Under the 'Best Possible Protection'? Violence and Medical Care in British Warships and Hospital Ships during the Second World War

Abstract

In 1940 the British state formally protested to the German government about its recent string of attacks violating the neutrality of hospital ships. Ensuing arguments in Britain about effective ways of preserving hospital ship safety from future acts of enemy violence also broadened out to include discussions of how to ensure the 'best possible protection' of medical staff serving in British warships during the Second World War. Examining the sea as a significant yet neglected humanitarian space in scholarship of the international laws of war, this article critically assesses how wartime British political, martial and medical cultures conceptualised, guarded, and manipulated medical neutrality afloat. As this article demonstrates, enemy attacks on British maritime medical care fed usefully into state production of 'reassurance' propaganda which positioned Britain as inherently more compliant with the laws of war than Axis nations. Ultimately, this article establishes that official establishment discussions about safeguarding medical neutrality in Britain's Second World War at sea played an important role in wider processes of national self-fashioning and debates about what it meant to be 'British' in wartime.

On 12 July 1940, the British government issued a formal diplomatic protest to the German government in condemnation of its repeated violations of hospital ship neutrality between April and June of that year. Citing thirty-one attacks against British hospital ships, the British government's tone was militant, censuring Germany's 'flagrant breaches of the laws of war'.[1] Nevertheless, by late 1942, Britain's self-proclaimed occupation of a moral high ground as staunch upholder of international protections of maritime medical care was becoming

progressively more untenable. During 1941 and 1942, Britain itself repeatedly breached the Hague and Geneva Conventions by conducting attacks against Axis hospital ships, forcing the state to find acceptable ways of rationalising its own illegal acts to itself, its home electorate, and to wider international audiences. Failures by belligerents on both sides to adhere to the internationally-agreed neutrality of hospital ships also triggered intense, ongoing internal debates in British political, naval and medical circles about the most effective methods of safeguarding provision of medical care afloat throughout the Second World War. This climate of acute anxiety about protecting British hospital ship staff in the delivery of medical humanitarian care throughout the global war at sea also produced new and intense discussions about the practicalities and desirability of guarding the protected status of medical staff aboard British fighting ships in the Royal Navy (RN).

Official British discussions of securing what the Navy labelled as the 'best possible protection' of medical care in wartime offer new insight into how the British state justified and manipulated its own violations of the laws of war at sea during the Second World War, whilst publicly and vociferously condemning those of Axis powers. Building on Duncan McLean's review of shared perpetrator discourses in twentieth and twenty-first century attacks on medical care, this article provides a cultural analysis of British discursive practices surrounding acts of harm against legally protected medical staff, care systems, and vessels throughout the Second World War at sea. As McLean highlights, there remains an urgent need for scholars to develop richer qualitative analysis of perpetrator discourses in order to better understand historical violations of the international laws of war.[2] This is especially true of mid-to-late twentieth century maritime warfare. Acts of violence against medical humanitarianism at sea have yet to receive substantive critical analysis from Second World War historians.[3]

Nevertheless, within the field of First World War scholarship, historiography of Britain's attitude towards international law in maritime warfare contests a long-standing

cultural myth that the British were generally more compliant with the laws of war.[4] Sensationalist representations of German atrocity in land and maritime warfare during the First World War were hailed as evidence of Britain's greater commitment to humanitarian values, defence of 'freedom', and a national (mythical) self-assumed identity as gatekeeper of international law and benevolent colonial power.[5] Throughout the twentieth century and as late as 1944-45 (despite mounting evidence to the contrary), UK officials continued to construe Britain as a 'civilized' country playing a leading role in shaping and upholding international legal norms.[6] Building on this scholarship, this article establishes how far the issue of protecting British medical care during the Second World War at sea became integrated into processes of national mythmaking and advances new perspectives on tropes of British compliance with international law between 1939-45.

To varying degrees, British medical staff in naval warships, and their counterparts in British military hospital ships, were protected by a disparate range of late-nineteenth and early twentieth-century legal measures. For example, in 1899, the Hague Convention (III) made limited initial provision for adapting the principles of the original Geneva Convention (1864) to maritime conflict, establishing that military hospital ships operated by individual states must be respected and not captured during hostilities. In 1907 more substantive protections were extended to medical workers and victims of war at sea in the Hague Convention (X). These articles included a proviso that hospital ships were granted immunity from harm *so long* as they were not employed in any way 'for the purpose of injuring the enemy'.[7] Additionally, Article 7 stipulated that in the event of onboard fighting, a warship's sick wards must be 'respected and spared as far as possible.'[8] This legislation remained in force throughout both the First and Second World Wars. Between 1939-45, British medical staff in warships and hospital ships were also protected by Article 9 of the Geneva Convention on the Wounded and

Sick (1929), which laid down that medical personnel must be considered immune from harm and capture by enemy forces.[9]

By 1939, the implicit idea of a 'social contract' between state and citizen-serviceman dominated British military medicine. With the reassurance of receiving rapid and high-quality medical care in the event of being wounded, citizens consented to military conscription for the duration of hostilities.[10] Alongside military imperatives of alleviating manpower shortages by restoring the wounded to battle as rapidly as possible, therefore, the British state's desire to avoid fracturing public consent for the war also acknowledged that availability of medical care for service personnel was emotively-charged political terrain among the recently extended franchise.[11] Consequent expansion of wartime medical care for British servicemen and women throughout the maritime world took two forms: eleven Naval hospital ships, supplemented by hospital carriers operated by the British Army, and an increasing rollout of appointments of naval Medical Officers (MOs) and Sick Berth male nursing staff throughout the Fleet's warships.[12] Nevertheless, British levels of medical manpower consistently remained precarious throughout the duration of hostilities. These imperatives of safeguarding scanty medical resources intensified ongoing debates in Whitehall and the Navy about methods of preserving medical staff and care systems from harm throughout the Second World War at sea.

