

**Raising professional confidence: The influence
of the Anglo-Boer War (1899 – 1902) on the
development and recognition of nursing as a
profession**

**A thesis submitted to The University of Manchester for the degree of
Doctor of Philosophy in Nursing
in the Faculty of Medical and Human Sciences.**

2013

Charlotte Dale

**School of Nursing, Midwifery
and Social Work**

Abstract	5
Declaration	6
Copyright Statement.....	7
Acknowledgements.....	8
The Author	9
Introduction	10
Chapter One.....	17
Nursing, War and the late Nineteenth Century Woman: a review of the literature and background to the thesis	17
Introduction	17
Women of The British Empire.....	18
Nineteenth century civilian nursing	27
Raising the professional profile: regulating nursing	32
Victorian nurses in war	36
Conclusion.....	44
Chapter Two.....	47
Historical Methods Used	47
Nursing History as a discipline	47
The use of secondary sources.....	51
Personal writing as a historical source.....	52
Archival research	56
Attending the archives.....	59
Interpretation of findings	60
Conclusion.....	65
Chapter Three.....	66
The motivations of nurses for wartime service.....	66
Introduction	66
Danger alongside Duty: ‘it is an experience one would get only once in a lifetime’. 68	
Social exploits: ‘She dined once at Major Bagots [sic] with us, has an 18 inch waist, scarlet belt and makes up’.....	78

Conclusion.....	91
Chapter Four	93
The boundaries of practice: Nurses in the sphere of war	93
Introduction	93
Army nurses and the orderly as a substitute nurse	95
An influx of civilians: The British and the Colonials	108
‘A plague of women’ on the veldt	114
Conclusion.....	122
Chapter Five	125
The challenges of Army life: Traversing the veldt with Tommy Atkins	125
Introduction	125
Life on the veldt and under canvas.....	126
Continually exhausted: The health of the nurses	135
Conclusion.....	146
Chapter Six.....	148
The challenges of practice: The clinical nursing routine	148
Introduction	148
The clinical nursing routine.....	151
The role of surgery: weaponry and wounds	157
A growth of personal and professional confidence	166
Conclusion.....	173
Chapter Seven.....	175
The last of the Typhoid campaigns.....	175
Introduction	175
The aetiology of typhoid fever and the nursing care regime	177
The intensive nature of nursing fever patients.....	183
Recognition of the ‘expert’ nurses’ work	189
Conclusion.....	192
Chapter Eight.....	194

In the Army everything is badly done: ‘red tape’, inefficiency and corruption.....	194
Introduction	194
Deficiencies within the Army Medical Service	196
Red Tape: Working within the confines of the army medical system.....	208
Conclusion.....	219
Chapter Nine	221
A move for professionalisation and public recognition	221
Introduction	221
A call for reorganisation and recognition.....	222
A new era: The Queen Alexandra’s Imperial Military Nursing Service	229
Nurse registration and education	236
Conclusion.....	244
Discussion and Conclusions	247
References.....	264
Appendix.....	295

WORD COUNT (INCLUDING TITLE PAGE AND ABSTRACT) 87,112

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Abstract

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The thesis examines the position of nurses during the Second Anglo-Boer War (1899 – 1902) and considers how their work helped to raise the profile of nursing. The experience of the war demonstrated the superiority of the work undertaken by trained nurses as compared with that of ‘amateurs’. At the commencement of war a small cohort of army nurses worked alongside large numbers of trained male orderlies, however these numbers proved insufficient during the period of the war and additional, entirely untrained orderlies (often convalescent soldiers) were relied upon to deliver nursing care. Against a backdrop of long term antipathy toward nurses at the seat of war, the work of both army and civilian nurses in military hospitals suggested that the clinical proficiency of trained nurses had a significant impact on military effectiveness. The thesis will develop arguments based on the personal testimonies of nurses who served during the Second Anglo-Boer War, relating to clinical nursing and nurses perceptions of professionalism during the period. Personal testimony will be used primarily to examine the working lives and experiences of serving nurses, as many historians simply state that the excellent work of the nurses forced changes, yet make no allusion to what this specifically entailed.

Faced with the exigencies of war, including limited medical supplies and military bureaucracy (termed by nurses and doctors alike as ‘red tape’) that hindered nurses’ abilities to provide high levels of care, nurses demonstrated their developing clinical confidence. Despite accusations that nurses were ‘frivolling’ in South Africa, raising concerns over the control and organisation of nurses in future military campaigns, the social exploits of nurses on active service was not entirely detrimental to contemporary views of their professional status. Nurses were able to demonstrate their abilities to survive the hardships of war, including nursing close to the ‘front lines’ of war and the arduous conditions inherent in living under canvas on the South African veldt. Not only were nurses proving their abilities to endure hardship normally associated with masculine work, but they were also establishing their clinical capabilities. This was especially so during the serious typhoid epidemics when nurses were able to draw upon their expert knowledge to provide careful nursing care based on extensive experience. Nurses, who had undergone recognised training in Britain, demonstrated their professional competence and proved that nursing was a learned skill, not merely an innate womanly trait. The war also represented an opportunity to evidence their fitness for citizenship by using their skilled training for the benefit of the Empire. The subsequent reform of the Army Nursing Service, resulting in the establishment of the Queen Alexandra’s Imperial Military Nursing Service in 1902, suggests permanent recognition of the essential role of nurses in times of both war and peace.

Declaration

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Acknowledgements

I should first and foremost thank my supervisors Professor Christine Hallett and Dr. Jane Brooks for their kind and unfailing support at all stages. I cannot thank them enough for everything.

I also especially wish to acknowledge my family for their continued assistance, encouragement, support and tolerance throughout my studies.

The Author

Charlotte Dale is a student at The University of Manchester. She undertook her initial nurse education at The University of Hull and graduated as a Registered Nurse (Adult) in 2006. She worked as an orthopaedic nurse before leaving to pursue academic study in 2009 with a particular interest in pursuing a career within research. Charlotte has presented work at both national and international conferences and work deriving from her thesis has been published in the Royal College of Nursing History Newsletter and the UK Association for the History of Nursing Bulletin. She received the Mona Grey Prize from The University of Manchester for her research proposal and the Monica Baly Bursary from the Royal College of Nursing Foundation to pursue this work, alongside financial support from the Wellcome Trust. Data gathered as part of this thesis has informed a chapter to be included in a compilation on wartime nursing practices intended for publication in 2014.

Introduction

This thesis explores the way in which the influence of the Second Anglo-Boer War (1899 – 1902), hereafter referred to as the Anglo-Boer War, impacted on the development and recognition of nursing as a profession.¹ It will offer an insight into the emerging role of the nurse in the sphere of war and will explore the ways in which their work demonstrated to the military and medical authorities that the planning and preparation for future wars necessitated a permanent female military nursing service. The thesis will suggest that, although women had no defined place in the public sphere, and nurses were not as yet registered practitioners, their experiences of wartime service raised their confidence in their practice, enabling them to become more assertive in their claim to professional status. The Anglo-Boer War demonstrated the expediency of nurses in times of war and peace and also challenged perceptions of where women should be located in respect of the ‘front line’ and in the male dominated sphere of war. Many medical men in positions of authority and within the War Office objected to women serving within the army system, an objection derived from the Royal Army Medical Corps’ (RAMC) longstanding antipathy to women working ‘in any role other than as supervisory sisters within the base hospitals, far from the seat of war’.²

¹ For further details of the Anglo-Boer War see Appendix.

² Christopher Schmitz, ‘We Too Were Soldiers’: The Experiences of British Nurses in the Anglo-Boer War, 1899 – 1902 In Gerard J. DeGroot and Corinna Peniston-Bird (Eds), *A Soldier and a Woman: Sexual Integration in the Military* (Essex, Pearson Education Ltd, 2000), 49 – 65, 53 See also: Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge and Kegan Paul, 1988), 65, 175; Jan Bassett, *Guns and Brooches Australian Army Nursing from the Boer War to the Gulf War* (Melbourne, Oxford University Press, 1997), 9; Anna Rogers, *While You’re Away: New Zealand Nurses at War 1899 – 1948* (Auckland, Auckland University Press, 2003), 14 – 15

The aim of this thesis is to use the personal testimonies of nurses to explore the role of the Anglo-Boer War in raising the professional confidence of nurses and the development of nursing as a recognised profession. The thesis will explore how personal testimony, such as diaries, letters and journals offer insight into the experiences of nurses in the sphere of war. Questions will be explored in consideration of the extent to which nurses translated their experiences into arguments for citizenship and professionalisation. How did nurses document the clinical and practical challenges they faced during the Anglo-Boer War, and further, how did nurses use personal writings to evidence the obstacles they met during wartime service and how these were overcome? Were nurses able to challenge preconceptions surrounding women's abilities to work in arduous and alien environments, engaging in war on equal terms with men? A further aim is to examine to what extent the formation of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) related to nurses proving their rights to a place in war, or whether this was in fact related to a desire by male authorities to hold control over nurses in war. By the end of the Anglo-Boer War the QAIMNS was deemed a necessity in future campaigns, yet was this as result of the expert work of trained nurses or as a way to ensure defined authority to counterbalance accusations of 'frivolity' in South Africa? To what extent was the Anglo-Boer War responsible for the establishment of a new service? Therefore an additional objective of the thesis is to explore whether the war itself was the cause, or alternatively the facilitator for reform of military nursing.

Chapter One contextualises the contemporary role of both the civilian and army nurses in Victorian Britain alongside the continued debates surrounding women's suffrage. Chapter Two considers the use of personal testimony to explore the

perceptions of nurses regarding their clinical experiences and their professional status. Chapter Three will explore the concerns raised that some nurses were motivated for wartime service owing to a search for adventure. Yet there were a number of motivators, including those of a humanitarian nature, combined with a patriotic sense of duty. Nurses were eager to demonstrate the superiority of trained nurses and perhaps validate their rights to equal citizenship, as the South African War Medal was awarded on an equal basis to both men and women.

Chapter Four explores how the presence of large numbers of trained civilian nurses from across the Empire highlighted inadequacies within the contemporary army medical system. It also highlighted their professional superiority to ‘amateur’ nurses and demonstrated that trained nurses were preferable in ensuring military efficiency. Professional training consequently meant that trained nurses had defined medical expertise and this further challenged the assumption that all women were natural nurses.³ The clinical work of trained nurses demonstrated that training for nurses was preferred and indeed requisite, thus raising the professional confidence of nurses in general. In future campaigns, if there were sufficient trained nurses available, then there would be no need for ‘amateur’ nurses at the front. The present system of army nursing relied on a small contingent of trained army nurses to supervise the work of RAMC trained orderlies. Civilian nurses disparaged this working style, as they were more familiar with carrying out the majority of nursing tasks themselves in British civilian hospitals. Male orderlies do not appear to have been as inept as many civilian

³ Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868 – 1883* (Georgia, University of Georgia Press, 1988), x; Deborah Simonton, ‘Nursing History as Women’s History’, *International History of Nursing Journal* 6, 1 (2001), 35 – 47, 43; Janet S. K. Watson, ‘Wars in the Wards: The Social Construction of Medical Work in First World War Britain’, *Journal of British Studies* 41, 4 (2002), 484 – 510, 492

nurses wished to portray them, but trained male orderlies were simply too few in number, insufficient with the ever-increasing sick and wounded.

Another key concern of the military and medical authorities was the ability of nurses to survive the hardships of wartime work and is explored in Chapter Five. The Victorian perception of women (predominantly those of the middle and upper classes) as both intellectually and physically inferior to men, raised concerns over how nurses would adapt to life under canvas and to difficult working conditions when employed in besieged garrison towns. Personal testimony will be used to identify the nurses' own perceptions of their abilities to cope and how this challenged perceptions over the legitimacy of women at the seat of war. The arguments of military and medical authorities, based upon assumptions that women could not reside under canvas without access to a bed, were contradicted; perhaps raising the personal and professional confidence of nurses and challenging the idea that most middle class women were weak and feeble, fit only to remain as the 'angel of the house'.⁴

Chapter Six concentrates on the clinical work of nurses serving in South Africa and examines how nurses may have gained professional confidence through their general experience of wartime service, where they were frequently required to work outside of their usual remit and on occasions to expand their practice. Nurses, such as Eleanor Laurence, claimed that nothing in South Africa could be done as it would be in a London hospital and many had to improvise with respect to wound dressings and emergency care, providing evidence of increased autonomy.⁵ Irrespective of whether

⁴ M. J. Peterson, 'No Angels in the House: The Victorian Myth and the Paget Women', *The American Historical Review* 89, 3 (1984), 677 – 708, 677; Catherine Hall, *White, Male and Middle Class Explorations in Feminism and History* (Oxford, Blackwell, 1992), 75

⁵ Eleanor Laurence, *A Nurse's Life in War and Peace* (London, Smith, Elder & Co, 1912), 167 – 168

or not, on their return to Britain, nurses continued to perform these same roles, experience in South Africa made it clear to nurses that they were capable of extending and adapting their practices to meet the exigencies of war. One significant area where nurses demonstrated the crucial need for training was in the case of typhoid fever, an often-fatal disease for which there was no effective treatment. Chapter Seven considers how nurses were able to demonstrate the benefit of trained nursing to military efficiency as it was medically recognised that careful nursing care could aid recovery in the pre-antibiotic era. Public recognition came from the press and by the support of eminent medical men stating that nursing expertise was essential. The work of nurses in South Africa, where there were a number of serious outbreaks of typhoid fever, further evidenced the need for greater numbers of nurses to be available in times of war to care for those afflicted with infectious diseases.

Chapter Eight examines evidence within the nurses' testimonies that the contemporary army medical system hindered their work. The boundaries of practice meant that civilian nurses were sometimes required to work within the confines of military 'red tape'. Nurses claimed that this 'red tape' affected their practice, but that in some cases they were able to circumnavigate the system. Some nurses argued for the reform of both the Army Nursing Service (ANS) and the army medical services in general, a reform that would occur following the findings of the *Report of the Royal Commission Appointed to Consider and Report upon the Care and Treatment of the Sick and Wounded during The South Africa Campaign* in 1901.⁶ The arguments of nurses for recognition and a permanent place in the army are considered in Chapter

⁶ *Report of the Royal Commission Appointed to Consider and Report upon the Care and Treatment of the Sick and Wounded during The South Africa Campaign: Presented to both Houses of Parliament by Command of Her Majesty* (London, HMSO, 1901), Passim

Nine. The establishment of the QAIMNS in 1902 ensured nurses held a permanent place within the army and in the planning for future campaigns. Despite this, the authority of nurses remained ambiguous and the military and medical men responsible for the reorganisation of army nursing strongly urged that nurses remain subordinate to patriarchal rule. Though subject to obedience and subordination, those nurses who had served in South Africa had been able to fraternise with fellow nurses (and women in general) from the colonies and learn about contemporary registration and suffrage developments. Potentially this may have galvanised drives for nurse registration and perhaps the enfranchisement of women. Nursing the sick and wounded provided women with a legitimate place in the sphere of war and arguments were developing as to whether such service also entitled them to the vote.

The final chapter will summarise the arguments used to support the findings of this study. It concludes that the Anglo-Boer War raised questions as to where female nurses could be located in times of war. Previously nurses had only been employed in the base hospitals but the changing position of the 'front line' meant that nurses often found themselves under fire or besieged by the enemy. The experience of war and their ability to cope while demonstrating the worth of trained nursing to the Empire, helped to raise professional and personal confidence of individual nurses and, hence, influenced the continued moves for registration and a defined professional identity. The key issues in this study are the raised profile of nurses and recognition of their work, leading to the establishment of an expanded army nursing service in the form of the QAIMNS. However, debate continued as to the extent of the authority women would be afforded. The argument of this study is that although at the time of the Anglo-Boer War there was no professional regulation or uniformed training for

nurses, those who were trained and proficient expressed confidence in their own practice and believed they made an important contribution to the war effort. The end of the Anglo-Boer War saw the expansion of the nascent ANS to become a recognised and permanently established force that would serve with distinction in the First World War. This study does not offer a detailed examination of the QAIMNS. It is, rather, an investigation of the impact of wartime experiences on trained nurses personal and professional confidence in the historical context of the contemporary issues relating to the 'new woman' debate and the drive for registration.

Chapter One

Nursing, War and the late Nineteenth Century Woman: a review of the literature and background to the thesis

‘Woman’s mission’ was largely expected to be its own reward: duties, rather than rights, were proclaimed as the motor principle of women’s actions outside the home.¹

Introduction

The purpose of this chapter is to examine the contemporary role and status of British women and nurses during the late Victorian period. The nurses who served during the Anglo-Boer War continued to reside within a predominantly male dominated society governed by Victorian principles of behaviour and etiquette.² As such, the literature review explores the impact this would have had on both nurses and women in general.

There is a dearth of scholarly appraisal of the nurse and her role during the Anglo-Boer War. Celebratory books state that the female nurses who served in South Africa proved without doubt the worth of and necessity for, trained professional nurses in the army during both times of war and peace.³ Despite this, the literature does not offer supportive primary evidence for such statements, with many authors referencing each other’s work. In order to offer a better-evidenced and more critical analysis of these

¹ Anne Summers, ‘Ministering Angels - Victorian Ladies and Nursing Reform’, *History Today* 39, 2 (1989), 31 – 37, 37

² Joan Perkin, *Women and Marriages in Nineteenth-Century England* (London, Routledge, 1989), 234; Diana C. Archibald, *Domesticity, Imperialism, and Emigration in the Victorian Novel* (Missouri, University of Missouri Press, 2002), 90

³ Ian Hay, *One Hundred Years of Army Nursing The Story of the British Army Nursing Services from the time of Florence Nightingale to the present day* (London, Cassell and Company, 1953); Juliet Piggott, *Queen Alexandra’s Royal Army Nursing Corps* (London, Leo Cooper Ltd, 1975)

events, it is necessary to begin by framing this thesis in the existing literature. It is important therefore to consider issues such as the women's suffrage agenda and the role of women during the latter Victorian period, alongside the contemporary status of military and civilian nursing. The literature review will therefore explore the role and status of women during the late nineteenth century in Britain; the nascent nursing profession and its links to societal values; how nursing reformers approached the task of raising the professional profile of nursing; and finally the place of nurses within the army and the role of the nurse in war time.

