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SACRIFICING SISTERS: NURSES' PSYCHOLOGICAL TRAUMA FROM THE FIRST
WORLD WAR, 1914-1918

by

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B.A. University of Central Florida, 2015

A thesis submitted in partial fulfillment of the requirements
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ABSTRACT

This thesis examines psychological war trauma nurses experienced during the First World War. Psychological war trauma, or shell shock, as it was commonly known during the war, has largely been identified as a male affliction. In this thesis, I demonstrate that women too, suffered trauma and we can better understand nurses' trauma by applying some of the same analytical techniques that scholars have previously used to examine male combatant trauma. Moreover, I analyze the ways in which contemporary actors, including medical professionals and the public, imagined female trauma, specifically the way nurses' psychological trauma could be understood and articulated. Additionally, I examine how those suffering from trauma or treating it sometimes confronted it and sometimes avoided it. Utilizing official British War Office documents, personal papers, medical journals, and newspapers, I have found that no matter the circumstances surrounding nurses' trauma, the language and diagnoses applied avoided language that minimized these women's characters or war service. These women's behaviors had to be framed in keeping with 'womanly' notions of sacrifice, selflessness, and duty to their country. With this thesis, I bring together the history of nursing and the history of psychological war trauma—making clear that nurses fit into the larger narrative of trauma.

ACKNOWLEDGMENTS

When accepting her Academy Award in 1940, Vivien Leigh opened with an apology. Leigh stated, “please forgive me if my words are inadequate in thanking you for your very great kindness.” I feel like Leigh’s words ring true in this moment, as I try to find ways to thank the incredible people in my life who provide me with immense support to make this journey possible. So, to quote Leigh, please forgive me if my words are inadequate.

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Of course, this would not have been possible without the research. Let me thank the Imperial War Museum in London, England, for welcoming me into their archives. I also want to thank the Cavell Nurses' Trust for sending me materials. And I would like to highlight and show my gratitude for ScarletFinders.co.uk, curated by Sue Light, for providing transcriptions of multiple archival materials that prove instrumental in my research and this thesis.

Last, but certainly not least, thank you to my family. Mom, I cannot express how grateful and lucky I am to have you for a mom. All those times I wanted to quit and give up, you always reminded me that I was and am capable of anything I set my mind to. Thank you and I love you! Nanny and Pop, I do not know how to thank either of you for all that you have done for me. The list is infinite in what you have both done to get me here today. I could not have done it without either of you. I love you both! And Ava, I hope this shows you that no matter how hard things may have been at one time, or how hard things might get, you have the strength to make great things happen. If I can do it, so can you.

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LIST OF ABBREVIATIONS

BEF	British Expeditionary Force
BRC	British Red Cross
CCS(s)	Casualty Clearing Station(s)
DMS	Director of Medical Services
IWM	Imperial War Museum
TNFS	Territorial Nursing Force Service
QAIMNS(R)	Queen Alexandra's Imperial Military Nursing Service (Reserve)
VAD(s)	Voluntary Aid Detachment(s)

INTRODUCTION

Margaret Ellison Ducker, Queen Alexandra's Imperial Military Nursing Service Reserve (QAIMNSR) nurse, was stationed on the Salonika Front in Greece in 1916.¹ Her superiors and fellow Sisters described Duckers as an incredibly hard worker, always in high spirits; she nevertheless started enduring sleepless nights in April of 1918. Medical Officer Major Howard noted Duckers had become "increasingly nervous" and eventually stopped responding to the tonics he prescribed for her symptoms. Howard diagnosed Duckers with a case of "debility" and admitted her to a Red Cross Sisters' convalescent home to rest for a week before resuming her duties.²

Duckers stay in the convalescent home extended beyond the single week Major Howard ordered. Though Major Howard reported that Duckers could sleep after a few nights in the home, she continued to experience "nervousness and depression."³ Major Howard and fellow Sisters in the home believed Duckers' fiancé's departure instigated her condition and that she would recover as time went on.⁴ On May 16, 1918, another Sister in the convalescent home found Duckers unconscious in the home's annex. The medical officer on duty declared Duckers dead from syncope due to the result of "a temporary fit of insanity" from ingesting cleaning fluid.⁵

¹ The Salonika Front, also known as the Macedonian Front, was part of the Balkans Theatre during the First World War. This front was an Allied effort to assist Serbia when it fell in 1915 to the Central Powers. According to scholar G.J. Meyer, Salonika turned "into a miniature Western Front." Much like the Western Front, Salonika was in a constant state of deadlock and overrun by disease. For more information on the Salonika Front, see, "The Gardeners of Salonika," in G.J. Meyer, *A World Undone: The Story of the Great War, 1914 to 1918* (New York: Delacorte Press, 2006), 683-88.

² "Letter from D.M.S. Regarding the Death of Margaret E. Duckers," File for Margaret E. Duckers (pg. 19-22), WO 399/2372, National Archives, Kew, United Kingdom.

³ "Letter from D.M.S. Regarding the Death of Margaret E. Duckers."

⁴ I have been unable to find further information on Duckers' fiancé. I cannot confirm whether he was in service during the war. Duckers' file does not mention her fiancé beyond his noted departure in 1918.

⁵ "Letter from D.M.S. Regarding the Death of Margaret E. Duckers."

In this thesis, I seek to use this story and others like it, as small windows into the experiences of nurses who suffered from psychological trauma. Duckers is one of thousands of combat and frontline nurses who witnessed the horrors of modern warfare firsthand. These women suffered from trauma while working and living under physically dirty conditions and often the threat of long-range artillery fire. Like their male counterparts, they suffered from psychological trauma, or shell shock. As seen with Duckers' death, no one, not medical professionals, not her family, not society in general, could come to terms with a woman committing suicide, an act often associated with selfishness. Instead, we see that those treating nurses who suffered from trauma- medical professionals, military leaders, the press, and family members, all framed these women's behaviors, suffering, and in some cases their suicides, in keeping with 'womanly' notions of sacrifice, selflessness, and duty to their country. Medical professionals and military officers insisted in Duckers' case, as in others, that her death resulted from a "temporary" state to maintain the overall ideal of nursing as a selfless profession that could not even be diminished by death.⁶

Scholars like Elaine Showalter, Peter Leese, and Ben Shepard have deepened our understanding of male combatant trauma, or shell shock. Drawing on these works, I contend we can better understand nurses' trauma by applying some of these same analytical techniques that these scholars have previously used to examine male combatant trauma. Using these techniques, I analyze the ways in which contemporary actors, including medical professionals and the public, imagined female trauma, specifically the way nurses' psychological trauma could be understood

⁶“ Letter from D.M.S. Regarding the Death of Margaret E. Duckers.”

and articulated. Additionally, I examine how those suffering from trauma or treating it sometimes confronted it and sometimes avoided it.

The diagnosis of shell shock remained a masculine affliction. Early in the war men suffering from psychological trauma were often diagnosed with “male hysteria” because symptoms of the traditionally feminine disorder of hysteria mimicked those of their trauma.⁷ As male hysteria case numbers grew, military and medical professionals became immensely concerned with the appearance of the direct parallels of male trauma to hysteria, which broke national visions of a physically and mentally healthy nation. The British military and government funded studies to investigate these cases of male hysteria.⁸ Eventually applied and favored in these cases, “shell shock” proved “a masculine-sounding substitute for the effeminate associations of ‘hysteria’,” and masked how these symptoms in men aligned with female hysteria.⁹

Despite an expanding number of women who suffered similar symptoms, I argue that contemporary observers found it inconceivable to think of male and female psychological war trauma as the same. The diagnosis of shell shock seemingly lacked a space for female sufferers. Women, on the other hand, suffered from hysteria. Yet even hysteria had to be carefully framed to ensure no one questioned the service and sacrifice nurses made to the war effort and their nation. With that said, a space existed for female trauma, but it existed in different terms. Utilizing official British War Office documents, personal papers, medical journals, and newspapers, I have found that no matter the circumstances surrounding nurses’ trauma, the

⁷ See Showalter, *The Female Malady*, chapter 7: Male Hysteria, W.H.R. Rivers and the Lessons of Shell Shock, 167-194

⁸ T.H. Pear, "Charles –Samuel Myers: 1878-1946." *The American Journal of Psychology* 60.2 (April 1947): 292.

⁹ Showalter, *The Female Malady*, 172.

language and diagnoses applied avoided language that minimized these women's characters and war service, while still maintaining a separation from male trauma.

My thesis also examines the treatment nurses received for their psychological trauma, specifically in nurses' rest clubs and convalescent homes. These rest clubs and convalescent homes began opening respectively in 1914 and 1915, both privately and publicly state-run facilities in France and England. The clubs and homes provide a rich archival base to study the nature of the diagnosis and treatment of war-induced psychological trauma of nurses. My analysis of the clubs and homes underscores the overall thesis, that the treatments used for nurses' trauma centers on the traditional womanly remedies. While male psychological trauma centered on remaking men, treatments for nurses accepted and naturalized the concept that nurses facing war would be devastated by it and need regular rest and recuperation. No one worried about women who showed weakness, whereas weakness in men was abhorrent. Weakness in women made them more ladylike.

A range of groups, including landed elites and the middle and working classes, all contributed to the rest clubs and convalescent homes for nurses. I argue to understand Britain's response to nurses' psychological trauma during the First World War, we must study the way in which the public reacted to and sought to heal these women. And what we find is that unlike men who had to become unnatural when diagnosed with male hysteria or shell shock, women's trauma was seen as a selfless sacrifice to the war effort.

Additionally, my work begins to examine the post-war aftermath of nurses' trauma by touching on how these women coped with their trauma after the war and how their war work and

experiences, and their legacies inspired individuals and organization to support nurses' physical and mental health.

Historiography

My thesis brings together two First World War historiographies, shell shock and nursing. Paul Fussell's *The Great War and Modern Memory* and Eric Leed's *No Man's Land: Combat and Identity in World War I* are the key groundbreaking works in the field of shell shock studies.¹⁰ Fussell and Leed utilized personal papers and literary works of male combatants to produce two cultural histories about the men who partook in the First World War.¹¹ These studies did not look at shell shock as a medical diagnosis, but as a cultural catalyst, one that defined the ruin of war as a whole. Leed argued that many men welcomed the war, anticipating that it would allow for a positive transformation of character, yet modernized industrial warfare destroyed old society and left participants with psychological trauma. Elaine Showalter expanded upon these works, analyzing how the First World War and shell shock produced a "crisis of masculinity and sexuality," which other scholars, had studied in the context of the nineteenth century.¹²

Scholars, such as Jay Winter, built upon the approaches of Fussell, Leeds, and Showalter, by arguing that the term "shell shock" shifted during and shortly after the war from a medical

¹⁰ Paul Fussell, *The Great War and Modern Memory* (New York and London: Oxford University Press, 1975); Eric Leed, *No Man's Land: Combat and Identity in World War I* (Cambridge: Cambridge University Press, 1979).

¹¹ Fussell, x.

¹² Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1854-1980* (New York: Pantheon Books, 1985), 171; Others studying the supposed crisis of masculinity include Judith Walkowitz, *City of Dreadful Delights: Narratives of Sexual Danger in Late-Victorian London* (Chicago: The University of Chicago Press, 1992).

term to a metaphysical term.¹³ The issues surrounding the diagnosis of shell shock were not exclusive to the medical field and profession. The diagnosis evolved into a cultural phrase that represented the allegory for the complete and utter destruction of war on society and individuals. Winter also acknowledged, as later scholars did as well, that “there were others who suffered” beyond the male officer.¹⁴ Margaret Higonnet and Andrea Peterson continued this work, demonstrating that shell shock became gendered.¹⁵ Future scholars explored these gendered aspects by looking at how shell-shocked soldiers were seen as infantile and childish, and in turn, struggled to maintain their masculinity and their functioning status as male citizens during and after the war.¹⁶

More recently, scholars built upon the scholarship of shell shock through the exploration of the ailment beyond the male combatant. Tracey Loughran stated in her work that historians need to more explicitly define shell shock, highlight issues of gender, and expand “experiences of men and women in tandem, even if it is not possible to give equal attention to both.”¹⁷ Some scholars have looked at the “emotional price paid by medical personnel” during the First World War.¹⁸ For example, scholars have analyzed language to understand the psychological responses

¹³ Jay Winter, “Shell-Shock and the Cultural History of the Great War,” *Journal of Contemporary History* 35.1 (2000): 7.

¹⁴ Winter, 11.

¹⁵ Margaret Higonnet, “Authenticity and Art in Trauma Narratives of World War I,” *Modernism/Modernity* 9.1 (2000): 91-107; Andrea Peterson, “Shell-shocked in Somerville: Vera Brittain’s Post-Traumatic Stress Disorder,” in *Gender and Warfare in the Twentieth Century* (Manchester: Manchester University Press, 2004);

¹⁶ Jessica Meyer, *Men of War: Masculinity and the First World War on Britain* (Basingstoke: Palgrave Macmillan, 2008); “Separating the Men from the Boys: Masculinity and Maturity in Understandings of Shell Shock in Britain,” *Twentieth Century British History* 20.1 (2009): 1-22; Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain, 1914-1930* (London and New York: Continuum, 2010).