From the outset of war, however, the Navy's doctrine of providing medical personnel in warships with a so-called 'best possible protection' from enemy attacks came under heavy internal fire from the Royal Naval Medical Service (RNMS). Tensions arose, for example, between the Admiralty and its own Medical Department over the legally protected status of naval medical officers afloat. In fighting to uphold the non-combatant status of its medical personnel, the RNMS also became embroiled in heated arguments with its own staff about how the Fleet protected its wartime doctors. This article charts dominant currents of discourse through which so-called 'best' ways of shielding medical care against enemy violence were

contested during Britain's war at sea. It offers a critical assessment of how wartime British political, naval and medical cultures conceptualised, guarded, and engineered medical protections afloat. Problematising understandings of how international laws were applied to humanitarian spaces at sea, this article contributes a neglected maritime perspective about the confusion attached to navigation of the laws of war and humanitarian medical care to the wide literature on international humanitarianism and medical internationalism.[13] Recently, the complications of practicing medical humanitarian principles in conflict contexts are becoming better understood by scholars. As the Editors and other contributors to this dossier's examination of instances of violence against healthcare emphasise, the realities of land warfare seriously complicated applications of principles of humanitarian laws 'on the ground'. For instance, in the South African War of 1899-1902, as Lia Brazil demonstrates, medical personnel did not always choose between 'serving the Red Cross and fighting', nor did they necessarily perceive that they violated the neutrality provision of the Geneva Convention in doing so.[14] Despite their non-combatant status, British naval doctors during the Second World War also largely tended to regard themselves as equal and integrated members of a warship's company rather than as legally designated adjunct care-providers with privileged exemption from operational responsibilities.

Bringing cultural histories of the Royal Navy into explicit dialogue with histories of humanitarianism, this article establishes how Britain used and manipulated the laws of war at sea to self-construct an image of national moral superiority, further developing a literature that examines how specific cultural myths of 'Britishness' were created and circulated during the 'People's War'.[15] Expanding another key theme of this dossier around the cultural construction of attacks, this article interrogates the emotive propaganda value attached by the wartime British government to violations of humanitarian law at sea. As in Brazil's analysis of the South African War in this dossier, international law was instrumentalised by the British to maintain

a sense of civilisational superiority. During the Second World War, as Sonya Rose observes, wartime 'rhetorics of nationhood' – discursive strategies used as sites of collective British identity formation – were frequently inflected with issues of morality and ethical behaviour that emphasised a sense of national righteousness.[16] Lucy Noakes has also shown how the creation of national cultural myths of 'Britishness' and British moral superiority fuelled, and were fuelled by, the wartime British state's efforts to mobilise and manage the public's feelings.[17] In Studs Terkel's immortal and evocative phrasing, British efforts on the home and military fronts thus became permanently padlocked into affective 'Good War' discourses.[18]

During the First World War, the British government frequently used atrocity propaganda to whip up public passions to bolster national support for the conflict. This article contends, however, that the Second World War witnessed a significant break from previous publicization of breaches of international humanitarian law. Indeed, historians of British propaganda during the Second World War have noted that, by and large, the Ministry of Information tended not to put out atrocity propaganda to inflame public feelings against Germany.[19] Instead the British government went into the war with the intention of shielding the public from as much unpleasant information about the war as possible, discouraging fervent displays of intense emotion in response to grim wartime events in order to maintain an equilibrium of morale. Consequently, the politics of 'reassurance propaganda' dominated the Second World War, with a particularly prominent 'official tendency towards glossing over bad news and exaggerating favourable news' between 1939-42.[20] Nevertheless, the British government did use diplomatic channels to put out political statements against enemy attacks on hospital ships. As this article demonstrates, these statements offer fresh insight into how attacks on medical care at sea were strategically tied into the projection of national myths of moral superiority on the international stage.

In unravelling dominant British wartime discourses and representations of safeguarding medical personnel in the Navy's warships and hospital ships, this article draws upon official state documents held in the National Archives as sites through which heated establishment debates on 'best possible protection' of medical care at sea were waged. It also analyses personal testimonies produced by medical and naval personnel to offer insights into areas of tension between different interpretative frameworks of 'attacks' on medical protection afloat. Section I explores discursive framing of British responses to violence against hospital ships to establish how the early-wartime state's mood of belligerence towards Axis infractions of hospital ship neutrality gave way to a sense of national self-doubt about Britain's own violations of maritime law. Transferring the scope of analysis from neutral to combatant vessels, Section II demonstrates that growing anxieties about the protection of medical staff and clinical spaces in Britain's operational warships created a muddle of mixed intentions, discourses and practices in the Navy's attempts to safeguard medical departments across the Fleet.

I. Hospital Ships and British Civilizational 'Superiority'

When hostilities broke out in September 1939, the British state entered the war in full awareness that a terrible earlier precedent of attacking hospital ships had been set. During the First World War, atrocity reporting of the sinkings of vessels such as His Majesty's Hospital Ship (HMHS) *Guildford Castle,* HMHS *Britannic,* and HMHS *Asturias* (among others) created enduring British popular and political discourses of moral outrage, deplored as evidence of German depravity. Thirty-one German attacks on British hospital ships and hospital carriers during the spring campaigns in Norway and the Dunkirk evacuations of 1940 renewed and intensified the state's fears for the safety of its hospital vessels. Under the 1907 Hague Convention, military hospital ships were required to be easily distinguishable, with white-painted hulls containing a horizontal band of green about a metre and a half in breadth, and

flying a white flag with the Red Cross symbol.[21] Second World War British hospital ships were also illuminated at night and marked with large Red Crosses fore, aft, and amidships on the hull. The early wartime British state militantly argued that there should have been little scope for the enemy to claim legitimate errors of identification of these vessels in defence of attacks on hospital shipping. As the tragic events of May and June 1940 demonstrated, however, this was very far from being the case.