Women of the British Empire

The latter period of the nineteenth century saw British women residing within a male dominated society and constrained by social class stereotypes. Women of the middle and upper classes were expected to be leisured, superficially accomplished and to spend their time managing servants and family life, providing them with the contemporary label of 'the angel of the house'.⁴ Society was, in effect, governed by men of the wealthy upper classes with political affiliation, men who advocated that women should be seen as sacrosanct, to be submissive 'helpmeets' in charge of motherhood and morality, but certainly not to take part in an active life outside of the home.⁵ Yet an ever-growing number of women were crying out for equal rights,

⁴ Carol Christ, 'Victorian Masculinity and the Angel of the House', In Martha Vicinus (Ed), *A Widening Sphere Changing Roles of Victorian Women* (London, Methuen & Co, 1977), 146 – 162, 147; M. J. Peterson, 'No Angels in the House: The Victorian Myth and the Paget Women', *The American Historical Review* 89, 3 (1984), 677 – 708, 677; Catherine Hall, *White, Male and Middle Class Explorations in Feminism and History* (Oxford, Blackwell, 1992), 75; Martin Pugh, *Women and the Women's Movement in Britain 1914 – 1999* (London, Palgrave MacMillan, 2000), 1

⁵ Leonore Davidoff, *The Best Circles: Society, Etiquette and the Season* (London, Croom Helm, 1973), 16; Patricia Branca, *Silent Sisterhood: Middle-Class Women in the Victorian Home* (London, Croom Helm, 1975), 7; Leonore Davidoff and Catherine Hall, *Family Fortunes Men and women of the English middle class 1780 – 1850* (London, Routledge, 1994), 445 – 446; Bridget Theron, 'Victorian Women, Gender and Identity in the South African War: a review', *UNIS KLEIO* 38, 1 (2006), 3 – 24, 3

freedom from domesticity and the chance to explore new possibilities outside of the home. Thus the 'woman question' was developing apace at the commencement of the Anglo-Boer War.⁶

As early as 1869 debates relating to the public status of women and their rights to citizenship were first a topic of discussion on the Victorian social agenda.⁷ Patricia Hollis states that the women's movement within England commenced during the 1850s, however political action did not occur until 1865, when John Stuart Mill discussed the issue of votes for women as part of his election campaign to Westminster.⁸ As the women's movement progressed, historian Sheila Rowbotham states, the imminent twentieth century required a new type of woman, although opinion differed as to how she should be defined and how much freedom she should be allowed.⁹ The 'new woman' debate featured both in popular fiction and the press, questioning the changing role and situation of women and in some cases illustrating her 'dreadful behaviour; the fin de siècle literature and its shocking implications of free love'.¹⁰ Women's historian Susie Steinbach describes the 'new woman' as 'A young woman of principle, middle-class, independent and financially self-reliant,

⁶ Theron, 'Victorian Women', 3

⁷ M. J. D. Roberts, 'Feminism and the State in Later Victorian England', *The Historical Journal* 38, 1 (1995), 85 – 110, 86

⁸ Patricia Hollis, *Women in Public: The Women's Movement 1850 – 1900* (London, Allen and Unwin, 1979), vii; Maroula Joannou and June Purvis, 'Introduction: The writing of the women's suffrage movement', In Maroula Joannou (Ed), *The Women's Suffrage Movement: New Feminist Perspectives* (Manchester, Manchester University Press, 1998), 1 – 14, 1

⁹ Sheila Rowbotham, *A Century of Women: The History of Women in Britain and the United States* (London, Viking, 1997), 7

¹⁰ Cecil Willett Cunnington, *Feminine Attitudes in the Nineteenth Century* (New York, Haskell House Ltd, 1973), 283. See also: Barbara Caine, *Victorian Feminists* (Oxford, Oxford University Press, 1992), 239

reflecting her class's increased opportunities for education, work, career and feminist activism'.¹¹

The 'new woman' was lamentable to many in a society where duty, character and chaste behaviour were of paramount importance.¹² Philippa Levine observes that for a late-nineteenth century woman to be classified as a feminist (although the word 'feminist' was not widely used at the time) was 'to court contempt, ridicule, and hostility'.¹³ Victorian society did not view women as equal to men. Women held no right to vote or even the opportunity to offer official input into how their country, and to a larger extent the Empire, was run.¹⁴ Women of the middle and upper classes were seen as both physically and intellectually inferior and hence incapable of dealing with the realities of the male dominated public sphere where all major decisions were made.¹⁵ The issue therefore, was not merely how women were to win equal rights with men, but how they were to gain recognition for their achievements in a man's world in their own right.¹⁶ Women were encouraged to only develop intellectual capabilities in order to empathise with and understand the challenges their husbands, who were their moral guides, faced in the day-to-day life of the public sphere.¹⁷ Jane

¹¹ Susie Steinbach, *Women in England 1760 – 1914 A Social History* (London, Weidenfeld and Nicolson, 2004), 279

¹² Peter T Cominos, 'Innocent Femina Sensualis in Unconscious Conflict', In Martha Vicinus (Ed), *Suffer and Be Still Women in the Victorian Age* (Indiana, Indiana University Press, 1972), 155 – 172, 156; Jane Lewis, *Women and Social Action in Victorian and Edwardian England* (Aldershot, Edward Elgar, 1991), 11

¹³ Philippa Levine, 'Love, Friendship and Feminism in later Nineteenth-Century England', *Women's Studies International Forum* 13, 1 (1990), 63 – 78, 63

¹⁴ Davidoff and Hall, *Family Fortunes* 445 – 446

¹⁵ George J. Romanes, 'Mental Differences between Men and Women', *The Nineteenth Century* XXI, 122 (1887), 654 – 670, 654 – 655; Theron, 'Victorian Women', 3. Women of the working class were expected to be physically strong to perform manual labour as servants. Pamela Horn, *The Rise and Fall of the Victorian Servant* (Gloucestershire, Alan Sutton Publishing Ltd, 1990), 59 – 60

¹⁶ Jihang Park, 'Women of their Time: The Growing Recognition of the Second Sex in Victorian and Edwardian England', *Journal of Social History* 21, 1 (1987), 49 – 67, 49

¹⁷ Wanda F. Neff, *Victorian Working Women An Historical and Literary Study of Women in British Industries and Professional 1832 – 1850* (London, George Allen & Unwin Ltd, 1966), 74; Davidoff

Lewis states that, up to the period of the First World War, it was still considered typical for women of all classes to marry and be supported by men, as marriage ‘conferred a higher status than spinsterhood, which connoted failure’.¹⁸ However, while ‘ladies’ were not expected to earn their own living or to perform menial work, women of the lower classes, especially those who were unmarried or widowed, had to take up employment to support themselves.¹⁹ Furthermore, despite the social ideal of marriage, a large group of women, predominantly those of the middle and upper classes, trained as nurses and found employment so as to gain independence and identity.²⁰

In Britain the suffrage agenda had become a national movement following the formation of the National Society for Women’s Suffrage in 1867, after the Manchester, London and Edinburgh societies amalgamated.²¹ This led to the formation of the National Union of Women Suffrage Societies, based on the realisation that suffragists needed to work together towards equal rights in the

and Hall, *Family Fortunes* 289 – 290; Simon Morgan, *A Victorian Woman’s Place: Public Culture in the Nineteenth Century* (London, Taurus Academic Studies, 2007), 41; Jennifer Hedgecock, *The Femme Fatale in Victorian Literature: The Danger and the Sexual Threat* (New York, Cambria Press, 2008), 72; Deborah Gorham, *The Victorian Girl and the Feminine Ideal* (Oxon, Routledge, 2013), 101 – 102

¹⁸ Jane Lewis, *Women in England 1870 – 1950 Sexual Divisions and Social change* (Hertfordshire, Simon and Schuster, 1984), 3. See also: Lillian Faderman, *Surpassing the Love of Men: Romantic Friendship and Love between Women from the Renaissance to the Present* (London, The Women’s Press Ltd, 1985), 178; Perkin, *Women and Marriage* 236; Rowbotham, *A Century of Women* 22; Deborah Simonton, *A History of European Women’s Work 1700 to the Present* (London, Routledge, 1998), 160

¹⁹ Geoffrey Best, *The History of British Society Mid-Victorian Britain 1851 – 1875* (London, Weidenfeld and Nicolson, 1971), 105; June Purvis, *A History of Women’s Education in England* (Milton Keynes, Open University Press, 1991), 5 – 7; Carol Helmstadter, “‘A Real Tone’: Professionalizing Nursing in Nineteenth-Century London”, *Nursing History Review* 11, 5 (2003), 3 – 30, 4

²⁰ Philippa Levine, *Victorian Feminism 1850 – 1900* (London, Hutchinson Education, 1987), 83

²¹ Elizabeth Crawford, *The Women’s Suffrage Movement A Reference Guide 1866 – 1928* (London, UCL Press, 1999), 435

parliamentary franchise for women, both single and married.²² It is useful, therefore, to consider the reform of nursing, traditionally viewed as commencing in the 1860s, alongside the social context of the time and the sociocultural changes occurring within Victorian Britain, including early discussions on votes for women.²³

Reformers were changing and shaping nursing to include women of the middle and upper classes, yet wider political and indeed public agendas were underpinning their actions, including the creation of the role of the nurse in times of war.²⁴ Arlene Young reflects this within her exploration of the developments in nursing (particularly wartime nursing), reforming it into a socially acceptable vocation for educated middle and upper class women, whilst also providing them with a corporate identity.²⁵ Young further explains that by professionalising nursing, reformers could further justify the entry of genteel women to the workforce, thus validating the working woman, a validation that could then be transferred to the professionalised working of women in general and vicariously aid the suffrage movement.²⁶

When considering women's motivation for employment it must be acknowledged that social class would certainly have impacted on their decisions. Women of the middle and upper classes would have been indoctrinated as to the importance of 'duty' as

²² Sandra Stanley Holton, 'Women and the vote', In June Purvis (Ed), *Women's History: Britain 1850 – 1945 An Introduction* (London, Routledge, 2000), 277 – 305, 285

²³ Nancy Boyd, *Josephine Butler, Octavia Hill, Florence Nightingale: Three Victorian Women Who Changed Their World* (London, Palgrave MacMillan, 1982), 1; Eva Gamarnikow, 'Nurse or Women: Gender and Professionalism in Reformed Nursing 1860 – 1923', In Pat Holden and Jenny Littlewood (Eds), *Anthropology and Nursing* (London, Routledge, 1991), 110 – 129, 111

²⁴ Helen Rappaport, *No Place for Ladies The Untold Story of Women in the Crimean War* (London, Aurum Press, 2007), 94

²⁵ Arlene Young, 'Entirely a Woman's Question?': Class, Gender and the Victorian Nurse', *The Journal of Victorian Culture* 13, 1 (2008), 18 – 41, 19

²⁶ Young, 'Entirely a Woman's Question?', 19

central to a woman's call to serve, but also, as Lewis notes, they may have simply desired to participate in activities they found challenging outside of the home domain.²⁷ Emphasis on a woman's 'duty' was a fundamental aspect of Victorian social language; therefore it may have created conflict for some women between duties at home and to the public, with duties advocated as an obligation of all citizens.²⁸ Women had many 'duties' at this time, a duty to become 'mothers of the race', a duty to be pure and untainted 'angels of the house', but also a duty to serve others while maintaining and 'civilising' the wider British Empire.²⁹ Catherine Hall and Sonya O. Rose define Empire as 'a large, diverse, geographically dispersed and expansionist political entity', with imperialism 'the process of empire building'.³⁰ Accordingly, as Victorian expansionism continued and 'overseas territorial conquests' occurred, the Empire required suitable men to govern and protect colonial acquisitions including areas of Africa and Asia.³¹

Children within Britain were taught to take pride in 'how much of the map was coloured red', while the visual markers of Empire were featured in all aspects of English culture, especially within London with its growing number of statues and monuments depicting historical military victories.³² Despite women being unable to actively participate in the public sphere of politics and the maintenance of Empire,

²⁷ Lewis, *Women and Social Action* 10 – 11

²⁸ Sarah Stickney Ellis, *The Women of England: their social duties, and domestic habits* (London, C. Griffin, 1845), 53; Lewis, *Women and Social Action* 11

²⁹ Lewis, *Women and Social Action* 11; Pamela K. Gilbert, *Disease, Desire and the Body in Victorian Women's Popular Novels* (Cambridge, Cambridge University Press, 1997), 90; Archibald, *Domesticity, Imperialism, and Emigration* 8; Kristine Swenson, *Medical Women and Victorian Fiction* (Missouri, Missouri University Press, 2005), 48

³⁰ Catherine Hall and Sonya O. Rose (Eds), *At Home with the Empire: Metropolitan Culture and the Imperial World* (Cambridge, Cambridge University Press, 2006), 5

³¹ Jose Harris, *Private Lives, Public Spirit: A Social History of Britain 1870 – 1914* (Oxford, Oxford University Press, 1993), 4

³² Steinbach, *Women in England* 199 – 200

they could be utilised as assets of the Empire. They were required to become mothers of the future generation of 'Empire Makers' who would populate and further expand current and new colonies.³³ As a consequence marriage and motherhood were central to imperial ideology providing women with, 'an imperial role that was complementary, rather than subordinate, to men'.³⁴

Britain was accepted as the ideal moral centre of the Empire, therefore it was the 'duty' of all British people to 'civilise' those who resided within the wider Empire but who were not British by birth.³⁵ Julia Hallam observes how the ideology of Empire and colonial domination by the British began to influence women so that, 'Gender played a crucial role in organising ideas of "race" and "civilization" [sic]; women were involved in many different ways in the expansion and maintenance of the Empire'.³⁶ As Philippa Levine and Susan Grayzel assert, owing to continued imperial expansionism and increased colonial violence (for example the Anglo-Boer War) the state continued to tie women to the imperial project.³⁷ Anna Davin examined how women were 'tied' to the imperial project as mothers of the Empire, with the responsibility to raise healthy productive children to maintain and further expand the Empire.³⁸ Advocates of imperialism were fervent for the increase of the British population so as to continue to 'fill' the Empire and prevent other countries such as Germany or America from doing so instead, ensuring the continuance of British

³³ W. R. Greg, *Why are Women Redundant?* (London, Trubner & Co, 1869), 14 – 15

³⁴ Claire Midgley, 'Ethnicity, "race" and empire', In Purvis (Ed), *Women's History: Britain, 1850 – 1945* 247 – 276, 264; Steinbach, *Women in England* 206

³⁵ Archibald, *Domesticity, Imperialism, and Emigration* 7; Steinbach, *Women in England* 206

³⁶ Julia Hallam, *Nursing the Image Media, Culture and Professional Identity* (London, Routledge, 2000), 16

³⁷ Philippa Levine and Susan R. Grayzel (Eds), *Gender, Labour, War and Empire: Essays on Modern Britain* (Basingstoke, Palgrave MacMillan, 2009), 2

³⁸ Anna Davin, 'Imperialism and Motherhood', *History Workshop Journal* 5 (1978), 9 – 65, 10

imperial dominance.³⁹ Consequently Davin asserts that motherhood was promoted as, ‘the duty and destiny of women’ placing emphasis on women’s primary responsibility to embrace motherhood, owing to contemporary concerns that women were entering education and employment, as opposed to marriage and motherhood.⁴⁰ W. R. Greg, a strong opponent to the emancipation of women, believed it was a woman’s duty to emigrate to the colonies (owing to surplus single women in Britain) for purposes of marriage.⁴¹

We must restore by an emigration of women that natural proportion of the sexes in the old country and in the new ones, which was disturbed by an emigration of men, and the disturbance of which has wrought so much mischief in both lands.⁴²

Claire Midgley observes how some women alternatively viewed the Empire as not only an arena for social reform activities, but also as a route to employment with increased propaganda for female emigration to the colonies coinciding with public debate over the ‘surplus woman’.⁴³ There was increasing recognition that despite Victorian views of marriage as the ideal state for women, this opportunity would not occur for all and thus women needed ‘marketable skills and meaningful employment’ for which there were greater opportunities within the colonies.⁴⁴

Despite the Victorians viewing marriage and motherhood as the key duties of middle and upper class women, alternatives did emerge. Two of these were the provision of nursing care outside of the British Isles by the Colonial Nursing Association (CNA) and through military nursing affiliated to the army. The CNA was established in 1896

³⁹ Davin, ‘Imperialism and Motherhood’, 10; Midgley, ‘Ethnicity, “race” and empire’, 264

⁴⁰ Davin, ‘Imperialism and Motherhood’, 13 – 14

⁴¹ Greg, *Why are Women Redundant?* 14 – 15; Midgley, ‘Ethnicity, “race” and empire’, 264

⁴² Greg, *Why are Women Redundant?* 15

⁴³ Midgley, ‘Ethnicity, “race” and empire’, 264; Steinbach, *Women in England* 206

⁴⁴ Steinbach, *Women in England* 231

as a private recruitment agency sending ‘lady’ nurses to the colonies to provide health care and to act as model female examples. During the early years of the CNA, with imperial rule being predominantly male, British nurses were often the only single white women in a colony.⁴⁵ These nurses formed part of the larger ‘imperial mission’, as discussed by Levine and Grayzel, demonstrating British nursing practices throughout the colonies.⁴⁶ As Sioban Nelson identifies:

White women provided a remedy to the danger of racial intermarriage, considered a threat to the civilizing [sic] drive of Western colonization [sic], and English nurses, with their high moral standards, training and respectability, not only created the ‘civilized’ [sic] conditions that would support the development of a British way of life but provided the womanpower to do so.⁴⁷

In consequence the ‘lady’ nurses employed were always single ‘white’ women, whose selection had been primarily based on their personal interviews – which were deemed equal to training and qualification – indicating that a nurse’s moral character was more pertinent than any clinical capabilities.⁴⁸ By labelling nursing as a profession, reformers such as Florence Nightingale ensured that women from the upper classes could acceptably become a ‘lady’ nurse abroad.⁴⁹ Nevertheless, as they were white women performing a role that was essentially viewed by the public as ‘women’s

⁴⁵ Anne Marie Rafferty and Diana Solano, ‘The Rise and Demise of the Colonial Nursing Service: British Nurses in the Colonies, 1896 – 1966’, *Nursing History Review* 15 (2007), 147 – 154, 148

⁴⁶ Levine and Grayzel, *Gender, Labour, War and Empire* 2. See also: Rafferty and Solano, ‘The Rise and Demise of the Colonial Nursing Service’, 147 – 154; Young ‘Entirely a Woman’s Question?’, 18 – 41

⁴⁷ Sioban Nelson, ‘The Nightingale Imperative’, In Sioban Nelson and Anne Marie Rafferty (Eds), *Notes on Nightingale The Influence and Legacy of a Nursing Icon* (New York, Cornell University Press, 2010), 9 – 27, 17

⁴⁸ Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses A History of Women Healers* (New York, The Feminist Press, 1973), 36

⁴⁹ Diana Solano and Anne Marie Rafferty, ‘Can lessons be learnt from History? The origins of the British Imperial labour market: A discussion paper’, *International Journal of Nursing Studies* 44, 6 (2006), 1055 – 1063

work', Anne Marie Rafferty and Diana Solano state that 'they were of low status on the colonial hierarchy and their work was undervalued'.⁵⁰

Yet many nurses were motivated to work abroad. Anne Summers states that nurses acknowledged the Empire to be the 'public arena in which they themselves should seek distinction' and this may also have influenced nurses.⁵¹ The Empire as a public arena provided nurses with the opportunity and the sphere to gain life experiences they would not encounter within Britain itself. As Rafferty observes, nurses in the colonies would have been able to experience an entirely alternative way of life with respect to living conditions and climate with ready accommodation, acceptable pay, a pension and the knowledge that they were participating in a larger imperial project, as well as increased social opportunities and potential marriage suitors.⁵² The second opportunity to enter the public arena of Empire was as a military nurse from one of the new hospitals or training schools.

