale had direct control of female nursing in Scutari only. It was at this time that the ladies' view of the proper relationship between voluntary and hired nurses began to find official expression. In July an official circular 'To the Nurses about to join the Army Hospitals in the East' was printed,¹¹⁶ whose preamble stated: '... that the Nurses who have gone to the East, complained of being subject to hardships and rules of which they were not previously informed, and of having to do work different to what they expected, ...' and which warned 'that none should undertake this duty who are not prepared and willing to perform every branch of work which lies within a woman's province, such as washing, sewing, cooking, housekeeping, house cleaning - all these have been in turn required from those who have already gone out, and may be again.' It would seem, however, that this warning was by itself insufficient to raise the standard of deference to authority, for in December a far lengthier set of Rules and Regulations were issued, which were more explicit on the subject of ladies and nurses.¹¹⁷ Along with clauses on uniform, expeditions outside the hospitals, dismissals etc., there was now an expanded clause on domestic work which included a reference to 'the cleaning of her own and the ladies' apartments' and, in case any misunderstandings should remain, clause fourteen stated:

It having been found that some of the nurses have believed they were to be on an equality with the ladies and sisters, it is necessary they should understand that they will remain in exactly the same relative position as that in which they were
in England, and under the authority and direction of the lady superintendent or the persons acting under her.

* * * * * *

'Would you or some one of my Committee write to Lady Stratford to say, "This is not a lady but a real Hospital Nurse," of me? "And she has had experience."' (Florence Nightingale to Elizabeth Herbert, 14th October 1854.)

Florence Nightingale considered it essential to the success of her mission that she should be seen in professional, functional terms, and that her staff should come to be accepted as integral parts of the hospital machine. If they were in any sense to be regarded as 'extras', they were to be like the dietary 'extras', making all the difference between regress and recovery. They were not to be decorative or emotional extras, like lady hospital visitors, nor were they to double as chaplains' auxiliaries. Two very different philosophies animated Florence Nightingale and Mary Stanley, and Florence Nightingale always insisted that the latter's approach was incompatible with efficient care of the sick. The Crimean experience did not, however, provide overwhelming evidence that the Nightingale methods, as implemented at Scutari, produced a definitively superior nursing service. The mortality figures published in the Parliamentary Report upon the State of the Hospitals of the British Army in the Crimea and Scutari of 1854-5 and the Report of the Sanitary Commission dispatched to the Seat of War in the East of 1855-6 leave the relative and absolute efficacy of the different nursing systems in doubt.

The tables on mortality indicate no significant decline in the rate at either Scutari or Koulali before March 1855. The decline which is then recorded is attributed in the Hospitals report to the onset of milder weather, which permitted freer ventilation of the wards, and of course had
'other beneficial influences', presumably reducing the physical misery and weakness of convalescents, and of troops in the field. The Sanitary report produced figures for the period from the end of February to the middle of November 1855, giving clear evidence for a decline in mortality after 17th March, the date at which the Commissioners' recommended cleansing works began to be put into operation. Neither report mentioned an increased and improved nursing staff as a contributory factor. Hospitals, suggesting that 'The improvement in the sick may, perhaps, be attributed in some degree to the improved condition, sanitary and otherwise, of our hospitals' and Sanitary Commissioners, paying tribute to 'the benign influence of that other ministering agency which has added a new name and a fresh glory to the annals of female heroism' seem to be taking a distinctly patronising tone towards the whole experiment.

<table>
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<tr>
<th>February</th>
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<th>Discharged</th>
<th>Died</th>
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<td>2,139</td>
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<td>2,895</td>
</tr>
<tr>
<td>Koulaï</td>
<td>434</td>
<td>795</td>
<td>65</td>
<td>302</td>
<td>861</td>
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<td></td>
<td>4,599</td>
<td>2,690</td>
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<td>2,475</td>
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<tr>
<td>Scutari</td>
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<td>450</td>
<td>362</td>
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<td>Koulaï</td>
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<td></td>
<td>3,756</td>
<td>2,835</td>
<td>2,837</td>
<td>555</td>
<td>3,199</td>
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Monthly report from Dr. Cumming to Dr. Smith, April 28, 1855
ABSTRACT of Weekly States of SICK and WOUNDED from October 1 to January 31

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<th>DATE</th>
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<th>MEN</th>
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<td></td>
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<td>Admitted</td>
<td>Died</td>
<td>Remained</td>
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<td>70</td>
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<td>72</td>
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<td>8 to 14 &quot; &quot;</td>
<td>72</td>
<td>23</td>
<td>9</td>
<td>2</td>
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<td>15 to 21 &quot; &quot;</td>
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<td>12</td>
<td>20</td>
<td>76</td>
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<td>22 to 28 &quot; &quot;</td>
<td>76</td>
<td>8</td>
<td>47</td>
<td>37</td>
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<td>37</td>
<td>11</td>
<td>2</td>
<td>1</td>
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<td>5 to 11 November&quot;</td>
<td>45</td>
<td>34</td>
<td>10</td>
<td>69</td>
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<td>12 to 18 &quot; &quot;</td>
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<td>49</td>
<td>4</td>
<td>3</td>
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<td>9</td>
<td>-</td>
<td>102</td>
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<td>8</td>
<td>1</td>
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<td>21 to 27 &quot; &quot;</td>
<td>67</td>
<td>29</td>
<td>30</td>
<td>1</td>
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<tr>
<td>28 to 31 &quot; &quot;</td>
<td>65</td>
<td>29</td>
<td>16</td>
<td>1</td>
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From: P.M.O.'s office, Scutari, February 1, 1855
In: op. cit., p. 257
The mortality rates at both Scutari and Koulali began to decline after the former centre had enjoyed the benefits of female nursing for five months, and the latter for three. During this period, according to most sources based on Florence Nightingale's records, Mary Stanley operated with staff and organisational methods inferior to Florence Nightingale's, and with inadequate supplies and finance. One implication of the figures is that Mary Stanley was not a significantly worse nursing superintendent than Florence Nightingale. Another is that the efforts of both women were largely irrelevant to the soldiers' welfare. No cast-iron case for the superiority of Florence Nightingale's system can be made. It could be argued that the Koulali mortality rate should, in fact, have been lower, and fallen much sooner, than that at Scutari; the former centre dealt with fewer patients, and at this period, the larger of the number of patients, the greater the spread of cross-infection. However, one can never be certain of comparing like with like. At Koulali, the doctors did not reject the services of female nurses; the female system there could, therefore, be said to have been truly put to the test. At Scutari, on the other hand, many surgeons declined the help of female nurses; so the mortality rate there is the rate under a mixed system. Are Scutari's merits or defects to be attributed to its male or female complement? one can hardly accept Florence Nightingale's opinions on the question as definitive.

It is perhaps the crowning irony of the Crimean episode that Florence Nightingale was unable to prove her claims for the superior efficacy of well-organised female nurses over the existing corps of male military orderlies. She could make assertions as to the irresponsibility and indiscipline of Mary Stanley, the slovenliness of the nuns, or the drunkenness and incompetence of the military staff — but she could not prove beyond dispute that she had any special capacity to save lives. Her comments on the purveying system, and her enthusiastic collaboration with
<table>
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<tr>
<th>Twenty-one days ending</th>
<th>Barrack Remained and Admitted</th>
<th>Deaths</th>
<th>Deaths to Sick per cent.</th>
<th>Scutari General Remained and Admitted</th>
<th>Deaths</th>
<th>Deaths to Sick per cent.</th>
<th>Palace Remained and Admitted</th>
<th>Deaths</th>
<th>Deaths to Sick per cent.</th>
<th>Kulalie Deaths</th>
<th>Deaths to Sick per cent.</th>
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<td>2,482</td>
<td>186</td>
<td>7.49</td>
<td>1,227</td>
<td>144</td>
<td>11.73</td>
<td>686</td>
<td>51</td>
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<td>April 7</td>
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<td>99</td>
<td>3.96</td>
<td>1,011</td>
<td>60</td>
<td>5.93</td>
<td>460</td>
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<td>April 28</td>
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<td>3.26</td>
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<td>2.75</td>
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<td>May 19</td>
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<td>691</td>
<td>18</td>
<td>2.60</td>
<td>268</td>
<td>4</td>
<td>1.49</td>
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<td>16</td>
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<td>19</td>
<td>1.61</td>
<td>567</td>
<td>17</td>
<td>2.99</td>
<td>183</td>
<td>8</td>
<td>4.37</td>
<td>627</td>
<td>5</td>
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<tr>
<td>June 30</td>
<td>1,408</td>
<td>15</td>
<td>1.06</td>
<td>524</td>
<td>8</td>
<td>1.52</td>
<td>242</td>
<td>2</td>
<td>0.82</td>
<td>610</td>
<td>4</td>
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<tr>
<td>14 July to 10 Nov. 1855</td>
<td>4,759</td>
<td>87</td>
<td>1.82</td>
<td>1,607</td>
<td>58</td>
<td>3.60</td>
<td>1,149</td>
<td>22</td>
<td>1.91</td>
<td>1,555</td>
<td>36</td>
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</tbody>
</table>

From: Report ... of the Proceedings of the Sanitary Commissioners dispatched to the Seat of War in the East 1855 - 6. PP (Accounts and Papers [2]) 1857 IX p. 324
the Sanitary Commissioners, whose assumptions and methods were so close to her heart, were indeed influential and constructive. But when it came to the business of nursing, she could only fall back on revelations of the sensational horrors which she had found upon her arrival, and aspersions upon her female rivals. She was indeed a moral, as much as a practical force, in the care of the sick; she, who wished so much to distance herself from amateur philanthropy and mere kindness, had in fact made her chief contribution through the rousing of public opinion and the improvement of morale. The voice might be the voice of Chadwick, but the hands were still the hands of Lady Bountiful.

What cannot be proved at this date about Florence Nightingale's work was not believed at the time by the officers of the Army Medical Department. Some doctors did speak highly of the effect on morale of 'those gentle offices of kindness which a woman can alone bestow' when the sick soldier was 'oppressed by a sense of loneliness in a foreign land', or of the ladies' sense of mission and devotion to duty, but these were assertions of belief rather than arguments leading to any practical conclusion. If any comparison with other medical services was attempted, the evidence did not suggest that the efficiency of nursing staff was a crucial element in their success. The navy, for example, employed a few lady nurses at its fixed hospital at Therapia, but otherwise relied, at sea or ashore, on untrained male sick berth staff. The relatively favourable mortality rate in the navy was thought to reflect its more effective methods of victualling and supply in general. The French military medical service, on the other hand, was much admired for its trained and permanent corps of infirmiers, supplemented by Sisters of Charity; but, probably due to its sanitary deficiencies, it was unable to bring down the mortality rate among French soldiers after the spring of 1855.
Medical Department was the case for better supplied regimental hospitals, or better communications between dressing stations at the front and general hospitals at the base: for the application of the most up-to-date ideas on hospital and camp sanitation; for a new and better method of organising the work of general hospitals in every sphere - cleaning, cooking, purveying, distributing. In the sphere of nursing itself, doctors argued first and foremost for a stable labour force, not a motley crew of men on brief secondment from combatant service; and secondly for a corps appropriately prepared for its duties. On 12th May 1855 Lord Raglan had written to Lord Panmure from the Crimea, requesting the creation and despatch from England of a new corps of hospital orderlies, and received an affirmative response. The Medical Staff Corps did not arrive in Scutari until autumn 1855, and do not appear to have been universally welcomed. They had not received any hospital training, nor do they seem to have achieved any notable standards of sobriety. This hastily improvised corps was disbanded at the end of the war. Its failings did nothing to persuade the Army Medical Department of the necessity of a female nursing service. Instead, a year later, a new Army Hospital Corps was created. This was to be recruited from volunteers from regiments of the line, who were to be literate, and men of good conduct. They were to be graded, as the Medical Staff Corps had not been, as privates, sergeants, company sergeants, or sergeant majors, and allocated to either the medical branch or the purveying branch of a hospital. They would receive an initial training and, as they were to be permanently appointed, it could be assumed that their instruction would continue in the course of their hospital work. It was this corps which was considered the most promising model for the development of army nursing; and any post-war proposal to incorporate a female nursing staff in the military hospitals would find it uphill work to gain acceptance.
1. Report of the Select Committee on the Army before Sebastopol, PP 1854-5 IX; Report upon the State of the Hospitals of the British Army in the Crimea and Scutari, PP 1854-5 XXXIII; Report of the Royal Commission into the Supplies of the British Army in the Crimea, PP 1856 XX; Report of the Proceedings of the Sanitary Commissioners dispatched to the Seat of War in the East 1855-6, PP 1857 IX; Report of the Committee on the Pathology of the Diseases of the Army in the East, PP 1857 XVIII; Report to the Director-General of the Army Medical Department on the Sanitary Condition of the Army in the East, PP 1857-8 XXXVII; Medical and Surgical History of the British Army which served in Turkey and the Crimea, PP 1857-8 XXXVIII.

2. These include C. Bryce, England and France before Sebastopol (London 1857); G. Buchanan, Camp Life as seen by a Civilian (Glasgow 1871); G.H.B. Macleod, Notes on the Surgery of the War in the Crimea (London 1858); S.M. Mitra, The Life and Letters of Sir John Hall (London 1911); P. Pincoffs, Experiences of a Civilian in Eastern Military Hospitals (London 1857). Lt.-Col. A. Stirling, The Highland Brigade in the Crimea (London 1897) is a combatant’s memoir which throws much light on the problems of hospital staffing.

3. Sister Mary Aloysius Doyle, Memories of the Crimea (London 1897); Margaret Goodman, Experiences of an English Sister of Mercy (London 1862); Rev. W.F. Hobson, Catharine Leslie Hobson, Lady-Nurse, Crimean War, and her Life (London 1888); (Martha Nicol), Ismeer or Smyrna and its British Hospital (London 1855); (Frances Margaret Taylor), Eastern Hospitals and English Nurses by a Lady Volunteer (London 1856) 2v; the same, 3rd edition, (London 1857); Jane Williams, ed., The Autobiography of Elizabeth Davis, a Balaklava Nurse (London 1857) 2v. Sarah Anne Terrot’s memoirs were first published in 1898, and a modern edition is R.G. Richardson, ed., Nurse Sarah Anne (London 1877). Mary Seacole’s memoirs were first published in 1857, and have recently been re-published in Z. Alexander and A. Dewjee, eds., Wonderful Adventures of Mrs. Seacole in Many Lands (London 1984).

4. The biographical literature on Florence Nightingale is immense. The popular image of 'The Lady with the Lamp' is liable to be formed for the foreseeable future by Lytton Strachey, Eminent Victorians (London 1918) and Cecil Woodham-Smith, Florence Nightingale (London 1950). Serious historians will continue to rely on E.T. Cook, The Life of Florence Nightingale (London 1913) 2v., and the most recent study, F.B. Smith, Florence Nightingale, Reputation and Power (London and Canberra 1982) will prove valuable if read in conjunction with it. Other useful studies of Florence Nightingale are by S.A. Tooley (London 1904), L.R. Seymer (London 1950) and E. Huxley (London 1975).


6. E. Bolster, The Sisters of Mercy in the Crimean War (Cork 1964) deals most interestingly with the practical details of nursing work, but is otherwise preoccupied with sectarian issues.

8. Medical and Surgical History ... p. 3.


17. Medical and Surgical History ... p. 48. For an account of the state of knowledge on contagion in this period, see M. Pelling, Cholera, Fever and English Medicine 1825-65 (Oxford 1978).


19. Report ... Hospitals ... Appendix, pp. 84-5, 125, 128, 147.

20. Richardson, op. cit., p. 95.


23. Richardson, op. cit., p. 105.

24. Cook, op. cit., Vol. I, pp. 150-4. In 1854 the two offices of Secretary at War and Secretary for War existed side by side. After the war they were combined.

25. 'Since the sick soldiers of our army in the Crimea were saved by the skill and patience of the nurses who gave themselves freely to that work of mercy, it has been impossible surely to cast discredit before English hearers on voluntary female charity, or on the organisation which a proper discharge of its duties requires': The Guardian, 16.10.61 p. 937. General works on the sisterhoods include P.F. Anson, The Call of the Cloister, (London 1964) and M. Hill, The Religious Order (London 1973); see also the chapter on sisterhoods in M. Vicinus, Independent Women (London 1985).

28. For Mary Stanley's subsequent philanthropic career, see the memoir at the end of A.P. Stanley, Memoirs of Edward and Catherine Stanley (London 1880).
34. W.O. 25/264, Testimonials to Nurses, Bundle N.
36. GLRO H.I./ST/N.C.8/1, Military nurses, ff. 5,10.
38. GLRO, H.I./ST/N.C.8/1, Military nurses, ff. 4, 5, 10; BL.Add.MSS. 43402, Notes on Nurses, ff. 6-7.
39. Smith, op. cit., pp. 16-17, throws strong doubt on Florence Nightingale's claims to have worked in the Middlesex Hospital in 1854; her only other working experience would have been in Germany and at Harley St.
40. BL.Add.MSS. 43397 f. 93b, Florence Nightingale to Lady Cranworth, 22.2.56.
41. GLRO, H.I./ST/N.C.8/1 Military nurses, ff. 9, 11, 19.
44. W.O. 6/70 f. 31, Newcastle to Raglan, 11.12.54; Cantlie, op. cit., Vol. II p. 75.
45. W.O. 43/963, f. 196.
46. Cook, op. cit., Vol. I, p. 188, gives the number as 47 nurses, but on p. 191 quotes a letter from Mr. Bracebridge giving the number as 46. Williams, op. cit., Vol. II pp. 94-5, gives 47. No formal list of nurses accepted and despatched at any particular time was kept by the War Office or the Army Medical Department, as the selection was not in the hands of their officials.
48. BL. Add. MSS. 43393 f. 149b, Nightingale to Sidney Herbert, 12.2.55; Cook, op. cit., Vol. I pp. 191, 252; Woodham-Smith, op. cit., p. 194.

49. The fatalities among the ladies were Martha Clough and Miss Smythe. Three nurses, one Catholic nun and one Anglican sister also died.


52. BL. Add. MSS. 43397 f. 76b, Nightingale to Mrs. Bracebridge, 4.11.55.


54. Doyle, op. cit., p.33;Cook, op. cit., pp.188-93;Smith, op. cit., p.34.


58. W.O. 43/963 f.197, letter of Florence Nightingale, 5.3.55.


60. W.O. 43/963 f. 296b, Fitzgerald, Confidential Report; BL. Add. MSS 43402, Notes on Nurses, f.19.


63. BL. Add. MSS. 43393 f. 155b, Nightingale to Herbert, 15.2.55; Taylor, Eastern Hospitals, 3rd edition, pp. 343-5.

64. W.O.43/963 f.205, letter of Florence Nightingale 2.4.55; Taylor, Eastern Hospitals, 3rd edition, p. 344.

65. BL. Add. MSS. 43393 f. 159, Nightingale to Herbert 15.2.55.

66. W.0.43/963 f. 199, Nightingale to Panmure 5.3.55.


68. W.O. 43/963 f. 201, War Office draft note, 22.3.55.

69. BL. Add. MSS 43393 f. 188, Nightingale to Herbert, 12.3.55; W.O. 43/963 f.205, letter of Florence Nightingale, 2.4.55; f.209, War Office to Nightingale 20.4.55; GLRO H.I./ST/N.C.8/1, Military nurses, f.6.

71. W.O. 43/963 f. 218, Lady Canning to B. Hawes, 30.4.55.


77. Report ... Hospitals ... , p. 30; Cantlie, op. cit., Vol. II pp. 88-9; Strachan, op. cit., p. 245. The purveyor was in principle responsible for the cleaning of the hospitals, and for hospital servants.


80. Florence Nightingale, Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War (London 1858), Introduction, pp. 15-16.

81. W.O. 43/963 f. 222, Florence Nightingale to B. Hawes, 1.5.55; f.225, Nightingale to Hawes, 10.5.55.


84. Macleod, op. cit., p. 54.

85. Ibid., pp. 52-4; Doyle, op. cit., p. 73. Nicol, op. cit., p. 61.


87. Florence Nightingale, Subsidiary Notes, pp. 6, 32.


91. Report ... Hospitals, pp. 305-6; Doyle, op. cit., pp. 53-4.


95. Roxburgh, op. cit., p. 76

96. Doyle, op. cit., p. 21.


100. Nicol, op. cit., pp. 8, 89-90.


104. Nicol, op. cit., pp. 85-6. Mrs. Butler was a nurse in the accident ward at Bart's; despite her early display of obligingness, she was sent home for 'misconduct' in July 1855. Julia Gunning had nursed in hospitals in Paris as well as in a workhouse cholera ward. She was invalided home from Smyrna; her sight was said to have been 'weakened by a cannon ball in the Paris Revolution'. GLRO. H.I./ST/N.C.8/1, Military nurses, f. 16.


106. Nicol, op. cit., pp. 308-9. Mrs. Suter may have been the wife of the Mr. Suter who wrote on behalf of 'friends' - an apothecary and his wife - who wished for posts in the east. W.O. 25/264, Bundle S.


115. W.O. 43/963 f. 232, Nightingale to Hawes, 1.5.55; f. 218, Lady Canning to Hawes, 30.4.55.


119. Report ... Hospitals ... p. 409.

120. Ibid., p. 409; Sanitary Commissioners ... p. 337. 'The Report ...' British and Foreign Medico-Chirurgical Review, XVI, 1855 p. 300 suggests that the arrival of auxiliary civilian surgeons in spring 1855 also helped to reduce death rates.

121. Macleod, op. cit., p. 51; Bryce, op. cit., p. 73.

122. Lloyd and Coulter, op. cit., Vol. IV pp. 61-3, 140, 147, 149.


CHAPTER III: WOMEN IN PUBLIC LIFE: ARMY NURSING 1856 - 1870

With the ending of the Crimean War, the brilliant spotlight turned by historians on female military nurses is abruptly dimmed. The assumption is general that the nursing in army hospitals was reformed soon after 1856 by women trained according to Florence Nightingale's precepts. Biographers and hagiographers have recorded the establishment of the Nightingale Training School and the reform of the army hospital system in the late 1850s and 1860s as straightforward triumphs in the Nightingale career; largely because of them, very little serious research has been done into either military or civilian nursing in this period. In fact progress in both fields was somewhat less than triumphant. The first seven years of the Army Nursing Service, with which this chapter is principally concerned, bristled with problems which illuminate not only the extent of military objections to civilian influences, but also the very slow rate at which new methods of nurse training evolved. Jane Shaw Stewart's stewardship as Superintendent of female military nurses between 1861 and 1868 has been obscured, partly because she herself had a horror of publicity, and partly because the episode reflected poorly on Florence Nightingale's judgment. It has been summarised as an abject failure, which was attributable solely to flaws in Jane Shaw Stewart's temperament. The issue of individual personality was, however, far less relevant than that of hierarchy within the military hospital structure, and of social class outside it. This important experiment in women's work thus reveals some of the social conditions which limited the power of leisured women to move from domestic to public spheres of action in the mid nineteenth century.

The process of collecting and evaluating information for official inquiries into the Crimean army and its hospitals brought into contact a number of able military officers, and military and civilian medical men, who shared an enthusiasm for statistical surveys and sanitary reform. With
these Florence Nightingale was strongly in sympathy; and in collaborating with them she laid the foundation for future joint work and lifelong friendships. She was able to exploit the lustre of her reputation, and her contacts with men close to the government, especially Sidney Herbert, to extract War Office authorisation to extend some of the post-war investigations beyond a merely political exercise in apportioning blame and neutralising opposition. In April 1857 Lord Panmure, Secretary of State for War, issued official instructions for a Royal Commission of Inquiry into 'the Regulations Affecting the Sanitary Condition of the Army, the Organisation of Military Hospitals, and the Treatment of the Sick and Wounded'. The Commission completed its work in August 1857, and published its report in January 1858. During the intervening months, four sub-commissions were set up to work out the practical details of the report's recommendations: these dealt with the sanitary reform of barracks; the creation of an Army Medical School and Statistical Department; the reconstruction of the Army Medical Department; and the revision of the Hospital Regulations. It was under this last rubric, as well as in the recommendations of the Commissioners' report, that the question of introducing female nurses into military hospitals was officially broached.

It must be emphasised that the topic of female nursing occupied only a very small part of the Commissioners' deliberations, and of the Nightingale-Herbert correspondence during this period, and the terms in which the Commissioners' recommendations were couched made it clear that there was no question of the immediate introduction of female nurses into military hospitals. They were to be employed only in general hospitals, preferably in wards capable of holding twenty to twenty-five sick, and occupying carefully segregated accommodation. At this stage, the three military general hospitals at Chatham, Dublin and Cork did not offer suitable conditions for the innovation. It was very generally assumed that
female military nurses would not be employed until the completion of the grandiose new general hospital planned for a site at Netley, near Southampton Water.⁵ Cautious as these recommendations were, they represented a positive view of the female contribution. The Commissioners took for granted the success of Florence Nightingale’s efforts in the war, and assumed that a female nursing staff would be an essential component of a modernised military hospital system. However, these assumptions were far from universal in official circles. Since Florence Nightingale had criticised and calumniated officers of the Army Medical Department serving in Britain and the East, and had claimed to have taken over many of the functions of the Purveying Department, it was by no means certain that these sections of the army would support an extension of her work.

In August 1856, shortly after her return to England, Florence Nightingale was invited to meet Queen Victoria and Prince Albert at Balmoral. Her mind was still full of nursing questions: she felt herself given for life to the task of improving army hospitals. To her friend Colonel Lefroy she wrote that she doubted her ability to initiate a major programme of reform: 'would it not be better for me to ask humbly and directly for a Female Nursing Department in the Army Hospitals, which I have little doubt the Queen would grant, without making myself more obnoxious than I am ...?' Lefroy replied:⁶

There is at the present moment no Military Hospital on a sufficient scale to try fairly the introduction of female nursing. ... The Queen has however taken a great interest in the new Hospital about to be erected on Southampton Water, which will be on a large scale ... Could you not ask of H.M. (sic) as the best and crowning mark of her approval, that it be distinctly contemplated and provided for that the system be tried in this. ... I would next ask to be recognised as Lady Superintendent of Sisters and Female Nurses, and as such put into the Army List among Civil establishments or Medical Department. This could keep the ground for you, while the Hospital is building, meanwhile might you not without undertaking the full administration of the Nightingale Fund, be preparing instruments for this new and great sphere of action?
The Nightingale Fund was a sum of £44,000 which had been raised by voluntary public subscription as a tribute to Florence Nightingale's war work. It was invested in a trust which was to finance 'an Institution for the training, sustenance, and protection of Nurses and Hospital attendants'. Superintending such an institution appealed to Florence Nightingale as much as the idea of getting on to the Army List. The work would give her the opportunity to put into concrete form her dissatisfaction with existing patterns of nursing, and to train disciples who would in their turn transform other institutions. When the Nightingale Training School was eventually established at St. Thomas's Hospital, its pupils were expected to do more than pick up their knowledge by the example of senior nurses, or by hints from doctors as they went on their rounds: they were to be given systematic training by their matron in observing and tending the sick, and managing the hygiene and general order of a ward; they were also to attend special lectures given by doctors, and to be tested in their knowledge at the end of a year's instruction. Their expertise was not to be limited to the work of one ward and the methods of one doctor, and they would thus, in principle, become fit to work, superintend and train in all areas of medical and surgical nursing.

In 1860 the School finally opened, and in 1861 the female military nursing service was inaugurated; but in neither institution did Florence Nightingale play a role other than that of eminence grise; she herself did no personal nursing work after 1856. The ambitions which she expressed in that year soon gave way to her other passions - for statistics, for planning, for behind-the-scenes influence, and for major public health initiatives. She dragged her feet over setting up the School; and, given the obstacles it faced, the institution of a female military nursing service might very well have gone by default. However, the desire to prevent contrary moves by others was in her a very powerful wellspring of action. Despite her other preoccupations, she did in the end succeed both
in the political task of maintaining a new female service as an objective, in the face of practical difficulties and official opposition, and, with the collaboration of her former Crimean superintendent Jane Shaw Stewart, in the managerial task of devising rules and conditions for the new service.

One of the spurs to this work was the spate of women's war memoirs issuing from the presses. Elizabeth Davis, Fanny Margaret Taylor, and Martha Nicol published accounts of their experiences as 'English Nurses in Eastern Hospitals' which not only made it clear that Florence Nightingale did not enjoy a monopoly of female heroism and philanthropy, but also cast aspersions on her management of hospital work and workers. The other spur was the burgeoning growth of the sisterhood movement. The sisterhoods had, indeed, done well out of the war, and were the immediate beneficiaries of the public enthusiasm it generated for improvements in the nursing profession. St. John's House took over the nursing at King's College Hospital, London in 1856; the All Saints' sisterhood moved on to the wards of University College Hospital, London, in 1860. At the end of 1856 a new Roman Catholic hospital was opened in London to utilise the Crimean experience of the Catholic sisters. Compared to the champions of these nursing orders, Florence Nightingale was a commander without troops. Her concept of nursing was of an occupation to be refined through improved training, wages and status; it was in danger of being over-shadowed by the sisterhood movement's clamant advocacy of increased moral and spiritual standards in nursing, its glorification of the value of unpaid work, and its vilification of the class of woman who came into hospitals 'only' for mercenary reasons.

The movement's influence extended to the Army Medical Department. Florence Nightingale wrote in something like panic to Lady Cranworth in December 1856 that 'Dr. Andrew Smith tells me he wishes to see female nursing in the Victoria Hospital near Southampton but done by Nuns!!! (He
is a Roman Catholic convert — and wants to have Mrs. Bridgeman). Lady Cranworth agreed on the necessity of 'keeping all thought of these dreadful Nuns out of even Dr. A. Smith's head'. That an Anglican sisterhood might take the prize of the new general hospital was a more realistic fear. Deputy Inspector-General Mouat reported to the Committee investigating the site of the Royal Victoria Hospital, Netley:  

.. we hold that women, as a rule, can only make good and useful nurses when led to the adoption of this most trying and disagreeable of occupations from strong moral feelings, in fact, feelings of devotion or affection; when adopted from sheer necessity or for mere mercenary considerations, as will in all probability be the case in a great majority of candidates, the risk of failure will be great and success the exception. A great moral change must come over this class, and Protestant Sisters must form an integral portion of the community, for the express purpose of supplying the necessary assistance on this head; and anyone who succeeds in effecting so great an object will deserve well of their country, and confer a lasting benefit on the nation.

For the sisterhood model of nursing to be introduced into the new military general hospitals would represent a major defeat for Florence Nightingale's ideas. Her influence in other spheres of public health policy sprang from her supposed pre-eminence in the field of hospital nursing and she could not contemplate being toppled from this position. Her only weapon was the pen: alongside the flood of work on other topics engaging the sub-Commissioners' attention in 1857 and 1858, a steady stream of texts on female military nursing appeared under her name. Four were of particular importance: a lengthy memorandum to Panmure in May 1857 following conversations on the subject at the turn of the year; written evidence to the Commission on the Sanitary Condition of the Army in mid-1857; a short book, Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War, printed in 1858; and, in mid-1858, the section on 'the Duties of Officers, Attendants, and Nurses' in the War Office's draft regulations for 'the Duties of
Inspectors-General and Deputy Inspectors-General of Hospitals'. These texts defended Florence Nightingale's reputation from actual and potential damage by her Crimean adversaries, the Stanleyites and the Army Medical Department, and they effectively mapped out the boundaries within which the subject of female military nursing could be discussed.

The publication in January 1858 of the report of the Commission on the Sanitary Condition of the Army, recommending the introduction of a female nursing service under limited conditions, drew adverse comment in the War Office. This did not, however, stop the reform movement in its tracks. Already in November 1857 a sub-committee had been authorised to draw up Hospital Regulations based on the forthcoming recommendations of the Commission as a whole. Model hospital regulations were submitted to the Secretary of State for War on 9th July 1858. These in turn were shot down in February 1859 by a committee formed to report on them, composed of representatives of the medical, purveying and ordnance departments. No substantial grounds were given for the deletion from the regulations of 'all directions and instructions for the guidance and control of female nurses,' beyond the bald statement that 'we are of opinion that nursing by means of a properly organised and trained hospital corps of male attendants must always be attended with many advantages over a system of female nursing, and many possible inconveniences attendant on the latter will be avoided thereby.' It was also pointed out that the Secretary of State had not yet approved or ordered the introduction of the new system. If the situation changed, special instructions could always be prepared on the subject. This delaying tactic did not work for long. A new Palmerston ministry replaced that of Derby in June 1859; Sidney Herbert returned to the War Office. The 1858 Hospital Regulations were promulgated under his signature, with their original nursing section, on 7th October 1859.

Just over a year later, Sidney Herbert assembled a committee to report on the workings of the Army Hospital Corps. This had replaced the Medical
Staff Corps in August 1857, and had been constituted without any reference to the Sanitary Commission and sub-commissions over which Herbert had been presiding at the time. The A.H.C. committee was also asked to consider the possibility of establishing new military general hospitals at Woolwich, Portsmouth, and Plymouth. At the end of February 1861, when the committee reported on both briefs, it was clear that the introduction of a female nursing service was imminent. One garrison hospital, at Woolwich, could be converted more quickly and cheaply than the others into a general hospital. It was recommended that A.H.C. orderlies be employed there in the proportion of one to every ten sick, and that a minimum female staff should include a Superintendent of Nurses, four nurses, and one linen nurse. Cases should be divided between medical, surgical and venereal wards; female nurses were not to work in the latter. Conversion work at Woolwich went ahead promptly, in contrast to the long-drawn out process of construction at Netley. At the end of July 1861 an A.H.C. party left Chatham to replace the regimental orderlies at Woolwich, and on 1st August the new regulations for general military hospitals came into official operation.

In October 1861, the female nursing service was inaugurated when Jane Shaw Stewart, as Superintendent, established a staff of six nurses at Woolwich. In the spring of 1863, Netley finally opened. The Woolwich military Governor and Captain of Orderlies transferred to the same posts at the new hospital; 'Mrs. Jane Shaw Stewart' was, on 6th March 1863, appointed 'Superintendent-General of Female Nurses at the General Hospital at Netley (not commissioned)', and, with this appointment, a woman's name for the first time appeared on the British Army List. She seems to have taken five nurses to Netley. In October 1866, when the construction of a new general hospital at Woolwich, the Royal Herbert, had been completed, she returned there to establish a staff of eight female nurses. In September 1867 she went back to superintend the Netley nurses. There were
five female staff there when, in May 1868, an inquiry was instigated into
the state of the nursing service under her charge, and she was obliged to
resign her post. 23

In July 1868 Florence Nightingale's amanuensis, Dr. Sutherland, wrote
to her: 24

I should act as if the late Superintendent-General
and her nurses had never existed. We now know
that the whole affair has been so much below your
standard and that of the regulations, that even to
remember it tends to keep one from seeing one's
way clearly to future proceedings. ... The past
establishment has been like Sisera, struck dead
through the temples by a second Jael.'

Sutherland believed that the code of regulations promoted by Florence
Nightingale was unimpeachable, and that Jane Shaw Stewart needed only to
have followed the Nightingale precepts for her efforts to have been crowned
with success. However, a close examination of the documents on which the
nursing regulations were based, and of the circumstances in which they were
composed, suggests a different interpretation of Jane Shaw Stewart's
difficulties in the public service. For a clearer understanding of these
questions, it is necessary to study in some detail the correspondence
between Shaw Stewart and Nightingale prior to the inauguration of the
service in 1861.

* * * * * *

Between 1856 and 1859 Jane Shaw Stewart and Florence Nightingale
corresponded frequently and at length on the subject of women's hospital
work and the creation of a female nursing service for the army. Their
correspondence produced the framework of regulations on which that service
was constructed: it also involved an extensive discussion of the different
nature of men's and women's work, especially in the sphere of institutional
reform, and of the conditions under which it was feasible for gentlemwomen
to enter Government service. The ideas of Jane Shaw Stewart on these subjects are of enormous interest: as the first woman ever to figure on the British Army List, she was in many senses more of a pioneer among the women of her class than Florence Nightingale. It is, indeed, known that she acted as a research assistant to Florence Nightingale, especially by visiting and reporting on hospital work in France, and that she supplied her with many of her ideas on military nursing. The most recent Nightingale biographer cites this fact as yet another example of his subject's ability to 'assimilate' the work of others. For the most part, however, Jane Shaw Stewart's ideas were not so much 'assimilated' as lifted word for word from her private letters and memoranda onto the printed page. In the twelve years that elapsed between her return from the Crimea and her resignation from office, she was, thus, very largely the creator, as well as the occupant, of the first peacetime post of Superintendent-General of Female Nurses for the British army, and her career must inevitably dominate the history of the service in this period.

Jane Shaw Stewart was the daughter of Sir Michael Shaw Stewart, sixth baronet of Ardgowan, Renfrewshire. The family's wealth was drawn from properties in Scotland and the West Indies; its influence was mainly confined to Scottish affairs. Jane's brother, Michael Robert, the seventh baronet, represented Renfrewshire in the House of Commons from 1855 to 1865. Her uncle, Sir Houston Stewart, was at the time of the Crimean War the Rear-Admiral appointed second in command of the Black Sea fleet; his son, William Houston, also held a Black Sea command; both finished their careers as Admirals. The Shaw Stewarts do not appear to have been a family distinguished in public philanthropy, though the Houston Stewarts involved themselves in the work of naval benevolent societies, and the management of Greenwich Hospital; Jane's younger brother John Archibald was perhaps the member of her family with whom she had most in common, as he worked with the Oxford Tractarians to found Keble College, with Gladstone to establish
a market refuge and industrial school in Soho, with the Metropolitan Asylums Boards, and as a manager of St. George's and Guy's hospitals. 26 However, those of Jane Shaw Stewart's letters that survive carry no reference to members of her family, or indeed to any relationships outside her own female world of religion, philanthropy, and hospital work.

She first met Florence Nightingale while the latter was superintendent of the Invalid Gentlewomen's Institute in Harley Street, 'on a certain, to me, memorable, Oct. 18/54'. 27 She was a year younger than Florence Nightingale, and relatively free from family ties: her widowed mother had died two years previously, and her younger brothers were all of age. It would seem that this meeting fired her to take up hospital work with great seriousness, though she may well have had an earlier interest in it, and determined her to be among Florence Nightingale's reinforcements in the East. With the rest of the Stanley party, she arrived at Scutari to be told that neither room nor work could be found for them there; she did not proceed to Koulali with Mary Stanley, but went in January 1855 to work at the Balaklava General Hospital, of which she became superintendent in March. It was in the Crimea that she and Florence Nightingale met for the second time. Working away from the hospitals in Turkey, Jane Shaw Stewart had remained apart from the bagarre between the Stanleyites and Florence Nightingale, and a common enemy, the War Office, now drew the two women closely together. Both saw themselves as suffering servants. The War Office had deprived Florence Nightingale of the bulk of her command; it was now commissioning, from Deputy-Purveyor Fitzgerald, a confidential report on the hospitals which was to comment adversely on Jane Shaw Stewart's methods of drawing and distributing stores, and to cast doubt on the competence of all female nursing staff other than Roman Catholic nuns. 28 The circumstances created a bond of intense sympathy between them and, on Jane Shaw Stewart's part, intense devotion; she felt that she and Florence Nightingale were one in religious dedication to a 'coarse,
repulsive, servile, noble' work which the world at large misunderstood. 29

Jane Shaw Stewart was a deeply religious woman — her specific commitment to the Church of England was one which Florence Nightingale did not share — and she might, indeed, have been expected to sympathise with the aims of the sisterhood movement in nursing. However, although she respected the sisterhoods, she also distanced herself from them. This was partly due to her admiration for Florence Nightingale, to whom she wished, in principle, to subordinate all her plans and wishes, writing after the war that 'when I say we — remember always it is as mistress and maid' and 'I shall serve you until you wish my service ended, or until I die'. As the post-war controversy deepened between Florence Nightingale on the one side, and Mary Stanley's ladies and the sisterhoods on the other, Jane Shaw Stewart placed herself unequivocally in the former's camp. But she had already, at an early stage, begun to work out a set of independent ideas as to the religious vocation in nursing, which opposed the sisterhood concept in important respects; and these she was, ultimately, to defend as stoutly against 'My dear Mistress' as against the Anglican nursing orders. 30

Applying to be one of Mary Stanley's nursing party, Jane Shaw Stewart had declared 'This is not a note from a lady to a lady, but from a candidate nurse to Miss Stanley.. '. 31 For her, the call to hospital work signified the sacrifice of worldly status in the joyful acceptance of the role of God's servant. Given her social background, this was a conviction which was to tie her in knots for the rest of her professional life. In the first place, however, it made her sceptical of the sisterhood method of organisation, in which a religious community of ladies with private incomes employed a group of women, both as hospital and private nurses acting under their supervision, and as their own domestic servants. After the war, she was writing firmly to Florence Nightingale that 'the improver must live among those she endeavours to improve and to train, one of, tho' superior to them'. If women of the class to which she and Florence Nightingale
belonged wished to work in hospitals, it should be 'under the same rules, and on the same strict footing of duty performed under definite superiors. .. The real and faithful discharge of the duties of the wards of a General Hospital, whether with reference to superiors, companions, or patients, is incompatible with the status, as such, of ladies'.\textsuperscript{32} The concept of leaven appealed to her greatly. A small element could transform the whole, and, moreover, could do so privately and silently. The degree of anonymity which a sisterhood often did confer, by requiring a change of name of its members, was not enough for her. The true Christian did good by stealth.\textsuperscript{33}

Jane Shaw Stewart's Crimean experiences confirmed many of these convictions. Fitzgerald's confidential report had never been shown her, but its contents, alleging extravagance on her part, had been leaked, and had caused her great anguish.\textsuperscript{34} More than ever she made the anonymity of the nurse her personal goal, rather than the distinction - and the exposed position - of the lady superintendent. She considered the publication of contentious nursing memoirs of the war exceedingly distasteful, and inimical to the future of the service which Florence Nightingale had inaugurated: 'it is impossible to let Her Majesty's Nurses subside too soon into perfect quiet'. She was wholly content to work unseen and unsung, at Florence Nightingale's disposal, gathering information and composing memoranda for her to present to the Queen, to Lord Panmure, and to the Commission on the Sanitary Condition of the Army, for, she wrote, 'it has ever seemed to me that the action of women in public matters ... can be but two-fold: either individually, as Sovereigns or Regents; or else mediating, by convincing or influencing men: i.e. by inducing them to adopt and act upon our own views'.\textsuperscript{35} She became increasingly distressed as Florence Nightingale's activities appeared to deviate from her own ideals.

In the matter of nursing reform Jane Shaw Stewart agreed with the
statement in Mary Stanley's Hospitals and Sisterhoods: 'It is in fact a
class of persons which remains to be created'\. She saw the task as one
of social modelling by personal example, for which the setting up of the
Nightingale Training Fund was no solution: 'For many long years, at the
least, the want in English hospitals will probably be women, not money'.
Florence Nightingale should have nothing to do with 'the committees of
bracelets and tea-pots'. They were useless, self-congratulatory
distractions from the real work of reform. '...there is but one real way of
doing so - to spend one's life in hospitals, ... in silent, quiet, as well
as laborious and trying work, in governing, training, and organizing the
women who nurse in hospitals, ...' By definition, this was work which
could not be done by any man, but only by a woman, and one whom God had
marked out with 'the glorious talent of action, of female action and
direction, which you have received ...'\)

Unfortunately, Florence Nightingale showed no sign of being content
with those spheres of action to which, in Jane Shaw Stewart's opinion,
heaven, social class and gender had assigned her. She had come to prefer a
life of political intrigue, pulling the strings of commissions, to the
hurly-burly of a hospital ward. Moreover, she was not wholly satisfied
with working anonymously, unheard and unseen: she was prepared to put
controversial opinions on nursing and public health matters into print.
Her friend made the strongest possible efforts to dissuade Florence
Nightingale from such an enterprise. These efforts met with a poetic
denouement in 1858 when Florence Nightingale printed and circulated, under
the title Subsidiary Notes as to the Introduction of Female Nursing into
Military Hospitals in Peace and in War, the bulk of Jane Shaw Stewart's
confidential memoranda and letters to her of 1856 and 1857,\ together with
several chapters of her own composition.

The text was published anonymously, and, to a twentieth-century eye,
there is very little in it that need have embarrassed its joint author; it
was, however, written in a more pungent tone than ladies of Jane Shaw Stewart's class might be expected to use, and contained slightly condescending remarks on the work of the St. John's House sisterhood, with whom she wished to maintain good relations. Above all, the enterprise was a betrayal of trust by any standards. It unleashed a torrent of criticism of the former idol: she had no personal knowledge and experience of India, and no business making recommendations concerning the health of the Army there; she had 'never had the experience of acquiring real science' and should not make pronouncements about contagion; was it not more than possible that the deference of 'professional men who see you - who have obtained advancement through you - is due to your influence with the War Office rather than respect for your scientific knowledge?' But mingled with the abuse was the plea for the idol to return to her pedestal, to put aside the excuse that exhaustion and over-work made it impossible for her to resume the active superintendence of nurses: she must now give up men's work, rest, and restore herself to a physical state in which she could do her duty.39 It is not known what replies, if any, were returned to these entreaties.40 By her actions Florence Nightingale made it abundantly clear that she would engage in public service on her own privileged terms. She would continue to feel free to publish, both anonymously and under her own name, precisely because, unlike Jane Shaw Stewart, she would never expose her person: she would live in seclusion, communicate with most human beings in writing, see others briefly and by appointment only in her own home, and deepen her retreat by invalidism and continuous hints that she was about to depart for the next world. Her own obsession with privacy was idiosyncratic, but originated in the world of convention which she inhabited jointly with Jane Shaw Stewart and the women of her class.

* * * * *
Jane Shaw Stewart's letter to Florence Nightingale of 22nd October 1856 encapsulated her ideas on the future office of Superintendent-General of female military nurses. Referring to 'the undoubted inconsistency which there was in the official position' during the Crimean War, she wrote 'You were Super. Gen: of Nurses - a distinct office, a part, altho' a new one, of the Military Medical System, and in the nature of things under the Chief Surgeons. But you also had powers and duties assigned, which made you in a certain sense independent of, and in a certain sense superior to, those Chief Surgeons. That you accomplished far more good than you could have done had you not had these independent powers is most certain ...' Both women were united in wishing to fight, and win, the last war. The peacetime Superintendent-General should not have to endure either the resistance of medical officers, the interference of Inspectors-General, or the humiliation of 'confidential reports'. The privileged relationship with the Secretary of State for war should be maintained, and bolstered with regulations supporting an inviolable position within the hospitals.

The regulations drafted in 1858, and published in 1859, specified that the Superintendent-General was to be 'at the head of all Superintendents and Nurses in all General Hospitals, where there are Nurses, at home and abroad, in peace and in war.' No Superintendent was to be appointed or removed from any general hospital without the Superintendent-General's sanction. The military Governor of a general hospital had no power to dismiss a Superintendent. Upon the requisition of the Director-General of the Army Medical Department, the Superintendent-General was to choose and appoint nurses for each general hospital, in proportions no higher than one nurse to twenty-five sick, and no appointments or removals were to take place without her sanction. It was also laid down that medical officers were to report misconduct by nurses directly to their Superintendent, and make no changes in the arrangement of ward duties without communicating with her.
The downward chain of authority linked Superintendent-General, Superintendent and nurse, and excluded both the military Governor and the Principal Medical Officer of a general hospital from direct intervention in female nursing arrangements. The upward chain of authority linked the Superintendent-General directly to the Secretary of State for War, thus replicating Florence Nightingale's privilege of direct communication with Sidney Herbert during the Crimean War. She was to submit an annual report on the nursing establishment directly to the Secretary of State for War, 'and in order to enable her to do this, copies of all reports, confidential or otherwise, which have been made to the Secretary of State or to the Army Medical Department regarding the Nursing Establishment, will be transmitted to her.' The latter stipulation had been more pithily expressed by Jane Shaw Stewart in a memorandum which Florence Nightingale forwarded to Panmure: '... the humble boon, granted to pickpockets, of being informed of accusations laid to their charge, must be extended to the Superintendent of the nurses'.

The downward chain was, perhaps, something of a constitutional necessity. Individual soldiers in this period could enlist in the army only by entering a regiment and agreeing to accept rules and punishments administered by the regiment's officers. The members of the female corps would not have gone through this form of enlistment, and arrangements for punishment, suspension and dismissal had therefore to be devised which lay outside the official military framework. The upward chain, re-creating a Crimean War privilege, could not but re-create the wartime resentments of the medical officers: Florence Nightingale had used her channel of communication simultaneously to cut through red tape and achieve rapid improvements in many matters of hospital administration, and to vilify the efforts of medical officers on the spot, to whom no such facility was available. An obvious method of retaliation had been the production of their own version of events in a report which she was unable to dispute,
because she was not allowed to see it. A time might come when medical officers, too, might choose to fight and win by the stratagems of the last war.

The relationship proposed between the Superintendent-General and the A.M.D. Director-General was also subordinate to the principle of the former's privileged relationship to the Secretary of State for War. Any conflict between them was to be submitted to the Secretary of State's arbitration. She was thus, clearly, not under the Director-General's authority. She was, however, expected to work in general conformity to his wishes. All appointments or removals of Superintendents by the Superintendent-General had to be notified to the Director-General, and he was to communicate directly with her if any change in the nursing arrangements was desired. It was a system which could only work with great good will on both sides, a commodity which the operation of the regulations seemed likely to diminish in a very short space of time.

The new military general hospitals would contain staff responsible to three separate chains of command. Male orderlies were subject to the discipline of the Military Governor, exercised by Wardmasters and Captains of Orderlies: medical officers were also subject to the Military Governor, and responsible to the A.M.D. Director-General: female nurses were responsible to the Superintendent, and the Superintendent-General, who communicated directly with the Secretary of State for War. The medical officers were already in the frustrating position of possessing no direct powers of disciplining male orderlies: they were now equally powerless to discipline female nurses. Nevertheless, they were compelled by the regulations to be accompanied by a female nurse on their rounds of the wards. To add to the complexity of the situation, the regulations also stated that the orderlies should conform strictly to the nurses' requirements and instructions.

It would indeed be difficult to devise a system of hospital management
more pregnant with confusion and dispute than this one. However, its failings cannot be wholly attributed to Florence Nightingale and Jane Shaw Stewart's reading of their wartime experiences. For all their dissent from, or rivalry with the sisterhood movement, they were deeply imprinted with a great many of its assumptions: the complicated arrangements proposed for military hospitals were in many respects strikingly comparable to those being introduced into London civilian hospitals by nursing sisterhoods at this time. In King's College Hospital, for example, St. John's House undertook the nursing duties under a contract system. The sisterhood took charge of the hiring, firing and disciplining of nurses, and was accountable, not to the physicians and surgeons attached to the hospital, but to its lay management. Neither the medical officers nor the managers found the arrangement wholly satisfactory, but it was tolerated because the sisterhood offered a comprehensive and efficient service. In a military hospital, where female nurses of any kind constituted almost a complete novelty, were a very small proportion of the nursing staff as a whole, and could on both counts quite easily be regarded as dispensable, the relative autonomy of the female corps would make it at once suspect, and vulnerable to criticism.

The independent, self-contained, self-disciplining female nursing corps was a phenomenon of the 1850s which was only very gradually superseded. Its conscious rationale was a religious one: the nursing sisterhoods were formed to improve the moral and spiritual quality of ordinary hospital care by providing nurses with devoted Christian guidance and supervision. If hospital governors or medical officers attempted to mediate between nurses and sisters, they would be subverting the original purpose of the organisation. However, beyond this religious rationale, this form of female organisation had another, crucial significance in facilitating the entry of middle and upper-class women into public life. The status of 'lady' was susceptible of a variety of definitions, but two
qualifications were essential to the concept, and to its everyday experience: the freedom from the necessity to seek paid employment; and the power to employ and direct as domestic servants that class of women who did not enjoy such freedom. This power was exercised without masculine, or any other outside interference: the manner in which it was financed was indirect and, so to speak, invisible: women were not seen to be salaried by the husbands or other male relatives who supported them. Ladies were highly unlikely to enter public service if they were thereby deprived of the prerogatives they enjoyed in domestic life.

Under no normal circumstances, Jane Shaw Stewart's religious idiosyncracies notwithstanding, would a lady tolerate being visibly placed on the same footing as a non-lady, as the adventures of Mary Stanley's party at Koulali, and Martha Nicol and her friends at Smyrna, amply demonstrated. The danger could be obviated if, on entering public service, the lady retained the sole right to discipline the non-lady, relating to her as a mistress to a servant, while on her own account enjoying a separate relationship with an altogether higher body. Any other arrangement would powerfully suggest that both classes shared a common subordination to, and dependence on, a male employer - one who might even enjoy a lower social status than the lady in her private life. It is hard to imagine Florence Nightingale taking on her Crimean 'commission' if it had involved official subordination to Andrew Smith of the Army Medical Department, or Inspector-General Hall; and she was quite as nettled as the Koulali ladies by any hint from the War Office that the many dismissals of paid nurses reflected badly on the judgment and competence of their superintendents. The maintenance of an independent female chain of authority, with privileged access to a governing body, may have been the essential condition on which a certain class of Victorian women extended their philanthropic work beyond the domestic and non-contractual sphere.
Co-operation between men and women employees in work outside the domestic sphere was certainly not a novelty in the 1850s; but it was conventionally considered, by those not obliged to seek their livelihood in factories, mines or farms, to pose great moral dangers, especially for women. Even voluntary work among the genteel of both sexes posed its problems, according to a plaintive reviewer of Mary Stanley's *Hospitals and Sisterhoods* and Mrs. Jameson's *Sisters of Charity*: 47

... as all know, who have ever been on committees, or attempted to carry on any measures requiring the co-operation of men and women, because there is apt to be an undefined, obstructive want of confidence on both sides; and this again we believe arises from sheer awkwardness, ignorance of one another's minds, and the novelty of the junction.

Florence Nightingale and Jane Shaw Stewart believed the military hospital to be a particularly sensitive case. Female misconduct would prove more pernicious there than in a civilian hospital. For all the praise lavished on the noble, uncomplaining and disciplined Crimean soldier, it was clear from their writings that the sick soldier could not be regarded as a uniformed seraph unless he were one hundred per cent incapacitated. Because military patients were obliged to remain in hospital until they were fully fit to rejoin their regiments in the field, most of them were not bed cases. They were, in fact, too healthy for the possibility of sexual misconduct with female nurses to be ruled out. It followed that there should be only a small number of female nurses in a military hospital, who should confine their attentions to the severely sick patients. 48 It also followed that these women should be imbued with the highest possible standards of morality. Many a war nurse whom Florence Nightingale was prepared to recommend warmly for civilian hospital employment was nevertheless 'wholly unfitted by the impropriety of her manners for a Military Hospital'. 49

Florence Nightingale proposed to tackle this problem both by
engineering the desired standard of nursing morality through concrete structures, and through appropriate conditions of work. Hospital nursing should become as impersonal a task as possible. The wards in any military general hospital should hold at least twenty to twenty-five sick. Smaller wards would be 'decidedly objectionable, because unfavourable to discipline, inasmuch as a small number of men, when placed together in the same ward, more readily associate together for any breach of discipline than a larger number'. Even in a large ward a nurse 'ought always to be on duty, never sitting down to her own personal work, or making one of the party. A good hospital nurse is a sentry on duty, within sight of the enemy's lines, ...'  

These plans were a far cry indeed from the sentimental picture of the war nurse whose passing shadow was kissed upon the soldier's pillow, and whose soothing ways were a reminder of the affections of home and hearth. The particular vehemence with which Florence Nightingale advocated large wards was due to her belief that they were easier to ventilate as well as to administer; she was furious to learn that wards for fourteen, twelve, nine and even as few as two patients were being planned for the Royal Victoria Hospital, Netley, and she strove in vain to halt its construction and to convert the building into a barracks.  

A scheme of rigid residential segregation would provide additional barriers to misconduct. Florence Nightingale exercised more influence over the lay-out of the new general hospital at Woolwich than she had at Netley, and was able to work out her ideas very thoroughly. No orderly was ever to be permitted to enter the nurses' quarters. Not only the nurses' quarters, but also the nurses' female servants' quarters, their infirmary and linen rooms were placed behind a single door communicating with the rest of the hospital. Coal and other necessaries were to be supplied by a lift.  

As might have been expected, Jane Shaw Stewart was less obsessed than Florence Nightingale with the control of nurses' conduct by architectural means, and more concerned with the character of the women to be employed.
They should be women of head nurse calibre, aged between thirty and sixty years, to whom a starting salary of £20 per annum would be paid. The former inmates of reformatories, penitentiaries and the like should be barred. A first offence of dishonesty, and a third, at most, of drunkenness, should be punished with dismissal. No dismissed nurse could ever be re-admitted to the service. Nurses would have to be willing to accept the authority of a Superintendent who would 'keep a constant watch over their moral conduct', 'see that their dress, cleanliness, and personal habits are properly attended to', and reprimand 'any neglect of duty or impropriety of conduct'.53 Were such paragons easily to be found? She did not have a high opinion of the common run of hospital nurses, and was convinced that 'we shall have undoubtedly ... to form our own women'.54 Not until 1860, however, did the Nightingale Training Institute accept women for training at St. Thomas's Hospital; five years later, and again in 1868, Florence Nightingale was complaining that many vacancies at the Institute remained unfilled. The new class of nurse was in no hurry to make its debut.55

By 1859 it had become clear to Jane Shaw Stewart that the project of inaugurating a female military nursing service was premature. What she considered a suitable workforce was not available; and she recommended deferring the whole experiment until the general standard of civilian hospital nursing had improved. If delay was impossible, and the pressure on her to take up the Nightingale baton and renounce her own plans for being merely a nurse were to prove irresistible, then she would stipulate that all the nurses should be Anglicans.56 She was now more closely associated with St. John's House,57 and on the eve of taking up her appointment she wrote to a dying Sidney Herbert:

Unhappily Church membership is in itself no guarantee of rectitude, and any amount of inefficiency and humbug may flourish under it. But the Superintendent undertakes, as her main duty, to serve the Hospital with chaste, sober,
 discreet, and hard-working women. None others will answer for a Military Hospital. How she is to do this, or to hope to do it, if Religion is excluded, I do not know: for there is but one Foundation to purge evil, and to cause and maintain good. And how Religion is to be included, in a Service open to daughters of the Church, to Protestant and to Roman Catholic Dissenters, and to Socinians, I do not know.

Although such a discriminatory policy applied nowhere else in the Army, her wish was granted, to the intense annoyance of her former 'dear Mistress'.

To the last Jane Shaw Stewart fought against taking office in the new service, and in June 1861 Florence Nightingale took pre-emptive action. She sent Colonel Clark Kennedy, Commandant of the Military Train, whose headquarters were at Woolwich, a formal letter recommending Jane Shaw Stewart for the post of Superintendent of Nurses in the Woolwich General Hospital, as provided for under the new army medical regulations; at the same time she asked him, in a private letter, to forward Jane Shaw Stewart's name directly to the Secretary of State for War without enquiring as to her willingness to accept the post. She possessed 'such a Hosp. education as no lady has ever had'; moreover, it was 'important that the new organisation should all begin at once'. Jane Shaw Stewart's well-known preference for work in the humblest and least visible ranks of the service was dismissed from consideration. It was mere eccentricity to recommend the appointment of 'an "officer's widow", who has never been found' as Superintendent. Florence Nightingale concluded breezily 'I have recommended the Secretary for War to offer her the appointment for one year - putting it to her in this light: - that she may train some lady ("officer's widow" or otherwise) for the permanent appointment - ...' Jane Shaw Stewart's ideas as to the most suitable candidate for the Superintendent's appointment were based on more than a personal desire for self-effacement. She had begun to realise, even while drafting the conditions of service for the Superintendent and Superintendent-General, that the powers granted them would provoke a hostile response from medical
officers. It would do no good to lay down elaborate rules to safeguard the Superintendent's position if her daily working relations were entirely lacking in good will. Hostility might be partially disarmed if such posts were filled by the widows of army officers or surgeons. She explained to Sidney Herbert:

...your lordship, still more a successor indifferent to the work, must estimate the Superintendent's being able to do her duty, and the usefulness of the Service of which she is the responsible head, in great measure by her doing it quietly, without, at least with very rare, appeals and reclamations to you. And the Governor must consider her being able to work in good concert with the Medical Officers as an essential part of her duty. ... the Medical Officers, with whom the Superintendent has necessarily a great deal to do, must and will have a much better understanding with her on matters of duty and business, if she is of their own class, than of another. ... to add jealousy of order to jealousy of office would in truth overweight this difficult work.

She also argued that it would be wrong for her to take up a post which would afford an honourable livelihood to a poorer woman than herself. Jane Shaw Stewart's prophecies suffered the classic fate of being totally ignored. She allowed her sense of duty to transcend her better judgment and agreed to superintend the first female nursing staff at the new general hospital at Woolwich. In a sense she was trapped in a device of her own making. The Superintendent and Superintendent-General of the Regulations were creatures made in her own image. They were women who would be in a position to wield considerable authority over lower-class men; who would exercise authority over women employees in almost complete independence of professional male colleagues; and who would enjoy a privileged channel of communication with a Secretary of State. In the Victorian army, grading alone was not enough to command authority and respect. Even after the abolition of the practice of obtaining commissions by purchase, an officer had to be a gentleman. The nature of the 1859 hospital regulations required the appointment of a gentlewoman as
Superintendent or Superintendent-General. The replacement of a lady such as Jane Shaw Stewart by a medical officer's widow would be indicative of important changes in the official relations between men and women in army hospitals.

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On 26th May 1868 Lieutenant-General C. Hay received instructions from the War Office to institute an inquiry into the conduct of the Superintendent-General of Nurses at the Royal Victoria Hospital, Netley, and to discover 'how it is that after a period of six years the establishment of nurses is in so unsatisfactory a state; and that you will record the opinion of the Committee on the future prospects of the nursing system under the present management'. The setting up of the inquiry was the culmination of the continuous series of claims, counter-claims, accusations and recriminations, which had accompanied Jane Shaw Stewart's career in military general hospitals. In the opinion of Colonel Wilbraham, who had been military Governor throughout those years, she had almost from the first exhibited a violent temper, and a manner 'often imperious and calculated to provoke a spirit of opposition'. This had led to complaints from medical officers, wardmasters, orderlies, nurses and even patients long before the Woolwich team moved into Netley.\(^61\)

At this early stage the principal quarrels seem to have been between Jane Shaw Stewart and Wilbraham. She had clashed strongly with the staff of orderlies who were ultimately responsible to him. The regulations were certainly fruitful of difficulties in this area. Their insistence that orderlies should be subordinate to female nurses suggested at the least that the latter were more expert in the care of patients. But the men who were employed in cleaning and scouring the wards for the nurses were often able enough to secure promotion within the Army Hospital Corps, through its
own scheme of nursing training. If, as will be seen, the superiority of the new service was not immediately obvious, this hierarchy would understandably give rise to resentment. Moreover, at many points the demarcation of labour as between nurses, orderlies and wardmasters was unclear. The care of the patients' linen was a particularly vexed point. Despite the regulations' provision for a 'Linen Nurse', the female nurses were responsible only for the distribution of linen within wards, and not for its supply and cleaning. It was not long before Jane Shaw Stewart was convinced that thefts were taking place in the linen department. She suspected Hawtree, the Captain of Orderlies, and Sergeant-Major Ward, of complicity in the fraud; and she was incensed that Wilbraham would neither call in the police, nor take any disciplinary action himself. The matter eventually reached the War Office: shortly after the transfer to Netley, a memorandum was issued forbidding hospital orderlies carrying bundles or parcels from leaving hospital grounds without an authorised pass. If this was a vindication of Jane Shaw Stewart's position, it can hardly have increased her popularity with the men concerned, who were still her colleagues.

Wilbraham's growing discontent became known to his superiors, and also to Florence Nightingale. She defended Jane Shaw Stewart stoutly on the basis of her Crimean record, and suspected that there was much truth in the latter's hints that Wilbraham's resentments had their non-professional aspects: he had been most put out when Jane Shaw Stewart had declined to socialise with his sisters or accept their vague offers of help on the wards. Soon covert inquiries were initiated, which subverted both the spirit and the letter of the regulations on reports and complaints. When in November 1863 Jane Shaw Stewart submitted her report to the War Office on the previous twelve months' work, a copy was sent to Wilbraham for his comments, and he was invited to submit a confidential report of his own. At the end of 1864 a War Office committee produced a report which, it would
seem, was not communicated in full either to Wilbraham or to Jane Shaw Stewart. Instead, each received private letters of reprimand from Lord de Grey. According to Florence Nightingale, 'the W.O., (sic) with the singular felicity which is its general characteristic, proposed to write to Mrs. S.S. (sic) to tell her that she was rude, and that she did mischief - and to Col. W. (sic) to advise him to be conciliatory - or rather to order him. There not being one tittle of evidence that he had ever been anything else. (interfering he has been - most unwisely so,) and the scolding being to be administered to Mrs. S.S. not to call it a threat (which it was) without asking whether she had anything to say. (If she had resigned upon this, which she was quite certain to have done, and her brother had read this letter in the Ho: of C., it would have been a slur on the War Office's justice for ever and a day.)' 68

Many of the differences between Wilbraham and Jane Shaw Stewart were exacerbated by the fact that from April 1863 she combined in one person the posts of Superintendent-General of all female nurses, and Superintendent of nurses at Netley. A Superintendent and a Governor would have been on the same footing in relation to the Secretary of State for War, but a Superintendent-General, having a direct line of communication, was, in principle, placed on a slightly higher level. Wilbraham never alluded to this particular point, but in his correspondence with the War Office and during the 1868 inquiry he made much of the procedural anomalies resulting from the combination of posts. In the matter of disciplining nurses, for example, the hospital regulations allowed for the issue of a private reprimand and warning by the Superintendent, followed, if necessary, by suspension; this step had to be accompanied by notification, with explanation, to the Hospital Governor and the Superintendent-General. Nurses could be dismissed only with the latter's sanction. The combination of the two higher posts, as Wilbraham pointed out, meant that the nurse lost her right of appeal against her immediate superior's sentence of
dismissal - a serious matter which would prevent her from ever re-entering the service, and might deprive her of her pension rights. In 1869 Jane Shaw Stewart revealed to Florence Nightingale that it was precisely in order to have greater powers of dismissal that she had insisted upon occupying both posts. Where it was a matter of disciplining the Superintendent herself, the combination of posts blocked and frustrated the Governor. He had the right to suspend a Superintendent from office only 'in cases of flagrant neglect or misconduct', and he had no power to dismiss her; this could take place only by decision of the Superintendent-General, over whom he had, of course, no powers whatever.