Immediately after the Dunkirk evacuations, official requests were sent out for hospital ship officers, crew, and medical staff to submit eyewitness accounts of hostile incidents. The Master of His Majesty's Hospital Carrier (HMHC) *St. David* angrily reported an attack on his ship. While awaiting night-time entrance to the port of Dunkirk on 31 May, enemy minelaying machines attempted to drop magnetic mines in close proximity to the ship, with one device exploding 100 feet ahead of the vessel and another missing the hull by only four feet. The *St. David*'s Master reported that, 'Our markings as a Hospital Carrier must have been plainly visible, as the vessel was lit up by the fires on Dunkerque town, also parachute flares were dropped to locate us.'[22] HMHC *Worthing* also sustained bomb damage and was machine gunned by a German aircraft at 14:30 hours on 2 June. *Worthing*'s captain similarly reported that visibility conditions were good and his ship had been clearly marked. 'This was', he submitted, 'without a shadow of a doubt a deliberate and sustained attempt to destroy a hospital ship.'[23]

Early-wartime eyewitness beliefs that assaults on British hospital ships had been wholly deliberate highlighted the growth of insidious fears that Red Cross markings offered a tempting target rather than protection. Having compiled an extensive collection of first-hand accounts of enemy attacks during the early summer of 1940, the Naval Officer-in-Charge at Newhaven shore base expressed a strong personal opinion that 'The red cross acts as an attraction to the Hun who prefers easy meat. I am all for doing away with it and letting them have a gun and so

at least ridding them of that helpless feeling.'[24] Sailors aboard hospital vessels also expressed overt unease at sailing under the Red Cross in the summer of 1940. For instance, the crew of HMHC *Dinard* asked for their ship to be painted grey and armed in the hopes of attracting fewer attacks. These early-wartime interpretations of the dangers of Red Cross emblems underscore the subjective and contested nature of different understandings of the best ways of securing medical protection that were beginning to characterise both high-level and personal discussions of Britain's Second World War at sea.

The Newhaven officer's telling use of the pejorative label 'Hun' in reference to the German perpetrators – a linguistic hangover from popular British atrocity-discourses of 1914-18 – indicates an emotive resurfacing of First World War cultural perceptions of the German forces as bestial and barbaric.[25] While the Ministry of Information preferred judicious use of propaganda which reassured and encouraged the nation, the wartime national press did not always subscribe to this approach. During the Dunkirk evacuations, leading newspapers such as *The Times*, *Daily Mail*, and *Daily Telegraph* all carried reports of German attacks on hospital ships. Although some reports were sober and factual, others appeared under sensational, blazing headlines such as 'Nurse Blown out of Bombed Boat' and 'Nazis Fire on Nurses in Lifeboat' which recalled the highly gendered atrocity narratives of the First World War.[26] As Nicoletta Gullace and Ana Carden-Coyne have demonstrated, narrative representations of violations of international laws were typically regarded as exerting a more powerful emotional impact in the public domain when depicted in terms of female courage and sacrifice.[27] Yet although the Second World War newspaper representations of the loss of female nurses in hospital ship attacks were nothing like as prolific as during the earlier conflict, it is revealing that wartime press censorship evidently did not insist on hiding the attacks on British hospital ships at Dunkirk. As a result, a wide cross-section of the newspaper-reading British public were undoubtedly made well aware of Germany's violations of the laws of war.

Official concerns that Germany intended to pursue an overt military strategy of flouting maritime laws deepened throughout the summer of 1940. In July, the British Government formally requested the United States to convey a 'vigorous protest' through diplomatic channels to the German government:

> 'His Majesty's Government in the United Kingdom consider that these attacks, all of which took place under conditions of visibility which clearly enabled the German forces to recognise the targets at which they were aiming, show that there can be no doubt that the German armed forces are completely and deliberately disregarding the immunity which is recognised by all civilized nations as being due to these ships whose only function is to succour the wounded, an immunity which has been affirmed by specific international agreement.'[28]

This insistence upon the identifiability of the British ships firmly stapled a self-righteous 'visibility narrative', predicated upon literal and symbolic observability of Britain's compliance with the laws of war, into British political and diplomatic discourses of violations of laws at sea. The British government's diplomatic protest can also be read as both product and agent in the wider making of a distinctive cultural 'myth of 1940', in which the Dunkirk evacuations (followed by the Battle of Britain and the Blitz) became 'totemic' components of a shared cultural narrative of the British nation as heroic underdog fighting back valiantly against the overwhelming evils of Nazism.[29] The British government's vocal expression of outrage about the German attacks on hospital ships may be interpreted firmly within the context of domestic and international 'reassurance propaganda', asserting in strong, measured terms that enemy violations of internationally-agreed laws of war would not be tolerated by Britain. Notably lacking in any of the sensationalist, gendered rhetoric that coloured First World War atrocity reporting – and indeed various British press reports in the summer of 1940 – this

diplomatic protest arguably helped to distribute to prospective international allies the nascent national myth of plucky British heroism, rationality, and innate decency.

As John Hutchinson and Heather Jones' research on militarization of national aid during the First World War illustrates, however, the nature of international humanitarianism possesses an inherent duality. War brought high-level international understandings of humanitarian norms and principles into conflict with belligerent nation-states' mobilisation of aid to help the individual national war effort.[30] By 1941, the British Government's need to shore up Home Front morale became increasingly inflected by reciprocity tactics even as the state expressed vociferous outrage against enemy infractions of maritime codes. As the Mediterranean war heated up, British military and political convictions that enemy strategy included deliberate and continued violation of hospital ship neutrality intensified. Between April and May alone, hospital shipping in the Mediterranean suffered a string of attacks. For instance, whilst carrying 400 casualties, HMHS *Vita* sustained severe damage from multiple bombing raids, as did her sister ships HMHS *Karapara* and HMHS *Aba*. All three vessels carried the requisite markings and were attacked during daylight hours. Further attacks on other British and Greek hospital shipping followed.