Nineteenth century civilian nursing

In the mid nineteenth century and in spite of recent medical advances, women of the middle classes were 'revolted' by the idea of training as a nurse.⁵³ A female profession, as nurse historians Nelson and Rafferty state, was as yet 'an entirely radical notion' prior to reforms and thus nursing remained the task of working class

⁵⁰ Rafferty and Solano, 'The Rise and Demise of the Colonial Nursing Service', 149

⁵¹ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 200

⁵² Anne Marie Rafferty, 'The Seductions of History and the Nursing Diaspora', *Health and History* 7, 1 (2005), 2 – 16, 8 – 9

⁵³ Lee Holcombe, *Victorian Ladies at Work Middle-Class Working Women in England and Wales 1850 – 1914* (Devon, Archon Books, 1973), 68

women.⁵⁴ During the early nineteenth century nurses were synonymous with the fictional ‘Sairey Gamp’ of Dickens’ *Martin Chuzzlewit*.⁵⁵ Nurses were figures of social contagion, sexually promiscuous and renowned for their drunkenness, although Rafferty claims that Dickens’ portrayal was in fact a ‘faithful reflection’ of some working class nurses.⁵⁶ Carol Helmstadter acknowledges that the ‘drunken’ working class nurses were ‘no better and no worse than other members of the working classes in their general behaviour’ with alcoholism rife throughout all classes.⁵⁷ Alcohol often formed part of the nurses ‘payment’ from the hospital and was also used as a stimulant and as a coping mechanism against unpleasant smells and long duty hours.⁵⁸ Lee Holcombe further observed that many of the changes to medical care provision, including the ‘keeping of accurate charts and records, the use of even such simple appliances as the clinical thermometer and the hypodermic syringe’, were beyond the capabilities of the working class nurses.⁵⁹ It is arguable therefore that medical advances resulted in Sairey Gamp and her compatriots ‘losing their place’ with recognition that ‘Florence Nightingale’s *Notes on Nursing* – was well described as “the burial service read over Mrs. Gamp”’.⁶⁰ Rafferty believes the attacks on working class nurses formed part of a wider reform of working class morals at the time, with Jane Brooks observing how the integration of women from the middle and upper

⁵⁴ Sioban Nelson and Anne Marie Rafferty (Eds), ‘Introduction’, *Notes on Nightingale* 1 – 9, 4

⁵⁵ Anne Summers, ‘The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and Her Detractors, c. 1830 – 1860’, *Victorian Studies* 32, 3 (1989), 365 – 386, 385

⁵⁶ Holcombe, *Victorian Ladies at Work*, 70; Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 11; Carrie Howse, ‘From Lady Bountiful to Lady Administrator: women and the administration of rural district nursing in England, 1880 – 1925’, *Women’s History Review* 15, 3 (2006), 423 – 441

⁵⁷ Helmstadter, “‘A Real Tone’”, 5. See also: Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960), 9; Rafferty, *The Politics of Nursing Knowledge* 15

⁵⁸ Abel-Smith, *A History of the Nursing Profession* 13 – 15; Rafferty, *The Politics of Nursing Knowledge* 15

⁵⁹ Holcombe, *Victorian Ladies at Work* 72

⁶⁰ H. G. Nicholas, ‘The New Morality’, In Harman Gristwood (Ed), *Ideas and Beliefs of the Victorians an historic revaluation of the Victorian Age* (London, Sylvan Press, 1949), 132 – 138, 132. See also: Florence Nightingale, *Notes on Nursing: What it is, and what it is not* (London, Harrison, 1859), Passim

classes into nursing would have served as a moralising influence on the working class nurses already present.⁶¹ Martha Vicinus explains how the reform of nursing promoted the profession to potential recruits as a lifetime of hard work, but work that would offer ‘respect for educated working women among the doctors and general public’ and that ‘power, self-fulfillment, and moral duty could all be satisfied by serving the sick’.⁶² Duty continued to be advocated to women of the middle and upper classes as part of their call to serve.⁶³

Those who wished to reform nursing were also those who wished to reform the women who were nurses, as reforming nursing meant reforming the working class women who were currently delivering nursing care.⁶⁴ Helmstadter argues that part of the reform process was to enhance the professionalising of nursing by raising the general moral tone of the hospital ward environments.⁶⁵ In 1879, Doctor Warrington Haward advocated the inclusion of ‘ladies’ as superintendents within hospitals to oversee the working class nurses as ladies were ‘free from many of the prejudices of the class below her, she is as a rule more accurate and trustworthy, and is less likely to conceal a mistake or condone a neglect of duty’.⁶⁶ Social class was therefore of great importance to the construction of nursing in Britain.⁶⁷ Working class nurses required

⁶¹ Anne Marie Rafferty, ‘The anomaly of autonomy: space and status in early nursing reform’, *International History of Nursing Journal* 1, 1 (1995), 43 – 56, 44; Jane Brooks, ‘Structured by class, bound by gender Nursing and special probationer schemes, 1860 – 1939’, *International History of Nursing Journal* 6, 2 (2001), 13 – 21, 17; Helmstadter, “‘A Real Tone’”, 11

⁶² Martha Vicinus, *Independent Women Work and Community for Single Women 1850 – 1920* (London, Virago Press, 1985), 87

⁶³ Lewis, *Women and Social Action* 10 – 11

⁶⁴ Jeanne M. Sarkis and Veronica L. Connors, ‘Nursing Research: Historical Background and Teaching Information Strategies’, *Bulletin Medical Library Association* 74, 2 (1986), 121 – 125, 122

⁶⁵ Helmstadter, “‘A Real Tone’”, 7 – 8

⁶⁶ Warrington Haward, ‘Ladies and Hospital Nursing’, *The Contemporary Review* XXXIV (London, No Publisher noted, 1879), 490 – 503, 494 British Library BL PP5939 B

⁶⁷ Barbara Mortimer and Susan McGann (Eds), *New Directions in the History of Nursing International Perspectives* (London, Routledge, 2005), 4

training, indoctrination and expert supervision to adopt and display the middle class values described by the Nightingale fund as ‘sobriety, honesty, truthfulness, trustworthiness, punctuality, quietness and orderliness, cleanliness and neatness’.⁶⁸

However, contemporary social etiquette dictated that if a woman was required to, or decided to work for a wage, she would lose her status as a lady.⁶⁹ Yet despite the potential loss of status, influential nurses such as Nightingale believed that it was necessary for ‘ladies’ to be drawn into the profession so as to improve the standards of nursing and to make working class nurses subordinate to the new ‘lady nurses’.⁷⁰

Deborah Simonton asserts that within civilian and military nursing, great importance was placed upon the necessity for ‘lady’ nursing sisters as ‘The architects of the country’s emerging medical infrastructure wished to transplant the social hierarchies of class into hospital wards to ensure that a regime of authority and propriety would be preserved’.⁷¹ As a consequence, Rosemary Weir claims Lady Probationers underwent a more structured training as nurses so as to prepare them for supervision of working class nurses, who were deemed to show a lack of restraint. Weir believes therefore that, ‘One may here reflect on the snobbery of the class system carried from society into nursing, but “ladies” were being nurtured as further leaders of the profession’.⁷²

⁶⁸ Rafferty, *The Politics of Nursing Knowledge* 11; Alison Bashford, *Purity and Pollution Gender, Embodiment and Victorian Medicine* (London, St Martin’s Press, 1998), 22

⁶⁹ Carol Helmstadter, ‘From the Private to the Public Sphere: The First Generation of Lady Nurses in England’, *Nursing History Review* 9 (2001), 127 – 140, 128

⁷⁰ Kathryn Gleadle, *British Women in the Nineteenth Century* (Hampshire, Palgrave MacMillan, 2001), 109

⁷¹ Simonton, *A History of European Women’s Work* 146

⁷² Rosemary I. Weir, ‘Medical and nursing education in the nineteenth century: comparisons and comments’, *International History of Nursing Journal* 5, 2 (2000), 42 – 47, 45

Anne Summers has examined the work of ‘lady’ nurses, yet omits to explain what she considers the definition of a ‘lady’ nurse to be.⁷³ However ‘lady’ nurses can be referred to as those nurses who were admitted as paying probationers owing to their higher social origins and who paid for their own board and room and, in some cases, their entire training.⁷⁴ Christopher Maggs argues that by paying for the privilege to train in the voluntary hospitals, paying probationers reduced the time it would normally take for promotion, while avoiding the ‘menial work’ during training.⁷⁵ Similarly Brooks states it was believed that as middle and upper class probationers ‘already knew how to be a lady’, their training course could be shorter.⁷⁶ Kathryn Gleadle argues that the inclusion of ladies was essential to ensure that the image of the ‘lady nurse’ was that of the dispenser of authority and moral grace, so as to encourage other ladies to the profession of nursing.⁷⁷ Therefore the moral character of a nurse remained the central attribute of nursing training.⁷⁸ Nurses were expected to display ‘Implicit and intelligent obedience to those in authority over them – an obedience so absolute and so well understood that a doctor can as fully depend upon his orders being carried out by the nurse as if he himself were present’.⁷⁹ Thus at the close of the nineteenth century, nursing was not solely a middle class occupation, but one where women of all classes were able to enter the workforce and access the opportunities that nursing enabled in which they were all required to adhere to correct

⁷³ Anne Summers, ‘Pride and Prejudice: Ladies and Nurses in the Crimean War’, *History Workshop Journal* 16, 1 (1983), 33 – 56

⁷⁴ Vern Bullough and Bonnie Bullough, *The Care of the Sick: the emergence of modern nursing* (London, Croom Helm, 1979), 94

⁷⁵ Christopher Maggs, *The Origins of General Nursing* (London, Croom Helm, 1985), 170. However, Eva Gamarnikow asserts that high social class origins did not necessarily protect all nurses from heavy housework duties. Eva Gamarnikow, *Women’s Employment and the Sexual Division of Labour: The Case of Nursing 1860 – 1923* Unpublished PhD Thesis (1985) London School of Economics, 45

⁷⁶ Brooks, ‘Structured by class, bound by gender’, 13

⁷⁷ Gleadle, *British Women in the Nineteenth Century* 54

⁷⁸ Florence Lees, *Nurse’s Work and Nurses Training – Nursing in London Hospitals* (1874), 6 A/NFC.22/4 LMA; Abel-Smith, *A History of the Nursing Profession* 22; Ehrenreich and English, *Witches, Midwives, and Nurses* 36

⁷⁹ Lees, *Nurse’s Work and Nurses Training* 6

ladylike behaviour, irrespective of class.⁸⁰ When during the Anglo-Boer War accusations were made of unladylike behaviour, concerns were raised as to the impact of this on the professional status of nursing.⁸¹

Raising the professional profile: regulating nursing

By the end of the nineteenth century British nurses constituted one of the principal occupational groups of women; highly regarded and equally highly sought throughout the Empire.⁸² In spite of this, there continued to be no uniformity of training and thus the position of nurses remained ambiguous, as any woman was able to call herself a nurse. Advances in medicine and the professional consolidation of doctors in 1858 through the Medical Act and State Registration, required the education of nurses to include a more medical and scientific knowledge base, the newer medical advances requiring more skilled nursing practices.⁸³

Advancements in medical knowledge such as practice of antiseptic surgery advocated by Joseph Lister and the introduction of anaesthesia in the 1840s necessitated nurses who were competent to both comprehend and adhere to doctors' orders, whilst also reporting on a patient's condition in a manner relating to the current medical

⁸⁰ Ann Simnett, 'The pursuit of respectability: women and the nursing profession 1860 – 1900', In Rosemary White (Ed), *Political Issues in Nursing Past, Present and Future Vol 2* (Chichester, John Wiley & Sons, 1986), 1 – 23, 15

⁸¹ Anonymous, 'Notes. The A.N.S.R. and Civil Hospitals', *Nursing Notes A Practical Journal for Nurses* XVI, 183 (01.03.1903), 33; Summers, *Angels and Citizens* 199

⁸² Vicinus, *Independent Women* 102; Nelson, 'The Nightingale Imperative', 14 – 15

⁸³ Abel-Smith, *A History of the Nursing Profession* 17; Mary Poovey, *Uneven Developments The Ideological Work of Gender in Mid-Victorian England* (London, Virago Press Ltd, 1989), 173; Monica E. Baly, *Nursing and Social Change* Third Edition (London, Routledge, 1995), 145

discourses of the time.⁸⁴ Rafferty asserts that the introduction of training for nurses was recognised as a method to eliminate neglect caused by untrained nurses and their ‘obstinate opposition to medical orders’.⁸⁵ Nineteenth century debates claimed that with some level of nurse training, ‘We should no longer hear of doses of medicines being given hazardous to life; or of patients poisoned by topical applications administered as internal medicines’.⁸⁶ Yet despite the medical profession requiring nurses with sufficient education to comprehend their medical orders, it was also requisite that nurses remained subservient and subordinate to the medical men.⁸⁷ Consequently at the time of the Anglo-Boer War the civilian hospitals were ‘an extension of the home’ with nurses becoming the ‘angel of the house’ and moral exemplar to those under her supervision, but subordinate at all times to male authority.⁸⁸

Following the introduction of nurse training, the nursing profession encompassed a varied group of women including ‘ladies with excellent instruction and servant girls with a minimum of training’ who were all eligible to call themselves nurse with no way for the general public to differentiate.⁸⁹ As such the registration debate began, with nursing leaders questioning whether nurses in training should be subject to public examinations, with the title of nurse conferred only on those who were duly registered

⁸⁴ Richard A. Gabriel and Karen S. Metz, *A History of Military Medicine Vol II From the Renaissance through Modern Times* (London, Greenwood Press, 1992), 144; Harris, *Private Lives, Public Spirit* 55 – 56; Baly, *Nursing and Social Change* 124

⁸⁵ Rafferty, *The Politics of Nursing Knowledge* 11

⁸⁶ Anthony Todd Thompson, *The Domestic Management of the Sick Room Necessary, in Aid of Medical Treatment for the Cure of Disease* (London, Longman, Orme, Brown, Green & Longmans, 1841), 123

⁸⁷ Ehrenreich and English, *Witches, Midwives, and Nurses* 22

⁸⁸ Jane Brooks and Anne Marie Rafferty, ‘Dress and Distinction in Nursing, 1860 – 1939: ‘A corporate (as well as corporeal) armour of probity and purity’, *Women’s History Review* 16, 1 (2007), 41 – 57, 53

⁸⁹ Abel-Smith, *A History of the Nursing Profession* 61

candidates.⁹⁰ This would serve to ‘introduce a firm distinction’, between those who had completed the reformed training and those of minimal training.⁹¹

Nursing reformer Ethel Fenwick founded the British Nurses’ Association (BNA) in 1887, formally launched in 1888 (becoming the Royal British Nurses’ Association in 1892), alongside a group of matrons, ‘to develop professional awareness among nurses and to promote state registration’.⁹² D. P. Griffon believes that the formation of the BNA by Fenwick, ‘put form to the unspoken question of male domination of nurses, who were virtually all women’.⁹³ Susan McGann considers that the ‘battle for registration’ was also a ‘battle of the nurses’, as opinion on registration was divided between prominent nursing names such as Florence Nightingale and The London’s Matron Eva Luckes, who were against registration and pro-registrationists, such as Fenwick and her supporters.⁹⁴ Monica Baly has discussed the strong opposition of registration by Nightingale, who was adverse to the ‘rigid controls proposed by the

⁹⁰ Baly, *Nursing and Social Change* 145

⁹¹ Abel-Smith, *A History of the Nursing Profession* 61

⁹² Carol Helmstadter, ‘Florence Nightingale’s Opposition to State Registration of Nurses’, *Nursing History Review* 15 (2007), 155 – 166, 156; Susan McGann, *The Battle of the Nurses: A study of eight women who influenced the development of professional nursing, 1830 – 1930* (London, Scutari Press, 1992), 38; Susan McGann, Anne Crowther and Rona Dougall, *A History of the Royal College of Nursing 1916 – 90 A Voice for Nurses* (Manchester, Manchester University Press, 2009), 9. There is continued debate as to whether Ethel Fenwick should be referred to as, Ethel Bedford Fenwick, as Mrs. Fenwick, or Ethel Gordon Fenwick. As the editor of *The Nursing Record* she used Mrs. Bedford Fenwick. Her married surname is Fenwick while Bedford is the Christian name of her husband. Some authors used different variations however for continuity purposes Ethel Fenwick will be used in this thesis.

⁹³ D. P. Griffon, ‘“Crowning the Edifice” Ethel Fenwick and State Registration’, *Nursing History Review* 3 (1995), 201 – 212, 205

⁹⁴ McGann, *The Battle of the Nurses*; Sheila M. Collins and Edith R. Parker, ‘A Victorian Matron: no ordinary woman Eva Charlotte Ellis Luckes (8 July 1854 – 16 February 1919)’, *International History of Nursing Journal* 7, 3 (2003), 66 – 74, 72; McGann, Crowther and Dougall, *A History of the Royal College of Nursing* 9

Fenwickites', and notes that many provincial matrons and doctors disapproved of outside control from London.⁹⁵

Fenwick and the matron of St Bartholomew's, Isla Stewart, believed that the future of the nursing profession was to be found in the development of the scientific knowledge of nursing and technical skill.⁹⁶ However, other prominent nurses, such as Luckes and Nightingale, were anxious that nurse training should remain as a vocation under the organisational control of the hospital and training school, while the pro-registrationists desired a nursing profession that was in control of its own conditions of work.⁹⁷

Within a year of the launch of the BNA Dr. Bedford Fenwick induced the British Medical Association to support a resolution approving the registration of nurses.⁹⁸

The Third Report of the Select Committee of the House of Lords on Metropolitan Hospitals in 1892 considered this issue and discussed the question of registration for nurses, in which the profession would be constituted along the same lines as the medical profession.⁹⁹

⁹⁵ Monica Baly, *Nursing* (London, Anova Books, 1977), 68; Baly, *Nursing and Social Change* 146

⁹⁶ Christine E. Hallett, 'Nursing, 1830 – 1920: Forging a Profession', In Anne Borsay and Billie Hunter (Eds), *Nursing & Midwifery In Britain Since 1700* (London, Palgrave MacMillan, 2012), 46 – 73, 59 – 62. In 1899, Isla Stewart alongside Medical Superintendent Dr. H. E. Cuff published a nursing textbook detailing in the first chapter 'Nursing as a Profession' and how Stewart believed the nursing profession should be developed to include formalised training and examinations. McGann, *The Battle of the Nurses* 58 – 62

⁹⁷ Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988), 78; McGann, *The Battle of the Nurses* 25

⁹⁸ Baly, *Nursing and Social Change* 146

⁹⁹ Anonymous, *Third Report of the Select Committee of the House of Lords on Metropolitan Hospitals, 1892, Vol XIII* quoted In Hollis, *Women in Public* 98

Deborah Simonton observes that this period produced a ‘new generation of nurses’ who sought ‘professionalization [sic] and greater public recognition’.¹⁰⁰ At the outbreak of the Anglo-Boer War debates over the registration of nurses continued, with concerns over how trained nurses were to be differentiated from those who were deemed a ‘discredit’ to the profession, with calls for registration demanded in order to protect the position of the trained nurse from amateurs calling themselves ‘nurse’.¹⁰¹

Victorian nurses in war

It was during the Crimean War (1853 – 1856) that the inefficiency of contemporary military medical care was brought to the public’s attention with the need for ‘expert’ nursing at the seat of war advocated.¹⁰² Details of the inadequate care provision were published in *The Times* by war correspondent William Howard Russell.¹⁰³ Public outcry led to Florence Nightingale and thirty-eight female nurses (including volunteer secular ladies, Roman Catholic nuns, Anglican Sisters and working class hospital nurses) sailing for Scutari.¹⁰⁴ Once there, the public’s adoration of Nightingale’s singular ministrations led to her title as ‘the lady with the lamp’ and a highly

¹⁰⁰ Simonton, *A History of European Women’s Work* 147

¹⁰¹ L. L. Dock, ‘The Progress of Registration’, *The American Journal of Nursing* 6, 5 (1906), 297 – 305, 305; Abel-Smith, *A History of the Nursing Profession* 61. In Britain, society lady Agnes Keyser, a close friend of the Prince of Wales, converted her London home into a small hospital. On opening the hospital she consulted the Prince over her title which he stated would be, ‘Sister Agnes... If the Prince of Wales was to call Agnes ‘Sister’ that was sufficient’. Despite no nursing experience at all. Richard Hough, *Sister Agnes: The History of King Edward VII’s Hospital for Officers 1899 – 1999* (London, John Murray, 1998), 11

¹⁰² Gabriel and Metz, *A History of Military Medicine Vol II* 169; Rappaport, *No Place for Ladies* 94 – 95

¹⁰³ Dingwall, Rafferty and Webster, *An Introduction to the Social History of Nursing* 42; John Tosh, *The Pursuit of History Aims, methods and new directions in the study of modern history* Fourth Edition (Edinburgh, Pearson Education Ltd, 2006), 67

¹⁰⁴ J. M. Mellish, *A Basic History of Nursing* (Pretoria, Elsevier Science Technology, 1984), 73; Mark Bostridge, *Florence Nightingale The Woman and her Legend* (London, Penguin Books Ltd, 2008), 209; Carol Helmstadter, ‘Shifting boundaries: religion, medicine, nursing and domestic service in mid-nineteenth-century Britain’, *Nursing Inquiry* 16, 2 (2009), 133 – 143, 133

publicised movement to provide adequate medical care in the Crimea.¹⁰⁵ By 1857 the Army Sanitary Commission proposed that trained female nurses should be introduced to army hospitals. In 1858, on her return, Nightingale wrote her *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and War*, in which she advocated that only women of appropriate character with previous experience as head nurses should be candidates. Nurses would have ‘charge and be responsible’ for all relating to patients’ cleanliness and nourishment, to complete all minor dressings and to administer medications. Most importantly, the nurse was to carry out all the orders of the Medical Officer and attend him during his visits.¹⁰⁶ Nightingale also maintained that care must be taken over the selection of women, as ‘misconduct in women is more pernicious in a military hospital than any other’.¹⁰⁷ Nurses were finally admitted to an Army Nursing Service (ANS), against initial opposition from the War Office, who had felt it improper for female nurses to care for youthful soldiers who were sometimes hospitalised due to sexually transmitted diseases.¹⁰⁸

The ANS was originally superintended by Jane Shaw Stewart in 1861 at Netley and though ‘official’ their numbers were ‘minute’.¹⁰⁹ In 1879, Mrs. Jane Deeble took fourteen nurses to serve during the Zulu War (also referred to as the First Anglo-Boer War), however it was not until 1881 that formal structure in the form of support from

¹⁰⁵ Lytton Strachey, *Eminent Historians* (London, The Modern Library, 1918), 131; Ellen Jordan, *The Women’s Movement and Women’s Employment in Nineteenth Century Britain* (London, Routledge, 1999), 136