More serious, in the long term, was Jane Shaw Stewart's inability to reach a modus vivendi with the medical officers. Within a month of her installation at Netley they were defying the regulations and refusing to allow nurses to attend them on their rounds of the wards. The Superintendent-General's remonstrances on the subject were not answered by the War Office until March 1866, when she obtained an official reiteration of the regulations on this subject. As soon as she was distracted by the task of installing a female staff at the newly built Royal Herbert Hospital at Woolwich, the Netley medical officers defied the regulations as before. She had done little to help her case when, in late 1865, she chose to pick a full-scale quarrel with a Dr. Fyffe, denouncing him to the Inspector-General of Hospitals and the Director-General of the Army Medical Department for the alleged crimes of sitting with his feet on a table, and his head covered, in the room of a sick nurse whom he was treating.

Jane Shaw Stewart would tolerate no trespassers on her own territory, but was not particularly sensitive to what the medical officers themselves might experience as encroachments. The entry of more educated women upon hospital work in the 1860s was certainly not seen as an unmixed blessing by civilian hospital doctors, who for the most part resented anything resembling professional interference or competition. In the 1880s, some of
them were publicly regretting the disappearance of the more biddable female servant from the wards.  

The 'lady nurse' was a threat to more than male professional exclusiveness. When The Lancet reported that 'in military hospitals especially, attempts made by well-intentioned ladies to do the actual nursing, instead of superintending the inferior nurses, have proved embarrassing to the surgeons, and distasteful to the patients' it was not just throwing up a smokescreen to protect a monopoly. There were social as well as professional boundaries marked on the map of the military hospital, to which the diarist Arthur Munby offers a guide:

To the lady, you are all deference and smiles: you smooth your phrases and put away all allusions to things coarse or common, you do things for her, you would not hear of her doing things for you. To the servant, you are civil, indeed, but you speak plainly and frankly to her about things which may not be mentioned to a lady; you call her by her Christian name though you never saw her before and expect her to call you Sir in return;...

If co-operation between ladies and gentlemen on charitable committees presented problems, how much more difficult must it have been to work in an institution in which the social conventions were being turned on their heads. A hitherto all-male institution was particularly prone to embarrassment: when, in the 1880s, the Royal Naval Medical Service followed the lead of the Army Medical Department and appointed nursing sisters at Haslar and Plymouth, the chief Fleet Surgeon reported:

It is necessary to eliminate from the surgical wards all affections involving the middle third of the body which causes some inconvenience, and leaves but few duties to be performed by the sisters in question.

This social-sexual embarrassment was almost certainly not what Jane Shaw Stewart had had in mind when she wrote of the danger of adding 'jealousy of order to jealousy of office.' She had merely sensed that the medical officers would resent the official privileges of the Superintendent
and Superintendent-General, and their own relative subordination within the hierarchies, and that this resentment would be heightened if the women in question were also their 'social superiors'. As the discontent within Netley grew, Jane Shaw Stewart's opponents began to express themselves along precisely these lines. Wilbraham wrote to the War Office that the Superintendent's post would be filled with greater advantage by a woman of the middle class. I cannot but think that the difficulty of finding a suitable person is over rated. All that is required is a sensible and right minded woman of active habits, such as may be found, for example, in so many of our large national schools.

The medical press, when Jane Shaw Stewart finally resigned announced, We trust that the successor of the late Superintendent-General may be elected solely on the grounds of personal qualifications and we should be glad to learn that the appointment had been given to the widow of some deserving Medical or military officer possessing the necessary tact and knowledge, to whose income the salary attached to the office would be an acceptable addition.

These views carried considerable weight because by this date they were not solely the product of negative class sentiment, but referred to the positive success of an alternative model for a female military nursing service. The first army hospital for wives and children 'on the strength' was built at Aldershot in 1860. Two years later, another was under construction in Woolwich. By 1883 there were ten such hospitals in the United Kingdom, and several garrison hospitals were given extensions for the treatment of soldiers' families. These dealt chiefly in confinements and children's diseases, and were to be staffed by female nurses, although not heavily. Some of the 'patients', Florence Nightingale pointed out, with a generous perceptiveness, 'will always be getting themselves admitted to be with their sick children (and quite right too) ...' Typically, Florence Nightingale managed to get herself involved at the early stages of planning. She was, however, most displeased with the final form of the
'Regulations under which Medical Aid is to be given to Sick Wives and Children of Officers, Non-commissioned Officers and Privates', published by the War Office at the beginning of 1864.

Section XI of these regulations dealt with 'female hospitals', to which 'A matron (who should, if possible, be competent to act as midwife) and one or more female nurses will be allowed ... on the requisition of the principal medical officer, made through the officer commanding to the Secretary of State for War, ...' The matron's appointment was to be in the hands of that tribe of philanthropic, non-professional gentlewomen against whose influence both Florence Nightingale and Jane Shaw Stewart had energetically striven. The officer commanding a station was empowered to appoint a committee of officers to take charge of a charitable fund connected with the female hospital. This committee was in turn to select 'a committee of ladies' to visit the hospital, distribute clothing supplied through the fund, and inquire into cases of distress. It was the ladies' committee which was to forward applications for the post of matron to the officer commanding the station: 'Whenever it is practicable to do so, a preference should be given in these appointments to deserving widows of non-commissioned officers, if found to be as competent as other applicants. Local committees might select widows or unmarried daughters of non-commissioned officers to be sent to King's College Hospital for training as midwives'.

During 1863, Florence Nightingale had remonstrated against these features of the new regulations. 'The ladies of the Regiment' should only concern themselves with the charitable fringe activities of the hospitals. '... a ladies' Committee is the most unbusiness-like body in existence — except, I say, an Officers' Committee.' The appointment of nurses should be in the hands of Jane Shaw Stewart: 'these Hospitals will never work until they are all under one responsible female Head as Sup. Gen.1 (sic)'. Her advice was pointedly ignored. The 'female hospital' matron
was to be a needy personage, much beholden to local military dignitaries for their benevolent assistance. She was also to be very dependent upon the judgment of the medical officer attached to the hospital. All her instructions as to the care and nursing of the sick, and management of the wards, were to proceed from him: if he found fault with a nurse, he was to report her to the matron, and 'If the medical officer is not satisfied with the result of his representation to the matron, or if he is not satisfied with the manner in which the matron conducts herself or performs her duties, he will notify the specific case directly to the committee of ladies, who will immediately take such steps as they may consider necessary, reporting the same to the War Office through the officer commanding'. This was indeed a very different proposition from an aristocratic Superintendent-General communicating directly with the War Office, or an independent lady superintendent in sole charge of her female employees.

The Principal Medical Officer in a regimental hospital already enjoyed more authority over male orderlies than he could in a general hospital; after 1864 he would enjoy the same authority over female nurses, and his example would appeal powerfully to his military general hospital colleagues. The Lancet spoke for the latter immediately after Jane Shaw Stewart's resignation:

The Army authorities will have no difficulty in meeting with a lady who will act as chief of the female nursing department of the Army in proper subordination to the medical officers, and it is surely time that the anomalous position of a lady superintendent, by which she has been enabled to communicate directly with the War Office, should undergo some modification.

The War Office's confidential inquiry into the female nursing service in 1864 had proved inconclusive; and it is difficult to resist the inference that the discontented medical officers of Netley, despairing of achieving any decisive victory over the Superintendent-General within the
constraints of the regulations, therefore began to 'leak' their story to the press and to their military and civilian colleagues, in order to subject the War Office to the pressure of a minor public scandal. This was made easier for them by the fact that Jane Shaw Stewart's brother had lost his seat in the House of Commons in 1865. Rumours began to circulate early in 1866 that the patients at the new Royal Herbert Hospital were having female nursing 'thrust upon them contrary to their desire'. The Times of 17th October also reported patients' complaints: 'it appears to be generally considered that the introduction of the lady nurses is an innovation from which no benefit can possibly be derived'. In 1867 The Lancet reported that 'the invalids in one at least of the military hospitals have petitioned Government to exchange the present lady-nurse system for the old plan of orderly attendants on the sick'. The Medical Times and Gazette, repeating this report, applauded the news that the Government of India had just rejected a scheme to introduce female nurses into the British military hospitals there.

On May 9th 1868, The Lancet published an article entitled 'A Visit to Netley Hospital', claiming that all was well with the Army Hospital Corps, but that it was otherwise with the female nursing service. Since military discipline silenced the medical officers themselves, it was for their civilian colleagues to speak out on their behalf, and for the good of their patients.

Female nurses might prove altogether beneficial if they were completely under the control of the medical staff, or at least if their own superintendent were amenable to the authority of the medical officers. It will easily be understood that there are many cases in which the immediate presence of a woman is neither requisite nor desirable; and particularly when, as is often the case, the patient has an insuperable objection to her presence. Under these circumstances, the surgeon would gladly dispense with the nurse, and let her be attending to other duties; but here the lady superintendent steps in, and orders the nurse to follow the medical officer closely in all his rounds. The lady superintendent, though no
doubt a well-intentioned person, is the *bête noire* of the establishment. When we say that we believe, from the General at the head of the establishment to the most junior candidate, there is but one feeling of dislike to her constant interference, it is probably time that the public should inquire why a whole public establishment is sacrificed to please a lady of aristocratic connexions.

At about the same time that this article was being prepared for the press, Jane Shaw Stewart was informed that all correspondence on the subject of her post was being referred to the Secretary of State for War, and she ceased going into the wards. Throughout most of the previous year she had been in the Royal Herbert Hospital, Woolwich, her position daily becoming more isolated and vulnerable. Nurses came and went at a rapid rate. Medical officers refused to find time to see her, and she was reduced to communicating with them by means of lengthy memoranda; this procedure alienated their sympathies even further, where this was possible. The nurses told tales on her to the medical staff, and laid formal written complaints against her to the Principal Medical Officer; she became increasingly hysterical and violent in front of nurses, orderlies and patients. When the committee of inquiry into the female nursing service was announced, it was on terms which pre-judged the central issue, since they stated flatly that the nursing service was unsatisfactory. No material was assembled to show whether the regulations for military hospitals had been complied with by all parties concerned. No provision was made for a discussion of the merits and flaws of the Hospital Regulations as they stood. The many different issues raised by Jane Shaw Stewart's stormy tenure of office were to be boiled down to one - the rate of turnover of nurses. The awkward and temperamental outsider, whose presence had exposed many of the problems and difficulties of the new system, would also serve as a convenient scapegoat for them. Her imminent resignation from the service was almost a foregone conclusion.

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At the commencement of the Netley inquiry, it was stated that no less than forty-one nurses had passed through the Royal Victoria Hospital since 1863, and that this too-rapid turnover had brought too many inexperienced nurses into the service. It is tempting to see in this high figure the transposition to the public arena of a well-known domestic phenomenon—the mistress who could not handle her servants well, or keep them long. The periodical literature of this time is full of articles on 'the servant problem' from which it clearly emerges that bad relations between 'maids and mistresses' were the norm rather than the exception. Much of this writing seems applicable to Jane Shaw Stewart's case, especially if we go by Wilbraham's account of her. Mistresses, it was said, imposed too exacting standards on inexperienced girls:

We have no doubt that you are always right; but do not forget that this makes it all the more uncomfortable for the person who is always wrong.

Moreover, many mistresses, unobserved by outsiders for the most part, resorted to verbal and even physical abuse of their servants:

I never yet could understand why a lady should cease to be one, when she is required to discharge the duty of reproving her servant.

The right to chastise servants physically was only legally abolished in 1861, and it is reasonable to assume that the practice continued, in private at least, in the following decade.

The military hospital regulations allowed for the private reprimand of nurses by their superintendent. Jane Shaw Stewart's male colleagues were shocked to hear, or hear of, shouts and even blows in the wards. In 1866 the Superintendent-General admitted to having beaten one of her nurses. This was officially condemned by the medical officers and privately disapproved of by Florence Nightingale. Jane Shaw Stewart promised that the incident would not be repeated, but it seems likely that she found it difficult to consider the hospital wards as anything but her own private territory. The medical officers were, after all, only
occasional visitors there, and the orderlies were, like good servants, expected to accommodate themselves to the wishes and instructions of female superiors. Women of the Superintendent-General's class were not used to the idea of shared public space, or the practice of being overseen; and very little in the hospital regulations was designed to encourage this new consciousness.

Particularly severe strains were imposed on the mistress-maid relationship at Netley in consequence of Jane Shaw Stewart's idiosyncratic views as to the Superintendent-General's true mission. She believed that the standard of nursing could be improved only by personal example, and that it was essential for the nurses to be in close and constant contact with their superior. It followed that she alone could judge the calibre of the nurses in the new service:

Gentlemen and ladies know nothing whatever about these things. They do not live with their subordinates, they ought not. A Superintendent living apart from her Nurses would be a very useless animal.

However, a consequence of this practice was that she could not view her nurses with any real detachment, and relatively small misdemeanours might assume enormous proportions:

... it is not good that a Nurse who has just behaved, for instance, with deceit or with gross insubordination, should sit down to dinner with the Superintendent ...

Nurses were sometimes punished by being made to eat alone for up to a month. In retrospect Jane Shaw Stewart thought this punishment should have been limited to a week. More serious offences - the exchange of love letters with a patient, the discovery of empty gin bottles - resulted in instant dismissal without right of appeal.

High as the turnover was, the 'case for the prosecution' exaggerated it. The list of forty-one nurses produced for the inquiry included eight whose departures in 1866 were not resignations: they accompanied Jane Shaw
Stewart to inaugurate the female nursing service at the Royal Herbert Hospital, Woolwich. The largest bloc of resignations — fourteen, of whom nine had served under twelve months — took place in the year 1867, for most of which Jane Shaw Stewart was actually absent from Netley, and preoccupied with the Woolwich nurses; a substitute Superintendent, who resigned in September 1867, served in her place. Moreover, if, as is strongly suggested, the class of nurse coming to Netley was not the head nurse type, but the less experienced under-nurse, then the turnover rate becomes less remarkable. Florence Nightingale insisted, in fact, that there had not been as many changes among the Netley nurses as there were in every civil hospital.

It is hard to be certain what class of nurse did serve in the Netley and Woolwich hospitals in this period, because all of them were described as 'probationers' on entry. This may have been Jane Shaw Stewart's designation of women of whose qualities she was unsure: only ten of them were granted ward nurse status under her superintendence, and it is possible that in a civilian hospital their status would have been higher. But at least three, Mary Barber, Elizabeth Young and Frances Smith, were only probationers at St. Thomas's Hospital when they came to Netley. Medical officers remarked on the inexperience of the recruits, which perhaps reached its nadir when two nurses who joined the surgical division were found never to have previously attended a surgical operation.

While the medical officers and the military Governor insisted that Jane Shaw Stewart drove ordinarily good nurses away by her oppressively high standards, she claimed that the civil hospitals were still too tolerant of dubious morality in their nurses, and furnished inadequate candidates for the military service. In a sense, both sides were right. In the military hospitals, there was room only for the highest grade of female nurse — who was, indeed, unlikely to wish to leave her civil hospital post. In addition to undertaking 'the administration of
food and drink to helpless patients, the application of leeches and blisters, poulticing and minor dressings, the administration of enemas, when required by the Medical Officer to do so, and the due warming and ventilation of the ward', she was expected to supervise the bedside work of the male orderlies. The lower grade of civil nurse, who was employed on largely domestic work, or the relatively inexperienced woman, considered suitable material for promotion, who would normally work under the direction of a ward nurse or sister, could not cope with these responsibilities.

Where such women entered the military service, an immense burden of training and supervision fell to the lot of the Superintendent or Superintendent-General. No provision had been made in the hospital regulations for the in-service training of nurses. In many civil hospitals, the ward nurse learned her work by attaching herself to her ward medical officer. In military hospitals the medical officers, while exercising no disciplinary powers over the male orderlies, nevertheless supervised what medical training they received. Military doctors had no remit to train female nurses: they objected to being accompanied by them on their rounds of the wards, and thought such attendance particularly inappropriate in a teaching hospital, serving the Army Medical School. Jane Shaw Stewart had, of course, so constructed the service that the medical officers were virtually without influence over the work of the female nurses; by hermetically sealing off the female nursing service she effectively denied it, and herself, access to the only realistic training resource then available. She was forced, alone and unaided, simultaneously to manage the wards and train the female personnel for two hospitals. Wilbraham claimed that Jane Shaw Stewart demanded 'entire abnegation of self' and 'sacrifices which the regulations never contemplated, and which few women would be capable of either morally or physically', but without giving concrete examples. One Frances Johnson was, apparently, highly
agrieved to be told that she must learn to administer enemas. It is a measure of Jane Shaw Stewart's success, and also of the uncomfortable intensity with which she pursued her objectives, that not a single medical officer could find cause for complaint against any nurse on grounds of inefficiency or unkindness, and that she herself was quite satisfied on the question of chaste behaviour.

The Nightingale Training Institute at St. Thomas's, for all its self-conscious determination to break from the traditional apprenticeship of the ward nurse to the ward doctor, and to train all-round nursing professionals, was not yet producing recruits in sufficient quantities to lighten Jane Shaw Stewart's task. While it might be possible to doubt the objectivity of Jane Shaw Stewart's judgment of civil hospital standards, and of Nightingale Institute methods, it is not possible to doubt the evidence which her successor, Mrs. Deeble, gave against herself. Mrs. Deeble and six nurses completed a Nightingale training course at St. Thomas's and installed themselves at Netley in November 1869. In the first month, one sister nearly poisoned a patient by dosing him with liniment instead of cod liver oil. Shortly afterwards, she let the side down again:

She was ordered to apply an Ether Spray to a quinsy patient instead of silently receiving the order and asking information from me she told Dr Maclean she did not know how to do it. I was the more sorry about this, as these Orderlies are well up to such things.

Two months later, Mrs. Deeble reported:

Sister L. was asked to take the temperature of a patient and she replied she did not know how ... Sister Clarke made a sad mistake in the application of leeches to the eye of a patient. She applied one so close to the inside of the eye as to cause hemorrhage, (sic) ... The Ward Orderly remarked to Sister Lennox next morning that if Sister C. had used the Eye-glass such a thing could not have happened. These glasses are always used here but Sister C. had never seen them. 

Rebecca Strong, one of Mrs. Deeble's original contingent at Netley,
who left after a year, recalled of the training which she received at the Nightingale school in 1867:

Very little was expected from us, as progress was slow in regard to organised teaching. Kindness, watchfulness, cleanliness, and guarding against bedsores were well ingrained. A few stray lectures were given, one I remember especially, I think it was on the Chemistry of Life, or some such title; ... There was a dummy on which to practise bandaging, and some lessons were given, also a skeleton, and some ancient medical books, one, fortunately, on Anatomy for those who attempted self-education.

Perhaps, then, it should not be wondered at that the Nightingale 'graduates' were so inadequate to the needs of a military general hospital.

Florence Nightingale had had her first meeting with Mrs. Deeble at the beginning of November 1869. Born Jane Cecilia Egan, Mrs. Deeble was the widow of an army medical officer, and it seems likely that her career in military nursing was promoted by her late husband's colleagues. Florence Nightingale was profoundly unimpressed by her, but strove to be fair. She wrote to Dr. Sutherland:

... she is brave, sincere, courageous - but she has no observation - she is quite incapable of understanding far less of making a Regulation or an organisation ... Any officer may turn her round his finger. She will be engaged in planning a nice tea for the Nurses, while she lets the Nursing go to ruin. ... I have not approached the subject of the Regulations yet with Mrs. Deeble. I doubt whether she has seen them. I doubt whether she is able to understand them. I doubt whether she has a glimmer of the fact that she is to have a personal relation with and report to the War Office.

An outsider might have taken quite the contrary view of Jane Shaw Stewart's replacement. The medical officers had secured the replacement of the aristocratic lady by a woman of their own class. Mrs. Deeble's 'failings,' her homeliness, her lack of interest in constitutional rights and wrongs, were exactly the qualities which would ingratiate her with male and female colleagues alike; they were, indeed, what the medical press had been clamouring for since it had had the dismissal of Jane Shaw Stewart in its
The introduction of a female military nursing service between 1861 and 1870 remains something of an enigma. As in the Crimean War, it was very largely an initiative coming from outside the army and its medical department. The regulations for the new service were designed for a class of nurse which hardly existed. For many years the potential value of female nursing far outweighed its actual contribution to the military hospital system. If medical officers agitated for modifications in the 'constitutional' position of the female nursing service, rather than demand its abolition outright, it was because they perceived some of its inherent advantages over the Army Hospital Corps. Medical officers after the Crimean War desired a permanent hospital workforce, owing no overriding responsibility to combatant officers, which could not be withdrawn for non-nursing duties. The corps they obtained was, however, 'liable to be employed, in any way that may be required, in the performance of any duties in the Medical and Purveyor's Departments'. Able men were often withdrawn from nursing work to clean and scour the hospital buildings. It was for this reason that the medical officers were so disturbed by the turnover rate among Jane Shaw Stewart's nurses. In principle, a female service could be tailored to meet the medical officers' requirements, especially once the anomaly of a female superintendent independent of medical officers' and military governors' control had been removed.

Modified hospital regulations, with a section designed specifically for the Netley nursing service, were issued to coincide with Mrs. Deeble's appointment. They represented one clear victory for the medical officers: regulation 46 stated that 'During the session of the Army Medical School, it is not necessary that the Sister should attend the
Medical Officer while engaged in clinical instruction, unless permitted by him to do so; ...' The second victory was implied rather than stated in the regulations. The Netley Superintendent was to report directly to the Secretary of State for War. The office of Superintendent-General had quietly disappeared. Henceforth the Army List would refer only to the 'Superintendent of Nurses' at Netley. These changes in the letter of the law were small: the new regulations had in fact been drawn up by Florence Nightingale with Jane Shaw Stewart's assistance. The special relationship with the War Office still existed in principle, and the nursing sisters remained responsible solely to their Superintendent. However, between 1870 and 1885, as will be seen, these female prerogatives were to be completely eliminated.

It is interesting to note that the remodelling of the Army Nursing Service in 1885 coincided with the departure from King's College Hospital of the St. John's House nursing sisterhood. Four years later, St. John's gave up the management of the nursing at Charing Cross Hospital. Doctors' complaints against the independent management of hospital nursing by external, female institutions had been gathering strength throughout the 1880s. They demanded greater control over the training and supervision of nursing in their hospitals, and by and large lay managers acquiesced. The entry into public service of the class of woman who did not necessarily require a salary, and who did not regard herself as an employee, began to be blocked, at least as far as hospital work was concerned. Florence Nightingale and her peers had, in a sense, been undone by their own success. Philanthropic ladies had impressed both civil and military medical practitioners with the distinct contribution which they could make to the welfare of the sick poor and the wounded soldier: in the process they had created the demand for a new species of female employee, subordinate to the male medical officers of her hospital, rather than to 'the lady of the house'. In one sphere at least, the ladies had made
themselves obsolete.

No-one spoke of Jane Shaw Stewart when a major revision of the military hospital regulations was published in 1885, and yet her preoccupations were still very much live issues. Mrs. Deeble, not normally critical of her male colleagues, made a bitter private complaint that 'men are not fitted to judge of a woman's capabilities'. She was in no doubt that there was a deliberate drive to reduce women's authority within the new system, 'as Sir Thomas Crawford himself told me that sooner than have a Superintendent General of Nursing he would vacate his Chair'. Florence Nightingale also fulminated against the new arrangements; and her objections were couched as much in the language of class as of professionalism or gender. 'Would Lady Crawford intrust you with the duty of selecting your housemaid or your cook? ... How could the mistress of a household manage her household if she did not enquire personally into the character of her servants?' she wrote, after hearing that the Director-General had accepted some Nightingale trainees as military nurses without even taking up their references, let alone putting them through an interview. The domestic metaphor wholly undermined the validity of her criticisms. This was symbolic of the administrative change which had taken place. Female nurses were at last being incorporated within the A.M.D. as servants of the state - not as an importation from the alien, female sphere of household managements.
1. Only in the 1980s has serious research been undertaken into the first two decades of the Nightingale Training School. J. E. Prince, 'Florence Nightingale's Reform of Nursing 1860-1887', unpublished Ph.D., London School of Economics 1982, and M. E. Baly, 'The Influence of the Nightingale Fund from 1855 to 1914 on the Development of Nursing', unpublished Ph.D., London University 1984, both strike a critical note which is absent from previous literature.

2. The fullest published account of the episode is in C. Woodham-Smith, Florence Nightingale (London 1950) pp. 479-80. For the problems in tracing documents on Jane Shaw Stewart, see the introduction to this thesis.

3. They included Dr. John Sutherland, head of the sanitary commission despatched to the seat of war in 1855, later Florence Nightingale's amanuensis; Sir John Neill and Col. A. M. Tulloch, who reported for the sanitary and Commissariat commissions; Dr. Thomas Alexander, Smith's successor as Director-General of the Army Medical Department; Col. J. H. Lefroy, scientific adviser to the Secretary of State for War, despatched by Panmure to report privately on the state of the war hospitals, who later worked with Alexander and others on plans for an Army Medical School; Col. Clark Kennedy, Assistant Adjutant General at Lord Raglan's headquarters, who was asked by a mutual friend to report on the French military hospitals on Florence Nightingale's behalf, and who was Commandant of the Military Train, with headquarters at Woolwich, after the war.


11. BL. Add. MSS. 43397 f. 148, Nightingale to Cranworth, 21.12.56; f. 152b, Cranworth to Nightingale, 27.12.56.
12. Report on the Site of the Royal Victoria Hospital, Near Netley Abbey
PP. XIX 1857-8, p. 476.

13. Printed in G. Douglas and G. Dalhousie Ramsay, eds., The Panmure


15. W.O. 33/7, piece 2, Report on the Volume of Proposed Regulations for
Army Hospitals, 5th February 1859, f. 50, refers to this earlier
report, but I have been unable to locate it.

16. Regulations for the Duties of Inspectors-General and Deputy-Inspectors
General of Hospitals, ... 1859, pp. 3, 13.

17. W.O. 33/7, loc. cit.

18. On the replacement of the Medical Staff Corps by the Army Hospital
Corps in 1857, see. W.O. 43/987 ff. 313-19, 330; for the report of
the A.H.C. Committee see W.O. 33/13, piece 218; for its schemes for
general hospitals see BL.Add.MSS. 43395 ff. 282-9.

19. The Times, 1st August 1861, p. 10 col. 2.

20. W.O. 139/2, Index to Correspondence. Entry under 'Hospitals-
Servants and Nurses: Herbert Hospital, Woolwich.' Nursing Staff
appointed. 6911/376, 17th October 1861. This date is corroborated
roughly by Col. Wilbraham's reference in a letter of 3rd December 1863
to two years of the female nursing system; see W.O. 33/20, piece 371,
Instructions to the Committee of Inquiry into the State of the Nursing
Service at the Royal Victoria Hospital, Netley, 1868 (hereafter cited
as Instructions ...) ff. 149-50. In this letter he refers to a staff
of six female nurses.

21. Report of the Army Medical Department for 1863, p. 273; W.O. 33/20,
Instructions ... ff. 149-50; Quarterly Army List for April 1863, p.
150. This milestone had been completely forgotten by the end of the
century. Mrs. Deeble was mistakenly claimed to have been the first
woman, other than the Queen, to reach the Army List in e.g. Navy and
Army Illustrated, Vol. 3, 1896-7 pp. 208-9; The Sunday Strand, July
1900, pp. 45-6.


23. W.O. 33/20, Instructions ... ff 145-6.

24. Sutherland to Nightingale, 28th July 1868, BL.Add.MS 45753, f. 59.


26. Biographical information on Jane Shaw Stewart and her family drawn
Vol. I; J. Foster, Members of Parliament for Scotland, (London and
Aylesbury 1882); F. Boase, Modern English Biography, (London 1965)
Vols. III and VI; The Guardian, 6th June 1900, p. 811; The
Illustrated London News 18.8.1900 p. 250; D.N.B. Jane died In
mid-March 1905, by which time her work was largely forgotten. The
Hospital 'Nursing Section' 1.4.05. p. 1., referred to her being at
Netley until 1863. See also British Journal of Nursing, 25.3.05, p.
232.
27. BL. Add. MSS 45774 f. 65, Shaw Stewart to Nightingale, 26.5.59
29. BL. Add. MSS. 45774, f. 37, Shaw Stewart to Nightingale 16.3.57.
30. Ibid. f. 41, the same, 21.1.57; f. 65, the same, 26.5.59; f. 3, the same, 6.8.56; ff. 7, 9, the same, 18.8.56.
32. BL. Add. MSS. 45774 f. 62, Shaw Stewart to Nightingale, 26.5.59; ff. 21b, 25, the same, 16.3.57.
33. Ibid., ff. 21, 25, the same, 16.3.57; BL. Add. MSS. 43395 f. 319, Shaw Stewart to Herbert, 10.7.61.
34. W.O. 43/963 f. 312, Shaw Stewart to Nightingale, 21.1.56.
35. BL. Add. MSS 45774 ff. 17-18, Shaw Stewart to Nightingale, 24.11.56.
37. BL. Add. MSS 45774 f. 51, Shaw Stewart to Nightingale, 11.1.59; f.8., the same, 18.8.56; ff. 61, 64b, the same, 26.5.59.
38. This was one of the volumes of her Notes affecting the Health, Efficiency, and Hospital Administration of the British Army. The first three chapters of Subsidiary Notes are taken word for word from Shaw Stewart's lengthy 'Confidential Memorandum', BL. Add. MSS. 45774, ff. 21 et. seq., 16.3.57; three other chapters on French hospital construction and military nursing are based closely on her writings in the same MS. volume. Cook has labelled the 'Confidential Memorandum' as Florence Nightingale's ms for Subsidiary Notes; another hand (presumably Woodham Smith's) correctly identifies it as Jane Shaw Stewart's, but Woodham Smith does not discuss the implications, or treat Shaw Stewart as anything but a shadowy figure, in her own biography of Nightingale. It is impossible to confuse the handwriting of the two women, and Shaw Stewart never acted in a purely secretarial capacity for Nightingale. The sections on experiences in Scutari in the published work were added by Nightingale (Shaw Stewart never served in Turkey), who also deleted Shaw Stewart's many approving references to the Church of England. Cook, op. cit., Vol. I, p. 347, notes Mrs. Gaskell's unwitting appreciation of a characteristic of Shaw Stewart's style - 'the quiet continual devout references to God which make the book a holy one.'
39. BL. Add. MSS. 45774 ff. 61-64b, Shaw Stewart to Nightingale, 26.5.59.
40. In 1859 Mrs. Smith, Florence Nightingale's aunt, wrote to Jane Shaw Stewart saying that she was not to write to Florence, or hear from her, again: the state of her health required that third parties should open Jane's letters to her. See BL. Add. MSS. 45774 f. 214, Shaw Stewart to Nightingale, 30.7.70. In fact the correspondence seems to have continued between 1860 and 1863; see BL. Add. MSS. 43395 f. 318, Shaw Stewart to Herbert, 10.7.61; 45761 ff. 103-5, Nightingale to Galton, 4.9.63.
41. BL. Add. MSS. 45774 f. 15, Shaw Stewart to Nightingale, 22.10.56; the long underlining of the original is Shaw Stewart's, the shorter line is Nightingale's.

42. W.O. 33/6A. Regulations for the Duties of Inspectors-General and Deputy-Inspectors-General of Hospitals 1858, ff. 282, 288-90.


45. Ibid., ff. 290, 398; 287-8.


48. W.O. 43/963 f. 222, Nightingale to Hawes, 1.5.55; f. 225, the same, 10.5.55; BL. Add. MSS. 45774 f. 35, Shaw Stewart memorandum, 16.3.57.

49. BL. Add. MSS. 43402 ff. 3, 5, Florence Nightingale, Notes on Nurses.

50. Report ... Sanitary Condition, pp. 468; 477, second footnote: italics in original.


52. Subsidiary Notes, p. 22; BL. Add. MSS. 45774 f. 29b, Shaw Stewart to Nightingale 16.3.57; 45751 f. 174, Nightingale to Sutherland, 28.1.61.

53. BL. Add. MSS. 45774 ff. 35, 26, Shaw Stewart to Nightingale, 16.3.57; W.O. 33/6A, f. 391, Regulations for the Duties ...

54. BL. Add. MSS. 45774 f. 41, Shaw Stewart to Nightingale, 21.7.57.


56. BL. Add. MSS. 45774 f. 66, Shaw Stewart to Nightingale, 26.5.59.

57. Ibid., f. 210b, the same, 10.8.70, referring to leaving St. John's House for Woolwich in 1861.

58. BL. Add. MSS. 43395 f. 318, Shaw Stewart to Herbert, 10.7.61; 45751 f. 195, Nightingale to Sutherland ca. 16.7.61.

59. MR 801/9, pieces 6, 6a, Nightingale to Clark Kennedy, 8.6.61.

60. BL. Add. MSS. 45774, f. 25, Shaw Stewart to Nightingale, 16.3.57; f. 65, the same, 26.5.59; 43395 f. 319, Shaw Stewart to Herbert, 10.7.61: emphases in original.

62. BL.Add.MSS. 45754 f. 72b, Nightingale to Sutherland, ca. 15.2.70; ff. 89b-91, the same, ca. 24.2.70; 45775 ff.1-2, Deeble to Nightingale 30.11.69; ff.10-10b, the same, 13.1.70.

63. BL.Add.MSS. 45752 f. 80, Nightingale to Sutherland, ca. 1865; 45825 ff. 126-126b, note by Sutherland, ca. 1861.

64. W.O.33/20 ff. 144-5, Instructions ...


66. BL.Add.MSS. 45761 ff. 103-5, Nightingale to Galton 4.9.63; ff. 115-115b, the same, 15.9.63.

67. W.O. 33/20 ff. 143, 149-50, Instructions ...

68. Ibid., f. 148; BL.Add.MSS. 43397 ff. 272b-274, Nightingale to Lefroy, 25.11.64; emphases in original.

69. W.O. 33/20, Instructions ..., Appendix C, ff. 149-50, letter of Wilbraham to Under Secretary of State for War, 20th February 1864; see also BL.Add.MSS. 45753 f. 32, Nightingale to Sutherland, ca. 16th March 1868; Wilbraham gave references to dismissed nurses, some of whom were 'not fit to be the commonest nurse':

70. BL.Add.MSS. 45774 ff. 189b-90, Shaw Stewart to Nightingale 29.12.69.

71. W.O. 33/6A, f. 282, Regulations for the Duties ... ; W.O. 33/20, f. 148, Instructions ...

72. W.O. 33/20, ff. 143-5, 147, 152, Instructions ...

73. Ibid., ff. 142-3.


75. The Lancet, 1870 Part II, p. 100.


77. M.L. Hughes, 'The Naval Nursing Service', Journal of the Royal Naval Medical Service VIII, 1922, pl. 188.

78. W.O. 33/20, Instructions ... Wilbraham to Scott Robertson, Purveyor in chief, 3rd December 1863, Appendix C ff. 149-50.

79. The Medical Times and Gazette, 1.8.68, p. 130.

81. BL. Add. MSS. 45759 f. 171, Nightingale to Galton, 6.2.61, emphases in original; W.O. 139/2, Index to Correspondence, 'Hospitals, Civil': 20.6.65. Mothers allowed to visit and nurse children in hospital.


83. BL. Add. MSS. 45761 f. 229b, Nightingale to Galton 4.12.63; f. 43b, the same, 20.7.63; emphases in the original.


85. The Lancet, 1868 Part II, p. 93; italics in original.

86. The Lancet, 1866, Part I, p. 448.


88. The Lancet 1868 Part I, p. 593.

89. W.O. 33/20, ff. 146; 139-40; 144, Instructions ...


92. Offences Against the Person act 1861, 24. and 25 Vict. C. 100.

93. W.O. 33/6A, f. 391, Regulations for the Duties ... ; W.O. 33/20, ff. 139-40, Instructions ...

94. BL. Add. MSS. 45763 ff. 215b-217b, Nightingale to Galton 9.8.66.

95. BL. Add. MSS. 45774 ff. 128b-129, Shaw Stewart to Nightingale, 21.10.69.

96. Ibid., f. 147b, the same, 30.10.69; f. 212b, the same, 10.8.70.

97. The Times, 17.10.66, p. 10, col. 6; W.O.33/20, ff. 146, 150, Instructions ...

98. South, op. cit., p. 17; BL. Add. MSS. 45754 f. 120, Nightingale to Galton, 15.5.68.

99. W.O. 33/20 f. 145, Instructions ...

100. BL. Add. MSS. 45774, f.212b, Shaw Stewart to Nightingale, 10.8.70; GLR0, H.I./ST/NTS/C1.2, f.7. M. Baly, 'The Nightingale Nurses 1860-1870', Bulletin of the History of Nursing Group at the Royal College of Nursing 8, Autumn 1985, p. 22 indicates that probationers were sent from St. Thomas's to Netley for training.
101. W.O. 33/20, f. 138, Instructions ...; regrettably, the records on the
St. Thomas's nurses who entered the service in this period are very
scanty, and no records have been traced for the other entrants. St.
John's House, which might be thought to be a likely source given Shaw
Stewart's stipulation as to church membership, has no record of any of
her nurses.

102. W.O. 33/20 ff. 139, 149-50, Instructions ...; BL.Add.MSS. 45774 f.
189, Shaw Stewart to Nightingale, 29.12.69; f. 213, the same,
10.8.70.

103. W.O. 33/6A f. 399, Regulations for the Duties of Inspectors General
and Deputy Inspectors General of Hospitals.

104. W.O. 33/20, ff. 149-50, Instructions ...

105. Ibid., f. 146.

106. Ibid., ff. 138, 148.


108. BL.Add.MSS. 45775 ff. 1b-2, Deeble to Nightingale, 30.11.69. f. 10,
the same, 13.1.70; ff. 27b-28, the same, 8.3.70.

Mrs. Strong later had a distinguished career in nursing in Scotland.
As matron of Glasgow Royal Infirmary, she was a pioneer in the field
of preliminary training for women intending to take up hospital work;
she was also a supporter of state registration for nurses; See R.M.
Hallowes, Nursing Mirror 25.11.1955, pp. xi-xii.

110. BL.Add.MSS. 45753 f. 83, Nightingale to Sutherland, ca. September
1868. The War Office wanted Mrs. Deeble and six women trained at the
Nightingale Training School for Netley. This was embarrassing, as the
normal practice of the School was to accept candidates on merit only.

111. W.O. 25/3955, f. 33; BL.Add.MSS. 45754 f. 19, Nightingale to
Sutherland, ca. 1.11.69; emphases in original.

112. War Office Circular 715, Royal Warrant for Army Hospital Corps,
27.9.61; BL.Add.MSS. 45754 ff. 90b-91, Nightingale to Sutherland
24.2.70; Strong, op. cit., p. 8.

113. War Office Circular, 1st January 1870, Clause 33.

114. BL.Add.MSS. 45774 ff. 123-87, letters and memoranda of Shaw Stewart to
Nightingale, 1869; 45754, f. 3, Nightingale to Sutherland, 1.10.69;
f. 22b, the same, ca. 13.11.69.

115. See next chapter.

116. Few, op. cit., passim; Holloway, op. cit., p. 152; Plotkin, op-
cit., pp. 45-50.

117. Wantage Papers on Egypt, Mrs. Deeble to Lady Loyd-Lindsay, 21.6.85;
21.11.85; 27.11.85.

118. BL.Add.MSS. 45772, ff. 51, 55, Florence Nightingale notes, ca.
December 1883.
Between 1861 and 1882 the female military nursing service was confined to the two general hospitals at Netley and Woolwich, and numbered little more than a dozen women. From 1880 onwards, pressure began to be exerted for an expansion of the service. Campaigns in South Africa and the middle east placed unaccustomed strains on the army medical services in the field; concerned and philanthropic groups and individuals, such as the National Society for Aid to the Sick and Wounded in War (which later became the British Red Cross), the Stafford House Committee, Viscountess Strangford and Florence Nightingale, acted as a lobby for the female nursing interest.¹ New regulations for the Army Medical Department, promulgated in 1885 after searching War Office inquiries into the army hospital services, promised considerable changes. The female nursing service was now to be extended to all military hospitals with over 100 beds; while in 1893, even the restriction to 100-bed hospitals was rescinded.² In practice, however, the service remained a very limited one. By 1890, a total of 60 female nurses were employed in 16 military hospitals in the United Kingdom and abroad. In 1898 there were 72 female nurses.³ The 1885 regulations had stipulated a minimum of three female nurses in any military hospital in which they were employed at all, but in many cases this was interpreted as a maximum.⁴ When a female military nursing service was inaugurated for the whole of India in 1888, only ten women were appointed.⁵ Many elderly arguments continued to be advanced for the preservation of an almost exclusively male staff for military hospitals, not least those dwelling on the irrelevance and unsuitability of women for service in war. However, at the end of the century, the events of the Boer War were to suggest that it was largely because of the restricted recruitment of female nurses, and the curious pattern of their day-to-day employment, that the British army's
medical service found itself unprepared to meet the demands of the battlefield.

Throughout the 'post-Shaw Stewart' era, 1870-1899, the position of the female military nurses remained anomalous and, to them, highly unsatisfactory. Important changes took place in the military hospital hierarchy which did not work to their advantage. The medical officers gradually succeeded in demolishing the principle that only combatant officers could exercise command. For them the most welcome reforms in the programme of Cardwell, Secretary of State for War in the first Gladstone ministry, were those embodied in royal warrants of 1873 and 1877, transferring to medical officers the power to command and discipline, as well as to train, orderlies of the Army Hospital Corps. After such a victory, they were unlikely to rest content with a female nursing system which remained almost entirely outside their jurisdiction. Successive editions of the Army Medical Regulations between 1878 and 1885 marked the weakening, and finally the disappearance, of the Superintendent of Nursing's privileged relationship with the Secretary of State; they also marked the erosion of her authority over her own female staff.

In 1878 Mrs. Deeble's power to 'select, and with the sanction of the Secretary of State appoint, the Sisters' was amended to her duty to select and dismiss sisters with reference to the wishes of the Director-General of the Army Medical Department, and in consultation with the m.o. of the hospital, and the principal medical officer of the district, concerned. In 1885, it was laid down that all female nursing staff were to be selected by the Director-General alone, who would 'nominate Superintendents and Nurses from a list in his office', and no dismissal was to take place without his sanction. In 1870, the sisters were still 'responsible solely to the Superintendent' who could dismiss and suspend her staff with reference to the military commandant and the Secretary of State for War; medical officers had to refer directly to her any complaints made against a
sister. In 1885, although the m.o. still had this obligation he could, if necessary, 'direct the suspension of the nurse from duty, pending reference to the Principal Medical Officer, and if necessary to the Director-General.'

By the end of the century the Superintendent's cause, particularly in the matter of appointments, began to be pleaded in the columns of the nursing press; chiefly, as in the case of the Nursing Record, where editorial policy favoured the advancement of nursing through professional self-regulation and state registration. It was argued that the standard of nursing and nursing appointments in military hospitals was falling below that in civilian hospitals - a case for which, as will be seen, there was much justification - and that the remedy for this was control by female professionals. None of those writing on the subject in the 1890s were aware of the powers enjoyed by the Superintendent twenty years previously.

Although the female nurses were ultimately subject to the authority of the medical officer in matters of discipline and in the organisation of their nursing work, they themselves exercised no downward authority, and were not incorporated within the system of military discipline as a whole. This lack of authority, and its military corollary, lack of commissioned rank, was a standing grievance among the nurses. Since they could be disciplined by a male m.o., their sex alone was not sufficient reason for their isolation from the rest of the chain of command. A more fundamental obstacle lay in the uncertainty of their status as combatant or non-combatant members of the establishment. The full recognition of m.o.'s as military officers, with the right to commissioned rank and the power to command within the military hospital, was only fully achieved in 1898 with the constitution of the Royal Army Medical Corps: which combined the privates and non-commissioned officers of the Medical Staff Corps in the same body as the m.o.'s, and which replaced the latter's hybrid titles, e.g. 'Surgeon-Major General' with ordinary military ones. (The female
nurses had in fact to wait until the Second World War for officer status.\textsuperscript{10}

The medical officers might have been expected to sympathise with the female nurses on this point, but their attitudes to their services were ambivalent. On the one hand, they valued their contribution to the running of general and station hospitals in peacetime, preferred them to orderlies, and wished the Army Nursing Service were larger;\textsuperscript{11} on the other, they were reluctant to deploy female nurses in war. Without strong demand from civilian agencies, female nurses would have been unlikely to have seen service in South Africa, Egypt and the Sudan between 1879 and 1887. The m.o.'s for the most part shared the view of their combatant colleagues that ambulance rescue and field hospital work were the most important features of military medicine in wartime, and that women should serve, if they served at all, no nearer the front than the base hospital - which could often remain conveniently situated in Britain. In principle, any male hospital orderly could be sent to work under fire; female nurses could not, and therefore could not be classed as combatants. Thus the nurses' uncertainty of status as merely medical members of the armed establishment was reinforced by the fact of their sex - or rather by the characteristics attributed to their sex by their male colleagues: the nurses' own opinions on war service were rarely canvassed. The nineteenth century Army Nursing Service remained 'in but not of' the army, and an R.A.M.C. officer was able to inform the Royal Commission on the care and treatment of the sick and wounded of the Boer War:\textsuperscript{12}

\textit{In the army estimates we do not even provide theoretically for a single lady nurse.}

The army sisters were thus placed in an extraordinarily difficult position in attempting to carry out their official duties. The Medical Regulations made them 'responsible for the personal cleanliness of the patients in their wards; that all medicines, diets, and extras, are
supplied to the patients according to the instructions of the prescribing medical officer; but gave them no authority to enforce obedience on either patients or orderlies. If a sister met with misconduct or insubordination in the wards, she had to report it to the wardmaster, who alone had the right to compel the orderlies to obey the sisters and to treat them 'with every courtesy and respect'. An anonymous army sister tartly observed 'a British soldier is bound in subordination to one woman only, and he draws the line at every other', and that the interpretation of the terms 'courtesy and respect' 'would vary with the early training and social standing of the individual orderly.' Sisters complained among themselves and to their civilian colleagues, but they were unwilling to use the machinery open to them under the regulations. In the last resort, if the wardmaster did not co-operate, the sister could report him to the medical officer: not only was this a cumbersome approach to the problem of the unmade bed or the neglected patient, but it was one unlikely to improve her standing with any of her male colleagues. 'It is a fatal mistake to report either orderly or patient unless absolutely obliged' was the comment of another sister on the eve of the inauguration of Queen Alexandra's Imperial Military Nursing Service.

'An Army Sister ... may do as little as she likes or she may work herself to death.' This was the verdict of a civilian nurse who volunteered for service in the Boer War; and there is no doubt that outsiders' comments throw as much light on the nature of female military nursing work as the often rather vague statements contained in the Medical Regulations. The first regulations for the army sisters, published in 1859, had indicated that they could undertake a considerable amount of personal nursing work. The 1870 revision required them 'personally to take an active share in all nursing duties, both by night and by day', without instancing specific duties. By 1878, references to personal nursing work were omitted from the regulations, which increasingly confined the sisters
to a supervisory role. There was pressure from the medical officers to make this a twenty-four hour function. This clashed with the general prohibition against night duty brought in in 1878 - presumably on grounds of propriety - which was refined by the 1885 regulation that night duty should only be carried out where two sisters could be detailed for it together. In 1893 the medical officers tried to get Mrs. Deeble's successor, Helen Campbell Norman, to allow nurses to undertake night duty singly, but without success. They did, however, manage to establish the principle that a member of the female nursing staff should be present in the wards throughout the day.\textsuperscript{18} The sisters' afternoon break of between two and three hours was not rescinded, but after 1894 they had to take it in turns to go 'on orderly duty' and be the 'afternoon Sister' supervising the entire male nursing staff.\textsuperscript{19}

The regulations also laid down that the sisters were to accompany the medical officer on his rounds, and to be present at surgical operations when required; for the rest, their pattern of duties evolved between the lines. In practice, they tended to assume the tasks of taking temperatures and pulses, measuring and administering medicines, comforts and stimulants, which might conceivably have been left to the orderlies.\textsuperscript{20} In the work for which they were best qualified, the personal nursing of severe cases, the formal division of labour in the hospital was often superseded. While nursing a difficult case, a sister might well insist on personally undertaking night duty, on preparing a special diet, on feeding and even washing and making the bed for a helpless patient.\textsuperscript{21} But it was difficult for sisters to arrange a satisfactory pattern of work for themselves, especially as the orderlies, who were to replace them in time of war, were in principle trained to carry out duties identical to theirs.

It remained true throughout the century that an army sister could be clearer in her mind about what she should not do than about what she should. She was not allowed to nurse venereal or convalescent cases - only
the helplessly, and innocently, ill. She was not responsible for the
discipline of the ward, for the supply of linen, or for the distribution of
meals. She neither fetched, carried, nor scrubbed. But there is no doubt
that many female nurses chose, or felt obliged to do, far more work than
was officially assigned them. Much depended on the numbers and workload
of the female staff of a hospital at any given moment; much depended also
on a nurse's assessment of the abilities and attitudes of 'her' Medical
Staff Corps. Certainly too much depended on the character of the
individual nurse, for the Regulations gave her, instead of concretely
defined duties, a set of 'responsibilities' which were subject to a variety
of interpretations. An army nursing sister averred that the most
satisfactory solution was 'for the Sister to do all the really important
part of the work herself (sub rosa), and let the orderly take the credit
for it with his superiors.'22 Some medical officers, on the other hand,
thought that many sisters wanted the orderlies to do nothing but fetch and
carry;23 and one orderly rather unfairly blamed the sisters for 'the
influence their presence had on the orderlies, in creating an indifference
to their duties seldom seen in a hospital wholly worked by Corps
orderlies.'24

The problems of the army sisters were clearly summed up by a civilian
doctor who volunteered for service in the Boer War:25

The whole system of female nursing in the army
appears to have been clumsily grafted on to the
old system of nursing by orderlies, purely out of
defference to public opinion and Miss Florence
Nightingale. The graft has never taken root.

The male and female nursing staff did in fact function alongside each other
in wholly different, and even incompatible ways. The sisters had trained
in civilian hospitals which by the 1880s had established a strict hierarchy
of nursing duties, and which increasingly allotted domestic work to
non-nursing staff or untrained probationers. Orderlies, on the other hand,
were required by the regulations to undertake duties other than the care of
the sick. The 1883 inquiry into the army hospitals services reiterated the multiple nature of their duties: military hospitals other than general hospitals were too small for a strict division of labour between medical, housekeeping and provisioning work to be economically feasible. In consequence, orderlies could be required to do all the work in connection with the hospital at which they are stationed. They may be, and they are, called upon to act as cooks, gardeners, clerks, window-cleaners, floor-scrubbers, store-keepers, servants to the medical officers, mess-waiters, anything and everything, in short, and finally, occasionally as nurses.

In this respect they recalled the civilian nurses of an earlier period, and justified the epithet 'Sarah Gamps in male attire'.

The chief difficulty facing the sisters, however, to which a horde of Sarah Gamps would have been preferable, lay in the orderlies' status as soldiers first, and nurses second.

... the orderly nurse may be ordered out of the ward by the Non-Commissioned Officer on duty, to go on drill, or on parade, or to do coaling, or some other fatigue duty, and it is no uncommon occurrence, ... for the Nursing Sister to come on duty in the morning, and find her patients in bed, perhaps, but her nurses out on the parade ground.

The arrangements made for night duty were particularly extraordinary by civilian standards. Three orderlies were assigned for a night, 'each taking two hours in turn and being off four, as if on guard. ... different Orderlies come on each night for nearly a week, when the first trio reappear, a most trying arrangement for both patients and Sisters.' Continuity of patient care was thus subject to disruption both by day and night.

Almost from the first, the female nurses had sought to alter and improve the work of the wards by assuming a training function vis-a-vis the orderlies. Mrs. Deeble had been only a few months at Netley when she wrote of 'beating the Orderlies into shape' and 'making the Orderlies learn the
practical part of Nursing'. 31 While the wish to refashion the male military orderly on the lines of the civilian female nurse was understandable, the aspiration to a training role was remarkably premature, and indeed smacked of arrogance, at least in the period before 1885. Mrs. Deeble had spent a year at the Nightingale Training School before taking up her post as Superintendent. Anne Caulfield, later Superintendent at the Herbert Hospital, spent only three months at Kings' College Hospital before entering the service in 1874.32 Most of the probationers whom the National Aid Society undertook to sponsor in 1881 had received no training prior to their reception at Netley.33 Mrs. Deeble, almost in the same breath as she reported the medical gaffes of her first cohort of nurses to Florence Nightingale, claimed that 'a six months probationer if willing and intelligent can in two months familiarise herself with the duties here'.34 She dealt with her own nurses' inadequacies by the practical expedient of requesting permission to be trained, together with five of the sisters, alongside the orderlies; and she also spent much time reading the orderlies' manual of instruction to all the sisters.35 But she did not give up her ambition to make the orderlies learn from the nurses.

Until the late 1870s, the training given to the orderlies of the Army Hospital Corps was at least as systematic as that given to nurses in many of the voluntary hospitals of the metropolis. The 1870 syllabus covered general anatomy; bandaging, dressing and the treatment of fractures; administration of internal and external medicines; the uses of various surgical appliances; the observation of the sick, the nursing of the helpless, invalid cookery, and ward management. In addition, they were instructed in first aid, the transport of the sick and wounded, and the special demands of field hospital work. Their theoretical instruction was given over five weeks; the men studied for two hours a day, and were given weekly examinations.36 The much-trumpeted failings of the orderlies had more to do with the manner of their deployment than with their level of
instruction; and the criticisms of them which precipitated government inquiries in 1882 and 1883 were largely made in the context of medical scandals in the South African and Egyptian campaigns which, more than anything else, indicated the Army Medical Department's culpable lack of preparedness for war. It is arguable, indeed, that much of the insubordination noted amongst the orderlies may have arisen, not from their antagonism to females in positions of authority, but from their resentment at being supervised by persons to whom they felt in no way professionally inferior.

By the time she gave evidence to the 1883 inquiry Mrs. Deeble's insistence on the need for orderlies to be trained by female nurses - in the practical rather than the theoretical aspects of nursing work - was less inappropriate. She was now able to recruit nurses from several general hospitals which gave them a thorough all-round training: at the same time, the quality of the orderlies had begun to decline. This was due not to any deterioration in the training given them, but to the introduction of Cardwell's short-service system as part of his programme of building up army reserves. Until 1878, members of the Army Hospital Corps served for twelve years: their terms of engagement were then altered to seven years service, and five with the Reserve; a decade later, these terms became three years service, and nine with the Reserve. Even Mrs. Deeble regretted the disappearance of the old hands, whose experience was as valuable as their initial training.

In response to Mrs. Deeble's representations, the 1883 inquiry recommended that orderlies should receive at least three months' training in a hospital where nursing sisters were employed, and the new regulations issued in 1885 required the sisters 'under the medical officers, to assist in training the orderlies, in the mode of handling patients, the application of dressings, and in the administration of medicines, diets and extras.' In practice this worked out at giving the orderlies half an
hour's daily instruction for a month (and by the end of the century, this had been whittled down to ten minutes in some hospitals) after they had received six months' theoretical instruction at Aldershot. Even for a minimal syllabus of washing and bed-making for the helpless, some massage techniques, taking temperatures, applying leeches, poultices and blisters, and giving medicines, this was not a very generous allowance of time. Moreover, since the complement of female nurses at any one hospital was usually small, and in some hospitals non-existent, for most practical purposes in-service training was in the hands of staff sergeants and wardmasters. In any case, training could not be the tool by which the military hospital regime could be remodelled. Since the sisters exercised no control over the deployment of the orderlies within the wards, they could not assign an individual orderly to specific tasks over a period of weeks as if he were a civilian probationer, nor could they be sure that a pupil's progress might not be disrupted by a spot of square bashing or gardening. The sisters' teaching function could only have modified or improved the military nursing system if the latter had previously undergone significant structural change: as it was, they remained largely powerless to alter their environment.

During and after the Boer War the army nursing service as a whole was stung by the comments on their style of work made by the civilian nurses and doctors who volunteered for service alongside them. Even such a colleague as Maud McCarthy, who passed through the wartime Army Nursing Reserve into the new Queen Alexandra's Imperial Military Nursing Service, and later became its Matron-in-Chief, found much to criticise, albeit privately, and recalled:

No patients were thought of as requiring "skilled" nursing however dangerously ill the patient might be. In fact, when preparing to attend them in this manner, I was told by an Army Sister that I should lose all prestige.

A male volunteer for orderly service wrote rather bitterly that 'the nurses
visit the wards in the morning and evening, having the afternoon to themselves for expeditions to the lovely environs of the locality. The Boer War made extremely heavy demands on British military manpower; there was a very high incidence of enteric disease, and the supply of even moderately trained subordinate male nursing staff had to be spread thinly over a large number of hospitals. Where almost all cases were severe ones needing intensive care, there was little room for a body of nurses with a purely supervisory function. No instructions were given to the sisters either of the official service or of the Army Nursing Reserve as to the modifications which might be called for in their regulation roles: all was left to the discretion and initiative of individuals.

General Buller, in his evidence to the 1904 Royal Commission on the war, was extremely blunt in his verdict on the pre-war system:

I do not think our female nursing system is as good as it should be, because I think our nurses are above their work. Their training is more to do small odd jobs for the comfort of this or that patient than to nurse. ... I do not for a moment suppose we ought to keep up in peace time an establishment of nurses that would be required in war, but I do not think we insist on the nurses we do keep performing duties which would make them able to take the position I think they ought to take in war.

The nursing press was soon full of indignant rebuttals of these criticisms from army nursing sisters, many of whose colleagues had, literally, worked themselves to death. The structure and conditions of work laid down for them, however, had clearly made abuses and derelictions of duty a possibility. What was indeed unjust was to blame them for an incapacity for pressures of war service which had been sedulously fostered by those in authority over them.

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The uncertainty of status which afflicted the members of the Army Nursing Service was reproduced and magnified within the sister service
established separately for India in March 1888. An experimental scheme for employing female nurses in Indian military hospitals had first been discussed as early as 1864; however, by 1867, when it was published, dissatisfaction with Jane Shaw Stewart's regime at Netley and Woolwich was coming to a head, and was used as an excuse to shelve the project for the next twenty years. In 1877, when Surgeon-Major Ewart published his severely critical Notes on the Interior Economy of Army Hospitals in India, he recommended the creation of a Native Hospital Corps, on the lines of the Army Hospital Corps in Britain, as a matter of urgency; but he made no reference to the Army Nursing Service, although a few years later he was to become one of the staunchest advocates of its expansion. He was, however, writing before the campaigns in Zululand, Egypt and the Sudan, where female nurses, by undertaking war service in unfriendly climates and terrains, successfully disposed of arguments that they were unsuited to military hospital work outside Britain. Moreover, the success of philanthropic schemes, such as those of Lady Dufferin, and of the Zenana Mission, which employed British women to minister to the medical needs of native Indian women, had by the 1880s helped to swell the demand among the British population of India, both military and civilian, for the benefits of trained British nursing for themselves.

The appointment of Lord Frederick Roberts as Commander-in-Chief for India in November 1885 helped to accelerate developments: not only was he keenly interested in welfare facilities for the private soldier, but his wife, Lady Nora Henrietta Roberts, was particularly concerned to introduce trained British women into military hospitals in India. In 1886 she published an appeal to establish a female military nursing system in India, and to raise money for rest homes for the nurses. She felt that skilled nursing was needed specially in 'those protracted and serious cases of enteric fever, &c., to which the young men who now-a-days come to India in largely increased numbers are peculiarly subject'. She also sounded a
practical note which did not gain official currency until after the Boer War: humanitarian considerations aside, the project should commend itself on utilitarian grounds, 'when one considers what an expensive article the British soldier is - costing the State, as he does, £100 on landing in India'. In wartime, these nurses could move to hospitals at the base of operations, 'setting free the able-bodied men whose time has hitherto been taken up in looking after the sick and wounded, but whose services would be of so much greater value to the State if employed at the front.'

Lady Roberts's ideas found favour with the Military Department of the Government of India. The senior officers of the Indian Army Medical Service were not initially consulted, but by the end of 1886 Deputy Surgeon-General Hamilton of the Lucknow Division published an alternative scheme modelled on the lines of the Army Nursing Service. Despite the objections of one India Office writer that the proposal to establish a female military nursing service was 'very extravagant ... and ... what may be termed sentimental expenditure', both projects were realised, and were to some extent complementary. Lady Roberts's nurses, who first started work in 1887, at an officers' hospital established by her fund at Murree, normally worked in stations to which the official Indian Army nurses had not been assigned, and were occasionally drafted in to make good the deficiencies of the official service.

Deficiencies there undoubtedly were. The inaugural contingent of the Indian Nursing Service numbered 10: 2 superintendents and 8 sisters. By 1893 the numbers had risen to 52 for all India; but, as Catherine Grace Loch, the chief superintendent, observed, 'this increase is a mere drop in the ocean, for the country is so vast that although Nursing Sisters are placed in a few only of the largest stations, they are scattered in twos and threes and even singly at immense distances apart.' By 1903, when the Queen Alexandra's Imperial Military Nursing Service was established in India, the numbers had risen to 84. The smallness of the
service was justified, as in the United Kingdom, by the principle that the sisters were not to do the work of nursing in person, but were to supervise the work of others. However, the difficulties which were observed in Britain when translating these principles into practice were as nothing when compared to those in India, where the necessary substratum of subordinate hospital staff was almost entirely lacking. India had no Army Hospital Corps or Medical Staff Corps, no definite body of men who went through a prescribed period of medical training, and who might subsequently continue to receive instruction from the nursing sisters. Instead the sisters had to make do with native servants for domestic duties, and orderlies seconded from the regiments for nursing work. Troop postings made continuity, and training, of personnel, out of the question: between January and October 1897, for example, Catherine Loch had experienced six changes of orderlies in one station, three of them in the space of two months.

In the circumstances, the sisters were obliged to work extremely hard to maintain reasonable standards of patient care. They themselves were often down with local fevers, and Catherine Loch's health was completely broken when she was obliged to retire in 1902. The rigours of nursing during the hot season were vividly described in the Indian Civil and Military Gazette in 1892:

> for the purpose of obtaining good nursing, numbers of typhoid and serious cases are crowded into the Sisters' ward, and a perpetual stream of such men are being sent, with hardly a break, into the same rooms, until the places become saturated with a typhoid atmosphere ... the Sisters ... are often "dead beat" from ... nursing twenty or thirty typhoid cases at one time. Inspections of Hospitals are made in the cold season - but visit a typhoid Ward on a July day, and see a Sister who has been on duty for twelve or fourteen hours over a Ward full of Sick!

It was estimated that typhoid attacked 1,400 soldiers in India annually, of whom 400 died. Medical officers as well as nurses called for the
institution of a trained and stable male nursing corps for the Indian Army throughout the rest of the nineteenth century, but without success. 59

While the sisters often found helpful allies among the medical officers in India, relations between them were not invariably good. Many m.o.s were, in 1888, quite unused to working with female military nurses: they were not interested in building up the professional quality of the service or maintaining its integrity as a corps. Moreover, given the very steep rate of admissions to military hospitals for venereal disease, the m.o.s could perhaps be forgiven for regarding the sisters as supernumerary. 60 Catherine Loch suffered intense frustrations at orders and postings which were made entirely without reference to her. The distribution of sisters among hospitals was frequently made without consulting her, and sisters were transferred to different stations without notice. In emergencies, unqualified women were engaged over her head. To add to her grievances, generals and even the Commander-in-Chief were capable of whisking the sisters away from hospital work altogether to deal with private cases. 61 The m.o.s themselves were not wholly to blame for their lack of solidarity with the nursing corps. As Catherine Loch wisely and regretfully observed: 62

The thing is that in civil life the same nurses and the same doctors work together perhaps for a lifetime and have mutual confidence in one another. Here the doctors, and we too sometimes, are whirled about and may be changed root and branch at a moment's notice.

An additionally complicating factor in the Indian military hospitals was the presence of an intermediary medical rank unknown in the British army medical service. This was the apothecary, later known as assistant surgeon. By 1896, assistant surgeons held the rank of warrant officer, a rank declined as too low for the army sisters in 1885 by Mrs. Deeble. 63 After four years of medical training, they entered the military hospitals as dispensers who were also responsible for the maintenance of order in the
wards, and who, in emergency, could prescribe on their own responsibility. Strictly speaking, however, they did not treat patients except under the medical officers' orders. The relative positions of nursing sisters and assistant surgeons were not clearly marked out. Many of the latter were medically inexperienced, and poor disciplinarians. In the absence of the m.o., emergencies produced friction between assistant surgeons and nurses over the best course of treatment for patients. Catherine Loch

succeeded in establishing the rule that the Sister on duty should be free to write her own report of events and have it sent direct to the doctor at any time of the day or night. ... But an assistant-surgeon bent on asserting what he calls 'his position' and on making himself as disagreeable as possible, has plenty of opportunities for interfering with us and for bringing matters to an impossible point.

Clearly, not all the sisters possessed the tact needed to deal with potential areas of conflict. One wrote, albeit anonymously, of the Indian Army Medical Service as a whole as 'that happy hunting ground of impecunious Irishmen' where 'the average medical officer, when he is not absorbed in racing and polo ... prefers ... the happy-go-lucky method peculiar to the Eurasian apothecary ... to a highly trained nurse.' Some m.o.s and assistant surgeons returned the compliment by blaming the high mortality from enteric on the Indian Army Nursing Service, and 'their gradually appropriated latitude of action, even to the extent of unauthorized medication'.