In April 1941 the British government responded by ordering the capture of the Italian hospital ship *Ramb IV*. This decision, and the discursive framework within which the government subsequently rationalised its actions, highlighted Britain's increasing difficulty in maintaining moral high ground in the diplomatic weaponization of attacks on wartime hospital ships. In July 1941, the British Government issued an international declaration to justify its act, drawing attention to the previous year's protest against German hostility towards hospital ships off Norway and France, proclaiming that: 'enemy aircraft have continued deliberately to disregard the immunity which is recognised by all civilised nations as due to hospital ships… our hospital ships have continued to be attacked from the air in circumstances which leave no

doubt as to the wilful and brutal nature of the attack.'[31] Invoking the trenchant 'visibility narrative' that was set up in the 1940 diplomatic protest, the British state pledged assurances that 'there can have been no question of difficulty of identification' of its damaged hospital vessels in accordance with international laws to which both German and Italian nations had been signatories. Having thus claimed moral rectitude, the British government warned that it intended to retain the services of the Italian hospital ship for a minimum period of six months 'in replacement of one of those damaged by the enemy's wilful action.' A guarantee followed that the British state would return the *Ramb IV* and her crew once 'satisfied that the enemy has not only the firm intention of refraining from further attacks on British hospital ships, but also the power to ensure that these intentions are carried into effect'.

Britain thus veiled its illegal capture and requisition of the Italian hospital ship beneath a rhetoric of moralized 'military necessity' that sought to legitimise the infringement of legal protections of medical care at sea.[32] Through the *Ramb IV* affair, the British Government also sought to broadcast to the world a persuasive narrative that national decency and fair play had, once again, fallen victim to an atrocity-minded foe. Trumpeting the crimes of enemy 'others' who violated the legal protections afforded to hospital ships enabled the British state to mask its own illegitimate agenda and project an image of the nation as champion of international laws of war. Ironically, the British government's public justification for pressganging the *Ramb IV* into service enabled the state to frame its own attack on the Italian hospital ship's neutrality as an act of pure medical humanitarianism.

The *Ramb IV*'s unhappy postscript, however, underscored a newly emergent tone of internal uncertainty in the wartime British state's discursive framing of attacks on hospital ships. On 10 May 1942, Axis aircraft bombed the ship as she returned to Alexandria heavily laden with Allied casualties. 154 patients, seven medical personnel, and three sailors lost their lives, and fires ignited by the bombs became so unmanageable that the Navy was ordered to

sink the vessel. Under such circumstances, and given that the incident had taken place in broad daylight in conditions of good visibility, the British authorities might readily have maximised the propaganda value of the incident. Yet the attack intensified increasing British doubt. An investigation conducted by British military command in the Middle East in 1941 had revealed the unwelcome information that aircraft flying above 10,000 feet did indeed experience difficulty in distinguishing hospital ship markings. This severely shook the British wartime state's moral convictions. As the Navy's Head of Military Branch observed, 'This latest attack [on the *Ramb IV*] was delivered from a great height… it is by no means certain that the enemy aircraft deliberately attacked a hospital ship.'[33] New – and distinctly self-serving – willingness to entertain the notion that enemy attacks could indeed be made in genuine error against hospital ships thus crept into mid-war British military and political discourse, tarnishing the moralistic 'visibility narrative'. It is also worth noting that some ordinary British seamen experienced a sense of disquiet at launching any kind of attack on a hospital ship, with one sailor describing the Navy's order to torpedo the stricken *Ramb IV* as a 'nasty thing'.[34]

By 1942, the morally absolutist framework of discourse that situated each and every instance of violence against British hospital ships as concrete evidence of enemy atrocity had somewhat burnt out, at least with regard to attacks on hospital shipping in the Mediterranean. The area's unique geography and the fact that so many active military fronts were situated along its coastline meant that Allied and Axis shipping routes through the Mediterranean sea were crammed with vessels carrying troops and military supplies. The British grudgingly recognised from their own experience that it was not always easy to disentangle the combatant from the non-combatant vessel in these conditions. A certain amount of soul-searching took place among the British naval and political authorities, with A.V Alexander, First Lord of the Admiralty, admitting to the War Cabinet in May 1942 that 'Our own record [of attacks on enemy hospital ships] is not… absolutely clear'.[35] Dating from 22 January 1941, British forces

had committed seven attacks on Italian hospital ships, sinking the *Po*, the *California*, and the *Arno*. However, despite privately acknowledging that the British military had also breached international law, a tone of national self-righteousness remained present in mid-wartime British debates about hospital ship safety. The British attacks were framed as 'inadvertent', 'in error', with 'almost all' incidents occurring at night when visibility was much reduced and, in any case, the Italian vessels were accused of not showing proper illuminations. Delivering reassurances to the War Cabinet that British armed forces did not intentionally attack foreign hospital ships, the First Lord of the Admiralty set up a comforting binary in which the enemy 'other' was positioned as 'probably much less scrupulous than we are'.[36]

Between 1939 and 1942, new sets of British martial and political discursive practices were thus developed around the framing of attacks on hospital ships and deciding on a course of 'best possible protection' for these neutral vessels. British discussions of hospital ship bombings carried significant echoes of the heated interwar international debates about 'indiscriminate' aerial bombing, when the rise of the bomber aircraft as a weapon of war created new uncertainties around the limitations of international humanitarian laws.[37] The fires of principled outrage about enemy violations of maritime law were frequently re-stoked in British official discourses throughout the Second World War. However, political and martial discursive framing of assaults on hospital vessels demonstrated a progressive fracturing of the 'visibility narrative' and its associated propagandistic value. Through weaponizing Axis attacks on hospital ships the British state was reluctantly forced to confront its own illegal actions and uncertainties, if only to conclude soothingly that a self-conceived national moral superiority remained intact. These internal self-reassurances undoubtedly also reflected and attempted to assuage the effects of a creeping mood of national self-doubt that emerged after Britain experienced successive military defeats in the Mediterranean and North Africa, terrible losses in the Far East, and an increasing economic stranglehold imposed by U-boats on the

nation between 1941-42. As these discourses highlight, although the state frequently pursued politics of 'reassurance' rather than sensationalised atrocity propaganda in Second World War Britain, the major hospital ship safety debates of the early war years constituted an integral facet of wider wartime processes of national mythmaking and self-fashioning in Britain's fight against fascism.