¹⁰⁶ Florence Nightingale, *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in peace and war Presented to the Secretary of State for War (Thoughts submitted as to an eventual Nurses’ Provident Fund)* (London, Harrison and Sons, 1858), 23 – 24

¹⁰⁷ Monica E. Baly, *Florence Nightingale and the Nursing Legacy* (London, Croom Helm, 1986), 105

¹⁰⁸ Myna Trustram, *Women of the Regiment: Marriage and the Victorian Army* (Cambridge, Cambridge University Press, 1984), 113

¹⁰⁹ Summers, *Angels and Citizens* 205; Simonton, *A History of European Women’s Work* 146

the War Office for the training of military probationers by the National Aid Society was sanctioned.¹¹⁰ By 1897 there was recognition that the regular ANS, which at that time consisted of one Lady Superintendent, nine Superintendents and sixty Nursing Sisters, would be insufficient to cope in the face of a larger military campaign, such as the Anglo-Boer War proved to be.¹¹¹ It was this recognition that led to the establishment of the Army Nursing Service Reserve with Princess Christian as its president.¹¹² The aim was to ensure that trained nursing staff would be available in the event of war and to prevent an influx of unqualified volunteers including ‘lady war tourists’ as had occurred during the Crimean War.¹¹³

As during the Crimean War, the Anglo-Boer War saw press outcries demanding more female nurses.¹¹⁴ Eric Taylor claims that comparisons between the Anglo-Boer War and the Crimean War were relatively easy, with numerous reports of overcrowding and neglected patients, alongside the knowledge that two thirds of British deaths were caused by disease.¹¹⁵ Ian Hay offers an alternative view, describing how the base hospitals were a vast improvement on those during the Crimean War, due in part to the fact that, ‘the Nursing Sisters themselves were all women highly qualified both by training and character’ owing to the reforms in nursing.¹¹⁶ Nurses had by this time adopted additional skills, which were once solely the remit of the doctor, including

¹¹⁰ Elizabeth Haldane, *The British Nurse in Peace and War* (London, John Murray, 1923), 165; Stella Bingham, *Ministering Angels* (London, Osprey, 1979), 111 – 115; Summers, *Angels and Citizens* 105

¹¹¹ Anonymous, ‘The Army Nursing Reserve’, *The Times* 35208 (20.05.1897), 10

¹¹² Princess Christian was the third daughter and fifth child of Queen Victoria. Her son, Prince Christian Victor died of enteric fever at Pretoria during the Anglo-Boer War. John Van der Kiste, ‘Helena, Princess [Princess Christian of Schleswig-Holstein] (1846 – 1923)’ (ODNB) www.oxforddnb.com/view/article/41067 accessed on 31.12.2012

¹¹³ Norman G. Gooding, *Honours and Awards to Women to 1914* (London, Savannah, 2007), 132; Rappaport, *No Place for Ladies* 194 – 198

¹¹⁴ Summers, *Angels and Citizens* 205

¹¹⁵ Eric Taylor, *Wartime Nurse One Hundred Years from the Crimea to Korea 1854 – 1954* (London, ISIS, 2001) 56

¹¹⁶ Hay, *One Hundred Year of Army Nursing* 44

the changing of surgical dressings, the provision of injections and the administration of enemas, in addition to their traditional duties such as dietary nourishment and cleaning.¹¹⁷ Anne Summers offers a scholarly examination of British military nursing in general in *Angels and Citizens: British Women as Military Nurses 1854 – 1914* appearing to provide the most authoritative and accurate details of nursing during the Anglo-Boer War period, based on extensive research.¹¹⁸

Historians differ in their statements as to how many members of the ANS left for service in South Africa. Elizabeth Haldane's 1923 account *The British Nurse in Peace and War* stated that prior to the inauguration of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) in 1902 there had been one lady superintendent based at Netley and sixty sisters.¹¹⁹ Thirty years later Hay recorded one lady superintendent, nineteen superintendent sisters and sixty-eight sisters, while Peter Prime claims that the ANS consisted of only one superintendent and fifty-six sisters.¹²⁰ New Zealand historian Anna Rogers states there was one lady superintendent, eighteen superintendents and fifty-six nursing sisters but omits to record her source.¹²¹ Taylor in *Wartime Nurse* states that:

When the war began on 11 October 1899, there were only eighty nursing sisters trying to cope with a catastrophic number of casualties. By the end of the war, 1,400 women nurses were serving in twenty-two general

¹¹⁷ Jack McCallum, *Military Medicine: From ancient times to the 21st century* (California, ABC CLIO, 2008), 119

¹¹⁸ Summers, *Angels and Citizens* Passim

¹¹⁹ Haldane, *The British Nurse in Peace and War* 166

¹²⁰ Hay, *One Hundred Years of Army Nursing* 43; Peter Prime, *The History of the Medical and Hospital Services of the Anglo-Boer War 1899 – 1902* (Cheshire, The Anglo-Boer War Philatelic Society, 1998), 138

¹²¹ Anna Rogers, *While You're Away New Zealand Nurses at War 1899 – 1948* (Auckland, Auckland University Press, 2003), 14

hospitals, each with over 500 beds. Nurses had indeed proved themselves as an essential part of wartime medical care.¹²²

Juliet Piggott quotes the numbers as one lady superintendent and nineteen superintendent sisters with a further 1,400 Reserve nurses supporting the regular army nurses.¹²³ All of the authors examining nurses and nursing during the Anglo-Boer War concur with Taylor that nurses had demonstrated their necessity in the care of the sick and wounded during war. Nevertheless, these statements are made with a paucity of supportive evidence and there is no cohesion regarding the exact number of nurses who were present in the ANS at the commencement of the Anglo-Boer War.

Following the Anglo-Boer War, Haldane claimed that the formation of the QAIMNS was due to recognition of the apparent defects in the 'old system' and that the role of female nurses had been too restricted within the military. She continued that this was owing to the fact that nurses had lacked authority in the wards, especially over the male orderlies.¹²⁴ However at the time of the Anglo-Boer War, army nurses traditionally worked in a more supervisory manner than that of nurses working within civilian hospitals, with many of the day-to-day nursing duties performed by male orderlies.¹²⁵ This system may have proved sufficient in times of peace, but it was to

¹²² Taylor, *Wartime Nurse* 69. See also: Sheila Gray, *The South African War 1899 – 1902: Service Records of British and Colonial Women A record of the service in South Africa of Military and Civilian Nurses, Laywomen and Civilians* (1993) 9 System Number 007226400 British Library

¹²³ Piggott, *Queen Alexandra's Royal Army Nursing Corps* 28

¹²⁴ Haldane, *The British Nurse in Peace and War* 166

¹²⁵ Nightingale, *Subsidiary Notes as to the introduction of female nursing into Military Hospitals* 133; Haldane, *The British Nurse in Peace and War* 166; Charlotte Searle, *The History of the Development of Nursing in South Africa 1652 – 1960 A Socio-historical Survey* (Cape Town, Struik, 1965), 191

prove deficient when faced with ever-increasing numbers of sick and wounded during the Anglo-Boer War.¹²⁶

Jan Bassett, Anna Rogers and Anne Summers discuss the issues of tension between the army nurses and civilian nurses, recognising apparent animosity between all British nurses and the colonial nurses during the Anglo-Boer War.¹²⁷ Conspicuous in the letters of some Australian nurses, are matters concerning the military nurses of the British army, who they frequently referred to as 'Netley sisters'.¹²⁸ Rogers acknowledges the apparent tension between the trained nurses and the male nursing orderlies, but with respect to tensions between the nurses the only mention is of New Zealand born, but British trained Emily Peter's view, that the British army nurses had no manners.¹²⁹ The alleged animosity between the variant groups of nurses working in South Africa was no new phenomenon. Summers observes that during previous campaigns discord was already initiated, primarily by the ANS, who were concerned, perhaps without basis, that the newly formed Princess Christian's Army Nursing Service Reserve (PCANSR) would be given first offer for service during the Sudan War in 1898. Nonetheless, the ANS and the PCANSR were united against any other

¹²⁶ Ethel McCaul, 'Army Nursing Notes', *The Nursing Record* 26, 669 (26.01.1901), 66 – 67, 66; Anne Summers, *Women as Voluntary and Professional Military Nurses in Great Britain 1854 – 1914* Unpublished PhD Thesis (1985) Open University, i

¹²⁷ Summers, *Angels and Citizens* 194; Jan Bassett, *Guns and Brooches Australian Army Nursing from the Boer War to the Gulf War* (Melbourne, Oxford University Press, 1997) 17; Rogers, *While You're Away* 24 – 25

¹²⁸ Martha Bidmead, 'Letter published in the Adelaide *Observer* 2 June 1900', quoted in Bassett, *Guns and Brooches* 17 – 18. 'Netley Sister' was another term used to describe the army nursing sisters based at Netley Military Hospital, where Queen Victoria had laid the foundation stone and where the Army Medical School was also located. Historically Netley had been referred to as the 'cradle of the Army Nursing Service', as it was the original Headquarters and Depot when the service was officially established in 1881. Haldane, *The British Nurse in Peace and War* 164; Hay, *One Hundred Years of Army Nursing* 37; Piggott, *Queen Alexandra's Royal Army Nursing Corps* 18

¹²⁹ Rogers, *While You're Away* 24

nurses who might get to the Sudan before them both.¹³⁰ At the commencement of the Anglo-Boer War the ANS and PCANSR were again united in their animosity towards ‘amateur’ nurses in general, while all trained nurses were of the consensus that male orderlies were not of their standard and that ‘social butterflies’ had no place on the veldt.¹³¹

Australian historian Bassett considered the ‘extraordinarily varied experiences of the Australian nurses in South Africa, and the kinds of opposition they faced’.¹³² Bassett examined the ‘lived experiences’ of Australian nurses working in South Africa with statements supported by primary source accounts. Anna Rogers states that the medical arrangements in South Africa were ‘grossly inadequate in the face of the disease and unfamiliar climate’ and therefore competent nurses from the colonies were needed.¹³³ The details provided regarding the New Zealand nurses’ experiences are primarily drawn from the diary accounts of Emily Peter, perhaps overly reliant, to generalise experiences to all New Zealand nurses. Nevertheless, Rogers observes that Peter was aware that the majority of army sisters were against civilian nurses; however she believed that the sick and wounded would have preferred to be cared for by the civilians as opposed to the army, an issue to be considered further in Chapter Four.¹³⁴

¹³⁰ Summers, *Angels and Citizens* 194

¹³¹ Summers, *Angels and Citizens* 199

¹³² Bassett, *Guns and Brooches* 16

¹³³ Rogers, *While You’re Away* 13

¹³⁴ Rogers, *While You’re Away* 15 – 16

Despite the presence of both army and civilian nurses in South Africa, women still did not hold official status as regular members of the Forces of the Crown and their work continued to be restricted to locations far removed from the site of battle and outside the range of guns.¹³⁵ Summers observes that the common understanding was that a female nurse's place was in the base hospitals and under no circumstances at the front.¹³⁶ South African nurse historian Charlotte Searle stated that when more female nurses were requested, the authorities remained reluctant to provide them, as South Africa 'was not a proper place for respectable women under war-time conditions' and that this viewpoint added support to their beliefs that female nurses should not be employed at 'the front'.¹³⁷ Yet the location of base hospitals and that of the 'front' was often distorted during the Anglo-Boer War, such as during the siege of Ladysmith. Taylor states that from the outset of the Anglo-Boer War, British nurses were regularly exposed to danger and that serving Medical Officers were swift to support their rights to be there.¹³⁸

Summers believes the Anglo-Boer War provided an arena for ambitious women who wished to compete with their male counterparts and receive the South African War Service Medal, the first military decoration to be conferred to both men and women on equal terms.¹³⁹ Ethel Fenwick, editor of *The Nursing Record*, urged those in the profession that nurses should follow the 'British flag, not in fair weather only, but wherever the need for their services is greatest'. This included the Anglo-Boer War, where Fenwick continued to state that nurses were required as they belonged 'to a

¹³⁵ Hay, *One Hundred Years of Army Nursing* 53

¹³⁶ Summers, *Angels and Citizens* 211

¹³⁷ Searle, *The History of the Development of Nursing in South Africa* 191

¹³⁸ Taylor, *Wartime Nurse* 53

¹³⁹ Anne Summers, 'Images of Nineteenth-Century Nurse', *History Today* 34, 12 (1984), 40 – 42, 40

public service' and were 'pledged to serve' the sick and travel to the seat of war.¹⁴⁰

The Anglo-Boer War was perhaps where nurses could demonstrate the necessity of training to military effectiveness and validate their rights to citizenship.

Conclusion

This chapter has demonstrated that although women of the late nineteenth century resided in a male dominated society, the 'new woman' debate and its political ramifications was coming to the fore. Many of the female nurses of both the army and from civilian practice would have been aware of these debates from the nursing press.¹⁴¹ Fenwick went so far as to state that the 'woman question' was in fact the 'nurse question'.¹⁴² Women were being tied to the imperial project throughout the Empire and those women who labelled themselves as a 'nurse' were able to travel far and wide.

Yet nursing itself remained an ambiguous role. Any woman could call herself a nurse at the commencement of the Anglo-Boer War. The State Registration of nursing did not occur until 1919. However the desire of nurses was to be viewed as 'real citizens' worthy of defending the Empire on an equal footing with men, therefore the identification of trained nurses as essential to the planning for future wars may have served to enhance arguments for regulation in the form of registration.¹⁴³ At the outbreak of the Anglo-Boer War a desire for wartime service encompassed the nation,

¹⁴⁰ Mrs. Bedford Fenwick, 'Editorial', *The Nursing Record* 23, 603 (21.10.1899), 325 – 326, 326

¹⁴¹ Elaine Thomson, 'Beware of worthless imitations': Advertising in nursing periodicals, c. 188 – 1945', In Mortimer and McGann (Eds), *New Directions in the History of Nursing* 158 – 178, 159

¹⁴² Baly, *Nursing* 68; Griffon, "'Crowning the Edifice'", 205

¹⁴³ Summers, *Angels and Citizens* 204

but many questioned the personal motivations of women travelling out to South Africa to nurse the sick and wounded soldiers. This is pertinent, as Summers states that during the late nineteenth century there was no other group of women, actresses and royalty apart, which captured the public's adoration or received similar public distinction or exposure than nurses, thus their behaviour was closely monitored and accusations of 'frivolity' were commented on by the wider nursing profession.¹⁴⁴

Some authors claim that the nurses who served during the Anglo-Boer War overcame strong male opposition and proved without doubt that they deserved a permanent place within the army both in times of war and peace.¹⁴⁵ However there is minimal documentation as to the actual experiences of the nurses within these sources and how nurses perceived their professional contribution to the war effort. Authors do not agree over the exact number of nurses who were present in the ANS at the commencement of the Anglo-Boer War, nevertheless it is apparent there were approximately one hundred. By the close of the war it is alleged that between eight and fourteen hundred nurses were employed in South Africa demonstrating that the pre-war ANS and its working methods was insufficient in the face of contemporary warfare and that the arrival of civilian nurses at the seat of war highlighted this fact.¹⁴⁶ It is necessary therefore to explore further the work of trained female nurses and their lived experiences of war, to examine whether it was the 'excellent' work of the nurses alone that resulted in the establishment of the QAIMNS in 1902, or if there was simply a pressing need to provide order and reorganisation to a large body of women

¹⁴⁴ Summers, 'Images of the Nineteenth-Century Nurse', 40

¹⁴⁵ Hay, *One Hundred Years of Army Nursing* 51 – 53; Piggott, *Queen Alexandra's Royal Army Nursing Corps* 28 – 29; Summers, *Angels and Citizens* 212; Taylor, *Wartime Nurse* 54

¹⁴⁶ Piggott, *Queen Alexandra's Royal Army Nursing Corps* 28; Taylor, *Wartime Nurse* 69

who all laid claim to the title nurse, irrespective of their background, training or indeed clinical nursing capabilities. The following chapter will consider the methodological approaches for this thesis and will explore the use of personal testimonies as sources for the work of nurses during the Anglo-Boer War.

Chapter Two

Historical Methods Used

Archives were not created with the historian in mind; they originate as records of transactions deemed of sufficient significance to be written down.¹

Nursing History as a discipline

Historian John Tosh states that historical studies have predominantly considered women in respect of their familial position and domestic tendencies emphasising their status as the ‘angel of the house’.² However studies have also considered women’s roles within the workplace, industry and in political movements.³ The feminist movement of the late 1960s began to change the ways in which the study of women’s past was examined, identifying the patriarchal subordination of women and inequality between the sexes.⁴ Feminist historians such as Sheila Rowbotham and Joan Wallach Scott claim that women were generally invisible within history, but the changes in the study of women’s history during the 1960s and 1970s attempted to challenge this with acknowledgement that women should be viewed as individuals, although individuals

¹ Lesley A. Hall, ‘Nurses in the archives: archival sources for nursing’, In Anne Marie Rafferty, Jane Robinson and Ruth Elkan (Eds), *Nursing History and Politics of Welfare* (London, Routledge, 1997), 259 – 274, 259

² John Tosh, *The Pursuit of History: Aims, methods and new directions in the study of modern history* Fourth Edition (Edinburgh, Pearson Education Limited, 2006), 133 – 134. See also: Coventry K. D. Patmore, *The Angel in the House* (London, John W. Parker and Son, 1854), Passim

³ Ivy Pinchbeck, *Women workers and the industrial revolution, 1750 – 1850* (New York, A. M. Kelley, 1969), Passim; Elizabeth Roberts, *Women’s Work, 1840 – 1940* (Cambridge, Cambridge University Press, 1995), Passim; Tosh, *The Pursuit of History* 133 – 134

⁴ Sheila Rowbotham, *Hidden from history: 300 years of women’s oppression and the fight against it* (London, Pluto Press, 1973), Passim; Patricia Branca, *Silent Sisterhood: Middle-Class Women in the Victorian Home* (London, Croom Helm, 1975), 7; Jane Lewis, *Women in England 1870 – 1950 Sexual Divisions and Social change* (Hertfordshire, Simon & Schuster, 1984), Passim; Leonore Davidoff and Catherine Hall, *Family Fortunes Men and women of the English middle class, 1780 – 1850* (London, Routledge, 1994), Passim; Jill Liddington and Jill Norris, *One Hand Tied Behind Us: Rise of the Women’s Suffrage Movement* (London, Rivers Oram Press, 2000), Passim; Tosh, *The Pursuit of History* 133 – 134

subject to the domination of men.⁵ In spite of this, June Purvis states that the history of women cannot be assumed to be the same for all members of the female sex.⁶

Barbara Mortimer and Susan McGann argue that nursing history is uniquely placed to contribute to the mainstream history of women and health care.⁷ Kathryn McPherson shares this view, stating that ‘in the history of women’s work, nursing holds a special place’.⁸ Nevertheless, Janet Hargreaves states that ‘women and nursing are generally under-represented in mainstream research’ and especially in the study of women’s history.⁹ This omission may be due to the impact of the iconic figure of Florence Nightingale who Helen Sweet claims has presented ‘a significant barrier to the serious academic study of the history of nursing and nurses, particularly among gender historians’.¹⁰ Historical accounts of Nightingale, who Robert Dingwall, Anne Marie Rafferty and Charles Webster assert became ‘the stuff of which myths are made’ and as a ‘legend in her own lifetime’ by Lynn McDonald, have predominantly presented her as the devoted ‘lady with the lamp’, a woman who circumnavigated social

⁵ Rowbotham, *Hidden from history* Passim; Martha Vicinus (Ed), *Suffer and be Still: Women in the Victorian Age* (Indiana, Indiana University Press, 1973) Passim; Joan Wallach Scott, *Gender and the Politics of History* Revised Edition (New York, Columbia University Press, 1999), xi; Tosh, *The Pursuit of History* 133; Alison Twells, *British Women’s History: A Documentary History from the Enlightenment to World War I* (London, I. B. Tauris and Co Ltd, 2007), 2 – 4; Judith L. Newton, Mary P. Ryan and Judith R. Walkowitz (Eds), *Sex and Class in Women’s History: Essays from Feminist Studies* (Oxon, Routledge, 2013), Passim

⁶ June Purvis, ‘Using Primary Sources when researching women’s history from a feminist perspective’, *Women’s History Review* 1, 2 (1992), 273 – 306, 274