¹⁷ Loughran, “A Crisis of Masculinity? Re-writing the History of Shell-Shock and Gender in First World War Britain,” *History Compass* 11.9 (2013): 734.

¹⁸ Carol Acton and Jane Potter, *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones* (Manchester: Manchester University Press, 2015), 2.

of medical personnel, in some cases including women. This is where the link between the histories of shell shock and war nursing have come together.

The historiography of nursing has become the predominant subject on women's experiences during the First World War. The early works of nursing centered on the lived experiences of these women, understanding their backgrounds, the various forms of work they performed, and the different nursing branches and volunteer organizations women joined. These early works proved groundbreaking at the time because they utilized firsthand accounts of nurses in their studies.¹⁹

With the hundred-year centenary of the First World War, numerous monographs emerged on nursing during the First World War. These works, including works by prominent historians such as Christine E. Hallett, Yvonne McEwan, and Alison S. Fell, greatly centered on the myths of nursing during and after the war. The works focused not only on breaking down these myths but showing the realities of nurses' duties and how nurses' duties affected their physical health and psychological well-being. Additionally, these works addressed nursing in the larger context of other war-related and women's issues, such as the professionalization of nursing, suffrage, and seeing nurses as war veterans.²⁰

¹⁹ Anne Summers, *Citizens and Angels: British Women as Military Nurses, 1854-1914* (London: Routledge and Keagan Paul Limited, 1988); Lyn Macdonald, *The Roses of No Man's Land* (United Kingdom: Penguin UK, 1980);

²⁰ Hallett, *Veiled Warriors*; Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009); Yvonne McEwan, *In the Company of Nurses: The History of the British Army Nursing Service in the Great War* (Edinburgh: Edinburgh University Press, 2014); See Alison S. Fells, *British Women as Veterans in Britain and France After the First World War* (Cambridge: Cambridge University Press, 2018).

Methods and Organization

To examine how contemporary actors understood nurses' trauma, including how it evolved, how it differed from male combatant trauma, and how it fit with idealized notions of both patriotism and feminine behavior, my thesis uses a variety of sources. Primarily, my thesis depends upon two types of sources: official British War Office documents that range from papers from heads of nursing branches, such as Dame Emma Maud McCarthy, who was the British Army Matron-in-Chief of France and Flanders, and individual War Office files of several nurses. The personal narratives of nurses consist of several diaries, letters, and memoirs.²¹

My thesis is divided into three chapters and a conclusion. Chapter one, "Femininity on the Front" begins by contextualizing nursing leading up to the First World War. I then move into what it meant to be a nurse on the front lines- the duties, conditions, and relationships with patients- and what it meant for nurses to suffer from psychological war trauma.

Chapter two, "The Gendered Language of Psychological War Trauma," explores how medical diagnoses for men and women shifted while Britain found itself in the crucible of the Great War. The chapter begins with a brief history of hysteria, and the use of the term for soldiers in 1914. Once a significant number of men suffered deep psychological trauma, medical and military leaders shifted toward shell shock as a diagnosis, which could be separated from any effeminate ailment, allowing for men to receive treatments that restored their masculinity. Nurses, on the other hand, could not suffer from a male disorder, and as a result, much of the second chapter explores how gender affected the diagnosis of psychological war trauma in

²¹ Primary source material collections include: Cavell Nurses' Trust, United Kingdom (<https://www.cavellnursestrust.org/>); Imperial War Museum, London, England, United Kingdom (<https://www.iwm.org.uk/>); National Archives, Kew, England, United Kingdom (<https://www.nationalarchives.gov.uk/>); Scarlet Finders, United Kingdom (<http://ScarletFinders.co.uk>).

nurses, and how these perceptions of trauma influenced the ways in which contemporaries constructed and imagined female trauma.

Chapter three, “Nursing the Trauma,” examines the treatment of psychological war trauma, specifically in rest clubs and convalescent homes, and concludes with some of the ways in which contemporaries handled trauma after the war. My thesis concludes with a short overview of where my research will go in the future.

CHAPTER 1: FEMININITY ON THE FRONT

Numerous scholars have sought to dispel the myth of the First World War nurse, this ethereal status of the “woman in white,” a motherly figure to the boys on the front, that has been placed upon them. That is not to say nurses’ contributions to the war are not significant and unimportant. Instead, with these images of motherhood and sacrifice that became popular in war propaganda and in public perception during and after the war, nurses found themselves on a pedestal expected to live up to impossible expectations. Held up as icons of motherhood during the war, nurses, according to scholar Andrea Peterson,

struggled to cope with the correspondingly heightened code of femininity applied to them as ‘ministering angels’ within the nursing profession [just as] men were unable to cope with ‘the heightened code of masculinity’ within the armed forces.²²

While prewar values of motherhood existed, nurses, both trained and volunteer, entered an outwardly new world of previously unknown knowledge and experiences, physical conditions, and work and relationships that greatly affected their psychological well-being.

This chapter analyzes the powerful myth of the nursing during the First World War, the “veiled warrior” that was trained to give it her all and take nothing for herself.²³ This image of the nurse, which evolved with the professionalization of nursing during the Victorian era, personifies ideals about womanhood during this period- self-effacing and self-sacrificing- ideals that coupled with the need for women to do their bit for the war. To better understand how

²² Andrea Peterson, “Shell-shocked in Somerville: Vera Brittain’s Post-Traumatic Stress Disorder,” in *Gender and Warfare in the Twentieth Century* (Manchester: Manchester University Press, 2004), 36.

²³ See Hallett, *Veiled Warriors*.

professionals and the public understood trauma, this chapter analyzes the kinds of trauma nurses experienced through their duties, physical surroundings, and relationships to their patients.

The Professionalization of Nursing and Preparations for the Front

Prior to the First World War, nursing, like other feminine professions, did not have standardized training and fell into the broad category of domestic service. According to scholar Arlene Young, nursing began to shift during the Crimean War into to a professionalized occupation that started to require formalized education and training. This shift from domestic service to professional nurse came at a time of significant change in “ideals of middle-class womanhood” during the Victorian era.²⁴

The Victorian era is often associated with the notion of separate spheres, an ideology separated men and women into the spheres of the public (men) and the private/domestic (women), which “perpetuated women’s powerlessness in both spheres,” and the myth that women did not work for wages.²⁵ Despite the power of this myth, the Industrial Revolution pushed middle class women further away from paid labor, while simultaneously ensuring that working women continued to labor outside of the home for wages.²⁶ The invisibility of domestic service, including nursing, fit with larger ideas that minimized women’s contributions to society and ensured they earned low wages.²⁷

²⁴ Arlene Young, *From Spinster to Career Woman: Middle Class Women and Work in Victorian England* (Montreal: McGill-Queen’s University Press, 2019), 4.

²⁵ Susan Kingsley Kent, *Sex and Suffrage in Britain, 1860-1914* (New Jersey: Princeton University Press, 1987), 5.

²⁶ Kent, 33.

²⁷ See Jill Liddington and Jill Norris, “Daily Life for Working Women,” in *One Hand Tied Behind Us: The Rise of the Women’s Suffrage Movement* (New York: Rivers Oram Press, 1978), 20-38; Kent, 16.

In the late nineteenth century, the state's need for healthier citizens began to professionalize several largely female occupations, including nursing.²⁸ The Victorians' preoccupation with social hygiene, which connected with "the biological anxiety" over fears and obsessions with sexual health and reproduction pushed many middle- and upper-class woman towards social work and nursing. As "well-bred" and "well-raised" women, these elite women theoretically had inherent abilities to "instruct, assist, treat, and supervise inadequate mothers and wives of the poor."²⁹ This push offered professional jobs for middle class women, who may have been called charity workers in the mid and late-nineteenth century but chose to attend Britain's public colleges or receive formal training as a nurse.

Scholar Catherine Judd identified two types of nurses during the Victorian era: the "old-style-nurse" and the "new-style nurse."³⁰ The old-style nurses, as Judd states, were the working-class nurses who had been seen as "drunkards, former or current prostitutes, thieves, incompetents, and criminals who nursed because they were fit for no other labor."³¹ The "new-style nurse," on the other hand, were middle and upper-class women, portrayed as pure and clean who sought to nurse out of selflessness.³² These well-off women believed that these working-class women, many illiterate and again, considered domestic servants as opposed to professionals, believed they "lacked the necessary female skills [they] needed to be taught [to] them by more appropriate female role models."³³ A kind of gentrification of nursing followed. In

²⁸ Anna Davin, "Imperialism and Motherhood," *History Workshop* 5 (Spring 1978): 36.

²⁹ Vanessa Heggie, "Women Doctors and Lady Nurses: Class, Education, and the Professional Victorian Woman," *Bulletin of the History of Medicine* 89.2 (Summer 2015): 272.

³⁰ Catherine Judd, *Bedside Seduction: Nursing and the Victorian Imagination, 1830-1880* (New York: St. Martin's Press, 1998), 69.

³¹ Judd, 69.

³² Judd, 69-70.

³³ Heggie, 290; Helmstadter, 590.

pursuing this line of work, these middle and upper-class women wanted to make nursing a respectable profession, specifically distancing nursing from those “incompetents,” the lowly domestic servants who cared for the sick.³⁴

These elite “New Women” who sought the professionalization of nursing and education during the mid to late nineteenth century and early twentieth century emerged throughout Europe and the United States. In a March 1894 article in the *North American Review*, novelist Sarah Grand, a notable feminist, described the New Woman as “one who has at last solved the problem and proclaimed herself with what was wrong with Home-is-the-Woman’s-Sphere, and prescribed the remedy.”³⁵ Scholar Mary Louise Roberts argues in her work that the “so-called crisis of sex roles centered on the phenomenon” of this New Woman.³⁶ These women fought against the societal norms of their sex and class, i.e. subverting their roles as mother’s and wives by “challeng[ing] the regulatory norms of gender by living unconventional lives.”³⁷ The New Woman sparked a great deal of anxiety because, if this woman sought a means of success other than her “God-given” biological duty of childbearing in the home, she put the very survival of the human race in danger.³⁸ The “new-style” nurse however, reconciled some of these tensions about the New Woman. Nursing provided women new roles, a chance to educated and a professional, all while remaining womanly.

³⁴ Heggie, 290; Helmstadter, 590.

³⁵ Sarah Grand, “The New Aspect of the Woman Question,” *North American Review* 158.448 (March 1894): 271.

³⁶ Mary Louise Roberts, *Disruptive Acts: The New Woman and Fin-de-Siecle France* (Chicago: The University of Chicago Press, 2002), 3.

³⁷ Roberts, *Disruptive Acts*, 3.

³⁸ Suzie Grogan, *Shell Shocked Britain: The First World War’s Legacy for Britain’s Mental Health* (Britain: Pen and Sword Books, Ltd., 2014), 80; Anna Davin, “Imperialism and Motherhood,” *History Workshop* 5 (Spring 1978): 20.

Women who sought education and training in the field of nursing “longed to play a vital role” in future war efforts, according to scholar Anne Summers.³⁹ Military nursing played a role in the shift in nursing at the turn of the century. Prior to the end of the Second Boer War in 1902, several nursing branches existed, including the Army Nursing Service and the Princess Christian’s Army Nursing Service Reserve (PCANSR). After the Second Boer War ended, the PCANSER morphed into the QAIMNS in 1902 and a reserve corps formed in 1908. Following, the Territorial Force Nursing Services (TFNS) was established in 1908.⁴⁰ TFNS nurses were required to have at least three years of training and experience in a hospital in order to join.⁴¹ And then, in 1909, the British Red Cross Society and the Order of St. John of Jerusalem organization helped form the Voluntary Aid Detachment (VAD) organized, with the intent to support the Territorial Forces medical service.⁴² VADs largely came from the middle and upper classes, as the organization was civilian volunteers as opposed to trained nurses.⁴³

At the start of World War I, the QAIMNS nursing branch had roughly 300 women in service, with other branches in similar states. By the end of the war though, more than 10,000 women served as nurses.⁴⁴ Clearly, there is a vast difference in the women who partook in the war effort at the beginning in comparison to the number of nurses at the end of the war. The call to the front was slow, largely due to officials not wanting women on the front, believing in a

³⁹ Summers, *Angels and Citizens*, 237 and 241.

⁴⁰ For a comprehensive look at the history of military nursing in Britain, see Anne Summers’ *Angels and Citizens: British Women as Military Nurses, 1854-1914* (London: Routledge, 1989). In Summers’ work, she examines how Britain prepared for the prospect of war and established these military-sponsored nursing corps, as well as a breakdown of the nursing corps.

⁴¹ Susan Cohen, *Medical Services in the First World War* (Oxford: Shire Publications, 2014), 5.

⁴² Cohen, 5.

⁴³ Henriette Donner, “Under the Cross- Why V.A.D.s Performed the Filthiest Task in the Dirtiest War: Red Cross Women Volunteers, 1914-1918,” *Journal of Social History* 97.30 (Spring 1997): 687.