II. British Warships and Contested Medical Protections

Recent scholarship of international humanitarianism has underscored the complex challenges and confusion experienced by both states and humanitarian actors in maintaining principled processes while providing care for the victims of conflict.[38] A similar struggle between moral principle and military expediency shaped debates between the Admiralty's executive and medical departments during the Second World War. Discursive practices of identity formation were also at work in these internal arguments about how to provide medics in naval warships with 'best possible protection' from harm. Like their counterparts serving in hospital ships, medical personnel in fighting vessels were entitled to protected status and immunity as non-combatants under international law. However, whereas debates over the protection of medical staff in hospital ships offered valuable sites from which British political and military cultures could construct and project bellicose national images of moral righteousness, internal tensions regarding the safeguarding of medical care in the Navy's warships reveal more subtle workings of distinctive ideas of nationhood and citizenship in Britain's medical war at sea. As Rose observes, entrenched tropes of good citizenship in wartime British politics and culture placed a strong emphasis on issues of altruistic behaviour and shared sacrifice.[39] These ideas implicitly underpinned naval debates about whether protected medical status in warships should be privileged, or was even desirable.

Despite their legal status as non-combatants, British naval medical officers constructed themselves as partisan members of an operational military unit. Whereas hospital ships could be rendered identifiable (at least at close range) with distinctive paintwork, flags, lighting, and Red Cross emblems, the option of making medical staff and facilities visible to antagonists was not available to warships. Enemy bombs, shells, and torpedoes could not distinguish between a warship's medical and operational sites, nor between combatant and non-combatant members of a ship's company, and medical officers were well aware that they were not immune from the effects of attacks on the ship. Naval doctors suffered serious injuries in the course of discharging their medical duties, as in the case of Surgeon-Lieutenant Commander Francis Henley, who was knocked unconscious and sustained fractures to his cervical vertebrae when his ship was torpedoed in 1942.[40] The prospect of suffering a horrible death also stalked the naval doctor: in one gruesome instance, the corpse of an unfortunate Surgeon-Lieutenant from HMS *Foylebank* was located 'with his guts in his hands' after an air attack in 1940.[41] In total, 128 RN Medical Officers died as a result of service afloat between 1939-45, with a further 327 lives lost from the Navy's Sick Berth Branch.[42] As these figures underscore, wartime British medical officers and male nursing staff at sea remained intensely vulnerable, their fates tied to that of the ship in which they served. In addition to facing shared dangers, there were other emotional ties that governed a medical sense of belonging to a ship's company. Ships' doctors were proud to wear the same uniform as their fellow naval officers, albeit with red insignia to denote appointment to the medical branch. Powerful emotional significance was invested in the donning of military uniform in wartime British culture since it was associated with 'doing one's bit' and viewed as a badge of desirable masculinity and good citizenship.[43] Surgeon-Lieutenant R.R. Wallis's description of his fellow officers in the destroyer HMS *Martin* as 'a splendid and most likeable lot… I was full of admiration for them' attests that naval medical

officers firmly considered themselves part of the social culture of the officers' wardroom, building strong bonds of affection and respect for the men alongside whom they served.[44]

These feelings complicated medical officers' responses when a row blew up about whether they should be assigned to naval duties that fell outside their remit as non-combatants. Small warships carried only limited staffs of officers, and the MO was frequently assigned the job of coding and decoding the cyphers (encrypted signals) that poured in and out of the ship's communications system and could only be decoded by an officer. Many medical officers expressed a sense of readiness to assist with these cyphering duties, either to relieve hard-pressed colleagues or merely to pass the time when there were no demands for their medical services. While serving in HMS *London*, Surgeon-Lieutenant Wallis was appointed to train lookouts 'instead of being given the usual coding and cyphering watches expected of underworked doctors in fighting ships'.[45] The casual, cheerful tone in which he narrates that it was common practice for extra signals duties – and indeed other non-communications activities – to be assigned to medical officers certainly suggests that he accepted this as a normal state of affairs in the wartime Navy. Nevertheless, acute anxieties arose among senior commanders in the Navy's Medical Department that, in the event of a ship's capture, the enemy might legitimately claim that a medical officer was actually performing combatant duties by assisting with naval communications.

Surgeon-Commander J.LS. Coulter, editor of the Official History of the RNMS, explained that such erosion of the non-combatant status of the Fleet's medical officers created divisions within the wartime Navy:

> '[the] willingness of medical officers to assist with cyphering duties became complicated, as the war progressed, by the fact that in certain ships the commanding

officer failed to appreciate the precise status of medical officers in regard to this particular type of employment.'[46]

Troubling reports of inflexible captains who made cyphering duties compulsory for their ship's doctor continued to filter through to the Medical Department. Commanding officers' compulsion of medical staff to surrender their protected status as non-combatants was not just illegal, it was unethical, immoral, and directly at odds with the self-proclaimed values of justice and fair play that underpinned constructions of Britishness during the Second World War. Ultimately, the Navy's Medical Director-General became so concerned that he sought issue of a protective authoritative ruling from the naval executive. In February 1944, an Admiralty Fleet Order (AFO) was circulated, brusquely reminding commanding officers of the legal protections established for the treatment and rights of medical personnel under the Geneva Convention and instructing that it was the commanding officer's duty to warn the doctor of his potential loss of protected status. However, the AFO concluded by drawing attention to the shortages of officers and volume of communications work, emphasising the desirability of every suitable officer and rating making himself available to assist with this labour.[47] In short, the Navy's executive branch considered that, providing a captain had reminded his MO that he risked reversion to combatant status, the voluntary assistance of medical personnel with cyphering duties was to be welcomed and encouraged.