⁷ Barbara Mortimer and Susan McGann (Eds), *New Directions in the History of Nursing International Perspectives* (London, Routledge, 2005), 1

⁸ Thetis M. Group and Joan L. Roberts, *Nursing, Physician Control and the Medical Monopoly Historical Perspectives on Gendered Inequality in Roles, Rights, and Range of Practice* (Indiana, Indiana University Press, 2001), xxxiv; Kathryn McPherson, *Bedside Matters The Transformation of Canadian Nursing, 1900 – 1990* (Toronto, University of Toronto Press, 2006), 1

⁹ Janet Hargreaves, ‘The under-used resource of historical research’, *Nurse Researcher* 15, 3 (2008), 32 – 44, 37. See also: Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868 – 1883* (Georgia, The University of Georgia Press, 1987), xi

¹⁰ Helen Sweet, ‘Establishing Connections, Restoring Relationships: Exploring the Historiography of Nursing in Britain’, *Gender & History* 19, 3 (2007), 565 – 580, 570

conventions to nurse her social inferiors during the Crimean War.¹¹ The inherent imagery of nursing during the nineteenth century and its link to domesticity and ‘almost saintly’ overtones may have caused feminist historians to look to more ‘spirited’ women pioneers including Elizabeth Garrett and Sophia Jex-Blake.¹²

As many nursing histories have been written by nursing leaders, Rafferty claims that it is ‘often taken for granted in such accounts that the interests of the leadership are synonymous with those of the rank and file’.¹³ Yet nursing histories have often been of a ‘congratulatory’ nature with focus placed on leaders as opposed to the individuals who participated in the key events within nursing’s past.¹⁴ Thus, many historical accounts may have served to identify Nightingale as the ‘great pioneer’ of nursing reform and to show that the development of nursing was of ‘linear progression’.¹⁵ Early nursing histories were written with the purpose of justifying the professionalisation of nursing rather than for the purpose of better understanding of the experiences of ‘rank and file’ nurses, or their impact on their world.¹⁶ An example of this within the history of nursing is what Sioban Nelson attributes to the

¹¹ Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988), 35; June Purvis, ‘From “women worthies” to poststructuralism? Debate and controversy in women’s history in Britain’, In June Purvis (Ed), *Women’s History: Britain, 1850 – 1945 An Introduction* (London, Routledge, 2000), 1 – 22, 2 – 3; Lynn McDonald, ‘Mythologizing and De-mythologizing’, In Sioban Nelson and Anne Marie Rafferty (Eds), *Notes on Nightingale The Influence and Legacy of a Nursing Icon* (New York, Cornell University Press, 2010), 91 – 114, 91

¹² Maxine Rhodes, ‘Women in Medicine: Doctors and Nurses, 1850 – 1920’, In Deborah Brunton (Ed), *Medicine Transformed Health, Disease and Society in Europe 1800 – 1930* (Manchester, Manchester University Press, 2004), 151 – 179, 154 – 157; Sweet, ‘Establishing Connections, Restoring Relationships’, 570

¹³ Anne Marie Rafferty, ‘Historical Perspectives’, In Kate Robinson and Barbara Vaughan (Eds), *Knowledge for Nursing Practice* (Oxford, Butterworth-Heinemann Ltd, 1992), 25 – 41, 27

¹⁴ Celia Davies, ‘Introduction: The Contemporary Challenge in Nursing History’, In Celia Davies (Ed), *Rewriting Nursing History* (London, Croom Helm, 1980), 11 – 17, 11

¹⁵ Rafferty, ‘Historical Perspectives’, 30

¹⁶ McPherson, *Bedside Matters* 7; Anne Marie Rafferty, ‘Historical Research’, In Desmond Cormack (Ed), *The Research Process in Nursing* Fourth Edition (Oxford, Blackwell Science, 2000), 199 – 213, 207

provision of a ‘professional armoury’ that can be used to assimilate students of nursing to the official history of nursing.¹⁷ Nelson maintains that such celebratory histories do indeed provide historians of nursing with ‘a record – a fundamental beginning for all historical scholarship’ upon which to base further work.¹⁸ However in order to prevent the continuation of celebratory histories aimed to assimilate ‘neophytes’ to nursing, new audiences must be considered with, as Nelson argues, the contribution to the history of nursing from feminist and social historians such as Mary Poovey and Barbara Melosh in the United States and the critical reappraisals of British nursing history by Celia Davies and Anne Summers.¹⁹

Another way to examine the historical work of nurses could be the examination of the ‘expert nurse’ as described by Patricia Benner.²⁰ Julia Hallam asserts that Benner’s ‘expert nurses’ were those nurses who spent their working lives performing the practical tasks of nursing and that their personal accounts can serve to construct a history of nursing entrenched in the experiences of those who worked as nurses.²¹ Therefore this thesis intends to examine the work and experiences of those nurses McPherson describes as ‘ordinary’ nurses and their personal experiences of wartime

¹⁷ Sioban Nelson, ‘A history of small things’, In Joanna Latimer (Ed), *Advanced Qualitative Research* (Oxford, Blackwell Publishing Ltd, 2003), 211 – 230, 212. See also: Davies, ‘Introduction: The Contemporary Challenge in Nursing History’, 11

¹⁸ Sioban Nelson, ‘The Fork in the Road: Nursing History Versus the History of Nursing’, *Nursing History Review* 10 (2002), 175 – 188, 179 – 180

¹⁹ Nelson, ‘The Fork in the Road’, 177 – 178. See also: Davies, ‘Introduction: The Contemporary Challenge in Nursing History’, 11. See also: Barbara Melosh, *“The Physician’s Hand” Work, Culture and Conflict in American Nursing* (Philadelphia, Temple University Press, 1982); Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988); Mary Poovey, *Uneven Developments The Ideological Work of Gender in Mid-Victorian England* (London, Virago, 1989)

²⁰ Patricia Benner, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice* (London, Addison-Wesley Publishing Co, 1984), Passim

²¹ Julia Hallam, ‘Ethical lives in the early nineteenth century nursing and a history of caring’, In Mortimer and McGann (Eds), *New Directions in the History of Nursing* 22 – 39, 22

nursing.²² The ‘expert’ nurse described by Benner and the ‘ordinary’ nurse by McPherson is one and the same. These are the ‘rank and file’ nurses who undertook the clinical nursing and participated in events such as the Anglo-Boer War, not the nursing leaders, reformers, or historians who often wrote the subsequent histories. The thesis will consequently consider a range of personal testimony written by nurses from variant backgrounds. However, not all of the nurses to be considered can be classed as ‘rank and file’. One such nurse is Georgina Pope who became the first Canadian to receive the Royal Red Cross in 1903 and entered the Canadian Nursing Service, eventually becoming Matron-in-Chief.²³ Nurses such as Eleanor Laurence and Sister X later published their wartime memoirs, while many nurses wrote personal testimonies for the nursing press that would have been written with some level of personal bias.²⁴ Nevertheless, correspondence from those who would be deemed of the ‘rank and file’ written to their Superintendent regarding their working lives and clinical experiences will also be considered. The use of and validity of personal testimony as a historical source will be considered further in this chapter.

The use of secondary sources

The veracity of secondary sources on nineteenth century military nursing such as Ian Hay’s *One Hundred Years of Army Nursing* and Juliet Piggott’s *Queen Alexandra’s Royal Army Nursing Corps* has been questioned.²⁵ Eric Taylor’s *Wartime Nurse*

²² McPherson, *Bedside Matters* 2

²³ G.W.L Nicholson, *Canada’s Nursing Sisters* (Toronto, A.M. Hakkert, 1975), 42 – 43; Merna Foster, *One Hundred Canadian Heroines Famous and Forgotten Faces* (Toronto, Dundurn Press, 2004), 209

²⁴ Sister X, *The Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906); Eleanor Laurence, *A Nurse’s Life in War and Peace* (London, Smith, Elder & Co, 1912)

²⁵ Anne Summers states that Hay and Piggott’s books ‘contain only a few pages of information on nineteenth century military nursing, most of which is inaccurate’. Anne Summers, *Women as Voluntary and Professional Military Nurses in Great Britain 1854 – 1914* Unpublished PhD Thesis

states that British nurses were regularly exposed to danger and that Medical Officers were swift to support their rights to be there.²⁶ Taylor supports this statement with evidence from a letter written by an unidentified regimental medical officer to *The Nursing Record* on 20 January 1899, nine months before the commencement of the Anglo-Boer War.²⁷ In 1899 there was no issue of *The Nursing Record* published on 20 January, but in fact 21 January and this issue did not include a letter from a regimental medical officer in support of the Army Nursing Service (ANS). On referring to *The Nursing Record* on 20 January 1900, three months into the Anglo-Boer War, there was still no letter, as quoted by Taylor, published.²⁸ This issue calls in to question the reliability of Taylor's sources. Anne Summers' in-depth examination of military nursing offers a more rigorous approach and includes some examples of the nurses' personal testimonies and lived experiences. Summers' work contains the most extensive research exploring military nursing in Britain.²⁹ Nevertheless, there remains a dearth of scholarly appraisal of the nurses' working lives and experiences in South Africa and this thesis will give voice to the nurses and examine their expert work.

Personal writing as a historical source

(1985) Open University, xii. See also: Ian Hay, *One Hundred Years of Army Nursing The Story of the British Army Nursing Services from the time of Florence Nightingale to the present day* (London, Cassell and Company, 1953); Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, Leo Cooper Ltd, 1975)

²⁶ Eric Taylor, *Wartime Nurse One Hundred Years from the Crimea to Korea 1854 – 1954* (London, ISIS, 2002), 53

²⁷ Taylor, *Wartime Nurse* 330

²⁸ *The Nursing Record* 22, 564 (21.01.1900); *The Nursing Record* 24, 616 (20.01.1900)

²⁹ Summers, *Angels and Citizens* Passim

Tosh states that letters and diaries are the ‘records of history *par excellence*’ and are amongst the most valuable and reliable sources open to interpretation.³⁰ Likewise, Rebecca Earle and Leonie Hannan acknowledge that letters and correspondence have formed the basis of much historical research and that those letters written with no premeditated thought for publication are often viewed as ‘windows into the soul of the author’.³¹ Joanne E. Cooper asserts that historians can use women’s diaries and letters to offer insights into the daily reality of women’s lives.³² Diaries and letters are essential to women’s history as women were not historically political players. They were not able to vote or participate in government matters therefore they did not write official reports or publications.³³ In order to gauge their lives and work, it is necessary to look to their private (or semi-private) rather than public words. Yet some personal testimonies were most likely written with publication in mind.

Historically, letters have been written for many reasons; for entertainment purposes, to convey news in the periods before newspapers were readily available to all, or as expressions of love and care.³⁴ Nevertheless, when examining letters, it must be recognised that not all personal correspondence can be treated as simple communications meant for one individual. During the nineteenth century letters addressed to one recipient were often read to a wider audience of family and friends;

³⁰ Tosh, *The Pursuit of History* 62

³¹ Rebecca Earle (Ed), *Epistolary Selves: letters and letter-writers, 1600 – 1945*, (Aldershot, Ashgate, 1999), 5; Leonie Hannan, ‘Making Space: English women, letter-writing, and the life of the mind, c. 1650 – 1750’, *Women’s History Review* 21, 4 (2012), 589 – 604, 590

³² Joanne E. Cooper, ‘Shaping Meaning: Women’s Diaries, Journals, and Letters – The Old and the New’, *Women’s Studies International Forum* 10, 1 (1987), 95 – 99, 95

³³ R. A. Fothergill, *Private Chronicles: a study of English Diaries* (Oxford, Oxford University Press, 1974), 87; Harriet Blodgett, *Centuries of Female Days: Englishwomen’s Private Diaries* (New Jersey, Rutgers University Press, 1988), 3

³⁴ Olga Kenyon, *800 Years of Women’s Letters* (Gloucestershire, Sutton Publishing Ltd, 1992), ix

thus the boundaries between private and public became blurred.³⁵ The blurring of boundaries between writing for private persons and writing for publication is caused by the acknowledged alteration of the author's intent when writing.³⁶

As with letters, many diaries were maintained with no thought for future publication, therefore Tosh claims that diaries can prove more revealing of personality and opinion.³⁷ Cooper states that the 'dailiness' [sic] of diaries means they 'tend to reflect more directly the author's views and circumstances than events recalled, reshaped and recorded years after they have taken place'.³⁸ Yet Liz Stanley and Helen Dampier caution against this assumption owing to some diary writers including fictional elements.³⁹ They continue that there has been limited consideration of the relationship between "the moment of writing" a diary entry' and the actual time of the events occurring:

That is, "the scene of what is written about." Crucially, what a "diary" is, is seen to turn on long-standing assumptions concerning its temporality and "dailiness."⁴⁰

The relationship between the 'moment of writing' diary accounts and the specific time of the event occurring is pertinent in the accounts of Eleanor Laurence, Sister X and Kate Driver who published their diary accounts and letters several years after the war, allowing ample opportunity to alter their accounts to reflect the current political

³⁵ Martyn Lyons, 'French Soldiers and their Correspondence: Towards a History of Writing Practices in the First World War', *French History* 17, 1 (2003), 79 – 95, 81

³⁶ Cooper, 'Shaping Meaning', 97

³⁷ Tosh, *The Pursuit of History* 74 – 76

³⁸ Cooper, 'Shaping Meaning', 95

³⁹ Liz Stanley and Helen Dampier, 'Simulacrum Diaries: Time, the "moment of writing," and the diaries of Johanna Brandt-Van Warmelo', *Life Writing* 3, 2 (2006), 25 – 52, 27

⁴⁰ Stanley and Dampier, 'Simulacrum Diaries', 27

and personal views of the general public.⁴¹ Accordingly, Arthur Marwick cautions that diaries produced with the sole intention of publication must be examined as to the author's purpose and social background as these provide insight into the author's motivations and any personal bias or agenda.⁴² Even so, diaries, as records of historical events are a valuable source as many were written at the same time as events occurred, providing historians with facts to assist the interpretation of historical events. As Kathleen Hanson and M. Patricia Donahue state, they 'enable historians to visualize [sic] historical situations'.⁴³ Harriet Blodgett claims that diaries provide historians with valuable testimonials to individual women's lives, a fact which feminists have used in order to restore the 'lost voices of female history' and is the purpose of this study.⁴⁴ This is more pertinent when considering that 'women have been the predominant journal, diary and letter writers in society for centuries'.⁴⁵ Therefore in this thesis the diaries of Dora Harris and Emily Wood, which are handwritten and held in archive stores, have more immediacy to the events than those published at a later date and collated with an audience in mind.

When approaching the primary sources it is necessary to recognise that evidence may not always be as it first appears and therefore it is imperative to be aware of this at all stages of the historical enquiry.⁴⁶ For example in the case of contemporary newspapers Tosh advocates their use as evidence in a 'threefold' manner. Firstly,

⁴¹ Stanley and Dampier, 'Simulacrum Diaries', 28. Sister X published her diary account in 1906, Eleanor Laurence in 1912 and Kate Driver in the 1970s. By the time Sister X, Laurence and Driver published their scathing accounts of the Army Medical System and the male orderlies, reform and reorganisation had already occurred.

⁴² Arthur Marwick, *The New Nature of History Knowledge, Evidence, Language* (Palgrave, Hampshire, 2001), 167

⁴³ Kathleen S. Hanson and M. Patricia Donahue, 'The Diary as Historical Evidence: The case of Sarah Gallop Gregg', *Nursing History Review* 14 (1996), 169 – 186, 173

⁴⁴ Blodgett, *Centuries of Female Days* 3

⁴⁵ Cooper, 'Shaping Meaning', 95

⁴⁶ Ludmilla Jordanova, *History in Practice* (London, Arnold, 2000), 95

they record the most pertinent views of the time. Secondly, they offer a day-to-day record of events and thirdly, they can provide more detailed inquiries on issues outside of the specific issue in question.⁴⁷ Yet editorial bias is often present for example in the case of *The Nursing Record* and editor Ethel Fenwick's staunch pro nurse registration and women's suffrage stance.⁴⁸

Archival research

The key primary sources for examination are the personal testimonies of nurses who served in South Africa during the Anglo-Boer War. It is anticipated that, as many of these forms of personal testimony were not originally intended for public consumption, they may offer a more candid view of the nurses 'lived experiences'. The use of these personal testimonies will help to ensure that nursing within the wider context of women's history is not forgotten, as the feminist movement has aided an increased awareness of women's 'voices' to ensure that their history is not lost in favour of the male elite.⁴⁹ Yet, as previously discussed, it must be acknowledged that some letters and diaries may have been composed with publication in mind.⁵⁰

The purpose of the thesis is to examine how the Anglo-Boer War influenced the perceptions of nurses themselves in regard of their professional status. Therefore primary sources pertaining to doctors, St John Ambulance Brigade men, members of the army who were cared for by nurses, lady volunteers, and Red Cross nurses are

⁴⁷ Tosh, *The Pursuit of History* 66 – 67

⁴⁸ Monica Baly, *Nursing* (London, Anova, 1977), 68; D. P. Griffon, "'Crowning the Edifice" Ethel Fenwick and State Registration', *Nursing History Review* 3 (1995), 201 – 212, 205

⁴⁹ Earle, *Epistolary Selves* 5

⁵⁰ Blodgett, *Centuries of Female Days* 35

considered. The archives were first searched using the online Access to Archives (A2A), the United Kingdom archives network database.⁵¹ Search terms used in variant combinations were: *Boer War*, *Anglo-Boer War*, *South African War*, *Military Nursing* and *Nursing*. However, some repositories were not available online, making it necessary to contact some archives directly. These included the National Army Museum, the Army Medical Services Museum and the Royal London Hospital.

The key archives accessed were The Wellcome Library, containing the diaries of Surgeon-General, Sir W.D. Wilson, K.C.M.G, M.B Principal Medical Officer of the Field Force in South Africa and Emily Wood's Journal held at the Wellcome Library. The London Metropolitan Archives, which hold the St. Thomas's Hospital and Nightingale School archives. The Army Medical Services Museum, which holds the letters and correspondence of Sidney Browne and Edith Hancock. The archives of the National Army Museum contain the letters of Katharine Nisbet during her time as Matron of the Imperial Yeomanry Hospital in South Africa and the diary of New Zealand Nurse Dora Harris. Cambridge University archives hold the correspondence of Elizabeth Montgomery Wilson as part of the Needham Papers regarding her service in South Africa. The London Hospital archives provide information on the nurses who left for service in the London Register of Sisters and Nurses and letters written by Ethel Becher to the hospital's Chairman, Sydney Holland. The other key repositories included the British Red Cross Museum, The British Library and the Royal College of Nursing archive in Edinburgh, which held many original copies of nursing texts and papers pertaining to the period for examination.

⁵¹ National Archives, Access to Archives at www.nationalarchives.gov.uk/a2a/

E. H. Carr argued that irrespective of whether a source is from the archives or in publication, 'no document can tell us more than what the author of the document thought'. Therefore the views of, for instance, nurses at the close of the nineteenth century, reflect simply what the individual personally thought had happened or indeed reflected views that were based on another's perception.⁵² Carr continued that this is where the historian begins to 'decipher' the facts and determine how to 'process' them.⁵³ This is most apparent, as previously discussed, in newspaper and journals with editors, including Ethel Fenwick writing to promote particular causes, namely the professional ethos of nursing, the registration of nurses and women's suffrage.⁵⁴ This bias would have been reflected in the choice of accounts written by nurses regarding the war, which were included in *The Nursing Record*, with preference given to those supporting the ideals for which the journals were campaigning.⁵⁵ In this thesis these accounts will be considered as they provide 'primary' evidence of contemporary nurses' views of the war and the provision of nursing care to the sick and wounded, however their bias will be noted.