⁴⁴ Shirley Williams, “World War One: The many battles faced by WW1’s nurses,” *BBC News*, 2 April 2014, <https://www.bbc.com/news/magazine-26838077>, accessed 4 December 2020.

woman's inability to handle the work. Yet, while the call to the front was slow, it did not deter women from seeking to partake in duties for their nation during the war.⁴⁵

With so many nurses, both trained nurses and VADs faced the rigors of military discipline. While many trained nurses had to have been used to the hierarchical discipline of hospitals, VADs, like Charlotte L.F. Dalton Brown, chafed under the leadership of women who ranked below them on the social ladder. Brown recalls, "we [VADs] were given a severe lecture by... Dame Katharine Furse on behavior in service."⁴⁶ Dame Katharine Furse, Commandant-in-Chief of the British VADs during the First World War, instilled in her recruits that,

sacrifices may be asked of them and [these women should] give generously and wholeheartedly, grudging nothing, knowing they served their nation that required their help during this worldwide conflict.⁴⁷

VADs had to sign a "Declaration of Loyalty" with the British Red Cross, declaring to "do all in [their] power to uphold the good name of the V.A.D. Organisation and to do nothing which might in any way bring discredit upon [her] uniform."⁴⁸ Essentially, these women were to give "entirely to the boys" as self-sacrificing models of femininity.⁴⁹

⁴⁵ The call to the front was slow and it did take some months for a decent number of nurses to make it to the front lines, but some made it to the front early on due to wealthy individuals making the journey to the lines themselves and setting up their own mini units. For example, Millicent, Duchess of Sutherland, a wealthy woman from England, left for the front almost immediately at the start of the war with nurses and doctors in tow. For a more detailed account, see Millicent Sutherland, *Six Weeks at War* (Chicago: A.C. McClurg and Co., 1915).

⁴⁶ Charlotte Louise Fitzgerald Mackay Brown, Private Papers: Memoirs of Mrs. George McKay Brown, VAD Service in Rouen, 1915-19," Documents.6730, 78/4 Imperial War Museum, London, England, United Kingdom.

⁴⁷ "Dame Katharine Furse to New VAD Recruits," in *RedCross.org*, <<http://www.redcross.org.uk/~media/BritishRedCross/Documents/What%20we%20do/Teaching%20resources/Lesson%20plans/WWI%20volunteers%20Session%202%20-%20Code%20of%20Practice.pdf>>, accessed 1 April 2015.

⁴⁸ "Forms of Declaration of Loyalty," via <http://www.scarletfinders.co.uk/182.html>, accessed 7 December 2020.

⁴⁹ Olive Dent, *A VAD in France* (London: G. Richards, 1917), 181.

Given how long and hard nurses had fought to be seen as medical professionals, the introduction of elite women volunteers, not surprisingly caused tensions. Trained nurses worried because,

wealthy aristocratic and middle-class ‘volunteer nurses’ were amongst the first women to reach the Continent in August 1914- a fact that was openly deplored by many trained professional nurses.⁵⁰

Unlike trained nurses, who earned the right to be called respectable professionals, VADs experienced a whole new world. Vera Brittain, for example, remembered at the start of her time as a VAD in a hospital that “already the free-and-easy movements of girl war workers,” which “had begun to modify convention” when a chaperone was not required for her to visit with her fiancé, Roland, as it had prior to the start of the war.⁵¹

Common complaints from trained nurses included frustrations with volunteer women for their lack of experience and knowledge and that these volunteers had the ability to serve in the capacity of a nurse so easily, without the professional training. To be called a “Sister” was deemed a privilege and some of the trained women “resented V.A.D.s” for not earning the title of “Sister.”⁵² Scholar Tammy M. Proctor has pointed out nurses did not want “a flood of volunteers devaluing their training, vocation, or postwar jobs.”⁵³ If volunteer women proved themselves as volunteers, that potentially put the work and significance of professional nurses at risk. Though both groups of women wanted to participate in war efforts, the trained women

⁵⁰ Hallett, *Veiled Warriors*, 12.

⁵¹ Brittain, *Testament*, 177.

⁵² Charlotte Louise Fitzgerald Mackay Brown, *Private Papers*.

⁵³ Tammy Proctor, *Civilians in a World War, 1914-1918* (New York: New York University Press, 2010), 165.

suffered through hardships prior to the war regarding professionalization, and they did not appreciate elite women playing at being a nurse.

The Realities of Service

Nurses worked “under great difficulties” on the frontlines, with high expectations and brutal conditions, and demanding duties.⁵⁴ The frontlines had a chain of evacuation for injured soldiers, with nurses at most of these locations. The chain started in the trenches. Wounded soldiers first came to Regimental Aid Posts on the front and those who could be treated evacuated via motor ambulance to Casualty Clearing Stations (CCSs). CCS nurses worked closest to the frontlines. Moreover, since the frontlines often shifted, and artillery reached miles behind the front, CCS workers served on and near the front lines, in harms’ way. Once nurses made decisions about who would survive, those who could be stabilized got transferred to larger hospitals for further, more comprehensive treatment.⁵⁵

CCSs were typically setup in “schools or seminaries, or such like establishments, where no equipment of any kind was available,” though as the war progressed, some CCSs became better equipped.⁵⁶ CCS locations primarily staffed QAIMNS nurses, with at least six months of experience in a hospital setting to ensure they would be prepared as possible to face the hell of battle and battle injuries. Dame McCarthy summed up the “terrible” conditions.⁵⁷ Her Sisters

⁵⁴ Margaret Allan Brander, Private Papers, “VAD Service in Rouen, 1915-19,” Documents.6730, 78/4 Imperial War Museum, London, England, United Kingdom.

⁵⁵ Hallett, *Veiled Warriors*, 74.

⁵⁶ Dame Emma Maud McCarthy, “The Work of Nursing Staff in Connection with the Casualty Clearing Stations in 1914, Early 1915 and at a Later Date,” WO 222/2134 National Archives, Kew, United Kingdom (via <http://ScarletFinders.co.uk>).

⁵⁷ McCarthy, “The Work of the Nursing Staff in Connection with the Casualty Clearing Stations.”

reported that patients constantly flowed in and out “in dreadful conditions” with no beds, only a limited number of blankets and stretchers, and “only the barest necessities,” which too, were “very scant in number.”⁵⁸ Dame McCarthy did not allow nurses to work in these locations “longer than three months.”⁵⁹ Many nurses who worked on the frontlines suffered unimaginable trauma. McCarthy found after three months on constant duty a period of rest was necessary for these women. In between duties, women visited rest clubs, went on leave home, or in some cases, stayed in convalescent homes, depending on the severity of their strain.⁶⁰

Once medically stable enough to travel, men were transported to hospitals by trains. Nurses serving on trains found themselves in cramped and constantly moving environments. The trains often lacked necessities, such as food, and as Dame McCarthy reflected in 1919, “the want of comforts was doubly felt on the account of the length of journeys.”⁶¹ Safety on ambulance trains was also a large concern, especially because of the movement of the trains and the “insurmountable difficulty in connection... the lack of any communication” throughout the trains and their coaches. Though train commanders did not want the women to move about, with so few women tending to an average of 450 patients, it was difficult not to move amongst the coaches. The fear by officials and the nurses was physical attacks on the trains.⁶² These trains too, not only brought men from the front, but also back to the front, which proved strenuous to

⁵⁸ McCarthy, “The Work of the Nursing Staff in Connection with the Casualty Clearing Stations.”

⁵⁹ McCarthy, “The Work of the Nursing Staff in Connection with the Casualty Clearing Stations.”

⁶⁰ McCarthy, “The Work of the Nursing Staff in Connection with the Casualty Clearing Stations.”

⁶¹ Dame Emma Maud McCarthy, “The Work of the Nursing Services with British Ambulance Trains and Station Units in France, in 1914,” WO 222/2134 National Archives, Kew, United Kingdom. (via <http://ScarletFinders.co.uk>).

⁶² McCarthy, “The Work of the Nursing Services with British Ambulance Trains.”

these women. They were knowingly returning these men to the fighting, fighting that had dire outcomes.⁶³

Several different types of hospitals existed on the frontlines. Some, such as stationary and general hospitals, ran through the Royal Army Medical Corps (RAMC), while volunteer entities, such as the British Red Cross Society (BRCS), aided in setting up voluntary hospitals.⁶⁴ Some of these hospitals started with makeshift tents, but eventually replaced the makeshift setup with wooden huts as the war progressed.⁶⁵ Despite this, numerous women commented that their living conditions posed a challenge with their living quarters being “a nightly-used highway for rats.”⁶⁶ A lack of electricity and gas also caused immense troubles, especially with varying weather conditions from season to season, sometimes with unbearable heat to freezing temperatures of rain and/or snow.⁶⁷ And with “no hot water, no taps, no sinks, no fire, no gas-stoves,” it created an even more challenging set of circumstances.⁶⁸

Nurses spent hours triaging wounds so “ghastly,” bloody and mixed with “grit or mud.”⁶⁹ Cases of gangrenous leg wounds, “slimy and green,” produced by shrapnel fire came in at large numbers.⁷⁰ Facial injuries proved nearly impossible to triage.⁷¹ With these “butcher’s shop appearance” wounds, the threat of septic poisoning was common, which many women found the sight of such pain “almost intolerable.”⁷² Sometimes the physical pain was not only from the

⁶³ Brander, Private Papers.

⁶⁴ Cohen, 33.

⁶⁵ Cohen, 33.

⁶⁶ Brander, Private Papers.

⁶⁷ Brander, Private Papers; Mackay Brown, Private Papers.

⁶⁸ Cohen, 33.

⁶⁹ Mackay Brown, Private Papers.

⁷⁰ Brittain, *Testament of Youth*, 211.

⁷¹ Mackay Brown, Private Papers.

⁷² Brittain, *Testament*, 211; Mary Britneiva, *One Woman’s Story* (London: A. Barker, 1934), 17.

wounds themselves, but the lack of anesthesia while operated upon, to which one nurse would hold the hands of the men, leaving her arm “black and blue with bruises” from how tight they would grasp her arm from the pain.⁷³ Many of the women found themselves thinking about the men who had died, unable to get over their suffering.⁷⁴

The trenches also bred and fostered the spreading of disease, such as measles and the flu, and pests such as lice, which were all brought to the hospitals. Not only did nurses have the responsibility of treating the diseases amongst the men, but these diseases posed a threat to the women’s health as well. When an individual came down with something like measles, it needed to be contained as quickly as possible to prevent the spreading of it, so the result was often isolation.⁷⁵

Nurses also worked in convalescent and rest homes for combatants. These homes housed men recovering from wounds, a mixture of physical and psychological conditions, many severe, permanent injuries. Primarily, convalescent homes worked to return soldiers to the front. Yet, with so many devastating injuries, such as blindness and loss of limbs, and the range of psychological disorders referred to as shell shock, many men had to come to terms with their injuries and return home.⁷⁶

Nurses spent more time with these men than anyone else. The trauma these women witnessed included physical and emotional traumas of the combatants. Part of the job for these women not only included gruesome wounds that required attention, but it also included

⁷³ K. Hodges, Private Papers, “Diary: A Driver at the Front,” Documents.1974, 92/22/1 Imperial War Museum, London, England, United Kingdom.

⁷⁴ Britnieva, 17.

⁷⁵ Mackay Brown, Private Papers.

⁷⁶ Hallett, *Veiled Warriors*, 95-6; also see chapter two of this thesis for a comprehensive look at shell shock.

witnessing the physical and emotional suffering and death. The losses of the men they became so close with took a toll on their own well-being. Nurses cared for men who died slowly and who died quickly. Nurses had limits on what they could physically do to save these men due to minimal resources and the physical conditions of their surroundings.⁷⁷

Proximity of the Sexes

Countless nurses had not been prepared for the connections forged with male combatants, in addition to the personal and intimate tasks required of them during the war, as part of their duties. These women found themselves as “co-owners of the traumatic events” because they not only treated their patients it, but also found themselves in the middle of the warzone as well.⁷⁸ The losses of the men they became so close with took a toll on their own well-being.

While trained nurses, who had fought for social considerations as respectable professionals, had already dealt with the taboos of women working in situations which involved their knowledge of the inner workings of the male body, Edwardian societal norms remained an issue for wartime nursing. First, soldiers lived in largely homosocial spaces- that is, they did not interact with women every day. Nurses also existed within a medical and military hierarchy led by men, they did the hardest, dirtiest work, and faced a range of discrimination, including sexism. The tensions between women’s work, expectations about their behavior, and the idea that boys would be boys, meant that women navigated contradictory expectations while working on or near the frontlines.⁷⁹

⁷⁷ Laub, 57.

⁷⁸ Laub, 57.

⁷⁹ See Hallett, *Veiled Warriors*.

Right at the start of the war, military and nursing leaders worried about what would happen when nurses and soldiers spent long hours together in larger, unsupervised hospital settings. Matrons and heads of the nursing branches required that nurses maintain a professional distance, and “uphold the most courteous relations” with patients.⁸⁰ But a professional distance was not always possible. These women and men shared a bond as “victims... paying alike for a situation that none of [them] had desired or done anything to bring about.”⁸¹ And despite the training of both the women and men, the war created a crisis that led to a situation where “the boundaries of healthcare practice... dissolve[d].”⁸² Even with rules and regulations put into place as a precaution, fears and anxieties regarding romantic and sexual relationships continued to be a concern due to the proximity of the sexes on the front.