This debate reveals a conflict between two normally aligned models of wartime Britishness. Anticipation of the possible maltreatment of naval doctors in the event of enemy capture led the Navy's Medical Department to advocate the critical importance of visibility of British compliance with international laws of war. The Medical Department wished to run no risks of medical officers being caught performing communications roles by enemy forces. If the Service was discovered failing to fulfil its legal obligations towards its own medical personnel, the enemy might feasibly claim every reason to disregard medical immunity and

treat captured medics as combatants in future. In this sense, the 'visibility narrative' also found significant expression outside the hospital ship safety debates. On the other hand, via its 1944 orders, the Navy's executive branch issued a clear appeal for naval doctors to internalize the wider rhetoric of equality of sacrifice and placing the common good over individual interest that dominated wartime British nationhood.[48] Effectively, the AFO made participation of medical officers in communications duties opt-in on an individual basis, creating a self-serving grey area around this aspect of medical neutrality in the Navy's war.

Spatial organisation of medical departments in British warships during action also became a site of contest in discussions of protecting medical care at sea. During the early months of the war, urgent debates arose regarding methods of 'best possible' safeguarding of medical departments when a ship went into battle. Long-entrenched institutional practices that limited casualty care during periods of action ran aground on the rocks of a new generation of naval doctors' insistence on reforming medical arrangements to meet the immediate needs of their patients rather than shielding medical personnel. When the RN entered the Second World War in September 1939, naval doctrine enshrined in the *King's Regulations and Admiralty Instructions* viewed the life of the MO as being 'of the greatest possible value when regarded from the standpoint of the sick and wounded.'[49] This attitude resulted in the order to station medical officers 'under the best possible protection' during battle. Prior to the Second World War, when a British ship went into action, where possible, medical staff were centralised in a location below armoured decks and immobilised until a lull in the fighting should occur when casualties could be brought to them for treatment. Yet advances in the technologies and methods of modern naval warfare meant that a Second World War warship could spend many hours and days at action stations, under constant attack or imminent threat of attack from submarines and aircraft that possessed increasingly long-range abilities to shadow the vessel. With medical staff tucked away deep within the bowels of the ship, until the fighting was

eventually over, casualties around the vessel could only receive basic localised first aid, if they were lucky. As one medical report tartly reflected, these traditionally centralised medical areas offered little of treatment value, functioning more as places of 'refuge' for a ship's medical department to wait out the battle.[50]

The Battle of the River Plate in December 1939 provided a grim early warning that even these 'refuges' offered medical staff little real shelter from the dangers of modern naval warfare. Within half an hour of fighting, HMS *Exeter* had sustained heavy casualties, with five officers and fifty ratings killed, two missing believed killed, and eighty-two wounded. The outdated medical centralisation policy almost had disastrous consequences, since shellfire destroyed both the main distribution station deep within the ship and the exposed Sick Bay. Only pure luck saved the ship's medical department, which had been concentrated in these two locations. The subsequent official post-action reports submitted to the Navy's Medical Director-General by surviving medical officers were highly critical of the conventional medical arrangements in *Exeter* and her fellow combatants, *Ajax* and *Achilles*.[51] Claims that the conditions of modern naval warfare made it essential to ensure that medical personnel were dispersed and allowed to respond to calls for help throughout the ship gathered pace throughout the war at sea.

In February 1941 the Navy granted official approval for the decentralisation of emergency medical care. A year later, official recommendations followed that a Main Distributing Station be sited at one end of the ship, with an Auxiliary Distributing Station at the other. These medical sites should be augmented by the establishment of four First Aid Posts in ships of cruiser size and above in order to make casualty care more available in battle.[52] Yet these changes were often slow to be implemented. Some frustrated medical officers reported quite openly that they had taken matters into their own hands to effect medical decentralisation. As Senior MO appointed to HMS *Uganda*, when Surgeon-Commander J.E. Davenport joined

his new ship at the builder's yard before she commissioned, he discovered that although two medical stations had been included in the plans, both were positioned according to the old rules, far below on the lower deck. He refused to accept this state of affairs:

> 'Having talked it over with other medical officers who had been in action and having seen for myself the great difficulty of getting the wounded to these stations on the lower deck I decided not to use either of them… .'[53]

This push for the greater dispersal of medical sites and personnel in a warship at action stations demonstrates a clear shift in the parameters of discussion about the protection of wartime medical organisation afloat. The professional views expressed by naval doctors who survived action represented a concerted effort to change understandings at senior command level about the impact of enemy attacks on the ship's systems of emergency casualty care. Arguing for greater decentralisation and mobility in battle, medical officers contended that the Navy's outmoded emphasis on trying to find a safe place to hide medics away until they could do their job prevented them from treating casualties as rapidly as possible and actually served to undermine their professional duties and responsibilities. In effect, naval doctors thus advocated for diminished protection for themselves in order to fulfil their humanitarian duties of care more efficiently.

Within a broad typology of attacks on contemporary healthcare systems, interference with 'timely access' to medical care has come to be understood as a form of violence.[54] To some degree, the impatient discursive narrative that emerged in the professional views expressed by medical officers afloat suggests that they too viewed the Navy's spatial arrangements for their own 'best possible protection' as a loose form of unintentional attack from within, impeding their ability to deliver efficient and timely life-saving care to the men in their charge. This debate markedly focused, however, on the practicalities rather than the

morality of providing emergency casualty care at sea. British naval doctors at sea did not openly invoke humanitarian discourses of medical neutrality, patient rights or ethics of casualty care when pushing for reforms of medical arrangements in action. Theirs was a lexicon of cold, hard pragmatism, a language of spatial organisation and logistical arrangements for medical decentralisation and mobility in order to mitigate the disruption of medical services to the wounded in naval battles as far as possible. Ultimately this pragmatic discourse of 'military necessity' achieved its goals and the Navy agreed to initiate reforms within systems of medical care in warships. Unlike other areas of debates about protection of medical care at sea addressed elsewhere in this article, the arguments over medical decentralisation were not conducted with an obvious view towards processes of national or institutional image-building or making compliance with international law visible. This remained a private internal conversation about the spatial mechanics of medical care in action. Nevertheless, the naval doctors' fierce contention that they were not prepared to preserve their own safety at the expense of more efficient, potentially life-saving casualty care tacitly communicates all the wider rhetorics of equal sacrifice, collective effort and moral responsibility that underpinned British ideals of nationhood and citizenship during the 'People's War.'