Owing to the availability of reprints of original texts and online sources it was possible to purchase a number of published primary sources, including Eleanor Laurence's *A Nurse's Life in Peace and War*, Sister X *The Tragedy and Comedy of War Hospitals*, Kate Driver's *Experience of a Siege*, Jessica Sykes' *Sidelights on the*

⁵² E. H. Carr, *What is History* (Hampshire, Palgrave MacMillan, 2001), 10

⁵³ Carr, *What is History* 10

⁵⁴ Richard J. Evans, *In Defence of History* (London, Granta Books, 2000), 104; Elaine Thomson, 'Beware of worthless imitations': Advertising in nursing periodicals, c. 188 – 1945', In Mortimer and McGann (Eds), *New Directions in the History of Nursing* 158 – 178, 159; Tosh, *The Pursuit of History* 66 – 67

⁵⁵ Hargreaves, 'The under-used resource of historical research', 41

War, Lady Briggs' *The staff work of the Anglo-Boer War, 1899 – 1901*, Lady Rolleston *Being the diary of the wife of an Imperial Yeomanry Officer during the Boer War* by *The Lady Maud Rolleston*, Violet Brooke-Hunt's *A Woman's Memories of the War*, Theodosia Bagot's *Shadows of the War*, Elizabeth Haldane's *The British Nurse in Peace and War*, and Francis E. Fremantle's *Impressions of a Doctor in Khaki*.⁵⁶

Attending the archives

The collection of data was not without problems. On attending the British Library to view '*Letters from his sister Dorothy; commenting on the war and her nursing experiences (Boer War)*', identified on the A2A database as MSS Eur F206/250, it was discovered that the collection of letters had been missing from the library archive stores since their last request in 2007. A similar issue occurred on attending the London Metropolitan Archives, where the database recorded that it included a number of letters sent by two British nurses in South Africa to their matron. However in this instance the letters were not lost, but had in fact never been present. This was a simple case of misrepresentation on the part of the database as the 'letters' were simply a reference in the matron's diary as to her receipt of these letters.

At The London Hospital archives the letters of Ethel Becher, later Matron-in-Chief of the Queen Alexandra's Imperial Military Nursing Service, included only one letter

⁵⁶ To obtain full references for all of the published primary sources here noted refer to the reference list.

written during her time in South Africa (to Sydney Holland).⁵⁷ The papers of Anne Phelps, who nursed in South Africa during the war, contained predominantly biographical details and certificates.⁵⁸ Despite a wealth of details as to her training experiences, there was no personal correspondence, barring one letter written by Sister Henrietta, the late matron of the Kimberley Hospital, regarding her excellent service.⁵⁹

Many of Katharine Nisbet's letters held at the National Army Museum provided a challenge owing to their illegibility. This problem was anticipated; nevertheless it proved an initial barrier, although it was possible to obtain enhanced photocopies. The enhanced copies vastly improved legibility for clear examination and thus resolved the issue.

Interpretation of findings

The nurses' varied experiences are clearly represented in the material collected. The recording of wartime experiences may be attributed to some nurses viewing their service as a 'once-in-a-lifetime experience, of which every exotic detail was to be relished', an experience they wished to document in correspondence or in diaries.⁶⁰ Therefore the first issue to consider is: what were the authorial intentions of the writer?⁶¹ It may be that some of the nurses simply wished to record every detail of

⁵⁷ Ethel Becher, 'Correspondence to Sydney Holland (24.06.1900)' LH/N/7/6 London Hospital Archives (LHA); Piggott, *Queen Alexandra's Royal Army Nursing Corps* 46

⁵⁸ Anne Phelps, Papers of Anne Phelps PP/PHE/2 – 16 LHA

⁵⁹ Sister Henrietta, 'Letter (04.07.1903)' PP/PHE/6 LHA

⁶⁰ Summers, *Angels and Citizens* 203

⁶¹ Christine E. Hallett, 'Personal Writings of First World War nurses: a study of the interplay of authorial intention and scholarly interpretation', *Nursing Inquiry* 14, 4 (2007), 320 – 329, 321

their experiences for posterity and personal reflection. Alternatively nurses may have desired to provide their family with a heroic war record. It is also necessary to consider those nurses who produced correspondence and diary accounts with a 'public past' in mind, as many letters and diaries were published following the war. Equally, some may have produced their correspondence with the principal intention of future publication, for example letters featured in *The Nursing Record* from nurses in South Africa.⁶² Those writing with the intention of future publication may have written their testimonies in an exaggerated manner or altered details to suit their personal or indeed political bias/agenda. Personal testimony produced for public consumption would have been written with consideration of their future readers.⁶³

Sister X and Eleanor Laurence chose to publish their war letters; therefore it is possible to surmise their authorial intent from the way in which they presented their experiences.⁶⁴ Laurence omitted to include a foreword detailing purpose, although the eminent physician and Chairman of the British Red Cross, Sir Frederick Treves, discussed her intention in publishing her letters in a preface to offer an 'account of a nurse's career'.⁶⁵ The preface to Sister X's letters stated her primary intent was to provide friends at home with accounts written in the midst of action, which on publication some five years later still remained in their original form.⁶⁶ Her readers were cautioned that her letters did not constitute a criticism of the Royal Army Medical Corps, which she claimed worked 'marvellously' despite being confounded

⁶² Anonymous, 'Our Foreign Letter from the Front Standerton Transvaal', *The Nursing Record* 26, 669 (26.01.1901), 75

⁶³ Hallam, 'Ethical lives in the early nineteenth century nursing and a history of caring', 23

⁶⁴ Hallett, 'The personal writings of First World War nurses', 321

⁶⁵ Laurence, *A Nurse's Life* v

⁶⁶ Sister X, *The Tragedy and Comedy* vii

by 'red tape'.⁶⁷ Yet the letters that followed heaped criticism upon the working methods of the army and the male orderlies and tended to appear at times as prose. Both Laurence and Sister X present the 'public past' of nursing during the Anglo-Boer War as their accounts were widely available for public consumption, but they do not publicly declare their personal views regarding the professional status of nursing. The thesis relies heavily on the experiences of Sister X who, owing to her anonymity on publication, may have provided a more open and honest account of her experiences. As a civilian nurse who obtained her own passage to South Africa and with no defined affiliation to the ANS or the Reserve, Sister X was able to travel to several hospitals and experience how the nursing was being conducted in different hospitals. Sister X also provides the most extensive and indeed the most critical account of nursing at this period, yet it is likely Sister X was motivated by personal bias, which is not disclosed, and as such there is awareness that her accounts may be 'selective or distorted'.⁶⁸

The unpublished letters of Katharine Nisbet were evidently written as a medium to maintain contact with her new fiancé, Major James Watson, Aide-de-camp to Lord Kitchener, whom she had met in South Africa. Nisbet's letters detail at length her daily surroundings, including diagrams of where items of furniture were placed in her room so her fiancé could imagine her as she was writing as an aid to intimacy, as 'the absence of this mental image' would be 'deemed a true sign of separation'.⁶⁹ As Nisbet remained in South Africa and Watson was posted to Egypt shortly after their engagement, Nisbet's letters may well have been written to foster their fledgling relationship. Nisbet's letters are intended for one private person only and form part of

⁶⁷ Sister X, *The Tragedy and Comedy* viii

⁶⁸ Hargreaves, 'The under-used resource of historical research', 41

⁶⁹ Hannan, 'Making Space', 598

a ‘personal past’ with an apparent intention stated.⁷⁰ It is not possible to examine the authorial intentions of all of the personal testimonies within this chapter, however their intentions and potential bias will be considered when examining the testimonies in subsequent chapters.

Notwithstanding authorial intention, there are various ways in which to interpret the personal testimonies. A feminist approach would be to consider how to ‘write women’ into military history, an approach that has been adopted by historians studying women in the First World War.⁷¹ Nurse historian Christine Hallett claims this ‘could be broadly referred to as feminist and relativist approaches,’ with emphasis placed on their intentions to “‘create” a women’s history of the First World War’.⁷² A feminist outlook may encourage the assessment of the professional status of female nurses, a potentially ‘invisible’ group, against the power of men over women in general and to reassess the role of women in times of war, with the accepted notion that ‘men go away to fight, women stay at home’.⁷³ Tosh notes that the feminist movement meant the revision of the Victorian ideal of the ‘angel mother’, thus the material could be approached to examine how the nurses with their independent careers differed in behaviour to the submissive helpmeet wives who remained in the home.⁷⁴ Tosh and Margaret Connor Versluysen recognise that at every stage in the

⁷⁰ Hallett, ‘The personal writings of First World War nurses’, 322

⁷¹ Philippa Levine and Susan R. Grayzel (Eds), *Gender, Labour, War and Empire: Essays on Modern Britain* (Hampshire, Palgrave MacMillan, 2009), 3

⁷² Hallett, ‘Personal Writings of First World War nurses’, 327

⁷³ Tosh, *The Pursuit of History* 6; Lucy Noakes, *Women in the British Army: War and the gentle sex, 1907 – 1948* (London, Routledge, 2006), 2

⁷⁴ Branca, *Silent Sisterhood* 7; Tosh, *The Pursuit of History* 134

historical enquiry the direction of the work is dictated by the researcher as much as by the sources available.⁷⁵ Thus as Rafferty states:

That does not mean to say that every historian will use the same piece of evidence in the same way or arrive at the same conclusions using a similar set of sources. Interpretation lies at the heart of the historiographical endeavour.⁷⁶

The work is not intended as an institutional history of the early establishment of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS), but an exploration of the personal testimonies of nurses who served in South Africa and examination of their role in the reform and reorganisation of the contemporary ANS. Nurse historian Jane Brooks cautions against 'writing purely on inference' when there are limited sources available, a stance sometimes adopted in the feminist tradition of writing 'research based on the fact that something does not exist', therefore this in itself is as 'telling' as if something had been written.⁷⁷ The nurses' testimonies will be interpreted using sociologist Jocalyn Lawler's term 'through the "window" of nurses' work' to understand nursing which often remained hidden from the public view as 'dirty' work.⁷⁸ Nevertheless, despite the assumption that nursing is 'women's work' and thus a devalued role, it continues to remain essential to the health and preservation of society.⁷⁹ The working lives and lived experiences of the nurses who served in South Africa is worth examining as part of the move to preserve women's voices in general. Diane Dodd believes an understanding of women's work and experiences as

⁷⁵ Margaret Connor Versluysen, 'Old Wives' Tales? Women Healers in English History', In Davies (Ed), *Rewriting Nursing History* 175 – 199, 176; Tosh, *The Pursuit of History* 187

⁷⁶ Rafferty, 'Historical Research', 201

⁷⁷ Jane Brooks, 'Ghosts of the past: Capturing history and the history of nursing', *International History of Nursing Journal* 5, 2 (Spring 2000), 36 – 41, 40

⁷⁸ Jocalyn Lawler, *Behind the Screens: Nursing, Somology and the Problem of the Body* (Sydney, Sydney University Press, 2006), 5

⁷⁹ Linda C. Andrist, 'The History of the Relationship between Feminism and Nursing', In Linda C. Andrist, Patrice K. Nicholas and Karen A. Wolf, (Eds), *A History of Nursing Ideas* (London, Jones and Bartlett Publishers, 2006), 5 – 22, 5

nurses serves to enrich the history of nursing in general but also enhances their place in women's history in a 'world that devalued women's nurturing skills'.⁸⁰

Conclusion

This thesis develops arguments from the primary sources relating to nursing and perceptions of professionalisation during the Anglo-Boer War. The main purpose of the work is to understand how involvement in the Anglo-Boer War provided an impetus for the formation of the QAIMNS and was one of the main drivers for the strengthening of nursing as a profession. The sources are therefore used to examine the working lives and experiences of nurses in South Africa as many historians simply state that the excellent work of the nurses forced changes, yet make no allusion to what this entailed. However the work is not intended to be an institutional history of the establishment of the QAIMNS. The intention is to develop further understanding of the professional development of nurses during this period and the growing recognition of their expert work. One of the aims of this study is to fulfill Nelson's claim that it is the responsibility of nurses 'to stop nursing from falling off the agenda of women's history and women's studies'.⁸¹

⁸⁰ Dianne Dodd, 'Nurses' Residences: Using the Built Environment as Evidence', *Nursing History Review* 9 (2001), 185 – 206, 185. See also: Earle, *Epistolary Selves* 5

⁸¹ Nelson, 'The Fork in the Road', 185

Chapter Three

The motivations of nurses for wartime service

“To whom am I indebted?” he asked. “To a Sister of the Red Cross,” she replied. “But I don’t need any thanks,” she added hastily, “I am only too glad to have been able to help you.”¹

Introduction

The Anglo-Boer War found nurses, and women in general, caught up in a fervour and excitement for war.² The British contingent of nurses, alongside strong notions of imperial loyalty and duty, were eager for service abroad following recent campaigns in aid of the sick and wounded, such as the Egyptian campaign of 1882 and the Anglo-Sudan War of 1884 – 1899.³ With those in power vociferously extolling the virtues of serving ones country while securing the Empire, war fervour gripped the nation. War was promoted to both men and women as one of the most thrilling and honourable prospects for public recognition and as such women were impatient to travel to the scene of war.⁴ Wartime service offered women the opportunity to travel abroad and experience ‘every exotic detail’ of war, which for some was viewed as ‘a once-in-a-lifetime experience’.⁵ During their time in South Africa many nurses collected wartime souvenirs in the form of shrapnel and other paraphernalia, which

¹ L.T. Meade, *A Sister of the Red Cross A Story of Ladysmith* (London, Thomas Nelson & Sons, 1901), 31

² Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 193; Jan Bassett, *Guns and Brooches Australian Army Nursing from the Boer War to the Gulf War* (Melbourne, Oxford University Press, 1997), 10 – 13; Kenneth O. Morgan, ‘The Boer War and the Media (1899 – 1902)’, *Twentieth Century British History* 13, 1 (2002), 1 – 16, 1 – 2

³ Summers, *Angels and Citizens* 193

⁴ Summers, *Angels and Citizens* 198

⁵ Summers, *Angels and Citizens* 203; Helen Rappaport, *No Place for Ladies The Untold Story of Women in the Crimean War* (London, Aurum Press Ltd, 2008), 93

Anne Summers termed as indulging ‘in the “khaki craze”’.⁶ Nurses appeared eager to experience the trappings of war that had previously been the exclusive domain of men.⁷ However, it could be argued that this ‘khaki craze’ was not the same for all. Whilst some of the nurses appear to have been motivated by a desire to care for the soldiers and serve their country, for others it was the opportunity for excitement and adventure in the colonies, which provided their motivation.⁸

Yet any nurses who went to South Africa for their own personal gratification would have been viewed by their nursing peers and the general public as ‘frivolous’. To be labelled as ‘frivolous’ in behaviour, brought condemnation from the public and from fellow nurses, with scathing accounts in the press detailing nurses preparing for the front by purchasing new shoes and evening gowns so as to afford themselves “‘a real good time!’”⁹ Despite assertions by historians that many nurses enlisted in search of adventure, they provide minimal supportive evidence, yet the personal testimonies of nurses do suggest that ‘excitement’ was a key motivator in enlistment. Consequently, concerns were raised as to the behaviour of nurses in South Africa and how this could

⁶ Summers, *Angels and Citizens* 203. Features of the ‘khaki craze’ appear in the personal testimonies of, Kate Driver, *Experience of a Siege: A Nurse looks back on Ladysmith* Revised Edition (Ladysmith, Ladysmith Historical Society, 1994), 11; Emily Wood, Boer War Nurse’s Journal (26.07.1900) MS. 6034 Wellcome Library (WL); Henrietta Whiteford, ‘Correspondence with Sidney Browne (21.09.1900)’ 16/1956 – 9 Army Medical Services Museum (AMS); Katharine Nisbet, ‘Correspondence with Major James Watson (10.12.1901)’ 8412-4-126 National Army Museum (NAM)

⁷ Janet Lee, ‘A Nurse and a Soldier: Gender, Class and National Identity in the First World War Adventures of Grace McDougall and Flora Sandes’, *Women’s History Review* 15, 1 (2006), 83 – 103, 84; Carol Helmstadter, ‘Navigating the Political Straits in the Crimean War’, In Sioban Nelson and Anne Marie Rafferty (Eds), *Notes on Nightingale The Influence and Legacy of a Nursing Icon* (New York, Cornell University Press, 2010), 28 – 55, 31

⁸ Janet S. K. Watson, ‘Wars in the Words: The Social Construction of Medical Work in First World War Britain’, *Journal of British Studies* 41, 4 (2002), 484 – 510, 491

⁹ Summers, *Angels and Citizens* 199

have a detrimental impact on nursing as it continued to establish itself as a respectable profession.¹⁰

As nurses carried out their nursing duties within besieged towns and owing to the fluid nature of guerilla warfare, many nurses were required to work under fire and at constant risk of their lives. With well-publicised accounts of their 'heroic' work reaching home, questions were raised as to where the 'front' was indeed located and thus where female nurses should be working. The contemporary decision was for nurses to serve only in base hospitals, far removed from the dangers of the front, yet as the war progressed the 'front line' moved ever further towards the accepted domain of the female nurses. This chapter will examine the nurses' motivators to wartime service and their experiences of working and surviving under fire.

Danger alongside Duty: 'it is an experience one would get only once in a lifetime'.¹¹

The prevalent 'war-fever' discussed by Summers and the excitement for war experiences were also featured and glamourised in literature of the period.¹² The popular culture of the Victorian Empire presented war in a romanticised manner, a heroic adventure as described by Tennyson, Henty, Kipling and Conan Doyle, an

¹⁰ The *Nursing Notes* journal stated that it was necessary to verify the statements of nurses returning from South Africa as to their 'conduct when in the Army Nursing Reserve' as often there was 'perfect truth' to the allegations. Anonymous, 'Notes. The A.N.S.R. and Civil Hospitals', *Nursing Notes A Practical Journal for Nurses* XVI, 183 (01.03.1903), 33

¹¹ Anonymous Sister, 'Army Nursing Notes', *The Nursing Record* 24, 618 (03.02.1900), 93

¹² Summers, *Angels and Citizens* 193

endeavour preferable to the ‘mundanity of everyday life’.¹³ Laurence Kitzan and Paula Krebs state that literature written by the ‘novelists of empire’ aimed to always present an encouraging opinion, supportive of imperialist notions, so as to bolster British support for the continued expansion of the Empire.¹⁴ Tales of ‘heroic endeavours’ within the colonies targeted young women, including the novels of Bessie Marchant, who celebrated the excellent capabilities of British girls to work within isolated areas including South Africa and to, ‘rise to any challenge set before them in rugged environments’.¹⁵ For those who may have desired excitement, adventure and travel, South Africa afforded them many options as Kitzan states, ‘Africa needed but a tangle of mangrove swamps to create the slave coasts with all their horrors, and the very word “veldt” conjured up migrating hordes of antelope tracked by marauding lions’.¹⁶ The novel *A Sister of the Red Cross: A Story of Ladysmith* published in 1901, recounts the protagonist, ‘Sister Mollie’s’, fervour for war and her view of herself as ‘belonging to the army’, stating, ‘If there is fighting, I shall be in the thick of it’.¹⁷

Despite the fact that this is a literary description of a fictional nurse eager for war, the accounts of nurses who served in South Africa do in fact reflect some of these behaviours and beliefs. Georgina Pope who travelled with the Canadian contingent of nurses claimed that ‘we too were soldiers, to do as we were told and go where we were

¹³ Claire M Tylee, *The Great War and Women’s Consciousness: Images of Militarism and Womanhood in Women’s Writings, 1914 – 1964* (Basingstoke, University of Iowa Press, 1990), 76; Lucy Noakes, *Women in the British Army: War and the gentle sex, 1907 – 1948* (London, Routledge, 2006), 21; Angela Woollacott, *Gender and Empire* (Hampshire, Palgrave MacMillan, 2006), 59

¹⁴ Laurence Kitzan, *Victorian Writers and the Images of Empire The Rose-Coloured Vision* (Connecticut, Greenwood Press, 2001), xi; Paula M. Krebs, *Gender, Race, and the Writing of Empire: Public Discourse and the Boer War* (Cambridge, Cambridge University Press, 2004), 8

¹⁵ Michelle Smith, ‘Adventurous Girls of the British Empire: Pre-War Novels of Bessie Marchant’, *The Lion and the Unicorn* 33, 1 (2009), 1 – 25, 1

¹⁶ Kitzan, *Victorian Writers and the Images of Empire* 3

¹⁷ Meade, *A Sister of the Red Cross* 35

sent'.¹⁸ During her journey to Ladysmith in October 1899, Kate Driver met an Australian soldier whose sister was to travel over to South Africa as a nurse, "A long way to come!" I said. "Some girls now-a-days will come a long way for this job." He replied'.¹⁹ Historian Jan Bassett attributed the Australian nurses' interest in travelling to and exploring South Africa to be as significant as imperial loyalty in attracting Australian women to wartime nursing.²⁰ This view is supported by Lucy Noakes who states that the wider Empire, even for colonial nurses, provided an imagined landscape in which many women believed they could fulfill fantasies of action and adventure.²¹ In spite of the realities of long working hours and less than satisfactory food and accommodation, Noakes believes that 'vocations' such as army nursing provided women with opportunities to create a female counterpart to 'the heroic and chivalrous male warrior'.²² The desire, however, to create an equal counterpart to the male warrior challenges the myths discussed by Margaret Higonnet that 'men are naturally fierce and warlike' and women are made for 'peace'.²³ Yet many of the personal testimonies of nurses in South Africa do indeed demonstrate their desire for active service as will be discussed further in this chapter.