Nora Roberts had wanted her own nurses to be 'devoted women', indifferent to any official salary which could be expected to tempt 'the ordinary run of paid nursing sisters'. The Military Department did not share her enthusiasm for religious nursing sisterhoods, but was emphatic that the new service should be composed of ladies:

In this way the soldiers would learn to treat the nurses with proper respect, and complications, which might ruin the experiment, would be avoided.

The arrival of the first army sisters at Rawal Pindi in 1888 was marked by
'A garden party, and the opportunity was taken of introducing them to the society of the cantonment, by way of demonstrating their social position as ladies.' They were 'generally invited to most of the gaiety that goes on in their station,' and attached great importance to their social absorption into the higher officer class - a factor which must have exacerbated relations between them and the assistant surgeons. Some of the sisters worried, indeed, that their service might become too attractive to social climbers and husband-hunters and that they, as 'gentlewomen in every sense of the word' might 'find themselves thrown out of their proper position in life on account of their colleagues.' Catherine Loch wished in vain that she, or at least a qualified female colleague (she had in mind Mrs. Bedford Fenwick) could be consulted when the India Office selected candidates for the service to be sent out from England; she did not feel that either their moral or professional backgrounds were sufficiently investigated.

Catherine Loch also worried lest the 'station gaieties', in addition to attracting women to the service for other than the highest motives, might make bad nurses out of previously good ones. They might lose both energy and inclination for their professional duties: and gossip about private individuals would reflect badly on the reputation and cohesion of the corps. These fears led to a number of deeply unpopular measures. She decided in her first year that she would not give the sisters leave to go to dances; and she seems not to have disagreed with the Principal Medical Officer's ban on participation in station theatricals in 1893. These decisions were commented on adversely in the English press, and she defended her position vigorously:

I do not hold that a Nurse should be debarred, by reason of her profession, from all amusements appropriate to her friends, and to her own rank of life; ... But the fact that they [the sisters] are young women, living without any protection from relations or friends, renders their position in some ways a difficult one. Instead of being more
independent, they have practically less safe liberty of action than many a girl living in her father's house might safely enjoy. Nurses out here are far more prominent in the eyes of the community than Nurses in England. Everyone criticizes them; and should one of them, perhaps from mere thoughtlessness, 'get talked about,' as the saying is, there is no one to stand up for her or to vouch for her in any way.

Despite these arguments the restrictions were definitively rescinded in 1894.74

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Less than half the nurses joining the Army Nursing Service in 1893 completed as much as three years' service, 'the casualties consisting chiefly of resignations'.75 Reporting to the War Office Committee on the Army Nursing Service of that year, Lady Superintendent Norman confessed that she wished they would stay on longer: she did not think that many of them left to be married; and she thought the fact that some nurses went straight from their training hospital into private nursing while they were on the waiting list for the service ultimately unfitted them for the discipline of hospital work.76 Of those who completed three years, few stayed on as long as ten. It was common for civilian nurses to move from one hospital to another after only one or two years' work. But army nursing might have been thought to be a more attractive option than most, and there was certainly never any shortage of applicants for posts. The army nurse was offered shorter hours and, in principle, lighter duties than her civilian colleagues, with comparable pay and allowances. She was guaranteed the rank of sister on entry, and a pension on retirement - which few stayed long enough to collect. Many women must have been attracted by the certain prospect of foreign postings, the hope of 'station gaieties' and social life abroad, and the more remote possibility of active service in war. All army sisters had to complete five years of foreign service,
which was allotted according to seniority. In practice, most entrants were too discouraged by their initiation into service in the home stations to stay long enough to take advantage of these opportunities.

Why was the workforce so unstable? High on a long list of the service's disadvantages must have been its loneliness. The Netley chaplain reported in 1888 that the sisters 'cannot and do not enter much into general society'; and in hospitals employing only three or four female nurses their seclusion was almost conventual. From 1870 onwards the service regulations expected them 'to restrict their communications with officers, non-commissioned officers, orderlies and patients as far as practicable within the limits of their duties. They will endeavour to combine personal reserve with strict and respectful obedience to officers, and with courtesy and kindness to non-commissioned officers and men.' From 1888 onwards regulations were laid down to keep the sisters from the compensatory activity of talking too much to each other: they were not to enter each other's rooms after 10 p.m., not to talk in 'thoroughfare wards, corridors and stairs', and not to enter wards in which they were not working. Things must have been even more unpleasant at a station where the three or four nurses did not even like each other enough to want to break these rules; and frequent postings interrupted many friendships. One cannot help sympathising with the occasional miscreant such as Mary Cole, who in 1889 lost her grade as Acting Superintendent, and was brusquely despatched from Aldershot to Canterbury, on being found 'to admit sick officers to the nurses' Quarters, and to indulge in card playing.'78

Army nursing work was not, on the whole, professionally satisfying. By 1891 the entry qualification had been raised to three years' combined training and service in a civilian hospital, with a further six months' probation at Netley - as high a standard as any required of nurses in this period. The three years' certificate was being urged, by those agitating for the registration of nurses, as a qualification essential to building up
the calibre of the nursing profession. Army nursing, however, had little to offer the woman dedicated to professional advancement. The structural difficulties facing the military nurse in the organisation of ward work have already been discussed. In a civilian hospital nurses could certainly expect a more rational programme of work, and a better-trained and more reliable subordinate staff. They could also enjoy using more up-to-date equipment, and have the satisfaction of treating a wider variety of cases, particularly on the surgical side. By the mid 1890s, an ambitious nurse could hope to earn a higher salary as a civilian Matron than as a military Lady Superintendent - and, of course, only one woman at a time could hold the latter post.

It was also a discouraging fact that the regulations allowed for appointments to the rank of Lady Superintendent and Acting Superintendent from outside the service. Promotions from within the service depended heavily on the social bias of those in authority over the nurse. Although an army chaplain listened with amusement to the sisters calling themselves "seniors" and saying with pride that they are senior to So-and-So. I did not know, before meeting these sisters, that women ever desired to be considered senior. ...

Seniority did not always bring its hoped-for rewards. Annie Steele resigned in 1891 after seven years' service, having received the comment 'Satisfactory report on all points. Not being a lady, is unfit for promotion'. Elizabeth Dowse, a well-trained nurse from St. Mary's Hospital, Paddington, on her entry into the service in 1885, was described as 'socially ineligible for promotion'. Thirteen years after entering the service she reached the rank of Superintendent, and in 1908 became a Matron in Queen Alexandra's Imperial Military Nursing Service. Few ambitious women would have been so patient.

An army sister's commencing salary was set at £30 in 1870, rising by yearly increments of £2 to a maximum of £50. This figure remained
unchanged until 1902. Promotion to 'Nursing Sister acting as Superintendent' entailed an additional £20 per annum. A Lady Superintendent's salary was fixed in 1884 as £150, rising by increments of £10 to a maximum of £200. An additional allowance of £50 per annum was allotted to the Lady Superintendent at Netley (the post of Lady Superintendent at the Herbert Hospital, Woolwich, was abolished in 1894) in recognition of her training duties. Throughout this period a ward sister in a civilian voluntary hospital commanded a starting salary of between £26 and £35, so the military nursing salary was not uncompetitive. However, by 1897, when civilian nurses were being invited to enrol in the Army Nursing Service Reserve, their starting salaries were fixed higher than those of the regular service, viz., £40 for nursing sisters and £60 for acting superintendents. This suggests that army nursing salaries were beginning to fall below those in civil life. In 1902 a sister's starting salary in the new Queen Alexandra's Imperial Military Nursing Service was fixed at £37 10s. In addition to their salary, the army sisters received free fuel, light and quarters, and an allowance for clothing, board and washing, as they might have expected in most civilian posts. These payments in kind do not appear to have added to the allurements of their employment. Living-in accommodation was not provided in the majority of military hospitals, which was felt as a grievance; where it existed, it was euphemistically described as 'barrack-like in its simplicity'. As for the food provided, that at Netley and Gibraltar was most unfavourably compared with that served to the nurses at the height of the Boer War.

The great material bonus which should have distinguished army nursing from civilian nursing employment was its non-contributory pension. Retirement was at sixty, but, after 1894, a nurse could be asked to retire at fifty or earlier. If officially pronounced unfit, she could retire after ten years' service on a pension of 30% of her salary; longer service entitled her to a sum up to 70% of her salary. In principle this offered
the nurse an unusual degree of security, but in practice the size of the
pension, and even the question of whether it was awarded or not, were to a
disturbing degree dependent on the opinions of a nurse's superiors. She
could receive no pension if she were dismissed, or if she resigned without
permission, no matter how long she had served. She might work long and
hard and yet not receive the bonus for 'special devotion to the public
service' which was instituted in 1870 and which could take a pension up to
a maximum of £50 per annum. Thus Alice Briggs, who left the service after
14 years in 1898, owing to ill-health, received a pension of £40 per annum;
Emily Dew, leaving on the same grounds in 1897 after fifteen years'
service, received only £28.86 Such discrepancies did not escape the
notice of the nursing press, which considered even the most generous sums
awarded as derisory. The Nursing Record considered £78 to be a reasonable
pension, rather than the current maxima of £35 per annum for nursing
sisters and £49 per annum for acting superintendents.87

* * * * * *

What sort of woman joined the army nursing service? The records which
might answer this question are extremely scanty. Those women who lasted
less than three years have, with the exception of those sponsored by the
National Aid Society, vanished without trace; so have many of those for
whom no pension was awarded. Those War Office registers which exist for
the pre-1902 service do not list father's occupation, or name training
schools. Some nurses appear in the nursing directories which were
published in the 1890s, and some can be traced through the larger
metropolitan training schools, though the information contained in their
registers is often disappointingly meagre. Nurses who saw war service, and
were awarded the Royal Red Cross, were often described or interviewed in
the nursing press. The picture which emerges from these different sources
is essentially and tantalisingly partial.

Contemporaries were in no doubt as to which women were the favoured candidates for the service. 88

So far as is possible, Mrs. Deeble tries to employ none but officers' daughters. Not only do they understand better than civilians what discipline and routine is, but it provides in a measure for a class of ladies who are often sorely puzzled to know where to turn for a living, and the men appreciate their military pedigree.

When in 1885 the Army Medical Department dropped the National Aid Society's scheme for sponsoring the training of military nurses, Mrs. Deeble's chief regret was the potential loss of livelihood to officers' daughters. 89 What would appear to be even more conclusive justification for outsiders' suspicions of military favouritism is to be found in the proceedings of the committee appointed by the War Office to discuss the reorganisation of its nursing services in 1901. Surgeon-General Hooper stated that

preference is always given to the relatives of Military Officers. It obtains in both Services, in the Army and in the Indian Service. I think we should provide that, or else the outsiders will swamp the Military candidates. It entails a good social qualification.

The civilian members of the committee baulked at the idea of laying down such a regulation for the new Nursing Board in cold print, and agreement was finally reached on leaving it 'as a lex non scripta'. 90

The surviving evidence on the pre-1902 service does not lend unequivocal support to these impressionistic statements. It is true that the higher posts went, in the main, to 'military' women: Jane Cecilia Deeble, Lady Superintendent 1870-1889, was the widow of a Surgeon-Major in the army medical service; 91 Anne Ellen Caulfield, Lady Superintendent at Woolwich from 1877 to 1894, was the daughter of a colonial official in Ceylon and the niece of the Bishop of Nassau, but there was also 'a long roll of soldier Caulfields'; 92 Helen Campbell Norman, who succeeded Mrs.
Deeble, and resigned her post in 1902 on the eve of the inauguration of the Q.A.I.M.N.S., was the daughter of Field-Marshall Sir Henry Norman; Keer, who entered the service in 1887 and was Matron-in-Chief, Q.A.I.M.N.S., 1906 - 1910, was the daughter of 'an English officer in the Indian service'. Many of the longer serving army nursing sisters, such as Alice Briggs, seem to have had a military background, as did several of the trainees sponsored by the National Aid Society between 1881 and 1885. However, Sidney Browne, the first Matron-in-Chief of the Q.A.I.M.N.S., 1902 - 1906, who joined the service in 1883, was the daughter of a civilian doctor; Catherine Grace Loch, first Lady Superintendent of the Indian Army Nursing Service, was the daughter of a Q.C. It must, of course, be borne in mind that information on fathers' occupations gives us no hint of the existence of other military relatives whose influence, as in Anne Caulfield's case, might have been equally significant.

While Mrs. Deeble and her successors may have placed great importance on the military background of their nursing staff, they attached equal if not greater importance to their social qualification as ladies. They felt that female nurses could not work successfully in military hospitals unless they belonged to a higher social class than the patients and male nursing staff. Their authority was seen to derive as much from external social status as from any position they might occupy within a professional hierarchy. Mrs. Deeble's ideal was

A class of women entirely superior to that of the ward-master and the sergeants: because she must be a terror to the wrong doer. When a sister comes it must be "Oh, here is sister;" she should be the shadow of the medical officer, and she should be superior to all the female relations of the patients if she is to have her proper influence.

Society at large subordinated women to men of their own class, and of the classes superior to them; not to those of the classes below. This fact was grasped by Mrs. Deeble as the key to her own exercise of authority...
within the wards: the same fact had made it impossible for the aristocratic Jane Shaw Stewart to enjoy a successful working relationship with professional men. Considerations of decorum were also involved in Mrs. Deeble's judgment: propriety would be maintained within the wards if there were no temptation for the nurses to mix socially with orderlies and patients.

When new regulations were introduced in 1885, the influence of ladies outside the service was blocked by the abolition of the National Aid Society training scheme; that within the service by the reduction of the Lady Superintendent's powers over the female staff. Nevertheless, 'the lady' managed to retain a toehold in the system through the new requirement that applicants to the service were to bring a letter of personal recommendation 'from a lady of position in Society' in Society. The prospectus for the service in 1894 still stipulated 'a recommendation from a lady in society, to the effect that they are desirable persons to enter a service composed of ladies of good position.' From 1888 onwards, however, the regulations were rather less exacting, and less tailored to the wishes of a particular class of women. Instead of asking that a nurse be a lady bearing a recommendation from another lady, they required only that 'some person of social position' testify 'that her family is one of respectability and good standing in society'.

In 1887 Mrs. Deeble was reported to have said 'that the great drawback to many of her nursing sisters was, that they were not ladies but of the "shop girl class"; and Anne Caulfield told the 1893 inquiry into the nursing service, 'I think we ought to have nobody but ladies in the military hospitals, they are not all of that class now'. The failure of some nurses to achieve promotion on grounds of 'social inferiority', and the many laments of Catherine Loch and her colleagues in India, make it clear that the lady was by no means ubiquitous in the service. But
social class remained an important criterion of promotion, and the lady was even championed by medical officers: asked whether he preferred 'the "lady" class or the better portion of the domestic service class', Brigade-Surgeon Lieutenant-Colonel Harrison came down firmly in favour of the former: 104

they have their heart in the work; they are a better class altogether, and they maintain a higher tone in the hospitals, besides which the men are more respectful to them.

The social animosities which sometimes surfaced between the Indian nursing sisters and the apothecaries, and which had so troubled the A.N.S. in the Shaw Stewart era, seem not to have recurred either under Mrs. Deeble's superintendence or that of her successor. The 1885 regulations seem to have subordinated the female nurses so firmly to the medical officers that the social class of the former could not in itself become a source of friction.

The insistence of successive Lady Superintendents that the female service was only viable if it was recruited from a higher social class than the male population of the wards explains their resistance to suggestions that the wives of private soldiers and non-commissioned officers be trained to join the nursing staff. 105 Sir Edward Sinclair, a former army surgeon who was appointed Professor of Midwifery at the Dublin Medical School, in 1869 devised a scheme for training soldiers' wives as midwives for the army's 'female hospitals'. He was assisted by the Lady Superintendent of Sir Patrick Dun's Hospital in Dublin. The scheme received the blessing of the Commander-in-Chief, and trained 400 midwives between 1869 and 1880. 106 War Office circulars in 1870 lent approval to this and similar schemes, urging that preference should be given to 'such women only as are without family' and urging medical officers to make full use of their services. 107 Lady Strangford's scheme for a course of training based on the St. John's Ambulance lectures, intended to fit soldiers' wives for general military
hospital nursing, was adopted only briefly in 1880-1. By the 1890s, instruction in midwifery and general nursing was given at Aldershot and other stations to cater for the needs of the 'female hospitals' only. In 1908, the Nursing Mirror printed the obituary of 'A Midwife of the Old School' who had received her training as an army wife, and on returning to civil life practised extremely successfully for twenty years in a colliery district in Derbyshire. She was completely illiterate, although the Army Medical Regulations recommended that training be given only to those possessing 'a fair elementary education'.

Perhaps the only thing which can be said with absolute certainty of the army sisters is that the post-1885 intake were better trained than their predecessors. By 1888 entrants were required to have spent twelve months training in a civilian hospital where nursing was controlled by a matron and sisters, where adult male patients were treated, and where certificates in medical and surgical nursing could be obtained; they then spent six months on probation at Netley. By 1891 this requirement had been extended to three years' combined training and service in a civilian hospital. The age of the sisters at entry was to be between 25 and 35, which was consonant with the new training requirements: there were no longer to be the variations of the 1860s and 1870s, when entrants might be as young as 21 or as old as 46. Most entrants for whom records exist came from the London hospitals, especially Bart's, St. Thomas's, the London, and King's College Hospital. One St. Thomas's trainee, who eventually accepted an appointment in a civilian colonial hospital, recalled that in 1897 only 'specials' - paying probationers who had "bought their commission" - could hope for a sister's appointment at St. Thomas's. She was content to be 'an "ordinary" nurse' because she had decided in advance that she wished to be an army sister. Other hospitals in this period, the Middlesex and Guy's, for example, took in two classes of trainee - lady pupils and ordinary probationers - and made promotions to
the rank of sister from among the former only. It is possible that some
middle-class women who made a career out of army nursing were those who
could not afford the 'officer's entry', as it were, into a civilian career.

What portrait, then, can be drawn of the individual army sister in the
second half of the nineteenth century? F.E. Fremantle, a civilian doctor
who volunteered for Boer War service, drew one in what he clearly thought
were unflattering terms:113

the Army nurse of some years' service, ... a good
nurse, mind you, as to knowledge and energy, but
hard, hard as flint-stone, and with a contralto
voice to match, and a devil-may-care spirit of
independence, which seems to be fostered by the
army life.

Catherine Loch wrote anxiously from India of the need to recruit army
sisters 'who are content to live quietly and unostentatiously, without
parading their independence ...' 114 However, none but the most
independent-minded women could have been expected to survive the
loneliness, and constant changes of post, involved in British military
hospital work; and a sister had to be a sturdy soul to brave the
discomforts of travel and foreign stations. She leapt at the chance of
war service, and, as will be seen, was jealous of the chance to earn
distinctions in campaigns abroad. She was as likely to be a woman who had
struck out on her own, away from all family traditions of work, as to have
simply fulfilled the expectations of military or medical relatives.
Although her professional, like her social life, was somewhat removed from
that of her civilian colleagues, and she resented outside criticism of her
corps, her attitude to her work, and its position within the army system,
was not one of unthinking acceptance. She was likely to be a member of the
Royal British Nurses' Association and, by the 1890s, increasingly adept at
communicating to, and via, her civilian colleagues her grievances about
selection, salary, combatant rank and service, and her criticism of the
male orderly regime. For the most part, however, this small band of
intelligent and hardy women remained unknown to their contemporaries, and must remain obscure to us.
1. See Chapter VI.

2. W.O. 33/53, A. 265. Report of the Committee Appointed to Consider the Subject of the Nursing Service of the Army, 1893. For the circumstances in which the committee of inquiry into army hospital services of 1882-3 was established, see Chapter VI.

3. Nursing Record, 6.9.88, p. 307 (quoting The Echo); H. Morten, 'Her Majesty's Nursing Sisters', Illustrated Naval and Military Magazine, May 1890, p. 72; The Hospital 'Nursing Mirror', 29.10.98, p. 51.

4. W.O. 32/9337, A. Higgins to the Lords Commissioners of the Treasury, describing one Superintended and two Sisters as the official establishment for a military hospital with a hundred beds and over.


8. Report of a Committee appointed by the Secretary of State for War to inquire into the Organisation of the Army Hospital Corps, PP 1883 XVI, p. 510, question 12, 789; Catherine Grace Loch, p. 49.


10. Personal communication, QARANC HQ.


12. Report of the Royal Commission appointed to consider and report upon the Care and Treatment of the Sick and Wounded during the South African Campaign, PP 1901 XXIX, p. 376.

13. This procedure was laid down as early as 1858: W.O. 33/6A, Regulations for the Duties of Inspectors General and Deputy Inspectors General of Hospitals ... and for the Duties of Officers, Attendants and Nurses, f. 399.

14. Regulations for the Army Medical Services, 1894, p. 65; the Regulations up to 1889 had enjoined only 'ready and efficient assistance' on the orderlies.

15. Nursing Record, 25.6.98, p. 520.

16. The Hospital 'Nursing Section' 22.3.02, p. 333.

17. The Hospital 'Nursing Mirror', 27.4.01. p. 57.


19. Regulations for the Army Medical Services, 1894, p. 35; 'Arrangements should be made for the continuous presence of a nursing sister in the hospital throughout the day'; The Hospital 'Nursing Mirror', 25.8.00, p. 282; The Hospital 'Nursing Section', 22.3.02, p. 333.

21. "A.N.S." writes from Natal: My experience in the army has been that a sister's patients are ever present with her, whilst in civil hospitals the patients can be handed over to a competent nurse and then the strain is relaxed for a time at least. The Hospital 'Nursing Mirror', 6.7.01, p. 191.

22. Nursing Record, 25.6.98, p. 520.


26. Report ... Army Hospital Corps PP 1883 XVI, p. xxviii.

27. Nursing Record, 25.6.98, p. 518.


30. Nursing Record, 3.2.00, p. 96, quoting British Medical Journal; Nursing Record, 5.4.02, p. 276, quoting St. John's House Gazette.

31. BL.Add.MSS. 45775, ff. 32b-33, Mrs. Deeble to Florence Nightingale, 20.3.70.


34. BL.Add.MSS. 45775 f. 39b, Mrs. Deeble to Florence Nightingale, 5.5.70. See also previous chapter.

35. Report ... Army Hospital Corps PP 1883 XVI, p. 511, question 12,820; BL.Add.MSS. 45775, ff. 32b-33, Deeble to Nightingale 20.3.70

36. Report of the Army Medical Department for 1870, Appendix XIX, p. 544. It is not stated whether these were written or oral examinations.

37. For example, Westminster Hospital established its training school, based on that of the Liverpool Royal Infirmary, in 1874; J. Langdon-Davies, The Westminster Hospital 1719-1948 (London 1952) pp. 134-7. Training reform began at Guy's with the appointment of Miss Burt as Matron in November 1879; S.A. Plotkin, 'The Crisis at Guy's Hospital', Guy's Hospital Gazette, 1961, pp. 45-50. Training at the London Hospital was instituted in 1880 with the appointment of Miss Luckes as Matron; E.W. Morris, The London Hospital (London 1926) p. 190. The restructuring of training methods at the Nightingale Training School is described in Monica Baly's forthcoming book on the School.

39. Report ... Army Hospital Corps PP 1883 XVI, p. 509, question 12,754.
40. Regulations for the Medical Department of Her Majesty's Army, 1885, No. 251.
41. Nursing Record, 25.6.98, p. 520; The Hospital 'Nursing Section', 12.10.01, p. 29.
42. Regulations, 1885, No. 251; W.O. 33/53, Report ... 1893, p. 7; The Hospital 'Nursing Mirror', 29.10.98, p. 51.
43. Nursing Record, 25.4.02, p. 276, quoting St. John's House Gazette.
44. Dame Maud Piper McCarthy, ms. paper on military nursing, n.d., no pagination; presumably inter-war; in QARANC Museum, Aldershot.
50. BL. Add. MSS. 45807, ff. 267-74, Roberts to Nightingale, 29.7.86; IOR, L/MIL/7/11316, f. 84, Adjutant-General in India to Secretary to the Government of India, Military Dept., Enclosure, 21.8.86.
51. IOR, L/MIL/7/11316, f. 80, Military Department memorandum, 1.11.86; ibid, f. 78, Military Department minute, 22.11.86; Cuthell, loc. cit.
52. IOR, L/MIL/7/11316 ff. 8-10, India office memorandum, Mr. Hardie, 8.11.87.
54. Catherine Grace Loch, pp. 5, 318; The Hospital 'Nursing Section', 22.8.03, p. 265.
55. By 1899 a brief first aid course had been devised for orderlies prior to their secondment from the regiments: The Hospital 'Nursing Mirror', 12.8.99. p. 256, quoting the Civil and Military Gazette of Lahore.
56. Catherine Grace Loch, pp. 210-11.
57. Ibid., pp. 210, 214, 303.
58. Quoted in Nursing Record, 30.6.92, p. 524.
59. Nursing Notes, 1.5.94, p. 67; The Hospital 'Nursing Mirror', 4.9.97, p. 200; ibid., 12.8.99, p. 256, quoting the Civil and Military Gazette of Lahore.

60. Cantlie, op. cit., Vol. II, pp. 379-80. In the Tirah Campaign of 1897-8, there were 1065 hospital admissions for venereal disease and 948 for gunshot wounds.

61. Catherine Grace Loch, pp. 34, 37-8, 40-1, 68-9, 76, 211-12, 214, 350-1.

62. Ibid., pp. 289-90.

63. Catherine Grace Loch, p. 339; Wantage Papers on Egypt, Mrs. Deeble to Lady Wantage, 27.11.85.

64. Catherine Grace Loch, p. 265.

65. The Hospital 'Nursing Mirror' 4.9.97, p. 200.

66. Nursing Record, 4.9.97, pp. 188-9, quoting the Indian Medical Record.

67. IOR, L/MIL/7/11316 f. 84, Adjutant-General to Secretary to the Government, Enclosure, 21.8.86.

68. Ibid., f. 80, Military Dept. to Viscount Cross, India Office; f. 69, memorandum, Surgeon-General Payne.

69. Catherine Grace Loch, p. 8; Nursing Record, 18.11.93, p. 259.

70. The Hospital 'Nursing Mirror', 4.9.97, p. 200; Catherine Grace Loch, pp. 97-8, 351.

71. Catherine Grace Loch, pp. 95-6.

72. Ibid., p. 33; Nursing Record, 18.11.93, p. 253.

73. Nursing Record, 18.11.93, p. 259; Catherine Grace Loch, p. 351


75. W.O. 32/9338, War Office Actuaries' Report No. 745, 19.7.01, p. 3.


79. Royal Commission ... the Sick and Wounded ... PP 1901 XXIX, p. 637; The Hospital 'Nursing Section', 16.11.01, p. 103.

80. In 1887 the top nursing salaries at St. Thomas's, the London Hospital and Bart's were £260, £250 and £240 respectively; IOR, L/MIL/7/11316 f. 11, memorandum, Surgeon-General Payne, 30.10.87. Some matrons were said to be earning £300 p.a. in 1894; Nursing Record, 6.10.94, p. 238.

81. E. McCaul, 'Some Suggestions for Army Reform', The Nineteenth Century, April 1901, p. 582.
82. Hardy, op. cit., p. 225.

83. W.O. 25/3955, Nominal and Seniority Roll, ff. 58, 102.


85. Nursing Record, 6.9.88, p. 307, quoting The Echo; Royal Commission... the Sick and Wounded... PP 1901 XXIX, p. 637; see also W.O. 30/133, A Report upon the Condition of the Chief Military Hospitals in Great Britain, 1903, passim.

86. W.O. 25/3955, Nominal and Seniority Roll, f. 79.

87. The Hospital 'Nursing Mirror' 29.10.98, p. 51; Nursing Record, 9.7.98, p. 23.

88. Nursing Record, 6.9.88. p. 307, quoting The Echo.

89. Wantage Papers on Egypt, Mrs. Deeble to Lady Wantage, 21.6.85.

90. W.O. 33/208, Discussion of the War Office Committee on the Reorganisation of the Army Medical and Army Nursing Service, July 1902, p. 133.


92. Illustrated Naval and Military Magazine, July 1885, p. 49.


94. British Journal of Nursing, 31.3.06, p. 251.

95. See W.O. 25/3955, Nominal and Seniority Roll, passim.


98. Report ... Army Hospital Corps PP 1883 XVI, p. 510, question 12,775.


100. BL.Add.45775, f. 169, Sybil Airy to Florence Nightingale, 28.4.85. Exclamation marks in the original!

101. Nursing Record, 6.10.94., p. 239.

102. Regulations for the Army Nursing Service, 1.3.88, Section II.

103. IOR, L/MIL/7/11316 f. 48b, Surgeon-General Madden, note, 5.5.87; W.O. 33/53, Report ... 1893, p. 14.


107. War Office Circulars 1.6.70, 14.11.70. Report of the Army Medical Department for 1867, Appendix XIII, p. 371, prints a suggestion of 1866 for employing Indian Army Wives and widows in 'female hospitals'. Cuthell, op. cit., p. 138, suggests that the scheme was implemented. In 1887 Surgeon-General Payne described the failure of a scheme to train solders' wives as nurses in hospitals in Calcutta: 'order was preserved with difficulty among them, and few of them had had so much education as would enable them even to begin to learn'. It is unclear, however, whether it had been proposed to employ them in female hospitals or in military hospitals proper. IOR, L/MIL/7/11316 f. 69, Surgeon-General Payne, memorandum, 6.1.87.

108. See Chapter VI.

109. Nursing Record, 2.10.90, p. 164.

110. Nursing Mirror, 4.1.08, p. 220.

111. Regulations for the Army Nursing Service, 1888 and 1891; Nursing Record, 2.7.91, p. 18; W.O. 25/3955, Nominal and Seniority Roll, passim.


114. Catherine Grace Loch, p. 351.
CHAPTER V. PHILANTHROPY AND THE BATTLEFIELD, 1854 - 1878

The previous two chapters showed how far, after the Crimean War, the Army Medical Department was able to resist the imposition of civilian norms of hospital organisation, and to keep the new female military nursing service confined within very narrow limits. A unique pattern of male nursing care was maintained on the express understanding that female nurses were expendable; the female nursing experiment remained numerically restricted, and almost totally obscured from public view. Nevertheless, concerned civilians did not give up their interest in the field of military medicine in the 1860s and 1870s; and many British women, whose imagination had been fired by the Crimean episode, continued to cherish an ambition to nurse the sick and wounded in war. The women who had volunteered to nurse British soldiers between 1854 and 1856 had taken no previous interest in army nursing, and do not appear to have inquired closely into the international issues of the war. Their impulses stemmed largely from domestic causes: from the desire to establish the credentials of different religious communities, and the movement to reform the nursing in civilian hospitals. In these post-Crimean decades, however, military events on the continent of Europe were the most important influence in generating new ideas on the care of war casualties. Many British women's aspirations were shaped, not by the prospect of incorporation in their own regular army, but by the example of the voluntary work in support of their respective national armies which was performed by women in Italy, Austria, Germany and France, as well as the United States. The growth of interest in international war relief opened up an area of public activity for women, which has hitherto been little explored. In order to understand this new dimension of women's public life, it is necessary to consider its wider context, and to discuss the significant shifts in the relations between armed forces and civil society which took place in Europe in this period.
Between 1859 and 1871, the struggle of the Italian states for national unification and independence from Austria, the French Emperor Louis Napoleon's intervention in that struggle, and the aggrandisement of Prussia under Bismarck at the expense of Denmark, Austria, and finally France, gave rise to a series of land engagements on a scale not seen in Europe since the last campaigns of Bonaparte. Thanks to the military use of the railway, troop movements took place with unheard-of speed. The invention and perfection of breech-loading rifles meant that the loading and firing of ammunition could also take place at greater speed than in the past; accuracy of aim was also improved. Military engagements could be conducted more swiftly and decisively than ever before. More immediately impressive than these technical innovations were the number of troops involved. At Solferino in July 1859 Austria brought approximately 160,000 troops to meet the same number, marshalled by France and Italy, on the same day; at Königgratz in 1866 Prussia and Austria each brought 250,000 troops into collision. Inevitably, the increased number of combatants resulted in an increased number of killed and wounded: at the end of that one day's fighting at Solferino, approximately 42,000 dead and wounded soldiers lay on the battlefield, and many thousands who were able to walk away subsequently succumbed to their wounds and fatigue. In America between 1861 and 1865, the Civil War presented European observers with an even more gigantic spectacle of conflict, not to be matched until the First World War: over 600,000 lives were lost, a number which certainly dwarfed the catastrophes of the European wars.

Not unnaturally, generals and governments on all sides in Europe concluded that to ensure military success, larger and larger numbers of troops were necessary; but it was clear that no state could afford to maintain in peace the huge numbers necessary to fight a war, and simple conscription measures alone could not supply enough men to meet a military emergency. It was therefore necessary to have reserves of men who had kept...
up their military training after returning to civilian life from conscripted service: who were not a financial burden on the military establishment, but who could be mobilised immediately upon the outbreak of war. The system of building up layer upon layer of military reserves was perfected in Prussia, and was also important in Austria and France.³

As remarkable as the number of combatants involved in these wars was the level of civilian involvement in their prosecution. It could, indeed, be argued that it was through such mass mobilisations, and the operation of a reserve system, that the necessary political support for these wars was created. The cohesion of civil society was intensified, as was its integration with military institutions. However, the relationship between technological and organisational innovation and contemporary social and political change is necessarily complex. A war characterised as being in a patriotic, even a defensive cause, was capable of mobilising mass support in a way that a war of conquest and colonisation might not have been. As it was, more and more classes in society were drawn into the catchment zone of military planning; more families had a personal stake in the outcome of battles. War was the business of respectable citizens in uniform, not the dirty work left to ruffians and mercenaries; and non-combatants were anxious to contribute more actively to national struggles than by sitting at home and allowing themselves to be taxed.

The chief form which this contribution took was the provision of supplementary medical aid for combatants. Voluntary societies were formed to raise funds for military hospitals; hospital equipment was supplied; supplementary medical and administrative personnel were provided. The societies also relieved distress among soldiers' widows and orphans. From 1848 onwards, the Italian insurrections against Austrian rule inspired patriotic women of all classes to volunteer as nurses, and a Voluntary Sanitary Service co-ordinated ambulance work in the 1860s.⁴ During the American Civil War, the Government Sanitary Commission co-ordinated the
voluntary work of enormous numbers of women, some of whom nursed in
hospitals or undertook welfare work in military camps, but most of whom
worked to supply millions of dollars' worth of hospital clothing, linen and
food. In Austria a Patriotic Aid Society was formed in 1859. In Prussia
a Relief Society was formed during the Schleswig-Holstein war against
Denmark in 1864, which collected funds and medical equipment; at the same
time existing charitable organisations - Protestant orders of deaconesses,
and the Prussian Order of St. John of Jerusalem - turned over to war work
the hospitals which they staffed and maintained in peacetime, and supplied
additional medical personnel for improvised war hospitals. Similar
societies were formed in France in 1864, and in Russia in 1867.

In 1866 H.W. Bellows, the president of the United States Sanitary
Commission, and of the American Association for Relief of Misery of
Battlefields, wrote a letter of detailed practical advice to Jessie White
Mario; she was an English supporter of Garibaldi who worked as a nurse
with his ambulances in all the unification campaigns between 1859 and
1870. 'You will find', he wrote, 'that your Government is wholly unable
to meet the demands which a general war, calling all your able-bodied men
to arms, will very soon make upon the humanity of the whole people.'
His sentiments were echoed by Thomas Longmore, the first Professor of Military
Surgery at the Army Medical School at Netley, who in the same year
declared:

No government in the world could afford to
maintain a medical staff, or to provide the
necessary means of meeting the wants of such a
battle as that of Solferino, in the way that the
wants of the wounded are now expected to be cared
for.

It might be thought that the issue of voluntary aid could be reduced to a
simple question of military numbers and finance. A peacetime government
could not maintain a large enough military medical establishment to cope
with the casualties of war; the necessary expansion would have to be met
from civilian resources. Military objectives are, however, easier to define than military-medical ones. Military medical officers cannot guarantee that they will save soldiers' lives after a battle, much less that they will restore the soldiers to active service. When standards of patient care were found to be wanting in wartime, it was not according to criteria of military efficiency; the standards applied were those of civilians, acquainted with the latest developments in civilian hospital accommodation. Very often, the standards were those of philanthropic women.

The foundation of the international Red Cross movement in the 1860s must be set firmly in this context of national military necessities and domestic humanitarian concern. The movement was initiated by Henry Dunant, a Swiss civilian who by chance found himself a spectator of the battle of Solferino, and remained for some time in the vicinity to help the victims of the carnage. The experience led him to conclude that, as armies were now brought at great speed into massive confrontations, so medical help would be required to be mobilised and transported to the field at little or no notice; that the scale of any war effort would make it financially essential for national military-medical establishments to be supplemented by civilian volunteers; and that all medical personnel and equipment employed in wartime should be treated as neutral. Largely as a result of Dunant's exertions, an international conference met in Geneva in 1863 and passed a series of resolutions, dealing with the formation of national voluntary committees to assist national military medical services in war. In August 1864 a second conference drew up the Geneva Convention: this conferred neutral status on the wounded and those who cared for them in military ambulances and hospitals, or in the houses of the inhabitants of the country at war; it also established the red cross as the badge of neutrality. All European governments adhered to the Convention by the end of the decade. However, it should be noted that Austria had its own
formally constituted voluntary aid society four years before the first international conference at Geneva; Prussia had such a society before it adhered to the Convention of 1864. The organisation of aid to the sick and wounded was implemented within a military and national framework before it was articulated in a vocabulary of international humanitarianism. The Geneva Convention did not mention volunteer aid as distinct from that organised by government agencies; and subsequent efforts to obtain treaty protection for voluntary societies as such between 1867 and 1874 were without success.  

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The United Kingdom was not a party to any of the Continental conflicts of this period. It was not convulsed with a struggle for political unification, not did it share a land frontier with any country which was. Its military system continued to be a professional one, based on voluntary enlistment. Nevertheless, there were changes in the ways in which soldiers were perceived by civilians in this period which paralleled developments on the Continent. The sick and wounded private soldiers of the Crimean War had been idealised as the finest types of their social class: as one of their nurses, a member of an Anglican sisterhood, wrote:  

... what made their heroism, as shown in endurance, so delightful to witness, was the simplicity and resignation with which their sufferings were accepted ... we were also convinced that the discipline of military life is elevating to the character in a very high degree. ... the army proves a school which can convert the disorderly, self-willed blackguard into an intelligent, self-controlled man.

Catherine Marsh, an Anglican evangelical who had done missionary work among navvies in Kent, published Memorials of Captain Hedley Vicars, 97th Regiment in 1856; this was an account of a pious life, terminated at Sebastopol, which virtually conferred the status of a Christian martyr on
an English military officer. The events of the Indian Mutiny of 1857 reinforced this symbolism. The British soldier was the representative of his Christian race, the defender of the Empire against the assaults of heathenism. Symbolism apart, a greater value was placed on his services now that less trust could be reposed in native mercenaries. If the British regular soldier did not become respectable overnight, he was losing his outcast status: in the post-Crimean decade, missions to soldiers - usually female initiatives - proliferated, and there was an increase in both voluntary and official provision of wholesome recreation facilities and religious ministry.\textsuperscript{13}

The movement to equate the soldier with the solid citizen received added impetus in 1859. In that year, largely in reaction to the news of Solferino, an invasion panic swept the country. Louis Napoleon's interventionist strategy in Italy raised again the spectre of aggressive Bonapartism; invasion, which had not materialised in 1803, seemed a more direct possibility now that the French navy had taken the lead in exploiting steam power and encasing its new ships in iron. The Volunteer Force of Bonapartist days was revived on a large scale and was to become, as never before, a truly national and popular movement, embracing almost every class and region of Britain by the mid 1870s. As these panics subsided, the troops of 'Saturday night soldiers' came for the most part to fulfil a sporting and recreational role rather than a patriotic one. Nevertheless, the establishment of the Volunteers was a major influence in arousing civilian awareness that war might threaten the population of the British Isles rather than the inhabitants of its far-flung colonies, and that involvement in war might not in future be restricted to a small professional soldiery. Despite their amateurishness, the Volunteers did much to keep alive the general idea of popular participation in war, and to stimulate interest in military events on the Continent. Some members of British volunteer corps did, indeed, offer themselves for service with
Garibaldi in Italy. 14

Within the Volunteer movement, women played an essentially subsidiary role. A very few ladies' rifle-matches were held, and an apparently unique female corps drilled weekly in Hartlepool in 1860; for the most part, however, women raised funds for the Volunteers and provided them with continuous moral support. They flocked to special parades, inspections and sham fights, lending credence to the Volunteers' belief that they were drilling in defence of 'Home and Beauty'. At competitive events they presented prizes, subscribing for silver bugles and like. 15 No very active form of participation was offered them, and they do not appear to have contemplated any training in nursing for themselves, as complementing the men's training in military drill. The Army Medical Department did not consider the Volunteers a suitable vehicle for the development of an auxiliary medical service, and for almost two decades made no move to recruit or educate them in this connection; and in this it reflected the Regular Army's scepticism of the Volunteers' claims to be a serious force for home defence.

From 1869 onwards, a number of British women began to respond to military events on the Continent by emulating the activities of voluntary aid societies there. Italy's struggle against Austria aroused enthusiasm among a broad spectrum of literary and political society. A 'Ladies' Association for the Relief of the Sick and the Wounded, Widows and Orphans of Garibaldi's Followers and the Sufferers at Palermo and other Places' was formed in London in July 1860, and soon had branches throughout England and Scotland. Jessie White Mario played a leading role in its formation; Lady Shaftesbury was its president, and its subscribers included the Duchess of Argyll, Lady Palmerston, Mrs. Gladstone, and Florence Nightingale. In 1866 another such committee was formed in aid of the Garibaldini, whose members were not such prominent public figures. Little is known of its president, a Mrs. Chambers, who herself went out to Italy to supervise the
distribution of items to the sick and wounded, working through an English ladies' committee in Milan. After the battle of Bezzica, she and another Englishwoman gave personal nursing aid to the wounded. She again sent stores to the Garibaldini in 1870.16

Another group of women, who were mostly the bearers of titles and court connections, formed an 'Austrian Soldiers' Relief Fund' in 1866. This claimed to be non-sectarian and a-political, but many of those involved were Catholics or Catholic converts. One of the latter, a prime mover in the organisation, was a Lady Georgiana Fullerton, who was connected with a number of women involved in the Crimean nursing experiment. Five years previously she had worked with Mary Stanley, Fanny Taylor and Elizabeth Herbert - all three recent converts to Catholicism - to establish members of the French nursing sisterhood of St. Vincent de Paul in London. In 1868 she and Fanny Taylor founded a religious community called the 'Poor Servants of God Incarnate'. In 1866 Lady Herbert was a member of the Austrian relief fund committee.17

The women of the royal family may have been an important influence on this movement. Two of Queen Victoria's daughters, Princess Alice of Hesse and the Crown Princess of Prussia, were expected to play a leading role in the women's aid organisations of their respective states. When Austria and Prussia went to war with Denmark in 1864, the Danish-born Princess of Wales was prominent in the movement to send assistance to the wounded of her own nation.18 It was perhaps an embarrassment to the British Court that royal relatives could not always be working on the same side. The awkward fact that Hesse was allied to Austria during the Austro-Prussian War may have been instrumental in the founding of the first British organisation offering non-partisan aid in the spirit of the Geneva movement. This was a purely female initiative, a 'Ladies' Association for the Relief of the Sick and Wounded of All Nations engaged in the War'. Florence Nightingale was a member of its committee: both princesses had
appealed to her for practical advice on military hospital organisation. (Significantly, the Crown Princess of Prussia had made her request a full three months before the outbreak of hostilities.) In correspondence with Thomas Longmore, Florence Nightingale claimed that the Ladies' Association had 'lasted just one fortnight'. It had achieved very little, because 'English people like to feel enthusiastic pity for Austria - or enthusiastic raptures for Garibaldi - But they don't like merely to do good (out of England.)' She wrote in a somewhat different vein to the Crown Princess of Prussia that the committee had sent contributions of money, 'comforts' and surgical instruments - 'not nearly so much as we could have wished' and that they had refused the request of 'many English ladies' to be sent out to nurse in German war hospitals.19

These independent women's organisations were all rather ephemeral. None of their members seems to have been associated with an organisation which set itself the long-term goal of forming a permanent voluntary aid society on the Continental model. This was the Order of St. John of Jerusalem, which was revived in England between 1841 and 1858. The ancient Order had its origin in the Crusades; in its nineteenth-century incarnation it was a semi-religious, semi-masonic body. Its revival in Restoration France seems to have been the spur to its resurrection in England among a group of men and women fascinated by the mediaeval trappings and titles of the Order. In the early 1860s the Order had tried to conform to the ancient practices of the Knights Hospitallers by making suitable charitable bequests - to a Soldiers' Daughters' Home, and to Florence Nightingale's former haunt, the Institution for Invalid Gentlewomen at Harley Street, for example - and by setting up a soup kitchen for the poor near its old headquarters in Clerkenwell. By 1868 the
Order was raising funds for poor outpatients and convalescents who had been
discharged from Charing Cross and King's College Hospitals. The Anglican
Sisters of St. John's House, who carried out the nursing in these
hospitals, visited the recipients of these funds in their homes.20

In 1868 the Order proposed 'either collectively, by the Order, or
individually, by the efforts of some of its members, acting in conjunction
with military officers of experience' to establish a British branch of the
Société de Secours aux Blessés Militaires. The following year the Order
deputed Captain C. Burgess and John Furley to attend the International
Conference of the Red Cross held in Berlin, and began conversations with
the War Office, the Admiralty and the Army Medical Department on the
practicalities of forming a British branch of the Red Cross. By June 1870
there was little progress to report, 'the naval and military authorities of
this country having apparently not yet recognised the necessity of such
help, or the expediency of its being supplied by private individuals under
proper organisation.'21 The Order's ambitions were undoubtedly influenced
by its association with its opposite number in Prussia, the Bailiwick of
Brandenburg of the Order of St. John of Jerusalem, which by the mid 1860s
enjoyed official recognition and social status to an enviable degree. It
had been revived in 1852, and was a Protestant order; it was natural that
the English Chapter should seek close contact with it, as relations between
Protestant revivals and the Roman Catholic parent order based in Malta were
somewhat strained: and there were many points in which the English chapter
emulated the Prussian. From the start there was a strong connection
between Prussian nursing sisterhoods and the Brandenburg Knights of St.
John. The latter were also represented at the earliest conferences of the
International Red Cross.22 It can also be speculated that ambulance and
hospital work in wartime offered the members of the English Order an
appealing and dramatic modern version of the activities of the Knights
Hospitallers in the age of chivalry.
Less than a month after the Order's sub-committee had reported its disappointing lack of progress in forming a national aid committee, France and Prussia were at war. Almost immediately, Burgess wrote to The Times proposing the formation of a British 'Society of Help for the Sick and Wounded in War' and the raising of funds for equipment and personnel. The latter would be male and female:

A number of gentlemen and gentlewomen possessing sufficient surgical knowledge to enable them to temporarily bind a wound and move, or attend to, the wounded until the military surgeons can apply the proper treatment...

It would be helpful if they could speak French and German, and they would need to be able to rough it 'and to spare the time and expense of thus employing themselves.' These volunteers would be expected to work close to the front, 'to gather men from the battlefield instead of leaving them to lie there, in horrible pain and thirst, unsheltered and helpless, for hours or days.' Three days later, a letter appeared in The Times from Colonel Robert Loyd-Lindsay, a veteran of the Crimea, which rather upstaged Burgess, stating that a 'Society for Aiding in Ameliorating the Condition of the Sick and Wounded of Armies in Time of War' already existed, and that he had personally placed £1000 to its credit through Coutts bank. Presumably he was referring to the Société Internationale based in Geneva, since the rest of his letter went on to propose the formation of a British national committee on Geneva lines which should give aid to both parties involved in the war.23

The sub-committee of the Order of St. John had already convened a public meeting which took place on 4th August 1870 under the presidency of their Prior, the Duke of Manchester. The meeting agreed to form a National Society for Aid to the Sick and Wounded in War, and elected Loyd-Lindsay as its Chairman. The organisation which was then established covered itself with a prestige which the Order's sub-committee had sadly lacked. Queen Victoria was the National Society's patronness. Her
daughter Princess Christian was on the Ladies' Committee, along with Florence Nightingale and Lady Augusta Stanley, wife of the Dean of Westminster, and sister-in-law of Mary Stanley. The (male) executive committee included the good, the great, and the very rich: the Earl of Shaftesbury, Baron de Rothschild, Lord Overstone, Governor of the Bank of England, who was Loyd-Lindsay's father-in-law; it also included two close associates of Florence Nightingale's, her cousin Captain Douglas Galton and her brother-in-law Sir Harry Verney. Many leading surgeons, and the Secretary of State for War, were known to be in support of the National Society's objectives. The Order was represented on it by Furley, by Burgess, who was appointed Secretary, as well as by a Captain Henry Brackenbury. 24

It was decided at the meeting of August 4th that the National Society would collect funds for the war wounded, and would despatch medical relief teams and stores to the theatres of war; it was also decided that the Society should be ready at some future date to perform these services for the sick and wounded of the British regular army. The relief project received massive popular support. Collecting branches were established all over the country: £300,000 was raised over the course of the war, of which £73,000 remained unspent when peace was declared. The project also aroused the enthusiasm of surgeons in Britain and America. Ambulances were sent out staffed by volunteer surgeons from St. Bartholomew's, and American doctors who had Civil War experience of military surgery. The National Society supplemented their supplies and in some cases their staff. The War Office, which was busy despatching its own medical officers to report on the military medical arrangements of both belligerents, sold Loyd-Lindsay twelve ambulance wagons from the Government depot at Woolwich, allowed the Army Medical Department to direct their fitting out, and gave permission to Thomas Longmore to accompany them to France. The War Office also allowed Captain Brackenbury to act as the National Society's Chief
Commissioner in the north-eastern district of the war zone.\textsuperscript{25}

Despite the welcome extended to them in Burgess's letter to \textit{The Times}, women nurses played only a small part in the National Society's plans. The Society preferred its female supporters to be safely confined to a non-executive, caretaking role in its affairs. Within their separate ladies' committee they worked hard at raising funds, despatching stores, preparing bandages and dressings. This certainly kept them very busy, as Mrs. Loyd-Lindsay wrote to her mother:\textsuperscript{26}

I sit at my counter amid mountains of unopened bales, boxes, and packages of vast dimensions. They keep coming and coming till the place overflows, and they have to be left on the pavement outside. We have increased our staff; we have six packers hard at work all day, besides several men who unpack and three or four women who sort and arrange. We have also got a third house and made an opening through the walls so as to throw the three ground-floors together, which is a great improvement, as we can now have a separate packing-up room and two rooms where we unpack - my chemist-shop and another, where Lady Agnes Grosvenor and Miss Verney sit, and upstairs half-a-dozen ladies, with Princess Christian at their head, writing all day; but even with all this there is more than can be got through each day, though we work from ten till nearly seven o'clock, and send off about twenty large packages daily. If I had time I could amuse you with the little scenes that go on - the odd people that come to my shop, such a variety of specimens - it is quite a study in humanity, or rather would be if one had time to talk or listen to them. I have a good many visitors dropping in to add to the confusion. Mrs. Cardwell went all over the establishment the other day, and Mrs. Gladstone and Lady Marian Alford (who is working up Hertfordshire) came in; also Lady Carnarvon, anxious about her two brothers-in-law - Alan, the doctor in Paris, and Auberon Herbert, absent on a philanthropic tour of the battlefields....

Every letter that comes from abroad begs for more things, more instruments, more chloroform, more morphia; the want of these things conveys an awful idea of the extent of pain and suffering. Dr. Sandwith says that if it had not been for the volunteer help given in this campaign by the two nations engaged and by foreign countries, the amount of suffering would have been beyond words appalling. The men and materials we have sent out are beginning to tell now, and our efforts to be realised and appreciated ... We have annexed a
whole wing of the St. Martin's disused Workhouse, a gloomy suite of rooms, dirty and dusty but roomy. Large, however, as they are, they are not sufficient for the hundreds of bales which keep pouring in. We were in despair one day, and settled that active measures must be taken. I remembered to have heard that there were large vaults under St. Martin's Churchyard, so I sallied forth, roused up the head churchwarden, and persuaded him to give us the use of the vaults. At first it was objected that dead bodies found in the river were deposited there - in fact it was the London Morgue; however, I would not be daunted, and as I have never come across any, I think the "bodies" must be a myth. The vaults are now my pet institution; they are very large, light and airy; and filled with long lines of beautifully packed bales with their red crosses and lists all ready, and only waiting for the order for departure, really a noble sight. I have just been taking Princess Mary of Cambridge over the whole establishment - she seemed much edified and I am glad she has seen it and knows what England is doing.

After the war, Loyd-Lindsay explained that... the National Society has sent out comparatively few nurses, not from any doubt as to their zeal and efficiency, but from the fact that the supply of trained native nurses, belonging chiefly to religious communities, both in France and Germany, have been so great as to render foreign aid in this respect in most cases unnecessary.

It seems possible, however, that the Society's male organisers were rather consulting their own prejudices in this matter. Their commissioner at Pont-à-Mousson wrote flatly on 21st August 1870: 'Do not send any more ladies; the work is too heavy for any but strong men' - an opinion in which those British women who did go out to nurse would not have concurred. Some of the Society's projects turned out to be understaffed, and the wives of some of its commissioners found themselves thrown in at the deep end of hospital work. In October 1870 Mrs. Capel, wife of the Superintendent of Depots at Arlon and Château-Thierry wrote to Loyd-Lindsay from Bazeilles: 'two All Saints' Sisters are here now, ... which is a great comfort ... the work would have failed from my want of experience, and I should soon have knocked up ... ' She added that when the
caretaker-cum-cook took Sunday off, 'it is a great blow to me as it then falls on my shoulders, and as my notions of cooking are very vague, I feel rather lost and fall back upon all the Compounds sent out from England'.

After the war, some National Society officers voiced strong criticisms of 'inexperienced lady volunteers' and the 'humbug' of 'amateur female attendance' which in the circumstances were perhaps less than fair.

The National Society sent only fourteen female nurses to France: eight members of the All Saints' sisterhood from University College Hospital, engaged at the insistence of Princess Christian and Mrs. Loyd-Lindsay, and six other ladies with varying degrees of nursing experience. Some of these women have left records of their relief work; others remain more shadowy figures. Miss Neligan was the daughter of a hero of the Peninsular War, who prior to 1870 had had no experience of hospital work. 'She had wished to go out with Miss Nightingale to the Crimea, but was then too young.' Captain Burgess gave her a letter of introduction to Dr. Julius Pollock at Charing Cross Hospital, who after no more than six weeks 'considered that she might be allowed to go to the front as a hospital nurse'. Dr. Marion Sims, of the Anglo-American Ambulance, later reported in glowing terms on her stamina and devotion to duty.

Another National Society Nurse was Miss Barclay, of whom little is known except that in 1876 and 1877 she again undertook voluntary nursing work in the Turco-Serbian War.

Two National Society nurses, Louise McLaughlin and Emma Pearson, published their joint memoirs of the war. Louise was the daughter of a clergyman, and the granddaughter of an earl; her seven brothers included clergymen, army officers, and a magistrate in India. She trained as a nurse under 'Sister Dora of Walsall' - Dorothy Pattison - and was said to have been her favourite pupil. Emma was the daughter of a naval captain, and she may have been related to the Pearsons who were associated with the revival of the Order of St. John. She too had received nursing training.
before volunteering for France. These two were a very strong-minded pair, pro-French to begin with, and confirmed in their opinions by the harsh treatment they saw meted out to the French peasantry by their Prussian conquerors. They accused senior National Society officials of pro-Prussian leanings; and they antagonised many of their male colleagues by questioning their decisions on the distribution of aid, and taking it upon themselves to transport supplies independently. They were sent home from France and effectively dismissed in November 1870, and subsequently failed to raise sufficient funds to return to France on their own account.

By the end of 1871 they had each received the French Red Cross Society's bronze cross and diploma, 'together with a request that in any future war they will serve again with the French ambulances'. In 1876 they went on another British Red Cross relief mission to Serbia. Between these foreign expeditions they joined Dr. Elizabeth Blackwell's National Health Society, and gave lectures on health education to the London poor, as well as undertaking relief work among them. After 1876, they returned to London and opened a nursing home which catered for, amongst others, the patients of Lister.34

In September 1870 the All Saints' sisters at Sedan were joined by Zepherina Veitch. The daughter of a Scottish clergyman, she was not a religious sister, but had trained at University College Hospital, and had subsequently worked in the surgical wards at King's College Hospital with the St. John's House sisterhood. From Sedan, she went to join the Anglo-American Ambulance at the Chateau de Bazeilles. After her death, her letters to her sister from the war zone, which had not been intended for publication, were printed in Nursing Notes. She wrote with sympathy of the sufferings of French civilians, but had a rather ghoulish taste for mementoes:

I went yesterday over another part of the battlefield ... the slaughter must have been awful ... when you think that every grave contains a
number of bodies, it is horrible to think of. I have got several relics, if I can manage to bring them home with me.

She regretted that she had been unable to get a good photograph of Sedan, but she had 'a very nice large one of the burnt village of Bazaille, so I shall have something to show you'. From Balon she wrote that she had to be 'nurse, dresser, surgeon, and everything else', as she was the only nurse for sixteen patients:

There is one great advantage in any work here, viz., that I should not have seen such cases in ten years' work in London hospitals ... and being thrown so much on my own responsibility will make me au fait at anything I may have to do at home thereafter.

On reflection, however, she felt that the doctor in charge, 'having heard I was as good as a surgeon, ... left me to my own devices rather more than was fair, seeing I am not qualified in any way'. After the war, she qualified as a midwife; in 1876 she married Professor Henry Smith, and subsequently helped to found the Matrons’ Aid Society; this became the Midwives’ Institute, an organisation committed to making midwifery a state-registered profession for educated women.35

Towards the end of the nineteenth century, obituaries and reviews in nursing periodicals recorded the names of two other British women who nursed in the Franco-Prussian war. It is not known under whose auspices these women were recruited, and all further record of their work seems to have vanished without trace. Clara Lowe was one of them; she was born in 1818 on St. Helena, the daughter of Sir Hudson Lowe. In the 1860s she went to live and nurse among the poor of London's East End. She was not a trained nurse. After the war, she helped in the work of an emigration scheme and a small-pox hospital in Canada, and in the work of a Christian mission in India, before returning to 'rescue work' in the East End.36 The other was Anne Thacker who, moved by 'the early bereavement, through death in the battlefield, of her lover, who perished from lack of proper nursing in the terrible winter of the Crimean War', qualified herself as a nurse
and left 'a luxurious English home' for the 'garrison hospitals of Cologne'. She also worked in a tented hospital, and was said to have carried out minor surgical operations. Nothing is known of her later career.\textsuperscript{37}

One British nurse was sent to work in Germany in response to a personal request from the Crown Princess of Prussia to Florence Nightingale. This was Florence Lees, the sister of a naval lieutenant who had died in a naval hospital in Shanghai. Her original ambition seems to have been to establish a female naval nursing service. She trained at St. Thomas's, and by 1870 she had worked in Paris, Berlin, Dresden, Kaiserswerth, and King's College Hospital, London. She distinguished herself in the war, working with very limited equipment first in a typhus station with the 10th Army Corps before Metz, and subsequently with an ambulance corps near Homburg. She was the first woman ever to receive the Prussian Order of the Iron Cross. After the war, she was a pioneer in the field of district nursing: in 1874 she worked on the Order of St. John's project of providing trained nurses for the homes of the sick poor; in 1875 she became the first Superintendent of the Metropolitan and National Nursing Association for Providing Trained Nurses for the Sick Poor. She later married a clergyman, was a member of the Council of the Queen Victoria Jubilee Institute for Nurses, lectured for the Ladies' Sanitary Association, and was briefly Honorary Secretary of the Royal British Nurses' Association. It is pleasing to learn that it was after hearing a course of Florence Lees's lectures that Sidney Browne, later first Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service, was inspired to take up nursing as a career.\textsuperscript{38}
The overall impression made on the British army establishment by the international relief effort of 1870-1 was not a good one. Such a plethora of organisations - Austrian, Belgian, Dutch, Italian, Russian, Swedish, Swiss, Luxembourgeois, American, British, Irish, Spanish and Portuguese - had over a short period converged on the scene of war with contributions in money, equipment and personnel that it was quite impossible for the belligerent armies to incorporate volunteer aid within their own medical services in any systematic way. Moreover, so motley a crew inevitably provided cover for dubious individuals, and for alternative interpretations of the notion of aid: an English lady was said to have acted as a French spy; the staff of the Irish ambulance attempted to enlist combatant aid for France, and were 'forcibly re-embarked at Calais in so wildly inebriate a condition that it was necessary to batten them down under hatches guarded by armed sentries during their homeward passage'. It was, therefore, not surprising that the War Office and the Army Medical Department, despite their show of friendliness to the National Society in 1870-1, should have been chary of continuing the relationship. The Society's chairman was always sensitive to official opinion, and, to the disappointment of many of its members, the Society lapsed into inactivity, its considerable surplus funds remaining untouched.

Five years later, however, the British voluntary aid movement was once more stirred into life. The news in May 1876 of the atrocities committed by the Turks against their Bulgarian Christian subjects, and the outbreak of the war between Turkey and Serbia the following July, aroused the conscience and opened the purses of the philanthropic British public. The Order of St. John established an Eastern War Sick and Wounded Fund, opened with money contributed by two women, Paulina Irby and Priscilla Johnston, who had already spent some years working for the impoverished Christian population of Bosnia. By August 1876 public discontent at the non-use of the National Society's considerable reserves at last stirred the latter
into action. A new Turco-Servian Relief Committee was set up, which absorbed the Order of St. John's fund. A year later, when war had broken out between Russian and Turkey, yet more funds and relief operations were established, this time by Turcophile philanthropists. In January 1878 the Russian advance on Constantinople produced a frenzied anticipation of a war involving Britain; the war-fever which was responsible for music-hall Jingoism also convinced many sober citizens that Britain would soon be needing a voluntary aid organisation for its own army. To a very large extent these developments focussed attention on ambulance rescue, which was considered an exclusively masculine preserve; but the relief work undertaken in the east also provided renewed demonstrations of the value of women's war nursing.

The woman who did most to keep the contribution of female nurses and philanthropists in the public eye during these 'Eastern crises' was Emily Anne Beaufort Smythe, Viscountess Strangford. Her career is illustrative of so many aspects of voluntary relief work in this period, and of women's role within it, that it is worth giving an account of it in some detail. She was the daughter of an Admiral, Sir Francis Beaufort, after whose death she began to travel in the Near East with her sister. She was brought into contact with Viscount Strangford, a specialist on Near Eastern and Balkan cultures, through the publication of her own book, Egyptian Sepulchres and Syrian Shrines, in 1860. After seven years of marriage she was widowed, and childless. She spent four years in hospital training, and seems to have been drawn to the Order of St. John by her joint interests in nursing and the Near East; her first wish on joining was to help establish a branch of the English Order in Palestine. Instead, she became closely involved, with Florence Lees, in the work of a sub-committee of the Order set up to inquire into suitable forms of training for nurses for the sick poor, and the best methods of organising a system of district nursing. In 1874 Lady Strangford published Hospital Training for Ladies: an
Appeal to the Hospital Boards in England. In this pamphlet she developed ideas which were to be highly relevant to the Order's work in the late 1870s. She argued strongly against existing forms of nursing training, which demanded hospital residence and very long hours of work for at least a year, and often more:

Unless a woman can give up all her time, all her life to the work, and, in fact, make nursing her profession, there is no teaching for her, no training — nothing.

There was no reason why this training — for which so many women were well fitted, and from which so many women (as well as the patients they would care for) would personally benefit — should be based on such a conventual model. 'Hundreds of women give up so many hours a week to district visiting, to school teaching, to many like occupations'; an educated woman could certainly train as a nurse on a similar schedule. Only one London hospital as yet accepted nursing day-students. Significantly, Lady Strangford concluded:

The usefulness of the Hospital Training which we venture to advocate, may also be very significantly quoted in the formation of such an Association as the "Frauen-Verein" of Germany, an institution which we hope to see very soon copied in England. In case of a war, the Ladies who volunteer for service will be easily sifted into those who know how to serve and those who are willing to serve; a very great advantage where prompt measures are necessary, and many claims, perhaps, come into conflict.

Lady Strangford was on the committee of the Eastern War Fund established by the Order of St. John. When the National Society's committee absorbed this fund, it gave members of the Order only one third of the places on the executive. Lady Strangford lost her place, and responded by opening her own appeal, the Bulgarian Peasant Relief Fund, on 15th August 1876. A month later she set off for Philippopolis with over £5,000, to be used for rebuilding villages, restoring agriculture, distributing food, clothing and medical aid. Between October 1876 and
April 1877, when she wound up her operations, she subsidised, among other projects, six village hospitals. Her report on the administration of her fund gives very little information about this aspect of her relief work, and names only one of the five English nurses - Miss Barclay - who went out to help her and the Bohemian, Serbian and German nurses who were also on her staff.

Despite her grandiose claim that 'I determined to undertake not only the clothing but the healing of the country', the hospitals seem in many cases to have been places of refuge and shelter rather than cure, and the chaos in one of them is disarmingly described: 45

Perushtitza was very sick: typhus reigned everywhere: one doctor, a Greek, sent there by the Government, had died of it, and the man who replaced him was very ill of the same fever. Dr. STOKER and Mr. KENNETT arranged the hospital between them, and I placed in it a sixth nurse, a Bohemian who had lately come out from England. Shortly afterwards, a Servian lady, Mdlle. PETROVICH, came down from Belgrade, to take charge of the hospital. The German nurse, however, did not get on with the people, and they became unwilling to enter the huts; and she, poor thing, took the typhus and died soon after, and then Mdlle. PETROVICH fell ill of it also. The people got drunk, quarrelled, and stole the things; they tried our patience beyond everything. I had put the place in charge of a Turk - a Bechtikbashi - a protestant reformed Turk - who I was assured was as honest and steady and high-minded as an Englishman. So he might have been - but, unlike the unreformed Turks, he drank all day, and was never sober. Everything seemed to go wrong and fail at Perushtitza until just the end of my stay, when an English lady, Miss BARCLAY, came out to me, and undertook the charge of the unfortunate place. There were then scarcely any cases, except three or four of the worst sort - poor frostbitten creatures, whose feet had already dropped off. Happily, most of them died. One only, a woman, thanks to Miss BARCLAY's skill, recovered.