III. Conclusion

Overall, discursive practices embedded into wartime British debates about violations of medical protections at sea remained fluid and contingent on military necessity, geographical context, and foreign and domestic propaganda needs. Key conversations about protecting medical care in British hospital ships and warships which played out across wartime British political, martial and medical circles shared much of the same discursive terrain, yet these arguments were always about far more than pragmatic preservation of scanty medical resources. These exchanges revealed how various political, martial, and medical actors understood and manipulated the performance of international legal medical protections at sea

in relation to wartime ideas of nationhood and citizenship. Fundamentally these were debates about what it meant to be 'British' during the Second World War, and the issue of protecting British medical care afloat became enmeshed in wider processes of national image-making for both domestic and international consumption.

As in the First World War, the wartime state extolled the virtues of Britain's visible compliance with international humanitarian law. British propaganda during the Second World War, however, largely remained geared towards the politics of 'reassurance' instead of saturating audiences at home and abroad with heart-rending details of enemy barbarity. Nevertheless, Axis attacks on medical care at sea were persuasively positioned as evidence of superior British compliance with the laws of war and so readily connected into the projection of broader national myths of moral righteousness and the sanctity of the fight against fascism. Even when forced to confront its own image as a perpetrator of violations of international humanitarian law, the British state reassured itself that the enemy was probably much worse. The growth of deeper tensions and shifts in the wartime state's approaches towards shielding its own medical care throughout the maritime conflict, however, highlights an increasing blurring of combatant/ non-combatant boundaries which was not always straightforward to navigate. Notably, British naval doctors' efforts to break with conventional naval approaches towards medical protection afloat implicitly invoked the new spirit of equality of rights and sacrifice that shaped national discourse in wartime British culture. These efforts, however, did little to uphold the principles of international humanitarian law at sea.

In the aftermath of the war, the Geneva Conventions of 1949 rectified some of the areas of tension and uncertainty that had coloured wartime British debates about protecting medical care afloat. The 1949 Convention included, for the first time, explicit regulation of the protection of wounded, sick, and shipwrecked members of the armed forces at sea. Many of the principles that had previously been codified in the 1907 Hague Convention were integrated

into Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea (1949). Additional articles extended further protections for hospital ships, medical transports at sea, and medical personnel working in a naval context. Bringing protection of medical neutrality at sea 'inhouse' under the Geneva Convention meant that maritime warfare no longer had to be catered for separately through legislation that adapted the principles of the Geneva Convention. Healthcare organisation in the maritime world was thus rehabilitated from its early twentieth-century position on the peripheries of the laws of war. In this sense, therefore, British debates surrounding protection and breaches of medical neutrality in the Second World War at sea helped to establish an important turning point in the history of international humanitarian law.

[1] Secretary of State to US Ambassador Joseph P. Kennedy, 12 July 1940, ADM 116/4934 (The National Archives; hereafter TNA).
[2] Duncan McLean, 'Medical care in armed conflict: Perpetrator discourse in historical perspective', *International Review of the Red Cross*, 101 (2019), 771-803.
[3] A limited, but more generalised, literature includes: John H. Plumridge, *Hospital Ships and Ambulance Trains* (London: Seeley, Service & Co., 1975) and Rupert Goodman, *Hospital Ships* (Brisbane: Boolarong Publications, 1992).
[4] See Nicholas Lambert, *Planning Armageddon: British Economic Warfare and the First World War* (Cambridge, MA: Harvard University Press, 2012); Isabel Hull, *Absolute Destruction : Military Culture and the*