¹⁸ Georgina Pope, 'Nursing in South Africa during the Boer War', *The British Journal of Nursing* 29, 755 (20.09.1902), 232 – 234, 232

¹⁹ Driver, *Experience of a Siege* 3

²⁰ Bassett, *Guns and Brooches* 14

²¹ Noakes, *Women in the British Army* 24. See also: Lee, 'A Nurse and a Soldier', 84

²² Noakes, *Women in the British Army* 24

²³ Margaret Higonnet et al, *Behind the lines: Gender and the two World Wars* (New Haven, Yale University Press, 1987), 1. By the First World War it was still accepted that men were to be soldiers and fight while women were to be nurses and 'comfort'. Janet S. K. Watson, 'Khaki Girls, VADs, and Tommy's Sisters: Gender and Class in First World War Britain', *The International History Review* 19, 1 (1997), 32 – 51, 32

Some historians make sweeping statements that nurses were motivated for service in the Anglo-Boer War by excitement and adventure.²⁴ Nevertheless, women have desired involvement as nurses in military endeavours during other campaigns such as the American Civil War, where Jane Schultz claims women were ‘moved variously by patriotism, self-sacrifice’ and of course for adventure.²⁵ Reflecting these motivations there are numerous sources demonstrating nurses’ excitement for wartime service during the Anglo-Boer War.²⁶ One nurse wrote home in 1900 stating, ‘we are never off duty just now... Still, I would not miss it for anything, as it is an experience one would get only once in a lifetime’.²⁷ Driver was one nurse motivated by the prevalent ‘khaki craze’, citing it as a reason for volunteering as, ‘The war was in khaki and I was in the surge of it all now, and I did not know what I felt, save excitement and a kind of proud thankfulness that I too could help’.²⁸ Dora Harris, on arrival at the No. 2 General Hospital in Wynberg, wrote in her diary that Easter 1900 would be memorable as ‘tomorrow we begin an entirely new kind of life’.²⁹ Another nurse eager for the excitement of war was Nurse Charleson who ‘arrived at Ladysmith for duty at the Station Hospital’ and found herself ‘amid a scene of great excitement. War!’³⁰ In Kroonstad Emily Wood observed a ‘flying column’ finding it to be ‘a lovely sight’ so that she felt as though she herself was ‘really on active service’.³¹ In spite of assertions that ‘most women hold that war is brutalizing [sic] and degrading,

²⁴ Sarah A. Tooley, *The History of nursing in the British Empire* (London, S. H. Bousfield, 1906), 105; Summers, *Angels and Citizens* 203; Bassett, *Guns and Brooches* 14; Eric Taylor, *Wartime Nurse One Hundred Years from the Crimea to Korea 1854 – 1954* (London, ISIS, 2001), 52 – 54; Anna Rogers, *While You’re Away New Zealand Nurses at War 1899 – 1948* (Auckland, Auckland University Press, 2003), 12

²⁵ Jane E. Schultz, *Women at the Front Hospital Workers in Civil War America* (North Carolina, University of North Carolina Press, 2004), 47

²⁶ Miss Charleson, ‘Recollections of the Siege of Ladysmith’, In Oscar Craig and Alasdair Fraser, *Doctors at War* (County Durham, The Memoir Club, 2007), 30; Wood, *Journal* (28.02.1901) WL

²⁷ Anonymous Sister, ‘Army Nursing Notes’, *The Nursing Record* (03.02.1900), 93

²⁸ Driver, *Experience of a Siege* 4; Summers, *Angels and Citizens* 203

²⁹ Dora Harris, Manuscript Diary (14.04.1900) 1976-11-17 NAM

³⁰ Miss Charleson, ‘Recollections of the Siege of Ladysmith’, 30

³¹ Wood, *Journal* (02.08.1900) WL

and a blot to our nineteenth century civilization [sic]' and the accepted belief that women were made for peace and not war, some nurses found their initial experiences of war to be one of excited anticipation.³²

Noakes' assertion that army nursing may have provided women with opportunities to create a female counterpart to 'the heroic and chivalrous male warrior' are also apparent in nurses' accounts.³³ Wood presents a heroic narrative detailing her busy working life and her strong patriotic interest in the events occurring around her, recording that the hospital she was working in had been 'under fire at last' by a 56lb shot of shrapnel, which was fired 'immediately' over her.³⁴ Despite the knowledge of the damage caused by the advanced weaponry, Wood was herself desirous of a weapon, writing, 'I am bringing home a Mauser rifle, I gave a good bit for it though'.³⁵ Wood appears to have experienced the masculine draw of war and desired personal physical involvement, perhaps as a 'heroic warrior', stating, 'I feel quite war like myself as if I could go & fight'.³⁶ However in spite of such nurses' apparent desire to fight, war remains antithetical to the humanitarian nature of nursing, as Kevin Brown argues, 'War and medicine make strange bedfellows. The main purpose of war is to injure, maim and kill. Medicine, by contrast, is dedicated to healing and maintaining good health'.³⁷ This creates a dichotomy; Wood was in South Africa to heal the sick and wounded; yet in her private time purchased a killing

³² Mrs. Fenwick, 'Dum-Dum Bullets', *The Nursing Record* 19, 498 (16.10.1897), 302 – 303, 303. See also: Higgonet et al, *Behind the lines* 1; Rappaport, *No Place for Ladies* 93

³³ Noakes, *Women in the British Army* 24

³⁴ Wood, Journal (01.02.1901) WL

³⁵ Wood, Journal (04.02.1901) WL

³⁶ Wood, Journal (28.02.1901), Punctuation as original. Use of & and + as alternatives will be kept as in original documents throughout thesis.

³⁷ Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Gloucestershire, The History Press, 2008), 8

machine in the form of a Mauser rifle.³⁸ During the Victorian period war was often presented as an alluring 'adventure' by popular culture, with violence an accepted part of colonial wars to maintain and expand the Empire.³⁹ Therefore this may be evidence of Wood's ready acceptance of the need for violence to maintain the Empire, or support for Susan Grayzel's argument that wartime nursing exposed many 'relatively sheltered' young women to the horrors of war, which in consequence 'changed their lives'.⁴⁰ Wood was not the only nurse to accept the violence of war. Katharine Nisbet, the matron of the Imperial Yeomanry Hospital at Pretoria, recounted how she visited as many of the battlefields in her spare time as she could, even taking the opportunity to lunch in one of the trenches.⁴¹ Driver observed how many of the nurses were consumed with 'a desire' to collect shrapnel and during a period of intensive shelling Driver stated 'I was not above the thinking of this desire occasionally during the shelling of the next few days'.⁴²

Yet despite the vicarious nature of 'excitement' over the battles fought by men, the female nurses also regularly faced danger, even though they were not officially located 'at the front'. One nurse who referred to herself as nursing 'at the front' was Miss Mont-Wilson the matron of the Cardiff Infirmary, who related her experiences of 'bullets flying around' her on more than one occasion so that she really felt that she

³⁸ Janet Watson states that during the First World War it was acknowledged that women could work at the seat of war, but that 'they could not be the central figure of war: the soldier'. Women were expected to maintain their femininity. Watson, 'Wars in the Wards', 495

³⁹ Tylee, *The Great War and Women's Consciousness* 76; Noakes, *Women in the British Army* 21; Philippa Levine and Susan R. Grayzel (Eds), *Gender, Labour, War and Empire: Essays on Modern Britain* (Basingstoke, Palgrave MacMillan, 2009), 2 – 3

⁴⁰ Susan R. Grayzel, *Women and the First World War* (Edinburgh, Pearson Education Ltd, 2002), 37

⁴¹ Nisbet, 'Correspondence (10.12.1901)' NAM

⁴² Driver, *Experience of a Siege* 8

was ‘in the thick of it’.⁴³ During the siege period at Kimberley, which ended in March 1900, army nurse Sister Child wrote blithely in a batch of letters, ‘Just fancy, sometimes the shells go right over our heads and burst in the road outside’.⁴⁴ An anonymous nurse who was required to continue her nursing duties during periods of shelling wrote, ‘I, with many other nurses, including the Netley Sisters, had many narrow escapes. During Monday the enemy kept shelling the town, and a shell fell right at Nurse M.’s feet’.⁴⁵ Nurses were eager to demonstrate their ‘heroic’ endeavours and showed ‘no revulsion from the trappings of war’ and no fear in the face of enemy fire.⁴⁶ Ethel Fenwick accordingly stated that ‘Army nurses frequently do heroic work, and it is right that they should be recognised’.⁴⁷

Summers argues that the military nurse was the ‘personification of women’s desire to participate in great events upon the world stage’ and therefore worthy of public recognition.⁴⁸ By participating in war themselves the nurses were consequently able to ‘serve in a grand secular cause; and to stand alongside the “real” actors and “real” citizens, who were men, rather than to wait passively in the background, victims of the action, or largely irrelevant to it’.⁴⁹ It is possible to surmise therefore that those nurses who served alongside the ‘real actors’ and ‘real citizens’ would serve to further demonstrate their rights to citizenship, while publicised accounts in the nursing press

⁴³ Anonymous, ‘Cardiff Nurses at the Front. Return Home of the Infirmary Matron. Miss Mont-Wilson Relates her Experiences’, *Western Mail* 9844 (22.12.1900), 6

⁴⁴ Sister Child, ‘Army Nursing Notes’, *The Nursing Record* 24, 625 (24.03.1900), 231 – 232

⁴⁵ Anonymous Nurse, ‘Army Nursing Notes’, *The Nursing Record* 23, 613 (30.12.1899), 536

⁴⁶ Lady Briggs, ‘Army Nursing Notes’, *The Nursing Record* 24, 633 (19.05.1900), 398; Summers, *Angels and Citizens* 203

⁴⁷ Mrs. Bedford Fenwick, ‘A New Nursing Order’, *The Nursing Record* 26, 683 (04.05.1901), 345

⁴⁸ Summers, *Angels and Citizens* 204

⁴⁹ Summers, *Angels and Citizens* 204

may have vicariously served to raise the professional confidence of fellow nurses in Britain.⁵⁰ Edith Hancock, writing to her family, believed she had participated in war:

I've seen the real thing, feel as if I had really come out to the war & very proud in consequence. I hope you have seen the "attack on Winberg" [sic] in the papers but I will begin from the beginning & give you my version of the "scrap."⁵¹

Hancock evidently shared Driver's 'proud thankfulness' that she could be of service.⁵² Sister X also shared this enthusiasm and desire for wartime service for her country, writing in a letter about how she watched the 'patrols' leaving for duty:

I wished I could have gone off with them. I was quite seized with the desire to go and help chase the enemy. The night was dark, but so still, and I really felt for the moment the intense fascination it must be to hunt man. Please allow for the spirit of the veldt and times to overlook this bloodthirstiness on my part.⁵³

In spite of the dangers inherent in working within the sphere of war, many of the nurses' narratives discuss their enjoyment and exhilaration. While working at Kroonstad, Wood stated that, 'I am feeling remarkably well and lively – in fact it must be exhilarating in the atmosphere I think as I astonish myself often by my cheeky ways. I am very happy in my work'.⁵⁴ Wood was not the only nurse who appears to have thrived on her wartime experiences. Sister Owen, nursing at the Simmer and Jack Hospital Elandsfontein, found her wartime work extremely satisfying 'I came on night duty last Friday. I just love it, and I've plenty to do. All my patients are in tents and I'm just happy walking about the whole night, popping in and out of the tents'.⁵⁵

⁵⁰ Penny Starns, *March of the Matrons Military Influence on the British Civilian Nursing Profession, 1939 – 1969* (Peterborough, DSM, 2000), 19; Levine and Grayzel, *Gender, Labour, War and Empire* 2 – 3

⁵¹ Edith Hancock, 'Correspondence with her brother John (29.08.1900)' AMS

⁵² Driver, *Experience of a Siege* 4

⁵³ Sister X, *The Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906), 182

⁵⁴ Wood, Journal (24.10.1900) WL

⁵⁵ Sister Owen, 'Simmer and Jack Hospital Elandsfontein', *The Nursing Record* 26, 675 (09.03.1901), 188

Enjoyment of wartime nursing work is a theme shared by Sister Child who had previously undertaken war service:

I am enjoying the work here greatly, and feel my work in Athens during the Greek War has been a good training for the present crisis. The climate suits me well, and I feel equal to much more work than in England.⁵⁶

Ambition for public recognition was another motivator for some nurses. Eleanor Laurence had decided in the late 1880s that she was going to train as a nurse so as to obtain the Royal Red Cross (RRC), as her brothers were all in professions which would allow them to publicly distinguish themselves. As Laurence was ‘only a girl’, nothing else would be open to her.⁵⁷ In order to achieve her goal, in early 1900 she claimed in her published letters that she ‘boldly went down and asked to see the Secretary of the Army Medical Department’ as she ‘couldn’t stand it any longer; all my friends were going off to the front’.⁵⁸ It is surprising then, that her later letters demonstrate a level of restraint in her eventual receipt of the previously coveted RRC. However this may have been written with awareness of future readers and a desire to appear as self-sacrificing and that she was only doing what she perceived to be her duty:

Very much to my surprise, about this time, I learnt... that I had been awarded the Royal Red Cross; I am sure I have not done anything to earn it, nor have I done as much as many of the others; but, of course, it is very nice all the same.⁵⁹

It may be that by the end of her wartime service, Laurence had felt her work to simply to have been her ‘duty’ with Jane Lewis describing ‘duty’ as a woman’s call to serve, which to many women ‘was perceived to constitute their main obligation as

⁵⁶ Sister Child, ‘Army Nursing Notes’, 231

⁵⁷ Eleanor Laurence, *A Nurse’s Life in War and Peace* (London, Smith, Elder & Co, 1912), 1

⁵⁸ Laurence, *A Nurse’s Life* 137

⁵⁹ Laurence, *A Nurse’s Life* 175, 285. Emphasis as original.

citizens'.⁶⁰ Lewis notes that the notion of 'duty' was a key concept at the time, potentially influencing how Laurence wished to present her 'public self', as a nurse's mission to care should be recognition enough, with Summers claiming 'duties, rather than rights, were proclaimed the motor principles of women's actions outside the home'.⁶¹

The attainment of the RRC placed nurses alongside earlier illustrious recipients such as Florence Nightingale. Other 'heroic' receivers included women who had nursed 'under fire', Indian Army Nurse Catherine Grace Loch who undertook 'revolver practice' on her expeditions and Sister Janet King who nursed during the first Anglo-Zulu War.⁶² Wood remained adamant that when she was required to rest from work due to ill health she should not be sent home permanently as 'those who are here till the end will have another bar to their medal'.⁶³ The receipt of a war medal would have provided Laurence and Wood with tangible evidence that they had stood alongside the real 'citizens', who were men. However concerns were raised by senior nurses with anxieties that 'adventuresses', who desired wartime service for 'fame and excitement' alone, could damage the general reputation of the still relatively new nursing profession.⁶⁴ The conduct of nurses in South Africa would be the subject of

⁶⁰ Jane Lewis, *Women and Social Action in Victorian and Edwardian England* (Aldershot, Edward Elgar, 1991), 11

⁶¹ Lewis, *Women and Social Action* 11; Anne Summers, 'Ministering Angels - Victorian Ladies and Nursing Reform', *History Today* 39, 2 (1989), 31 – 37, 37

⁶² Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, Leo Cooper Ltd, 1975), 35; Summers, *Angels and Citizens* 178; Brian Best & Katie Stossel, *Sister Janet: Nurse & Heroine of the Anglo-Zulu War 1879* (Barnsley, Pen & Sword Books Ltd, 2006), 157

⁶³ Wood, Journal (28.02.1901) WL; Summers, *Angels and Citizens* 203

⁶⁴ Summers, *Angels and Citizens* 181

debate during the discussions of the War Office Committee on the reorganisation of the Army Nursing Service (ANS).⁶⁵

Social exploits: ‘She dined once at Major Bagots [sic] with us, has an 18 inch waist, scarlet belt and makes up’.⁶⁶

As many nurses were acknowledged to have been motivated by opportunities for increased social experiences and to have ‘a good time’ in South Africa, the behaviour of nurses came under close scrutiny.⁶⁷ The novel *A Sister of the Red Cross* described the ideal nurse who would be required for service during the Anglo-Boer War:

She was reticent, and no gossip... Her eyes looked clearly out at life. Her lips were firm; her whole bearing that of one who has made up her mind, whose career is fixed, whose watchword is duty, and whose desire is to benefit her fellow-creatures.⁶⁸

Despite such literary depictions of a nurse during the Anglo-Boer War, there still persisted views that nurses were not all of admirable behaviour. Julia Hallam examines the virgin/whore dichotomy, which impacted on the perceived image of nurses during the nineteenth century. Hallam states that the ‘good nurse’ was invariably viewed as a self-sacrificing angel, denying all in dedication to caring for her patients; while the ‘bad nurse’ was the polar opposite, regularly misusing her position of ‘power and authority’ for her own personal gratification.⁶⁹ The ‘ideal nurse of the period remained the ‘lady with the lamp’, Florence Nightingale, and nurses were

⁶⁵ Discussion of the War Office Committee on Reorganisation of the Army Medical and Army Nursing Services (22.07.1901) 6/1956 A700, 130 AMS

⁶⁶ Katharine Nisbet, ‘Correspondence with Major James Watson (09.1901)’ 8412-4-112 NAM

⁶⁷ Summers, *Angels and Citizens* 198

⁶⁸ Meade, *A Sister of the Red Cross* 10

⁶⁹ Julia Hallam, *Nursing the Image: Media, Culture and Professional Identity* (London, Routledge, 2000), 20

measured against her high standard and middle class notions of respectability.⁷⁰

Within literature, duty was identified as the nurse's 'watchword' placing her within the category of the 'self-sacrificing angel', guided by a sense of duty over a desire for social exploits.⁷¹ Duty was presented as a woman's responsibility as a 'citizen' and both Lewis and Summers argue that the notion of duty was a prominent concept of the period for women and as a consequence, nurses.⁷² Nursing authors reflecting on the contemporary status of nurses commented that:

The outside world is only too ready to sneer at the nurse and the student, and to hint at flirtations. Nothing is more degrading and humiliating to nurses as a body than to get some foolish girl into their ranks who will so disgrace them. Hence the barriers built up to prevent the spread of scandal and to maintain order and discipline.⁷³

Perhaps, as a consequence, nurses themselves sometimes condemned the behaviour of fellow nurses. Katharine Nisbet was aware that not all nurses were conscious of their own reputations and respectability. When writing to her fiancé, Nisbet asked whether his family knew of any nurses and the particulars of hospital life. She continued in stating that, 'I rather hope they don't. If I heard the mere fact with no particulars that a brother of mine was engaged to a nurse, call her a Sister or a Matron or anything you like, I should be dreadfully worried till I knew what she was like'.⁷⁴ It is clear that Nisbet wished to ensure her new fiancé was aware of her distaste for unrespectable behaviour and to assure him of her conduct and good moral judgement. Her overt criticisms may have been related to a desire to gain the good opinion of her fiancé in the early stages of their relationship than a general condemnation of all nurses' behaviour. As a wife in the late Victorian period Nisbet would have been

⁷⁰ Hallam, *Nursing the Image* 14

⁷¹ Meade, *A Sister of the Red Cross* 10; Hallam, *Nursing the Image* 20

⁷² Lewis, *Women and Social Action* 11; Summers, 'Ministering Angels', 37

⁷³ Honnor Morten, *How to Become a Nurse and How to Succeed* Third Edition (London, The Scientific Press, 1895), 9

⁷⁴ Katharine Nisbet, 'Correspondence with Major James Watson (18.03.1901)' 8412-4-75 NAM

expected to be her husbands ‘helpmeet’ and as Patricia Branca describes to ‘provide the proper environment of respectability’.⁷⁵ These factors may have impacted on the way Nisbet wished to present herself as a future wife.