Many interactions between the men and the women remained professional or mimicked the idealized vision for which leadership had hoped. Some nurses remembered the men saying the nurses were “like sisters.”⁸³ Nurses devoting their energies and time to patients, did not necessarily imply that they sought a romantic or sexual relationship; however, nurses took care of these men- physically and mentally, taking them to church, spent Christmas day by their sides. As scholar Santanu Das argued, these men shared a vulnerability, “a child-like dependence on and attachment to the nurses.”⁸⁴ These seemingly small acts of kindness and empathy could have

⁸⁰ “Dame Katharine Furse to New VAD Recruits,” in *RedCross.org*, <<http://www.redcross.org.uk/~media/BritishRedCross/Documents/What%20we%20do/Teaching%20resources/Lesson%20plans/WWI%20volunteers%20Session%202%20-%20Code%20of%20Practice.pdf>>, accessed 1 April 2015.

⁸¹ Brittain, *Testament*, 376.

⁸² Jane Brooks and Christine Hallett, “Introduction: The Practice of Nursing and the Exigencies of War,” in *One Hundred Years of Wartime Nursing Practices, 1854-1953* (Manchester: Manchester University Press, 2015), 1.

⁸³ Dent, 154.

⁸⁴ Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2014), 187.

been taken in a variety of ways. Some men likely believed, or wanted to believe, that these women had affection for them beyond a professional role.

VAD Dorothy Irving-Bell kept an autograph book during the war. The book is filled with autographs and drawings by her fellow Sisters and the men she nursed. One drawing, drawn by a soldier, reveals a scene of a Sister embracing a recovering soldier. The caption reads, “unprescribed treatment.”⁸⁵ The innuendo, based on the drawing and the caption, hints that a romantic relationship with a Sister would prove a successful, or pleasurable treatment. The drawing speaks volumes, demonstrating how men and women broke barriers. The kind of intimacy Irving-Bell’s drawing implied must have taken place, even if we do not find it in most written records.

While we cannot quantify the levels of intimacy or determine how often intimate encounters occurred, or even how often they were consensual, I did find significant anecdotal evidence of a range of sexual contact between nurses and soldiers. Though prohibited, romantic relationships occurred on the front, much to the dismay of officials. Marriage, while frowned upon while the women were actively in service, did occur by some “delinquents” (nurses) who went through with marriages. In these cases, the women continued to work and kept their maiden names, often transferred away from the men they wed to protect them from the possibility of pregnancy.⁸⁶

Matrons and heads of nursing branches had to step in at times when women and men entered relationships and intervene with the “toadying” behavior.⁸⁷ Some women “crawl[ed] in

⁸⁵ D.A. Irving-Bell, Private Papers.

⁸⁶ “Wartime Diary of QAIMNS Mary Ann Brown, May 1915 to January 1916,” May Ann Brown, Private papers, Documents 1001 88/7/1, Imperial War Museum, London, England, United Kingdom.

⁸⁷ Brown, Private Papers.

under wire fences... [to meet] young men in the forest.” A number of these women were “smartly sent home” for breaking the rules.⁸⁸ Some nurses who consensually entered romantic relationships with the men proved luckier than those who were sent home. For example, VAD Enid Bagnold entered a relationship with a patient. In her account, Bagnold described that she and the soldier feared “the ever-watching Sisters.”⁸⁹ In the end, the unknown soldier was transferred, protecting Bagnold’s reputation, as well as the hospital and the other nursing staff.⁹⁰ Bagnold’s ability to stay in service was the best-case scenario for the women who broke the rules.

Pregnancy out of wedlock also occurred in the line of duty. Dame McCarthy had at least two instances of nurses becoming pregnant and, in the hopes of protecting the women and the nursing organizations, Dame McCarthy prompted them to hand in their resignations rapidly so the women could marry as soon as possible.⁹¹ To avoid the souring of the image of these women, in some cases, these instances of pregnancy did not end up in official public records but, for example, only appeared in McCarthy’s private diaries.⁹² We do not know whether or not these pregnancies occurred out of consensual relationships, or where marriage was not possible due to situations where the woman did not name the man out of fear, he was her superior, or the possibility that the man was already married. We can only speculate on the specifics due to a lack of evidence in archival record.

⁸⁸ Brown, Private Papers.

⁸⁹ Enid Bagnold, *A Diary Without Dates* (London: Arthur Barker, 1934), 70.

⁹⁰ Bagnold, 70.

⁹¹ Dame Emma Maud McCarthy, “War Diaries, July 1918,” WO 95/3991 National Archives, Kew, United Kingdom (via <http://ScarletFinders.co.uk>).

⁹² McCarthy, “War Diaries, July 1918.”

Another example, VAD Margaret Brander also writes in her diaries about a lack of privacy from the men where she was stationed. She stated, “it is nothing to be waked up by a man opening your bedroom door.” In the hopes of deterring men from entering, Brander placed a sign on her door that requested they not enter.⁹³ Again, it is unclear as to whether this unwanted attention was predatory and harassment, or the complexities of camp and ever-changing conditions.

These kinds of encounters between patients only skims the surface of the interactions between the sexes on the front. The conditions and duties these women endured and preformed also described in this chapter give a sense of what it meant to be a woman on or close to the front. These experiences also play into the larger narrative of trauma in that these experiences demonstrate the hardships and strain put on these women. As we will see in the coming chapters, the degree to which these elements instigated a traumatic response from these women varied, but the commonality between these women included these circumstances.

⁹³ Brander, Private Papers.

CHAPTER 2: THE GENDERED LANGUAGE OF PSYCHOLOGICAL TRAUMA

In a June 1918 issue of the *British Journal of Nursing*, a photograph of nurses serving in the First World War, accompanied an article that proclaimed, “it is not to be wondered that nurses as well as soldiers and sailors suffer from shell shock, considering the strain and danger of active service.”⁹⁴ It is significant that Nurse Ethel Gordon Fenwick, editor of the *British Journal of Nursing* since 1903, utilized the term shell shock, which had been exclusively used to describe male combatant trauma since 1915, to describe nurses’ psychological trauma. Her decision to claim, in a prominent medical journal, that women suffered from shell shock matters. Fenwick understood that she was making a provocative claim and risking her professional reputation to insist that all combat veterans, including nurses, could suffer from this disorder. By acknowledging women as having suffered from psychological trauma using male-specific language of shell shock, the journal and Fenwick equated the trauma and war experiences of men and women.

The official voice of nursing in Britain use of the language of shell shock to describe women psychological trauma, nevertheless, was a rare occurrence and happened only in the final years of a long, brutal war. For most of the war, medical professionals, largely defined and diagnosed nurses’ trauma using prewar gendered terminology: hysteria, neurasthenia, debility, and strain. This chapter traces the history of these medical diagnoses, focusing on how expectations about gender roles and behaviors influenced how the medical community, the military, and the public interpreted symptoms and made diagnoses. I begin with a short history of

⁹⁴ “Nursing and the War,” *British Journal of Nursing* 60 (22 June 1918): 434.

the common female disorder of hysteria, showing how hysteria, deemed a feminine disorder, put doctors to the test when, at the start of the First World War, doctors diagnosed men with male hysteria. Then, I connect hysteria to the creation of the medical diagnosis of shell shock and analyze shell shock through the war as a masculine diagnosis. I analyze how gender influenced the diagnosis and the perception of the psychological trauma of nurses and male combatants. And finally, I look at the language of female trauma in cases that resulted in death due to the trauma.

His/Her-story of Hysteria

Anxieties over masculinity and femininity marked popular narratives and medical diagnoses in the nineteenth and early twentieth centuries. In a period marked by expanding industrialization, new technologies, colonization, and new pseudo-sciences including social Darwinism, eugenics, and racial hygiene, both men and women found themselves worried they might suffer from and get diagnosed with a range of illnesses including hysteria and neurasthenia. Contemporary studies on hysteria during the Victorian and early Edwardian periods were important when World War I began and nervous disorder cases increased rapidly among those serving, both in men and women. The views and diagnoses of psychological war trauma challenged these visions of masculinity and femininity that the Victorians valued. The task at hand then, became how to work with these new set of circumstances without diminishing the image of a healthy, capable nation.

A large body of scholarship has helped us to understand that “hysteria is among the oldest described disorders in the history of medicine and among the most gendered.”⁹⁵ The term and diagnosis of hysteria dates back to the time of the ancient Greeks, who understood hysteria as a female bodily ailment caused by a “wandering womb.”⁹⁶ From the ancient Greeks to the early 1980s, hysteria has morphed numerous times as a diagnosis, largely in terms of gender and class.

In the 1700s, Dr. George Cheyne penned the study *The English Malady: A Treatise of Nervous Diseases of All Kinds*,⁹⁷ which, according to scholar Elaine Showalter, argued that “madness was a by-product of English sensitivity, ambition, and intelligence.”⁹⁸ Cheyne called this affliction the “English Malady,” proclaiming men who suffered from the disorder strived for success in multiple facets of their lives. Though considered a form of madness, Cheyne encouraged his male audience to embrace their condition, as it was a mark of prestige and proved intellectual dominance. This mentality of intellectual dominance carried over into the 1800s, with the rise of the Industrial Revolution. However, with massive social change, the emerging middle class played a vital role in establishing and reflecting new social norms, including gender structures. Contemporary studies in hysteria during this period often reflected these changing structures. These studies emphasized the supposed gendered differences in nervous disorders and psychological states arguably caused by biological differences in both sexes.⁹⁹

⁹⁵ Mark S. Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge: Harvard University Press, 2008), 5.

⁹⁶ Mark J. Adair, “Plato’s View of the ‘Wandering Uterus’,” *The Classical Journal* 91.2 (1996): 153-163.

⁹⁷ George Cheyne, *The English Malady: A Treatise of Nervous Diseases of All Kinds* (London: Printed for G. Strahan in Cornhill and J. Leake, at Bath, 1735).

⁹⁸ Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago Press, 1985), 7.

⁹⁹ Showalter, 7 and see Cheyne, *The English Malady*.

Medical experts, such as psychiatrists like Henry Maudsley, believed hysteric females to be inferior and irrational in comparison to men, due to their biological functions or their denial of ‘natural’ bodily functions (i.e., childbirth and motherhood).¹⁰⁰ Maudsley argued, “there is sex in mind as distinctly as there is sex in body.”¹⁰¹ Meaning, “because the brain responded to... the reproductive organs... the *mentalities* of the sexes differed as well.”¹⁰² These ideas stemmed from the separate spheres ideology, which “reduced women’s identity to a sexual one.”¹⁰³

At this point in time as well, the English Malady was no longer considered a mark of prestige for men because symptoms too closely aligned with hysteria, which during this “golden age” of hysteria, as Showalter calls it, the disorder’s definition largely centered on “definitions of femininity and female sexuality.”¹⁰⁴

These restrictions in madness were relevant throughout the Victorian and Edwardian eras when experts paid significant attention to the studies of emerging social Darwinian discourses. Social Darwinism twisted ideas of Darwin’s evolutionary theory (that dealt with nonhuman natural selection among animals) and individuals like Herbert Spencer applied this theory to humans, arguing that social change worked the same way, and that European technological progress was evidence of this notion of “survival of the fittest.”¹⁰⁵ Combined with eugenics, a pseudoscience believing the human race can be improved through controlled reproduction, people became obsessed with social hygiene and fears of “race suicide.”¹⁰⁶

¹⁰⁰ Showalter, 7.

¹⁰¹ Henry Maudsley, “Sex in Mind and Education,” *Popular Science Monthly* Vol. 5 (June 5, 1874): 201.

¹⁰² Showalter, 122-3.

¹⁰³ Kent, 5.

¹⁰⁴ Showalter, 129.

¹⁰⁵ Herbert Spencer, *The Principles of Biology* (London: Williams and Norgate, 1864), 444.

¹⁰⁶ Anna Davin, “Imperialism and Motherhood,” *History Workshop* 5 (Spring 1978): 20.

As historian Peter Leese reminds us, in the early twentieth century, being mentally fit “signified patriotism, duty and national well-being.”¹⁰⁷ In the decades leading up to the war, many influenced by racial hygiene and fears of racial degeneration in Britain and across Europe called for war to cleanse the nation. Many believed that war could offer a steel bath that would cleanse the nation of imperfection, leaving it strong, and “make life a whole greater, richer, fuller... and sometimes nobler.”¹⁰⁸ When the war began, many believed the war would help prove which nation was indeed the fittest, and which had fallen in the competition between leading powers.¹⁰⁹ So, when the horrors of mechanized trench warfare destroyed healthy, robust, adult men, initial explanations drew on prewar ideas of hysteria.¹¹⁰

The War Malady: Shell Shock

When World War I began, cases of “emotional disturbances” were on the rise. By the end of 1914, recorded cases had risen seven to ten percent in officers and three to four percent in non-officers.¹¹¹ These rising cases put doctors and military officials to the test. Doctors, unable or unwilling to believe that real men could be so destroyed, diagnosed those who suffered from deep psychological trauma with “male hysteria,” continuing to refer to them as “emotionally disturbed.”¹¹² The use of the diagnosis of male hysteria stemmed from the disorder sharing symptoms with the female diagnosis of hysteria. Initially, medical and army officials’ reactions

¹⁰⁷ Peter Leese, “A Social and Cultural History of Shell Shock” (1989), Abstract; Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldier of the First World War* (London: Palgrave Macmillian, 2002), 19.