Despite the hardships and illness which she underwent in Bulgaria and Roumelia, Lady Strangford accepted another relief assignment shortly after her return to England. War had broken out between Russia and Turkey at the end of April 1877, and the strength of British Russophobia was such as
to lend power to the hands of Turcophile philanthropists. In June a 'British Hospital and Ambulance Fund for the Sick and Wounded in War' was established. Lady Strangford agreed to superintend on its behalf a permanent hospital, or hospitals, for Turkish soldiers in the rear of the battlefield. Between September 1877 and September 1878, she worked in Adrianople, Sofia and Scutari; she coped with the Russian invasion of Sofia, and survived a dire financial crisis when the plethora of similar charitable appeals in England - including one launched by the millionaire philanthropist Angela Burdett-Coutts - began to dry up her own sources of support. Her achievements were celebrated by several newspapers and periodicals in England, including the *Victoria Magazine*, which declared in February 1879:

> Lady Strangford has enrolled her name among that "noble army" of women of whom Florence Nightingale was the pioneer, and we may add that, without detracting from Miss Nightingale's merit, Lady Strangford had far greater obstacles to contend with.

More important was the impression Lady Strangford's hospital work made on another Turcophile organisation, the Stafford House Committee for the Relief of Sick and Wounded Turkish Soldiers. Its report, published in 1879, quoted its own team of doctors at considerable length on the subject of Lady Strangford and her system of female nursing. It was pointed out that

> Much has been said against the nursing of Turkish wounded by women. It was argued that female nurses would be constantly exposed to insult in their dealings with their patients. Lady Strangford and the nurses with her are unanimous in affirming that quite the contrary was the case; they found that Turkish patients were far more delicate in their relations with females than the average of male patients in an English hospital ...

A Dr. Pinkerton claimed that:

> Lady Strangford, in her private hospitals, assisted by her staff of female nurses, succeeded in showing a result, in the comfort of her patients and their chances of recovery, that was
utterly unapproachable in the best and most carefully conducted hospitals, where there was only the usual male nursing, ... Women are incomparably better adapted, both physically and morally, for the duties of nursing the sick than men, and trained female nurses are simply invaluable to the surgeon. Their aid cannot well be rendered available on the battle-field, but there is no reason why it should not be ready to hand immediately in the rear of the fighting, or after the battle.

Such an encomium suggested that Lady Strangford had learned much from her catastrophic experiences with the hospitals set up by her Bulgarian Peasant Relief Fund. The Stafford House Committee remained in existence after the Turco-Russian war ended, and became staunchly committed to the cause of female nursing in war.

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In some ways the voluntary aid movement in Britain was a second flowering of the 'Crimean movement'; women and other civilians who had rushed to participate in the war effort of 1854-6 had been denied scope for further activity within the structure of the regular army. The 'Nightingale connection' was very much in evidence in the composition of the National Society's committees; and Elizabeth Herbert and Mary Stanley both worked in the organisation of war relief. Miss Neligan, Ann Thacker and Florence Lees had all been inspired to take up nursing by the example of the Crimean pioneers; Emily Strangford chose to set up one of her hospitals at Scutari. Indeed, the nature of the charitable classes' response to the Franco-Prussian war places a new light on their reaction to the disasters in the Crimea: the rush to send out comforts of all kinds to the British soldier might well have taken place regardless of the competence or failings of the military administration. No doubts, after all, could have existed as to the efficiency of the Prussian war machine. As Jane Shaw Stewart wrote shrewdly to Florence Nightingale, Prussia wanted
'to enlist English sympathies ... I do not seriously believe, and I am certain you do not, that English War Nurses are really needed by Prussia'.

It might be argued that British women's engagement in international war relief was no more than a simple extension of the philanthropic work which many of them were already carrying out at home. As Lady Strangford wrote to the Lord Mayor of London at the end of 1876:

Heaven knows I feel for the privations of my own countrymen at home, and have seen something of suffering in England; but ... I am ashamed of the clothes I wear, of the blankets I sleep under, and the food I eat chokes me when I think of what I have seen around me.

Among those women who visited the poor, sick or whole, in workhouses, prisons, hospitals or their own homes, it needed no great enlargement of the sympathies to add the sick solder and his dependants to the list of deserving causes. There were already welfare projects aimed specifically at British soldiers, like those of Mrs. Daniell and Sarah Robinson at Aldershot; Mary Stanley, who nursed at Koulali and worked in 1870 for the National Society, had in the intervening period, amongst other charitable projects, organised remunerative sewing work for soldiers' wives.

There certainly seems to have been little sense of war as a unique form of human calamity among the female supporters of the voluntary aid movement. The wars of 1859-71 were in many cases seen almost as natural disasters, on a moral level with earthquakes and plagues, and almost equally unavoidable. The determined bellicosity displayed by Bismarck in his quarrels with Denmark and Austria did not brand him as a criminal aggressor in Britain. If Louis Napoleon attracted a hostile press, it was because his arrogance and adventurism recalled the period of French dominance at the turn of the century. Women war nurses and relief workers did not condemn war as an instrument of policy; and in this they could perhaps be compared to women philanthropists who did not interest
themselves in the fiscal system and the distribution of wealth. Their function was to relieve misery, rather than to inquire into its possible causes.52

Nevertheless, there were new political sentiments at work in the international relief movement. Those who sympathised with France, with Garibaldi, with the Turks or with the Balkan Christians did not attempt to disguise the fact that they were cheering on their own side. Their aid was, in a sense, an intervention in war: as Thomas Longmore pointed out in 187353

If the sick and wounded are very numerous, the mobility of the army is for a time paralyzed ... But if a system of international aid be legally established and thoroughly systematised ... the Commander of the Forces will be at once ready to march onward, and, should occasion occur, to fight another battle. Thus the very object for which such societies would be established - that of mitigating suffering - would be defeated.

Aid was also, whether directly stated or not, a critique of the British government's foreign policy, or absence of one. For British women to succour British soldiers in 1854-6 might seem natural enough; for them to wish to help Frenchmen, Germans, Austrians, Italians, Bulgarians or Turks in the same way was a deliberate choice of political identification, and a declaration of interest in what was previously considered a masculine sphere.

Thus, although the women involved in the voluntary aid movement might be thought to be exercising no more than a conventionally feminine, caring function, they were also, in some cases at least, crossing social and political frontiers. When they claimed the right to serve the cause of their choice, it was an act of self-assertion; their memoirs were not, like those of the Crimean ladies, penned anonymously. Louise McLaughlin and Emma Pearson had great difficulty in working as members of a team. Emily Strangford's published attitude to her work can only be described as self-advertising.54
... no one in the village ... would be denied the privilege of touching or kissing my hand, - or at least my dress. ... the schoolchildren sang songs composed for the occasion. These songs - often of many verses, with a refrain of my name again and again repeated - will perhaps be sung in the country villages long after the subject of them is forgotten.

The voluntary aid movement attracted women who were strong individuals, imbued with an almost quixotic spirit of chivalry and largesse. Unlike the pioneers of the Anglican sisterhood movement, they did not wish humbly to submerge their identities within a larger organisation, or to justify their work solely with reference to it. While the Christian ethic may have underpinned their work, the framework of their activities was essentially secular. However, they cannot be said to have been in any way militarised: they did not see themselves as servants of the state; and their careers moved freely between military and civilian spheres of philanthropy.

At the beginning of the war, German women had appealed on behalf of the wounded to their British sisters: 55

The privilege of taking up arms for the defence of the honour and independence of their country has been denied to women, but another and even more sacred duty is theirs ... Tears will flow, widows and orphans will call for help, the wounded soldier for assistance. It is woman's noble mission to alleviate these sufferings.

No such letter had appeared in a British newspaper in 1854. War had not then created a specifically female mission. Now women were assuming a duty, and indeed a right, to intervene in this most public sphere of public life. They did so on the basis of their record as reformers of civilian hospital nursing, and their expertise as charitable fundraisers and branch organisers; the support of female members of the royal family conferred the highest social status on their efforts. Although the number of women actually involved in giving aid near the battlefield was still very small, voluntary war nurses were a growing band; the examples of Florence Lees, Emma Pearson, Louise McLaughlin, Emily Strangford, Clara Lowe, Ann Thacker, Zepherina Veitch, Miss Neligan, Miss Barclay and the anonymous
Englishwomen who worked with them but left no memorial bore witness that Florence Nightingale's Crimean expedition was not an exceptional or unrepeatable adventure. Gradually, the idea of women's war service was becoming normalised. This development was to be an important influence in the expansion of the official military nursing service; but it carried wider political implications for women in general.

The equation between war service and citizenship was beginning to gain currency in Britain in this period. The Volunteer Force and the national enthusiasm for Rifle Clubs, however amateurish in their manifestations, nevertheless demonstrated a sense that wars were now to be won or lost by citizen armies. Membership of society was seen to involve a personal and physical, obligation to defend it against aggression. In this same period, a movement was growing for the political enfranchisement of women in Britain. Many of the new suffragists had been involved in organising medical aid and political support for Garibaldi, and were in touch with their sister movement in the United States. They were not slow to draw political morals for women from the new era of national wars and mass military mobilization. They noted that during the Civil War, the massive military drain on manpower not only required the nursing and fundraising activities of American women, but also created vacancies in Federal and State administrations which women were admitted to fill. They wrote of the death through illness of a French war nurse as no one had written of the deaths of nurses in the Crimea:

We are of opinion that if her blood was not literally spilt in the battlefield (which is what in some people's minds constitutes the right to the Suffrage) her life was just as fairly lost by the means of the battlefield. Therefore her comppeers have a right to be heard for her sake and for the sake of all those noble women who have nursed the sick and wounded in war and at home.

War had thus, by the 1870s, begun to provide political validation for women, whether suffragist or not in their persuasions. The decades between
the wars of unification and the first world war would see a gradual intensification of this trend.


22. Memoir of the Bailiwick of Brandenburg of the Order of St. John of Jerusalem (London 1868) pp. 4, 10-12, 14-17; Brackenbury, op. cit., p. 156.

23. The Times, 18.7.70, p. 8; 22.7.70, p. 7.

24. Report of the Chapter presented to the Chapter-General of the Order of St. John of Jerusalem in England (London 1871) p. 5; Lord Wantage, V.C., K.C.B., A Memoir by his Wife (London 1907) p. 176. Henry Brackenbury was at this time lecturing in military history at the Royal Military Academy, Woolwich. He was a keen supporter of Cardwell’s army reforms, and after 1873 was identified as a member of Sir Garnet Wolseley's 'Ashanti Ring', accompanying Wolseley on his campaigns in Zululand and the Sudan. His other appointments included private secretary to Lytton while he was Viceroy of India; military attaché to the Parish Embassy; head of Army intelligence 1886-91; Director-General of Ordnance during the South African War. Whether his own enthusiasm for the improvement and augmentation of military medical services communicated itself to Wolseley (whose interest is discussed in Chapter VI) or vice versa is unknown; both were converts to the cause of civilian aid by 1877. He was also a correspondent of Longmore's. He was thought of in some quarters as 'the cleverest man in the British Army'. See. D.N.B.; J. Luvas, The Education of an Army, (Chicago, 1964) p. 182; MR, Longmore Papers 51/54, Muir to Longmore, 31.1.80.


27. R. Loyd-Lindsay, On Aid to the Sick and Wounded in War, lecture, 31.3.71, privately printed.


29. Wantage Papers, collection on Franco-Prussian War, Mrs. Capel to Loyd-Lindsay, 4.10.70.


31. W. MacCormac, Notes and Recollections of an Ambulance Surgeon, (London 1871) p. 86; Lord Wantage, p. 188; Wantage Papers on Franco-Prussian War, Princess Christian to Mrs. Loyd-Lindsay, 15.9.70; 22.9.70; 2.10.70.


36. The Hospital 'Nursing Section', 21.5.04, p. 105.

37. The Hospital 'Nursing Mirror', 15.5.97, p. 61 published a notice of The Narrative of my Experience as a Volunteer Nurse in the Franco-German War of 1870-1 'by Anne Thacker; with a sketch of her life by James M. Menzies, M.A.' This book is in the British Library catalogue but, sadly, is on the list of those printed books destroyed during World War II. No other copy has been traced.

38. F. Lees, 'In a Fever Hospital before Metz' Good Words, 1873, pp. 322-7; The Victoria Magazine, XVII, 1871, pp. 169-70; BL.Add.MS 45754 ff. 75-6, Florence Nightingale to Dr. Sutherland, ca. February 1870; E.A. Pratt, Pioneer Women in Victoria's Reign (London 1897) pp. 135-6; Sarah Tytler, 'Girls who won Success', Atalanta, August 1888, p. 639; Nursing Times, 31.3.06, p. 262; Nursing Mirror, 23.12.1955, pp. iii-iv.


42. The Times, obituary, 28.3.87, p. 10; Report of the Chapter, ... 1877, pp. 3, 8; Nurses for the Sick Poor, Report of the Committee of the Order of St. John of Jerusalem in England (London 1873).

43. Hospital Training for Ladies ... (London 1874) pp. 7-8, 12, 16.


46. BL.Add.MSS. 39016, ff. 86-8, Strangford to Layard, 19.10.77; 39017 ff. 367-72, the same, 15.1.78.

47. Victoria Magazine XXXI, 1878, pp. 264-5; XXXII, 1879, pp. 389-90. Florence Nightingale's subsequent hostility to Lady Strangford's scheme for training soldiers' wives as military nurses (see next chapter) may have had nothing to do with this encomium.


49. BL.Add.MSS. 45774, f. 208, Jane Shaw Stewart to Florence Nightingale, 10.8.70.


52. See, however, Mrs. E.M. King's 'The Work of an International Peace Society, and Women's Part in it' a paper read to the Congress of Social Science and reprinted in the Victoria Magazine, XX, 1872-3, pp. 25-32, for an example of pacifist sentiment among women in this period.

53. T. Longmore, 'On the Geneva Convention of 1864, in relation to ... the late Franco-German War' Journal of the Royal United Services Institute, 1873, p. 216.


55. MR, Longmore Papers L 110/3, Cuttings on Franco-Prussian War, p. 25.

56. Daniels, op. cit., passim; H. Burton, Barbara Bodichon (London 1949), passim; Victoria Magazine, 21, 1873, pp. 32-5; 17, 1871, p. 381.
Between 1879 and 1885 the voluntary aid movement in Britain turned its attention away from international affairs, and focussed on the medical needs of its own regular army. British voluntary agencies began to press their services on the War Office and the Army Medical Department, insisting on using the experience gained in philanthropic campaigns in France, Turkey and Serbia for the benefit of the British soldier; the period was one of increasing military activity within the Empire, and campaigns in Zululand, the Transvaal, Egypt and the Sudan all offered scope for their activities. Aid took many forms, and the despatch of female nursing staff was almost always central to the enterprise. The philanthropists of the battlefield were inspired to devise one scheme after another for training more women as military nurses; and by 1885 their insistence on the soldier's right to civilian standards of hospital care, their championing of the claims of women to share at least some of the hardships of war, and their behind-the-scenes pressures on the government of the day, resulted in the strengthening and expansion of the official female military nursing service.

The chief organisation working for a national voluntary aid movement in these years remained the Order of St. John. Well before the popular fit of Jingoism at the prospect of war with Russia in 1878, its strategy had been established for the placing of the movement on firm foundations. In February 1877 Henry Brackenbury published an important article, 'Philanthropy in War', which laid down the Order's programme for the rest of the century. In it he pointed out that Britain's military medical services were less prepared for war than those of any other European country. The emergency of war required a constant state of preparation in peacetime; and financially this demanded a voluntary civilian contribution. How - if Britain did not appear to be in imminent danger of
invasion, and remained remote from the military alarms of the continent — could civilian enthusiasm be maintained in peace for such a project? Brackenbury's answer was that military-medical facilities must be made to serve humanitarian functions during peace. If a voluntary ambulance service were created which was available for all national disasters, it would become the great centre for aid in all national disasters, it would gain a new life, and grow as that in Russia has done. Think what a hold it might gain on the hearts of the people, were its railway waggons for relieving wounded despatched to the scene of every accident, its ambulances at hand to bring succour to the pit's mouth in cases of colliery disasters, or to seek out in villages and bring to town hospitals the victims of accidents far from surgical aid! Every farthing so spent would bring in a hundredfold; while every railway carriage and ambulance waggon would be available in time of war.¹

By September 1877 the Order had guaranteed £1000 for the immediate expenses which it might incur on the outbreak of war, and had begun negotiations with the War Office and the Army Medical Department: these resulted in the Secretary of State for War's sanction for the purchase of army ambulance wagons, and the detailing of an A.M.D. Surgeon-major to give a course of instruction in first aid and ambulance work. The first of many local ambulance committees was soon afterwards set up in Woolwich, the home of several regular army personnel who were also members of the Order. A ladies' committee on which their female relatives figured prominently set to work preparing bandages to be used in classes. By the end of January 1878 men's and women's classes had been held in Chelsea and Sevenoaks as well as Woolwich.²

In February 1878, when the country was in its fullest flowering of Jingoism, the Order convened a public meeting to launch the St. John's Ambulance Association as an organisation separate from the parent Order, from the National Society, and from a rival organisation, the Volunteer Sick Bearers' Association, which Loyd-Lindsay had inaugurated in an
apparent attempt - largely unsuccessful - to steal St. John's thunder.³ By June 1878, public enthusiasm had attracted 1,100 men and women to St. John's first aid classes; had pushed the guarantee fund up to £2,330; and had brought the names of 192 qualified surgeons and nurses on to the register which the S.J.A.A. had opened for medical volunteers in case of war. Medical staff at St. Thomas's and Bart's hospitals were promising full co-operation; the Army Medical Department was assuring the S.J.A.A. the free supply of all necessary equipment in wartime if the latter would supply and pay for medical personnel.⁴ A year later, S.J.A.A. branches were still sprouting rapidly, particularly in the south of England. It was reported that in London alone, 1580 women and roughly the same number of men had attended first aid classes. The culmination of all the Order's original hopes seemed near at hand, and Major Duncan concluded triumphantly, 'The work has spread as only a movement will spread which is hungered for'.⁵

What was the hunger that the S.J.A.A. classes satisfied? Men and women who were seeking medical knowledge, who wanted the opportunity to help their workmates and their families as well as the citizenry at large, could use the first aid instruction for their own purposes, regardless of any military ambitions entertained by those offering it. Every ambulance centre formed undertook to enrol in the register kept at headquarters 'the names of certificated pupils who would consent in war time to assist the Order of St. John in certain capacities,' but not all the S.J.A.A. branches formed ambulance centres. In 1879, for example, the Association reported a flurry of letters from Bath, Clifton, Wimbledon and Cheltenham on the question of forming, in the first place, ladies' classes, and at a later stage, ambulance centres. 'The Central Committee would infinitely prefer reversing the process, but it is unwilling to check the zeal of the ladies concerned'.⁶

It appears unlikely that the women involved saw themselves as budding
war-heroines, emulating the exploits of a Florence Nightingale or an Emily Strangford. Rather they were bearing out Lady Strangford's thesis in Hospital Training for Ladies that too little instruction in nursing was being given outside the context of full-time professional training, and that the country was full of women with both the desire for, and the capacity to profit from part-time instruction. Duncan reported that the first ladies' class 'so much enjoyed the instruction that when they were threatened with a conclusion of the course, and an examination, there was almost a mutiny amongst them, and they wanted more lectures first. (Laughter)' During the 1880s, the women of the S.J.A.A. began to establish a training system for district nursing, and to form their own nursing corps for the sick poor; and although they continued to give general support to the Association's war relief schemes - and, indeed, responded with enthusiasm to Lady Strangford's call for volunteers to go out as 'district visitors' to Egypt when Britain was militarily engaged there in 1883 - the main thrust of their interest seems to have remained civilian health and welfare, at home.

After the anti-climax of the Eastern war scare, the Zulu uprising of 1879 was the next occasion to inspire the different sections of the voluntary aid movement in Britain. As in 1854, it was emphatically not the Army Medical Department which called for the deployment of female nurses. The initiative was taken by the Stafford House Committee, re-convened by the Duke of Sutherland early in June 1879, as General Sir Garnet Wolseley was preparing to go out to avenge the humiliation of British troops at Isandhlwana. The Committee had significantly changed in character since the Russo-Turkish War. Then, its relief operations had been organised by an all-male committee for an all-male medical and administrative staff: its report had acknowledged the help of ladies only in the collection of bandages, blankets, clothing and funds in general. In 1879, however, the male committee was strengthened by the addition of Angela Burdett-Coutts,
who also presided over a Ladies' Committee which included Lady Wolseley. This selected and despatched a corps of seven nurses, accompanied by two surgeons acting as the Committee's Chief and Assistant Commissioners, to Natal. 9

The nurses went 'with the warm and hearty approbation of Sir Garnet Wolseley', 10 who had been converted to the cause of volunteer medical aid by 1877. He wrote to Loyd-Lindsay a propos the National Society's operations in Turkey:

... I very much doubt if our Government ever could render officially as much effective assistance to our sick and wounded as your Society could. Looking at the subject also from a financial point of view, it is evident you could command any amount of money you asked the rich members of the society to subscribe. In this way I think you could do the work better than our army administration could, and do it without adding to the cost of war as charged to our Treasury.

In 1879 he added for good measure 'I believe there is nothing like rivalry and that our Military Surgeons are kept up to the mark by the presence of civilian surgeons working a Hospital independent of Army aid or assistance'. 11 This view was hardly likely to commend itself to the Army Medical Department. Largely in order to suppress such competition, and to reduce the extent of civilian interference in South African military hospitals, William Muir, the Director-General, decided that the Department should send out its own nurses. He wrote to Longmore: 12

I hope the exodus of Mrs. Deeble & Co. (sic) won't much dislocate your hospitl arrangements. The ladies in the West End have gone mad as to nursing and other aid for our poor fellows at the Cape, & the Govt. felt bound to be a match for them. ... As to the wisdom of the step we have our own doubts and misgivings.

Mrs. Deeble and six Netley nurses departed a month later, in the wake of the Stafford House contingent.

Muir was determined to set limits on any further effusions of civilian aid. He resisted the Order of St. John's offer of an ambulance train - 'I replied that unless they added horses, a mule, armed their people ... they
would be rather an embarrassment than a help'13 — and convinced Loyd-Lindsay that the most useful contribution which the National Society could make would be in funds to be disposed of by Mrs. Deeble for the extra comfort and improved diet of her patients.14 In meetings of the confidential Army Mobilisation Committee, Muir was admitting to a serious shortage of army hospital orderlies in South Africa, but the fact was not released for public consumption.15 The sudden conclusion of the campaign with the British success at Ulundi of 4th July 1879 made it feasible to send all the female nurses home by the end of the year. A polite report was written by the Principal Medical Officer in Natal, highly commending the work of the Netley staff, and the contribution of some locally-based Anglican nursing sisters, damning with somewhat faint praise the staff sent out by Stafford House, and calling, as the army medical officers had done in 1856, for a larger and better trained corps of male orderlies to be created as a matter of urgency.16

For the Stafford House Committee, the despatch of the female nursing expedition represented a triumph of civilian intervention in an imperial military cause. The points which they had stressed in their report on relief operations in Turkey and Serbia, where they had praised Lady Strangford's hospital work, were reiterated in a more combative tone:

the committee trust that the work which has been recorded in this Report may finally remove any prejudice that may still exist with regard to the employment of trained female nurses in military hospitals during war-time; and they venture to hope that, should England again be unfortunately called to arms, no time will be lost in organising committees similar to the one which has now closed its work, and that no intimation given on the part of Governing officials that such assistance is not required will be listened to by the public, or any effort relaxed to mitigate by the aid of private efforts the sufferings of our soldiers during the war.

The Committee's report made much of the 'pluck and endurance' shown by their female staff, who coped with long journeys over rough country,
involving upset mail carts, and 'sore backs for the horses, broken girths, and consequent falls for the riders'; implicitly this refuted the common assumption that female nurses were useless in wartime unless they could be safely assigned to a fixed base hospital. It would seem that the Netley nurses were put somewhat on their mettle by this female trail-blazing; a Stafford House nurse recollected preparing rooms for them at Ladysmith: 'However, Mrs. Deeble had quite made up her mind for a life under canvas, so with thanks declined our roof'. A heavy rainstorm immediately flushed the Deeble team out into lodgings. 17

The Army Medical Department was by no means uniformly opposed to expanding the female nursing service. In 1878, when the Eastern war scare was growing in intensity, Muir had visited Florence Nightingale for the express purpose of discussing possible arrangements for female nursing in the field: he made it clear that he wished to modify existing army nursing regulations in order to simplify the administration of the military hospital system in war as well as in peace. The female nursing corps was still too much a 'parallel power': army medical officers, thanks to Cardwell's legislation, were gradually acquiring more disciplinary authority over male orderlies, and the quasi-independent status of female nurses was an anomaly which Muir wished to remove. 18 Although Florence Nightingale despised Mrs. Deeble, Muir liked her, and was pleased with the work done by female nurses at Netley and Woolwich. He hoped in time to extend their employment to other large military hospitals. 19 Most army medical officers, however, still had little experience of working with female nurses; consequently they saw them as an irrelevance, and indeed sometimes as a threat, to the system of hospital practice with which they were most familiar.

These difficulties were compounded by the fact that for the foreseeable future, the employment of female nurses in war would
necessarily involve mobilising auxiliary staff from the civilian hospitals. While the creation of a combatant reserve, somewhat along the lines of the Prussian army, was one of the strongest preoccupations of the military reforms of the Cardwell era, little thought had been given to the similar requirements of the army medical services. By 1879 the regular army could, in principle, find suitably trained soldiers in the Reserve and the Militia; to find hospital-trained nurses, the A.M.D. would have to turn to civilian organisations with their own professional methods and their own commanders. The dangers of the 'parallel power' were thus increased; and the Army Medical Department could anticipate that, as in the Crimean War, civilian participation in the work of military hospitals would produce a shower of blame for tragedies and shortcomings which would be at least as much the responsibility of the military command as of the medical officers. Understandably, the Department preferred to tackle the problem of wartime expansion by attempting to create a reserve from among the men trained in the Army Hospital Corps.20

Interested civilians, however, convinced that male orderlies needed to be supervised, if not indeed replaced by female nurses, took their own initiatives to expand the female nursing corps. Two different experiments were set on foot which took account of the problems of 'parallel power' and were designed to furnish an enlarged female nursing corps which was fully integrated with the Army. The first scheme emanated from Lady Strangford; the second from Loyd-Lindsay and the National Society. In June 1879 Lady Strangford proposed that the St. John Ambulance Association's classes in first aid and sick nursing could profitably be given to the wives of privates and NCOs by regimental surgeons; following a course, practical experience could be gained in the wards of regimental or garrison hospitals. Lady Strangford's scheme rejected the idea, so enthusiastically advocated by Florence Nightingale and others, that hospital nurses needed at least a year's residential training: this was in line with her previous
thinking on Hospital Training for Ladies. Anticipating the objections of the Nightingale school, she declared:

> it seems to me that the tendency of feeling at the present day is to neglect what is feasible in striving for a perfection which can never be attained under adverse circumstances.

She also claimed that the wives of soldiers were more likely to obey orders than other women of their class.21

In her published introduction to this scheme, Lady Strangford wrote that it 'was first suggested by Miss Stanley, whose valuable work among soldiers' wives had given her a large experience of the needs and capabilities of these women' and that its details had been worked out since Mary Stanley's death in November 1879.22 A good deal of the inspiration for it, however, is likely to have come from Sir Edward Sinclair's training scheme for army midwives. Sinclair felt by 1880 that the scheme could well be extended to training for ward nursing. He approved of Lady Strangford's initiative, which in April 1880 received the support of the Commander-in-Chief, and at the end of the year attracted the interest of Major-General Sir Frederick Roberts. In April 1881 the first batch of students were ready to be examined on their course work.23 Winning golden opinions in the War Office, however, did not guarantee a warm reception either in the Army Medical Department or among the women already involved with the military nursing establishment. Muir wrote in fairly measured terms that 'As a rule Soldiers' Wives belong to a class of Society which is but imperfectly educated, & very few of such women would benefit by attending a course of lectures as proposed'.24 The utterances of Surgeon Evatt, a keen advocate both of civilian aid and of an expanded female military nursing corps, were less temperate, his comments being recorded (by Florence Nightingale) as:25

> Soldiers' wives. Not the pick but the reverse of domestic servants. Married quarters always the focus of epidemics - always the dirtiest part of the Cantonment - don't know how to nurse their own
babies. How can they be Nurses? And greatest difficulty to get a Midwife-Matron among them.

Two years after this conversation, Evatt added for good measure that 'In the Army he found that the ignorance of the officers' wives was only equalled by the ignorance of the soldiers' wives.'26 An officer's wife, Amy Hawthorn, who did not share Evatt's opinion of her own kind, wrote with some anxiety to Florence Nightingale concerning the scheme: 27

I have had 20 years' experience of Soldiers' wives ... there is not one in a hundred who is fitted for it. A Hospital in charge of Orderlies and Soldiers' wives would indeed be a Pandemonium - especially in wartime.

Behind these arguments, however, there was a strong hint of 'jobs for the girls' - or rather 'jobs for the ladies'. Mrs. Hawthorn remonstrated 'Surely when so many educated and refined women are needing employment we need not go to the class of Soldiers' Wives to supply Nurses?' 28 Florence Nightingale needed little encouragement to shoot down a scheme conceived by a woman who was a friend of Mary Stanley's, and who had been lauded in the press as having achieved in some ways more than Florence Nightingale herself. She assured Amy Hawthorn that an order had already been issued forbidding the Strangford trainees to bear 'their self-assumed title of "Military" ... Sir Frederick Roberts, it is true, made a speech in their favour: but I saw him before he went to Madras and he was enthusiastic about our highly trained Mrs. Fellowes ...' 29 After the 1883 Commission on the Army Hospital services, nothing seems to have been heard of Lady Strangford's scheme: Sir Edward Sinclair, potentially a powerful supporter, died in April 1882 after several years of failing health.

There were better auguries for the National Society's scheme, conceived while its president, Loyd-Lindsay, was serving as Financial Secretary at the War Office. Like that of Lady Strangford, it received official approval in 1880. A group of 'lady probationers' was to be selected for three years' full-time training at Netley, rather than at a civilian hospital. Their tuition and other expenses were to be paid in
full by the National Society. The first eight ladies commenced training in May 1881, on a syllabus prepared by Surgeon-General Longmore. By 1885 12 had been trained, of whom two had transferred to government service and two, on leaving Netley, undertook to come forward whenever the government might require their services. At least two of them, Miss Stewart and Mrs. Fellowes, had previous experience of civilian hospital work. Several were officers' daughters; Mrs. Fellowes was a general's widow. Mrs. Deeble, who had helped Longmore prepare supplies for the National Society in 1870, and who had been the National Society's agent in Natal in 1879, threw herself energetically into the new scheme, and passed up an opportunity to nurse British soldiers in the Transvaal in order to work out the training course for the National Society probationers.

At the inception of the National Society scheme, its only opponent was Florence Nightingale. Loyd-Lindsay was too valuable a contact in War Office, Volunteer and parliamentary circles for her to risk too open a display of opposition to the scheme, or of pique at seeing it launched independently of her. However, she refused to admit the National Society probationers to St. Thomas's for any portion of their training; and, while obstructing the Society's probationers access to civilian hospital experience, she based most of her objections to Loyd-Lindsay's plan on the argument that nurses who had met only the limited range of cases accommodated in a military general hospital could not be adequately trained for either civilian or wartime hospital work. Civilian hospitals, in particular, offered a far richer experience in caring for the victims of industrial accidents than military hospitals could do, and the former therefore offered better training in the care of battle casualties. If female military nurses had not themselves acquired a broadly based training, they would not be able to assist in the training of male nursing staff in the military hospitals, a function Mrs. Deeble thought it highly desirable that they should perform.
With independent schemes proliferating for the expansion and improvement of the army hospital service, Florence Nightingale was unlikely to remain inactive. In April 1880 she had, indeed, begun a campaign of her own. General Gordon had written to her on behalf of Amy Hawthorn, a cousin of his who had married a Colonel in his own regiment, the Royal Engineers. She had been involved in various philanthropic activities within the army, and now had prepared a paper on the inadequacies of military hospital care where no female nursing staff were employed. Gordon had not studied the army hospital question himself: but as a Christian, he believed that the prosperous had a duty to the wretched, and as an officer, he was convinced:

that the truest way to gain recruits to our army would be, by so remedying the defects, and alleviating the sufferings of soldiers, that universally should it be acknowledged that the soldier is cared for in every way. Decorations may popularize the army to the few, but proper and considerate attention to the many is needed to do so, to the public. 35

Florence Nightingale asked Mrs. Hawthorn for further details on the defects of orderly attendance in military station hospitals, proposing to forward them directly to the Secretary of State for War. This intervention bore no apparent fruit; 36 but the correspondence between the two women took on a new urgency early in 1881, with the renewal of hostilities in South Africa, this time between Britain and the Boer population. Mrs. Hawthorn reported that, although Netley sisters were being sent out to army hospitals, nursing arrangements nevertheless remained severely deficient. She herself had been nursing soldiers at the Fort Amiel hospital in Natal, where her services 'were only accepted by the medical officers when the long delay in the arrival of the Bloemfontein (sic) nurses (owing to swollen rivers) made them fear they would not come at all'. Florence Nightingale was delighted to receive information to the discredit of the male orderlies 'from an unofficial and yet experienced and able helper', and pressed Amy Hawthorn for a full paper on the orderly
system at the war hospitals. She asked if certain named medical officers were 'favourable to trained nurses', (if not, by implication, to the charitable wives of certain officers) and assured her that the facts would be used with discretion.37

By the end of 1881 Florence Nightingale had received Amy Hawthorn's memorandum, and throughout the next year she continued to receive information from her on hospital care in the Transvaal, where peace had been re-established, but troops continued to suffer losses from typhoid. She was strongly inclined to believe Mrs. Hawthorn's accounts of abuses on the part of orderlies, and the antipathy of individual medical officers to female nurses, in part because of her own Crimean memories, in part because of the fate of one of her protegées in South Africa, Mrs. Fellowes. Florence Nightingale was convinced that this general's widow, a St. Thomas's trainee, who had as yet no military nursing experience, was destined for a distinguished career in military hospital work. On arrival in Pietermaritzburg, Mrs. Fellowes wrote that she had

impressed upon the P.M.O. that I was one of "Miss Nightingale's Nurses" & trained at her School !!!
I hope I may have plenty of opportunity of showing them how thorough the training is & do credit to dear St. Thomas's.

Four days later she wrote that only two Netley nurses had been chosen for Fort Amiel, and that she was not one of them:

I fear I must go without ever seeing a wounded Soldier!! ... I see how sorely the military wants good nursing, & still I see the "obstructionists" in force! ...38

The following year Mrs. Fellowes formed part of the nursing corps for Egypt where her services were not, to Florence Nightingale's mind, properly used or appreciated. Her patroness fumed:

Mrs. Fellowes was born to be a Military Hosp.1 reformer. And I had purposely insensed (sic) her with what she would have to guard against and prevent in the Orderlies when she came to be "Sister in charge" if a war broke out.39
It does not seem to have occurred to either woman that a more modest approach to the work in hand might have produced a different response among the medical officers.

Florence Nightingale showed considerable circumspection in her use of Amy Hawthorn's memorandum. She made all her representations through (male) third parties, and she by-passed the Army Medical Department altogether. Dr. Henry Acland was put in touch with her brother-in-law Sir Harry Verney; Verney went to see Lieutenant-Colonel Sir Evelyn Wood, who had commanded the British troops in South Africa. Third parties, unnamed in her correspondence with Mrs. Hawthorn, contacted the Secretary of State for War, and Lloyd-Lindsay, now an opposition M.P. On May 12th 1882 Loyd-Lindsay rose in the Commons with an unsigned copy of Amy Hawthorn's notes in his hand, raised the question of Army Hospital Corps abuses in Natal, and obtained the promise of a War Office inquiry. Out of office, Loyd-Lindsay was at last willing to criticise official arrangements for sick and wounded troops, and, as president of the National Society, he was well aware that such an agitation would command widespread popular support: he appears to have been unaware that he had been manoeuvred into this action by two women. 40 Within the upper ranks of the army, commanders such as Wood, Wolseley and Roberts were likely to be sympathetic to the idea of a Court of Inquiry. At Wolseley's insistence Wood was appointed president, and the enquiry's report was published in June 1882.

The orderlies were hotly defended before the Court of Inquiry by two of the medical officers responsible for them in South Africa, Surgeon-General Holloway and Deputy-Surgeon-General Sinclair, and the Court concluded that there was not enough hard evidence against individual miscreants to justify punitive measures. Nevertheless, it was clear from the memoranda submitted by Wolseley and Wood that military officers were strongly inclined to believe their own men's complaints. The statement of a former trumpet-major:
I did not complain of these things to the visiting officers, because when Gunner Lester reported George, the orderly, he threatened to "jump on his stomach and stamp his lights out".

was corroborated by Wolseley's recollection that

When, as a General, I have inspected hospitals, I always felt I could not really "get at" the patients; few men would dare to speak against the orderlies of a hospital, no matter how you may question them, ...

and by Wood's reflection

I have been many months in a hospital myself, and, speaking from that experience, and some knowledge of soldiers, I believe that most patients, when very ill, are afraid to complain of paid nurses, whether male or female.

Holloway and Sinclair were willing to admit that Army Hospital Corps training still left much to be desired: the period of two months should be extended to three; the third month might profitably be spent in the wards of a hospital. The military officers went further, and urged the more widespread employment of lady nurses: a further 'intermediate and quasi-independent supervision' was required between doctor and patient, in addition to the orderly staff.41

The Court of Inquiry recommended reform within the army hospital system; but in a time of quiet, the defensiveness and conservatism of the A.M.D. might well have prevented the very real indignation of senior combatant officers from having any practical effect. However, the Court's conclusions were reached on the eve of the British invasion of Egypt, a move taken to defend the Khedive, the client ruler threatened by religious and nationalist uprisings. There seems to have been no hesitation over the decision that female nurses should accompany the troops to the near east in July and August 1882; and in October the War Office decided to prolong the existence of Wood's committee. Its remit was extended to include medical provision in the field and sea transport of sick and wounded; and it was to discuss any lessons drawn from the experience of the Egyptian campaign. The Under-Secretary of State for War, the Earl of Morley, was to be in the
chair: Loyd-Lindsay, Director-General Crawford, and Sir William MacCormac, surgeon at St. Thomas's, who had served with the Anglo-American Ambulance in the Franco-Prussian War, and with the National Aid Society in the Turco-Serbian War, were to be members, as was Col. Sir Redvers Buller, who succeeded Wood on the latter's departure for Egypt. Delightedly, and rightly, Florence Nightingale wrote to Amy Hawthorn 'We are coming in on the wave'. The committee's report, submitted on 25th April 1883, committed the A.M.D. to the immediate and permanent expansion of the Army Nursing Service.

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The 'battlefield philanthropists' were also unhesitating in their response to the military emergencies in Egypt and the Sudan. Of the many offers of help received by the authorities, only that of the National Society was integrated into official planning. The Order of St. John, as during the Zulu campaign, was largely rebuffed by the Army Medical Department. They were not, however, easily deterred from active benevolence, and decided instead to respond to reports of distress among the civilian residents of Alexandria. In August 1882 a circular was sent:

to all the Ambulance centres in the United Kingdom appealing for volunteers from the ladies holding certificates, who would act as district visitors among the poor, and it is proposed also to send a staff of trained nurses. The Arab customs make it necessary that female visitors should be employed in searching out sickness and starvation among the native families ... Viscountess Strangford has kindly consented to go out in charge of the nurses and visitors, ... in the event of any unforeseen emergency the scheme now submitted to the public will be found useful by the military authorities, and in the meantime it is proposed to organise and ration the nurses and visitors sent out with Lady Strangford on a system which would prove suitable for military as well as civil hospital duties. Over 1000 ladies with S.J.A.A. certificates offered their services in
response to this appeal. Eventually Lady Strangford, Dr. Herbert Sieveking and a staff including five English nurses left England, and settled in Cairo where, the war being now over, they established a hospital serving both sick and wounded soldiers of the Khedive and sick and wounded officers of the British expeditionary force.

The use made of Lady Strangford's hospital by British officers highlighted a problem that was very far from being resolved. All military hospital provision which has hitherto been discussed in these chapters was intended for rank and file soldiers only. Officers and gentlemen, with very few exceptions, were cared for by their male servants in their own quarters. By the 1880s, higher expectations of nursing care in civilian life made these arrangements appear unsatisfactory, especially where troops were liable to fall victim to tropical diseases. Lady Strangford reported:

The hotels as fast as they opened were rapidly filled with English officers, and among these many sickened. Every day came a fresh entreaty for nurses to attend some bad case, and all the nurses were at work within two days of their arrival. ... I was forced to bring English officers out of the hotels into our Hospital if they were to be nursed by my nurses.

She insisted, somewhat defensively, that her action 'was only in accordance with the wish strongly expressed by the Director General of the A.M.D., previous to my leaving England, that in the event of assistance being required, I would hold my staff and all else at the disposal of the Surgeon-General-in-charge in the field'. It was not, on the whole, considered dignified or morally correct in this period for members of the higher social classes to be the beneficiaries of the charitable public.

The National Society had a strict rule against giving aid to officers. Their programme of relief in Egypt laid them open to bitter criticism from irate mothers whose officer sons were driven to accept accommodation in military hospitals. These did not provide separate facilities for officers, and the few who entered them were driven to accept
'no carpet to set foot on', bed linen 'of the coarsest Tommy Atkins description ... coarse British pottery. Their food is Al, but what invalid can eat out of a coarse cup?' The British public 'will do nothing for the officers, tho' everything for the men who do not want it'. The Director-General had mixed feelings about the demand for superior hospital facilities for officers in wartime: On the one hand he thought that

No distinction should be made in field hospitals, except that Officers should have the use of separate tents. But as all sick and wounded should have the best that is practicable, I think the Officers should be satisfied with what is provided for them.

On the other hand he was resigned to the inevitability of continued pressure for separate arrangements, in war and peace, in field, general, station hospitals and hospital ships, and to the requisite changes being embodied in new medical regulations after 1883.

The National Society's contribution to the war effort built on the base of the work done since 1881 in sending probationer nurses to Netley for training. In August 1882 funds were now contributed to send six civilian nurses to Egypt as an integral part of the army nursing establishment. A further three nurses who were sent out as members of the military establishment proper had in fact just finished their Netley training at the National Society's expense. Early in 1885, in the wake of Wolseley's Sudan expedition, and the failed attempt to relieve Gordon at Khartoum, a group of National Society ladies in England attempted to take a relief initiative independently of the (male) executive. They included the Princess of Wales, Mrs. Gladstone, and Lady Brownlow; the last of these had been active on the Stafford House ladies' committee for war relief in Zululand. They were dissuaded from independent action by Florence Nightingale, who agreed to join them only if they would reconstitute their ladies' committee as the 'Princess of Wales' branch of the National Aid Society'. In this capacity they despatched, in March 1885, four more
nurses to Egypt under the superintendence of Rachel Williams, a Nightingale protégée, now matron of St. Mary's Hospital, Paddington.50

Approximately thirty-five women worked as official military nurses in Egypt and the Sudan between 1882 and 1885.51 They worked at Alexandria, Cairo, Suez, Ismailia, Suakin, Wady Halfa, and on Nile hospital transports and hospital ships conveying the sick and wounded home to military hospitals in Britain. The task of deploying as one corps a collection of nurses originating from many different hospitals, mostly non-military, presented many administrative problems. The haste with which the corps was improvised made it difficult for the Director-General to impose a unified command from the start; and no overall female superintendent was appointed. In her capacity as head of the training institute at St. Thomas's, which supplied several of the nurses, and subsequently as a committee member of the Princess of Wales' branch, Florence Nightingale found endless opportunities to interfere with the disposition of the nursing staff. Her protégées wrote to her complaining that their services and talents were being inadequately used, or that they were being subordinated to nurses of inferior calibre and training; she wrote to Sir Robert and Lady Loyd-Lindsay, who found means to press for changes in the nursing appointments.52 It was useful to Florence Nightingale that she had previously persuaded the Director-General, Crawford - like his predecessor, Muir - to take a place on the Council of the Nightingale Fund. He was thus subject to cross-pressures where the well-being of the Fund's trainees was concerned.53

This experience appears to have confirmed the already strong disposition within the A.M.D. to free the army nursing service as far as possible from such overpowering - and predominantly female - external influences. The Army Hospital Services committee of 1883 recommended a considerable expansion of the female nursing corps; the new regulations for military hospitals issued in 1885 implemented these recommendations,
but in such a way as to eliminate the last vestiges of the old 'parallel power'. The female nursing service was to be extended to all hospitals containing over 100 beds; female nurses were to help to train male orderlies; in any military engagement, a lady Superintendent was to be appointed under the Principal Medical Officer. However, all female nursing staff were now to be selected by the Director-General alone, who would 'nominate Superintendents and Nurses from a list in his office', and no dismissal was to take place without his sanction. At the same time the National Society training scheme was abruptly terminated. 54

The 1885 regulations in themselves did little to solve the burning issue of the formation of a nursing reserve for the contingency of war. It was agreed in the War Office that voluntary hospital aid, under appropriate control, should not be discouraged in wartime; in the meantime, an official connection with the Volunteer Ambulance Corps (formerly the Volunteer Sick Bearers' Association) was to be encouraged as an aid to recruiting the Army Hospital Corps, and augmenting its reserve. The training of male orderlies was to be improved by extending the training period for a month, and by increasing the practical teaching role of female nurses. It was still thought likely, however, that in emergencies men from the combatant ranks might have to fulfil the functions of the Army Hospital Corps. 55 What was not contemplated was a female nursing reserve.

The primary responsibility of a wartime medical service was still seen within the Army Medical Department as the emergency succour of the wounded, rather than the lengthy nursing of the sick. The former could only be undertaken by men working on or near the battlefield; the latter was still regarded as something of a luxury. In the course of the 1883 inquiry, Director-General Crawford had spoken with some hostility of 'the increasing demand for adding comfort after comfort to the hospitals into which sick and wounded soldiers are to be received in time of war'; a year earlier an anonymous military writer had denounced the proposed extravagance of
replacing male orderlies with female nurses 'for no other reason than that of gratifying a philanthropic craze ...' 56

The Army Medical Department resented the extent to which its hospital staffing policy had been influenced by external forces; but whatever formal steps it might take to eliminate voluntary patronage of army nurses, and to minimise the significance of the female nursing contribution in war, the conditions which produced both phenomena remained constant. Colonial warfare would continue to inflict on British troops a heavy proportion of losses through disease, as well as through battlefield casualties. The military commanders of the 1880s and 1890s were in the main highly responsive to demands for better welfare provisions for their rank and file. Civilian - and female - criteria for adequate nursing care would continue to be applied by the public to the plight of hospitalised soldiers; the absence of such care was even beginning to be considered a deterrent to recruitment. Moreover, although their work was not always well organised and co-ordinated with that of the official services, the competence of the voluntary agencies to provide a formal channel of assistance in time of war was now beyond dispute. They experienced no difficulty in raising the necessary funds for their activities; and the auxiliary nurses they supplied gave no grounds for complaint or scandal. They might be outsiders, but they were trained women, who understood discipline and teamwork; the fact that they went out at the instance of Lady Bountifuls did not diminish their own professionalism. While the voluntary agencies seemed to be imposing civilian norms on military institutions, they were in fact making strenuous efforts to adapt their work to official requirements, and to avoid imputations of amateur heroics or indiscipline. The Army Medical Department may have felt itself the victim of 'civilianisation' in this period; but it is arguable that it was, on the contrary, the civilians themselves who were becoming militarised.

2. Report of the Chapter ... Order of St. John, 1877, p. 5; J. Furley, 'The Proper Sphere of Voluntary Societies for the Relief of Sick and Wounded Soldiers in War', paper read to the Order of St. John, June 1877, p. 14; SJAA, Cuttings Collection, Morning Post, 10.9.77; Kentish Independent 22.9.77; Aid to the Injured, Proceedings of a Public Meeting convened by the Order of St. John of Jerusalem, 6.2.78, pp. 13-14.

3. Aid to the Injured, pp. 16-17, 21; SJAA, Cuttings Collection, The Standard, 24.11.77; Daily Telegraph, and The Times 12.1.78. A measure of agreement on a division of labour was gradually reached between the Volunteer Sick Bearers' Association and the SJAA. See Maidstone and Kentish Journal, 18.3.78; untitled press clipping, 4.5.78, on the distribution of SJAA certificates to members of the 2nd Middlesex A.V.


6. Ambulance Department, Report of Central Executive Committee, 24.6.79, p. 51; the same, supplementary report 4.2.79, p. 18.

7. Aid to the Injured, p. 12.


10. BL.Add.MSS. 45805 f. 220, Angela Burdett-Coutts to Florence Nightingale, 11.6.79.

11. Lord Wantage, V.C., K.C.B., A Memoir by his Wife (London 1907), pp. 243-4; Wantage Papers on Zulu War, Wolseley to Loyd-Lindsay, 4.6.79.

12. MR, Longmore Papers 51/27, Muir to Longmore 18.6.79.

13. The same, 51/42, Muir to Longmore 9.4.79.

14. Wantage Papers on Zulu War, Loyd-Lindsay to Princess Christian, 12.6.79; BL.Add.MSS. 45775, ff. 81-2, Mrs. Deeble to Florence Nightingale 13.2.81; 45806 ff. 97-101, Loyd-Lindsay to Florence Nightingale, 12.2.81.

15. W.O. 33/33 f. 78, Proceedings of the Mobilization Committee, 5.6.79.


18. BL.Add.MSS. 45827 ff. 1-2, Florence Nightingale notes, 30.4.78.
19. MR Longmore Papers 51/39, Muir to Longmore 12.3.79; 51/49, the same, 8.11.79.
22. Strangford, The Soldier's Wife, p. 5; see also Sister Mary Aloysius Doyle, Memories of the Crimea (London 1897) p. 50 fn.
23. Medical Times and Gazette 20.11.80, p. 596; British Medical Journal 1882 part I, p. 484; Report of the Chapter ... 1881, p. 6. On Sinclair's scheme, see also Chapter IV.
24. BL.Add.MSS. 45806 f. 59, Muir to Adjutant-General, 2.8.80.
25. BL.Add.MSS. 45827 f. 6., Florence Nightingale notes, 11.8.81.
26. SJAA, Cuttings Collection, City Press, 22.6.83.
27. BL.Add.MSS. 45776 ff. 23-23b, Amy Hawthorn to Florence Nightingale, 25.8.81.
28. Ibid.
29. BL.Add.MSS. 45776 ff. 26-8, Nightingale to Hawthorn, 8.11.81.
30. Report of the operations of the British National Society for Aid to sick and wounded in War, 18.1.86, pp. 8-9. Many National Society probationers seem to have trained for only one year at Netley.
31. BL.Add.MSS. 45776, f. 64b, Nightingale to Hawthorn 22.6.82; Mrs. Fellowes had just finished a year's training at St. Thomas's when she went to Netley; see GLRO Nightingale Training School records C4/3.
32. Wantage Papers on Egypt, Mrs. Deeble to Lady Loyd-Lindsay, 21.6.85; BL.Add.MSS. 45776, f. 5, Nightingale to Hawthorn 14.2.81.
33. BL.Add.MSS. 45775 f. 60, Mrs. Deeble to Florence Nightingale, July/August 1870; ff. 78-2, the same, 13.2.81.
34. BL.Add.MSS. 45776 f. 28, Nightingale to Hawthorn 8.11.81; 45807 ff. 47-8, Nightingale to Loyd-Lindsay, 27.2.83.
35. BL.Add.MSS. 45806, f. 18, General Gordon to Florence Nightingale, 22.4.80.
36. BL.Add.MSS. 45776, f. 1, Nightingale to Hawthorn 4.6.80; f. 6, the same, 14.2.81.
37. BL.Add.MSS. 45776 ff. 8-10, Hawthorn to Nightingale, 23.3.81; ff. 14-16, Nightingale to Hawthorn 11.5.81.
38. BL.Add.MSS. 45806 ff. 127-9 Mrs. Fellowes to Florence Nightingale, 23.3.81 and 27.3.81.
39. BL.Add.MSS. 45776 ff. 91-2, Nightingale to Hawthorn, 17.8.82.

40. BL.Add.MSS. 45776 ff. 39-41, Nightingale to Hawthorn 23.2.82; ff. 51-2, the same, 18.5.82.

41. Proceedings of a Court of Inquiry appointed to inquire into Complaints against the Men of the Army Hospital Corps employed in the War in South Africa (War Office, June 1882) pp. 1, 4, 8-13. A Nightingale nurse in Egypt the following year read the report and wrote 'The "Orderly George" mentioned in it is, unfortunately, still on duty here': BL.Add.MSS. 45775 f. 141, Sybil Airy to Florence Nightingale 30.10.83.

42. Report of a Committee appointed by the Secretary of State for War to inquire into the Organisation of the Army Hospital Corps, PP 1883 XVI, pp. iv, xiv-xv, xix; BL.Add.MSS. 45776 ff. 100-1, Nightingale to Hawthorn, 2.11.82.


44. The Englishwoman's Review, 15.8.82, p. 376.


46. The Victoria Hospital, Cairo. Report of the Egyptian Relief Fund, by Viscountess Strangford and Dr. Herbert Sieveking, (London, 1883) pp. 6, 9-10, 12.

47. Wantage Papers on Egypt, C. Munro to Loyd Lindsay and Mrs. Munro to Loyd Lindsay, 19.4.85.

48. W.O. 33/41, piece 941, Reports by Heads of Departments, etc., on the Recommendations of the Committee on Army Hospital Services, 1883, ff. 632-3.

49. BL.Add.MSS. 45776 ff. 78-9; Nightingale to Hawthorn, 3.8.82; Report on the operations of the British National Society ... 1886, p. 9.


51. There is no complete list extant of all the female nurses sent to the middle east between 1883 and 1886. A War Office list in the Wantage Papers includes neither the Princess of Wales' nurses, nor the nurses sent out as 'cooking sisters'.

52. Wantage Papers on Army Medical Services Committee 1883, Florence Nightingale to Loyd-Lindsay, 30.7.82; Wantage Papers on Egypt, Florence Nightingale to Lady Loyd-Lindsay, 12.3.85 and 16.6.85.


54. W.O. 33/41, piece 941, Reports by Heads of Departments, etc., ... 1883, f. 633; Regulations for the Medical Department of H.M. Army (War Office 1885) sections 238, 241; Wantage Papers on Egypt, Mrs. Deeble to Lady Loyd-Lindsay, 21.6.85.
55. W.O. 33/41 piece 941, Reports by Heads of Departments, etc., ... 1883, f. 634b.

56. Report ... Army Hospital Corps, p. 511, Question 12,816; Broad Arrow, 29, 1882, p. 787.
The invasion of Egypt in 1882 marked a watershed in the history of British imperialism. It inaugurated a period of competition with France, and of increasing territorial commitment in Africa and the East. With a surprising and almost suspect chronological neatness, the campaigns in Egypt and the Sudan also ushered in a new era in the history of British women: one in which the goals of many individuals and collectivities were re-defined in terms of service and opportunity within an expanding imperial state. No new era lacks elements of continuity with the past. The participation of female military nurses in the Egyptian campaign, the subsequent Royal Commission into the army hospital services, and the 1885 reorganisation of the Army Nursing Service, appeared to Florence Nightingale largely as the fulfilment of a thirty-years-old dream; but the female ambitions which developed out of these events, particularly among a new generation of nurses, would have seemed alien and barely intelligible to their Crimean predecessors.

The army nurses who went to Egypt wanted more than the chance to serve. After spending over a decade 'in but not of' the army, they wanted a more clearly defined position, better integrated within the military system. They wanted combatant status, and the normalisation of their right to serve in war; they wanted commissioned rank, and the salutes of the male orderlies; and they wanted medals. So at least thought Colonel Sir Owen Langton, who on 22nd November 1882 informed the Royal Commission on army hospital services:

I think there is a further cause of bitterness amongst them, and that is that they are not put in the same category as soldiers in the way of receiving a medal. I think there is nothing they would like more ...

This wish was granted on 23rd April 1883, when the Royal warrant was issued.
establishing the Order of the Royal Red Cross. This was an award for women only. It was for 'Nursing Sisters ... for special devotion and competency which they may have displayed in their nursing duties with Our Army in the Field, or in Our Naval and Military Hospitals': it could also be conferred upon 'any ladies ... for special exertions in providing for the nursing, or for attending to, sick and wounded soldiers and sailors', and upon 'any of the Princesses of the Royal Family of Great Britain and Ireland'.

The immediate origins of this initiative are obscure. It is not possible to attribute it directly to the discontents of army nurses, and one can only speculate as to the other factors which influenced the Queen in 1883. She had already shown her interest in nurses in 1880 when she founded the Order of St. Katherine 'for Hospital Nurses, who have particularly distinguished themselves by their good behaviour and attention to duties, and by their aptitude for teaching others'; and her female relatives had shown considerable interest in the first aid movement, particularly the Princess of Wales, who joined the Order of St. John as early as 1877, and Princess Christian, who translated Esmarch's First Aid to the Injured from the German in 1882. As has been seen, the women of the British Royal family were deeply impressed by the example of their German counterparts in co-ordinating aid to sick and wounded soldiers during the wars of unification in the 1860s. The leading role taken in voluntary relief agencies by Prussian queens and princesses undoubtedly served to mobilise civilian support for the wars by their example: but the relationship worked both ways. By identifying themselves with what was defined as a popular and national cause, the royal sponsors of relief work established themselves as part of a popular and national institution, rather than an aloof, dynastic one. In an age of political turbulence and change, all monarchies were under pressure to achieve the delicate balance between mystique and popularity. It is arguable that Queen
Victoria achieved this balance from an early date, and in an exemplary manner. Nevertheless, she and her family were willing to learn from German models; and it is suggestive that at the time the Order of the Royal Red Cross was being created, Princess Christian was at work on a biographical sketch, and editing the letters, of Princess Alice of Hesse, which dealt extensively with her work for sick and wounded soldiers in Germany between 1866 and 1870.6

Bismarck's wars produced a crop of national distinctions for women who were involved in the work of the auxiliary services in France, Germany and Austria; the work of British women volunteers was similarly recognised.7 These wars may have been a significant factor in contributing to the growth of what can only be described as a medal-mania, affecting both male and female civilians, as well as army nurses, in Britain in the 1880s and 1890s. John Furley, a founder-member of the revived Order of St. John, looked back at the turn of the century with much regret to the year 1866, when 'the mania for wearing badges and medals was perhaps not so pronounced then as it is today, when even messenger boys and school children wear badges, medals, and decorations on the left breast, as if they were war-trophies'.8 The Order of St. John had, however, played its part in this cult, having by 1876 created a decoration for bravery in the saving of life on land, which could be won by women as well as men.9 There is no doubt that the Queen's inauguration of the Order of the Royal Red Cross, which was in principle open to any class of woman, touched a profound chord in many individuals, of whom perhaps the most telling example was Eleanor Constance Laurence. In 1883 she

was grieving over the fact that none of the professions in which my brothers were distinguishing themselves would be open to me, as I was 'only a girl'; so I at once decided that I would try to win the Royal Red Cross.

She did, indeed, succeed in all her ambitions, achieving distinction as a civilian nurse, and earning the Royal Red Cross and the South African War
Eleanor Laurence had much in common with the army nursing sisters of 1883. The sisters, working alongside men in the same public institution, their separate powers of appointment and discipline eroded by successive changes in the Army Medical Regulations, came more and more to compare themselves with their male colleagues. In consequence, they demanded parity of recognition and esteem with them. Eleanor was part of the generation which filled the new schools established for middle-class English girls in the 1870s and 1880s: schools which modelled their games and curricula on those already devised for boys, and encouraged their pupils to compete for distinctions with each other, as their brothers did.11

Perhaps it is not insignificant that Eleanor, in retrospect, thought that she would never have survived her initiation into the hard grind of hospital work if one of her brothers had not bet that she would give it up in a fortnight.12 The idea that women might distinguish themselves in the public sphere, and might even do so in much the same way as men, was growing: the Royal Red Cross was not to be awarded for staying at home and keeping the house tidy, but for involvement in that archetypally masculine activity, war. The recipients of the award had in many cases been through the most thrilling adventures. In 1891, the Royal Red Cross was awarded to Mrs. Damant and Mrs. Cawley, who nursed the wounded under fire, and cooked for civilians and soldiers – until the food and water ran out – during the siege of the hill fort in Kohima; to Mrs. Grimwood, who also attended the wounded under heavy fire during the siege of the Residency at Manipur, and after its evacuation 'acted as a guide, her knowledge of the country proving invaluable'; and to Catherine Grace Loch and Elizabeth Lickfold of the Indian Army Nursing Service, who received revolver practice before accompanying the Black Mountain expedition of 1888.13 The Woman's Herald thought that 'a little story of [Mrs. Grimwood's] bravery should be in
every young girl's reading book with numerous other examples, for only in that way can we train the young feminine mind to higher ideals of conduct in times of panic and disaster'. The Queen declared that 'deeds of heroism, deeds of valour, deeds of true nobility are, the world is beginning to discover, as frequent among women as amongst men.' The Nursing Record thought that Mrs. Grimwood should have been given, not the Royal Red Cross, but the VC.14

Of course, women's incorporation into this new public sphere was not on exactly the same terms as men. The spate of exemplary female lives anthologised for schoolgirls in the 1880s for the most part presented the Christian philanthropists of the previous three decades as role models. Under the clauses of the 1883 warrant, the Royal Red Cross could be, and was awarded for activities no more hair-raising than committee work, fundraising, and the weekly visiting of hospitals: all traditional pursuits amongst middle and upper-class mothers, wives and daughters. The quality of 'womanliness' was still placed at a premium in women's literature and in girls' schools where, alongside more masculine innovations, domestic subjects continued to be taught.15 Charles Burgess indicated the priorities of the Illustrated Naval and Military Magazine when he wrote of Janet King, R.R.C., that 'honourably closing her useful career as the Red Cross "Sister Janet", she now fulfils woman's mission as a devoted wife and mother'.16 And, of course, even the most courageous war nurse and dedicated career sister in the Army Nursing Service remained in a subordinate position to the male medical officer, and of uncertain status in the male army. Nevertheless, the supporting roles played by British women on the frontiers of the Empire, even if only on rare occasions, required far from conventionally feminine qualifications. The courage and independence demonstrated by a relatively small number of exceptional women in the 1850s, 60s and 70s — volunteer war nurses, eccentric and intrepid travellers, enthusiasts for the cause of new nations
were now given wider and more continuous scope. Women were going out to the Empire in increasing numbers, as wives, nurses, governesses and missionaries. They had to learn to cope with difficult, inconvenient and even dangerous living conditions. They needed to be cool, self-disciplined, 'plucky' and, as the Royal Red Cross awards indicated, able to wield a firearm in an emergency. Such women would not be embarrassed when their portraits appeared in the newspapers. Their achievements were publicly recognised, not just by newspaper readers, but by the head of state; the Royal Red Cross was even shared with her.

The new perceptions of female heroism affected nurses more directly than any other group of women. The creation of the Royal Red Cross sent frissons through the nursing community: why were only military nurses to have the privilege of being members of the same order as the Sovereign? Might it not be possible to create a civilian division of the R.R.C.? Why was so much glamour attached to war, when ordinary civilian nurses accepted an equal risk of death from infection, and fostered the health and strength on which the whole nation's future good depended? To argue, however, that all nursing was heroic, and of benefit to the state, was to accept the premises of those who held out medals and distinctions as an inducement to service. It did not go to the core of the tensions which were growing between different generations of nurses.

The lady-nurses of the Crimean War undertook their work in a spirit of religious dedication: if they sought public prestige, it was for their sect or sisterhood; their ambition was to widen the field for the philanthropic mission of their own kind. The era of nursing reform which followed the Crimean War, although marked by the foreign exploits of such as Florence Lees, and producing the occasional near-beatification, such as that of Agnes Jones by Florence Nightingale, and that of Dorothy Pattison (Sister Dora) by the people of Walsall, continued to require a high degree of self-abnegation from its acolytes. Their labour was immensely
rigorous; their seclusion was almost conventual; their uniform cloaked them with anonymity and, as if this were not enough, sisters in large hospitals were known not by their own names, but by those of the wards or departments they supervised, as in 'Sister Leopold' or 'Sister Casualty'. The individual had to be subsumed in the whole. In 1888 the Rev. W.F. Hobson, writing a memoir of his late wife, who had nursed with Mary Stanley at Koulali, declared: 19

She had an absolute indifference to all record of the past, for her own sake. She could not, I feel sure, have grieved at being 'unacknowledged and almost unknown', or forgotten wholly. She was incapable of the faintest desire for any recognition; ... 

This was written in response to Arthur Stanley's obituary comment on his sister Mary: 20

The feeling that her public labours were for the most part unacknowledged and almost unknown - a circumstance due to various causes - cast something of a shade over her life ... 

But it could have stood equally well as a rebuke to a discontented and restless new generation of women.