Practices of War in Imperial Germany (Ithaca: Cornell University Press, 2005); Richard Dunley, *Britain and the Mine 1900-1915: Culture, Strategy and International Law* (Basingstoke: Palgrave Macmillan, 2018).
[5] Nicoletta Gullace, 'Sexual Violence and Family Honor: British Propaganda and International Law during the First World War', *The American Historical Review*, 102:3 (1997), 714-747.
[6] See, for example, Boyd van Dijk, *Preparing for War: The Making of the Geneva Conventions* (Oxford: Oxford University Press, 2022); James Crossland, *Britain and the International Committee of the Red Cross, 1939-1945* (Basingstoke: Palgrave Macmillan, 2014).
[7] Article 8, Hague Convention (X) for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention (1907). https://ihl-databases.icrc.org/en/ihl-treaties/hague-conv-x-1907
[8] Article 7, Hague Convention (X).
[9] Article 9, Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field (1929). https://ihl-databases.icrc.org/en/ihl-treaties/gc-wounded-1929
[10] Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War* (Oxford: Oxford University Press, 2004).
[11] The report of the Mesopotamia Commission (1917) and other public enquiries into the British state's neglect of soldiers' medical care created a number of politically damaging scandals during the First World War. Between 1939-45, the British government was cognisant of how intensely the British public were invested and engaged in the issue of soldiers' medical care in wartime.
[12] Despite differences in size, operational remit and capabilities, the terms 'hospital ship' and 'hospital carrier' were frequently used interchangeably.
[13] See the Editors' introduction for this substantive bibliography.
[14] Lia Brazil, '"Swapping the Red Cross badge for their bandolier and gun": Red Cross Men in the South African War, 1899 –1902'.
[15] Select examples: Sonya Rose, *Which People's War?: National Identity and Citizenship in Wartime Britain 1939-1945* (Oxford: Oxford University Press, 2003); Lucy Noakes and Juliette Pattinson (eds.), *British Cultural Memory and the Second World War* (London: Bloomsbury, 2013).
[16] Rose, *Which People's War?*, 9-18.
[17] Lucy Noakes, *Dying for the Nation: Death, Grief and Bereavement in Second World War Britain* (Manchester: Manchester University Press, 2020).
[18] Studs Terkel, *'The Good War': An Oral History of World War Two* (London: Hamilton, 1985).
[19] Ian McLaine, *Ministry of Morale: Home Front Morale and the Ministry of Information in World War II* (London: Allen and Unwin, 1979), 169; Robert Mackay, *The Test of War: Inside Britain, 1939-45* (London: UCL Press, 2003), 95.
[20] Mackay, *Test of War*, 145-50.
[21] Articles 2, 4, and 5, Hague Convention (X).
[22] Report of Master of HMHC *St. David*, 11 June 1940, ADM 116/4934, TNA.
[23] Report of Master of HMHC *Worthing*, 2 June 1940, ADM 116/4934, TNA.
[24] Captain A.A. Lovett-Cameron to Paymaster-Captain H.G. Pertwee, 13 June 1940, ADM 116/4934, TNA.
[25] Gullace, 'Sexual Violence and Family Honor', 715-17.
[26] 'Nurse Blown Out of Bombed Boat!', *Daily Mail*, 4 June 1940, 5; 'Nazis Fire on Nurses in Lifeboat', *Daily Telegraph*, 4 June 1940, 5.
[27] Gullace, 'Sexual Violence and Family Honor'; Ana Carden-Coyne 'Volatile Spaces and Myths of Safety: Hospital Ships and the Gendered Zones of Total War (1914-1918)', 4 June 2021, University of Manchester. Summary available at : https://colonialandtransnationalintimaciescom.files.wordpress.com/2021/06/iklkjb-rethinking-history-workshop-summary.pdf (last accessed 14.2.22).
[28] Secretary of State to US Ambassador Joseph P. Kennedy, 12 July 1940.
[29] Malcolm Smith, *Britain and 1940: History, Myth and Popular Memory* (London: Routledge, 2000), 4.
[30] John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Oxford: Westview Press, 1996); Heather Jones, 'International or Transnational? Humanitarian Action during the First World War', *European review of history – Revue européene d'histoire*, 16:5 (2009), 697-713.
[31] 'Detention of an Enemy Hospital Ship: Declaration by His Majesty's Government in the United Kingdom', 2 July 1941, ADM 116/4934, TNA.
[32] For analysis of how the concept of 'military necessity' invoked 'pragmatism' to override protections in First World War military-medical care, see Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014), 96.
[33] Minute from Head of Military Branch, 12 May 1942, ADM 116/4934, TNA.
[34] William Bates, interview by Conrad Wood, 20 August 1989, Sound Archive: 10868, Imperial War Museum.
[35] Memorandum by First Lord of the Admiralty to War Cabinet: 'Hospital Ships in the Mediterranean', 20 May 1942, ADM 116/4934, TNA.
[36] Ibid.

[37] Nicola Perugini and Neve Gordon, 'Between Sovereignty and Race: The Bombardment of Hospitals in the Italo-Ethiopian War and the Colonial Imprint of International Law', *State Crime*, 8:1 (2019), 104-25; Rainer Baudendistel, *Between Bombs and Good Intentions: The Red Cross and the Italo-Ethiopian War, 1935–1936* (New York: Berghahn Books, 2006).
[38] See, for instance, a growing literature on the chequered history of the International Committee of the Red Cross, including: Jean-Michel Turcotte, 'The Major Humanitarian Dilemma of Neutrality: The International Committee of the Red Cross and Prisoners of War in Korea, 1950–1953', *Humanity*, 13:3 (2022), 263-280; Yolana Pringle, 'Humanitarianism, Race and Denial: the International Committee of the Red Cross and Kenya's Mau Mau Rebellion, 1952–60', *History Workshop Journal*, 84 (2017), 89-10.
[39] Rose, *Which People's War?*,18.
[40] Francis Austin Henley, *Chasing the Golden Fleece: The Wartime Adventures of Surgeon Lieutenant Commander Francis Austin Henley RNVR* (Lewes: The Book Guild, 2002), 39.
[41] Ronald Walsh, interview by Richard McDonough, 8 October 2004, Sound Archive: 27308, Imperial War Museum.
[42] 'List of RN MOs Killed in Action or Died during Service – 2nd World War', ADM 261/1, TNA; Gregory Clark, *'Doc': 100 Year History of the Sick Berth Branch* (London: HMSO, 1984), 42.
[43] Rose, *Which People's War?*, 287.
[44] R. Ransome Wallis, *Two Red Stripes: A Naval Surgeon at War* (London: Ian Allen, 1973), 83.
[45] Wallis, *Two Red Stripes*, 23.
[46] J.LS. Coulter, *The Royal Naval Medical Service*, Vol. 1 (London: HMSO, 1954), 2.
[47] Ibid., 4.
[48] Rose, *Which People's War?*,18.
[49] 1395/2, *KR&AI*.
[50] 'The Medical Aspects of Damage Control', n.d., ADM 261/7, TNA.
[51] 'The Battle of the River Plate', nd., ADM 261/9, TNA.
[52] J.LS. Coulter, *The Royal Naval Medical Service*, Vol.II, (London: HMSO, 1956), 14.
[53] 'HMS Uganda. Report on Casualties', 1943, ADM 261/1, TNA.
[54] Audrey Mahieu, Karl Blanchet, Rohini Haar, Larissa Fast, Leonard Rubenstein, and Natalya Kostandova, 'Conceptual Issues and Methodological Approaches to Evaluating the Wider and Longer-Term Impact of Attacks on Healthcare in Conflict', RIAH Working Paper (10 December 2020): 11.