¹⁰⁸ Ernest Jones, “War and Individual Psychology,” *Sociological Review* (1915): 180, found in Showalter, *The Female Malady*, 169.

¹⁰⁹ Showalter, 169.

¹¹⁰ Showalter, 169.

¹¹¹ M. Stone, “Shellshock and Psychologists,” in W.F. Bynum, R. Porter, and M. Shepherd (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry*, Vol. II (London: Tavistock), 242-271.

¹¹² Showalter, 172.

put the blame on the men who suffered from psychological trauma, deeming them cowards and shirkers, and putting their masculinity into question, at times implying homosexuality.¹¹³ More than three hundred British soldiers were found guilty of disobeying military law and executed for refusing to return to the front due to cowardice and/or desertion.¹¹⁴ Several historians, including Julian Putkowski and Julian Sykes, have argued that a portion of the executed men suffered from shell shock in the early stages of the First World War.¹¹⁵

Medical cases involving male hysteria and emotional disturbances did not decrease, even with the threat of punishment, such as execution. Instead, cases of soldiers suffering from male hysteria continued to rise. Male hysteria did not align with the “ideology of absolute and natural differences between women and men,” so experts treating these afflicted men sought to find ways of dealing with the phenomena without degrading British masculinity, and without admitting that nation was not among the fittest.¹¹⁶ By the start of 1915, officials needed to find a solution to reconfigure and rehabilitate the ever increasing number of traumatized men to fit a strong masculine narrative, not a narrative of eugenic inferiority, and to get them back to the front to fight.

Officials of the British government funded studies regarding the outbreak of emotional trauma in the trenches. The Royal Army Medical Corps (RAMC) recruited Dr. Charles S. Myers, a psychologist, to study men in France and, when possible, to begin to treat these cases of male hysteria and emotional disturbances.¹¹⁷ While in France, in a hospital in Le Touquet, a town in

¹¹³ Showalter, 171-72.

¹¹⁴ Peter Olsthoorn, *Military Ethics and Virtues: An Interdisciplinary Approach for the 21st Century* (Britain: Routledge, 2010).

¹¹⁵ Julian Putkowski and Julian Sykes, *Shot at Dawn* (London: Pen and Sword, Ltd., 1989).

¹¹⁶ Showalter, 167-8; Spencer, *The Principles of Biology*, 533.

¹¹⁷ T.H. Pear, "Charles –Samuel Myers: 1878-1946." *The American Journal of Psychology* 60.2 (April 1947): 292.

Northern France near the Étaples front, Dr. Myers observed a number of symptoms that he formulated into a new diagnosis: shell shock.¹¹⁸ Myers is said to be the first to use the term in a medical context in February 1915, though rumored to be coined by soldiers in the trenches. The terminology of “shell shock” became a favored term after Myers published an article in the British medical journal, the *Lancet*.¹¹⁹ Shell shock proved to be “a masculine-sounding substitute for the effeminate associations of ‘hysteria’,” and masked how the symptoms of shell shock mimicked “the female nervous disorders epidemic before the war.”¹²⁰

Myers, along with other doctors, published numerous works on shell shock throughout the war and after. With each study came new insight into shell shock, evolving from a completely physical traumatic affliction that evoked emotional unhealthiness, to the diagnosis becoming a full form of mental illness that instigated physical unrest.¹²¹ Doctors debated symptoms of shell shock, finding the disorder to be ill-defined because of the fluctuating and individualized symptoms. As a medical diagnosis, shell shock proved troublesome, even with the separation from female hysteria.¹²²

Historian Jay Winter has argued that “‘shell-shock’ was a term which took on a notation which moved from the medical to the metaphysical.”¹²³ The issues surrounding the diagnosis of shell shock were not exclusive to the medical field. The diagnosis evolved from medical

¹¹⁸ Myers, "A Contribution to the Study of Shell Shock," 316; The term “shell shock” was first used medically by Charles S. Myers, but it is said that the term came directly from the soldiers in the trenches suffering from the disorder.

¹¹⁹ Myers, “A Contribution to the Study of Shell Shock,” 316.

¹²⁰ Showalter, *The Female Malady*, 172.

¹²¹ Myers, “A Contribution to the Study of Shell Shock,” 316.

¹²² See studies such as Charles Myers, “A Contribution to the Study of Shell Shock,” Grafton Elliot Smith and Tom Hatherly Pear, *Shell Shock and Its Lessons* (England: Manchester University Press, 1917).

¹²³ Jay Winter, "Shell-shock and the Cultural History of the Great War," *Journal of Contemporary History* 35.1 (2000): 7.

terminology to a cultural expression, becoming an allegory for the destruction and ruin of war.¹²⁴ For example, soldiers at Craiglockhart War Hospital, produced a patient-run magazine, in which these soldiers personified shell shock as a ghost-like demon with fangs and horns.¹²⁵ As shell shock became a cultural term the British Army and government officials worried that shell shock altered the prevailing image of the war hero, the one broadcasted on propaganda posters, such as the knight slaying the beastly dragon.¹²⁶ Not conducive to morale or masculinity, shell shock as a cultural reference seemed to have tarnished the concept that war was a rite of passage for a soldier to prove his worth as a man.

The British army and government sought to remedy the issues surrounding shell shock, both medically and culturally. In 1917, the army banned the term from being utilized in military records.¹²⁷ The military medical establishment reasoned that banning the term might deter more cases and cause the term to lose power as a cultural representation of the destruction of war. Additionally, the British army and government promoted the “re-education” process of male combatants who suffered from psychological trauma. Dr. Arthur Hurst’s war-era documentary, “War Neuroses: Netley Hospital (1917),” showed the “re-education” process of male combatants. To “regain” full masculinity, male sufferers had to start at the perceived lowest point of the evolutionary scale. The documentary portrays the regaining of infantilized skills, such as physical movement and speech, as the first steps to recovery from shell shock.¹²⁸ The recovery

¹²⁴ Leese, *Shell Shock*, 180.

¹²⁵ *Shell Shock*. December 1917. *The Hydra* (Craiglockhart Military Hospital Magazine).

¹²⁶ Parliamentary Recruiting Committee, *Britain Needs You at Once*. 1915. The Imperial War Museum, London, England. From: The Imperial War Museum, <http://www.iwm.co.uk/collections/item/object/27762> (accessed 20 April 2016).

¹²⁷ British Army General Routine Order No. 2384, issued 7 June 1917 in France.

¹²⁸ Arthur Hurst was a doctor at Netley Hospital (or also known as The Royal Victoria Hospital) during the war. The hospital located near Southampton, Hampshire, did not exclusively treat war neurosis. It should also be noted that

process then prepared sufferers for the next steps step in their rehabilitation with tasks traditionally coded as feminine, including basket weaving and sewing. These nimble activities associated with women's work would develop motor skills that ultimately prepared men regaining manhood and returning to battle. In this documentary, patients participated in mock battles, bearing weapons. Through this re-education process, doctors reasserted gender roles of the late nineteenth and early twentieth centuries.¹²⁹ Implicit in the rehabilitation process, nurses only needed to undergo care following trauma through the second stage of the recovery process—which included activities at rest homes.

Overworked and Sacrificed: Female Psychological War Trauma

Eliminating the terminology of “male hysteria” early in the war disassociated the trauma male combatants suffered from the term “hysteria” and the feminine associations of the mental affliction. Yet, symptoms of shell shock still aligned with symptoms of prewar hysteria and neurasthenia. While medical professionals reserved the diagnosis of shell shock for men, nurses suffered from trauma as well, even if experts dealt with nurses' psychological trauma differently. For example, in 1915, QAIMNS nurse Phyllis Pearse's doctors admitted her to the hospital due to insomnia and “nervous behaviors.” She displayed a sense of “tiredness” that “appeared to be more” mental than physical. After a period of time in the hospital, and on the day that she was set to return home, Pearse committed suicide.¹³⁰ War Office records concluded that “Sister

some of the scenes in the documentary were reenacted by patients, specifically the before shots of the mobility symptoms. See Arthur Hurst, *War Neuroses*, 2024V, Moving Image and Sound Collections, Wellcome Trust, London, United Kingdom, <http://catalogue.wellcomelibrary.org/record=b1667864~S8>, accessed 23 April 2016.

¹²⁹ Loughran, *Shell-Shock and Medical Culture*, 142.

¹³⁰ War Office Reports of Phyllis A. Pearse, WO 399/6558, National Archives, Kew, United Kingdom.

Pearse committed suicide, while temporarily insane,” a state which derived largely from the “shock” of her brother’s death.¹³¹ The War Office recorded her death, officially, as the result of “physical injuries” while her headstone listed it as “neurasthenia,” a prewar term that was typically used to diagnose someone who was deemed “emotionally disturbed” or hysteric.¹³² Additionally, a photograph commemorating Pearse in the archival collections of the Imperial War Museum listed her as having “died of illness contracted on service.”¹³³

Though Pearse’s committed suicide, the terminology in the War Office reports is significant, as is her burial. First, though the term suicide is used within the reports, the interviews the War Office conducted as part of the inquest made it clear that her death resulted from a temporary mindset attributed to fatigue from duty and from her brother’s death on the front.¹³⁴ The reports never suggested she was inclined toward this behavior prior to the war, as diagnoses of male hysteria often did early in the war to imply the men were never real men. Second, it is noteworthy that Pearse is buried in the Ste. Marie Cemetery in Le Havre, France, a cemetery reserved for casualties of World War I and World War II.¹³⁵ On some level, military officials and the British government acknowledged her as a casualty to the war.

¹³¹ War Office Reports of Phyllis A. Pearse.

¹³² “Staff Nurse Phyllis Ada Pearse,” Commonwealth War Graves (CWGC), accessed January 2, 2021, <https://www.cwgc.org/find-records/find-war-dead/casualty-details/4020716/PHYLLIS%20ADA%20PEARSE/>.

¹³³ Photographs: Phyllis Pearse,” First World War Portraits (Women’s War Work) Classified Collection, WWC H2-70, Imperial War Museum, United Kingdom.

¹³⁴ War Office Reports of Phyllis A. Pearse.

¹³⁵ “Staff Nurse Phyllis Ada Pearse,” Commonwealth War Graves (CWGC), accessed January 2, 2021, <https://www.cwgc.org/find-records/find-war-dead/casualty-details/4020716/PHYLLIS%20ADA%20PEARSE/>.

Table 1: Data from the First World War Portraits (Women’s War Work) Classified Collection, Imperial War Museum, United Kingdom

Name	Nursing Branch / Organization	Stated Cause of Death
Olive L. Bennett	Voluntary Aid Detachments	Strenuous work
Kathleen Buckeridge	Voluntary Aid Detachments	Over-work
Maud Dann	Voluntary Aid Detachments	Anxiety, overwork
D. Gleadon	Voluntary Aid Detachments	Overstrain
Dora Gleadow	Voluntary Aid Detachments	Overstrain
Edythe Hellyer	Voluntary Aid Detachments	Overstrain
Jane Millar Kirk	Voluntary Aid Detachments	Strain, overwork
Florence “Flossie” Hamer Lewis	Voluntary Aid Detachments	Strain, overwork
Marjorie Lye	Voluntary Aid Detachments	Overstrain
Sarah B. Macnaughtan	Scottish Women’s Hospitals and Independent	Overwork
Louisa Mary Anne McGrigor	Voluntary Aid Detachments	Overwork
Helen Maud Peel	Voluntary Aid Detachments	Overstrain
Angèle Pettit	British Committee of the French Red Cross	Overstrain
Frances E. Rainsford	Voluntary Aid Detachments	Overwork
Edith Simpson	Territorial Force Nursing Service	Overwork
H. Frances B. Wildash	Voluntary Aid Detachments	Arduous Duties

While we do not have exact figures on the psychological trauma cases of nurses, table 1 (above) gives us a sense of the diagnoses from which nurses suffered in severe cases of trauma. Out of records from hundreds of women, those who suffered the most severe trauma, those who died, shared a range of diagnoses. Medical professionals, or sometimes family members who reported for records on some occasions, described a nurse’s death as from “tiredness” or “nervousness,” as seen with Pearse. Other terms used included “over-work,” “strenuous work,” “over-strain,” “strain,” “arduous work,” and “anxiety.”¹³⁶ Some seem to have died of suicide, but in other cases, we cannot be sure.

¹³⁶ First World War Portraits (Women’s War Work) Classified Collection, Imperial War Museum, United Kingdom; The Women’s Work Sub-Committee of the Imperial War Museum in London, England compiled data on hundreds of women decorated and/or who died in service. It appears the Committee and the families of these women wanted

In one case, TFNS Sister Edith Simpson died on March 22, 1915, from “overwork,” according to her photograph in the collection.¹³⁷ An article in the *British Journal of Nursing* refers to Simpson as having “passed away... after a severe surgical operation.”¹³⁸ In this case, seems that “overwork” does not refer to a death resulting from psychological trauma, including suicide. Instead, Simpson’s death appears to be from complications due to an operation.