Despite all the continuing practical and hierarchical restrictions of the nurse's working life, individualism and self assertion were becoming important elements in her sense of vocation. Virtue no longer had to be its own reward. Patriotism offered a secular standard and validation of worth. The R.R.C. promised women of all classes incorporation in an order with the Queen and the ladies of the Court at its apex. The widening Empire held out the prospect of earthly adventure in place of the spiritual pilgrimage. Military nursing was only one of the possibilities: the growing population of expatriate Britons created a demand for the importation of home products and services, including trained nursing, and opened up many opportunities for British nurses to travel. They could work for the Up-Country Nurses' Association in India, for the Colonial Nursing Association in other colonies, as private nurses anywhere. A British nurse
wrote from South Africa in a matter-of-fact way of 'an English nurse who seeks her fortunes in South African hospitals, as her brother seeks it in the mines of Kimberley or in far-off Rhodesia'. These developments provoked expressions of alarm amongst the more senior nurses: fame and excitement were not proper motives for taking up nursing work, and the reputation of all could suffer at the hands of a few adventuresses; Catherine Loch's fears for the Indian Army Nursing Service found many echoes at home. Young heads, it seemed, were too easily turned, and good nurses were abandoning their home hospitals - and their obligations to their Matrons - to answer the call of the wild. 'The spirit of the age is restless,' noted the Hospital 'Nursing Mirror', 'and our nurses have not escaped being possessed by it. Let a call come for them for Klondyke, for war, for plague, for South Africa, and hundreds respond with an eager "send me"; and when the choice falls upon another a crowd of disappointed women surge through every door that seems to open to them some new experience.'

'BETE LOYAL' urged 'A Hospital Matron'; 'we hear of women hastily relinquishing their work, and flinging themselves into alluring schemes, eager for self-advertisement, dazzled with visions of possible aggrandisement, and blind to the fact that by their impetuous action they may be doing an injustice to their employers and neglecting their immediate duty.' Battling against the tide, writers in the nursing press urged the care of the poor at home, the improvement of workhouse infirmary nursing, and 'hourly disregard of self' on their readers.

The bulk of British nurses, of course, continued to work in the United Kingdom. The organisation which was heir to all their discontents and aspirations was the British Nurses' Association. This was formed in 1888 to campaign for a national register of nurses, whose professional qualification should be a certificate of three years of training in a general hospital. Its founder was Ethel Gordon Bedford Fenwick, née Manson, the former Matron of Bart's: Princess Christian became its
president, and helped to ensure its incorporation by Royal Charter in 1893. The Nursing Record, a pro-registration weekly of which Ethel Bedford Fenwick eventually became proprietor as well as editor, was founded in the same year as the B.N.A. The Association was strongly opposed by Florence Nightingale and most of the large metropolitan training hospitals, who 'disapprove of an innovation, which they honestly believe would in a manner dissociate the nurse from her parent school ...'. The pro-registration nurses wanted to cut precisely this tie: to make their qualification uniform and transferable, and to free themselves to work where they wished. The B.N.A. even went so far as to use the language of trade unionism:

Among male workers, whether in the most highly skilled professions or in the humblest trades, the experience of many years has fully proved that combination is a source of great advantages; and of these advantages there can be no good reason why women should be deprived. It is unfortunately true that the interests of employers and of the employed cannot always, and at all points, be the same;...

From the first, the B.N.A. tried to associate itself with the military service of the state. Jane Deeble, Lady Superintendent at Netley, and Louisa Hogg, Superintendent of the naval hospital at Haslar, were elected to the Association's first executive committee; and in 1889 Ethel Bedford Fenwick 'sent a carefully drafted scheme for a Corps of Volunteer Nurses to the then Director-General of the Army Medical Department at the War Office, which was politely acknowledged, and, no doubt, at once pigeon-holed.' In 1894 the executive established a sub-committee to discuss the formation of an army nursing reserve, and serious planning on the subject was set in motion. This was a natural progression of events: if the B.N.A. wanted the state to recognise nursing as a profession, it was necessary to establish the usefulness of professional nursing to the state. Ethel Bedford Fenwick's concern to make her Association indispensable to the War Office was an extension of the feminist argument, voiced at the time of the
Civil War in the United States, and the Franco-Prussian War, that women's necessary services in war demonstrated their de facto equality of citizenship with men, and their right to the franchise. Ethel Bedford Fenwick was herself a staunch suffragist, and did indeed see war service as the ultimate qualification for membership of the commonwealth. Of a nurse who died of enteric during the Boer War, she declaimed:

The obligations of Empire are incumbent upon women as well as men, and they claim their right to face danger and death in the discharge of their duty ...

It is also most likely that in linking the question of state registration for nurses with that of women's nursing service in time of war, Ethel Bedford Fenwick was strongly influenced by a pamphlet published in 1885 by Surgeon-Major Evatt of the Army Medical Department, and distributed by him among 'many hundred' of 'the Nursing profession'. This was entitled A Proposal to form a Corps of Volunteer Female Nurses for Service in the Army Hospitals in the Field, with Suggestions as to the Incorporation of the Nursing Profession. Evatt proposed a volunteer arm of the Army Nursing Service on the lines of the combatant Volunteer Force, to be composed of trained and serving civilian nurses, who would serve with the Regular Army alongside the Army Nursing Service in a foreign war, or with the Volunteer Force in the event of an invasion. The creation of the corps would require the appointment of a Superintendent of Volunteer Female Nurses; and a uniform training curriculum and diploma, a pension fund, and powers of self-government and expulsion, would all flow from these military requirements. Thus 'the formation of such a Corps ... is, I think, the first definite attempt to Incorporate the Nursing Profession'. After a period on foreign service, Evatt returned to his theme at the end of March 1894, in a letter to the Nursing Record. The achievement of the Royal charter of incorporation by the R.B.N.A., he argued, at last made it possible to set up a centralised organisation which could prepare in
peacetime for the emergency of war, co-ordinating the nursing corps to be drawn from different civilian hospitals, and integrating them with their military colleagues. Candidates for the nursing reserve would have to be classified and graded; and the 'real Nurses' would be able 'to guard us from an invasion of sham Nurses, without training or knowledge, who would rush in upon us in the hurry and confusion of a campaign, ...'31

George John Hamilton Evatt had joined the Army Medical Service in 1865. He served in India, and found the organisation of military hospitals there far from satisfactory; and he was unimpressed by what he saw of the training and discipline of the Army Hospital Corps on his return to England in 1880. His experiences of campaign service in Afghanistan had also made him very critical of British medical organisation in wartime, and of existing arrangements for transferring the sick and wounded from the front to the base of operations. He was convinced that 'good nursing has become essential, and we see more and more how useless without that aid is all the work of the physician or the surgeon.' Unusually, he believed that doctors as a body were extremely ignorant of good nursing practice, and should themselves undergo instruction in nursing and sick cookery.32 By 1883 he had already published, in his Army Medical Organisation, the view that the Volunteer Force needed a medical branch, and that this should include 'a regular body of female volunteer army nurses who, after undergoing a certain training and passing a defined examination, would have their names inscribed in readiness ...'33 He had also made the acquaintance of Florence Nightingale and to some extent become her ally in matters of military hospital reform, not least in expressing a low opinion of Lady Strangford's scheme for training soldiers' wives as military nurses.34

Evatt's experience with the Suakin expedition in the middle east in 1885 confirmed his belief that the Army Medical Service needed a larger reserve force, and that this should include female nurses. Since 1882 he had supported the work of the St. John's Ambulance Association by acting as
an examiner for first aid classes; when the Volunteer Force was stimulated by the St. John example to seek ambulance instruction and to create stretcher corps, he worked enthusiastically with James Cantlie, Assistant Surgeon at Charing Cross Hospital, to set up a national Volunteer Medical Staff Corps. This organisation achieved full War Office recognition by 1885.35 It was through the V.M.S.C. that Evatt hoped to co-ordinate the response to his appeal for a volunteer female nursing corps in that year. He subsequently came to believe that the failure of this appeal to produce any practical results was due to the absence of any central organising body of female nurses in the United Kingdom. However, it may also have been due to the fact that new regulations issued for the Army Nursing Service in 1885 provided for its expansion, and may have helped to create a mood of official and popular complacency.

* * * * * *

By the time of Evatt's second appeal, opinion was stirring on defence questions in Britain. An invasion scare in April 1888 had led to the establishment of the Hartington Commission on Admiralty and War Office organisation and policy-making. Voices were raised - such as those of General Wolseley, the M.P.'s Sir Charles Dilke and H.O. Arnold-Foster, and the journalist H. Spencer Wilkinson - insisting that the defences of the Empire were overstretched, and those of the British Isles hopelessly inadequate, while the planning of strategy was, by Continental standards, primitive.36 From 1891 onwards, after a gap of nearly twenty years, the army resumed large scale summer and autumn manoeuvres;37 service literature discussed the shape of wars to come, and in particular the likely effects of the new small-bore rifles. It was thought that these would wound combatants over a far greater distance than previous weapons, producing very great numbers of casualties over a wide area. The increase
in ambulance provision, and subsequent hospital care, would have to be correspondingly enormous. These military and military-medical concerns were not translated overnight into practical measures: indeed, the navy continued for some time to be the chief beneficiary of public agitation, and the watchwords of a Liberal government continued to be peace and retrenchment as much as reform. However, discussion took on more urgency in 1895, when Lord Wolseley was promoted to Field-Marshal and Commander-in-Chief, and a general election returned a Conservative government whose Secretary of State for War, Lord Lansdowne, secured the largest Establishment and the greatest increase of the army ever known in peacetime.

Rumours and anticipations of war spread in this period to unofficial and unlikely quarters. In mid-March 1894 a meeting was convened in London by a Miss Ethel Stokes and a Mrs. K. Hetherley for the purpose of establishing a Women's Volunteer Medical Staff Corps. It was to be formed on the same lines as its male counterpart, which had now been in existence for a decade. Its members were to undergo medical training based on the manual of the Medical Staff Corps of the regular army; they would also be trained in musketry exercises, and do company and squad drill. They would learn how to camp, and to take care of all cooking and transport arrangements, down to mending carriages, harness, and tents, and shoeing horses. At present, little or nothing is known of the originators of this enterprise. Ethel Stokes may have been related to the Surgeon-Major H.F. Stokes who was appointed Senior Medical Officer Instructor of the Volunteer Ambulance School of Instruction in 1890. Several V.M.S.C. men were present at the women's inaugural meeting, which was addressed by Evatt. None of the men were encouraging: Evatt insisted that women's sphere of wartime work lay in base hospitals only. One press report stated that 'at the conclusion of the lecture most of the audience felt that woman's sphere lay nearer home than on the eastern battlefields' — an
DONNA QUIXOTE.

["A world of disorderly notions picked out of books, crowded into his (her) imagination."—Don Quixote.]
allusion to the renewal of British concern over the Eastern Question at the
time of the Armenian massacres. It was, however, a mistaken inference,
for Ethel Stokes' movement continued its controversial career for at least
another twelve months.

The idea of a women's V.M.S.C. outraged public opinion - at least as
expressed in the metropolitan, nursing and volunteer force weeklies - on a
number of grounds, not least because of the uniform proposed for its
members. The subject was discussed at a meeting at the end of March, where
'a divided skirt, removable in case of necessity, only found one or two
timorous supporters' and there was near unanimous approval for
'knickerbockers ... to be adorned with stripes and braid'. Mrs.
Hetherly, now chair of the Executive Committee, declared that 'old as she
was, she intended to adopt that which should be devised, and at any risk of
ridicule, so that younger women might be induced to follow her example.
She was decidedly against the use of the present heavy skirts, and would
like to know what men would think if they had to run up and down stairs
with such a cumbersome garment clinging to their legs, ...' One timid lady
'inquired if it would be legal to dispense with the skirt? ' but her qualms
were not shared by the rest of the meeting. The proposed costume was
satirised in Punch at the end of April, and described in scathing terms by
the Nursing Record:

from the perky straw hat perched on the side of
the head down to the casing of the lower limbs,
the tout ensemble is eminently peculiar and
decidedly ugly.

Another controversial issue raised by the W.V.M.S.C. was that of
women's physical strength. At the inaugural meeting, Evatt had 'insisted
on the necessity for the employment of only the very strongest of men in
field Nursing ...' but his audience was unwilling to accept this as the
final verdict on their enterprise. Some members believed that women's
powers of endurance had always been as great as men's: Mrs. Hetherley
wondered how men 'would like to spend their time as women had to do, with a heavy squalling baby cutting its teeth. That would decidedly show the amount of endurance which they could put up with, ...'46 Ethel Stokes thought that what might once have been true had now changed, and that 'as women's physical education has been greatly improved of recent years, they are rendered capable of performing more arduous duties than they have hitherto been able to fulfil'.47 Others argued that physical strength and endurance were largely a matter of habit, training and adaptation:48

... the physical labour involved in military campaigns in tending the sick might, after all, become a matter of practice and habit, as was instanced by the many cases abroad and even at home where women had to do work which required the expenditure of great manual strength.

A Dr. Alice Vickery declared that it was precisely in order to strengthen themselves that women ought to take up the work:49

Any means which would develope (sic) the strength and physical powers of women must be a useful one, for they would be as anxious as men to assist in any warlike struggle that might be going on.

All this was too much for the Nursing Record, which exploded:50

Strongly as we shall always uphold the equality of men and women before the civil law, we bow to the great and indisputable laws of nature, and recognise the physical inferiority of the female sex.

The nursing community's opposition to the W.V.M.S.C. was based on more than theories of difference between the sexes. The Royal British Nurses' Association had ambitions of its own where aid to the sick and wounded was concerned. It wished to convince the public that its members were uniquely qualified to render state service; the value of their potential contribution would be debased if the proposals of the W.V.M.S.C. were accepted. The profession as a whole could suffer, both from official recognition of low standards of training, and from this further demonstration of the equation between nursing work and thrilling adventure.

'Nursing is not a military art, nor will musket practice and drill help a
woman to heal the sick' wrote Henrietta Kenealy '... and it would be a grievous thing if the public, dazzled by the glamour that attaches to all military manoeuvres, were to regard as trained and qualified Nurses such Lady Volunteers as it is proposed to institute.' The St. John Ambulance Brigade was another body which stood to gain by the W.V.M.S.C.'s failure. The Brigade had been established in 1887 as a permanent body of male ambulance volunteers trained by the S.J.A.A, and it had also kept alive the Order of St. John's original ambition to provide an auxiliary military ambulance service in time of war or invasion. In 1890 General Wolseley had encouraged the Brigade to see itself as a potential reserve for the Army Medical service, and had included the women of the Brigade Nursing Divisions in his remarks. In February 1895 the magazine First Aid urged the claims of male Brigade members to be incorporated in the ambulance corps of the Volunteer Force, and suggested that the women who formed the S.J.A.B. Nursing Divisions should be recruited as assistants to the Army Nursing Service in times of emergency.

Ethel Stokes' initiative thus threatened corporate ambitions and corporate amour-propre to a considerable degree; but it threatened accepted ideas, even relatively progressive ideas, as to the relations and distinctions between the sexes, even more. The Nursing Record felt that the W.V.M.S.C. was going beyond the bounds of a sensible, suffragist feminism in arguing with biological facts. What was perhaps worse, its members were making a ludicrous spectacle of themselves: this was 'a movement which only tends to bring ridicule upon the whole sex'. The W.V.M.S.C. was denounced with even more vehemence by Sister Janet King, who had nursing experience of the Russo-Turkish campaign of 1878, and of the Zulu War of 1879-80:

Soldiers in war look upon the Red Cross Sister as an angel of mercy, ready to succour friend and foe alike; but how would the woman be regarded who unsexes herself, as it were, and, dressed in masculine attire, with arms in her hands, essays
to share the combat... [men return from battle] a motley crowd, maddened with battle, clothes tattered and torn, faces blackened with powder, and stained with blood, eyes glaring forth with the fury of wild beasts. How would your lady volunteer fare then? Will she look for any distinction in the treatment of sexes? And what would be her fate as a prisoner of war to savage Cossack, or brutal Bashi Bazook, to fierce Zulu, or cruel and crafty Afghan?

These responses marked in the clearest possible manner the boundaries of the new conception of female heroism which had been developing in England over the previous two decades. Men's superior physical strength and aptitudes were to remain uncontested; firearms training and rough living in camp were to remain largely male preserves. Above all, the battlefield itself was to stay out of bounds. It was for woman to maintain her philanthropic persona: to support her nation at war at a discreet distance, carrying out the work of healing which was to be regarded as war's antithesis, rather than as one of its maintenance services. To look war full in the face would be 'a degradation to woman's nature, which should revolt at the idea of taking the lives of others'. The logic of such propositions were not debated, any more than was the premise that women should be subordinate because men were beasts. As will be seen, some of these boundaries to female activity were breached between 1909 and 1914, when official planning sanctioned the creation of the Volunteer Aid Detachments.

Under pressure, the W.V.M.S.C. attempted to placate its critics. They insisted that they were not in competition with qualified hospital nurses. They wanted to train only to the level of ward orderlies. The civilian nurses who could expect to serve in time of war would rank with the Army Nursing Service sisters, and would, therefore, supervise the work of the less qualified W.V.M.S.C. They did not contemplate actually going onto the field of battle, but nevertheless thought it worth while learning stretcher drill. It was true that there was unlikely to be any lack of civilian nurse volunteers in time of war, but there might well be a
shortage of orderlies and stretcher bearers. None of these arguments was enough to keep the movement afloat. Its founders thought it would need a membership subscription of ten shillings a year, a government grant, and public contributions in order to secure its existence, none of which appear to have been forthcoming. The collapse of the W.V.M.S.C. was reported in April 1895. A friendly Major W.E. Eldon Sergeant (possibly of the Volunteer Force) had urged its members to join the St. John Ambulance Association. It is tempting to detect their influence, and perhaps even their presence, in the London S.J.A.A. in 1897, when Deputy-Commissioner Bowdler, after inspecting the Wembley and Harlesden divisions, repaired to the drawing-room where he said a few words to the nurses. Speaking of the stretcher work he said he did not believe in ladies doing it. The ladies in the Crystal Palace Division did carry patients, but he did not think it was right. He spoke from a medical point of view.

The one positive result of Ethel Stokes' initiative seems to have been to goad others into the formation of an army nursing reserve. Evatt addressed the W.V.M.S.C. on only one occasion; immediately afterwards he wrote to the Nursing Record, and approached the executive committee of the Royal British Nurses' Association, on the subject of forming a nursing corps which would 'not attempt the impossible by competing with the Medical Staff Corps.' His suggestions were accepted with particular enthusiasm by the Association's president, Princess Christian. At the end of April 1894 she published a circular letter to the governing bodies of all metropolitan hospitals with established nurse training schools, inviting them to participate in the formation of a military nursing reserve corps. On the same day she wrote to Florence Nightingale that 'far from rivalling the already existing Corps of Army sisters, it would become the subordinate
auxiliary of those admirable public servants' and invited her suggestions on the project. Predictably, Florence Nightingale and other opponents of the Association's policy on a professional register of qualified nurses refused to co-operate with this new scheme, which, in effect, proposed to establish yet another such register. The Association nevertheless felt sufficiently confident of support within the nursing community to go ahead, but in order to avoid a public debacle à la Stokes — and perhaps on Evatt's advice — no immediate attempt was made to gain official approval for the scheme.

... it is proposed that, at first, at any rate, it shall be the work of an unofficial and semi-private organisation, and that the War Office shall not be asked to give its sanction and Governmental support to the scheme, until it has been conclusively proved, by experience, that such a reserve of Nurses can be formed and efficiently maintained.

In July 1894 the R.B.N.A. published regulations for the proposed reserve corps and invited applications for enlistment. It was proposed to form in the first instance a nucleus of one metropolitan corps of sixty nurses, all of whom should have a minimum of three years hospital 'training or experience'. Enrolment was to be for three years, and by permission of the Matron and chief executive officer of the hospital to which the candidate was attached. Her employers would be asked to agree that the nurse should not forfeit either her employment, or her prospects of promotion, through absence on military service. The nurse undertook 'to attend any special Lectures and Classes of Instruction to which I may be summoned in the name of the Executive Committee of the Royal British Nurses' Association'. The corps, if it were sufficiently expanded, would have at its head a Superintendent General, Princess Christian; three Deputy Superintendent Generals; a Lady Superintendent for each corps of sixty nurses; Ward Sisters; and Staff Nurses. These organisational details bristled with potential points of conflict with the regular Army
Nursing Service, which was most unlikely to agree to separate, civilian, positions of authority; and the proposal to include a grade of Staff Nurse showed profound ignorance of the structure of the regular service. (Mrs. Deeble's successor, Miss Norman, had not followed her into the B.N.A. in 1889). Over the next two years, the corps existed less in fact than in discussion, little of which seems to have been recorded, but which involved Isla Stewart, President of the newly-formed Matrons' Council, Sidney Browne, Superintendent Sister at the military general hospital at Woolwich, Princess Christian, and officials of the War Office. 67

In 1896 Princess Christian accepted, and conveyed to the R.B.N.A., the War Office's decision that no separate, pre-existing nursing bodies could be recognised in the organisation of an army nursing reserve. A new scheme was to be devised by a committee consisting of three War Office officials, Colonel N.G. Lyttleton, Major-General Taylor and Surgeon-Colonel Gubbins, and Princess Christian; enrolment in the proposed new corps was to be on an individual basis only, and on conditions 'as nearly as possible identical' with those laid down for the Army Nursing Service. 68 The formation of the Army Nursing Reserve was announced in March 1897, and the first sixty-five members were presented with their badges and certificates in May. A corps of around a hundred members was anticipated, which was to be under the direction of Princess Christian's committee in peacetime. Only in time of war would the reserve come under the direct control of the War Office. Lord Lansdowne thanked the Princess 'for undertaking a duty which primarily was a duty that devolved upon the authorities, but which he had no doubt her Royal Highness would be able to carry out far more effectually than they'. 69 This would appear to have been a tactful way of shrugging off financial responsibility for an initiative which had not originated within the Army Medical Department. The small numbers envisaged, and the absence of any provision for in-service training in military hospitals, suggest that the Army Nursing Reserve was not yet taken
very seriously in official circles, and, but for its royal patronage, might not have progressed so quickly beyond the paper stage.

By the end of 1897, however, the War Office was taking a different approach to the question of auxiliary medical service. The war between Greece and Turkey over the sovereignty of Crete may have contributed to this change. It highlighted the potential fissures in the 'Concert of Europe': Germany's support for Turkey distanced her from Britain and Russia; over the near eastern question as a whole, Britain was becoming increasingly estranged from the Continental powers. Popular support for the Greek cause in Britain was such that it produced, for the first time in over a decade, a voluntary relief effort for a foreign army. A Grecian Nursing Committee was organised by Ethel Bedford Fenwick, Mrs. Ormiston Chant and Lady Henry Somerset; and the Daily Chronicle appealed to the public for supporting funds. A separate project to send out nurses was organised by the Princess of Wales on behalf of the Crown Princess of Greece. The National Aid Society also contributed funds, and sent out doctors, for the benefit of both belligerents. In many cases, relief efforts duplicated each other or were misconceived; and there was some friction between the different voluntary agencies. A National Aid Society doctor wrote to Lord Wantage in terms which recalled Florence Nightingale's clashes with Inspector-General Hall during the Crimean War:

I am accused of being rude and overbearing to Mrs. Fenwick, whereas the facts are that she acts diametrically in opposition to my instructions. I simply contend that as Chief Medical Officer it must be in my power to decide where the Nurses are required and how many - when I tell her that certain nurses were to go to one place she at once sent them elsewhere. I protested, and the Chronicle supports her.

It may have been this spectacle of waste and discord, or perhaps the intimation of future international tension, which decided the War Office to send an official delegate to the sixth International Conference of Red Cross Societies in Vienna in September 1897. A lengthy report was
commissioned from the delegate, Surgeon-Major W.G. Macpherson, and published as an appendix to the Army Medical Department's Report for that year. The conference impressed on Macpherson the enormous differences between Britain and the Continental powers in the matter of medical preparations for war, and relations between voluntary agencies and the state. He was convinced that, if Britain were involved in anything more than a limited colonial skirmish, 'voluntary aid ... would come upon the military authorities in the form of a mass of unorganised and untrained elements ... for a time at any rate, the working and administration of the regular Army Medical Services would be considerably hampered and embarrassed'. What was needed was a clear division of labour between voluntary and state agencies, so that the former could set the latter entirely free for service in the field. For this to succeed, much advance preparation was needed.

In observations which recalled Brackenbury's discussion of this issue twenty years previously, Macpherson pointed out that the Red Cross in Russia maintained a permanent organisation, convertible to military functions, which dealt with civilian disasters and accidents in peacetime; that in Germany had established hospitals for the poor, especially for sufferers from tuberculosis. Macpherson went further than Brackenbury, however, in noting that there were essential differences in the political organisation of Britain and the Continental powers which affected the willingness of British civilians to prepare for war in peacetime, and fall in readily with the requirements of the military authorities:

In States, where there is compulsory military service, each home has a direct interest in the welfare of the sick and wounded amongst the troops, and under such circumstances it is an easy and natural process for voluntary aid societies to spring into existence ... It is ... in this precipitation as it were in advance of the sentiments which would be uppermost in every home after the first great battle of an international war, that the military medical organisation of the great armies of other European States differs so
essentially from our own in its relation to voluntary-aid societies, and, one may say, to the country generally.

Military conscription was an extremely sensitive question in Britain before 1916, and the War Office was well aware that no government would risk political disaster by discussing it, least of all for the sake of the Army Medical Department. The response to Macpherson's report was the initiation of discussions in 1898 between the War Office, the Army Nursing Reserve, the National Aid Society and the Order of St. John, 'to consider the best means of bringing all voluntary aid societies under one controlling head in time of peace so that they may be able to work in the uniform manner necessary for efficient auxiliaries of the Army Medical Service in time of war'. The National Aid Society joined the discussions with some reluctance. Throughout the century it had maintained the position, which had so infuriated Brackenbury and others, that it was not its province to prepare for future British wars. It clung to its humanitarian and international character; and it objected to any suggestion that the War Office should be allowed to wriggle out of its own responsibilities. A National Aid Society paper commenting on Macpherson's report pointed out that Britain had for the previous fifty years been engaged in 'minor wars or expeditionary operations', for which Continental-style preparations 'would have been both costly and useless'. Furthermore, 'Surgeon-Major Macpherson in his report makes little allusion to the Funds by which Continental Aid Societies are maintained. It is well known that several foreign societies are both recognised and subsidized by their Governments'. The British government should not expect something for nothing.

Despite these objections, representatives of all the voluntary societies met at the War Office in November 1898 and agreed to help establish a Central British Red Cross Committee which should be the sole channel for all offers of voluntary medical help for war purposes.
rules and regulations devised for this committee in July 1899 proposed District Committees at the headquarters of certain military districts, where the work of the voluntary societies would be co-ordinated with that of the local military, and military-medical authorities. In time of peace the Army Nursing Reserve would maintain a list of 'ladies willing to act as nurses'; the Order of St. John would enrol male medical personnel and collect lists of hospital and transportation equipment; and the National Aid Society would collect funds. In time of war the National Aid Society would undertake the formation of field depots, and the Order of St. John the reception and forwarding of material. These discussions took place against a background of colonial and international tension: Kitchener's reconquest of the Sudan, accompanied by civilian protests at home at the lack of adequate medical provision for the British troops, met with an unexpected denouement with the discovery of the French military presence at Fashoda. Such alarms, however, prepared neither the government, the War Office, nor the British public for the massive trial of arms and of relief agencies which was about to take place in South Africa.

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In the last years of the 19th century, British nurses' appetites for service abroad, and in aid of the sick and wounded, were whetted by a plethora of minor conflicts: the war between Turkey and Greece, Kitchener's expedition in the Sudan, Lugard's expedition in West Africa, the Afridi war in India, even the war between the United States and Spain in Cuba, all produced their large crop of would-be volunteer nurses, of whom only a minute proportion were accepted. It was indeed a kind of war-fever, and, of course, it extended to many women who were not working nurses. One did not have to be devotee of the divided skirt, or of improving the strength and stamina of the female physique, to have caught
the infection. Dosia Bagot wrote in 1900:

In going out to a war, however, I have fulfilled a dream of twenty years' standing, and in preparing for it I have seized every available opportunity of acquiring practical nursing experience and getting surgical and medical training.

She had also acquired a 'nursing dress' which she wore when applying successfully for work at Naauwpoort General Hospital. A Miss Phipps in 1898 begged a friend to ask Lord Wantage, as head of the National Aid Society,

how I, an amateur nurse, can get into the Red Cross Society - tell him I have done good work under St. John's Ambulance for which I got a Jubilee Medal and have worked as a nurse in a surgery in Rome - and all my life practised on our farm people - how brutal that sounds! ... I would like to have the chance of being a R.C. (sic) nurse in case of war.

Clearly, if a major conflict were to break out, the rush of female nursing volunteers, with training ranging from a three-year general hospital certificate to the first aid and home nursing qualifications of the S.J.A.A., to nothing at all, would be overwhelming.

The Central British Red Cross Committee, formed so shortly before the Boer War, had foreseen this particular difficulty. In September 1899 it agreed on its procedure over offers of assistance as nursing sisters: these were all to be referred to the Army Nursing Reserve, and 'the Committee should not in any way use their influence to obtain the employment of nurses whose qualifications did not entitle them to enrolment in the Reserve'. However, there were difficulties on the other side which had to be taken into account, and during the Boer War 'in order to permit of a desirable amount of elasticity, the Committee of the Army Nursing Service Reserve invariably took into consideration applications made for the special enrolment on their books of nursing sisters belonging to other recognised Nursing Associations and Hospitals, or selected by Committees or donors of the private hospitals that were sent out'. This rather large
loophole was to be the cause of much heartburn and division within the nursing community between 1899 and 1902.

Even before the outbreak of the Boer War, the issue of campaign service had threatened to exacerbate divisions between nurses. The Army Nursing Service had worried lest the Army Nursing Reserve be given first option to serve in the Sudan; both bodies fretted when wholly civilian nurses were sent out by the National Aid Society. It was not just a question of the lack of official regard for seniority. The regular army sisters 'failed to reap such honours and awards, as would naturally have fallen to the Army Nursing Service, if they had been sent on active duty'. Several members of the A.N.S. wrote to their Lady Superintendent to ask her to intervene in this matter with the War Office, but she did not, apparently, respond. The flood of female volunteers in 1899 and 1900, however, produced a new element of discord: the contest was now seen as one between professional nurses and rank amateurs. There was an explosion of bitterness, fuelled in the first instance largely by social resentments:

We observe that already the society women's papers are throwing out feelers as to the ultimate honours to be awarded to society women for their "devotion to the sick and wounded." In this age of frauds we have little doubt that social pressure will be brought to bear upon the "fount of all honour", ... no doubt the Royal Red Cross will make an effective addition to the toilet in the coming bye and bye. It already reclines on the august bosoms of various women who have never done a week's consecutive nursing in their lives; and it is deeply to be regretted that some other distinction has not been selected in return for their social services.

The force behind such a statement derived from the fact that the grievance articulated was not new, but of long standing, if hitherto repressed. The R.R.C. was an order which honoured the nursing profession — but it diluted that honour by embracing other sorts of women. While it was possible to feel flattered by the knowledge that the R.R.C. was shared with
Queen Victoria and her female relatives, a nurse might reflect somewhat cynically on how much harder than them she had had to work for it. Much had been made of the fact that the decoration was open to women of any class, but its bestowal hardly obliterated class distinctions. After the first presentation of medals, for example, 'lunch was served to those nurses who had been decorated, in a special apartment of the Castle, while Lady Strangford and Lady Loyd-Lindsay lunched with the ladies of the Court'. Even more brutal distinctions were made after the Boer War:

A number of nurses who came home from the war something like a year or more ago, having served only a comparatively short time, were presented with their medals by Royalty, whereas those who have worked to the bitter end have received theirs through the post like a housemaid's wages. Again, why should a distinction have been made between the nurses who worked in the ordinary hospitals and those who served in the Imperial Yeomanry Hospital? The latter received their medals at the hands of the Queen, the former by post.

One may speculate that these injuries to personal, social and professional pride may have considerably stiffened the resolve of many nurses to fight for state registration after the war.

With the outbreak of the Boer War, 'the Lady', who had been kept waiting several years in the wings, returned in triumph to the centre stage of military nursing organisation. The world of female philanthropy, of voluntary committees and fundraising, could be dispensed with only while the Army Medical Department could depend on its own resources. This very rapidly ceased to be the case. In early October 1899, the Department was employing 12 female nurses, 1000 subordinate hospital staff, and 50 medical officers in South Africa; by the end of March 1900, these figures were 800, 6,000 and 800 respectively. The extra personnel had not only to be selected, but paid for. Selection of female personnel for such voluntary hospitals as the Portland, Langman, Imperial Yeomanry, and the Princess of Wales' hospital ship, was rarely in the hands of professional nurses; and it was hard for the authorities to turn down volunteers who
offered to go out at their own expense, or to refuse offers of sponsorship for a particular group of nurses. However, all nurses whose applications to serve were approved were obliged to become members of the Army Nursing Reserve, so that some controls were applied.

The Nursing Record was convinced that many volunteer nurses were accepted without a three-year certificate of training, but at least in the early stages of the war the Central British Red Cross Committee maintained strict standards: even when the Princess of Wales insisted on personally selecting twelve nurses of her own, Lady Wantage, on behalf of the Red Cross, politely but firmly insisted on the three-year qualification being met. At the end of the war, the Central Committee reported that 27% of all nursing applications had had to be rejected. Certainly the services of the S.J.A.B. Nursing Divisions were turned down - a bitter disappointment after the hopes expressed for them in the 1890s. It was not, then, the case, as the Nursing Record asserted, that the voluntary bodies had no respect for the new standards in hospital nursing; but it rankled that nurses were still very much objects of patronage, and in the gift of society ladies, and that the latter kept the positions of leadership and control for themselves:

> We know that Lady Chesham has been doing kind and womanly work with the Yeomanry Hospital, but to assume, because she happens to be the wealthy daughter of a Duke, that she is capable of "supervising" a great military hospital without any knowledge of medicine or nursing, is carrying British snobbery too far.

The serious competition between nurses and amateurs took place not in Britain, but in South Africa. John Furley, the Chief Commissioner of the British Red Cross in South Africa, complained to Lord Wantage towards the end of 1900 that the Central Committee's position at home had not been respected there: the War Office had not instructed the South African military authorities that the Red Cross was the sole body through which offers of aid were to be co-ordinated. Any woman who could afford it,
could take herself off to South Africa and offer her nursing services there, and 'Nurses with excellent qualifications were mingled with others who could show no testimonials'. Early in the year, the Central Committee had sent a stiff letter to its counterpart in the Cape, pointing out that some of the nurses recruited locally 'have been commented upon, in a manner that tends to bring discredit generally upon the conduct and qualifications of all nursing sisters employed to supplement the regular army nursing service.' At the same time, Lord Wantage wrote to The Times disclaiming Red Cross responsibility for locally recruited nurses.

In all the welter of criticism of the 'monstrous regiment of women' invading the war hospitals, only one of the society amateurs, Lady Jessica Sykes, went to the lengths of a public counter-offensive. In November 1899 the Nursing Record reported...

... we learn that the notorious Lady Sykes, Lady Sarah Wilson, Mrs. Richard Chamberlain, and daughter, are qualifying to nurse the wounded. Lady Sykes "intends to take lessons in nursing" upon her arrival at the Cape, and then proceed to the front. This style of advertisement is exceedingly absurd, ...

In 1900 Jessica Sykes published her Side Lights on the War in South Africa, and returned the compliment with claims that professional nurses were weaklings, requiring 'almost as much care as their patients, and must have their food, exercise, and rest at stated times, and with every possible attention to their comfort. Notwithstanding this, they are perpetually breaking down, becoming really ill, and seem extraordinarily susceptible to all complaints, such as typhoid, dysentery, etc.' They were also, as obvious failures in the marriage market, incapable of understanding the finer points of caring for male invalids: '... few female nurses realise what a terrible and agonising craving their male patients feel for that pipe which has been taken from them. From the fact that the greater portion of our hospital nurses are drawn from the class of women who have little companionship except with persons of their own sex, it is easy to
understand that such intimate details of male feeling hardly appeal to their imagination or intelligence.' She therefore had nothing but praise for the Portland Ambulance, where 'the plan of placing two educated and married women in control of the army and hospital nurses is admirable, and protects the patients from all those forms of annoyance and petty tyranny which are so rampant in the purely military hospitals.'

Objections to the pushing behaviour of well-connected ladies in South Africa were by no means confined to the Red Cross, or to nurses suffering from professional pique. In April 1900 Furley wrote to Lord Wantage:

... it is understood here that the Queen has expressed her strong disapproval of the way in which ladies are pushing their way to the front. At any rate, two ladies of unimpeachable position have been sent back from Bloemfontein.

And Sir Alfred Milner, the government's High Commissioner for South Africa, went to the lengths of sending a telegram to Joseph Chamberlain, the Colonial Secretary, deprecating the increasing number of lady visitors, who put a strain on limited accommodation, pushed up prices, and interfered with military and civilian administration. Roberts himself sent a telegram insisting that a prohibition on ladies visiting hospitals without the medical officers' sanction should be maintained in force. Society ladies were accused of frivolity and flirtation as well as of 'bossing' medical officers and trained nurses: the 'notorious wife of a notorious peer' was reported to have 'exchanged the nurse's costume in which she had masqueraded for the uniform of a complacent admirer', thus offending all the canons of decency, morality and patriotism before 'finally, Lord Kitchener sent her home ...'

Such escapades furnished the daily and weekly press with excellent copy on the theme of female 'folly, but it is not easy at this distance to distinguish fact from rumour. The convergence of women on South Africa may have been a mindless stampede on the part of the feather-brained or the vicious; but the women's motives may not have been essentially different
from those of thousands of male volunteers who surged to the colours. For decades, war had been held up to women, as to men, as the most thrilling spectacle of the century, one which offered the most honourable prospects of public service. Small wonder that the women flocked to the scene, especially when it was set in a colony extensively settled by whites and enjoying a relatively benign and fever-free climate. Moreover, even the most obnoxious society adventurress could end up making a valuable contribution to the war effort: Lady Sarah Wilson was wounded during the siege of Mafeking where she managed a convalescent hospital; Mrs. Richard Chamberlain brought serious defects in military hospital provision to the public notice.

By no means all trained nurses went out to South Africa in a spirit of patriotic self-sacrifice: a large number of nurses from a London training school were observed in Harrods buying 'evening gowns and shoes to take to the front: and evidently they meant to have a "real good time!"' Eleanor Laurence, who superintended Princess Christian's Hospital at Pinetown, Natal, found that 'there are just a few sisters who don't care what they do - one of them was seen at a hotel at the next station smoking cigarettes with a most undesirable companion!' and others behaved 'in a way which no lady would care to emulate'. The key word, as ever, was 'lady'. This was the title which an army nursing sister had always claimed: she did not identify with ordinary working women, or with the male orderly staff. Indeed, qualified and unqualified nurses in South Africa seemed united only in their condemnation of the poor orderlies; these were the true heirs of the Crimean paid nurses, widely assumed to have no fine motives for their work, although, as we have seen, they actually put in far longer hours than the sisters. Amateurs were criticised by professional nurses if their pretensions exceeded their qualifications: but they were much more heavily criticised for letting down ladylike standards of behaviour.
This reaction arose from the long-standing anxieties of the nineteenth century nursing reformers. Intimate services had to be performed by the nurse in a context utterly divorced from personal familiarity, or she would lose her authority over her patient and her professional standing with the public, to say nothing of her reputation at large. But this preoccupation took on added force during the war. Nurses who wished to improve the status of the military sisters were determined that they should be seen on a level of equality with the heroes of the Empire. Women who were transparently after husbands, or the vicarious excitement of battle, would only enjoy secondary status in this most public of arenas. They would be camp followers, not heroines. Camp followers did not win medals: but every nurse who served officially in the Boer War was rewarded with the South African War Service Medal. This, the first British military decoration to be awarded in large numbers on the same terms to both women and men, was the definitive recognition of equal service, and it presaged a new role for the female military nurse of the new century.

What evidence is there that nurses in this period criticised or condemned war as an instrument of policy? Towards the end of the century, and before the Czar of Russia's proposal to hold an International Peace Conference at the Hague had stimulated public debate on the subject, the Nursing Record had voiced its reservations. With reference to the controversy over dum-dum bullets, it declared:

We think that most women hold that war is brutalizing and degrading, and a blot on our nineteenth century civilization; but, if war still continues, the methods employed should certainly be less, not more, degrading than those of previous centuries.

It greeted the news of Kitchener's successes in the Sudan by asking 'is there no way of settling national differences but by cold steel?'
at the height of the Boer War, the funds spent on the exercise were deplored, and better uses - for example, in the education of women and girls - were suggested for them.117

These dissenting opinions, however, seem not to have been representative of the majority of nurses. None appear to have seen the retention and expansion of the British Empire as anything but desirable in itself. More than this, nurses accepted the definition of the Empire as the public arena in which they themselves should seek distinction. They not only supported every measure promoted to strengthen and protect the Empire, but demanded equal rights with men to participate in these measures. A few months before the outbreak of the Boer War, Ethel Bedford Fenwick declared:118

... we feel sure that the Nursing Profession is with us in our belief that wherever the British Flag goes, and British people need the attendance of skilled nurses, there it is their duty to follow, and they claim the right, in the exercise of their profession, to perform this duty, and, side by side with men, to encounter the risks involved.

She greeted the declaration of war with editorial disapproval of this means of solving disputes;119 however, since she fully supported Britain's imperial role, she could ultimately do no other than endorse the war as being in the national cause - and demand parity of recognition for British military nurses with British soldiers.

No nurse appears to have been troubled by the thought, expressed succinctly by Elizabeth Haldane after World War I, 'that she who binds up the wounds that war has made has also helped that war to be carried on.'120 Nor did the thought occur that her work, even where it consisted in soothing the terminally ill rather than in actually restoring cannon fodder to the front line, was nevertheless assisting the progress of the war by making imperial and militarist policies more palatable to combatants, their relatives, and the British public at large. The early critics of the Red
Cross movement had pointed out that in many ways the voluntary provision of ambulances made it easier for governments to launch and wage wars, but at the turn of the century the double-edged nature of humanitarianism in war escaped comment: and the fact that so many more British soldiers died of disease than of wounds in the Boer War may also have helped to obscure the connection between the military hospital and success in the battlefield. The British war nurses saw their work as a simple good, the one bright spot on a dark horizon. They felt this to be particularly true in regard to the care they bestowed on the Boer sick and wounded; however, those British nurses who were sent to work among the Boer women and children in the concentration camps were for the most part seen by their patients as the accomplices of an oppressive and brutal colonial regime; and very little publicity was given to this aspect of the nursing contribution to the war effort.

For most of the nurses, the war was (as they thought) a once-in-a-lifetime experience, of which every exotic detail was to be relished. There was no revulsion from the trappings of war. Nurses did their share of collecting shrapnel for souvenirs, and indulged in the 'khaki craze'. A marriage took place between a doctor and nurse in Pietermaritzburg in 1900 where 'not only the bride, but also many of the guests, were arrayed in khaki, enlivened by scarlet trimmings'. Rosamund Rolleston 'created no little sensation' in returning to Bart's 'in the Yeomanry uniform, wearing a khaki colonial hat turned up at one side, with a black feather'. Boer War nurses who were townees very often were taught to ride. Many had to be accommodated in tents, and wondered how they would 'ever again be able to live inside the four walls of a ward'. Hundreds of nurses had been transformed from domestic servants, or cloistered anchoresses, into dashing New Women; many of them decided against coming home. It was hardly to be expected that these experiences would turn them into critics of militarism.
British women were involved in the Boer War as daughters, sisters, wives and widows, as orphans and philanthropists and adventuresses, as well as nurses. But the military nurse was, beyond all these, the personification of women's desire to participate in great events upon the world stage; to serve in a grand secular cause; and to stand alongside the 'real' actors and 'real' citizens, who were men, rather than to wait passively in the background, victims of the action, or largely irrelevant to it. The image of the Red Cross nurse helped women to channel new aspirations towards service, citizenship, equality, and agency, in a military direction. The military mystique, in its turn, coloured older ideas of woman's purifying mission in society, and her unique spiritual qualities. This tendency was, if anything, confirmed and sanctified by the deaths of twenty-four army nurses in South Africa. Dosia Bagot wrote of a nurse who died from the enteric fever of her patients: ... what would the reader have felt had he passed one, wrapped like a soldier in the nation's colours, borne by soldiers to a soldier's grave, who was receiving the only earthly honour that could be done to a noble woman - a soldier's funeral!

A Reserve nurse, Clara Evans, earned the melancholy distinction of being the first woman to have her name engraved alongside those of combatant soldiers on a memorial to the war dead. As the war drew to a close, a parish church commissioned a stained glass window in which an idealised representation of a Red Cross nurse figured prominently. Perhaps it is not surprising that, a decade later, the spokeswomen of the Women's Social and Political Union seemed almost incapable of describing the sacredness of their struggle except in military metaphors. If by the turn of the century there was no strong feminist critique of war, we may speculate that it was because femininity itself had been militarised, and provided with a new uniform: a nurse's dress, the Red Cross emblem, and a war service medal for the live model; a union jack and a war memorial for the dead one.
1. Report of the Committee on the Organisation of the Army Hospital Corps, Hospital Management and Nursing in the Field, and the Sea Transport of Sick and Wounded. PP XVI, 1883, p. 226, question 4808. Langton was the Commandant at the base of operations at Ismailia.

2. The London Gazette, 27.4.93, pp. 2239-40.

3. The Order conferred a pension of £50 per annum 'for a limited period', and an embroidered badge on the left arm. The first three awards were made to nurses at the Westminster Hospital; Elizabeth Wheldon of the Army Nursing Service also received one. J. Langdon-Davies, The Westminster Hospital (London 1952) p. 139, fn; Englishwoman's Review, 15.10.80, pp. 472-3. I have not come across records of other conferrals. The award never attained the cachet of the R.R.C.


6. Nursing Record, 11.8.94, p. 94.

7. Victoria Magazine, January 1872 p. 273; Englishwoman's Review, 15.11.84, pp. 533-4; Nursing Record, 25.5.01, p. 414.


11. J. Kamm, Hope Deferred (London 1965) p. 216. Rosamund Rolleston wrote amusingly of her journey out to South Africa '... the Sisters, in despair for want of proper exercise, are now being drilled every morning at eight o'clock by a colour-sergeant of the Gordon Highlanders. We go through extension motion, 1st, 2nd and 3rd practice - right and left hand - salutes, etc., with great gravity. It reminds one of being at school again.' League News, May 1900, pp. 6-7.


14. The Queen, loc. cit.; Woman's Herald, 13.6.91, p. 538; Nursing Record, 11.6.91, p. 309.

15. In the 1870s and 1880s, some Girls' Public Day School Trust schools gave an hour a week to cookery and hygiene; some preferred needlework as a non-academic subject. J. Kamm, op. cit., p. 217. At the end of the century, the introduction of cookery and laundry into the elementary school curriculum was said to be 'recent': see A. Zimmern, The Renaissance of Girls' Education, (London 1898) p. 178.
16. Illustrated Naval and Military Magazine, March 1885, p. 192. See also, infra., p. 16, Sister King's own comments on the necessary limits to woman's work in war.

17. Nursing Record, 17.5.88, p. 78; 26.2.98, pp. 170-1; 5.3.98, p. 203.


21. V. Hicks Beach, The Colonial Nursing Association, (London 1914). The Up-Country Nursing Association was founded to meet the needs of British civilians, and some military officers. Nursing candidates had to be Protestant, and 'of earnest religious principle'; The Hospital 'Nursing Mirror', 12.2.98, p. 171; The Hospital 'Nursing Mirror', 8.4.99, p. 23.

22. The Hospital 'Nursing Mirror', 14.1.99, p. 155

23. Ibid., 12.6.97, p. 97.


25. Ibid., 54.4.88, p. 2; 21.6.88, p. 137; The Battle of the Nurses: A full Verbatim Report from official sources of the actual proceedings before the Privy Council, on the application of the Royal British Nurses' Association for a Charter of Incorporation, (London 1893) pp. 6-7.


27. Nursing Record, 5.4.88, p. 2; 24.3.94, p. 189.

28. Ibid., 7.7.00, p. 11.

29. Ibid., 26.5.00, p. 417.

30. Surgeon-Major G.J.H. Evatt, M.D., Army Medical Staff. A Proposal to form a Corps of Volunteer Female Nurses for service in the Army Hospitals in the Field, with Suggestions as to the Incorporation of the Nursing Profession (Royal Military Academy, Woolwich, 1885) pp. 1-3.


32. G.J.H. Evatt, Army Medical Organisation, (London 1883) pp. 6, 73-4; The Hospital Gazette and Students' Journal, 30.1.86, pp. 52-3. Evatt was a temperance activist, and an unsuccessful Liberal candidate for Parliament. He also founded the Medical Officers of Schools
Association, and was President of the Poor Law Medical Officers' Association. He retired from the Army in 1903, was active in the RAMC Territorial Force, was recalled to the colours in 1915, and died in 1921.

33. Evatt, Army Medical Organisation, pp. 73-4.

34. BL.Add,MSS. 45827, ff. 5b-6, notes for Florence Nightingale, 11.7.81; ff. 24b-26, the same, 22.5.82.


38. Sir T. Longmore, 'The New Military Weapons and Explosives', British Medical Journal, 5.3.92, pp. 521-2. See also next chapter.

39. Nursing Record, 24.3.94, pp. 188-9; 31.3.94, pp. 204-5.

40. First Aid, December 1894, p. 37. Other women who took part in W.V.M.S.C. meetings were Miss Priestly, Miss Petty, Mrs. Grace Goodall, and Miss Mears, Secretary of the Upholsterers' Trade Society. The second meeting was held at the 'Ideal Club', Tottenham Court Road. See untitled press cuttings, MR, Longmore Papers, L110/4, pp. 114-15.

41. Nursing Record, 24.3.94, pp. 118-19; Longmore Papers, loc. cit.

42. Nursing Record, 7.4.94, p. 218.

43. Longmore Papers, loc. cit.

44. Punch, 28.4.94, p. 194; Nursing Record, 12.5.94, p. 306. Mrs. Bedford Fenwick was famous for her sartorial elegance.

45. Nursing Record, 24.3.94, pp. 188-9.

46. Longmore Papers, loc. cit.

47. Nursing Record, 31.3.94, pp. 204-5, quoting Ethel Stokes' letter to the Standard.

48. Longmore Papers, loc. cit.

49. Ibid.

50. Nursing Record, 31.3.94, p. 205.

51. Ibid., 24.3.94, p. 189, citing the Standard of 14.3.94.

52. N. Corbet Fletcher, The St. John's Ambulance Association (London 1931), pp. 26, 30-1; First Aid, 15.2.95, p. 50.

53. Nursing Record, 12.5.94, p. 306.
54. The Queen, 12.5.94, p. 753.

55. Ibid.

56. Standard, 17.3.94, excerpted in Longmore Papers, loc. cit.

57. Longmore Papers, loc. cit. It is interesting to compare the rather sad fortunes of the W.V.M.S.C with those of the well-heeled and well-connected F.A.N.Y. between 1909 and 1914; See Chapters IX and X.

58. Nursing Record, 27.4.95, p. 283.

59. Longmore Papers, loc. cit.

60. First Aid, November 1897, p. 236.


63. BL. Add.MSS. 45750 f. 93, Princess Christian to Florence Nightingale, 30.4.94.

64. BL. Add.MSS. 45750, ff. 98-100, Florence Nightingale to Princess Christian, 9.5.94; Nursing Record, 21.7.94, pp. 44-5.

65. Nursing Record, 12.5.94, pp. 305-6.

66. Ibid., 21.7.94, p. 52.

67. Nursing Record, 27.4.95, p. 277; The Nurses' Journal, August 1896, p. 76.

68. The Nurses' Journal, loc. cit.


71. The Hospital 'Nursing Mirror', 17.4.97, p. 24. Laura Ormiston Chant was a non-denominational preacher, lecturer and writer. Before her marriage to a surgeon, she had been a schoolteacher, a nurse in the London Hospital, and the assistant manager of a private lunatic asylum. After her marriage, she became well known as an advocate of women's suffrage, temperance, 'purity and Liberal politics'. She was connected with the Women's Peace Association. Before 1897 she had taken relief to Armenian refugees in Bulgaria. W.W.W. Vol. II; The Englishwoman's Review. 15.4.89, p. 186. Lady (Isabel) Henry Somerset was the President of the National British Women's Temperance Association and of the World's Women's Christian Temperance Union; she edited Woman's Signal.

72. The Hospital 'Nursing Mirror', 24.4.97, p. 30.

73. Ibid., 22.5.97, p. 63; Wantage Papers on Greece: letter from Chief Medical Officer Abbott, 2.6.97.
74. Nursing News, August 1897, p. 66; The Hospital 'Nursing Mirror', 10.7.97, p. 136; 17.7.97, p. 144.
75. Wantage Papers on Greece, loc. cit.
76. W.O. 32/7146, Report on the Sixth International Conference of Red Cross Societies held in Vienna, from the 18th to 24th September 1897, by Surgeon-Major W.G. MacPherson, and covering minute by Director-General, Army Medical Services.
77. W.O. 32/7146, Report on the Sixth International Conference... pp. 4-5.
78. Ibid., p. 5.
79. Ibid., covering minute by Surgeon-General Taylor, 10.6.98.
80. Wantage Papers, 1898: Red Cross Comment, anonymous, on Surgeon-Major MacPherson's Report of 1897.
81. W.O. 32/7147.
82. W.O. 32/7148.
83. The Hospital 'Nursing Mirror', 11.12.97, p. 98; 26.2.98, p. 196; 30.4.98, p. 43.
84. D. Bagot, Shadows of the War (London 1900), pp. xv, 114. Theodosia Bagot helped to found the Portland Hospital and accompanied it to South Africa. She received the R.R.C. and the S. African War Service Medal and became a Lady of Grace of the Order of St. John. In 1912 she organised a surgical unit for Serbia in the Balkan War; during the First World War she took hospitals to France and the Belgian Army. In 1927 she was a Vice-President of the Church Army. W.W.W. Vol. III.
86. Report by the Central British Red Cross Committee on Voluntary Organisations in aid of sick and wounded during the South African War (London, HMSO 1902) pp. 4, 25.
87. Nursing Record, 22.10.98, p. 335.
88. Ibid., 29.10.98, p. 353; 22.10.98, p. 335; 19.11.98, p. 423.
89. Ibid., 21.4.00, pp. 310-11.
90. Illustrated Naval and Military Magazine, May 1885, p. 333; June 1885, p. 393.
92. The Hospital 'Nursing Section', 22.11.02, p. 110.
93. Report of the Royal Commission appointed to consider and report on the Care and Treatment of the Sick and Wounded during the South African Campaign, PP 1901 XXIX, p. 16. See discussion in next chapter of the difficulty of getting an exact figure for female military nurses in South Africa.
94. Nursing Record, 4.11.99, p. 369-70.


96. Report by the Central British Red Cross Committee, p. 25.


98. Nursing Record, 13.10.00, p. 295.

99. Wantage Papers on South Africa, Furley to Wantage, 29.10.00.

100. Ibid., Central British Red Cross Committee to Chairman, Central Good Hope Committee, 9.5.00.

101. The Times, 15.5.00., p. 4.


103. Lady Jessica Sykes, Side Lights on the War in South Africa (London 1900) pp. 29, 131-2, 152. Christina Anne Jessica Sykes was the daughter of George Augustus Cavendish-Bentinck, M.P. Her son Mark drew up the Sykes-Picot agreement on Anglo-French spheres of interest in the near east, during World War I.

104. Wantage Papers on South Africa, Furley to Wantage, 16.4.00.

105. The Times, 16.4.00., p. 4.


107. Nursing Record, 28.4.00, p. 337.

108. The Nursing Record reproduced some irresistible lyrics on 12.5.00:

Oh Woman in our hours of ease
Uncertain, coy and hard to please;
When pain and anguish wring the brow,
More terrible than flies art thou. (The Londoner.)

There was a young belle from North Berwick,
Whose conduct was slightly hysteric,
She followed the guns
And distributed buns
To the men who were down with enteric. (The Sunday Sun.)

109. Nursing Record, 16.2.01, p. 127.

110. Ibid., 10.11.00, p. 379; W.O. 105/25, I.N. 51, Circular letter of Mrs. Chamberlain, Cape Town, 23.4.00.

111. Nursing Record, 14.7.00, p. 35.

112. E.C. Laurence, op. cit., pp. 282, 250. By this time, one of her brothers was Judge-President of Griqualand West.
113. W.S. Inder, On Active Service in South Africa with the St. John's Ambulance Brigade (Kendal 1903), p. 63. The Army Nursing Reserve sisters were on the whole more quick to criticise the orderlies than were the sisters of the regular service.

114. The Hospital 'Nursing Mirror', 13.4.01, p. 15. Some nurses had received service medals for their work in campaigns in Egypt, India, and on board hospital ship in West Africa, before this date: information from the General Secretary of the Orders and Medals Research Society.

115. Nursing Record, 16.10.97, pp. 302-3. This new editorial note may have owed something to Ethel Beford Fenwick's recent acquaintanceship with Laura Ormiston Chant, with whom she had co-operated on the Grecian Nursing Committee.


117. Ibid., 4.5.01, p. 358.

118. Ibid., 27.5.99, pp. 410-11.


120. E. Haldane, The British Nurse in Peace and War, (London 1923) p. 3.

121. T. Longmore, 'On The Géneva Convention of 1864 in relation to ... the late Franco-German War', Journal of the Royal United Services Institute, 1873, p. 216.


123. The Hospital 'Nursing Mirror', 18.8.00, p. 269; 20.1.00, p. 213.

124. Ibid., 11.8.00, p. 257.

125. League News, November 1900, p. 29.

126. Nursing Record, 31.8.01, p. 172; The Hospital 'Nursing Section', 12.10.01, p. 29.

127. The Hospital 'Nursing Mirror', 26.5.00, p. 103; 7.7.00, p. 187.


130. See the Boer War memorial plaque, still in place in St. Helen's Town Hall, Lancs.

131. This was at Great Clacton, Essex. See A. Summers, 'Images of the Nineteenth-Century Nurse', History Today, December 1984.

132. e.g. 'This rapidly growing army of women came to look upon themselves as soldiers enlisted in a Holy War'. Elizabeth Robins, Votes for Women, 4.2.10, p. 291; 'Life in its essence and in its height means conflict. And only the warrior wears the crown'. E. Pethick Lawrence, Ibid., 25.3.10. See also Chapter X.

The British Government and War Office embarked upon the Boer War as upon yet another colonial skirmish, in which the integrity of the Empire could be maintained by a thin red line of professional troops. It lasted from October 1899 until May 1902. In order to crush the Boer republics, Britain had to commit over 250,000 Regular troops, over 100,000 men enlisted through the British Militia, Yeomanry and Volunteer Force, around 50,000 troops raised in South Africa, and 30,000 volunteers from the self-governing colonies. The British military establishment was totally unprepared for a conflict of this magnitude, and the military medical services were correspondingly unprepared to deal with its casualties. Of the 22,000 recorded deaths, less than a third took place on the field of battle: over 16,000 men died in hospital, of wounds, or disease, or both. These figures, however, do not convey the full extent of the medical disaster. A further 9,000 men remained in hospital at the termination of hostilities, and 75,000 sick and wounded were shipped home from South Africa between 1899 and 1902; the fate of these men does not appear to have been registered in the official statistics of the war. The failures of the army medical system in South Africa were seen as a major scandal in Britain; and yet, in view of the fact that army medical officials had previously been 'given to expect that we would never be called upon to provide for more than 80,000 men in any foreign expedition', the nineteenth century system might even be considered to have coped well with the enormous demands made upon it.

The early months of the war saw the British army trapped into the three sieges of Kimberley, Mafeking and Ladysmith, as well as defeated outright by the Boers at Magersfontein, Stormberg, Colenso, Spion Kop and Vaal Krantz. With the arrival of Field-Marshal Lord Roberts in the Cape in January 1900, the Boers' successes began to be reversed. By February,
Kimberley and Ladysmith had been relieved, and General Cronje had surrendered at Paardeberg; Bloemfontein was captured in March; in May and June Mafeking was relieved, Johannesburg and Pretoria captured, and the Orange Free State annexed. However, as Britain's fortunes in war advanced, the health of her soldiers deteriorated. By March over 8,000 men were in hospital - a percentage of sick to strength of more than 5; by May the figures were over 14,000 and nearly 7% respectively. Each of the sieges had of course had a debilitating effect on the troops, subjecting them to cramped accommodation and shortages of food and medical supplies. Inadequate sanitation was the most important cause of invalidism: at Ladysmith, for example, out of a total of 13,500 troops, 10,688 were admitted to hospital between November 1899 and February 1900, and 551 died of (chiefly gastro-enteric) disease. But the capture of a Boer city was to prove even more disastrous to the health of the British forces than the siege of a British one. When the population of Bloemfontein shot from 4,000 to 40,000 in the space of a month, an impossible strain was imposed on every form of provision for the occupying troops, who rapidly succumbed to a violent epidemic of typhoid.

The R.A.M.C responded to these trials by accepting the contributions of voluntary agencies, and by heavy recruitment of additional personnel: around 500 civilian surgeons, nearly 3,000 male orderlies, and around 900 nurses. The male medical staff were chiefly recruited in England, from the R.A.M.C. Reserve and from veterans, from the Medical Staff Corps of the Militia and the Volunteer Force, and by direct enlistment; around 1400 men were obtained through St. John's Ambulance Brigade. Roughly a third of the nurses were said to have been recruited in South Africa. The exact figures for female nurses in the military hospitals of the Boer War are impossible to come by. No record was kept of the 'locally recruited' nurses; and there are wide discrepancies between official statements of nursing figures. (See Table, below). Various reasons can be suggested for these
discrepancies: figures may have been inflated by the inclusion of wardmaids and female servants; nurses who were already on the establishment may have been counted again when they returned from leave. Certainly as the public outcry over medical mismanagement grew, the army medical authorities were under pressure to exaggerate the size of the female nursing staff.

Female military nurses in South Africa, other than those locally recruited, September 1899 - July 1900

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**Key**

A = Report of the Royal Commission on the War in South Africa, PP XLII, 1904, Appendix No. 39, p. 267, 'Statement of the Strength of Medical Corps and other Arms in South Africa, including Colonials and Voluntary Hospitals, on certain dates from 2nd October 1899 to 16th July 1900'. The final figure includes 48 nurses from overseas Colonies.

B = Appendix to the Report of the Royal Commission on the Care and Treatment of the Sick and Wounded during the South African Campaign, PP XXX 1901, Jameson I, p. 261, 'Embarkation of Army Medical Services'.

C = W.O. 108/88 'Embarkations in connection with the South African Campaign, 1899 - 1901'.

As we have seen, the female nurses, especially the local ones whose appointments were not scrutinised by the panel of the Army Nursing Service Reserve, came in for much public criticism, and were frequently found wanting, both in seriousness of character and in professional qualifications. However, far worse accusations were levelled at the orderlies' heads: they were callous and neglectful, and they stole the patients' rations; those who were not deliberately unkind were almost criminally incompetent. Given the small pool of civilian male workers with personal experience of nursing in 1900, it does seem likely that, to say the least, they furnished a less efficient contingent than the female recruits. Moreover, the bulk of the work for which the male recruits were required was in hospitals - not, as some discovered to their chagrin, under a hail of bullets on the battlefield. There was thus no obvious reason why the ratio of male to female recruits should not have been reversed. The shortage of skilled female nurses became one of the main themes of public discontent over the deficiencies of medical provision in South Africa. The Times, perhaps self-consciously repeating its scoop of the Crimean War scandals, despatched a special observer to report on the condition of the sick and wounded soldiers. This was William Burdett-Coutts, Unionist M.P. and husband of the millionaire philanthropist Angela Burdett-Coutts, who insisted that his mission was not primarily to criticise, but to gain information which would help in ameliorating suffering. His accounts of filth and neglect in hospital and in transit from the front, and of shortages of food, medicine, equipment and personnel, fuelled the demand for a Royal Commission on the medical provision of the war; this was quickly established, and took evidence in Britain and South Africa in July and August 1900. Among its recommendations, published in January 1901, were a larger and more easily expandible R.A.M.C.; improved professional standards among military officers; the appointment of sanitary officers; and the more widespread employment of female nurses.
Whether better nursing in itself would have mitigated the medical disasters of the war is doubtful. As in the Crimean War, many other factors contributed to the high rates of sickness and mortality. Above all, it seems clear that the prevention of disease was given a low priority. Although Almroth Wright, the Professor of Pathology at Netley, had conducted pioneering and successful trials of typhoid vaccine from 1895 onwards, protective inoculation against typhoid was given only to some soldiers before they reached South Africa, and on a voluntary basis: an S.J.A.B. orderly noted that 'the old soldiers would not undergo this operation, and only a few of the younger ones. ... But I must say that no soldier who had been inoculated came under my care whilst working in the enteric fever wards ...' Less than 4% of the men enlisted for the Boer War were inoculated; in many cases their records were lost, and it proved impossible to compare them with those of the non-inoculated men. Long after the war, opinion within the R.A.M.C remained divided as to the value of inoculation. Perhaps it was tainted by fatalism: even the Commissioners in their report of 1901 spoke of 'dysentery, the inevitable accompaniment of war'.

The R.A.M.C. did not compensate for its scepticism over inoculation by any very strenuous effort to create a pure water supply. The 1904 Royal Commission on the war criticised the R.A.M.C for having no general system for testing and purifying water supplies in the field, such as obtained in the German army. Simpson claimed that 'filters have not formed a part of the normal equipment of a regimental unit on field service, mainly on account of the difficulty of obtaining a good pattern', and that fuel was not always readily available for boiling the water. But it was argued elsewhere that equipment was only as good as the men who used it:

The soldier will take absolutely no trouble, if left to himself, because he neither knows nor
believes in the danger of using bad water, rather than go 100 yards to fill his water bottle with filtered water he will resort to the nearest Railway tap which provides water of the filthiest description.

The R.A.M.C. had not grasped the need to educate the soldiers in sanitary skills:

one of the disadvantages of civilisation is that the individual is relieved of all responsibility for the disposal of his excreta - a condition which does not exist under the barbaric regime of war.