In another case, Sarah B. Macnaughtan, a Red Cross volunteer who served on the Eastern Front in Russia, likewise died due to the “effects of overwork.”¹³⁹ In her obituary, *The Guardian* referred to Macnaughtan’s death following “a breakdown... her last illness attributed to strain which she thereby imposed on herself.”¹⁴⁰ By attributing her death to self-imposed “overwork” opens this case to a range of themes including psychological trauma due to the war, the nursing ideal of selflessness, and possible suicide.

The portrait of Florence “Flossie” Hamer Lewis also indicates her death occurred due to “overwork” and “strain,” which, of course we do not see in her official service photograph.¹⁴¹ Nevertheless, her obituary, published in in the *Denbighshire Free Press*, hinted that she may have taken her own life, when it said that Lewis,

died strenuously devot[ing] herself to the work of nursing... and it is feared that, owing to unremitting attention to such duties, she sacrificed herself upon the alter of duty.¹⁴²

their loved ones sacrifices to become a permanent part of the newly formed Imperial War Museum in April 1917 (from Sarah Paterson, email to Kayla Campana, December 7, 2018.)

¹³⁷ Photographs: Mrs. Edith Simpson,” First World War Portraits (Women’s War Work) Classified Collection, WWC H2-70, Imperial War Museum, United Kingdom.

¹³⁸ “The Passing Bell,” *British Journal of Nursing* 54 (2 April 1915): 279.

¹³⁹ “Photographs: Miss Sarah Macnaughtan,” First World War Portraits (Women’s War Work) Classified Collection, WWC H2-70, Imperial War Museum, United Kingdom; from my research, it appears Macnaughtan was not with a specific nursing branch, but I include her in this analysis because as a volunteer, her worked involved nursing.

¹⁴⁰ “Miss Sarah Macnaughtan,” *The Guardian*, 25 July 1916.

¹⁴¹ “Photographs: Miss Flossie Hamer Lewis.”

¹⁴² “Death of Miss Flossie Lewis Hamer,” *Denbighshire Free Press*, 21 March 1917.

Lewis' obituary focused on her devotion and acts of sacrifice to the war effort. Succumbing to these pressures indicated the ultimate womanly response to war. The act that society could not expect for men, it understood for nurses. As Lewis' death and these other examples demonstrate, while we have read against the grain in some cases, the underlying evidence suggests that psychological trauma played some kind of role in their deaths and that society honored women for sacrificing themselves for soldiers, for the nation, for the war. For a variety of social and cultural reasons, no one writing about these women's deaths directly identify the cause of death, some likely due to suicide, but in all cases, portrayed these nurses as the ideal woman.

The framing of these women's deaths hid the selfishness of suicide and gave them high honors for their war service and service to their nation, acts that represented the expectations of womanly selflessness and sacrifice.

CHAPTER 3: NURSING THE TRAUMA

In 1895, thirty-year old Edith Louise Cavell, a governess, nursed her seriously ill father back to health. Upon his recovery, Cavell realized her passion for nursing and sought to pursue a professional career as a nurse. Cavell gained experience working under nursing pioneer Eva Luckes at the London Hospital, and gained experience working throughout other hospitals across England, and nursing many patients with numerous illnesses and diseases.¹⁴³ Cavell herself became a pioneer in the field and professionalization of nursing, becoming a matron at a well-established nursing school in Belgium.¹⁴⁴ There, she taught numerous women the profession, advocating for their education as well as their mental and physical wellbeing.¹⁴⁵

When the First World War broke out, Cavell stayed in German-occupied Belgium, nursing wounded soldiers. Cavell also began smuggling allied soldiers and civilians out of the German-occupied territory. In mid-1915, she was caught and sentenced to death. Despite a worldwide plea to spare Cavell, she was executed in October of 1915 by the German Army.¹⁴⁶ Cavell's death, though a tragedy, did not end her legacy. After her execution, her brother, F.M. Scott Cavell wrote to the editor of the medical journal, the *Lancet*, in 1916, to tell her story. Nurse Cavell's brother sought to fulfill one of Cavell's life wishes, her "long cherished" goal of "providing places where nurses in need of temporary mental and physical rest" could go after their duties.¹⁴⁷ By the time Cavell's brother had written the *Lancet's* editor, numerous rest clubs and convalescent homes for nurses existed because of the war.

¹⁴³ Grant, Sally, *Edith Cavell, 1865-1915* (Norfolk: Larks Press, 1995), 5-6.

¹⁴⁴ See Diana Souhami, *Edith Cavell* (United States and Canada: Random House Publishing Services).

¹⁴⁵ See Souhami, *Edith Cavell*.

¹⁴⁶ See Souhami, *Edith Cavell*.

¹⁴⁷ F.M. Scott Cavell, "Miss Edith Cavell and Homes of Rest for Nurses," *Lancet* 188.4859 (14 October 1916), 693.

Nurses' rest clubs and convalescent homes, which began opening in 1914 and 1915, provided much needed rest and care for these women, even if no one acknowledged or named nurses' trauma at the time. While the need to serve nurses began with private investment, the British Red Cross and nursing leaders like Dame McCarthy, realized that nurses had a growing need for places of rest and recuperation from physical and psychological ailments. The goal of the clubs and homes, much like the clubs and homes for male combatants, was to get these women back to duty as quickly as possible. The system did not anticipate the brutality of the war, or the possibility of the kind of psychological trauma combatants and nurses faced. As both military and medical professionals associated psychological trauma with weakness, treating men proved to be controversial throughout the war. Women who collapsed under the strain, however, reacted in keeping with the gendered assumptions about the female constitution and nature. It also fit with the vision of nurses as self-sacrificing angels. So, what we see with the rest clubs and convalescent homes, is that women needed to be treated as women, because, as women, they had understandably cracked when exposed to the male sphere of war.

This chapter looks at the rest clubs and convalescent homes, how they were constructed and treated these women. Then, to understand how nurses experienced their treatments, the final section of this chapter gives a brief examination of how psychological war trauma affected these women post-war and how the impact of the trauma inspired efforts to care for nurses' physical and psychological wellbeing after the war and in their futures working as nurses. Philanthropic individuals and larger organizations helped to raise funds for the purpose of supporting these women who gave some much of themselves for others.

Nurses' Rest Clubs & Convalescent Homes

In October of 1914 Lady Ponsonby and Mrs. Cyril Ward, two wealthy upper-class women, opened the first rest club for nursing staff during the First World War. They established this private club in a French town known as Wimereux, a small seaside town about twenty miles from Calais. Lady Ponsonby and Mrs. Cyril Ward hoped establishing the club would provide nurses with a safe space, away from the frontlines, to rest while on leave and between duties.¹⁴⁸ In January of 1915, upon seeing the success of the Wimereux club, a committee was formed “with the view to enlarging the scheme and establishing Rest Clubs for Nurses in other hospital centers.”¹⁴⁹ The first club in Wimereux showed how these types of facilities alleviated some of the tensions among nursing, military, and medical officials, relating to possibilities that these women might risk not only their own reputations, but their organizations as well, if they were left to their own devices on leave.¹⁵⁰

The committee comprised of several elite women, including Lady Ponsonby and Mrs. Cyril Ward, who worked under the leadership of Princess Victoria. Due to the committee’s work, nine rest clubs opened across France by May 1918, with Princess Victoria as their patron.¹⁵¹ The rest clubs ran under the Director-General of Medical Services as independent units.¹⁵² It was put into question in January 1916 as to whether or not the clubs should come under the Joint War Committee (British Red Cross Society and the Order of St. John of Jerusalem), but it was

¹⁴⁸ McCarthy, “Report on Nurses' Clubs in France.”

¹⁴⁹ McCarthy, “Report on Nurses' Clubs in France.”

¹⁵⁰ McCarthy, “Report on Nurses' Clubs in France.”

¹⁵¹ “Overseas Clubs for War-Weary Nurses: Princess Victoria’s Movement for the Establishment of Nurses’ Rest Clubs,” *The Victorian Daily Times* (17 May 1918): 13.

¹⁵² “Overseas Clubs for War-Weary Nurses.”

ultimately decided that the clubs remain as independent units under the Director-General of Medical Services.¹⁵³

Though medical units, the rest clubs did not provide medical treatment or long-term care for nurses. Instead, these clubs served as interim spaces meant to be utilized in extremely short periods, for a day or two at the most. Nurses saw the clubs as places they “could rest, have the latest papers and magazines, and obtain light refreshments,” i.e., small comforts difficult to find and enjoy on the front.¹⁵⁴

Along with the creation of rest clubs, nurses’ convalescent home began opening in January 1915. Nurses’ convalescent homes opened “either under the auspices of the B.R.C.S. and Order of St. John of Jerusalem, or by the very kind interest of private individuals.”¹⁵⁵ Wealthy women opened many of the private homes, some that had roles on the same committee that worked with Princess Victoria on the rest clubs, who wanted to contribute to the war effort. They focused their efforts on nurses, realizing that “the working day of the nursing sisters consists of anything from ten to twenty hours and every hour of the day and night they face death with the soldiers.”¹⁵⁶ Some examples of the women who contributed to these homes include Princess Louise, Duchess of Argyll and daughter to the King, and Lady Algernon Gordon-Lennox, both of whom coordinated the opening of homes in France.¹⁵⁷

Princess Louise’s Convalescent Home for Nursing Staff, the first convalescent home opened in Forest of Hardelot, about ten miles south of Boulogne, in January 1915. Reported by

¹⁵³ McCarthy, “Report on Nurses' Clubs in France.”

¹⁵⁴ McCarthy, “Report on Nurses' Clubs in France”; “Overseas Clubs for War-Weary Nurses.”

¹⁵⁵ McCarthy, “Report on the Convalescent Homes.”

¹⁵⁶ “Overseas Clubs for War-Weary Nurses”; “H.R. Princess Louise’s Convalescent Home,” in the CWL Magazine, 1916 November.

¹⁵⁷ McCarthy, “Report on the Convalescent Homes.”

the *British Journal of Nursing* in May 1915, roughly thirteen weeks after the home opened, 169 women had received treatment. And, by January 1916, a full year after the home opened, a total of 678 women had stayed in the home and received treatment. According to the *British Journal of Nursing*, the number of women who received care signified the need for both more beds in the home and the need for more convalescent homes at other points along the 400 mile front.¹⁵⁸ By the end of the war, convalescent homes for nurses in France had opened in Le Tréport, Le Touquet, and Étretat, all seaside communities along the English Channel, Étretat the only location that was more than a day's train ride from the front. In addition, two opened in or near the capital, one in Paris, along the River Seine known as Paris Plague (or Paris Beach), and the other in Versailles. Others opened in the south of France, including at the French Riviera.¹⁵⁹

Responsibility for funding the homes and the day-to-day functions came under patrons, nurses, and volunteers, many of which were female. The convalescent homes were in these ideal locations because of their connections to larger military hospitals, trains, hospital ships, Casualty Clearing Stations where the women worked.¹⁶⁰ Lady Superintendents oversaw the daily functions of the homes.¹⁶¹ Sometimes the homes employed one or two trained nurses. This meant that volunteers who also manned most of the homes, interacted most frequently with the convalescing nurses.¹⁶² Additionally, the homes had a Deputy Director of Medical Services and a Medical Officer, both of whom oversaw the medical administration of the homes and

¹⁵⁸ "H.R.H. Princess Louise's Convalescent Home for Nursing Sisters," 288.

¹⁵⁹ McCarthy, "Report on the Convalescent Homes."

¹⁶⁰ "H.R.H. Princess Louise's Convalescent Home for Nursing Staff," *British Journal of Nursing* (1 April 1916), 289.

¹⁶¹ McCarthy, "Report on the Convalescent Homes."

¹⁶² McCarthy, "Report on the Convalescent Homes."

medically examined the women, making the calls on the lengths of stays in the homes and the ability to return (or not return) to duty.¹⁶³

According to Dame McCarthy the homes helped to prevent nurses from having to return to home “unnecessarily sick”.¹⁶⁴ Typically, sick Sisters received treatment in the Casualty Clearing Stations, larger military hospitals, and other places where they served, prior to admitting to the convalescent homes. Once medically cleared and granted leave, nurses admitted to the homes for rest to rebuild physical and mental strength to return to service. If a Sister fell ill or became medically unstable while in the home and required more medical care, staff sent her to a hospital, or in some cases, sent her back to England for further treatment if able to make the journey.¹⁶⁵

Much like the rest clubs for nurses provided a safe space for nurses to recuperate on a half a day or full day’s leave, convalescent homes provided nurses a safe place to receive further treatment for their trauma. The two primary treatments for trauma were medications, or tonics, and rest. For nurse Duckers’ case of debility, Major Howard administered tonics to alleviate her symptoms. Additionally, she was encouraged to remain in bed.¹⁶⁶ VAD Brown found herself frustrated about her inability to go to the garden of her hospital while she was recuperating from “strain” because she “was made to stay in bed... dosed with strychnine!”¹⁶⁷ Before the war, doctors prescribed strychnine to women as a treatment for hysteria and neurasthenia.¹⁶⁸ While a

¹⁶³ McCarthy, “Report on the Convalescent Homes.”

¹⁶⁴ McCarthy, “Report on the Convalescent Homes.”

¹⁶⁵ McEwan, *In the Company*, 80.

¹⁶⁶ “Letter from D.M.S. Regarding the Death of Margaret E. Duckers.”

¹⁶⁷ Brown, *Private Papers*.

¹⁶⁸ Lydia Kang and Nate Pedersen, *Quackery: A Brief History of the Worst Ways to Cure Everything* (New York: Workman Publishing, 2017), 79

poison in larger doses, many believed smaller doses of strychnine helped to bring the body back to health. Arguably, this course of treatment likely only worsened symptoms of trauma.¹⁶⁹

In addition to medications, rest, considered a vital part of care for soldiers and nurses, allowed patients to regain strength to return to duty. Nurses' rest treatment did not entail the same multistep care as it did for men. Men, theoretically, required a lengthier period of rest and care to remaster and regain "full manhood," and ultimately return to the front.¹⁷⁰ Women, on the other hand, had collapsed from strain because they were women. Their femininity was never in doubt. Instead, they needed rest so they could return to their selfless duties caring for the men at the front.

An average day of rest in a convalescent home required little from patients, as expected of the rest cure. The homes emphasized bedrest and "well-cooked meal[s]."¹⁷¹ Alice Essington-Nelson, a woman who served at Princess Louise's Convalescent Home for Nursing Staff recalled, "the Sisters, if not definitely ill, arrive[d] often too weary to speak or eat."¹⁷² The *British Journal of Nursing* noted that meals at the homes consisted of "good food" that included seemingly simple indulgences, but luxuries of the time, including jam and butter.¹⁷³ Additionally, midafternoon tea time, brought together the Sisters in the homes with other nurses on a half-day's leave. To encourage conviviality, a sense of normalcy and healing, the homes' Matrons often encouraged nurses working close enough to join their convalescing sisters for half a day's leave.¹⁷⁴

¹⁶⁹ John Buckingham, *Bitter Nemesis: The Intimate History of Strychnine* (London: CRC Press, 2008), 73.

¹⁷⁰ See chapter two for a more in-depth look at the treatment of shell shock in men.

¹⁷¹ "H.R. Princess Louise's Convalescent Home," in the CWL Magazine, 1916 November.

¹⁷² "H.R. Princess Louise's Convalescent Home," in the CWL Magazine, 1916 November.

¹⁷³ "Nursing and the War," *British Journal of Nursing* (18 November 1916), 405.

¹⁷⁴ "Nursing and the War," 405.

Still, when in need of a mental break from duty, whatever their limitations, the convalescent homes and those who ran them created a haven that gave glimpses of the comforts of home to the women. The “rest homes were well received and appreciated by many,” and demonstrated being extremely beneficial for so numerous women in many ways.¹⁷⁵ In cases of psychological trauma, the goal was to become ““fit for duty”” again.¹⁷⁶ Several thousand of women passed through the clubs and homes, receiving much needed and well-deserved care, and many able to return to duty.¹⁷⁷

Coping with the Trauma After the War

Vera Brittain, after serving throughout the war, losing all the young men close to her, and, like millions of others, having lost the prewar world she once lived in, reflected on the Armistice. She found everyone around her “brightly lit... [and] alien.” While many celebrated the end of the war, she found that she “should have no part in it.”¹⁷⁸ While many have studied survivor’s guilt in male combatants, Brittain reminds us that women experienced war-guilt, too.¹⁷⁹ Women were “prone to survivor’s guilt” because of what they witnessed around them.¹⁸⁰ One of the vast differences between the guilt of combatants and nurses though, as scholar Santanu Das has argued, is that nurses were “entrusted with the repair of minds and bodies the war ravaged... if the nurse falls prey to trauma... hers is a shame that dare not speak its

¹⁷⁵ McEwan, *In the Company*, 177.

¹⁷⁶ McEwan, *In the Company*, 177.

¹⁷⁷ McEwan, *In the Company*, 169.

¹⁷⁸ Brittain, *Testament*, 174.

¹⁷⁹ See Das, *Touch and Intimacy in First World War Literature*, Fussell, *The Great War and Modern Memory*, Jay Winter, *Remembering the War: The Great War Between Memory and History in the 20th Century* (New Haven: Yale University Press, 2006).

¹⁸⁰ Carol Acton, “Writing and Waiting: The First World War Correspondence between Vera Brittain and Roland Leighton,” *Gender and History* 11 (1999): 55.

name.”¹⁸¹ For example, Brittain fought an “exhausting battle against [a] nervous breakdown” after the war, feeling “ashamed” for it.¹⁸² Unlike many women, Brittain wrote about and published her experiences, becoming the most famous female voice of the First World War in the postwar era and beyond. She sought to “find the meaning in suffering.”¹⁸³ She became a well-known feminist and pacifist. During the Second World War she actively spoke against war, often chastised because of it.¹⁸⁴ It is likely that her pacifism is due to the trauma she had endured firsthand during the First World War.

Many women died, some at their own hand, after the war. Historian Yvonne McEwan has argued in her works that everyone attempted to normalize the “nightmare situations and conditions” once the war had ended.¹⁸⁵ Unfortunately, in attempting to normalize traumatizing circumstances, many veterans, including nurses, could not heal.¹⁸⁶ As McEwan argues, even after the war ended, “for some nurses the physical and psychological strain was a burden they were no longer prepared to carry.”¹⁸⁷ Mary Elvira Elanor Margaret Boshell, a VAD, died in a nursing home in December 1918 of poisoning, likely by her own hand. It is believed that she was unable to cope with the death of her fiancé, who was lost to the war.¹⁸⁸ TFNS Sister Ethel Mellor served from December 1914 until resigning from service in June 1920. She received care in England, in a county mental asylum known as Winwick, where “patients were returned from

¹⁸¹ Das, 195.

¹⁸² Brittain, *Testament*, 173; 496.

¹⁸³ Hallett, “Portrayals,” 81.

¹⁸⁴ Paul Berry and Mark Bostridge, *Vera Brittain: A Life* (London: Catto and Windus, 1995), 445.

¹⁸⁵ McEwan, *In the Company*, 177.

¹⁸⁶ McEwan, *In the Company*, 177.

¹⁸⁷ McEwan, *In the Company*, 174.

¹⁸⁸ “Veronal Poisoning: A V.A.D. Nurses’ Death,” *The Times*, 9 January 1919, 7.

their wartime exile.”¹⁸⁹ Mellor died in the asylum on May 21, 1927, without any indication of her cause of death.¹⁹⁰

Like Mellor and for many nurses, we do not know for sure how or why they died. Their deaths, whether labelled a suicide or with suggestions of suicide, were either left ambiguous and/or often framed as heroic and as a sacrifice to the war, overlooking, or at least downplaying, the war trauma that caused their deaths. Much like male combatants, there was a stigma and shame attached to the act of suicide for women, and “the shame and suffering from mental illness forced ‘a person to hide any troubles of a mental nature.’”¹⁹¹ The trauma and overall services of these women, whether they survived the war or not, has not been forgotten beyond those women themselves.

Rest homes inspired by the service and dedication of Edith Cavell continued after the war, as did fundraising for these women, to help in their future endeavors as nurses, as well as those who did not continue to nurse, but suffered hardships due to their service. Two British newspapers, *The Daily Telegraph* and *The Mirror*, turned to the public and appealed for funds in memory of Nurse Cavell after her brother’s letter to the *Lancet*. The newspapers set to use the funds for the nurses “shattered mentally and physically, who have sought the health of others at the expense of their own.”¹⁹² The funds raised eventually started the Nation’s Funds for Nurses,

¹⁸⁹ “Winwick Hospital, Warrington.” County Asylums. Accessed 2 January 2020.

<https://www.countyaslums.co.uk/warwick-warrington/>.

¹⁹⁰ “Notice of Death of Ethel Mellor,” File of Ethel Mellor, WO 399/13261, National Archives, Kew, United Kingdom.

¹⁹¹ Stefanie Linden, *They Called It Shell Shock: Combat Stress in the First World War* (London: Helion and Company Limited, 2016), 151; Smith and Pear, *Shell Shock and Its Lessons*, 102.

¹⁹² “The Nation’s Fund for Nurses and why your help is needed,” *The Times* (March 1919); “Who Was Edith Cavell?,” Cavell Nurses’ Trust, <https://www.cavellnurses trust.org/what-we-do/who-was-edith-cavell>. <accessed 10 December 2020>.

which established as an organization that same year. The Fund was originally run by the British Women's Hospital Committee but was turned over to a council that included members of the College of Nursing's Council.¹⁹³ The Council enlisted the help of several philanthropic individuals, including Lady Nellie Martin-Harvey, who became extremely invested in the Nation's Fund for Nurses, serving in an administrative role for the Fund.¹⁹⁴ Lady Martin-Harvey raised a great deal of funds through public events, such as concerts and shows, which included the attendance of speakers such as Emmeline Pankhurst.¹⁹⁵ According to Sir Martin-Harvey, her husband, the funds she aided in raising "were so generous" that she was able to use some of the funds to purchase a home "for the use of nurses broken by War."¹⁹⁶ The home, which opened in 1920, serves as an example of the impact that the women who served had, motivating patrons and donors to support these women in their profession and in their physical and mental health.

The Nation's Funds for Nurses continued throughout the Second World War and after. In fact, the Fund celebrated its centenary in 2017, now known as the Cavell Nurses' Trust. The organization continues to "help nurses, midwives, and healthcare assistants... when they're suffering personal or financial hardships."¹⁹⁷ The longevity of this organizations demonstrates the continuous support of nurses and other healthcare workers throughout the last century, but also demonstrates the impact First World War nurses' sacrifices, including their psychological war trauma, had on society. Additionally, it speaks to how much the First World War remains

¹⁹³ "Notes from the Wellcome Library," note from Vicky Law (Cavell Nurses' Trust, Supporter Engagement Officer), email to Kayla Campana, 5 September 2017.

¹⁹⁴ Private Papers of Lady Nellie Martin-Harvey, Documents 8598 99/76/1, Imperial War Museum, London, England, United Kingdom.

¹⁹⁵ Private Papers, Lady Nellie Martin-Harvey.

¹⁹⁶ Sir John Martin-Harvey, *The Autobiography of Sir John Martin-Harvey* (London: Sampson Low, 1933), 451.

¹⁹⁷ "Homepage," Cavell Nurses' Trust, <https://www.cavellnursestrust.org> <accessed 10 December 2020>.

important in British memory, even today. The scars left by the war allowed this legacy to continue, even as the nurses in the present receive help, and the name clearly reflecting its origins.

CONCLUSION

My work has been both an intellectual venture and a labor of love. The research and writing I have done for my master's thesis only begin skimming the surface of the work yet to be done to understand nurses' psychological war trauma, their experiences, the treatments they received, and how they coped in the aftermath of the First World War. I seek to expand my scope focusing on the rest clubs and convalescent homes for nurses, as well as the Nation's Fund for Nurses, known today as the Cavell Nurses' Trust. When I started researching and writing this thesis, I did not fully grasp the impact these clubs, homes, and the Fund had on women during and after the war. I have a sense of it now and have much more work ahead of me.

In a Fall 2019 digital history course, I utilized my research to begin mapping the nurses' convalescent homes and rest clubs. My goal when starting the map was to gain a better understanding of the actual scale of these facilities for women, and to have a visual representation of that scale. Though the map is still currently under construction and does not encompass the full gauge of the clubs and homes in terms of numbers, the points I mapped during the course in Fall 2019 reveals that these facilities existed in much larger numbers than I previously grasped. The map currently displays a limited number of homes and clubs. I anticipate the map to grow exponentially as I can gather more research on each of the individual clubs and homes. Through my research, I have found a total of thirteen rest clubs opened under the patronage of Princess Victoria during the war, in addition to nine convalescent homes. These twenty-two facilities, as stated in chapter three, are recorded in official reports by Dame McCarthy; however, I have found other clubs and homes that existed outside of her reports. For

example, Taplow Court, a mansion in Taplow, Buckinghamshire, England, served as a rest home for nurses for a period during the war.¹⁹⁸ I seek to map these homes and clubs as well.

Beyond mapping the clubs and homes, I want to further explore the concept of the image of the self-sacrificing woman whose femininity relied on selflessness, and how, in some ways, the construction and running of these clubs and homes, and the Nation's Fund for Nurses, altered that perception. I want to study nursing and the clubs, homes, and the Fund in World War II and other twentieth century conflicts to see when and how approaches to nurses' psychological trauma changed. I seek to understand both the stigma and changes to treatment for psychological war trauma. When, for example, did nurses' trauma, like soldier's trauma, become known as post-traumatic stress disorder, or PTSD? Beyond increasing our understanding of the history of war, nursing and trauma, my work continues the process of breaking down that negative stigma attached to having trauma. It not only focuses on the work these women accomplished despite the trauma, but also acknowledging that seeking treatment is not a selfish act, nor should it or does it diminish service and sacrifices made.

¹⁹⁸ "William Grenfell (Baron Desborough) (1855-1945)," William Grenfell (Baron Desborough) (1855-1945) | Royal Borough of Windsor and Maidenhead, accessed January 24, 2021, <https://www.rbwm.gov.uk/home/leisure-and-culture/local-history-and-heritage/local-historical-figures/william-grenfell-baron-desborough-1855-1945>.