A large intake of untried civilian volunteers could only aggravate this problem: it was thought that regiments with recent Indian experience had a better sanitary record than those coming straight from England.\textsuperscript{15}

If prevention was certainly better than a cure, there was more to the cure than the provision of female nurses. Medical and dietary supplies were needed, in quantities which the Army Medical Services had failed to anticipate. Even if greater foresight had been displayed, the supplies would still have required a dependable transport system. The Boers' success in sabotaging the railway network reduced Bloemfontein and Pretoria to the use of one single-track railway line on which troops, animals, weapons and equipment of all kinds had to travel.\textsuperscript{16} Since 'the object of war is not the care of the sick and wounded, but the winning of battles',\textsuperscript{17} medical supplies did not take priority over ordnance. However, when all the factors contributing to distress in the hospitals have been considered, it remains true that, once the damage was done, a large and experienced nursing staff was essential to the care of gastro-enteric suffers. Almost as important as the patients' need for food and medicine was their need to be kept clean, to be kept in bed, to be kept from getting dehydrated. They needed constant attention and supervision; and they needed to be kept apart. In all these areas, success was largely a matter of numbers. Where only a limited medical personnel was in attendance, wards and hospital tents were inevitably overcrowded. If the much-praised voluntary hospitals had a lower death-rate than those of the R.A.M.C. it was almost certainly
because they had the right to say they were full: thus staff-patient ratios remained manageable, wards and tents were cleaner and airier, and one distinguished volunteer surgeon, Conan Doyle, even had the leisure to write a history of the war. 18

Why, once disaster had struck, did the Army Medical Services persist with a policy of recruiting nearly ten male orderlies for every one female nurse? As has been seen, the Army Medical Department had throughout the nineteenth century been reluctant to consider female nurses as part of the war establishment, and the South African catastrophe was not enough to change their idées fixes. The official Army Nursing Service was still so small and scattered that many military medical officers were unused to working with Army sisters. 'I never thought' Col. W. Macnamara told the Royal Commissioners in 1900, 'you could get one lady to manage forty ladies constantly coming and going; but we have not had the slightest trouble. ... The great difficulty in a hospital is you have to house them and treat them as ladies should be treated - differently, of course, from men. ... I was surprised; we never had the slightest difficulty with the nursing sisters. It was simply wonderful.' 19 The Commissioners expressed muted criticism of some of the objections which had been raised to employing female nurses; they felt that they could have accepted many of the same conditions as men. If railway lines were closed, they could have travelled by cart; extra accommodation could easily have been commandeered, and need not have been particularly dainty. 20 A greater problem was posed by the universally accepted requirement for female servants to attend on female nurses. In this area, the insistence on a female nursing service 'composed of ladies' had very tangible consequences. In some hospitals, one servant was found for every four nurses; in others the ratio was one to seven. 21 One nurse reported that 'so many English maids have broken down out here' that the sisters had been obliged to resort to native servants, which was experienced as a great strain; Eleanor Laurence was unusual in preferring
African to English servants. In some cases, male orderlies were told off to act as servants to the nurses.\textsuperscript{22} With all this assistance, Surgeon-General Wilson nevertheless felt, in retrospect, that too much of his Superintendent Sisters' time had been wasted 'in household cares and housekeeping', and that in future wars, trained housekeepers would have to be budgeted for.\textsuperscript{23} The fact that male orderlies did not require any of these adjuncts was a strong argument for employing them, rather than women, at a time of crisis.

A more positive argument in favour of the male orderlies was that they could be employed in a great variety of capacities. Female nurses did none of the fetching, carrying and cleaning work of the hospitals; they could not put up or pull down a tent, or act as officers' servants; and they did not even undertake very much personal nursing of patients. Male orderlies were Jacks-of-all-trades, 'running about unendingly', 'terribly overworked',\textsuperscript{24} and, in one sense, very good value for money. They could be employed in field as well as base hospitals, as stretcher-bearers as well as ward-maids. Specialists appeared to be a luxury item in the emergency of war. However, as pre-war criticisms of the army hospital system had already pointed out, this policy might be one of false economy. The system was producing good general servants and handymen and very poor nurses. When the immediate scandal surrounding the condition of the sick and wounded in South Africa had died down, thoughtful voices were raised to urge that more male orderlies should be allowed to specialise in nursing work; and that, to justify their employment, female nurses should no longer be restricted to the supervisory role of the ward sister.\textsuperscript{25}

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It is hard to approach the medical history of the Boer War without a
strong sense of *déjà vu*. Nearly fifty years previously, the Crimean War had produced a similar sequence of events: the British army and its medical services had embarked on a war in conditions and on a scale which confounded all their predictions; over-crowded hospitals and neglected patients led to more soldiers dying from preventable disease than from the weapons of the enemy; newspaper coverage of the scandal provoked a public demand for more female nurses, and a royal commission of inquiry; in the aftermath of the war, committees on reorganisation devised reforms for the army medical services in general, and the army nursing service in particular. Here the historical parallels end. The post-Crimean reforms produced a tiny, marginal female military nursing service. Those that followed the Boer War represented a major and irreversible shift in official attitudes to the employment of female nurses in war time. The prolonged and bitter struggle against the Boer republics had effected crucial changes in official perceptions of Britain's relations with other powers; of the nature of future wars; of the military vulnerability of the United Kingdom and its empire. Viewed through this prism of state interests, the relation between civilian and military spheres began to alter, and with it the relation of women to war.

Before the war, the received wisdom on female military nurses had been that their role, if any, was in base hospitals. They were not to be employed in field hospitals, or anywhere near the front. This was reiterated in the Commissioners' report of 1901. But the experience of the war threw the terms 'base' and 'front' into question. Was a city under siege 'base' or 'front'? A nurse at Mafeking recalled that 'one man who was in hospital with a wound was wounded a second time by a bullet from outside; we had put him in a safe place, as we thought, but a shot struck him. ... we had often to pick the bullets out of the walls over the beds. ... Once a shell burst in the ward, but only one person was killed, a native boy'. The nurses at Ladysmith were shelled for a week before the
hospitals were moved two and a half miles out to Intombi Spruit, which was still directly under the flight path of the Boer guns. 'Being just under the Boer camp we were virtually prisoners of war, and had to absolutely observe all the conditions laid down by General Joubert, one of which was that we were to hand over cameras and field-glasses'.

Guerilla warfare, moreover, turned any area into a potential battleground. Trains were frequently shot at, and tracks were mined. Sisters Rose-Innes and de Montmorency, who accompanied a hospital train from Graspan to Cape Town, were described by an R.A.M.C. officer as 'two of the pluckiest women alive. They do not mind the bullets one bit, and attend the wounded as though they were in the ward'.

The first two nurses to reach Waterval Onder, in the Transvaal, were told that 'it was not very fair to send us, as the Boers were all around, and that, only the night before, a train had been attacked, five Coldstream Guards killed and twenty-one wounded. We saw the graves as we passed'.

These nurses were breaking the unwritten rules in admittedly ambiguous situations. Four others contravened them more directly by travelling with a field hospital. This was organised on a voluntary basis, and led by Frederick Treves, of the London Hospital. It accompanied General Buller's column over a period of three months, from Frere to Ladysmith. Treves had his own transport facilities, as well as some given him by the War Office, and he had Buller's special permission for his experiment on the understanding 'that if anything occurred these nurses could retreat at a moment's notice'. At one point it was, indeed, 'thought desirable that the women should be at once got out of danger, and so they were bundled down to Frere with little ceremony in a mule wagon.' Sisters McCaul and Tarr, who worked at a London nursing home used by Treves' patients, and Sisters Sammut and Martin, from Netley, were employed 'on the condition that it should not be used as any kind of precedent'; but it was inevitable that their adventures should have been widely publicised, and that they should
have been held up by the female nursing lobby as an example of how women's role in war could be extended. 32

During the years of the war, the nursing press printed hundreds of letters from nurses in South Africa, which were full of graphic detail on their living and working conditions. Their accounts gave substance to pre-war arguments, especially those of the pro-registration, pro-suffrage Nursing Record, that women had the right and the capacity to participate with men in the defence and expansion of the Empire. Here were nurses living under canvas, and loving it, even when their tents collapsed, pinning them to the ground, or forcing them to dine on the bare veldt; 33 here were nurses belying the medical officers' expectations by doing without servants: 34

We do our own washing, and you would laugh to see us with our sleeves rolled up and washing away with limited water. We pin our clothes on to the tents to dry as we finish them, and the result is quite ornamental.

The Assistant-Director of Army Medical Services insisted that female nurses would always be out of place in field hospitals, because 'they want beds, and there are no such things', 35 but the readers of the nursing press knew otherwise: female nurses at Ladysmith 'found that there was nowhere for us to go except the Cricket Pavilion, where other Sisters were already sleeping on the bar, or counter'. 36 Frederick Treves wrote to the Duchess of Bedford that at Chievely his female nurses 'did not have their clothes off for two nights and were at work night and day. Miss McCaul gave away all her handkerchiefs, gave up her water-bottle and her mattress.' Afterwards 'the four of them slept on the floor of a looted and empty room' in a hotel in Frere. 'This was their only "night in" in three days'. 37

The female nurses of the Boer War demonstrated that even a service 'composed of ladies' could live and work and display great stamina in fairly rough conditions. Adventures which before the war had been confined to a few individuals in exceptional circumstances were now the experience
of hundreds of British women volunteers. However, women's evident ability to 'rough it' - which had, after all, been demonstrated on previous occasions - was not in itself enough to dispel official prejudices against employing them in the field. Rarely stated before the war, but undoubtedly important in official thinking, was the objection to exposing women to sexual danger. In 1894 Sister Janet King, excoriating the ambitions of Ethel Stokes' W.V.M.S.C., had given a fairly strong hint as to why women should stay well away from the battlefield - 'what would be their fate as a prisoner of war to savage Cossack, or brutal Bashi Bazook, to fierce Zulu, or cruel and crafty Afghan?' These objections now had to be qualified. 'What harm came to Mr. Treves's four nurses at Colenso?' asked Burdett-Coutts. None, because they were nursing 'in a distant, but civilised country, a country in which none can say the sanctity of womanhood is not recognised'.

The Boer War differed from all the wars which Britain had fought since the Crimea in being primarily a conflict between white men. Other races, it was thought, might indulge in rapine, and the slaughter of prisoners; Europeans, whether or not formally bound by the Geneva convention, could be expected to abide by its terms. The Principal Medical Officer for Natal declared that 'a nurse can never go into a Soudan campaign, where we are liable to attack, and most of our campaigns are like that. If we are camping in civilised country I think nurses can go, and I think they are extremely useful'. An Army sister at Maritzburg echoed his views:

One thing we have all decided; and this is, that in future white wars both hospitals and women nurses must be carried nearer the front. ... the women would not be murdered or ill-treated - in a white man's land, at any rate - any more than the sick and wounded are.

As a 'white man's war', the Boer War had a very ambiguous character. Non-whites fought and suffered alongside whites. The appalling episode of the concentration camps exposed a racist contempt for Boer women and
children among many of the British officials (male and female) responsible for them. The settlement of the war reduced the Boer republics to colonial status, and imposed upon them a culturally humiliating regime. Nevertheless, the Boers were Europeans. Britain's European rivals, France and Germany, actively sympathised and identified with their cause—a boon which was not extended, for example, to the inhabitants of the Sudan. The British victory had been far harder to achieve than in previous conflicts with native races of the Empire, and it conjured up prospects of future military trials in which a Continental power might intervene on the side of the enemy, or even seize the opportunity to invade the British Isles. If the future of war did indeed lie among competing 'civilised' nations, then women need not be prevented from participating. (In this context, the devastating impact of the German execution of a female nurse, Edith Cavell, in 1915, should not be underestimated. In shooting, rather than interning, a white woman for espionage, the Germans placed themselves in the imagined world of non-European races; this in turn lent enormous force to racist propaganda against them on the Allied side.)

The perceived courage and powers of endurance of British women, and the assumed chivalry of European males, while among the necessary pre-conditions for admitting female nurses to war service, were not in themselves factors which would impel the army medical system towards reform and a change in the ratio of female to male military nurses. From the Crimean War onwards, a female nursing service had been something forced on the Army Medical Department by civilian pressure groups; it had been dispensed with, or marginalised, whenever the influence of these groups could be blocked, or when they voluntarily dissolved. A major and permanent institutional change could only take place when the army entered into a new relation with civilian society: when public opinion ceased to be a factor largely extraneous to military operations, and became instead intrinsic to military recruitment, mobilisation and medical care. Before
the war, Surgeon-Major Macpherson had cast envious eyes on those Continental states where a system of military conscription gave nearly all civilian families an interest in the welfare of the army, and an incentive to form efficient voluntary aid societies whose organisation was very precisely tailored to official requirements. He pictured an ideal relationship in which civilian society was subservient to military imperatives. However, the massive involvement of civilian voluntary agencies, and military and medical volunteers, in the prosecution of the Boer War, forced upon the British Army Medical Department the unwelcome realisation that the relationship worked both ways: and that the price of this auxiliary force was the acceptance of civilian criticisms and civilian priorities.

The voluntary surgeons and nurses recruited in such large numbers into the R.A.M.C. and Army Nursing Reserve did, indeed, turn out to be a mixed blessing for their hosts. Many of them came fresh from the most distinguished metropolitan teaching hospitals: they were shocked to find old-fashioned and cumbersome equipment, and medicines which they suspected were twenty years old. They found the organisation of nursing irrational, and standards of hygiene disquietingly low. The surgeons made their views known to the Royal Commissioners, and published them in the *Lancet* and the *British Medical Journal*. They wrote moderately, constructively, even supportively: but the cumulative effect of their comments was damning. The Army Reserve sisters gave interviews to the nursing press, or wrote letters home which were printed there, anonymously; a few gave evidence to the Royal Commissioners. Without explicitly criticising the army medical authorities, the sisters expressed a lively astonishment at the division of labour they found in the military wards, and a profound perplexity in the face of bureaucratic supply procedures. They could not give even the most neutral account of their own work without graphically conveying the acute overcrowding and undermanning - or under-
womanning - of the military hospitals. In the opinion of the Nursing Record, the nurses as a body were too cautious in their criticisms, too fearful of missing out on medals, or promotion; it is true that only one nurse published a major, signed critique of the system. Ethel McCaul, one of Treves' field hospital nurses, condemned the equipment of field hospitals, and the dirt and neglect at base hospitals, in a series of articles in the Daily Chronicle from which Treves dissociated himself, and which the newspaper cut short owing to 'pressure of space'. However, in April 1901 her more temperate 'Some Suggestions for Army Reform: Army Nursing' was published in The Nineteenth Century, with an approving foreword by Treves.

It was impossible for the R.A.M.C. to shrug off as merely opinionated and uninformed such an overwhelmingly negative verdict on its wartime performance. The critique was too widespread for that; it was based on experience in the field, and came from the heights of the medical profession. Moreover, and more significantly, it articulated and gave substance to a mounting disquiet amongst the non-medical public. Despite distance and censorship, the families of soldiers knew that things were going badly in the military hospitals. They knew that husbands, fathers, sons and brothers were dying in large numbers, not of wounds received on the battlefield, but, in Kipling's words, of

Dysentery that milks the heart out of a man and shames him before his kind; rheumatism, which is the seven devils of a toothache, in the marrow of your bones; typhoid of the loaded breath and the silly eye, incontinent and consuming; pneumonia that stabs in the back and drives the poor soul, suffocating and bewildered, through all the hells of delirium ...

It was one thing to be killed by the enemies of one's country and its empire; it was quite another to die in a hot, crowded, fly-ridden tent, for lack of clean drinking water, sanitation, and medical attention. This was not what eager young men of the Yeomanry and Volunteer Force had enlisted in their thousands for.
In previous colonial campaigns, criticism of the care of sick and wounded British soldiers had been a protest mounted on behalf of a relatively mute and isolated military caste, by self-consciously philanthropic bodies or individuals. But the medical scandals of the Boer War affected 'ordinary' people: the distress of the relatives of 100,000 civilian volunteers had less to do with humanitarianism than with a very human self-interest. The army and its medical service also responded in terms of self-interest, rather than philanthropy. It was clear that 'the standard of hospital comfort has been raised, and that public opinion will demand its maintenance in future wars'. Since opposition to the institution of military conscription remained widespread in Britain, future wars would depend upon voluntary enlistment. Burdett-Coutts was not alone in thinking that the military hospital scandals could 'injure the popularity of the military service, and that would be a fatal thing in a country which depends and must depend on the voluntary spirit for even its regular army'. If medical neglect and preventable disease were factors liable to reduce civilian recruitment to the armed forces, the army medical services could no longer argue that civilian standards in hospital care were irrelevant or inapplicable in time of war. As official thinking in the new century drew closer to the concept of 'the nation in arms' and 'the citizen army', the army medical services underwent a reorganisation which at last allowed a civilian panacea - a female nursing corps - a permanent place in its planning for war.

In the last analysis, there were yet more narrowly utilitarian arguments for the professionalisation and feminisation of the army nursing services. The reform was more than a public relations exercise. 'In actual practice Nurses are intimately concerned in the business methods of war Hospitals. Their work is not purely humanitarian. Their importance to efficiency is greater than they themselves know,' wrote the Director-General of Army Medical Services, Alfred Keogh, in 1908. On
assuming his post three years previously he had sent a paper to the Commander-in-Chief, Lord Roberts, dealing with the strategic functions of army medicine, which was very clearly imprinted with the experiences of the Boer War. Keogh considered the three main functions of the army medical services to be, in the first place, to diminish the number of casualties by preventing the onset and spread of disease; secondly, the rapid recovery of non-effectives from the fighting zone; and thirdly, restoring men to the front. The first function could be achieved by increasing medical officers' executive authority to implement sanitary measures; the second, by efficient maintenance of ambulance services and lines of communication; the third, by the 'prevention of unnecessary departure of so-called invalids from the seat of war ...' This third function required supervision of invalids by expert nursing personnel, with 'knowledge of the soldier and his duties', so that those men who could be restored to fighting fitness could be singled out and given appropriate treatment; it also required hospital provision on a generous scale.55

Keogh was convinced that a quite unnecessary number of men had been lost to the army in South Africa through the R.A.M.C.'s process of invaliding. General Buller explained to the Royal Commission on the South African War that 'I should have been smothered in Natal had I not at my own instance provided five hospital ships ... consequently I kept my hospitals always fairly free ... it is far better for a sick man, no matter what the journey is, to get him put on board ship, and sent home than to have him at a convalescent depot pining his heart out and doing nothing ...'56 At the Cape Town base, it was reported that the m.o.'s work 'was increased by the necessity of sending off an average of eight hundred invalids weekly to their homes overseas, to make room for the new comers from up country'.57 Lt.-Col. Simpson reflected in 1911 that 'The opportunities for sending men home were so frequent that invaliding was carried out largely as a means of dealing with temporary inefficiency, and preventing an undue accumulation
of sick in the hospitals'. The large numbers of sick in South Africa had thus been seen chiefly as an administrative problem to be cleared out of the way whenever possible. Keogh thought this was due not only to the lack of hospital accommodation, but also to the shortage of suitably trained hospital staff, and to a general attitude of defeatism with regard to the wastage of military manpower. The army could no longer afford to tolerate this attitude, and a modern military medical corps ought to possess the means 'of gathering up & returning to the ranks those who have fallen out and are fit to return. They number thousands in every campaign. The hospitals are filled with them ... they gravitate to "bILLETS", to the homeward bound Troopships, pass to their homes in England, and are not gathered up again'.

No previous head of the army medical services had so unequivocally committed himself to the doctrine that war hospitals could repair the losses of the battlefield. Indeed, it is doubtful if Keogh's predecessors had articulated any particular goal for the service: its purpose was to keep the army fit in peacetime, to keep non-effective from encumbering combatants, to see that no sick or wounded soldier was simply abandoned to his fate, and perhaps to render him capable of fighting again at some unspecified future date. But it had not been the service's responsibility to worry where the next regiment was coming from. After the Boer War, the military contribution of the army medical service appeared in a radically new light. It had to take into account the likely consequences of putting a 'citizen army' into the field.

... it is quite evident that the greater the proportion of an army in the field which is drawn from the civilian population of Great Britain ... the greater will be the demand for hospital accommodation, and the greater the temporary inefficiency.

Both the failure to mitigate the ravages of enteric disease in South Africa and the contrasting relative success of the surgical treatment of
small-bore rifle wounds pointed towards the same conclusion. Extensive losses of sick and wounded were medically unnecessary, politically unacceptable, and in any subsequent war might be strategically catastrophic. Keogh saw 'The whole business work of the Army Medical Services' as 'carried on in the General Hospitals'. The balance of military medical thinking was shifting from battlefield rescue to nursing care; from field to base hospitals; from orderly fatigues to skilled nursing - and therefore, given the structure of the nineteenth and twentieth century nursing profession, from male to female personnel.

Underlying all these reflections was the conviction that numbers were henceforth the key to military victory. Wars against indigenous colonial populations had previously been won on the basis of superior military organisation and technology. If the marksmanship and firepower of the Boers had not proved inferior to those of the British army, it was unlikely that any significant technical imbalance would obtain between conflicting European powers. In particular, all belligerents would now be in possession of long-range artillery weapons of considerable accuracy which could, as had been predicted before the war, inflict very heavy casualties. Opinions might continue to differ as to the strategic value of the infantry and cavalry arms, and the character of future manoeuvres in the field; those who predicted a defensive stalemate in the trenches as the pattern of wars to come were hotly opposed and derided. But as influential a voice as General von der Goltz in his Nation in Arms depicted the conflict to come more as a huge slugging match between heavyweights than as a duel of skill. In this context, 'repairing the losses' ceased to be a figure of speech: nothing must be allowed to diminish the fighting manpower of the nation. It was certainly unthinkable that thousands of able-bodied males should be set aside to serve as military hospital nurses and domestics. The same pressures which in 1903 drove Lord Roberts to form the National Service League to campaign for military conscription, and
which set off a multi-faceted quest for 'national efficiency', were also to establish the gender of the military nurse as female.

Well before the outbreak of the Boer War, pro-registration, pro-suffrage nurses had argued for their own profession's involvement in official planning for war. Their call was echoed within the wider feminist community by women such as Mrs. Fawcett, who advocated a larger role for women in the management of the machinery of the state. 'Women in the War Office! I think I hear my readers exclaim in horror' she wrote in 1899. 'Yes, it may be rejoined, women looking after, or helping to look after, the feeding, clothing, and sanitation of the army, just as they always have been responsible for similar duties in household affairs'. Mrs. Fawcett's desire to serve the state was rewarded in 1901 when she was appointed to head an all-female committee to investigate conditions in the concentration camps where Boer women and children had been interned. The nursing lobby was rewarded by reforms which increased the number of army sisters, and placed them on the war establishment of the military medical services. If these were blows struck in the cause of sexual equality, an even more momentous advance was discernible in the structures which emerged from the reorganisation of the army medical services of 1901-2. Two Boards were set up by the War Office to supervise army medical matters, an Advisory Board and a Nursing Board. Two matrons of civil hospitals were to sit on the latter 'appointed by the Crown, on the advice of the Secretary of State'. Women were, it seemed, at last esconced at the War Office, and the new Queen Alexandra's Imperial Military Nursing Service, which by royal warrant replaced the Army Nursing Service in March 1902, seemed in many ways designed to meet the civil nurses' criticisms of the pre-war service. Inevitably, however, the nursing lobby was to find that these
victories were neither ambiguous nor uncontested.

In April 1901 the Matrons' Council, which had been trying for over a year to discuss the reform of the military hospital system with the War Office, at last succeeded in presenting their memorandum, 'An Army Nursing Department at the War Office', to Lord Raglan, the Under-Secretary of State. A few months previously, the Royal Commission on the condition of the sick and wounded in South Africa had published its findings: both official and public opinion were at their most responsive to suggestions for change. 'The present occasion seems opportune', the memorandum stated, 'for suggesting the need of the formation of a Nursing Department, in affiliation with the Medical Department, at the War Office, superintended by a fully trained and experienced administrative nursing officer'. Such a reform had recently taken place in the United States. The memorandum recapitulated other arguments long familiar to readers of the Nursing Record and members of the R.B.N.A.: military nursing could only become as efficient as its civilian counterpart if the Director-General of the Army Medical Services shared the responsibility for the selection, control and discipline of female staff with a Lady Superintendent of Nursing; medical officers should correspondingly share responsibility for discipline, dismissal and promotion with the head sister of each military hospital; female nurses should exercise a more complete authority over the patients and orderlies in their wards; and the salary scale of the female service should be raised. There were also new proposals in the memorandum. The Matrons' Council responded to adverse reports on the almost exclusively supervisory role of the army sisters in South Africa by suggesting two grades, Senior and Junior Sister, for the service. The Council also manifested its professional irritation with the management and patronage of military reserve hospitals and staff by voluntary bodies, declaring that 'Every element of lay control and philanthropy should be eliminated from the constitution of an efficient Army Nursing Service Reserve; it should
be organised, and directly controlled, as part of the Army Nursing
Department and the War Office'.69

The War Office's own response to the report of the Royal Commission,
the clamour of the press, and the demands of the nursing lobby was the
appointment in June 1901 of a committee on the reorganisation of the army
medical and army nursing services. The committee consisted of civil
surgeons, combatant officers, and representatives of the R.A.M.C. and
Indian Medical Service, and was chaired by the Secretary of State, St. John
Brodrick, himself.70 No nurses, and no other women were appointed to the
committee, which sat in private and did not take evidence. The committee's
proceedings, which were minuted verbatim, represented a successful
rearguard action on the part of the medical profession against the more
ambitious claims made on behalf of a female nursing corps. Members of the
War Office were susceptible to civilian, female and nursing pressures,
which were mounted by personages no less than Queen Alexandra, who was to
be president of the new nursing service, and her friend Lady Roberts, wife
of the Commander-in-Chief. For their military and civilian medical
colleagues on the committee, however, the overriding preoccupation was - as
it had been throughout the previous forty years - to head off any challenge
to the authority of military medical officers from senior women nurses. By
the 1880s, the medical officers had established their right to exercise
control over the male personnel of a military hospital, and had succeeded
in removing the Lady Superintendent's independent prerogative of selecting,
disciplining and dismissing the army sisters. They were now on the
qui-vive against any revival of these prerogatives, or the slightest hint
of autonomy for the reformed female nursing service. Lt.-Col. Keogh's
insistence that the medical officer 'must be king in his own hospital' was
supported by Frederick Treves' 'I think anything that can emphasise the
fact that the nurse's position is absolutely subordinate is to be
desired'.71
As the medical members of the committee outnumbered the non-medical by eleven to four, there was little danger that the pretensions of the nursing lobby would be upheld. Four of their number were subsequently to be appointed to the new Advisory Board: Keogh, who was promoted to Surgeon-General and Deputy Director-General of the Army Medical Services; Dr. E. Cooper Perry and Howard Fripp of Guy's; and Treves. It was agreed that the Advisory Board's chairman, the Director-General, A.M.S., should chair the Nursing Board as well, and that three further members of the Advisory Board, one a representative of the India Office, another a civilian, should also sit on the Nursing Board. The minutes of the Nursing Board were always to be submitted to the Advisory Board; the latter could refer back to the former any decisions to which it objected.

Brodrick was aware that 'there would be great jealousy in putting the Nursing Service entirely under the Army Medical Corps'; he had to be content with keeping R.A.M.C. representation on the Nursing Board down to two members, and to obtaining a seat on the Advisory Board for the new Matron-in-Chief whenever nursing matters were discussed. 72

A much thornier issue for the committee concerned the right of Matrons to make completely confidential reports on their nurses to the Matron-in-Chief. Since this required that they act without reference to their medical officers, the proposal provoked the most vituperative outburst from Keogh: 73

I do not believe you could trust a lot of women with the power you are going to give them here. I believe a man is much more honourable. I believe in petty spites. Look at what goes on in a garrison. These ladies are going out into society, going to tea and to dances. They are taken up by certain people in the garrison. If the matron is not taken up - if a pretty girl, or a taking girl, goes out into society more than she does, and people will not have anything to say to her - she will give it that girl very hot in her confidential report. Women have not the same feeling about these things.

Sir Gerald Morton objected mildly: 'That has not been my experience, and
I have seen a great deal of the Indian Nursing Service'. 74 Treves, however, weighed in with a strong expression of contempt for and hostility to the professional claims of nurses: 75

I think if you take cases in private practice, you certainly would not go to this lady or that to know whether so-and-so is a good nurse. She may be ill-mannered, or what not, but the question is, is she a good nurse? and the only person capable of giving an opinion on that point is the Surgeon or Physician in charge of that individual patient. I think that is a thing that admits of no controversy. .. if you ... let the Medical Officer vanish, I do not know what sort of insubordination you will not have in that hospital. The nurse does not care that for the Surgeon.

It was in vain for Brodrick to urge on the other side that 'Lord Roberts, to whom I referred this, is strongly in favour of the complete autonomy of the Matrons in this respect', for his audience almost certainly suspected that the Commander-in-Chief was merely his wife's mouthpiece in nursing questions. 76 It was equally vain for Brodrick to say that 'those who represent the nurses will take this as the death-blow to their hopes if we do put it "in conjunction with the Senior Medical Officer"', if the medical members of the committee saw this as an end desirable in itself. The regulations finally stipulated that a Matron's reports be submitted to her m.o. before being forwarded to the Matron-in-Chief. 77 With this question settled, the problem of confidential reports on the Matron herself provided only a minor hiccup. It was decided that the Principal Medical Officer should report on the conduct and efficiency of the Matrons of the hospitals in his district, his report to be sent via the General Officer Commanding to the Matron-in-Chief. This was too much for Cooper Perry:

I speak with all submission, but I did not know that it was according to Military custom for the Principal Medical Officer to report to a woman.

His colleagues took the point, and amended the proposal to read that the report should be made to the Nursing Board. 78

Only one aspect of the division of labour within the military hospital
system was seen by both medical and non-medical members of the committee as non-contentious: this was the responsibility for linen and laundry, hitherto assigned to the m.o. and the quartermaster or steward. Here the committee seemed to be echoing Mrs. Fawcett's views on the suitability of women to take on the domestic responsibilities of departments of state. 'I should think' Howard Tooth, of Bart's, opined, 'that the Medical Officer would be very glad to have that duty shifted on to someone who knows more about it. I think the Matron would do it a good deal better'. Keogh agreed: 'I should like to see a woman in charge of it all'. Ward, the Vice-Chairman, Permanent Under-Secretary at the War Office, was with them: 'Everyone knows that a woman would do it better'. Under the new regulations, the Matron and sisters would be 'responsible for the good condition of the bedding and linen supplied to patients', though the financial responsibility for supplies and losses would continue to be borne by the steward or the quartermaster. 79

If the military nurses faced the most serious challenge to their professional ambitions from the medical men, they faced another threat to their professionalism from the vestiges of 'lay control and philanthropy' which were enshrined in the new administrative structures. The Royal patronage of the new service was a mixed blessing. Although Queen Alexandra argued hard for higher wages for the army sisters, and for increasing their authority over male personnel, her chief recorded concern was to attract candidates 'from a better class & more cultivated & educated than is generally the case'. She complained that the thirty-six nurses she had 'most carefully selected' for South Africa had been placed 'under Superintendents of a lower grade & inferior class to themselves'. 80 She referred to the Nursing Board as 'my Board', and its first meeting took place at Buckingham Palace. 81 She did not wish the Matron-in-Chief to have a seat on it, and Brodrick had to rally the members of the reorganisation committee to insist that the Matron-in-Chief was not
The two members whom the Queen nominated to the Board were Viscountess Downe, a figure not previously associated with the nursing interest, and Sydney Holland, Chairman of the managers of the London Hospital, one of the fiercest opponents of the registration of nurses, who was also strongly opposed to the raising of a military nursing reserve from civilian hospitals during a time of peace. Unsurprisingly perhaps, the two civilian matrons appointed, Miss Gordon of St. Thomas's and Miss Monk of King's College Hospital, were not supporters of professional registration. Thus the body on which the nursing lobby had pinned such great hopes, which was officially empowered to lay down the precise duties of army nurses, to select candidates for admission and make recommendations for their promotion, distribution, and dismissal, and to advise on the formation of a reserve in case of war or epidemic, was largely dominated by the male medical profession, the world of aristocratic female philanthropy, and individuals hostile to demands for greater professional autonomy for nurses.

The major innovation promulgated with the regulations for the Q.A.I.M.N.S. in October 1902 was an extended hierarchy: where once had been only Lady Superintendent, Superintendent, Acting Superintendent and Sister were now Matron-in-Chief, Principal Matron, Matron, Sister and Staff Nurse. Together with the expansion of the service to more than twice its pre-war numbers, this reform offered opportunities for promotion which had hitherto been lacking in army nursing. For the grades of Matron upwards, salaries were considerably higher than pre-war levels. In 1904 all salaries were again raised: army staff nurses and sisters were actually paid more than sisters in the Metropolitan voluntary hospitals; army matrons' salaries remained uncompetitive.
Starting Salaries for Army Nurses, 1897-1904 (£5 per annum)

<table>
<thead>
<tr>
<th>Army Nursing Service Reserve</th>
<th>A.N.S.</th>
<th>Q.A.I.M. N.S.</th>
<th>Q.A.I.M. N.S.</th>
<th>Metropolitan Voluntary Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1897</td>
<td>1899-</td>
<td>1902</td>
<td>1902</td>
<td>1904</td>
</tr>
<tr>
<td>Matron-in-Chief/</td>
<td>200</td>
<td>250</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Lady Superintendent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principal Matron</td>
<td>150</td>
<td>175</td>
<td>240</td>
<td>300-300</td>
</tr>
<tr>
<td>Matron/Superintendent</td>
<td>50</td>
<td>60</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td>Acting Superintendent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sister</td>
<td>30</td>
<td>40</td>
<td>37.10</td>
<td>50</td>
</tr>
<tr>
<td>Staff Nurse</td>
<td>30</td>
<td>40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: Regulations for the Army Nursing Service and Q.A.I.M.N.S; Nursing Record; H.C. Burdett, How to become a Nurse (London 1905); TOR, L/MIL/7711316 f. 11.

Another reform of 1904 which enhanced army nursing as a career was the provision made for in-service training. Sisters and matrons were now obliged to spend special leave on full pay at large civil hospitals, observing advances in medical and surgical treatment, and changes in nursing techniques.

While most of these changes were welcomed by army nurses and the wider nursing community, the introduction of the non-supervisory grade of staff nurse was greeted with something approaching dismay. One former army sister wrote that 'in the Army there is so much in status and name that women who would gladly join as Junior Sisters will not do so as Staff Nurses - the term "nurse" usually means one Tommy's wife who acts as Gamp to another. A Nursing Sister has acquired quite another grade of prestige.' The grievance remained current for some years in the Q.A.I.M.N.S., and was sufficiently strong to move the Army Board to ask in 1904 for the replacement of the title by Junior Sister (the Matrons' Council's original suggestion), but without success. A more significant grievance was the fact that a nurse, after gaining the certificate of three
years' training and service which was now the necessary qualification for entry, would be employed at a lower level than she might expect from her next civilian post. She would have to wait at least two years in a military hospital before getting the chance of promotion to Sister grade, during which time the regulations did not regard her as competent to take charge of a case where anaesthetics were given, or to measure poisonous drugs employed for hypodermic injections. 88

The question of relations between staff nurses and ward orderlies under the new regime was even more contentious. The first regulations for Q.A.I.M.N.S. suggested, rather than stated that the matrons and sisters exercised authority over R.A.M.C. non-commissioned officers and men: they gave them some responsibility for training the latter in nursing duties, and made the matrons responsible for the cleanliness and good order of the wards, instead of, as before the war, for the cleanliness of the patients only. In the absence of a sister from a ward, the staff nurse took her place, which in turn implied her superiority to the ward orderlies. However, the regulations for staff nurses also stipulated that 'they must scrupulously refrain from relegating an unfair share of routine ward work to the orderlies' and 'must take a full share in duties which are necessary, however unpleasant, and must set an example of cheerful alacrity in attending to the patients' wants ...' The implication here was that the actual duties of staff nurses and ward orderlies were equivalent. The same sense was conveyed by a regulation prohibiting the sister 'from utilising the services of nursing orderlies for any but nursing and routine ward work'. 89 The hospital hierarchy was clarified in subsequent regulations for Q.A.I.M.N.S. and Standing Orders for the R.A.M.C. These stated that ward orderlies 'will in hospitals when working under sisters and staff nurses, give prompt obedience to all instructions given to them'; and that 'as regards medical and sanitary matters and work in connection with the sick, the matrons, sisters and staff nurses are to be regarded as
having authority in and about military hospitals next after the officers of the Royal Army Medical Corps, and are at all times to be obeyed accordingly, and to receive the respect due to their position'. This differential ranking of male and female personnel doing essentially similar work was, however, unlikely to lead to a harmonious division of labour in practice, and was, indeed, the source of much continuing resentment between staff nurses and male orderlies.

The fact that, after decades of official equivocation on the subject, female military nurses were now empowered to exact obedience, rather than hope for courtesy from male ward orderlies, reflected the major shift in army medical policy by which female nurses had become central to planning for war. An assured position within a military hierarchy could only be derived from combatant status. Although members of the Q.A.I.M.N.S. were still not entitled to commissioned rank and male salutes, and although they were - Queen Alexandra's protests notwithstanding - still designated a 'Service' rather than a 'Corps', they were unarguably destined for active service. In 1904 the Matron-in-Chief was asked to prepare estimates of a female nursing establishment for wartime stationary hospitals partially manned by male nursing staff; and the Advisory Board supplemented her work with revised estimates for general and stationary hospitals nursed by women only. It was laid down that members of Q.A.I.M.N.S. ordered on active service would be 'supplied with a field kit as supplied to an officer on joining', which would include a portable camp bedstead, a folding chair, and a waterproof bucket; and they would be instructed further to equip themselves with oil stoves, candle lanterns, mackintoshes, gumboots and other necessities of life under canvas. The argument that women required too much baggage, and too many comforts, to be mobilisable for any service outside base hospitals no longer had any official currency.

The original projection for the female military nursing establishment was 228 women, and a commitment to maintain and increase this
establishment was sustained despite the evidence that it was more expensive to employ female nurses than male orderlies. By 1905 it was estimated that the cost per annum of a sister and a staff nurse was £196 and £186 respectively, as compared with the cost of a non-commissioned officer at £90 and a nursing orderly at £80. The extra expense went into quarters, messing and servants, and did not take into account a heavy initial outlay on renovating and refurbishing military hospitals, which took place after the reform of the nursing service in 1902. A major programme of hospital inspections was undertaken by the civilian members of the Advisory Board in November and December 1902, largely to check that suitable quarters could be prepared for the expanded female service: the inspectors were appalled to find 'that the sick pauper in our principal cities has better hospital accommodation than has the sick soldier', and that 'of two or three of the hospitals it is not too much to say that they are a disgrace to any civilised country'.

The decision to create a much more expensive army hospital nursing service dictated important changes, not only in the deployment of female military nurses, but in the entire provision of military medicine in peacetime. Overall military hospital accommodation was reduced, and the time-honoured practice of incarcerating every non-effective soldier was abandoned. It was decided that convalescent homes should be established in each military district 'with the view of reducing the number of slight cases of illness in hospital', and medical officers were given permission to detain trivial cases in barracks as out-patients. Some of the smaller hospitals were closed, or converted to convalescent homes; more use was henceforward to be made of local civil hospitals, and of a special staff of female nurses whom the Matron-in-Chief would detail for service with isolated severe cases. Female nurses were assigned additional areas of responsibility for which they had not previously clamoured: matrons and sisters in effect took over a large part of the duties of the old
wardmaster, becoming responsible for diet sheets to the steward, as well as for patients' property and ward equipment to the quartermaster; and matrons were now to assume responsibility for station hospitals for soldiers' wives and children.97

In 1904 the female nursing establishment was raised to 342, and in 1905 to 420. These were projected rather than actual figures: in 1906 there were in fact only 271 female nurses, of whom 70 were in South Africa.98 But numbers rose steadily, and by the middle of 1914, 466 female applicants had been accepted by the Q.A.I.M.N.S.99 The committee on reorganisation had in 1901 accepted as a 'lex non scripta' the recommendation 'that preference is always given to the relatives of Military Officers';100 but the admission records do not provide evidence for the application of an unstated bias against civilians. What the regulations did specify was that a candidate 'must satisfy the Nursing Board that, as regards education, character, and social status, she is a fit person to be admitted to Queen Alexandra's Imperial Military Nursing Service'.101 In practice this rubric covered quite a broad range of social backgrounds. The largest social category of the 466 candidates for admission between 1902 and 1914 comprised the 54 daughters of clerics, both Anglican and nonconformist; the next largest group was the 41 daughters of military officers; 35 candidates had fathers who were civilian medical practitioners. Nine women had fathers in whose occupations these categories overlapped: they were Army Medical Officers, or naval surgeons, or army chaplains. 5 women had fathers in the Indian Civil Service, 4 in the Mercantile Marine. Among the many other fathers' professions listed in the records were landowners, solicitors, War Office clerks, and officers of the police, customs and inland revenue.102 (Professions of grandfathers, uncles and family friends, which might be equally influential are not, of course, obtainable from these records.) Of the four Matrons-in-Chief who held office between 1902 and 1914, the first, Sidney Browne, was the
daughter of a civilian doctor; the second, C.H. Keer, was described as the daughter of 'an English officer in the Indian service'; the third, Ethel Hope Beecher, was the daughter of a Colonel of the Bengal Staff Corps; and the fourth, Emma Maud McCarthy, was the daughter of a lawyer. The latter two Matrons-in-Chief had both entered the Q.A.I.M.N.S. after joining the Army Nursing Reserve for the duration of the South African War, and 51 other recruits entered the service by the same route.

The expansion of the female nursing service was accompanied by radical changes in the orderly section of the R.A.M.C. The 1902 reorganisation created two categories of orderly, nursing orderlies and general duty privates. The former were primarily nurses, doing no heavier domestic work than dusting, washing-up, fetching and distributing meals, and cleaning items such as splints and mackintoshes. A link was established between the male and female services, whereby selected members of the R.A.M.C. became eligible to join the Q.A.I.M.N.S. This change was made possible by a new system of training devised for ward orderlies. All would receive a preliminary two months' training at Aldershot, and a year's subsequent Elementary course at the hospital to which they were posted. Some would then train for a second and third year, qualifying as Second Class and then as First Class orderlies. The latter might apply to join Q.A.I.M.N.S. after a further examination, after which they would rank below a staff nurse, while being placed at the upper end of her salary scale. By 1907 Matrons and sisters conducted lectures and ward demonstrations for all three years of the orderlies' training; the 1904 regulations required the matron to receive quarterly confidential reports from the sisters on the male trainees, which were signed and commented on by the medical officers, and to keep a register of the orderlies' progress in her office. In 1906 promotion to the grade of matron was dependent on passing an examination, which inter alia required the candidate 'to deliver, before
the examiners, a lecture adapted to the training of orderlies, Royal Army Medical Corps', and to devise a set of written questions on the lecture.\textsuperscript{109} (See 1907 syllabus, appendix).

It was only to be expected that these new arrangements would arouse resentment. The orderlies complained that their training role gave matrons the opportunity to hamper their careers. The matrons' and sisters' lectures were criticised as being too theoretical, or too repetitive of preliminary topics; apart from somewhat frequent references to bedmaking and the use of the clinical thermometer, these complaints seem not to have been justified by the published evidence of the syllabus.\textsuperscript{110} The fundamental objection to the new system lay in the changing balance of power in the wards. The \textit{Broad Arrow} claimed that 'many most desirable men in the corps will not join the nursing section, being unwilling to be commanded by women'. There were calls for a return to the old regime, based on the argument that only men would be deployed in wartime. The general duty privates would be useless in an emergency, because they had no nursing training; female nurses would be useless because they were women, and could not be sent into the field. The reorganisation was an expensive mistake.\textsuperscript{111}

These complaints did not move the military medical authorities, for they were by now beside the point. The decision had been taken to employ female nurses in wartime and steadily to increase their establishment, and was not to be reversed. Moreover, the Advisory Board was committed to looking ahead to the formation of an adequate female nursing reserve; part of its remit was to prepare schemes for the expansion of the army medical service in time of war or epidemic, for the utilisation of voluntary effort, and the employment of civilian surgeons, orderlies and female nurses.\textsuperscript{112} In March 1904 the Board estimated that the shortfall of female nursing personnel required for a mere three army corps and three cavalry brigades was between 934 and 2,854.\textsuperscript{113} At the height of the Boer War, the
total number of female nurses employed in military hospitals had been roughly 1,000. Disputes over ward discipline, over superfluous or inappropriate training, or the expense of female quarters, were, after forty years, being dismissed as irrelevant. Both civilian and military female nurses were now to be integrated in planning for war on a scale hitherto unimaginable.
ELEMENTARY ANATOMY
13 The abdomen. Its boundaries, contents and position of organs, &c.

ELEMENTARY PHYSIOLOGY
18 The spleen, general description and functions. Lymphatic vessels and glands. Other glands, &c.
19 General description of the special senses, with special reference to the eye and ear. The throat.

ELEMENTARY SURGERY
20 Germs in their relation to wounds. Asepsis, antisepsis, &c.
23 Venereal cases.

GENERAL NURSING AND WARD MANAGEMENT
13 Padding of splints; plaster of Paris splints; improvised splints; starched handages.
14 Care of simple fractures, sprains and dislocation.
15 Care of burns, scalds, &c., shock.
16 Surgical dressings. The necessity for absolute cleanliness. The surgical toilet.
17 Lotions; varieties and strengths. Application of wet and dry dressings.
18 Prevention and care of bedsores. General outlines of nursing in acute rheumatism.
19 Observation of patient - secretions, expectorations, pulse, skin, appetite, delirium, breathing, sleep. The taking of notes of cases.
20 Observation continued - effects of diet, medicine, and stimulants; modes of reporting accurately observations taken. Signs of approaching death.
21 General outlines in the nursing of enteric cases
22 General outlines in the nursing of pneumonia, pleurisy and bronchitis.
23 Ward management. Method of cleaning and polishing floors, corridors, utensils, brasses, tins, mackintoshes, bedsteads, &c.
### SYLLABUS FOR 2nd YEAR OF TRAINING.

#### AUTUMN SESSION

<table>
<thead>
<tr>
<th>No. of Lecture</th>
<th>LECTURES BY OFFICERS</th>
<th>No. of Lecture</th>
<th>LECTURES AND DEMONSTRATIONS BY MATRONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ANATOMY</td>
<td></td>
<td>SURGICAL NURSING</td>
</tr>
<tr>
<td>1</td>
<td>The skeleton. Individual bones. Arrangement. Structure. Those more commonly fractured. Liability to injury of adjacent structures, &amp;c.</td>
<td></td>
<td>1 The qualifications of a good surgical nurse and how these may be obtained</td>
</tr>
<tr>
<td>3</td>
<td>The muscular system. Diaphragm. Action of groups of muscles - flexors, extensors, &amp;c. Mode of action, &amp;c.</td>
<td></td>
<td>3 Cleansing and sterilization of instruments and dressings.</td>
</tr>
<tr>
<td></td>
<td>PHYSIOLOGY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The circulatory system. The blood - composition. Corpuscles and their uses. Coagulation. The cardiac cycle. Structure of vessels, &amp;c.</td>
<td></td>
<td>6 Nursing of chest injuries and tracheotomy cases.</td>
</tr>
<tr>
<td></td>
<td>MEDICAL NURSING</td>
<td></td>
<td>8 Nursing in heart cases and aneurism. Signs and care of cases of internal haemorrhage.</td>
</tr>
<tr>
<td>10</td>
<td>Operation-room techniques.</td>
<td></td>
<td>10 Nursing of pneumonia, bronchitis and pleurisy.</td>
</tr>
<tr>
<td>11</td>
<td>Fractures and dislocations.</td>
<td></td>
<td>11 Infection and disinfectants. Disinfection generally.</td>
</tr>
<tr>
<td>12</td>
<td>Hygienic principles as applied to hospitals in the field.</td>
<td></td>
<td>12 Nursing of patients suffering from paralysis, apoplexy, epilepsy, fainting, delirium, or coma.</td>
</tr>
</tbody>
</table>
SPRING SESSION

ANATOMY AND FIELD SURGICAL APPARATUS

13 The abdomen. General anatomy and position of organs. The peritoneum, &c.


16 Contents of surgical haversack, field fracture box, and antiseptic case.

PHYSIOLOGY, ETC.


18 The nervous system. The brain, its structure. Cerebrum, Cerebellum, Medulla. The cranial nerves, special senses.

19 The excretory systems. General structure of kidneys. Excretions. The skin, its structure and uses.

20 Glands. Duct glands. Lacrimal; mucous, sub-mucous, mammary, prostate, sudoriferous; ductless glands; spleen, thyroid, &c. Lymphatic glands.

WARD HYGIENE, ETC.


22 Ward hygiene, continued. Annexes, lavatory, bathroom, w.c., and slop sink fittings. General cleanliness, disposal of discharges and excreta; the incinerator and its uses.


24 Contents of medical panniers companion and surgical saddle hags.

LECTURES BY OFFICERS

LECTURES AND DEMONSTRATIONS

BY MATRONS

SURGICAL NURSING

13 The nursing of burns and scalds; their degrees and complications.

14 Bleeding, its varieties, causes, symptoms; the temporary arrest of haemorrhage.

15 The nursing of cases of head injuries and operations. Injuries of the spine.

16 Nursing of abdominal cases.

17 Preparation of patients for operation, and points to be observed in their after-care.

18 Names, uses and care of surgical instruments.

MEDICAL NURSING

19 Points to be observed regarding the excretions. Nursing of kidney disease.

20 Nursing of throat, ear and eye diseases.

21 Nursing of skin diseases. Hypodermic injections.

22 Nursing of fevers, non-infectious and infectious.

23 Nursing of emergencies. Frost-bite, Cases of poisoning; antidotes, snake-bite.

24 Ward management.
### Autumn Session

<table>
<thead>
<tr>
<th>No. of Lecture</th>
<th>Lectures by Officers</th>
<th>No. of Lecture</th>
<th>Lectures and Demonstrations by Matrons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enteric Fever</td>
<td>1</td>
<td>System of observation of the sick to be elaborated. Details to be specially noted in individual cases. Method of taking daily notes on cases and writing up reports.</td>
</tr>
<tr>
<td>2</td>
<td>Tuberculosis</td>
<td>2</td>
<td>Nursing of enteric fever cases; symptoms and complications. Disinfection of linen and treatment of excreta, &amp;c.</td>
</tr>
<tr>
<td>3</td>
<td>Enteric Fever, Dengue, and Berl, Berl.</td>
<td>3</td>
<td>Nursing of tubercular cases. Prevention of infection. Special food.</td>
</tr>
<tr>
<td>4</td>
<td>Plague</td>
<td>4</td>
<td>Nursing of Malta fever, Berl Berl, and Dengue.</td>
</tr>
<tr>
<td>5</td>
<td>Sunstroke</td>
<td>5</td>
<td>The feeding of patients, including nasal and rectal feeding. Foods and the principles of diet. Digested foods.</td>
</tr>
<tr>
<td>6</td>
<td>Malaria</td>
<td>6</td>
<td>Nursing of malaria, sunstroke, and plague.</td>
</tr>
</tbody>
</table>

### Spring Session

<table>
<thead>
<tr>
<th>No. of Lecture</th>
<th>Lectures by Officers</th>
<th>No. of Lecture</th>
<th>Lectures and Demonstrations by Matrons</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Cholera</td>
<td>8</td>
<td>Names, Care and uses of instruments and appliances. The different instruments required for various operations. Preparation of instruments for operations in wards or theatre. Advanced Course.</td>
</tr>
<tr>
<td>9</td>
<td>The most common diseases, causes, complications, symptoms, and line of treatment in throat and ear cases.</td>
<td>9</td>
<td>Surgical cleanliness. Preparation of patients for operation. After-care of operation cases. Necessary precautions after operations upon septic cases.</td>
</tr>
<tr>
<td>10</td>
<td>The most common diseases, causes, complications, symptoms, and line of treatment in eye cases.</td>
<td>10</td>
<td>The special nursing of mouth, throat, ear and eye cases.</td>
</tr>
<tr>
<td>11</td>
<td>Operating rooms. Duties of attendants. Furniture and its uses. Assistants, costume, disinfection of gloves, nail brushes, jars, basins, contact infection, &amp;c.</td>
<td>11</td>
<td>The nursing of special operation cases, such as on head, neck and abdomen.</td>
</tr>
<tr>
<td>12</td>
<td>Surgical Instruments, ligatures, suture, and their disinfection. Use and management of sterilizers.</td>
<td>12</td>
<td>Ward management.</td>
</tr>
</tbody>
</table>


7. *Royal Commission ... South African War*, p. 245; *Royal Commission ... Sick and Wounded*, pp. 16, 35.


10. *Royal Commission ... Sick and Wounded*, p. 75.


21. *Nursing Record*, 12.5.00, p. 376; 17.2.00, p. 132.


24. Inder, op. cit., p. 37; Royal Commission ... Sick and Wounded, p. 268, q. 4441 Nursing Sister Richardson, A.N.R.

25. F.E. Fremantle, Impressions of a Dr. in Khaki (London 1901), pp. 162, 406; Royal Commission ... South African War, p. 219, q. 15569 - 15578, General Buller.

26. Royal Commission ... Sick and Wounded, pp. 13, 75.


28. The Hospital 'Nursing Mirror', 21.7.00, p. 213.

29. Ibid., 9.6.00, p. 133.

30. Nursing Record, 20.1.00, p. 47.

31. The Hospital 'Nursing Mirror', 12.1.01, p. 197.

32. Royal Commission ... Sick and Wounded, p. 209; F. Treves, The Tale of a Field Hospital (London 1900), pp. 36-7; Nursing Record, 21.7.00, p. 56.

33. The Hospital 'Nursing Mirror', 14.4.00, p. 31; 5.5.00, p. 71.

34. Ibid., 23.6.00, p. 167.

35. Royal Commission ... Sick and Wounded, p. 139, q. 81 Lt.-Col. Johnston.

36. Nursing Record, 16.6.00, p. 475.

37. Ibid., 3.2.00, p. 93; Treves, op. cit., pp. 36-7.

38. The Queen, 12.5.94, p. 753.

39. Nursing Record, 21.7.00, p. 56.

40. Royal Commission ... Sick and Wounded, p. 567, q. 13970 Col. Gallway.

41. Nursing Record, 18.8.00, pp. 134-5.

42. W.O. 32/7146, Report on the Sixth International Conference of Red Cross Societies held in Vienna, from the 18th to 24th September 1897, by Surgeon-Major MacPherson, p. 5.

43. Royal Commission ... South African War, p. 108, q.s. 11998, 12146, Frederick Treves.

44. e.g. British Medical Journal, 21.4.0, p. 972, article by Sir William Thomson Surgeon-in-Chief, Irish Hospital, Nauwpoort Camp; The Lancet, 27.6.01, p. 1227, 'Our Suggestions for the Reorganisation of the Army Medical Service'.

45. Nursing Record, 13.10.00, p.293.
46. Ibid., 26.1.01, pp. 66-7, 2.2.01, p. 87.
49. Nursing Record, 28.4.00, p. 337.
51. W.O. 33/195, Recommendations ... p.2.
53. Haldane MSS, 6020, f. 208, Keogh to Elizabeth Haldane, 11.7.08.
54. One might perhaps wonder if Keogh had been influenced by the 1899 edition of von der Goltz's Das Volk in Waffen: 'Suitable plans for convalescents who are to rejoin their units at the earliest opportunity, must also be provided. Good supervision of the sick and those temporarily absent from the ranks in the rear of the army will certainly prevent large numbers being withdrawn from the front without sufficient reason'. (English translation of this edition, London 1906, pp. 459-60.)
55. CAB. 17/12, Keogh to Roberts, 17.1.05.
56. Royal Commission ... South African War, p. 218, q. 15562.
59. Haldane MSS, 6020, f. 207, Keogh to Elizabeth Haldane, 11.7.08.
60. Simpson, op. cit., p. 228.
62. Haldane MSS, 6020, f. 218, Keogh paper for R.B. Haldane, 15.7.08.
63. For an excellent contemporary discussion of these issues, see Jean de Bloch, 'The Transvaal War: its lessons in regard to militarism and Army Reorganisation', Journal of the Royal United Services Institute, December 1901, pp. 1316-1339.

67. This was the 'Committee of Ladies appointed by the Secretary of State for War' as part of the Concentration Camps Commission. Its other members were Lucy A.E. Deane, Katherine B. Brereton, Alice Knox, Ella Campbell Scarlett, MD., and Jane E. Waterston, MD; its report was published in PP 1902 LXVII.

68. *Nursing Record*, 5.11.01, p. 265.

69. Ibid., 27.4.01, pp. 331-3.

70. The Committee's members were Frederick Treves of the London Hospital, George Makins of St. Thomas's, Sir William Thomson, the King's Surgeon in Ireland, Alfred Downing Fripp of Guy's, Howard Tooth of Bart's, Professor Ogston of Aberdeen University, E. Cooper Perry of Guy's, all of whom had served with military hospitals in South Africa: Surgeon-General Hooper represented the Indian Medical Service, Lt.-Col. Keogh and Major H.E.R. James the R.A.M.C.; combatant officers were represented by Sir Gerald Morton and Sir James Willcocks, and the War Office by Sir Edward Ward and the Secretary of State.

71. W.O. 33/208, Discussion of the War Office Committee on Reorganisation of the Army Medical and Army Nursing Services, July 1901, pp. 139, 140.

72. *Nursing Record*, 5.10.01, p. 265; 25.11.01, p. 410; W.O. 33/208, Discussion, pp. 125, 128-9, 131.

73. W.O. 33/208, Discussion, p. 138.

74. Ibid., p. 138.

75. Ibid., p. 139.

76. Ibid., p. 137. See also Haldane MSS 6020 f. 33, Nora Roberts to Elizabeth Haldane, 14.3.07: '... my husband who does not pretend to know anything about nursing ...'

77. Ibid., p. 138-9.

78. Ibid., p. 151.

79. Ibid., pp. 143-4, 153.

80. W.O. 32/9339, Papers on Q.A.I.M.N.S., 1901-2, Memorandum from Queen Alexandra, n.d.

81. W.O. 32/9339, loc. cit.; *Nursing Times*, 8.7.05, p.171.

82. W.O. 32/9338, Papers on Q.A.I.M.N.S., statement of Queen Alexandra's objections to proposals, 26.7.01; W.O. 32/9339, the Queen's criticisms, n.d.; note by Brodrick, 18.10.01; telegrams from Ogston, Tooth, Willcocks, Thomson and Hooper, November 1901.
83. See following chapter.

84. The matrons of St. Thomas's and King's College Hospital both distanced themselves from the R.B.N.A. and pro-registration opinion.

85. The Hospital 'Nursing Section', 16.4.04. p. 33.

86. British Journal of Nursing, 13.12.02, p. 496.


88. The Hospital 'Nursing Section', 5.10.01, p. 51; 25.10.02, pp. 59,60; 8.11.02, p. 83.

89. Regulations, Q.A.I.M.N.S., October 1902, Nos. 147, 148, 170, 172a-c.

90. Standing Orders for the R.A.M.C. and Q.A.I.M.N.S., War Office, November 1903, No. 295; Army Order 114 of 1904.

91. W.O. 32/9338, Papers on Q.A.I.M.N.S., Queen Alexandra's objections, 26.7.01.


93. W.O. 33/208, Discussion, p. 123.

94. W.O. 163/10, War Office Council, p. 368, Report on Comparative Cost of Male and Female Nurses for General and Stationary Hospitals, 11.4.05.

95. W.O. 30/133, A Report upon the Condition of the Chief Military Hospitals in Great Britain, 1902, p. 68.

96. Report of the Committee appointed by the Secretary of State to consider the reorganisation of the Army Medical Services, PP 1902 X, pp. 139-40; W.O. 32/7175, Report of the Army Hospitals Committee on Centralisation of Accommodation, 1903-4; Regulations, Q.A.I.M.N.S., October 1902, No. 144.

97. Regulations, Q.A.I.M.N.S., October 1902, Nos. 149, 162c - k, 163-166b; W.O. 32/9337, Papers on Q.A.I.M.N.S., 1901; Nursing Record, 5.10.01, p. 266.

98. W.O. 163/10, War Office Council ... Third Report on Expansion for War, 10.3.04, p. 365; Nursing Times, 5.8.05, p. 257; Broad Arrow LXXVI, 16.6.06, p. 666.

99. W.O. 25/3956, Nominal and Seniority Roll, Q.A.I.M.N.S.

100. W.O. 33/208, Discussion, p. 133.

101. Regulations, Q.A.I.M.N.S., October 1902, Appointment and Qualification of Candidates, 3.

102. W.O. 25/3956, Nominal and Seniority Roll, Q.A.I.M.N.S.

104. British Journal of Nursing, 31.3.06, p. 251.

105. W.O. 25/3956, Nominal and Seniority Roll, Q.A.I.M.N.S.

106. Ibid.

107. Standing Orders for the R.A.M.C., and Q.A.I.M.N.S., War Office, November 1903, Nos. 300-5; Standing Orders ... 1907, Appendix 2, pp. 64-6.

108. Regulations, Q.A.I.M.N.S., 1904, No. 149.

109. Nursing Times, 10.3.06, p. 205.

110. Broad Arrow, 16.6.06, p. 667.

111. Ibid., loc. cit., and 23.6.06, p. 697.

112. Report of the Committee appointed by the Secretary of State to consider the reorganisation of Army Medical Services, PP 1902 X, p. 133.

The military requirements of the British state at the beginning of the twentieth century differed markedly from those of other Western powers. Not one, but three armies could be needed to defend British interests as they were perceived by successive governments. A home army, composed of Volunteers and Militia, existed for the defence of the British Isles themselves against the threat of invasion. A second army, the Regulars, policed the British Empire. It was also conceivable that a third force might be needed, as in the Napoleonic period, which would head off either invasion at home or encroachments on the Empire, by engaging in pre-emptive wars on the continent of Europe. For most of the nineteenth century, only the Regular Army, supported by the Navy, was thought to be a necessity. However, the course taken by the Boer War made it clear that these conventional bulwarks were inadequate to withstand any major assault on the integrity of the Empire. After the war, official and unofficial thinking was preoccupied with the possibility of war occurring on two or even three fronts simultaneously. British forces could not have stretched to defend South Africa and the Afghan frontier with India at the same time; future challenges overseas might leave the home shores almost completely unprotected. Governments responded to this predicament by concluding diplomatic agreements with rival powers - Japan, France and Russia; popular awareness of the problem was manifested in a series of invasion scares. But defence authorities were plunged into an endless debate as to priorities: as to whether Britain was most vulnerable in India or at home; whether the Entente with France should be translated into a commitment to large-scale Continental engagement; and to what extent Britain's security could be guaranteed by the Navy. Overshadowing all these questions was the problem which was social and political as much as strategic: how, in the absence of a system of military conscription, were enough trained men to be
found to implement any policy which was ultimately decided upon, and how was the core professional army to be augmented for the sudden emergency of war?¹

The development of the female military nursing service after the Boer War, and in particular the plans elaborated for a military nursing reserve, reflect many of the dilemmas of the combatant wing of the army. Planners were undecided as to whether the reserve nurses were needed for an army of home defence or a colonial or Continental expeditionary force; how they would be organised in war; and what would be an appropriate training for them in peacetime. It was, of course, far easier to locate a national reserve of trained nurses than one of trained soldiers, and, especially after the Boer War, there could be no fear that nurses would be slow to volunteer for service. Nevertheless, there were conflicting interests to be reconciled. Hospitals did not wish to lose all their most skilled nursing staff; the medical needs of the civilian population could not be disregarded. The task of solving these essentially medical-administrative problems was complicated by personal rivalries and disagreements as well as by wider social and political issues. If the government were to compile a list of qualified nurses for the purposes of medical preparation for war, this would come very close to creating a state register of nurses. As before the war, there were bitter disputes within the nursing community over the desirability of establishing a professional register. Many of the London hospitals with nurse training schools feared that such a measure would erode their autonomy, would weaken the authority of matrons, and reduce the influence of their testimonials on the subsequent careers of trained nurses. Poor Law infirmaries had their own anxieties over registration; they imagined that the voluntary hospitals acting as a body might ignore or override their special needs in recruiting staff; educational standards might be set which a very small proportion of the female population would be able to meet.²
Further complications arose from the fact that there were two royal patrons of army nursing, Princess Christian and Queen Alexandra. This led to difficulties and delays in producing a single, comprehensive military reserve scheme. By the middle of 1908 there were, indeed, no less than three female military nursing reserves: the original one founded by Princess Christian in 1897, which had almost ceased recruiting, but which no one could find a tactful way of abolishing; the Q.A.I.M.N.S. Reserve, which was supposed to supplement the regular service in time of foreign war; and the Territorial Force Nursing Service, designed as an adjunct to the new army of home defence created by the Territorial Reserve Forces Act of June 1907. In addition, the Army Medical Service was by mid-1908 on the verge of creating a supplementary service based on local branches of the Red Cross and the St. John's Ambulance Association.

The history of British army nursing between the Boer War and 1914 is essentially the history of nursing reserves, for, as we have seen, the numbers in the regular service were not expected to meet the demands of the war in full. The primary responsibility for organising a reserve lay with the Army Nursing Board, subject to the approval of the Advisory Board of the Army Medical Service. The Nursing Board was, however, very slow to act. Many of its members were anti-registrationist, especially Sydney Holland, the Chairman of the London Hospital, who was the dominant voice in opposing advance preparations for war nursing. He insisted that war nurses could always be found when they were needed, and that a nurse had no right to volunteer for war in her individual capacity, since this might inconvenience her hospital. The power to decide who should or should not serve ought to remain with the civilian matrons. His arguments were fuelled by the criticisms, occasionally amounting to scandal, which had surrounded some of the nursing appointments made during the war through Princess Christian's Army Nursing Reserve. The issue of reorganising the reserve was kept dangling until the entry into office of the
Campbell-Bannerman Liberal government in December 1905. The appointment of R.B. Haldane as Secretary of State for War ushered in a period of major reappraisal and restructuring within the armed forces; and the military nursing service was an early beneficiary of the new broom.