LIST OF REFERENCES

Primary Sources

Archives and Collections

Cavell Nurses' Trust, United Kingdom (<https://www.cavellnursestrust.org/>)
Imperial War Museum, London, England, United Kingdom (<https://www.iwm.org.uk/>)
National Archives, Kew, England, United Kingdom (<https://www.nationalarchives.gov.uk/>)
Scarlet Finders, United Kingdom (<http://ScarletFinders.co.uk>)

Documentaries and Film

Arthur Hurst, *War Neuroses*, 2024V, Moving Image and Sound Collections, Wellcome Trust, London, UK, <http://catalogue.wellcomelibrary.org/record=b1667864~S3>, accessed 23 April 2016.

Primary Journals and Newspapers

British Journal of Nursing
British Newspaper Archive
Denbighshire Free Press
Lancet
Manchester Guardian
The Daily Telegraph
The Guardian
The Mirror
The Times

Personal Papers

Brander, MA, Private Papers (Imperial War Museum, 5/61/1)
Brown, Charlotte Louise Fitzgerald Mackay, Private Papers (Imperial War Museum, Documents.6720)
Brown, Mary Ann, Private Papers (Imperial War Museum, 88/7/1)
Essington-Nelson, Alice, Private Papers Imperial War Museum, (86/48/1)
Hodges, Katherine, Private Papers, Imperial War Museum (92/22/1)
Irving-Bell, D., Private Papers (Imperial War Museum, 75/84/2)
Manning, RB, Private Papers (Imperial War Museum, 80/21/1)
Martin-Harvey, Lady Nellie, Private Papers (Imperial War Museum, 99/76/1)
Rathbone, Irene, Private Papers (Imperial War Museum, 90/30/1)

Published Works

Bagnold, Enid. *A Diary Without Dates*. London: W. Heinemann, 1918.

Britneiva, Mary. *One Woman's Story*. London: Arthur Barker, 1934.

Brittain, Vera. "Our Backs to the Wall: A Memory of the War," in *Because You Died: Poetry and Prose of the First World War and After*. ed. Mark Bostridge (London: Virago Press, 2008), 113–18. (Originally published on 3 February 1928, *Manchester Guardian*)

———. *Testament of Youth: An Autobiographical Study of the Years 1900-1925*. New York: Penguin Books, 2005. (Originally published in 1932)

Bowser, Thekla. *The Story of British V. A. D. Work in the Great War*. 2nd ed. London: A. Melrose, Ltd., 1917.

Cheyne, George, *The English Malady: A Treatise of Nervous Diseases of All Kinds*. London: Printed for G. Strahan in Cornhill and J. Leake, at Bath, 1735.

Dent, Olive. "A V.A.D. in France." In *The V.A.Ds: Accounts of the Voluntary Aid Detachment During the First World War 1914-18*. Oakpast, 2014. (Originally published in circa 1923)

Furse, Katharine. Katharine Furse to new VAD recruits, 1914, in *RedCross.org.uk*. <<http://www.redcross.org.uk/~media/BritishRedCross/Documents/What%20we%20do/Teaching%20resources/Lesson%20plans/WWI%20volunteers%20Session%20%20-%20Code%20of%20Practice.pdf>>, accessed 1 April 2015.

Jones, Ernest. "War and Individual Psychology." *Sociological Review* (1915).

Martin-Harvey, Sir John. *The Autobiography of Sir John Martin-Harvey*. London: Sampson & Low, 1933.

Maudsley, Henry. "Sex in Mind and Education." *Popular Science Monthly* Vol. 5 (June 5, 1874): 198-215.

Mercier, Charles. *A Textbook of Insanity and Other Mental Diseases* (2nd edition). London: Allen and Unwin, 1914.

Myers, Charles. *Shell-Shock in France, 1914-1918: Based on a War Diary*. Cambridge: Cambridge University Press, 1940.

Smith, Grafton Elliot and Tom Hatherly Pear, *Shell Shock and Its Lessons*, England: Manchester University Press, 1917.

Report of the War Office Committee of Enquiry into "Shell-Shock." Great Britain: His Majesty's Stationary Office, 1922.

Spencer, Herbert. *The Principles of Biology*, Volumes 1-8 (London: Williams and Norgate, 1864-1896).

Sutherland, Millicent. *Six Weeks at the War*. Chicago, IL: A.C. McClurg, 1915.

Secondary Sources

Acton, Carol and Jane Potter. *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones*. Manchester: Manchester University Press, 2015.

Acton, Carol. "Writing and Waiting: The First World War Correspondence between Vera Brittain and Roland Leighton." *Gender and History* 11 (1999): 54-83.

Adair, Mark J. "Plato's View of the 'Wandering Uterus'." *The Classical Journal* 91.2 (1996): 153-163.

Babington, Anthony. *Shell-Shock: The History of the Changing Attitudes to War Neurosis*. Pen and Sword Select, 1990.

Berry, Paul and Mark Bostridge. *Vera Brittain: A Life*. London: Catto and Windus, 1995.

Brooks, Jane and Christine Hallett. "Introduction: The Practice of Nursing and the Exigencies of War," in *One Hundred Years of Wartime Nursing Practices, 1854-1953*. Manchester: Manchester University Press, 2015, 1-19.

Buckingham, John. *Bitter Nemesis: The Intimate History of Strychnine*. London: CRC Press, 2008.

Carden-Doyle, Ana. *The Politics of Wounds: Military Patients and Medical Power in the First World War*. Oxford: Oxford University Press, 2014.

Cohen, Susan. *Medical Services in the First World War*. Great Britain: Shire Publications, 2014.

Das, Santanu. "'The Impotence of Sympathy': Touch and Trauma in the Memoirs of the First World War Nurses." *Textual Practices* 19.2, 2005: 239-262.

———. *Touch and Intimacy in First World War Literature*. Cambridge: Cambridge University Press, 2014.

- Davin, Anna. "Imperialism and Motherhood." *History Workshop* No. 5 (Spring 1978): 9-65.
- Donner, Henriette. "Under the Cross- Why V.A.D.s Performed the Filthiest Task in the Dirtiest War: Red Cross Women Volunteers, 1914-1918." *Journal of Social History* 97.30 (Spring 1997): 687-704.
- Fell, Alison S. *Women as Veterans in Britain and France After the First World War*. Cambridge: Cambridge University Press, 2018.
- Fussell, Paul. *The Great War and Modern Memory*. New York: Oxford University Press, 1975.
- Gamarnikow, Eva. "Nurse or Woman: Gender and Professionalism in Reformed Nursing, 1860-1923," in *Anthropology and Nursing*, edited by Pat Holden and Jenny Littlewood. London: Routledge, 1991, 110-129.
- Grayzel, Susan R. *Women's Identities at War: Gender, Motherhood, and Politics in Britain and France during the First World War*. Chapel Hill and London: The University of North Carolina Press, 1999.
- Grogan, Suzie. *Shell-Shocked Britain: The First World War's Legacy for Britain's Mental Health*. Great Britain: Pen & Sword Books Ltd., 2014.
- Hall, Catherine, Keith McClelland, and Jane Rendall. *Defining the Victorian Nation: Class, Race, Gender and the Reform Act of 1867*. Cambridge: Cambridge University Press, 2000.
- Hallett, Christine E. *Containing Trauma: Nursing Work in the First World War*. Manchester: Manchester University Press, 2010.
- . "Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers." *Canadian Journal of Medical History* 27.1 (2010): 65-84.
- . *Veiled Warriors: Allied Nurses of the First World War*. Oxford: Oxford University Press, 2014.
- Heggie, Vanessa. "Women Doctors and Lady Nurses: Class, Education, and the Professional Victorian Woman." *Bulletin of the History of Medicine* 89.2 (Summer 2015): 2767-292.
- Helmstadter, Carol. "Building a New Nursing Service: Respectability and Efficiency in Victorian England." *Albion* 35.4 (Winter 2003): 590-621.
- Higonnet, Margaret Randolph. "Authenticity and Art in Trauma Narratives of World War I." *Modernism / Modernity* 9, no. 1 (2002): 91-107.
- . *Behind Gender Lines: Gender and the Two World Wars*. New Haven: Yale

- University Press, 1987.
- Holden, Wendy. *Shell Shock*. London: Channel 4 Books, 1998.
- Judd, Catherine. *Bedside Seduction: Nursing and the Victorian Imagination, 1830-1880*. New York: St. Martin's Press, 1998.
- Kang, Lydia and Nate Pedersen, *Quackery: A Brief History of the Worst Ways to Cure Everything*. New York: Workman Publishing, 2017.
- Kent, Susan Kingsley. *Aftershocks: Politics and Trauma in Britain, 1918-1931*. Basingstoke: Palgrave Macmillan Limited, 2008.
- Laub, Dori. "Bearing Witness or the Vicissitudes of Listening." in *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*. New York: Routledge, 1992.
- Leed, Eric J. *No Man's Land: Combat and Identity in World War I*. Cambridge: Cambridge University Press, 1979.
- Leese, Peter. *Shell Shock: Traumatic Neurosis and the British Soldier of the First World War*. London: Palgrave Macmillan, 2002.
- Linden, Stefanie. *They Called It Shell Shock: Combat Stress in the First World War*. London: Helion and Company Limited, 2016.
- Loughran, Tracey. *Shell-Shock and Medical Culture in First World War Britain*. Cambridge: Cambridge University Press, 2017.
- . "A Crisis Masculinity? Re-Writing the History of Shell-Shock and Gender in First World War Britain." *History Compass* 11, no. 9 (2013): 727–36.
- Macdonald, Lyn. *Roses of No Man's Land*. United Kingdom: Penguin UK, 1980.
- MacLeod, A.D. "Shell Shock, Gordon Holmes, and the Great War." *Journal of the Royal Society of Medicine* 97.2 (2004 February): 86-89.
- Martin, Nancy. "'The Rose of No Man's Land [?]' : Femininity, Female Identity, and Women on the Western Front," *Journal of International Women's Studies* 13.6 (December 2012): 5-17.
- McEwan, Yvonne. *In the Company of Nurses: The History of the British Army Nursing Service in the Great War*. Edinburgh: Edinburgh University Press, 2014.
- Meyer, G. J. *A World Undone: The Story of the Great War, 1914 to 1918*. New York: Delacorte Press, 2006.

- Meyer, Jessica. *Men of War: Masculinity and the First World War in Britain*. Basingstoke: Palgrave Macmillan, 2008.
- Micale, Mark S. *Hysterical Men: The Hidden History of Male Nervous Illness*. Cambridge: Harvard University Press, 2008.
- Olsthoorn, Peter. *Military Ethics and Virtues: An Interdisciplinary Approach for the 21st Century*. Britain: Routledge, 2010.
- Parkins, Ilya. "Feminist Witnessing and Social Difference: The Trauma of Heterosexual Otherness in Vera Brittain's *Testament of Youth*." *Women's Studies* 36 (2007): 95-116.
- Peterson, Andrea. "Shell-Shock in Somerville: Vera Brittain's Post-Traumatic Stress Disorder," in A.K. Smith (ed.) *Gender and Warfare in the Twentieth Century*, Manchester: Manchester University Press (2004): 33-52.
- Proctor, Tammy. *Civilians in a World War, 1914-1918* (New York: New York University Press, 2010).
- Reid, Fiona. *Broken Men: Shell-Shock, Treatment and Recovery in Britain 1914-30*. London and New York: Continuum, 2010.
- Roberts, Mary Louise. *Disruptive Acts: The New Woman and Fin-de-Siecle France*. Chicago: Chicago University Press, 2002.
- Shepherd, Ben. *A War of Nerves: Soldiers and Psychiatrists 1914-1994*. London: Jonathon Cape, 2000.
- Showalter, Elaine. *The Female Malady: Women, Madness, and English Culture, 1830-1980*. New York: Pantheon Books, 1985.
- Stone, M. "Shellshock and Psychologists," in W.F. Bynum, R. Porter, and M. Shepherd (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry* (Volume 2). London: Tavistock, 2004.
- Summers, Anne. *Angels and Citizens: British Women as Military Nurses 1854-1914*. London: Routledge and Keegan Paul Inc., 1988.
- Tosh, John. "Masculinities in an Industrializing Society: Britain, 1800-1914," *Journal of British Studies* 44.2 (April 2005): 330-342.
- Walkowitz, Judith. *City of Dreadful Delights: Narratives of Sexual Danger in Late-Victorian London*. Chicago: The University of Chicago Press, 1992.

Williams, Shirley. "World War One: The many battles faced by WW1's nurses." *BBC News*, 2 April 2014 <<https://www.bbc.com/news/magazine-26838077>> accessed 4 December 2020.

Winter, Jay. "Shell-Shock and the Cultural History of the Great War." *Journal of Contemporary History* 35, no. 1 (2000): 7–11.

———. *Sites of Memory, Sites of Mourning*. Cambridge: Cambridge University Press, 1995.

Young, Arlene. "'Entirely a Woman's Question?': Class, Gender, and the Victorian Nurse," *Journal of Victorian Culture* 13.1 (Spring 2008): 18-41.