One of the unlooked-for results of Haldane's appointment at the War Office was the promotion of his sister Elizabeth to a position of influence in military nursing circles, and a consequent alteration in the balance of opinion on the Nursing Board. Elizabeth Haldane was a remarkably talented woman, who in a later period might have had as distinguished a public career as her polymath brother. She was the unmarried daughter of the family, who moved from Scotland to London to keep house for R.B. Haldane, who was also unmarried. She participated actively in charitable enterprises and Liberal Party affairs. Both a linguist and a philosopher, she translated Hegel and Descartes and wrote a life of the latter; St. Andrew's University awarded her an honorary L.L.D. in 1906. The development of the nursing profession was one of her strongest interests: she was a manager of the Royal Infirmary, Edinburgh, and by early 1905 was a member of the Society for the State Registration of Trained Nurses. Her close friend Lady Henry Munro Ferguson, also a member, was the wife of the M.P. who in that year introduced a bill supporting registration into the House of Commons. A few months after her brother entered office, Elizabeth was introduced to Miss Sidney Browne, Matron-in-Chief of Q.A.I.M.N.S., who was also a registrationist, keen to find allies to counter the anti-registrationist bias of the Nursing Board. She and Elizabeth Haldane formed a close friendship which lasted up to and beyond the outbreak of World War I; they maintained a regular correspondence whenever Elizabeth was at home in Scotland, and in London they were constantly discussing military nursing issues, 'caucussing' before meetings, and successfully building links with sympathisers.

The first visible outcome of this association was the appointment of
Isla Stewart, Matron of Bart's, registrationist and President of the Matron's Council, as a civilian member of the Army Nursing Board. Anticipating explosions, R.B.Haldane asked his sister to write to Miss Stewart 'and say that it will be best, should she be appointed, that she should attend no meetings or work with Mrs. B. Fenwick'. It seems unlikely that this self-denying ordinance was ever upheld. A few months later, the Vice-Chairman of the Board, Lady Roberts, wrote to Elizabeth that 'it is very unfortunate that Miss Stewart's opinions, however reasonable, are like a red rag' to Sydney Holland. By this stage Nora Roberts, too, was an ally, having become anxious to see a nursing reserve prepared and co-ordinated with the regular service well in advance of the outbreak of war, and willing to struggle with Sydney Holland for the soul of Queen Alexandra on this question. These changes of alignment in the Nursing Board were a boon to its chairman, the Director-General of Army Medical Services, Alfred Keogh, who had been appointed in January 1905. He was deeply committed to improving the professional standard, and increasing the military importance, of army hospitals; like Sidney Browne, he found in Elizabeth Haldane a civilian after his own heart. He discussed in great detail with Elizabeth his plans for the Territorial medical services; when in 1908 an Advisory Council was established, under the presidency of Queen Alexandra, for the Territorial Force Nursing Service, he became Chairman, and Elizabeth was appointed Vice-Chairman. Sidney Browne, who had retired from Q.A.I.M.N.S. in spring 1906, was appointed Matron-in-Chief of the new service, and Secretary to the Advisory Council. Interestingly, Elizabeth Haldane was able to continue 'in office' after her brother became Lord Chancellor; although he was replaced at the War Office by Col. J.E.B. Seely, she was not supplanted by the latter's wife:

I called on Mrs. S. to enlist her sympathies. However she is ladden down by an immense family (to be yet increased I fancy) & cannot do much so she wanted me to keep on as I was.

No matter how satisfactorily the boards and councils of the military
nursing services were packed, they could nevertheless achieve very little without the co-operation of their royal president. It is not easy for the late twentieth century reader to appreciate the extent of royal influence in so vital a state interest as military medicine in this period. As sovereign, Edward VII was, of course, the head of the armed forces; but Queen Alexandra also wished to be publicly identified with the war services of the nation. As Princess of Wales, she had sponsored military nursing expeditions to Egypt in 1885 and South Africa in 1899. From 1902 she was patron of the new army nursing service named after her, and president of its Nursing Board; from 1905 she was president of the reconstituted British Red Cross Society, designed to bring voluntary effort closer into line with War Office requirements; she was determined to be head of any reorganised military nursing service, including, eventually, that of the Territorial Force. The rival parties on the Nursing Board sought to sway her to their opinions, but had good reason to dread any royal personage's becoming over-involved in detailed decision making. Sidney Holland disliked the original Army Nursing Reserve, but knew that it 'had to be kept on because Pcess Xtian (sic) made such a "hullabaloo" when it was proposed to end it'.

Nora Roberts gave Elizabeth Haldane a vivid picture of the kinds of difficulties which could arise:

Princess Christian has always personally administered her Nurses and I have been told that if any one ventured to disagree with H.R.H. (sic) she has simply said "it is my wish that is sufficient" which always ended the discussion. The Princess Christian would never consent to be a mere figure head.

In the spring of 1907 R.B. Haldane employed the good offices of Viscount Esher to 'carry out the King's desire that the old friction between the two Royal ladies shall not be revived'; he was to negotiate a reform in the military nursing reserve system which did not involve the outright abolition of Princess Christian's creation. The result of his compromise was that by 1910 the nurses of the Army Nursing Reserve ceased
to be employed in military hospitals at home or abroad, but their names remained on its roll, whose strength was 469 in 1913. In that year members were classified under three heads: those approved by the Nursing Board as suitable for employment, those considered suitable to supplement the first class if emergency arose, and those no longer deemed employable. Although in September 1914 there were still 337 names on the roll, the Army Nursing Reserve's committee ceased to meet after January 1913.15

By the time the way seemed clear for the establishment of the Q.A.I.M.N.S. Reserve, however, there were new complications for Haldane to deal with. The Territorial nursing service was under consideration by 1907. Haldane tried without success to separate it from existing corps, and to keep it out of the Queen's control. For a period he struggled against the inevitable, and wrote to his sister:16

The Queen has refused to allow the P (sic) of Wales to preside & wants one organisation. This we cannot consent to. They must be separate. We had better dispense with Royalty. I have asked Lady Roberts - to whom I returned it - to send you the Queen's letter. She is about the stupidest woman in England. Can't we organise this business without a Royal Pres. (sic).

But with military nursing, no less than with army affairs proper, Haldane had to temper notions of progress and modernity with deference to an aristocratically-based social hierarchy, and the Queen duly became president of the new nursing service.

Haldane's vision of a new defence system for Great Britain, as finally embodied in the Territorial and Reserve Forces Act, was an essentially British version of the Germanic ideal of the 'Nation in Arms'. Without the imposition of conscription, the entire manhood of the nation was nevertheless from its schooldays to be imbued with a sense of personal obligation to military service: and the Volunteer Force of 'Saturday-night soldiers' was to be converted into a Territorial Force, organised by county associations in close conformity with War Office requirements. Ostensibly, this force was designed purely for defence
against invasion, with foreign service being left to the Regulars: awkward moral questions as to participation in aggressive or imperialist warfare were excluded from public discussion. This was to be a 'citizen army', created for an increasingly democratic age. The nursing service for this new force was officially inaugurated in July 1908; however, an enthusiastic Keogh had been elaborating plans and canvassing support for it well before this date. His scheme was for 23 military general hospitals of 520 beds each, to be established on civilian premises and staffed by pre-selected civilian personnel immediately on the outbreak of war. A roll of qualified volunteer nurses would be kept for each hospital, which would require 91 nurses, but would select 120 to keep a safety margin. Like their combatant colleagues, Territorial nurses were to come under a local administration. A committee was to be formed in each area designated a 'hospital centre', consisting of local ladies and the 'organising matron' of the proposed general hospital, together with the principal matrons and nursing superintendents of the area, who would enrol nursing staff and make recommendations for superintendent posts. No male nurses were to be recruited.

The formation of the Q.A.I.M.N.S. Reserve was announced at the same time as the Territorial Force Nursing Service was launched. Just over a year later, the former reported 'many vacancies', and rescinded the regulation that only United Kingdom residents could apply for membership. By the end of 1911 the Reserve had attracted so few recruits that the War Office was asking certain hospitals to guarantee the services of some of their nurses en bloc in time of war or national emergency. The progress of the Territorial service presented a striking contrast. Local committees quickly sprang up and began enrolling staff in the wake of Keogh's visits to the provinces; Elizabeth Haldane canvassed particularly successfully in Scotland. By early 1909 only Cardiff, Newcastle, Sheffield and Oxford had an incomplete Territorial hospital organisation, and in London political
differences over the registration issue were still delaying its introduction: in October 1907 Keogh had considered that 'we are on very dangerous ground' in the metropolis, and in January 1909 some London matrons were said to be repeating all Sydney Holland's old objections to a military reserve scheme. A month later, however, a ladies' committee of the T.F.N.S. for the City and County of London was convened, appointed an executive committee, and elected Isla Stewart as one of its 'organising matrons'. By January 1910, Sidney Browne reported that 2,600 nurses had been enrolled; and by the summer of 1914 the service had a strength of 2,576 and a further reserve strength of 1,115.

The immense enthusiasm and energy which went into the launching of the Territorial Force and its medical service is in itself enough to explain the different fates of the two new military nursing reserves. The Territorial Force was presented to the public quite differently from the Regular army: not as a professional force, but almost as an instrument of national moral regeneration in the face of external danger and internal division. Territorial nurses were appealed to as a privileged group of women, who were alone qualified to join men in the great endeavour of defending the state. 'The manhood of the country are playing up splendidly', Elizabeth Haldane told a London meeting, 'and now it was for women - for nurses - to play their part also in the scheme of defence, and she felt sure that they will not be behind the men'. Like his sister, R.B. Haldane was a suffragist, and eager to incorporate women into his thinking on the 'Nation in Arms'. (He had wanted to include a reference to women, as well as to 'men of good will' in Edward VII's speech to the newly embodied Territorial corps and their County Associations, but had thought better of it.) He saw no reason to confine patriotism to the male half of society. In August 1909 he told the International Congress of Nurses, meeting in London, that nurses were acquiring an increasingly important role in the Territorial organisation, and that this would one day 'be
recognised as a manifestation of the movement which would demonstrate the fallacy of the old-fashioned, ridiculous idea that women were not the equals of men in regard to citizenship, and in regard to their title to a just recognition of their rights to participate in the advance of humanity'.

From an early stage, the Territorial nurses were made to feel an integral part of the new organisation. Their very presence demonstrated the characteristics which Haldane wished to ascribe to his creation: this new army was neither an aristocratic preserve, nor a caste apart from the rest of society; it was to draw support from all social classes and both sexes; it was to be fully representative of civilian society, not its antithesis. Whereas the nineteenth century Regular army nurse had been 'in but not of' the army, and little seen in public, by the summer of 1909 the T.F.N.S. was almost as visible as the Territorial Force itself — officially inspected, and invited to local reviews of troops, and to Windsor when the King presented colours to combatant units. The Nursing Mirror reported of a Lancashire Territorial general hospital staff dinner:

It is worthy of note that this is the first occasion on which hospital nurses have taken part in an official military function in Liverpool!

Arrangements were made for 130 members of the T.F.N.S. to line the route of the coronation and the following day's royal procession in 1911, all wearing their 'blue-grey cape with scarlet facings and silver 'T' in each corner'. It had originally been proposed to give the Territorial nurses the same red cape as the Regular army nurses, but Queen Alexandra drew the line at this.

All official communications, all speeches made to Territorial nurses, stressed that they were part of a system of defence against invasion, and were not being asked to serve outside their own country. Territorial organisation as a whole was indeed presented as defensive only; but in the year before Campbell-Bannerman and Haldane took office, the General Staff
and Committee of Imperial Defence had swung round strongly to the view that invasion was not the most serious military danger facing Britain, and had authorised discussions with the French on joint resistance to a German offensive through Belgium.  

Towards the end of February 1907, Haldane dropped a strong enough hint to the House of Commons when he said that Territorial units might wish to volunteer for service overseas. In March 1907 Keogh prepared a paper which envisaged the staff of a Territorial general hospital volunteering en bloc to accompany an expeditionary force; and in 1913 members of T.F.N.S. were given permission to volunteer for service abroad if they were not required for duty at home. There was, moreover, little in the Territorial medical scheme which was incompatible with planning for a campaign on the Continent. If it was assumed that a foreign campaign would be limited to Flanders and north-eastern France, and that Britain would at no stage lose control of Channel communications, then military general hospitals in Britain could easily serve the needs of wounded soldiers evacuated from the battlefield. In fact, the one eventuality which the Territorial medical organisation did not provide for was an invasion of the British Isles during which the metropolitan government lost control over any or all of the regions.

The medical organisation of the Territorial Force thus left scope for further thinking, both within and outside official circles, about the forms of aid which might be appropriate to an invasion or other national emergency; about the ways in which civilians might be affected by war; and about different forms of co-operation between government and voluntary agencies. While Haldane might be inspired by German philosophy or by Cromwellian precedents, other examples of the nation in arms were at hand. Japan's victory over Russia in the war of 1904-5 had made an enormous impression in Britain, which had formed an alliance with Japan in 1902. Britain despatched military and military-medical observers to the theatre of war; chief among the latter was Lt.-Col. W.G. MacPherson, the medical
officer who before the Boer War had reported with admiration from Geneva on the close working relationship between Continental Red Cross societies and their respective national armies, and who had been appointed secretary of the co-ordinating Central British Red Cross Committee on the eve of the Boer War. In June 1904 MacPherson submitted a report on the medical organisation of the Japanese Army to the War Office which was lengthy, enthusiastic, and destined to be highly influential. He described the territorial system by which Japan's army was organised: Japan was divided into 12 military districts, each of which was self-sufficient in respect of combatant and auxiliary services; the army could be mobilised with as many or as few territorial units as were required. Each military district had its own reserve hospital; evacuation of sick and wounded from the field, to the field hospital, line of communication hospital, hospital ship or base hospital, was organised with great smoothness. 

MacPherson was, however, particularly impressed by the Japanese government's organisation of voluntary aid through the Red Cross. 'By means of centralised control independent local associations and rival societies do not, and are not, permitted to exist'. Moreover, the Red Cross's war organisation 'has been carried out on lines laid down by the Medical Departments of the Army and Navy'. The chief form of organisation was the 'Relief Detachment'. This consisted of medical and pharmaceutical officers, and either male or female nurses. Each Detachment, with a staff of 28, took charge of 100 military patients in home territory, thus releasing military hospital staff for war theatre service; if necessary, Detachments could also be employed on lines of communication. Similar units, consisting of surgeons, male nurses and stretcher bearers were being organised as transport columns, and the Red Cross also made itself responsible for refreshment, rest and medical attendance stations along the line of railway between Japan's ports and the military base hospitals. As well as undergoing appropriate training in time of peace, local Red Cross
branches also obtained and stored medical and surgical material, clothing, bedding and transport equipment which would be needed on mobilisation. At the time of MacPherson's report, the Central British Red Cross Committee was all but moribund. Its chief component parts, the Order of St. John of Jerusalem and the National Society for Aid to the Sick and Wounded in War, led entirely separate existences. The experience of the Boer War had not convinced all members of the National Society, which still possessed very large funds, that its proper function was to place itself wholly at the disposal of the War Office. Opinions differed, however; and in November 1904 Lord Knutsford, a member of the Red Cross executive, wrote to The Times and other newspapers appealing for funds to set up a complete regional organisation for the Red Cross, so that it might offer a more efficient service in times of war and national emergency. At the same time, pressure was put on the National Society, and especially on A.K. Loyd M.P. (nephew of Lord Wantage, who had died in 1901) to merge the Society in a larger national association. Early in 1905, Sir Edward Ward, Permanent Under Secretary at the War Office, and Viscount Esher, its eminence grise, a member of the Committee of Imperial Defence possessing great personal influence with the King and Queen, undertook an inquiry into a major regeneration of the Red Cross. In March 1905 representatives of the Red Cross and the National Society met at Buckingham Palace, where Loyd objected strongly to 'the pressure that had been brought to bear on the National Society recently to bring it, the Red Cross societies, into conformity with that of Japan, the success of which appeared to be due to its complete submission to the Japanese War Office', but his opposition was eventually ground down and a merger was agreed. In July 1905 an inaugural meeting of the new British Red Cross Society was held at the Palace; Queen Alexandra was to be president of the new association, which was to be 'recruited from all classes throughout the Empire'. She launched an
appeal to all the women of the Empire to assist me in carrying out this great scheme, which is essentially a woman's work, and which is the one and only way in which we can assist our brave and gallant Army and Navy to perform their arduous duties in time of war. 39

All the women of the Empire did not immediately respond to the call of the Red Cross, which was not initially couched in very concrete terms. However, in July 1906 the Red Cross Council 'agreed to a Committee of the ladies of the Council undertaking to assist in the formation of a number of County Branches'. This committee decided to proceed by inviting the wives of Lords-Lieutenant to take over the responsibility for the Red Cross in their respective counties. 40

Exactly what the county branches were supposed to do remained somewhat obscure. There was some discrepancy between the War Office's aims and the Red Cross's aspirations. At the end of 1905 the Red Cross had agreed that the role of the local branches was to enrol members, to collect money, and 'to determine the particular form which the Branch would wish their aid to take in time of war'. A pamphlet issued on the constitution and aims of the re-constituted Red Cross referred to 'the nature of the aid likely to be furnished by the Society in time of war, as illustrated by particulars of that provided in the late war in South Africa'. 41

This was indeed a far cry from the Japanese model; and, as it had been stated at the inaugural meeting that the Society was to be 'entirely voluntary' and independent of the War Office in time of peace, it was difficult to imagine how the British Red Cross could ever be brought to the state of war preparedness of its eastern counterpart.

In 1907, however, the launching of R.B. Haldane's Territorial scheme opened up new possibilities of co-operation between voluntary agencies and the army, for the Territorials were not, in principle, a professional military organisation. The County Associations which administered them were presided over by their respective Lords Lieutenant: the prospect dawned of a perfect symmetry, not to say marriage, between a military
organisation emanating from the Lord Lieutenant, and a medical aid
organisation emanating from his wife. By the autumn of 1907 R.B.Haldane
and Keogh had initiated discussions with Frederick Treves, Chairman of the
Red Cross Executive, on linking the Red Cross with the Territorial medical
services; the entire Executive met Haldane at the War Office at the end of
November to set up a working party.42 It was agreed that the Red Cross
would undertake to find supplementary quarters, equipment, and personnel
'mainly consisting of men' for the 14 Territorial general hospitals, to set
up convalescent homes, and to organise transport for the sick and wounded
and food depots along the lines of communication. These proposals were
officially embodied in a War Office circular to the Territorial Force
Associations of 4th May 1908, inviting their secretaries to establish
contact with their local Red Cross branches.43

When on 16th August 1909 the War Office issued its 'Scheme for the
Organisation of Voluntary Aid in England and Wales', with an appendix on
the organisation and resources of the Red Cross Society of Japan, it
appeared as the logical extension of previous planning for the Territorial
Force. The new scheme was to supply certain gaps in the Territorial
medical service. The lack of any connection between field ambulances and
railway lines was to be remedied by organising 'clearing hospitals' and
providing transport facilities. Rest stations and temporary hospitals
were to be set up along routes of evacuation. Buildings and personnel were
to be prepared for the expansion of Territorial general hospitals. This
work was to be entrusted to male and female Voluntary Aid Detachments 'just
as in the case of the relief detachments of the Japanese Red Cross Society,
and the voluntary aid companies of Germany'. Men's Detachments were to
consist of a Commandant, Quartermaster, Medical Officers and Pharmacists,
Under Officers and up to 48 men. They were to be employed in preparing
means of road transport and converting buildings to hospital use. Women's
Detachments were to consist of a Medical Officer/Commandant, a
Quartermaster, two Lady Superintendents, and 20 women of whom two were to be fully trained nurses. They were to form rest stations and to take charge temporarily of soldiers too ill to travel; they might also be employed in ambulance trains, and in nursing and cooking duties in clearing hospitals. All Detachments were to be organised for their local Territorial Force Association by the Red Cross, and to receive preliminary training in first aid and nursing from the St. John's Ambulance Association.44

The published scheme included the statement that the Territorial medical services' 'incompleteness is intentional, because it was eminently to be desired that every opportunity should be given to the British Red Cross Society and other societies of taking a share in the work appropriate to those who in all civilized countries seek to mitigate the lot of the sick and wounded in war'.45 It is clear, however, that the V.A.D. scheme did not spring fully-formed from the heads of either R.B. Haldane or Keogh when they were constructing the Territorial Force and its medical service. Keogh had originally envisaged turning to the Red Cross only for 'charwomen, maidservants, labourers et hoc genus omne';46 his first ideas on supplementary voluntary aid had not involved any significant role for women beyond fund-raising; he had certainly not intended Detachments to include trained female personnel. The V.A.D. scheme was, in fact, as much a response to popular initiatives - in particular, to female initiatives - as a product of governmental forward thinking. Many of its details represented hard-fought compromises between voluntary bodies which presaged future dissension over the organisation and training of Detachments; and the scheme developed in ways unforeseen by its official authors.

The original focus of army medical plans for supplementary voluntary aid, and a source of many ideas on the subject of civil-military co-operation, was not the Red Cross but the Order of St. John, working through its subsidiary organisations the St. John's Ambulance Association,
and the St. John's Ambulance Brigade. After the Boer War the Brigade maintained its own Bearer Companies, whose functions were the same as those of the Bearer Companies attached to the Volunteer R.A.M.C. In 1905 Brigade members also formed a Royal Naval Sick Berth Reserve. Despite these official signs of approval, the St. John movement as a whole still smarted over the War Office's rejection of its female volunteers during the Boer War. The members of the S.J.A.B. Nursing Divisions, proud holders of certificates in first aid and home nursing, had been turned down for want of a three-year certificate of hospital training, and felt this as unfair discrimination: like many others, they were convinced that society women with lesser qualifications than theirs had nevertheless managed to obtain nursing positions in South Africa. From 1903 onwards there was considerable discussion within the Brigade of the possibility of organising the members of the Nursing Divisions as a military nursing reserve. A Brigade Nursing Officer sparked off much sympathetic comment when she wrote to First Aid in 1907:

I have been greatly interested in articles ... connected with Red Cross work in Japan, and the part that women take in connection with it in that country. Cannot the ambulance women of this country have a part found for them in defence of hearth and home. ... Surely it would not be difficult to form an Auxiliary Branch of Queen Alexandra's Imperial Military Nursing Service, in which the St. John Nursing Sisters might be enrolled and permitted to occasionally undergo instruction at a military hospital.

She added that her request was

In no way connected with the Female Suffrage movement, for the ladies of which I entertain a very strong measure of contempt, for the way in which they are lowering the prestige of women amongst all self-respecting classes of society.

The writer may have known that a year previously, the medical superintendent of the Portsmouth Guardians had enrolled some of his workhouse infirmary nurses as an S.J.A.B. Nursing Division with a view to getting them recognised as a military nursing reserve unit; this proposal
 был увенчан ни одобрением от Министерства Войн, ни от Ордена Святого Иоанна. В мае 1907 года Ордер, совместно с Министерством Войн, объявил о создании Военного домашнего резерва, который предназначался для замены офицеров и солдат Р.А.М.С. служивших за границей в военное время. Схема была направлена только на предоставление мужской медицинской помощи в домашних госпиталях постоянной армии, и хотя к 1908 году обсуждались идеи интеграции женщин Ордена Святого Иоанна, эти планы не реализовались.52

Орден Святого Иоанна затем переключился на постоянную армию, и начал разрабатывать схемы для дополнения территориального военного учреждения. Аделина герцогиня Бедфорд, дама Ордена, супруга лорда губернатора Бедфордшира и член совета Британского Красного Креста, предложила создание "Услуги помощи женщин" в качестве вспомогательного учреждения для территориального военного учреждения в случае захвата территории. Сестры Ордена Святого Иоанна, уже имеющие сертификаты первой помощи и домашней медицинской помощи, получат дополнительное обучение, включая практическое обучение в госпиталях и амбулаториях. Она посетила Францию, чтобы изучить работу женщин в организациях, таких как Ассоциация облегченных дам и Союз женщин Франции, и получила поддержку и сотрудничество от Управления Министерства Войн и Кеога, который был также рыцарем Ордена Святого Иоанна.53 В начале 1909 года Аделина герцогиня Бедфорд, Ричард Темпл, помощник директора Ордена Святого Иоанна и Герберт Перrott, секретарь Ордена, посетили Элизабет Халдан в ее кабинете и обсудили проект с ней, и прежде всего добивались поддержки "квалифицированных женщин" для поддержки работы профессиональных медсестер в военное время.54

Комментируя ситуацию, Элизабет Халдан писала в письме матери, что "была обречена на получение писем и предложений.55 Возникло большое волнение, а техническая дискуссия вопроса о медицинском обеспечении переходит на качественно иное осознание. Женщины в..."
particular began to take initiatives of their own: the earliest and most flamboyant move had been made in 1907 by the founders of the First Aid Nursing Yeomanry Corps. In its first incarnation this appears to have been a rather select club for girls, the Islington Drill Brigade Girls' Yeomanry, described in 1908 as 'a development of the Islington Drill Brigade, which has for its founder Captain Baker, a well-known advocate of physical culture and a thorough disciplinarian.' The girls wore an extremely dashing and expensive uniform 'consisting of a crimson zouave, with the usual badges, crossed spurs, &c., on the sleeve, blue riding skirt and riding boots, yellow sash, red and blue service caps, with chin straps, a natty riding whip completing the equipment'. They were all 'strong and efficient riders'\(^5\) The adult corps which succeeded this organisation was supposed to train women for the mounted rescue of wounded soldiers. The Corps soon found friends in useful quarters. Col. F.C. Ricardo, of the Grenadier Guards, who later became their C.O., inspected them, and they were given space to drill at the Albany Barracks. By early 1909 it was reported that a 'busy band of aristocratic amazons' was engaged in recruiting work; prominent among them was Lady Ernestine Hunt, daughter of the Marquis of Aylesbury, who reportedly 'had considerable experience in the field hospitals of South Africa and Egypt'.\(^6\) By the end of the year she and a Mrs. St. Clair Stobart had broken away from F.A.N.Y. and formed a second military-medical organisation, the Women's Sick and Wounded Convoy Corps.\(^7\)

Within the pre-1914 military ambulance movement, the F.A.N.Y. always remained a group apart, not least because of the expenses consequent on membership. But although the Corps was absorbed into neither the V.A.D.s nor the Territorial medical service, its ambitious example, which received a good deal of publicity, undoubtedly spurred other women into action. In many different parts of Britain women were assuming the right to participate in Haldane's defence scheme, and demanding the training and
organisation that would enable them to do so effectively. Early in 1909 the female relatives of the soldiers of a Cheshire Territorial regiment requested a special course of instruction in first aid and nursing in order to make themselves useful to their menfolk in time of war. This was duly organised through the S.J.A.A. In London, Viscountess Esher began to arrange similar courses of instruction for ladies. In April 1909 Elizabeth Haldane received a letter from a lady in Scotland:

... we have decided to form a small corps of mounted women, with a foot section of all who do not wish to learn the riding. So many ladies were keen on the First Aid work, but hesitated at the riding, ...

She had, she wrote, received a flood of applications from all over Scotland, and offers of help from Territorial medical officers. They were going to learn stretcher drill, and day and night signalling. Was it possible that they could obtain 'some sort of official recognition'? They had already discussed the question of uniform and 'distinction marks'.

Other enthusiastic women wrote in a similar vein directly to Haldane himself, or to Keogh.

These developments made an enormous impression on Keogh. On 12th March 1909 he wrote to Elizabeth Haldane:

Some time ago a lady wrote to Mr. Haldane regarding the formation of classes of instruction in first aid for women, the wives of officers, NCOs & men of the 6th Cheshire Regt. I was asked to reply to her. (She asked for the grant of a medal to those who passed as qualified in first aid). I replied sympathetically, but said that the S of S could not recognise her movement apart from that on similar lines already undertaken by the Order of St. John. I am very sorry I did not keep a copy of the letter. It was an error for I fully recognise the value of the movement not only on account of its intrinsic utility but because it was likely to afford the women of the Country an opportunity of "joining" the T.F. & so of compelling their husbands & brothers & sons to join ... I think we have a chance if we work warily, of starting a great popular movement. We have first of all to bring the St. John people with us, next to conciliate the nursing profession, prone to view with disfavour the amateur nurse ...
Ten days later, Keogh proposed bringing this question before the Advisory Council of the T.F.N.S.: 'we can extend the organisation of women for Home Defence in very many directions'. The following month he wrote about forming a 'Woman's Society' or 'National Corps' of women to fill in the gaps in the medical organisation of home defence, in conjunction with the County Association; 'next we must stir up the Country'. Keogh's enthusiasm was fuelled by the British Red Cross Society's utter failure to develop any popular momentum. Even after the War Office circular of May 1908, the Red Cross branches had remained largely unmoved by any sense of national urgency. Headquarters encouraged the formation of 'latent' as well as 'active' branches, and as late as March 1909 expressed satisfaction at being in a position to offer the War Office aid 'of such a kind as has been furnished by the Society in past campaigns and would be available not only for a war beyond the confines of Great Britain but also for an emergency in which these islands were invaded'. On 20th April Ward replied expressing the War Office's disappointment with the Red Cross's performance: times had changed, and voluntary aid in its past forms was not what was needed; 'the Army Council will proceed to the formation of such other organisations as may be required at the various centres and will from time to time indicate to your Committee the methods by which your local representatives may assist the schemes of the Army Council'. This snub produced a howl of indignation from the Red Cross, and an undertaking to take full responsibility for whatever new voluntary aid programme the War Office was about to devise.

Keogh's instinct to seize the moment to build a patriotic movement among women was a sound one, for 1909 was an extraordinary year for manifestations of nationalist panic and crusading zeal. Early in the year, Gerald du Maurier's play about an invasion of the British Isles, An Englishman's Home, had inspired thousands of young men to join the Territorial Force; and, perhaps, more important, it had fostered a general
state of exaltation in which other members of society searched for ways of
discharging a new-found sense of patriotic mission. 'We have had a
wonderful time in London,' noted Viscount Esher. 'Quite a revivalist
fortnight. As some one said, the most exciting since the late Moody and
Sankey. Gerald du Maurier's play began it'. In February and March it
became general knowledge that the German naval programme threatened
Britain's long-assumed global superiority in battleships; a different kind
of agitation, linked to the jingoistic music-hall war-cry 'We want eight
and we won't wait' launched an expensive supplementary Dreadnought
construction programme. Such widespread popular excitement had not been
seen since the Boer War, even though events overseas had already stirred
the imaginations of civilians acquainted with military matters and the
voluntary aid movement. Women's responses to this wave of feeling took a
variety of forms, but the military ambulance movement was the one which
attracted the largest following, mainly because it gave their aspirations
practical and concrete expression. A path of usefulness opened up for
women who had perhaps already begun to envy the Territorial nurses their
designation as 'the only' women who can take any part in national defence.
All the rest of the women will be classed as non-effectives, and will be a
drain on the resources of the country'. Neither Haldane nor Keogh was
above manipulating fears of invasion to build up what was in essence an
expeditionary force. They were not alone in seeing that a purely voluntary
military organisation would fail if the non-combatant women of the country
could not be persuaded to support it. But they were unusually wise in
their generation in seeing that women's support would be most valuable if
linked to regular and demanding activity, and real responsibility, within a
permanent and official military organisation.

* * * * *
Throughout the period 1910-1914, roughly two-thirds of V.A.D. members were women. The predominantly female membership reflected the prior claim of the Territorial Force on the patriotism of male volunteers under the age of 40. 'The difficulty all round is getting the men', as an administrator in the London area wrote in November 1910. All Red Cross branches reported problems in recruiting men, and apathy amongst those enrolled; some branches had no male Detachments at all before 1914. Both in their origins and in their subsequent history, therefore, the V.A.D.s may justly be characterised as a 'women's movement', although its national direction was in the hands of men. The numbers involved were large: around 8,000 women by the end of 1910, around 26,000 by early 1912, rising gradually to just under 50,000 on the eve of the war. The activities of the Detachments had an influence which extended far beyond their immediate membership, as will be seen in the next chapter; here it is proposed to deal chiefly with the organisation and training of Detachments, and their relation to the defence system as a whole. By early 1912 there were nearly 300 Regular army nurses in the Q.A.I.M.N.S., and slightly under 3,000 women enrolled in the T.F.N.S. Alongside them the V.A.D.s registered 26,000 women who were in principle ready to be mobilised to assist the Territorial medical services in an invasion or other national emergency. What was expected of these women, however, and whether they were to be integrated as nurses, orderlies or a reservoir of unskilled labour within the official military hospital system, remained a largely unanswered question.

The V.A.D. organisation was not strongly centralised, Detachments being formed by Territorial Associations acting through local branches of the Red Cross. In July 1901 the V.A.D.s were designated a section of the Technical Reserve of the Territorial Force, but they continued to be left very much to their own devices, for, unlike the Territorial units, they received no funding whatever from central government. The 1909 circular asked for a national network of Detachments, but laid down no target for
membership. Annual inspections by military authorities were stipulated, and initially members were required to obtain the first aid and home nursing certificates of the S.J.A.A. before enrolling; however, no guidelines were laid down for the further training of those so qualified. Commandants were told to study the 1909 circular, and then given 'a perfectly free hand to take such steps as may seem best to train the Detachments, knowing and keeping in view the duties they must be prepared to perform'. The Red Cross made no official training manual available before the end of 1911, and by this date it had ceased to be the sole body responsible for organising Detachments. From the outset there had been conflict between the Red Cross and the Order of St. John over the level of the preliminary qualifications required of new recruits. St. John withdrew from the joint scheme in mid-1910 and was subsequently allowed to organise Detachments independently. In addition, some Detachments were organised directly by the Territorial Associations with little reference to either the Red Cross or St. John. By far the majority of Detachments were, in fact, organised by the Red Cross - 1110 out of a total of 1318 in February 1912 - but their local circumstances and social resources varied enormously. The Red Cross for its part decided in 1910 to recognise preliminary qualifications granted by a wide variety of national and local certifying bodies, finally recognising itself as one in 1911. There were, in consequence, widely divergent interpretations of the 1909 circular, of the position of the V.A.D.s within the Territorial system, and of the role of women within the V.A.D.s. The pattern of training opportunities offered to women was by no means uniform, and conclusions drawn from local experience are not necessarily applicable to the movement as a whole.

The 1909 circular stated that 'each detachment should be capable of being used either as a clearing hospital, or as a rest station, or as an ambulance train personnel, as the circumstances of the moment may demand in
time of war', and 'should therefore be trained in such a manner as will enable it to perform any of these functions'. The only clear demand it made of recruits was the preliminary qualification in first aid and home nursing. Early in 1910 men were exempted from the latter part of the qualification; and later that year the requirement of a preliminary qualification was relaxed altogether. In order to speed up the formation of Detachments, a 'probation' system was devised by which each new recruit had to promise to obtain the appropriate certification within twelve months of joining. In one way this solved the question of what the newly-formed Detachments were supposed to do: members spent much of their time working for their preliminary certificates. Keen Detachments might meet weekly; all met at least once a month. The next stage of their training was often rather repetitive of the first:

In order to gain the necessary experience, the members practice putting on bandages and splints, arresting haemorrhage, and other matters which they have learnt in their first aid classes, and which require much practice in order that they may be done efficiently with comfort to the patient and with neatness. The bandaging class lasts about forty minutes, and is followed by drill, which lasts from thirty to forty minutes. The drill is of great use in helping members to see the need of combined action in work, for discipline and, last but not least, for smartness. Silence is maintained, and marching in single and double file, forming fours and other simple manoeuvres are gone through. Stretcher drill is undertaken, ... On another evening bed-making and the careful moving of sick and injured persons in bed under the careful supervision of a trained nurse takes up the first forty minutes, and is again followed by drill.

Some Detachments were reported to have been content to go no further than this; but the members of this particular London Detachment, and others all over the country, clamoured for more preparation for their wartime responsibilities in temporary hospitals. As an unofficial Detachment manual asked in 1912, how many women had yet been trained to assist at an operation, 'or can look upon a shell wound without fainting?
... wash a helpless patient, or lift him on and off a bedpan and clean it afterwards? These skills could only be acquired in civil hospitals in peacetime. In 1911 the Red Cross set up a sub-committee to deal with the further development of nursing tuition, and the S.J.A.B. appointed Lady Perrott, wife of Sir Herbert, Lady Superintendent in charge of Nursing Corps and Divisions. In this capacity she obtained from a number of metropolitan and provincial hospitals the privilege of Detachment training in wards and out-patients' departments; by September 1912 she had been able to arrange a fortnight's residential training for some members.

Usually V.A.D. hospital training involved a couple of hours' ward work a week, 'making beds with real sick or injured persons in them, taking temperatures and charting them, putting on fomentations and simple dressings ...' One Red Cross V.A.D. in Pontypridd recalled going to 'the local hospital and besides doing ward work, I mean any kind of ward work that had occurred, the doctors let me go into the operating theatre and were very good about explaining'. Obviously some Detachments were better placed to gain this kind of experience than others; remoter rural Detachments had to make do with lectures from their local district nurse, and they were occasionally able to accompany her on their rounds.

The purely domestic aspect of hospital work was also a feature of V.A.D. training. The 1909 circular proposed that women V.A.D.s should be taught how to prepare invalid diets. By 1910 they were also expected to take responsibility for laundry work. The course of lectures which James Cantlie organised at the Regent Street Polytechnic as early as autumn 1909 went into considerable detail on the care of clothing in general, and that of the Regular and Territorial soldier in particular: VAD members learned the skills of washing, mending, darning, sewing, knitting and disinfection. In Berkshire and London, VADs spent winter sessions cutting out and sewing hospital articles such as pillow-cases, hotwater-bottle covers, bedjackets and dusters, which were either stored or
donated to hospitals. More general domestic training for V.A.D.s included the study of home hygiene and sanitation, food values and 'housewifery'. It is clear that many V.A.D.s saw these domestic functions as something which detracted from 'real' Detachment work, and even lowered its prestige. In 1910 a new regulation exempted four cooks per Detachment from all preliminary qualifications, giving support to the idea that a full member of a Detachment had higher priorities to consider. At a Kent V.A.D camp held in 1913, only two out of 126 campers demonstrated any proficiency in cooking. Some Commandants came to think it important from the point of view of discipline and self-sufficiency that members should acquire such skills as cooking and washing up; others thought it a waste of valuable camping time, if they could find servants to perform these functions for them. A move to co-opt laundresses who, like cooks, should be exempt from preliminary qualifications, was quashed by the Technical Reserve Committee in 1912.

Had V.A.D. work and training involved nothing more than elementary nursing skills and housewifery, it is most unlikely that it would have attracted women in as large numbers as it did: similar opportunities, after all, had been available through the S.J.A.B. Nursing Divisions for several years. But cutting across the fairly simple development of an auxiliary hospital function for women's Detachments was the popular presupposition of 1909, officially endorsed by the War Office, that the country was in danger of invasion and dislocation of normal services. Training exercises and field displays were organised, often in conjunction with local Territorial units, where members were told to imagine that 'a battle was supposed to have taken place near the Northumbrian coast. The invaders were forced to re-embark on account of the appearance of the fleet, while the defenders rushed to the coast, leaving the "wounded" behind to be dealt with by the ambulance parties. ... The engagement occurred somewhere about three o'clock, and soon after a heavy roll of
casualties was reported'; or that 'a party of revolutionaries, well armed, had assembled at Wimbledon Common at a time of national peril, and that on their attempting to damage the South-Western Railway a force of Territorials had dispersed them, with a number of killed and wounded on both sides.'

V.A.D. women were taught to look after the wounded in hospital tents. They were put in charge of field kitchens, and given instruction in 'improvised cooking arrangements on ordinary fires and in the open'.

Thus, neither domestic nor nursing training necessarily confined the V.A.D. within four walls; weeks spent under canvas became as important as weeks spent in hospital. The first residential camps for Red Cross V.A.D.s were held in Glamorgan and Wiltshire in 1911, and enthusiasm for this activity grew rapidly within the movement. A summer camp organised by the County of London branch in July 1913 taught its members to pitch and strike tents, dig trenches for camp fires, load wagons, and make beds and straw mats for the wounded. A member of the Kent camp of 1913 rhapsodized:

The joy of those nights in camp! the freshness of them! ... Friendships were made that tend to draw the county together in one bond of Voluntary Aid sisterhood, ...

The 1909 circular stressed that V.A.D. members were to be trained to adapt local resources for the purposes of sick accommodation and transport. In many areas improvisation and spontaneity were the key words of the movement. They were most vividly expressed by Cantlie in April 1913, at a conference of St. John Nursing Officers:

You may be isolated from your detachment on the countryside ... You find you have to make a stretcher. But you say you have nothing to make it with. You must get some pitchforks, (they are probably the only things you will find in a country district), knock the heads off the forks and rope the handles together. How are you going to rope them together? You have no rope. The military have commandeered every scrap of rope and leather and strap and there is not a piece to be
found anywhere. What are you to do? There is a strawstack. You can make a straw rope, and so everyone should know how to sit down behind a strawstack and make a straw rope. ... You have used up all the dressings that were in your havresac. You have nothing to tie your splints with. Yes, you have your straw rope; it is easily made and goes round nicely, and for dressings you must take some straw and burn it and thus get some wood ash, and you can use that; it is the best ambulance dressing in the world. ...

This was indeed a far cry from domestic duties and hospital routines.

Instead of restricting women V.A.D.s to a modest auxiliary role, these open-air exercises encouraged them to develop initiative, and to envisage taking command of a situation in an emergency. Their training offered them a position of leadership of sorts within their own communities. They were invited to take their own decisions on the best use of local resources, and to look at their immediate environs with a new eye:  

Let us suppose that the School-house, the Church, or the Hall will hold forty wounded. Forty beds must be provided. Are there forty inhabitants who will give a bed and bedding for each of these? Are there ten women who will nurse them? Are there three women who will cook for them? Is there a minister of religion who will give them spiritual comfort and consolation? Is there a village carpenter who will prepare splints for the mangled limbs, and are there children who will roll the bandages to envelope them? ... Is there anyone whose help is not required? Not one. Where is his or her place, what does he or she do? That will be told them. ... We can give the knowledge, we can provide the organisation.

These aspects of women's V.A.D. work - outdoor activities, improvisation, training in leadership - were accentuated by the failure of men to enrol in the movement in the expected numbers, except in areas organized exclusively by the S.J.A.B. Male Detachments were in theory responsible for preparing means of road transport, especially where ambulance trains were inaccessible or unable to function. In their absence a women's Detachment could at any moment find itself the sole agency in charge of transport of the sick and wounded, classically the male function in military-medical organisation. Although every county was constantly
exhorted 'to try and buck up the Men's Detachments', it was from an early stage admitted that this deficiency in the organisation might be permanent. By 1910 the County Director of the Rutland Red Cross had instructed the Quartermasters of women's Detachments to get twelve local men trained in stretcher drill, and not to wait for a proper male Detachment to be formed. The Oxford branch was co-opting members of local Fire Brigades for this purpose in 1911. The Executive of the Red Cross responded to these local initiatives only in February 1914, when it authorised the women's Detachments to recruit and register 'bearer squads' of six men.

Many women's Detachments, however, saw no reason to co-opt men as bearers. Women members were often young and strong - the minimum age for joining was 17 - and could compare their lifting capacities favourably with those of male Detachment members aged over 40. By 1912 there was a growing official reaction against women's stretcher practice. Many medical instructors thought that stretcher work for women was 'altogether contraindicated', but, if absolutely unavoidable, should be carried out by four women per stretcher. Cantlie's official manual stipulated no less than 'six women bearers, one at each end of the stretcher, and four more supporting the sides of the stretcher'. The sole purpose of stretcher drill for women was said to be for discipline and smartness, and to enable them to give instruction to others, less skilled than themselves, in emergencies. A meeting of the Technical Reserve Committee at the War Office in November 1912 reiterated that women were to be discouraged from this work. But despite official discouragement, and no matter what the expedients adopted by different Counties - some of whom devised ingenious modifications of stretcher drill, and invented wheeled or specially lightweight stretchers - the indisputable fact remained that women Detachments expected to take responsibility for what had previously been considered essentially 'men's work'; and they felt justified in doing so
by their growing certainty that the next war would take every able-bodied man into the firing line. 107

How were the V.A.D.s viewed within the civilian nursing community? Keogh had anticipated the need to 'conciliate the nursing profession'; and the movement recognised the importance of trained nurses in many ways. The 1909 circular stipulated that there should be at least two in every Detachment of 20 women members; the 1910 edition stated that the Lady Superintendent was to be a trained nurse. In 1911 the Director-General of Army Medical Services stressed the importance of obtaining qualified nurses as Superintendents: the ruling might sometimes have to be relaxed, but not 'where the enrolment of a trained nurse as lady superintendent is merely a matter of trouble, difficulty, or alleged unsuitability'. 108 In the remoter rural branches, this office had to be filled by the district nurse; elsewhere, retired nurses or members of the T.F.N.S. were called upon. 109 Their role was originally expected to be supervisory only; early in 1910, however, they were invited to undertake training functions as well.

The reasons for this change were largely financial. While in some areas patriotic doctors lowered their costs or lectured free of charge, in most they insisted on charging the fees which they had in the past received for lecturing and examining St. John classes. 'What an impossible handicap to a women's VAD in a country district wld be a fee of £21 - for the first aid & Nursing' wrote a lady organiser from Scotland to Elizabeth Haldane, and another organiser wrote to the secretary of the Red Cross, 'it is out of the question to charge villages 7s.6d. and 9s.6d. a head'. 110 In 1913 the B.M.A. resolved to insist on a fee of five guineas per course, which again caused dismay and the prospect of disbandment among many Detachments. 111 The services of a trained nurse, on the other hand, were nothing like so expensive. In July 1910, at the request of the Red Cross, the War Office sanctioned the employment of trained nurses as Home Nursing instructors in a published amendment to the V.A.D. scheme. 112 The
replacement of doctors by nurses was a major bone of contention between the Red Cross and St. John, and one of the chief reasons for the latter's withdrawal from the joint operation of the scheme in that year. St. John accused the Red Cross of pursuing quantity rather than quality in the formation of Detachments, and refused to recognise nurses as instructors until June 1914.\textsuperscript{113}

Despite the fact that qualified nurses were members and instructors within the V.A.D. movement, and many hospitals accepted V.A.D.s for training, relations between nurses and women V.A.D.s remained highly ambivalent. Even where nurses were not ardent registrationists, they resented any kind of 'playing at nurses' by amateurs which could reduce the status of what was to many a vocation, and to some a profession. On a practical level, there was a real danger that nurses' wages, which were as yet hardly generous, would be further depressed if large numbers of semi-trained women were on the outbreak of war employed either in military hospitals, or in civilian hospitals as replacements for those called away on Territorial duty. Registrationists naturally feared that their struggle might receive a setback from which it would never recover. Along with many doctors, nurses were also often doubtful of the wisdom of passing on a little medical knowledge to laymen. Sir James Cantlie, working for the Red Cross in London, was alone in his insistence that V.A.D. doctors and nurses should train in first aid proficiency alongside their future pupils; this practice seems to have had good results for the cohesion of Detachments.\textsuperscript{114}

The anxieties of most trained nurses focussed in particular on the title 'nurse' and the type of uniform worn by V.A.D.s. Lady Perrott insisted that the St. John V.A.D.s were never called 'nurses',\textsuperscript{115} but the term was widely employed in the Red Cross. Princess Christian, ever the champion of nursing professionalism, wrote to Lord Esher in December 1912 to ask 'whether the term Nurse could not be altered to Nursing Aids - or
Nursing Aid Sister, or some such term. The term Nurse in my humble opinion is synonymous with the fully trained certificated nurse'.

It was perhaps due to this démarche that early in 1913 the War Office wrote to the County Presidents of the Red Cross forbidding the improper use of the term 'nurse'.

In January 1913 the magazine First Aid organised a competition to find the best alternative title, the prize going to 'Vadet': this does not appear ever to have passed into common parlance. One wartime Territorial matron is said to have insisted on using the term for the V.A.D.s assigned to her hospital, but her patients pointedly refused to follow her example.

Uniform was equally a source of resentment, and both St. John and Red Cross V.A.D.s were criticised bitterly for apeing the appearance of the professional nurse.

No single uniform appears to have been compulsory for either St. John or Red Cross V.A.D.s: Detachments sometimes designed their own, and appeared in a great variety of headgear. Nevertheless, they all looked a good deal more like nurses than soldiers; and in April 1914 the Advisory Sub-Committee on Voluntary Aid was asked to devise a new V.A.D. uniform which would be distinguishable from that of the hospital-trained nurse. They were almost certainly overtaken by events.

The extent of the anxiety which the V.A.D. movement caused in the nursing community can be gauged from a report of a meeting between the Assistant County Director of the Somerset branch of the Red Cross and 'a number of fully-trained nurses in West Somerset':

The general feeling of the meeting was one of sympathy with the aims of the Society, but a plea that in case of a national strike of nurses members of V.A.D.'s might not be employed as blacklegs was strongly urged, and a case was cited where V.A.D. members had been known to interfere with a case under the care of a professional nurse. Considerable feeling was exhibited at a proposition to delete the words "three years" from the regulation re the qualification of a nurse lecturer, ... and the suggestion was abandoned. Two resolutions, to be sent to headquarters, were then carried unanimously: - "That examinations
ought to be held at local centres at the same time throughout the United Kingdom, and ... set and marked by a matron (such as a Territorial F.N.S. matron) the questions being compiled from the Nursing Manual. "That the Nursing Manual in present use (Cantlie, No. 2), should be replaced by one that is up-to-date and written by a nursing authority."

Trained nurses were very far from wanting to boycott or suppress the V.A.D.s: as always where matters of military nursing were concerned, they wanted a larger share in the movement's direction, and an opportunity to emphasise the importance of the contribution that trained nurses could make to the state. The same nurses who feared 'scabbing' wanted to be more involved in V.A.D. training. Their position was strengthened by a growing disquiet with the nursing aspect of V.A.D. work. Even among the Red Cross Detachments, there were enormous variations in the content of lectures, the standard of examinations, and the amount of practical work undertaken. Attempts to remedy this lack of uniformity were half-hearted. In May 1912 the County of London branch proposed a centralised three-year training scheme, which included courses in home nursing and hospital attendance; in July the Red Cross Council approved the scheme, with its system of ribbons and bars for proficiency, but did not make its adoption compulsory. In 1911 and 1912 the Red Cross had finally published its own training manuals, Cantlie's Red Cross First Aid and Red Cross Nursing, but the latter in particular aroused widespread criticism for being too technically advanced for its purpose: Detachments reported a falling-off in attendance, and begged to be allowed to return to the simpler publications of the S.J.A.A.; nurses and doctors found the instruction it contained largely inappropriate to the humble tasks likely to be expected of their pupils. Some V.A.D.s working from Cantlie's manual were expected to be able to give hot air baths and hypodermic injections, carry out nasal feeding, and know the Latin names for diseases. Others were undergoing a much less demanding training in unrealistic conditions: they practised their bandaging on clothed limbs only, and their patients never presented disgusting or
distressing complaints, but were all too often 'delightful Boy Scouts in the best of health!' 125

Early in 1914 Hilda Stewart, a Taunton nurse, pointed out in the *Nursing Times* that members of the nursing profession were virtually unrepresented on the British Red Cross Society's Council and sub-committees; she proposed to submit a memorandum to headquarters based on the views of nurses engaged in Red Cross work. 126 In April 1914 a nursing conference held in London agreed to send a deputation of trained nurses to the War Office Advisory Sub-Committee on Voluntary Aid. The meeting took place on 8th July 1914: the nurses raised the question of the lack of uniformity in nursing training, and urged that a sub-committee of nurses be formed to work under the Advisory Sub-committee; they wished Cantlie's nursing manual to be set aside and replaced with a new scheme of work, which would involve exams, but no proficiency medals; they wished examiners' fees to be the same for men and women. 127 Such reforms as did subsequently take place in the organisation and training of women's Detachments did not, however, come about as a result of this meeting but as a result of the outbreak of war the following month.

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Because they were the medium of female recruitment for a huge variety of non-combatant tasks in World War I, the V.A.D.s have passed into popular legend, and certainly the mainstream literary canon, as the epitome of enthusiasm, dedication and efficiency. However, this retrospective view severely distorts the history of the pre-war movement. Although it certainly generated keenness, excitement and hard work, it was also beset with confusion, incompetence and acrimony. Finance was a particular nightmare. The relatively small number of St. John Detachments, mostly based in cities, were able to build successfully on previous traditions of
voluntary funding, but the Red Cross Detachments, especially the more rural ones, frequently floundered. It was not just a question of the fees to be paid for medical instruction; bandages had to be renewed, the expenses for travel to competitions, displays and examinations had to be met, tents and other camp equipment had to be purchased or hired. In 1910 the Devonshire Red Cross V.A.D. handbook suggested that 'patriotic individuals' might be willing to foot the entire bill, and occasionally they did so. Two Surrey Detachments, for example, were entirely funded by the assistant County Director, Lt.-Col. Longstaff. Together with the local branch Treasurer, he paid for all the equipment which on 1st August 1914 appeared to be needed for the coming emergency. Other branches managed to raise smaller funds, which paid for specialised hospital equipment.

Detachments were under-staffed as well as under-financed. It was difficult to obtain the regulation complement of medical officers and trained nurses willing to act as Commandants and Superintendents, and the commitment of ordinary members was by no means sustained or uniform. Mrs. Longstaff recalled that a year after the Wimbledon Detachment was founded, only she, her husband, her daughter and a female neighbour were available for committee work. Between 1910 and 1912, the Vice-Presidents and County Committee of the County of London branch of the Red Cross did not meet, and the average attendance at Detachment drills was reported to be less than 50% of membership. In Wimbledon, and doubtless in many other branches, it was understood that members were free to resign at any time. By November 1913 the Exeter branch had created a reserve section for members 'unable to continue on the active list'. Many 'active' members did not even turn up for War Office inspections, and those who did often displayed poor levels of achievement in all areas of instruction, and worked with inadequate equipment.

Detachments complained bitterly of the lack of interest shown in their problems by Red Cross headquarters, and in particular of the lack of any
Central finance support. Central leadership was certainly very weak. In part this was attributable to the schism between the two great voluntary agencies. It is difficult at this distance in time to appreciate the bitterness of the dissension between the Red Cross and St. John: a Red Cross account of the pre-war period, published in 1917, had to be suppressed in order not to prejudice the continued co-operation between the agencies for the duration of the war. The quarrel drained the energies and enthusiasm of the Red Cross Executive and Council, and subjected many of them to a paralysing conflict of personal loyalties, as many of them were also members of the Order of St. John. Knights and Ladies of Grace served on the Red Cross Council, as Lords Lieutenant and their Ladies, as chairmen of Territorial Associations and St. John County sections, and as Directors of Red Cross County branches: 'as many offices as the famous character in the Mikado, in vain struggling to reconcile their duty in one office with their obligations to the others; ...'

The leadership was also demoralised by lack of government funding. In March 1912 Treves resigned from the chair of the Red Cross executive, and from all his responsibilities in connection with military nursing, on grounds of ill-health: he subsequently felt free to speak publicly about the War Office's refusal to supply the V.A.D.s with any equipment. Esher was deeply depressed by the movement's failure to achieve the official standing of its Continental counterparts: this would have involved not only government funding for military preparations, but also a larger role in peacetime ambulance work. In April 1912 he went so far as to invite Queen Alexandra to reconsider her connection 'with an organisation which may fail, when called upon, to fulfil expectations': Treves's resignation would leave the British Red Cross Society to 'crumble to pieces'; the conflict with St. John made it impossible to organise the Detachments on a sound financial and administrative basis; the society had no national relief function, and too narrow a social base. Soon after
writing thus, he resigned his position on the Red Cross Council.¹⁴¹

There can be little doubt that the fundamental cause of the V.A.D. movement's malaise was the lack of encouragement and direction it received from the War Office. The movement, having been created exclusively to deal with the emergency of invasion (or possible internal insurrection) was, by 1911, clearly somewhat marginal to the planning of the General Staff and the Committee of Imperial Defence. These bodies now anticipated a Continental engagement to check a German threat to France - a purpose for which the Territorial Force as a whole was not explicitly designed, but to which it could, nonetheless, easily be adapted. Both Haldane and Keogh possessed a strong sense of the intrinsic value of popular enthusiasm harnessed to a voluntary war effort; neither of them had thought that the V.A.D. movement needed to be directly and practically relevant to the needs of a British expeditionary force. Keogh, however, left the Army Medical Services in 1910, was briefly Organising Secretary of the British Red Cross Society, and then became Rector of Imperial College; Haldane left the War Office in June 1912 to become Lord Chancellor. Without their backing, the V.A.D.'s seemed increasingly quixotic and irrelevant. What need was there for a nation-wide network of Detachments if only those cities designated Territorial General Hospital Centres were likely to be involved in a war medical scheme?¹⁴² Moreover, the V.A.D.'s' methods of work and training caused some disquiet to the traditional military mind; there was too much spontaneity, too little discipline - and as one R.A.M.C. officer wrote, too free a hand given to women:¹⁴³

When one or more Voluntary Aid Detachments combine to form a temporary hospital, and if the commandant of the most senior detachment is a lady, will she command any men's detachment that may be attached to her unit? This may seem a point of minor importance, but some grading of officers commanding Voluntary Aid Detachments appears to be necessary, and personally I do not think it would be wise for a woman to act in any capacity other than a nursing sister or matron.
The early discussions between the War Office and the Red Cross had anticipated a close connection between the V. A. D. s and the Territorial medical service as a whole. The Red Cross Executive expected most of its branch work to be carried out in or near towns in which the Territorial general hospitals were situated. According to the 1909 circular, the V. A. D. s were not only intended to plug the gaps between the field ambulance and the base hospitals, but also to provide 'supplementary personnel' for the latter; moreover, local Red Cross branches were expected to equip the general hospitals, and to assist the Territorial Associations in earmarking accommodation for them. However, an amendment to the scheme published in December 1910 omitted the reference to supplementary general hospital staff; and in July 1912 a War Office circular, cancelling that issued to the County Associations in May 1908, withdrew all responsibility for Territorial general hospitals from the Red Cross.

This move may have been initially welcomed on both sides. The Red Cross branches were feeling overwhelmed by their duties in regard to Detachments, and were happy to surrender additional obligations. For their part, the Territorial nurses had already encountered the difficulties of working with local grandees: county committees often refused to consult with the professional matrons and nurses of the service. The V. A. D. movement inspired considerable apprehension within the T. F. N. S.: there were signs that Detachment members employed in Territorial hospital wards might be allowed to work under the immediate authority of their Commandants, and independently of the matrons in charge. Similar fears may have led to the Q. A. I. M. N. S. refusal to admit V. A. D. s to regular military hospitals for training sessions. Although by 1912 there appears to have been regular correspondence between the Detachments and the Matron-in-Chief, Miss Becher chose to form a special group of 'Military Probationers', who qualified as military hospital auxiliaries through three months' service in civilian hospitals, and were allowed to wear the capes
and grey uniform dress of Army sisters. Needless to say, they were very unpopular with the V.A.D. movement as a whole. 148

Whatever the grounds, the severance of the connection between the V.A.D.s and the Territorial hospitals in 1912 left the movement adrift and rudderless. There was no coherent or necessary relation between the regional branches. Central government offered no concrete projection of a national emergency in which each Detachment would have its definite part to play. There were no opportunities to develop any forms of division of labour, or specialisation, between branches. A plea to the War Office for clarification and guidance in forward planning met with a distinctly discouraging response: 149

... as it is impossible to forecast the locality or intensity of the fighting or the number of sick and wounded at any given time or place, it is equally impossible to say how many V.A.D.s will be required, where or when they will be wanted, or what will be the best method of utilizing their services ... it is not possible nor is it desirable to assign specific duties to individual Detachments.

This unsatisfactory situation produced a strong movement from below to force the War Office into action. In October 1912 Captain Sylvester Bradley, an R.A.M.C. officer attached to the Wessex Territorial Force, gave a paper to the United Service Medical Society which was highly critical of existing Territorial arrangements, and which reached a larger audience at the turn of the year through the pages of First Aid. He argued that the County organisation of voluntary aid was incompatible with the Divisional organisation of the Territorial Force: voluntary aid should be re-organised on a Divisional basis, and a Territorial R.A.M.C. officer assigned to take charge of Detachments. The latter were still largely unprepared for their most important function, that of setting up clearing hospitals for the proper care of the sick and wounded. 'The impression with which one is left is that a Voluntary Aid Detachment walks up to a dressing station, takes over the sick, and the dressing station goes on,
his being the "alpha" and "omega" of the evacuation of the sick and
wounded'. 150 His arguments were echoed in a national V.A.D. congress
convened by the Devonshire branch of the Red Cross, which passed a
resolution on

... the desirability of Voluntary Aid Detachments
being administered by the British Red Cross
Society according to Territorial Force Divisions
and organised by the War Office with reference to
mobilisation and to lines of communication; and
on the need of financial aid being given in peace
time to Voluntary Aid Detachments by the War
Office, and on the necessity of an adequate staff
being provided by the War Office for the direction
and training of Voluntary Aid Detachments. 151

The War Office responded to these demands with the announcement in March
1913 that a Territorial cadre would be established in each Division to help
in co-ordinating, training, and eventually mobilising Detachments. The
scheme was further elaborated two months later: a clearing hospital would
be established for each Territorial Division, making 14 in all; two
officers and five men of the R.A.M.C. would be attached to each of them,
and it was hoped that they would become centres of guidance for V.A.D.s.
This new policy was enshrined in the Army Orders for October 1913.152

In December 1913 the Territorial R.A.M.C. of the Wessex Division
decided to take the process of integrating the V.A.D.s with their service a
stage further. They put forward a memorandum, written by Bradley, which
elaborated a scheme of linked reception, clearing and general hospitals,
and which hinted as strongly as possible that the Detachments as such had
no independent role to play in war:153

These plans are in no way antagonistic to the
general scheme for the peace organisation of
Voluntary Aid, but individual Voluntary Aid
Detachments must be looked upon as training units
and not as the completed personnel of a Temporary
Hospital, which will have to be made up according
to the size and requirements of the Temporary
Hospital in question, and will often necessitate
the selection of individuals from different
detachments.

By February 1914 this memorandum had been submitted to Red Cross
headquarters, and accepted pending War Office approval. The memorandum was a very public repudiation of the original ethos of the V.A.D.s. It was presented to a regional conference of V.A.D.s at Salisbury on 25th February, where the County Director for Devonshire gave it a particularly enthusiastic welcome:

... it puts an end once and for all to the idea that women would ever be used in the field; consequently it does away with the doctrine that improvisation is better than the use of proper appliances on every and all occasions; detachment members should work up to the highest standards with the understanding that they would be used in buildings, as nurses, not on the field as first aiders; and improvisation would only be resorted to as a last resource, as for instance if traffic were so congested that supplies were cut off.

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In June 1914 the War Office set up a committee under the chairmanship of Sir Walter Lawrence to inquire into the multiple difficulties encountered by the V.A.D. movement. War broke out before its deliberations could be concluded, and indeed rendered them largely irrelevant. Although voluntary fundraising continued, the V.A.D. movement henceforth received government financial support. The Red Cross and St. John patched up their quarrels for the time being. The pattern of duties to be performed by V.A.D. members evolved with the course of the war. The trained nurses might continue to resent the V.A.D.s whom the patients addressed as 'nurse', and who undercut their wages by working gratuitously or for small grants; but they could hardly be so unpatriotic, or so impractical, as to refuse to have them in the hospitals. Over two and a half million sick and wounded soldiers were treated in hospitals in the United Kingdom alone between 1914 and 1919; the careful distinctions originally made between the functions of Regular, Regular reserve, Territorial and V.A.D. nursing were broken down by the sheer scale of the
work, the geographical spread of hostilities, and the failure of invasion to materialise.

By 1914 few people thought of military nursing as a man's job. The T.F.N.S. had been constructed on an all-female basis, and the V.A.D. scheme had quickly deleted its original provision for supplementary male hospital staff. At least 32,000 women served as military nurses between 1914 and 1919; but they were not seen as substitutes for men, freeing them to go to the front. In 1915 a new area of V.A.D. work, the General Service Section, was set up to perform precisely this function within the Army hospitals:

By the adoption of a system of replacement by women of men now employed, it will be possible to transfer non-commissioned officers and men to other medical units at home and abroad.

The General Service Section moved women into the hospitals as dispensers, as dental, laboratory and X-ray assistants, as clerks, telephonists, laundresses, cleaners and cooks. At least 11,000 women were General Service V.A.D.s; but it is arguable that, in the perspective of 1899, the majority of the 32,000 hospital nurses also released men for combatant and ambulance service. It is outside the scope of this chapter to discuss the role of other V.A.D.s who played little or no part in the military-medical system, except to note that the many women employed as drivers in France via the Detachments, and via the F.A.N.Y., did not drive ambulances near the front: here the pre-war division of labour stood firm, and the work remained a male preserve.

For all its imperfections, the V.A.D. system provided for the needs of war hospitals in a way that the T.F.N.S., much less the Q.A.I.M.N.S. and Reserve, could not. The pre-war arguments of the voluntary ambulance movement, that the services of semi-trained competent women would be indispensable in wartime proved absolutely correct. About 23,000 V.A.D.s served as military hospital nursing auxiliaries, a number which the pool
of trained civilian nurses existing in 1914 could not possibly have made available. The V.A.D.s routinised a basic form of training in hospital work which could be completed in three or four months; and the war needed nurses, as it needed soldiers, not just in large numbers, but quickly. Why not, therefore, as one girl asked herself at the time, 'go and learn to be a nurse while the Kitchener men were learning to be soldiers?'

The V.A.D. system proved to be an instrument of expansion second to none, a flexible, nationwide organisation adapted to local circumstances. It would be hard to find a better example of the voluntary principle of social action than the organisation in its pre-war form: largely de-centralised, financially independent, for the most part lacking higher governmental direction or uniformity of method. It seems highly appropriate that it should have been an agency of this kind which attempted to form a state military reserve out of women, the least 'conscripted' section of society. V.A.D. women frequently had no connection with the army, had little formal education or previous training in practical skills, were not in state employment, and were usually outside the labour market altogether. The organisational and practical means by which these women became the major auxiliary medical agency of the British First World War effort has been covered in these pages; what remains to be considered further is the climate of opinion which fostered their readiness to serve, and the ways in which their work changed perceptions of women before 1914.


3. Sydney Holland, 'The Civilian Hospitals and the Army Nursing Reserve', The Hospital 'Nursing Section', 10.1.03, pp. 210-11; Haldane MSS, 6019 f. 43, Sydney Holland to Elizabeth Haldane, 10.3.06.


5. Haldane MSS, 6048 f. 214, E. Haldane to her mother, 1.3.06; Nursing Times, 31.3.06, p. 262.

6. Haldane MSS, 6011, ff. 28-9, R.B. Haldane to E. Haldane, 15.3.06.

7. Ibid., 6019, f. 80, Nora Roberts to E. Haldane, 19.6.06.

8. Ibid., 5097 ff. 49-50, N. Roberts to R.B. Haldane 10.4.06; 6019, f. 79, N. Roberts to E. Haldane 19.6.06; 6019 f. 83, S. Holland to E. Haldane 27.6.06.

9. Keogh was Director-General of Army Medical Services from January 1905 to March 1910. He founded the School of Army Sanitation. In October 1914 he was recalled to the post of Director-General.

10. Haldane MSS, 6020, letters of Keogh to E. Haldane ff. 23-4, 7.3.07; ff. 60-3, 19.6.07; ff. 67-8, 1.7.07; f. 88, 12.7.07; ff. 101-6, 24.9.07; ff. 117-23, 29.10.07.

11. Ibid., 6052 f. 139, E. Haldane to her mother, 26.6.12.

12. Ibid., 6019 f. 46, S. Holland to E. Haldane, 12.3.06.

13. Ibid., 6020 f. 25, N. Roberts to E. Haldane, 7.3.07.

14. Ibid., 6020 f. 32, N. Roberts to E. Haldane, 14.3.07.


16. Haldane MSS, 6011 f. 58, R.B. Haldane to E. Haldane, 14.4.08.


18. Haldane MSS, 6020 f. 117, Keogh to E. Haldane 29.10.07; 6011 ff. 53-4, War Office to E. Haldane 16.3.08; Nursing Times, 8.6.08 p. 297; Nursing Mirror 23.1.09, p. 263; 20.3.09, p. 382.

20. Nursing Times, 7.12.07, p. 1087; Nursing Mirror, 31.10.08, pp. 71-2; 28.11.08, p. 133; Haldane MSS 6020 f. 117, Keogh to E. Haldane, 29.10.07; 6021 f. 32, Keogh to E. Haldane, 17.2.09.

21. Haldane MSS, 6020 f. 117, Keogh to E. Haldane 29.10.07; British Journal of Nursing, 30.1.09, p. 81.

22. Nursing Mirror, 27.2.09, p. 329.

23. Ibid., 19.2.10, p. 338; MacPherson, op. cit., p. 36

24. Ibid., 20.3.09, p. 382.


28. Ibid., 19.2.10, p. 338.

29. Ibid., 20.5.11, p. 119.

30. Haldane MSS, 6022 ff. 100-105, N. Roberts to E. Haldane, 20.10.10.


32. Hansard's Parliamentary Debates, 25.2.07, column 1301.

33. Haldane MSS, 6020 ff. 23-4, Keogh to E. Haldane 7.3.07; Nursing Times 22.3.13, p. 297.

34. MacPherson was Senior M.O., North China Command, 1904-5; he was attached to the Directorate of Military Operations at the War Office, 1906-10; he was Director of Medical Services, 1st Army, Deputy Director-General, GHQ, and Director of Medical Services, Macedonia, during World War I.


36. Ibid., pp. 468-72.


39. The Times, 18.7.05, p. 8, c. 1.

40. Minutes of the Executive of the British Red Cross Society, 11.7.06, f. 57; 24.7.06, f. 62.

41. Red Cross Executive Minutes, 7.11.05, f. 15; W.O. 32/7152, Red Cross pamphlet, n.d.

42. Haldane MSS, 6020 f. 117, Keogh to E. Haldane, 29.10.07; 6011 f. 38, R.B.Haldane to E. Haldane, 9.11.07; Loyd, op. cit., p. xxx.
43. War Office Circular Memorandum, No. 31, 4.5.08, in Red Cross Executive Minutes, 3.3.08, ff. 149-52.

44. Scheme for the Organisation of Voluntary Aid in England and Wales, (London, H.M.S.O. 1909) pp. 4-6, 8.

45. Ibid., p. 4.

46. S.J.A.A. Papers, Keogh to Sir Richard Temple, 5.5.08.


49. Ibid., September 1903, p. 56; October 1903, p. 78; April 1904, p. 155; December 1906, p. 88; Corbet Fletcher, op. cit., p. 43.

50. First Aid, April 1907, p. 160.

51. Nursing Times, 28.7.06, p. 615; Haldane MSS, 6019 f. 131, Sidney Browne to E. Haldane, 11.8.06; Nursing Mirror, 6.4.07, p. 1.

52. First Aid May 1907, p. 161; April 1908, p. 157; September 1908, p. 45; MacPherson, Medical Sciences, p. 30.


54. Haldane MSS, 6021 f. 38, Sir. H. Perrott to E. Haldane, 20.2.09; 6050 f. 59, E. Haldane to her mother, 25.2.09; 6050 f. 93, the same, 19.3.09.

55. Ibid., 6050 f. 97, E. Haldane to her mother, 20.3.09.


57. Ward, op. cit., pp. 22-4; First Aid, August 1908, p. 19.


60. Haldane MSS 6021, ff. 82-5, illegible signature (Lady Maule?) to E. Haldane, 19.4.09.

61. Ibid., 6021, ff. 43-6, Keogh to E. Haldane, 12.3.09.

62. Ibid., 6021, ff. 53-8, Keogh to E. Haldane, 22.3.09; ff. 86-8, the same, 20.4.09.

64. Red Cross Executive Minutes, 30.4.09, ff. 214-15.


66. Esher MSS, 2/12, Journal, 3.2.09.

67. Nursing Mirror, 20.3.09, p. 381.

68. B.R.C.S. Devonshire Branch: Devonshire Voluntary Aid Organisation, A Handbook for Workers, by J.S.C. Davis, County Director (Exeter 1910) p. 8; S.J.A.A. papers, Darvil Smith to Temple, 12.11.10; First Aid, August 1912, p. 37; July 1913, p. 19; The Red Cross, January 1914, p. 4; March 1914, pp. 68, 73.

69. Sources for figures: Red Cross Executive Minutes; S.J.A.A. papers; War Office circulars preserved by both agencies; First Aid.


74. S.J.A.A. papers, Minutes of War Office Advisory Committee on Voluntary Aid, 12.7.10; Red Cross Executive Minutes, 6.6.11, ff. 87-91; 4.7.11, ff. 95-6; 3.10.11, ff. 103-4.

75. Scheme for the Organisation ... p. 3.

76. S.J.A.A. papers, War Office circular 10.1.10; Minutes of Advisory Committee on Voluntary Aid, 12.7.10.

77. First Aid, August 1912, p. 34.

78. Ibid., June 1912, p. 205.


80. Nursing Times, 21.1.11, p. 46.


82. First Aid, August 1912, p. 34.

83. Imperial War Museum Sound Records, 514.08 p. 3. Daisy Colnett Spickett.

84. Davis, Devonshire Branch, p. 10.
85. James Cantlie was Surgeon at Charing Cross Hospital from 1887, a Knight of Grace of the Order of St. John of Jerusalem, Surgeon-Commandant of the Volunteer Medical Staff Corps 1885-8, Hon. Col. of the 1st London Division, Territorial R.A.M.C., Commandant No. 1 V.A.D. London, 1909-22, and member of the B.R.C.S. Council.

86. British Journal of Nursing, 9.10.9, p. 294.

87. Red Cross Executive Minutes, 4.10.10, f. 48; First Aid, August 1912, p. 34.


89. Haldane MSS 6022 f. 75, Ward to Territorial Force Secretaries (W.O. circular) 17.6.10.

90. First Aid, March 1914, p. 171.


95. First Aid, August 1911, p. 24; The Red Cross, February 1914, pp. 55-6.

96. First Aid, June 1913, p. 234.

97. Ibid., April 1914, p. 192.


100. First Aid, November 1913, p. 96.


103. First Aid, November 1913, p. 98; Gabbett, op. cit., pp. 30-2.


105. First Aid, August 1912, p. 34; Ibid., November 1913, p. 98; The Red Cross, January 1914, p. 13.


108. Davis, Devonshire Branch, p. 1; S.J.A.A. papers, A.M.D.3, Lt-Col. E. Eckersley to Secretary B.R.C.S., 2.3.11.


110. Haldane MSS, 6023 f. 9, Lady Tullibardine to E. Haldane, 8.2.11; Loyd, op. cit., p. xliii.


112. Red Cross Executive Minutes, 15.6.10, f 9; 3.8.10, f. 20.


117. First Aid, March 1913, p. 173.

118. First Aid, January 1913, p. 132; February 1913, p. 151; Oliver, op. cit., p. 238

119. First Aid, May 1911, p. 172; British Journal of Nursing, 8.3.13, p. 196; 15.3.13, p. 216.


121. Advisory Sub-Committee Minutes, 1.4.14, with Red Cross Executive Minutes, 6.4.14, f. 21.

122. First Aid, November 1913, p. 93.


124. Ibid., December 1913, p. 117; The Red Cross, May 1914, p. 163; Nursing Times, 14.3.14, p. 338.

125. First Aid, August 1912, p. 33; November 1913, p. 94; Nursing Times, 23.12.11, p. 1173.


127. Ibid., 18.7.14, p. 916.


129. Davis, Devonshire Branch, p. 12; Mary L. Longstaff, Nine Years for the Red Cross (privately printed 1922) pp. 13, 25. (At Red Cross Archive, Barnett Hill, Surrey.)
130. May Cannan, 'Recollections of a British Red Cross V.A.D. No. 12, Oxford University, 26.3.11 - 24.4.19', p. 10. Typescript, October 1971. (Red Cross Archive; and Imperial War Museum P. 360).

131. Haldane MSS, 6024 ff. 159-60, Memorandum, probably Lady Tullibardine, 28.7.14; Red Cross Executive Minutes 5.4.10, f. 3.


133. Esher MSS 19/3, 9.2.12, Sandwith to Esher; First Aid, May 1912, p. 187.

134. Longstaff, op. cit., p. 11.

135. First Aid, November 1913, p. 96.

136. Ibid., May 1912, p. 187; November 1912, p. 94; August 1913, p. 34; November 1913, p. 94.

137. Ibid., November 1912, p. 94.

138. On 15.1.18 the Chairman of the Red Cross Executive wrote to Bodley’s Librarian, Oxford University, to say that Loyd’s British Red Cross Society: the County Branches, Vol. 1, had been ‘issued without authority’; Loyd’s introduction was highly controversial and might prejudice the joint war work of the Red Cross and St. John. Bodley’s Librarian promised to keep the book out of circulation ‘till well after the war’: see letters attached to the copy in the Radcliffe Science Library, Oxford University. No further volumes of the work were published. Neither the Red Cross nor the S.J.A.A. archives are able to throw any further light on this incident.


140. First Aid, March 1912, p. 146; April 1912, pp. 167-8; Esher MSS 19/3, Treves to Esher, 21.4.12.

141. Esher MSS 19/3, Esher to Queen Alexandra, 18.4.12, 20.4.12; Duchess of Montrose to Esher, 24.4.12.

142. Haldane MSS, 6023 f. 131, S. Browne to E. Haldane, 14.6.12.

143. First Aid, January 1913, p. 134.

144. Red Cross Executive Minutes, 15.7.08, f. 118.


146. Haldane MSS 6020 f. 111, S. Browne to E. Haldane, 1.11.10.


148. Red Cross Executive Minutes, 17.9.13, f. 237; Oliver, op. cit., p. 237; E. Haldane, op. cit., p. 194. I have found no other references to these Military Probationers, and do not know the circumstances or the date of their foundation.


151. Ibid., November 1912, p. 95.

152. Ibid., March 1913, p. 174; May 1913, p. 215; Red Cross Executive Minutes, 20.10.13, ff. 242-3.

153. First Aid, December 1913, pp. 111-12.


155. Ibid., March 1914, p. 175.


158. E. Haldane, op. cit., pp. 187, 266; Oliver, op. cit., p. 239.


160. Ibid., p. 194; Oliver, op. cit., p. 240.

161. Oliver, op. cit., p. 239.

CHAPTER X MILITARISATION AND EMANCIPATION 1902-1914

The period between the Boer War and the outbreak of the First World War was one of intense political ferment in Britain. Neither the Conservative nor the Liberal party could contain new movements of opinion on the right and left of the political spectrum; feminism and socialism in particular challenged many of the fundamental tenets of the parliamentary system. The issue of national defence was perceived as one of great urgency in many civilian circles; discussion was not limited to strategy and technology, but ranged widely over the whole field of politics and society. Near-defeat in the Boer War, the massive manpower requirements of the ultimate victory, and the post-war series of invasion scares, led to a popular movement for the introduction of universal male military conscription; it also popularised an arms-bearing model of citizenship. In 1903 the National Service League was formed to this end by Lord Roberts; he argued not only that conscription was a military necessity, but also that this universal obligation would create among the manhood of the country a vital common ground for the exercise of citizenship, existing independently of divisive considerations of social class. Conscriptionists tended to be conservative in their political views; but, as we have seen, the concept of the 'Nation in Arms' held great appeal for the Liberal R.B. Haldane, who saw in his creation of the Territorial Force the potential for a unifying and even egalitarian social movement.

These concepts had great resonance within the women's movement of these years. On both sides of the pre-war debate on women's suffrage, huge importance was attached, and much ink spilt, on the 'physical force' argument. Anti-suffragists argued that the state could not exist unless it could be physically defended, and that only those who could personally take up arms on the state's behalf were entitled to citizenship. Since women did not perform this function, they could never be regarded as the
political equals of men. Suffragists were adept at picking holes on the 'physical force' argument. They pointed out that the vote was not withdrawn from men when they became aged or infirm, and that society debarred certain men, such as prime ministers and generals, from personal engagement in conflict. Nevertheless, many of the premisses of the 'physical force' argument were shared by the suffragists with their opponents. They were committed to the maintenance of the Empire, and they did not disbelieve in the threat of invasion; and many of them were prepared to argue for equal suffrage on the grounds that women could and did play a necessary role in warfare. This was particularly the case in pro-registration, pro-suffrage nursing circles: as Isla Stewart said, to nurses 'came the honour of removing the reproach that women were of no use in time of war'; and Elizabeth Haldane thought that 'we women can do work for our Army as really as if we shouldered the musket and handled the sword'. As has been seen, R.B. Haldane himself publicly stated that women's nursing services in war furnished convincing evidence of their fitness for equal citizenship. That war nursing was more than a philanthropic or cosmetic gesture was constantly hammered home in the years when the T.P.N.S. was being built up. Nurses were not being enrolled to be kind to soldiers, but to keep up the numerical strength of armies, to repair and replace the losses of the battlefield as quickly as possible.

There were indeed observers, the suffragette Emmeline Pethick Lawrence among them, who realised that modern conditions of warfare rendered much of the 'physical force' argument obsolete: who agreed with von der Goltz's Nation in Arms that not just armies, but whole nations went to war, and that nursing was only one of the auxiliary services which would be required of women and other non-combatants. The successful prosecution of war depended utterly on the work of those in the rear who would feed, clothe and arm as well as nurse the soldiers. But this thesis was not invoked by suffragists in the nursing lobby, who shared the general preoccupation with
personal military service and the risking of self in the larger cause. A nurse entered into a direct physical relationship with the wounded soldier, like him taking her life in her hands; her contribution was at the same time intensely personal and selfless. No matter how necessary they might be to the war effort, the same symbolic importance could never be attached to the functions of transport and supply.

It seems reasonable to assume that the logic of these suffragist arguments on women's personal war service would have made some impression on the 'antis' in the years preceding World War I. If, as we have been led to believe, it was women's contribution to the war effort which made the case for the granting of the vote to some women in 1918, might we not expect to find some signs of conversion to suffragism among those who were witness to the growth of the T.F.N.S. and the V.A.D.s before 1914? In fact, quite the reverse seems to have been the case. The leadership and ranks of the voluntary aid movement were peopled by some of the most vocal anti-suffragists of the period. No matter where logical reasoning might lead, in practice there was no necessary connection between female war service and female political equality. The S.J.A.B. gave evidence of this before the Boer War, when the movement considered its female Nursing Divisions eligible for war service, but denied its Nursing Officers any part of the framing of their own regulations; and after the war those who called again for an auxiliary military role for the Nursing Divisions condemned unequivocally the demands and the propaganda methods of the suffragettes. The link between the Red Cross and anti-suffrage sentiment was particularly striking. The female leadership was often identical in the Red Cross and the National League for Opposing Women's Suffrage: thus for example the Duchess of Montrose was simultaneously President of the Scottish Women's National Anti-Suffrage League and of the Scottish Council of the B.R.C.S., as well as being Vice-President of the Advisory Board of the T.F.N.S.; Lady Wantage was head of the Red Cross and the
Anti-Suffragists in Berkshire; Lady Jersey occupied the same positions in Oxfordshire. 10

Perhaps it is not to be wondered at that such ladies, usually the wives of the lords lieutenant of their respective counties, should have espoused socially conservative views; nevertheless it seems strange that these views should not have been modified by experience. But Kipling, who eulogised the heroism and sacrifices of the British Boer War nurses in verse, was a supporter of the anti-suffrage movement; 11 and women proved capable of preparing each other for the emergency of war without seeing themselves in a different political light. Katherine Lady Tullibardine, one of Elizabeth Haldane's most faithful co-workers in the Scottish V.A.D. movement, told a Glasgow meeting of the N.L.O.W.S. in November 1912:

I do not think that we, who are incapable of taking upon ourselves the burden of national defence, should have the decisive voice in questions of peace and war.

And she reiterated these opinions in a speech at Edinburgh in January 1914: the business of government rested 'on forces in which it is impossible that we should serve, ...' 12 Another prominent anti-suffragist, Violet Markham, seems actually to have seen in the Red Cross movement a symbol of all the forces antithetical to female enfranchisement. She wrote to Elizabeth Haldane in 1912: 13

I don't feel I could go through the work of a General Election if I had anything nearly or remotely to gain from it. To me life rests on such vast paradoxes & I do believe that what one renounces is given back ... When they [women] go into battle I want them to be the Red Cross Legion - fearless where the struggle is fiercest but withal self-denying & consecrated.

If it is surprising to find that prominent Red Cross ladies resolutely ignored the possible political implications of their work, it is even more remarkable to note that many of the most active suffragists virtually ignored the existence of what was, if only numerically, the most significant of contemporary women's organisations. Very few bridges were
built between the two movements. V.A.D.s were hardly ever mentioned in the suffrage press. The suffragist Mrs. St. Clair Stobart, whose Women's Sick and Wounded Convoy Corps was a registered V.A.D. in the County of London branch of the Red Cross, and Dr. Elsie Maud Inglis, the founder of the Scottish Women's Suffrage Federation, who was Commandant of an Edinburgh V.A.D. in this period, were exceptional in their participation in preparations for war service. When R.B. Haldane attended recruiting meetings for the Territorial Force, and when he addressed an international conference of nurses in London on the connection between war nursing and women's emancipation, he faced fierce heckling by suffragettes: but they were there to demand votes for women, not to hear his speeches on the likelihood of war, or to consider the implications of his schemes for the future role of women in society.

It seems paradoxical that at a time when defence issues were so much in the air, large numbers of women were nevertheless able to divorce the concepts of auxiliary military service and the right to the franchise. But it must be remembered that participation in parliamentary elections was not the only model of citizenship and political activity being canvassed in this period. The Boer War effort raised, for women as well as for men, the prospect of the nation organised as a fighting unit: both sexes and all classes could accept their allotted roles and work together towards the single end of maintaining the integrity of nation and empire against external challenges. This was presented by organisations such as the National Service League and the Navy League as the most urgent of political tasks; even the liberal and philanthropic Elizabeth Haldane wrote of it as 'an end which includes every minor end within its embrace'. Thus it was perfectly possible for the women involved in Red Cross work to feel that they were already fulfilling the highest duties of citizenship, and need look for no further forms of public recognition. Learning how to do stretcher drill, to set up temporary hospitals, to organise entire
communities for the emergency reception of the wounded, qualified a woman as an actor on the public stage; uniforms, badges and field displays confirmed her in this opinion of herself. V.A.D.s longed less for the vote than for the outbreak of war, when they would be reassured that their work was of real use and of central importance to a great national enterprise.

The main focus of ambition was not Parliament, but the army. Grace Ashley-Smith, the chief architect of the F.A.N.Y., was not a suffragist, although her organisation and methods were very similar to those of Mrs. St. Clair Stobart; and in pursuit of her military objectives she took measures which before the Boer War would certainly have earned her the label of feminist, and would have brought upon her Corps the ridicule and failure which attended the efforts of the Women's Volunteer Medical Staff Corps of 1894. She insisted on her members' wearing divided skirts for astride riding, and wrote of one of her organisation's weaker links 'who insisted on wearing white drawers with frills under her khaki skirt' that 'she had to go; no women's movement could have survived those white frilly drawers on parade'. But the goal of Grace Ashley-Smith's 'women's movement' was not emancipation for political purposes; and, although her members gleefully accepted invitations to all-male officers' 'smokers', she was not working to break down barriers between the sexes in society at large. She summed up her ambitions in a description of a church parade at a Guards' summer camp in 1914 which the F.A.N.Y. were the first women ever to attend:

I was thrilled and bursting with pride to be there at last with the F.A.N.Y., the Grenadiers on one side, the Coldstreams opposite, the Scots Guards on our right, and the Irish Guards alongside. There are certain supreme moments in every one's life, that was one of mine. It was worth all the labour and slogging, and self-denial and discouragement - all the ups and downs, all the jeers and sneers and laughter - to be there at last - part of the army - yes and with the best of it.

It is a remarkable illustration of the difference in British social
life before and after the Boer War that Grace Ashley-Smith and the F.A.N.Y. could survive the jeers and sneers - as the W.V.M.S.C. had not - to earn the goodwill and co-operation of these sections of the military. It is equally remarkable that women V.A.D.s, though costumed more like nurses than soldiers, and working within a more sexually stereotyped framework, were encouraged and trained to work closely alongside their local Territorial units. Neither the F.A.N.Y. nor the women V.A.D.s lacked their detractors. All military and medical authorities insisted that the F.A.N.Y. would not be allowed to serve at or near the front, and that the V.A.D.s should neither exceed a subordinate role in the Territorial hierarchy, nor attempt to perform unfeminine feats of strength. But the forces of opposition were far outweighed by those of encouragement and approval. The marked change in male perceptions of women's potential for war service which took place between 1899 and 1909 cannot be explained simply by the competence and hardiness displayed by the female nurses in South Africa, or by the new military importance attached to medical services in the wake of the Boer War's disastrous losses through disease. The explanation lies at least in part in the generalised sense of crisis which in this period afflicted those who were accustomed to wield power in Britain, or at least to benefit by its customary exercise; who now feared the demise of that power internally amidst the rise of new political classes and pressure groups, as well as its external collapse in the face of international competition.

In this political emergency, auxiliary forces had to be co-opted; but in such a way as to strengthen the existing leadership without throwing its dominant position into question. Perhaps the most paradoxical example of this expedient was the National League for Opposing Women's Suffrage, which was founded by men who then proceeded to recruit redoubtable women to campaign for their own continuing political subordination. But the auxiliary women's section of a male organisation was a well-established
feature of British society long before the Boer War. Both the Liberal and Conservative parties had their female sections, the Women's Liberal Federation and the women's section of the Primrose League respectively, although neither party adopted female suffrage as official policy. The big patriotic leagues of the Edwardian period, the Navy League and the National Service League, also formed strong women's sections, although neither proposed that women should take part personally in the task of national defence. These organisations offered women the vicarious occupations of fundraising and publicising male activities from which they themselves were debarred. In 1909, the *annus mirabilis* of nationalist agitation, women established several 'vicarious organisations' of their own. The British Women's Patriotic League pledged its members 'to bring in at least one recruit for the Territorial Association'. 20 The Women's Aerial League urged women to raise the level of public interest in aviation, and to give financial support to students undertaking appropriate professional training; and its organ *The Aerial Observer*, solemnly warned 'Will readers please note that the Women's Aerial League is NOT a society for the encouragement of flying among women'. 21

The women's voluntary aid movement broke with this convention by offering its members a personal involvement with the activities of the Territorial Force; but it did so within a framework which did not, in principle, challenge the existing sexual division of labour. The woman who ministered to the wounded soldier and returned him to the front was indeed supporting men, but was not assuming a male role. Not even the most adventurous devotee of female ambulance work proposed taking up arms herself. V.A.D. women - usually the wives and daughters of the upper and middle classes - symbolised the crisis of Britain's 'ancien regime', and its remedy. In December 1910 Lord Meath addressed a meeting of the British Women's Patriotic League, formed the previous year by Lady West and Mrs. Wollerson. He called for the help of all 'loyal and patriotic
women' in working against the 'softening, weakening, and disintegrating influences of modern social and national life'. The nation could only rise 'through the possession by its citizens of those virile virtues which are engendered by poverty, hardships and suffering. ... Those of us who are rich need not necessarily be soft, selfish or indisciplined'. Thus, in order to compensate for some men's weaknesses, the right sort of women had to be strong. The sight of women lifting stretchers, wearing khaki or quasi-military uniform, participating in military camps and performing mounted rescue work in military gymkhanas was not necessarily anathema to every male defender of the status quo: on the contrary, it might be a source of reassuring and hope.

Military nursing was the auxiliary function par excellence. Because it was the means of co-opting women for war service without threatening gender roles and hierarchies, it was perceived by many civilians as a successful model for co-option in other social spheres. In particular, it provided an attractive model for the incorporation of young girls into the adult world. One of the most striking features of the girls' movements which sprang up in Britain at the beginning of the century was the extent to which they adopted either the military nurse, or the first-aider, or both, as role-model for their members. The 'Church Red Cross Brigade', founded in 1901, was a sister organisation to the Anglican Church Lads' Brigade. The boys' organisation drilled in a pseudo-military uniform; around 1911 this was changed to khaki and its wearers taught how to use a rifle. The girls wore 'a special kind of uniform having resemblance to the Yeomanry pattern'; this included bushwhack hats, and skirts which stayed well clear of the ground. They were taught home nursing, hygiene, and first aid, and by 1912 were 'in many country and colliery districts ... working under Medical supervision, ... fulfilling all the duties hitherto performed by a paid Parish Nurse'. They were also considered by their founders to constitute 'A Young Women's Volunteer Ambulance Corps,
available for Public Service either in Peace or War'. By 1909, they had attracted the approving eye of Director General Keogh and had received an inspection by an official of the R.A.M.C. The girls undertook street first aid duty on the occasion of Edward VII's funeral, and were reported 'able to stand the strain and heat even better than the regular ambulance men'. All these activities were advertised as demonstrating 'the great value of these Brigades as a means of reaching and influencing the Young People of our Nation, and bringing them under sound and healthy moral and religious influences'. Other, non-conformist, organisations for girls which were founded in the immediate wake of the Boer War, such as the Girls' Guildry, a counterpart of the Boys' Brigade, and the Girls' Life Brigade, a sister organisation to the Boys' Life Brigade, also offered their members a mixture of quasi-military uniform, marching, drill, and first aid instruction, but do not seem to have attracted the Anglican organisation's share of official attention.

After the launching of the Territorial Force, a new impetus was given to the formation of youth organisations. Early in 1908, Baden-Powell published his Scouting for Boys, outlining a scheme to develop courage and endurance, chivalry and a love of the outdoor life among boys, and was disconcerted to find that by November 1909 around 6,000 girls had begun to form Scout groups. His plans contained no provision for girls, but he felt it necessary to respond to such an overwhelmingly popular demand, as well as to prevent any dilution of his original scheme for boys. The Girl Guide organisation was conceived as 'A suggestion for character training for Girls' which would produce better mothers and wives for 'the future manhood of the country'. The scheme 'might be started either independently, or possibly as a cadet branch, or feeder to the Territorial Organisation of Voluntary Aid', and would convey instruction to girls in 'hospital nursing, cooking, home nursing, ambulance work'. This adult response was a great disappointment to the many girls who had been forming Scout patrols on
their own initiative. They recalled:

Armed with staves the Girl Scouts set off to look for adventure. It was found in leaping over dykes, and crawling about in fields on hands and knees, or even on one's tummy ... We also had a great idea that these poles would be useful to help us to jump across rivers and even to make bridges, ... we were reluctantly changed from being Scouts to Guides ... [a process which involved the re-naming of all girls' companies] It seemed rather a come-down to be flowers instead of animals, and the ideal of womanliness had no appeal for us at that age.

Although in its early years the Girl Guide movement placed great importance on camping and other open-air pursuits, its founders were determined to protect themselves from the charge of turning little girls into Amazons or tomboys. The voluntary aid movement provided the perfect peg on which to hang a programme of activities for the Guides. The possibility of invasion was used as a spur to efficiency in learning tracking, signalling and first aid: a pamphlet published around 1910 began:

Girls! Imagine that a battle has taken place in and around your town or village ... what are you going to do? Are you going to sit down, and wring your hands and cry, or are you going to be plucky, and go out and do something to help your fathers and brothers, who are fighting and falling on your behalf?

When in 1912 Baden-Powell's sister Agnes published The Handbook of the Girl Guides, it was subtitled 'How girls can help to build up the Empire'. Outdoor activities for Guides were grouped under the heading 'Finding the Injured', and indoor practices under that of 'Tending the Injured'. The Guides' contribution to the Children's Welfare Exhibition at Olympia in 1913 was virtually a replica of a V.A.D. field display:

The Guides gave displays of First Aid, signalling, fire-drill, stretcher-drill, and physical exercises. The great feature was a hospital tent, in which were demonstrated roller-bandaging, poultice-making, and the changing of sheets. The enclosure was arranged as a camp, with tent-pitching, camp-fire cooking, and the washing of clothes going on.
The Guides even went so far as to play war games. In 1910 one wrote:

We were so glad we were called to render First Aid, where Boy Scouts were having a sham fight. The brigands were trying to capture the country, and we bandaged the Scouts, who were supposed to be hurt.

Just as the more adventurous women V.A.D.s provoked expressions of alarm from male observers, so these energetic joint activities with Scouts provoked a guarded reaction from the pursed lips of Agnes Baden-Powell:

I am very glad to hear that the Girl Guides have been so useful and active in ambulance work and First Aid at the field days recently held by Boy Scouts. Although the Guides would never think of marching with the Scouts, and do not join with them in any of their pursuits, they proved themselves very capable and businesslike in binding up the wounded, and also in carrying despatches when required. A Guide would be horrified to think she was mistaken for an imitation Scout, or that she was mimicking boys' sports, and the girls have decided to give up all the fleur-de-lys badges that they got from the Boy Scouts, and are returning them, and getting the Guides' pretty "trefoils" in their place.

And a group of 'so-called Girl Guides' who were so far carried away by their enthusiasm for war games that they 'made a raid on a Boy Scouts' camp at midnight' were completely disowned.31

Despite Baden-Powell's original intentions, and despite the imitative nature of much of the Guides' programme, the Guides did not ever become part of the V.A.D. movement. A variety of affiliation schemes was discussed: in 1910 it was suggested the Girl Guides be enrolled in Cadet Voluntary Aid Detachments, and re-named 'Girl Cadets of the British Red Cross Society'; in 1912 the Advisory Committee on Voluntary Aid considered 'the question of attaching a certain proportion of Boy Scouts to V.A.D.s'.32 As we have seen, the Boy Scouts often played a prominent role in Territorial and V.A.D. field days; but an official attachment was finally ruled out by both the War Office and Baden-Powell. The Red Cross began to discuss forming its own cadet branches at the end of 1910, and 'Red Cross Cadets' first made their appearance in Glamorgan in 1911,
'something like girl scouts but with Red Cross work and home nursing more developed'. 33

* * * * * *

The military nurse was the auxiliary of the soldier; the V.A.D. was the auxiliary of the military nurse; the Girl Guide aspired to be the auxiliary of the V.A.D. The anticipated needs of the wounded soldier structured the recreation, education, and 'political' ambitions of an ever-increasing number of women and girls between the end of the Boer War and 1914. On the basis of the services they were to offer in wartime, they were incorporated in the army as non-combatants and 'non-effectives', and in the state as pseudo-citizens. But how realistically did they envisage the emergency in which the soldiers' wounds would require their tending? May Cannan saw the V.A.D.'s as making 'tentative plans for an occurrence that was only half believed in'. 34 Their involvement with the Territorial organisation did not lead them to seek information on national and international political questions; they drilled and studied for the most part without any sense of urgency. Many of them, as we have seen, were slack in attending meetings and inspections. Perhaps they were influenced by the ridicule of the uninvolved, 35 and by the increasing remoteness of the War Office as the threat of invasion receded. Yet the newspapers were there for them to read. May Cannan was, however, unusual in sensing, by the end of 1913, that war was imminent: 36

I called on the Headmaster and asked for it [Magdalen College School] as a Hospital "in the event of mobilisation for war". He asked in a half sardonic jocular way when I expected that to be and I answered, "after the harvest in 1914. The Kiel Canal will be finished by then."

Grace Ashley-Smith was more typical of her peers, blithely setting off on a cruise to South Africa on 25th July 1914, just three days after a War
Office interview in which she had begged for a recognised auxiliary position with the R.A.M.C. for her F.A.N.Y.37

Preparation for war was for many of the women first aiders little more than a pretext for enjoyable activity and public recognition. The spurious 'equality' and camaraderie with men which it conferred did not inspire in them the desire to control or influence men's decisions as to when their Detachments would be mobilised. Engagement in war was seen as an unproblematical, non-political act. Given the fact that the Territorial Force and the V.A.D.s were explicitly designed to meet the danger of invasion, this was understandable; participation in purely defensive warfare posed no political or moral problems for the vast majority of the population. The possibility of taking part in war on the Continent - the advisability or otherwise of using war as an instrument of policy - were topics which were barely touched on in public discussion of Territorial activities. For most women V.A.D.s, war was only an opportunity for action, not an occasion for the exercise of political and moral choice. Katharine Furse, a member of a London V.A.D. and of the B.R.C.S. sub-committee on training, responded to the threat of secession and civil war in Ireland by forming an Ulster Hospital Corps of volunteer nurses. She naively assured the press that there was 'no political bias' behind the enterprise, and reflected many years later:

I did not analyse situations carefully ... as I look back now I see that my main motive in wanting to help Ulster was my wish to put my Red Cross work into practice.38

Grace Ashley-Smith rushed to offer the F.A.N.Y.'s services to Sir Edward Carson, who was organising the Ulster resistance to Irish Home Rule, without realising that there were 'five ardent Sinn Feiners in our ranks' - who promptly resigned. Pat Beauchamp spoke for those who remained: 'it's all the same to me as long as I'm there for the show'.39

It cannot be said that the suffragist sisterhood as a whole was any
better informed on internal and international politics than the majority of Red Cross volunteers, or more alive to the immediacy of militarist and pacifist issues. For the militant Women's Social and Political Union, war was chiefly a metaphor employed to describe and justify their own tactics of martyrdom and violence - the latter being practised almost exclusively against inanimate targets. They extolled the spirit of conflict and struggle: indeed, as Sylvia Pankhurst said of the movement after a group of its members seceded to form the Women's Freedom League:

The spirit of the W.S.P.U. now became more and more that of a voluntary army at war. ... Processions and pageantry were a prominent feature of the work, and these, in their precision, their regalia, their marshals and captains, had a decided military flavour. Flora Drummond was called the General and rode at the head of processions with an officer's cap and epaulettes.

There seems to have been little reflection on the practical applications of organised military force. If the W.S.P.U. spared any consideration to armed strife between the nations, it was chiefly as a stick to beat male society with: how could the powers that be condemn the W.S.P.U. when they themselves were armed to the teeth? The more moderate Women's Freedom League published pacifist articles in its newspaper, The Vote. These argued in general terms that war was futile, but did not suggest that war was imminent and that women might want to organise opposition to it.

Both the W.S.P.U. and Mrs. Fawcett's moderate National Union of Women's Suffrage Societies espoused a liberal imperialism, assuming that the British Empire was a force for world progress which was held together less by the exercise of military coercion than by the consent of the governed. This was not a theoretical framework which could help feminists to understand or anticipate the outbreak of war between competing imperialist powers: it could not be imagined that Britain would need to resort to violent means in Europe to retain or expand her position elsewhere in the world. Moreover, despite the pervasive propaganda about
invasions, and the tension building up in Ulster, war was still seen as a disaster happening far away, and to other less fortunate peoples. The Balkan wars of 1912 were reported and discussed throughout the suffrage press. Red Cross teams, hospital nurses, and Mrs. St. Clair Stobart's W.S.W.C.C. went to the theatre of war to alleviate the sufferings of soldiers and non-combatants. The fact that the horrors of war weighed heavily on Bulgarian women and children was seized on by suffragists as a further refutation of the 'physical force' argument: wars affected non-combatants as much as soldiers, and the former had, therefore, as much right to vote on questions of war and peace as the latter. But it was only a debating point; not a foreboding.

Mrs. St. Clair Stobart returned from her seven weeks in the Balkans daunted neither by the Bulgarian military authorities' refusal to allow her corps to 'convoy the wounded from field to base hospital, as they were qualified to do' nor by the boycott practised on them by the Turkish inn-keepers. Her encounters with mutilated soldiers and destitute civilians convinced her that war was an unmitigated evil, and reinforced her belief in the necessity of feminism.

It is an evil thing that men only should witness the results of war. Wars will never cease till women - at whatever cost to themselves - are admitted behind the drop-curtain, and discover, amongst the cardboard scenery and the grease-paints which glorify for the public the tragedy of war, the brutal realities which are the secrets of those behind the footlights.

She went on to argue that women could only be mobilised as a force against war after they had become more fully integrated with the existing war services of the state. Women 'must no longer be played with, as at present, by the British Red Cross Society's scheme of Voluntary Aid Detachments. They must be trained and adopted wholeheartedly by the Territorial Army'. They should be 'enlisted and paid as men are paid in the Territorial army, and real work, not play work, must be exacted by
those who understand the kind of work which would be required in military eventualities'. She gave these arguments as the grounds for her resignation from both the County of London branch of the Red Cross, and the W.S.W.C.C.47 Her somewhat perverse line of reasoning found no echo in the writings of other feminists; though individuals could certainly be found within the Red Cross movement who sincerely believed that 'if you wish for peace, prepare for war', or at the very least, that 'voluntary aid in itself could never bring war nearer'.48

Katharine Furse was, in retrospect, highly critical of these assumptions. She herself had a most distinguished career in World War I, leading the first V.A.D. corps to visit France in October 1914, returning to London in 1915 to take charge of the whole organisation of the V.A.D.s, and in 1917 becoming first head of the Women's Royal Naval Service. But she looked back on the past without complacency:49

... I realise more than ever the danger, as well as the value, of preparation; not being able to distinguish in my own mind whether what we went through was not greatly due to the excitement in which we had been indulging for some four years; the glamour of the chance to put what we had learnt into practice; the glamour of feeling important and superior and the glamour of assisting H.M. Forces. We did not want men to be sick or wounded, but we thought that, if men had to be sick or wounded, we would do our best to help them, so that, when war seemed to be imminent, we were boiling over with our desire to put into practice what we had learnt.

It is difficult to disagree with her judgement. Whatever half-heartedness was observable in the pre-war female membership of the V.A.D.s disappeared the moment that war was declared: it was 'playing at war' which had seemed futile, not war itself. The V.A.D. organisation did more than facilitate the mobilisation of women for war service in the technical sense. It also mobilised them psychically, preparing thousands to look forward to a time when their public importance would be intensified - when they would be real actors in the world 'show'. The V.A.D.s of
August 1914 were marked out as the vanguard for other women to follow; theirs was the organisation which made it theoretically possible for any woman to become a war nurse, at a time when 'every shop that sold a cape and apron was literally besieged by those who wanted, at least, to possess a uniform'.

When Grace Ashley-Smith and her fellow passengers on board ship for South Africa were informed of the outbreak of war:

*I was the first to speak: 'Thank God it's come now.' My inmost thought was that it had come whilst I was young enough to be in it. In my usual heedless way I did not explain this, and the captain turned his sombre gaze on me with a glint of anger.*

It is true that many inexperienced boys of military age might have used exactly the same words to describe their feelings. Yet it would not have been amiss for those whose chosen function was to heal and not to kill, and who would not themselves be in the front line of physical anguish, to have paused in the summer of 1914 to consider the full implications of their government's decision to declare war. Before the war was over Katharine Furse had begun to experience doubts, and even remorse over her own role. She was proud of her decorations, her Royal Red Cross and her Order of the British Empire, but as she received them:

*... there was always a queer haunting feeling in my heart that as women we were profiting by the sacrifice of men...*
dissenting conclusions. The pre-war history of the military nursing reserve and the V.A.D.s certainly throws into question the equation between the recognition of the value of women's war services and the recognition of their right to the parliamentary vote. Large numbers of men in leading positions in Parliament and the government, the War Office and the army, the Army Medical Department and the medical profession before 1914 were fully aware of the essential role that women nurses would perform in the event of war, but this did not make them suffragists. Many of the women who were most active in Red Cross preparations were themselves often vocally anti-suffragist. Politicians knew very well that women would volunteer for war service whether or not they were enfranchised; none suggested, while international tension was mounting, that it would be wise to ensure women's co-operation by giving in to the militant feminists' demands. The thousands of women already organised for war nursing showed that women's patriotism and usefulness could be taken for granted. After the war, women's war service certainly gave several politicians a graceful public excuse for dropping their opposition to a measure of female suffrage in 1918; but if war service was really the decisive factor in enfranchisement, why should the vote have been, as it was under the terms of the Representation of the People Act 1918, limited to women over the age of thirty? The whole question of the cause of this major shift in the political landscape will remain the subject of an endless debate. It would seem that the conventional explanation in terms of the political recognition of women's war service needs to be reassessed in the context of unspoken issues, as yet relatively unexplored by historians, of national and internal party politics.53

The pre-war organisation of military nursing not only did not prepare the ground for the political incorporation of women in British society, but it may actually have defused the movement of women towards sexual equality. British women and girls of the upper and middle classes were at
the turn of the century growing closer to their male peers in education, in interests, and in physical strength. The Girl Guides, as we have seen, started life as a spontaneous movement of girls wishing to emulate the Boy Scouts. A young woman joined the F.A.N.Y. because 'I was country-bred and I adored horses. I have always regretted that I had not been born a boy'. A schoolgirl wrote to Votes for Women:

I am an average girl of the day. I have two cousins about my own age in the Territorials. In the case of one I am actually stronger than he, ... I am sure I could fight as well as many of my boy or men friends if I had to - at any rate, I am quicker and have more presence of mind.

A wellspring of ambition and energy which might have been channelled into demands for political and economic equality was drawn off into a range of subordinate activities within a rigidly hierarchical male organisation. The desire for efficient, useful and professional forms of female occupation was catered for by the business of preparing for war; a concern to exercise a responsible public role was diverted away from the realm of civic and international issues.

The memoirs of V.A.D.s such as May Cannan and Vera Brittain show how bitter was the sense of let-down these women experienced when the war was over and their services were no longer required. Once disbanded, it was not easy for them to find a rewarding public role or full-time occupation. They were now as marginal to society as they had been before 1909. Grace Ashley-Smith, who emigrated to Rhodesia with her husband at the end of 1919, wrote a semi-autobiographical novel describing her post-war depression. Her heroine had undergone long hours of exposure in blinding rain and stinging cold, she had required nerve and courage and endurance - she had cleaned her car with fingers numbed with cold, and toiled over a stiff engine on freezing nights; she had helped to carry heavy stretchers, driven on pitch dark nights with shells dropping round, held the dying and the delirious. All this seemed to go for nothing now - it did not help her to make bread, or to explain to the boy how to wash clothes, or
how to iron, ... Her courage that had risen high to danger and excitement, threatened to fail her now ... and she gave way to constant fits of crying.

The same sense of anti-climax must have been experienced by many demobilised men, especially those who faced unemployment and homelessness; but they were not, as women were, subject to the further insult of being labelled 'the surplus two million' who must defer to the needs of the surviving members of the opposite sex. Women munition workers and engineers had their own share of disappointment, as they were forced to resign their jobs in favour of men, and encouraged to return to domestic service; but the pill may have been less bitter to swallow for women who had not been keyed up for a public role well in advance of the war.

Like the Representation of the People Act 1918, the Nurses' Registration Act 1919 was a reform for which many women had worked for decades; and, like the former measure, this reform was also achieved in a way which disappointed pre-war hopes, especially those of the suffragist registrationists. Nurses such as Mrs. Bedford Fenwick had thought that the military needs of the state would produce the most convincing arguments in favour of uniform professional standards in nursing; but in fact the war had shown how easily the state could override the nurses' criteria of professionalism, by 'diluting' hospital staffs with barely trained V.A.D.s.

In the post-war period, governments were concerned to provide medical staff and services for the poorer classes in general, rather than only the small number who were treated in large voluntary hospitals. When in 1925 the nursing Register was established it contained six sections, each with its own training requirement; a training syllabus had been drawn up, but was not made compulsory; and, in Abel-Smith's words, 'nearly every major decision in implementing the Nurse Registration Act was taken not by the General Nursing Council but by the Minister of Health or the House of Commons'. The Registration Act was certainly a milestone in the history
of women and of nursing; it was far from being a triumphal arch of progress.

From the viewpoint of some women's struggle for equality and for a peaceful world before 1914, the Red Cross armlet was a charm which drew the sting out of feminism, thwarted aspirations to professional distinction, and stifled objections to war. But we must not ignore the histories of countless women and girls whose home backgrounds denied them access to political activities and professional competence and who, but for their V.A.D. work, might not have ventured beyond tennis parties and fundraising bazaars:

... after I got home from school we were very gay from 1910 to 1914 and I'm afraid rather selfish. ... I'm afraid we were very carefree. ... most of my friends were secretaries of various charitable organisations, the NSPCC and various things of that kind. ... I think we joined the VAD because it was something quite new. It was practical work which appealed to so many of us. ... We all threw our heart into it, you know.

Such voices were probably a majority among the pre-war V.A.D.s. They were neither preparing themselves for political emancipation nor setting off on the path to political disillusion. They did not concern themselves with events outside their family circles and their local communities, but worked cheerfully towards the day of their own bereavements; and the war, when it came, was experienced by them as a multitude of purely private tragedies.


3. For a history of the anti-suffrage movement, see B. Harrison, Separate Spheres (London 1978).


6. Haldane MSS, 6045, f. 199, Elizabeth Haldane, draft speech.

7. Nursing Mirror, 30.5.08, pp. 138-9; 20.3.09, p. 381; 22.7.11, p. 267.

8. Votes for Women, 12.1.12, p. 238.

9. First Aid, July 1898, p. 9; February 1899, p. 59; May 1899, p. 87; April 1907, p. 160.

10. Anti-Suffrage Review, June 1910, p. 1; January 1911, p. 1; December 1908, p. 1. Several members of the Oxford University branch of the Red Cross were also members of their local N.L.O.W.S. branch: see the latter's Report for 1910-11, and May Wedderburn Cannan, Grey Ghosts and Voices, (Kineton 1976).

11. Nursing Times, 10.2.06, p. 109; Harrison, op. cit., pp. 75, 104, 120.


13. Haldane MSS 6023 ff. 105-6, V. Markham to Elizabeth Haldane, 6.3.12.

14. Lady Frances Balfour, Dr. Elsie Inglis (London 1920) pp. 32-3. Dr. Inglis formed and led the Scottish Women's Hospital Unit which served in Serbia and Russia in World War I.

15. Haldane MSS, 6050 f. 131, E. Haldane to her mother, 1.4.09; British Journal of Nursing, 21.8.09, pp. 151-3.

16. The term 'pro-Boer' could be used well after the war as a general accusation of anti-patriotism. See A. Summers, 'The Character of Edwardian Nationalism: Three Popular Leagues', in Kennedy and Nicholls, op. cit., p. 79.

17. Haldane MSS, 6045 f. 211, E. Haldane, draft speech.


19. Ibid., pp. 30, 37.


25. The Church Nursing and Ambulance Brigade; S.J.A.A. papers, Perrott to Temple, 15.7.09.


29. Ibid., p. 73.

30. Ibid., pp. 93-4, 96.

31. Ibid., pp. 77-8.

32. Red Cross Executive Minutes, 4.10.10, f. 48; S.J.A.A. papers, Agenda for the Advisory Committee on Voluntary Aid, 29.2.12.

33. The Red Cross, May 1914, p. 160; Red Cross Executive Minutes, 4.10.10, f. 48; 6.12.10, f. 53; 3.10.11, ff. 102-3; The Red Cross, February 1914, p. 57.

34. Imperial War Museum Women's Collection, P 360, May Cannan, 'Recollections of a British Red Cross V.A.D. No. 12, Oxford University, 26.3.11 - 24.4.19', p. 22.

35. The Red Cross in Gloucestershire during the War (Gloucester 1919) p. 16; Balfour, op. cit., pp. 32-3.

36. Cannan, Grey Ghosts and Voices, p. 68.

37. IWM Department of Printed Books, typescript, Grace McDougal (née Ashley-Smith), 'Five Years with the Allies', p. 10.


42. The Vote, 11.11.09, p. 32; 5.8.11, p. 188; 26.10.12, p. 456; 6.6.13, p. 93.
43. Votes for Women, 9.6.11, p. 595; The Common Cause, 30.5.13, pp. 115-16.

44. The Vote, 25.5.12, p. 92; Votes for Women, 8.11.12, p. 83; 30.5.13, p. 506.


46. Stobart, op. cit., p. 83.

47. Ibid., pp. xiii-xiv, 233.

48. The Red Cross, March 1914, p. 73.

49. Furse, op. cit., p. 298. On Katharine Furse's war and post-war career, see D.N.B. She was for ten years Director of the World Association of Girl Guides and Girl Scouts.

50. Lady Angela Forbes, Memories and Base Details (London 1921) p. 153.


52. Furse, op. cit., p. 357.


54. Beauchamp, op. cit., p. 5

55. Votes for Women, 12.3.09, p. 425.

56. See Cannan, Grey Ghosts and Voices; Vera Brittain, Testament of Youth (London 1933).


58. Cannan, Grey Ghosts and Voices, p. 175.


62. IWM Sound Records, 514.08, Daisy Colnett Spickett, pp. 2-3.
CONCLUSION

At the beginning of the period covered by this thesis, there were many advocates, both male and female, of a distinctive female contribution to the workings of British public institutions. 'Woman's mission' was a much-used phrase. It was believed that women were endowed with qualities of gentleness and sympathy which were unique to their sex. These derived from women's biological capacity for motherhood, but their exercise was not thought to be confined to this function. Women were encouraged to visit prisons and workhouses and to undertake the reform of hospital nursing. Florence Nightingale's nursing expedition, despite the limited scope of its operations, was eulogised as the salvation of the Crimean War sick and wounded. A close study of British military nursing between 1854 and 1914 shows, however, that 'woman's mission' was largely unacceptable to the army medical system. Official resistance to the establishment of a female service was very great; and the limits placed on the expansion of the Army Nursing Service between 1861 and 1899 raise a number of related questions. First, why were the female nurses so unwelcome? secondly, why and on what terms were they accepted at all? and finally, how, given the smallness and obscurity of the service, did military nursing come to be the ambition of an enormous number of British women, both within and outside the nursing profession? It is the contention of this thesis that the answers to these questions illuminate, not only the process by which women moved from private to public spheres of action in the nineteenth century, but also the process by which military and civilian institutions became more closely integrated, as well as the nature of the values and ambitions which underlay the voluntary British surge to the colours in 1914.

The reluctance to employ female military nurses is most readily understood in terms of institutional conservatism, and the prejudice against sending women near combat zones, especially when these were located
amongst 'uncivilised' colonial populations. However, if the experiences of Jane Shaw Stewart and the first army nursing service are compared with those of the nursing sisterhoods and 'lady-nurses' who were attempting to reform civilian hospital nursing in the same period, other explanations emerge for the difficulties of the early years. The practical realisation of 'woman's mission' suffered many setbacks because the concept did not apply indiscriminately to the entire female sex. The Lady Bountiful, the Lady Superintendent, and the lady visitor were class-specific, as well as gender-specific social phenomena. They came into being through the pattern of relationships developed, and idealised, in the middle-class family home. Here the child learned religion at the mother's knee, and here the mistress of the household occupied a complex position - at once employer, tutor, and surrogate mother - in relation to her domestic staff. The functions of motherhood and domestic management, extended from the realm of intimacy, took on spiritual and cross-class dimensions. The movement for nursing reform rested on the assumption that women whose social position accustomed them to dealing with domestic servants were qualified not only to improve the spiritual and moral tone of hospital wards, but also to oversee and reform the organisation of ward work. Their sense of dedication and vocation was more at a premium than their practical hospital experience, which was often extremely limited.

Within the civilian voluntary hospitals, medical officers and lay governors often found it difficult to deal with a class of women whose motives for entering hospital work differed from their own, and who were more accustomed to giving orders than taking them. A particular bone of contention was the sisters' or lady-nurses' claim to exercise undisputed authority over subordinate female staff, without male intervention, either medical or lay. The collision was essentially one between the values of female-dominated private households, in which domestic arrangements were handled by an uninterrupted female chain of command, and those of
male-dominated public institutions, where such a chain of command was not automatically respected. This collision was intensified when the nursing reformers attempted to extend their work to the army hospital system. Here women took on, in addition to the burden of 'domesticating' a public institution, the heavy responsibility of spearheading the 'civilianising' of a military institution. Florence Nightingale, although she enjoyed using military metaphors in her descriptions of nursing work, epitomised the movement to bring the benefits of civilian hospital reform to the British soldier. The privileges which she insisted on in the East – exclusive control over the deployment of her female staff, and direct personal communication with the 'master of the house' – the Secretary of State at War – derived from the domestic experience of the women of her class. She and Jane Shaw Stewart maintained these principles when the Army Nursing Service was brought officially into being; and Shaw Stewart made the contrast between her situation and that of her male colleagues even more explicit by refusing to draw a salary.

After the debacle of Shaw Stewart's forced resignation in 1868, the female service began to gain acceptance within the army hospital system, but only at the expense of its separate status. Under the revised regulations of 1885, the female hierarchy of command was abolished, as was the privileged communication between the Lady Superintendent and the Secretary of State. As it became absorbed within military hospital routine, the female nursing function became less distinctive. Although by the 1880s many of the large voluntary hospitals from which the army sisters were recruited had developed a high standard of nurse training, this had very little impact on the workings of the army system. By the end of the century, sections of the civilian nursing community were expressing their disquiet at the army's refusal to allow female nurses a greater role in the organisation of military hospital wards; and the civilian nurse volunteers of the Boer War found the nursing arrangements of the army hospital system
both old-fashioned and bizarre. The Lady Bountiful of the 1850s and 60s had, ironically, been transformed into a rather low status government servant. The post-Boer War Q.A.I.M.N.S., by creating a new grade of staff nurse which was virtually interchangeable with the highest grade of male ward orderly, was the culminating point of this long-drawn out process of integration.

That the female service found any measure of acceptance can in part be explained with reference to factors internal to army medical organisation: most particularly, to the failure to recruit a long-service male orderly corps not liable to be suddenly deployed on non-medical duties by combatant staff. However, just as the introduction of the female service had been a civilian initiative, so too the pressure to expand it, and deploy it in wartime, came from civilian lobbies. These derived their inspiration largely from Continental models. The British military establishment for the most part considered women’s work irrelevant to the prosecution of war; but the Italian and German wars of unification impressed British observers and sympathisers by the extent of civilian voluntary mobilisation for military-medical and welfare functions, in which women played a significant role. Female nurses accompanied British military expeditions to South Africa and the middle east after 1879 chiefly because British philanthropists were enthusiastic for the cause of the international Red Cross and voluntary aid movement, and were prepared to back their enthusiasm with hard cash.

The nineteenth century has been characterised as an age of economic, technological and scientific progress, and one in which political systems were democratised and social systems liberalised. But it can also justly be characterised as an age of war. Military institutions in modernising states placed their imprint on the process of social change in remote and unlikely spheres. The national wars of the middle decades of the century, the American Civil War and the struggles waged over the unification of
Germany and Italy, were crucial to this process. Even those societies which did not participate in these wars altered under their impact. As Flaubert wrote from German-occupied France in 1871, 'everybody is going to emulate them, turn military. Russia now has four million troops. All Europe will be in uniform'.2 These wars were fought on a scale for which standing professional armies were no longer fully adequate. Prussia's successes were widely attributed to a system of massive military conscription; and civilian involvement began to be extended beyond the families of conscripts to all sections of society who could contribute to the provision of medical and welfare services for soldiers. It was because war became a more general civilian concern that it became a more female concern. The soldiers who fought in the United States, or with Garibaldi's Thousand, or at Königgratz, were perceived as national heroes from respectable families taking up arms for an ideal, not as social undesirables or cannon fodder. The women who organised hospitals and tended wounds were not dubious adventuresses or wretched camp followers, but worthy citizens and heroines claiming their right to participate in the great national struggles of their day.

These national wars conferred a new legitimacy on war in the eyes of women, and consecrated the function of the war nurse, but they did more than this. They presented the modern industrial state in a new guise to both men and women. While they took place, the national community was no mere abstraction; they offered causes with which to identify and struggles in which to participate, at however many removes. At a moment when many women were concerned to make the transition from private to public spheres, they made the public sphere accessible in a particularly exciting and glamorous way. The Italian struggle attracted the sympathies of women in Britain who were active in liberal causes in the 1850s and beginning to raise the issue of female suffrage; and the nurses of the American Civil War were seen as models of civic equality by the British feminists of the
1860s and 1870s. Long before the electoral process had offered women the vote, however, the wars offered them many of the social rewards the vote symbolised: vital occupations, honourable uniforms and distinctions, and a recognised position in the machinery of the state.

These perceptions of war and war nursing became more widely diffused in Britain from the 1880s onwards. The growth of schooling and physical education for girls, and the very gradual widening of opportunities for waged female employment, encouraged some British women and girls to compare their capabilities more directly with those of the opposite sex. The expansion of the Empire opened up new arenas in which British wives and daughters could work alongside men in an imagined community of service and adventure. Nursing offered more opportunities than any other work to enjoy this partnership. The registrationist nurses drew suffragist morals from their colleagues' exploits overseas; but many of the nurses who revelled in their ability to 'rough it' in arduous conditions, and to defy conventional assumptions on female frailty, had no interest in the parliamentary franchise, or rational dress, or any of the other agenda of feminism. Their work earned its ultimate accolade with the institution in 1883 of the Order of the Royal Red Cross. Caring for the sick and wounded guardians of the Empire gained them the highest public recognition, conferring on them a distinction denied to women who served the state in other capacities such as schoolteaching or social work. The archetypally feminine functions of nursing - caring, mothering, serving and housekeeping - were given a setting of high drama and elevated into the means by which women could achieve unequivocal public honour. Small wonder that nearly 50,000 medically unqualified women flocked to become V.A.D.s between 1909 and 1914.

Both in the act and in contemplation, wars unified nations, even those undivided in the international political sense. They achieved this in part by making thousands of people the audience for a single epic spectacle.
In Britain this spectacle was transmitted in a multitude of ways; the established Church, official commemorations, distributions of honours and medals, the press, the music-hall, and military exhibitions and tattoos, all played their part in creating a sense of shared experience, and an identification with the Empire's defenders. This process, which has been described as 'the invention of tradition', became intensified as the nineteenth century drew to a close. War - more particularly the glory of victory - undoubtedly dazzled civilians and muted or pre-empted criticism of aggressive foreign and colonial policies; and 'the closer sense of identity deliberately fostered between governments and communities in wartime' is a generally acknowledged phenomenon. What is perhaps understated by historians is the degree to which this was an active collusion on the part of the governed.

From the Crimean War onwards, British civilians sought ways of participating in a war effort. Voluntary aid agencies strove for official recognition. Well before the outbreak of 'total war', civilian volunteers experienced and relished the sense of being drawn together in the vital collective work of a military emergency. British society had been dislocated and transformed by the industrial revolution: the strong sense of class distinction which marked Victorian society was accompanied by fear, regret, and moral concern over the weakening of communal ties. If religion had suggested one way of recreating community at the beginning of the nineteenth century, war and Empire offered another way towards its end. During the Boer War J.A. Hobson wrote in disgust: 'Jingoism is the passion of the spectator, the inciter, the backer, not of the fighter'. He was mistaken: the combatant and nursing volunteers of that war showed how anxious the spectators were to lose their passive status. Women typified this movement to join the actors on the national and world stage, even if only in supporting roles, and thus to become true members of a national community.
Current preoccupations within feminism and the peace movement suggest that because women do not actually take up arms, they therefore form a natural constituency for pacifism. This assumption is not borne out by this study of the years preceding World War I. It might be thought that the formation of the international Red Cross movement, in which many women were active, would have crystallised some doubts as to the wisdom and morality of war as an instrument of policy among 'civilised' nations, and given a lead to scattered groups of pacifists. But from its earliest years the Red Cross was bound up with the concept of national aid societies working in strict subordination to their own national armies. Independent initiatives to succour the wounded were condemned as quixotic if not mischievous by most governments. The British voluntary aid movement was compelled - not without some struggles - to subordinate its enthusiasm and compassion to official directives if it wished to make any contribution at all to the alleviation of suffering. The civilian movement became an adjunct to the army establishment; aid agencies no more civilianised armies than female nurses feminised them.

If women were not preoccupied with the question of pacifism at the turn of the century, it may have been precisely because this was a minority, dissenting issue. Women who were engaged in widening the social, economic and political horizons of their sex had developed ambitions which could not be met by operating wholly on the margins of the social consensus. Women's earlier models of public activity had been in a fundamental sense sectarian: they derived from churches, from philanthropic societies and from political pressure groups. The emphasis had been on a privileged intervention on behalf of a particular cause. These models were never completely superseded, but were gradually overshadowed by patterns of participation in the affairs of the whole nation, especially as represented by the army and the Empire. A decisive shift had been made to the service of the secular national state as an end
in itself. Those British women who did formulate a critique of male-dominated society were nevertheless anxious to be incorporated within it, and accepted the legitimacy of its governing assumptions. Thus the suffragist, pro-registration nurse Ethel Bedford Fenwick might regret the destruction of human life occasioned by other nations' wars, while at the same time working strenuously for the creation of a military nursing reserve, and uncritically supporting the policy of her own government during the Boer War. The majority of suffragettes gave unthinking endorsement to the existence of the Empire, and unquestioning assent to its maintenance by military means. 9

Thus British women prepared for war, seeing it not so much as the organised destruction of mothers' sons, but as symbolising personal challenge and social legitimation. In this they were perhaps not very different from their male contemporaries. In the late nineteenth century, the gap between the social opportunities and expectations of women and men had begun, very slowly, to narrow. The mid-Victorian sense of 'woman's mission' was disappearing, and was not being replaced by a strong dissenting feminist voice, or one which could bargain over the conditions of women's participation in public affairs. After 1902, female nurses were brought into the army hospital system simply as numerical substitutes for men: between 1914 and 1918, women were brought into the war effort and the economy on the same basis. At the war's end, far from being fully incorporated in society, women found themselves rejected as the 'surplus two million'. At the heart of these changes and disappointments, the figure of the war nurse can be seen: a symbol of motherhood and domesticity, required to play a part on the public stage of international war; a symbol of healing, required to consent to a policy of collective slaughter; a symbol of service and self-abnegation, encouraged to respond to challenge and responsibility. Her history embodies all the contradictions of the social position of women in the Victorian and Edwardian eras.


3. L. Holcombe, Victorian Ladies at Work (Newton Abbot 1973); F. Widdowson, Going up into the Next Class, Women and elementary teacher training 1840 - 1914 (London 1983). S. Fletcher, Feminists and Bureaucrats (Cambridge 1980), pp. 107-10, shows how committed the Endowed Schools Commissioners were between 1869 and 1874 to construct a grammar school curriculum for girls closely comparable to that established for boys.

4. Widdowson, op. cit., p. 63, speculates as to why nursing should have been a more attractive career option to middle-class girls than elementary school teaching. Other writers have stressed the drudgery of nursing work, and the subordinate status of the female hospital nurse in relation to the male doctor: e.g. B. Ehrenreich and D. English, Witches, Midwives and Nurses (London 1974) and E. Gamarnikow, 'The Sexual Division of Labour', in A. Kuhn and A.M. Wolpe, eds., Feminism and Materialism (London 1978), pp. 96-123. What is overlooked by these writers is the very different aura conferred on nursing work by the possibility of participating in a war effort.


6. This is a particularly common verdict on the German liberals' political submission to Bismarck, which is repeated in G. Best, War and Society in Revolutionary Europe (London 1982) pp. 302-5.


9. General histories of the suffrage movement have tended to underplay the extent to which it was bound up with conventional attitudes to war and Empire before 1914. The subject is barely touched upon in e.g. C. Rover, Women's Suffrage and Party Politics in Britain (London 1967), A. Rosen, Rise Up, Women! (London 1974) or R. Strachey, The Cause (London 1928). The latter author, however, comments wisely in her Introduction, p. 5:

... the true history of the Women's Movement is the whole history of the nineteenth century; nothing which occurred in those years could be irrelevant to the great social change which was going on, and nothing was without its share of influence upon it. I have not referred to such events as the Indian Mutiny, the Franco-Prussian War, the Home Rule Agitation, or the Parliament Act, and yet I know that these things undoubtedly had a bearing on the problem and did their part, along with the whole progress of the world, in shaping this special development. But in the writing of history there have to be boundary lines, and I have placed mine as far out as the limits of one volume allow.
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