The fear of nurses being viewed as anything other than a ‘self-sacrificing angel’ by society, due to behaviour considered not to be respectable was a prevalent fear of nursing leaders and educators of the period.⁷⁶ Eva Luckes, matron of The London Hospital and author of educative texts for nurses warned:

Think of the harm that is done if a nurse gives one man cause to think and speak worse of women than before he entered the hospital! Every nurse should remember that it depends upon herself, rather than upon the men with whom she comes in contact, whether they will ultimately leave the hospital declaring that they would not have their sisters enter upon such a life for all the world.⁷⁷

Men were not to be held accountable; therefore the ‘respectable’ behaviour of nurses was thus paramount. Especially so, as Summers states, during the late nineteenth century, nurses received a high ‘measure of public distinction’.⁷⁸ If nurses were found to have enlisted for wartime service with the aim of excitement and social pleasures alone, then there would also be a risk of ‘nursing scandals’ reaching the public back home.⁷⁹

In the two years prior to the war there was already censuring of the behaviour of British nurses serving with the military. Eliza Priestley, wife of the eminent physician

⁷⁵ Patricia Branca, *Silent Sisterhood: Middle-Class Women in the Victorian Home* (London, Croom Helm, 1975), 7

⁷⁶ Morten, *How to Become a Nurse* 9; Hallam, *Nursing the Image* 14, 20

⁷⁷ Eva C. E. Luckes, *General Nursing* (London, Kegan Paul, Trench, Trubner & Co, 1900), 21

⁷⁸ Anne Summers, ‘Images of the Nineteenth-Century Nurse’, *History Today* 34, 12 (1984), 40 – 42, 40

⁷⁹ Summers, *Angels and Citizens* 198

William Priestley and a commentator on health and sanitation, wrote to the *Nineteenth Century* regarding the current 'Nurses a la mode':

Uncontrolled by vows, untroubled by austerity, the nurse of the period, guardian of the sick-bed and watcher over the solemn moments of expiring life, may be found taking part joyously in many, of the frivolity around us. Abroad, in some of the garrison towns, she may be seen at balls dressed in nursing attire, dancing with the young officers whom she has recently nursed or may be called upon to nurse in future.⁸⁰

Priestley's scathing comments regarding the 'Nurses a la mode' were not unfounded in South Africa. Eleanor Laurence recounted in a letter written in May 1901 at the General Hospital Natal regarding a group of nurses who went to a 'big dance':

I daresay I am wrong, but somehow these festivities seem a little out of place while the war is going on. Some of the sisters appear to think that they have come out here to have as much fun as they can get, and talk about very little except the men they have been dancing with, and so on.⁸¹

The close proximity of men and women sometimes had serious repercussions with the female nurse typically found at fault, further demonstrating that as yet women were not deemed as equal citizens. Nisbet observed this inequality of the sexes and the unfairness of it, stating that a 'Dr Richmond' was 'a really bad man' but in her personal experience she had no cause for complaint. However she recorded that previously 'he caused a scandal with a sister + of course it all fell on her + she was dismissed. It is so unjust that! Yet it is always that way in the world. The woman suffers + the man goes scot free'.⁸² Fears that female nurses would act as a distraction to men at the seat of war are discussed by Lady Briggs who travelled to South Africa to be with her husband, a serving Officer. Briggs claimed that concerns had been raised by certain Members of Parliament who were:

⁸⁰ Eliza Priestley, 'Nurses a la Mode', *The Nineteenth Century* XLI, 239 (1897), 28 – 37, 31

⁸¹ Laurence, *A Nurse's Life* 272

⁸² Katharine Nisbet, 'Correspondence with Major James Watson (24.08.1901)' 8412-4-110 NAM

...Fearful lest the ladies, who go out from England to help to nurse sick friends and foes, are directing their skill to corrupting the doctors ideas of duty and discipline rather than to the realisation of their avowed mission and the intelligent carrying out of the doctor's orders for the alleviation of suffering.⁸³

Lady Briggs believed that as a consequence of this, some nurses were omitting to wear corsets so as not to cause a distraction.⁸⁴ Corsets were believed to 'create a boundary for a woman's body' and it is evident here, that they were also viewed as tantalising.⁸⁵ Nurses were required to conform to the uniformity of appropriate dress as a 'physical as well as metaphorical barrier to immorality' but were then also accused of 'distracting' members of the opposite sex.⁸⁶ It is clear that the inequality of the sexes placed nurses at a disadvantage and supports arguments that the perceived virgin/whore image of the nurse underpinned concerns over the general behaviour of women.⁸⁷ Concerns surrounding perceived views of the professional nurse may have further galvanised arguments for an independent and defined hierarchy of authority to supervise, internally, all nurses serving in the sphere of war.

Despite concerns over the social intercourse of men and women, the numerous opportunities for social events meant that female nurses came into regular contact with male patients and medical officers. Dora Harris enjoyed many opportunities to go dancing in both her off-duty hours and also when on duty by other nurses covering part of her shift for her. Harris recounted attending a ball at the local Ramblers Club claiming, 'It was very jolly, we all went in uniform. Left about 2 a.m. We all got

⁸³ Elizabeth Charlotte Briggs, *The staff work of the Anglo-Boer War, 1899 – 1901* (London, G. Richards, 1901), 15

⁸⁴ Briggs, *The staff work* 15

⁸⁵ Jane Brooks and Anne Marie Rafferty, 'Dress and Distinction in Nursing, 1860 – 1939: 'A corporate (as well as corporeal) armour of probity and purity', *Women's History Review* 16, 1 (2007), 41 – 57, 49

⁸⁶ Brooks and Rafferty, 'Dress and Distinction', 48

⁸⁷ Hallam, *Nursing the Image* 20

plenty of dancing and enjoyed ourselves immensely'.⁸⁸ Laurence remarked how, at first, nurses had been encouraged to attend dances and riding picnics with men, until their conduct began to be talked of in an unfavourable manner.⁸⁹ The nurses were subsequently provided with 'rules to conduct', which Laurence felt that no lady should have been guilty of in any instance, although she was aware that one nurse 'was seen at a hotel at the next station smoking a cigarette with a most undesirable companion!'.⁹⁰ The issue was one she had cause to return to stating that 'though there are plenty of sisters out here who are working hard and well, they will probably all get classed together in the public estimation with those who are simply "frivolling" [sic] and getting themselves talked about'.⁹¹ Nisbet was aware that her position as a nurse meant she was open to intense scrutiny, writing to her fiancé that, 'My pedestal is high enough to be in good view of everyone here + I simply must live up to every letter of the high tone + standard I have tried to set + maintain here'.⁹² From the personal testimonies it is clear that there was no demarcation as to which social activities were deemed to be acceptable and which were to be classed as 'frivolous', nurses consequently risked condemnation dependent upon personal moral judgement.

Accordingly, those in positions of authority recognised the necessity for controlling and supervising nurses' behaviour both in South Africa and on their voyages to prevent 'scandals' from occurring.⁹³ Elizabeth Montgomery Wilson, who had been enrolled into the Princess Christian Army Nursing Service Reserve (PCANSR) with

⁸⁸ Harris, Diary (23.05.1900) NAM. Emphasis as original.

⁸⁹ Laurence, *A Nurse's Life* 282

⁹⁰ Laurence, *A Nurse's Life* 282

⁹¹ Laurence, *A Nurse's Life* 282

⁹² Katharine Nisbet, 'Correspondence with Major James Watson (11.02.1901)' 8412-4-52 NAM

⁹³ Sister Henrietta, 'War Nursing in South Africa, 1901', *The British Journal of Nursing* 29, 756 (27.09.1902), 254 – 256, 256

the recommendation of Lord Roberts himself, was to take out four nurses from the Cardiff Infirmary.⁹⁴ Wilson was requested by a representative of Princess Christian to informally supervise a group of nurses who had been trained under her. The letter detailed that:

It is the Princess' wish that the nurses should invariably wear uniform, sit together at table and leave the deck at a fixed hour in the evening... If the conduct of any nurse should seem likely to give rise to remark, she is to be reminded how careful she must be whilst on service and if there should be any difficulty you are asked to communicate with Sir John Furley Chief Commissioner to the Red X [sic] in S Africa on landing at Cape Town and to the Princess through me in writing.⁹⁵

The close supervision of nurses so as to prevent scandal was a responsibility held by many in authority in South Africa adding support to future arguments for a defined role for the head of the ANS.⁹⁶ Nisbet's experience as matron of the Imperial Yeomanry Hospital in Pretoria meant that she frequently had difficulties with the nurses under her command:

Do you remember Sister Cowley. She came to dinner once with us to Major Bagots [sic] – she has been giving me a lot of trouble behaving in the most silly way with officers (patients) till she is getting most unpleasantly talked about. She had the bad taste too to take up with 2 men who have proved so undesirable that they have had to be turned out of the hospital, so much so because of her that Col KilKelly has had to get them sent out of Pretoria by the authorities there.⁹⁷

Nisbet then went on to discuss another nurse who she believed to be doing a disservice to the nursing profession, Sister Mary Mustard who enlisted on 13 October 1899 two days after war was declared.⁹⁸ Nisbet stated that, 'I'm not surprised she has gone

⁹⁴ Elizabeth Montgomery Wilson related her experiences of working under fire to the *Western Mail* on her return to Cardiff as Miss Mont-Wilson as discussed previously.

⁹⁵ Elizabeth Montgomery Wilson, 'Correspondence (22.06.1900)' The Needham Papers NCUACS 54/3/95 File A.624 Cambridge University Archives

⁹⁶ Maud Sarah Hitch, 'Correspondence with Sidney Browne (07.04.1901)' 16/1956 – 20 AMS; Discussion of the War Office Committee (22.07.1901), 134 AMS

⁹⁷ Katharine Nisbet, 'Correspondence with Major James Watson (26.07.1901)' 8412-4-105 NAM

⁹⁸ Keiron Spires, 'Mary Lilian Mustard' *Boer War Nurses Database*
<http://www.boerwarnurses.com/main/index.php/nurses-databases> accessed 10.01.2013

home I believe she ought to have gone long before for the credit of the nursing service'.⁹⁹

Another nurse eager to distance herself from those nurses accused of 'frivolling' was Ethel Becher. Becher left her position at the London Hospital to enlist as a Reserve nurse in December 1899 and at the close of the war joined the Queen Alexandra's Imperial Military Nursing Service, being made a Principal Matron on 1 January 1903.¹⁰⁰ Her letters to Sydney Holland, the Chairman of The London Hospital House Committee, were to assure him of The London's nurses' respectable behaviour as hospital representatives stating, '...of course we have in many circumstances refused to go to picnics, riding & driving parties in company with many khaki clad young men' and that she would be pleased to leave South Africa where:

We are associated in every way with a body of women so many of whom one feels ashamed to think were ever nurses, in fact I have been tempted to wish I had never come out to be mixed up in the mind of the public with such a collection.¹⁰¹

Sheila Rowbotham states that anxieties about an individual's reputation were not limited to the upper-middle class alone, women of all classes were aware of the ramifications of 'flouting conventional gendered behaviour'.¹⁰² Nisbet was consequently aware of the ramifications to all nurses' respectability, with

⁹⁹ Katharine Nisbet, 'Correspondence with Major James Watson (28.09.1901)' 8412-4-116 NAM

¹⁰⁰ Keiron Spires, 'Ethel Hope Becher' *Boer War Nurses Database*
<http://www.boerwarnurses.com/main/index.php/nurses-databases> accessed on 12.02.2013

¹⁰¹ Ethel Becher, 'Correspondence with Sydney Holland (24.06.1900)' LH/N/7/6 London Hospital Archives (LHA)

¹⁰² Sheila Rowbotham, *Dreamers of a New Day: Women who invented the twentieth century* (London, Verso, 2010), 19

respectability understood to be a style of living showing ‘a proper respect for morals and morality’.¹⁰³

Robin told us terrible tales of the hospitals at Bloemfontein. He says he has been ashamed to own to having a sister nursing out here. Round where he is they have a horror of the whole thing, hospitals + all connected with them + to be a nursing sister is tantamount to being no longer a respectable member of society. Isn't it terrible to think such things can be... They say it is the scandal of South Africa.¹⁰⁴

Nisbet's concern over the behaviour of some nurses tarnishing the reputation of the wider profession, may have served to highlight the need for defined authority over those nurses serving in the sphere of war and also in the arguments for the State Registration of nurses.

Despite certain nurses being deemed ‘the scandal of South Africa’ and Laurence's and Becher's condemnation of ‘frivolling’ nurses, Emily Wood saw the opportunity for ‘frivolling’ after long shifts as a positive experience to report home to her family claiming, ‘We have been “frivolling” [sic] this week. On Friday Dr Clark (Chief surgeon) and 3 other Drs took us a row on the river during our time off’.¹⁰⁵ Wood clearly did not believe that discussion of her ‘frivolling’ would diminish her family's view of her professional status and respectability, going on to inform them of her social life in camp attending military sporting events, balls, riding parties and picnics, even taking the opportunity to visit a zoo to see a springbok, an event her family in Britain could only experience vicariously.¹⁰⁶ The diary of Dora Harris concentrates on documenting her varied social life in South Africa as opposed to recording her clinical

¹⁰³ Geoffrey Best, *The History of British Society Mid-Victorian Britain 1851 – 1875* (London, Weidenfeld and Nicolson, 1971), 257

¹⁰⁴ Nisbet, ‘Correspondence (28.09.1901)’ NAM

¹⁰⁵ Wood, Journal (20.09.1900) WL

¹⁰⁶ Wood, Journal (26.04.1901) WL

work. Harris details her attendance at local balls, dances and ‘Variety Races’ till 2 a.m. before completing a night shift from 3 a.m. onwards on returning to camp.¹⁰⁷

Another Reserve nurse recounting her social exploits in her letters home was Edith Hancock. When toiling with a heavy patient workload alongside ‘one of the most distinguished young Surgeons of the campaign’, who Hancock believed would receive the Victoria Cross, Hancock stated that she still found time to go out to dinner twice and to attend the theatre.¹⁰⁸

Of the ‘frivolling’ nurses, those who were only there in search of a husband, or for ‘the vicarious excitement of battle’, they would only be deemed of ‘secondary status in this most public of arenas’.¹⁰⁹ As such they would be classed as ‘camp followers, not heroines’ a label that was synonymous with ‘prostitute’.¹¹⁰ Yet nurses such as Nisbet, who received the RRC alongside Laurence, and many other nurses, including Wood’s friend Sister McLeod, did indeed enter into intimate relationships while nursing in South Africa.¹¹¹ Eva Luckes believed that one of her nurses who had enlisted into the Reserve and was appointed to the Imperial Yeomanry Hospital at Deelfontein, had done so for her own gratification and for ‘the prospect of social pleasures with the soldiers’, a fact confirmed in the letters received by Luckes.¹¹² Nevertheless, as with Nisbet, if the nurse in question conducted her liaison within the private medium of the written word then she may well have avoided opprobrium by demonstrating outwardly

¹⁰⁷ Harris, Diary (23.05.1900) NAM

¹⁰⁸ Edith Hancock, ‘Correspondence with her sister Ellie (18.05.1900)’ AMS

¹⁰⁹ Summers, *Angels and Citizens* 199

¹¹⁰ Summers, *Angels and Citizens* 199; Noakes, *Women in the British Army* 2

¹¹¹ Wood, Journal (20.07.1900) and (21.12.1900) WL

¹¹² Eva Luckes, The London Register of Sisters and Nurses No. 1, LH/N/4/1, 204 LHA

her chaste behaviour which upheld the notion of respectability.¹¹³ Nisbet was very conscious of her 'respectability' going so far as to calling off their fledgling relationship owing to comments being made about the nature of their association:

We must not even be friends anymore. You must not write to me nor must I write to you ever. If we meet by chance anywhere we must be ordinary acquaintances – no half measures will do. It must be all or nothing either we must let people talk or we must finally stop it. I shall never come to polo, never to church if you are in Pretoria, never out to any house if I think you may be there too.¹¹⁴

The personal motivations for wartime service can only be surmised from the personal testimonies of the nurses examined in this chapter. The two keys motivators of patriotic duty and adventure appear in all of the narratives indicating two very diverse influences for wartime service. The evidence demonstrates that nurses were motivated to enlist by a combined sense of duty alongside the desire for experience of travel abroad and participation in war. Georgina Pope asserted that the work of Florence Nightingale had motivated her to become an army nurse after 'reading as a young girl a most interesting account of Miss Florence Nightingale's noble work during the Crimean War, I became filled with the desire to "go to the front"'.¹¹⁵ The nursing press urged nurses that it was their duty to follow the 'British flag, not in fair weather only,' but to be present wherever the services of trained nurses were required and not 'to be kept at home when the sick, who they are pledged to serve, need their care'.¹¹⁶ Consequently the Anglo-Boer War provided an arena for women who wished to serve their country alongside their male counterparts and receive the South African War Service Medal, the first military decoration to be conferred to both men and women on

¹¹³ Jill Conway, 'Stereotypes of Femininity in a Theory of Sexual Evolution', In Martha Vicinus (Ed), *Suffer and Be Still: Women in the Victorian Age* (London, Indiana University Press, 1972), 145; Cecil Willett Cunningham, *Feminine Attitudes in the Nineteenth Century* (New York, The MacMillan Company, 1973), 283

¹¹⁴ Katharine Nisbet, 'Correspondence with Major James Watson (11.03.1901)' 8412-4-66 NAM

¹¹⁵ Georgina Pope, 'Nursing in South Africa during the Boer War, 1899 – 1902', *The American Journal of Nursing* 3, 1 (1902), 10 – 14, 10

¹¹⁶ Mrs. Bedford Fenwick, 'Editorial', *The Nursing Record* 23, 577 (21.10.1899), 325 – 326, 326

equal terms, yet it evidenced that in reality there was minimal equality between the sexes.¹¹⁷

The personal testimonies examined in this chapter demonstrate that the social life of both the military men and the nurses were central aspects of army life. Concerts, balls and ‘at homes’ were regular events in South Africa and many nurses were required or indeed expected to attend. Accusations of ‘frivolling’ were perhaps instances of women constrained in civilian practice by strict social ideals of respectability and good moral conduct, partaking of those social activities readily available to them on a daily basis in South Africa where a ‘country-club atmosphere’ of polo parties and balls occurred frequently.¹¹⁸ Testimonies also identify that motivators to wartime service were not based on a sense of duty alone. Laurence sought to join her nursing friends in South Africa and to achieve her life’s ambition of receiving the RRC. Driver and Nurse Charleson who worked in Ladysmith throughout the siege period shared their excitement and ‘proud thankfulness’ to be of service and participate in a large-scale secular cause. However, if women were to hold a permanent position at the seat of war, then it was necessary to ensure that there were no scandals pertaining to their behaviour, or that they would serve as a distraction to the medical men.¹¹⁹ As such, in respect of the nurses who travelled to South Africa in search of adventure, it is conceivable that the lack of defined control over a large number of nurses, some of whom were accused of ‘frivolity’, necessitated the need not only for reform, but also for defined control of nurses during periods of war, anxieties that were considered by

¹¹⁷ Summers, ‘Images of Nineteenth-Century Nurse’, 40

¹¹⁸ Paula M. Krebs, ‘*The Last of the Gentlemen’s Wars*’: *Women in the Boer War Concentration Camp Controversy* History Workshop Journal 33, 1 (1992), 38 – 56; Fred R. Van Hartesveldt, *The Boer War Historiography and Annotated Bibliography* (Connecticut, Greenwood Press, 2000), 32; Rappaport, *No Place for Ladies* 194 – 198

¹¹⁹ Briggs, *The staff work* 15

the all-male War Office Committee discussing the reorganisation of the army nursing services.¹²⁰ At the time of the Anglo-Boer War any nurse who could afford her own passage to South Africa was accepted into the service, mixing those who had excellent training testimonials with those of a more dubious background. In spite of this, many senior army medical officials recognised the vital importance of good nursing to military efficiency.¹²¹ This is suggestive of the nurses 'frivolity' not being entirely detrimental to perceived views of their professional status. However, it is apparent that firm control over nurses' social exploits was in place by the time of the First World War with one nurse noting that, 'The rules regulating the social life of the Sisters are very severe and social intercourse with the Medical Officers is prohibited'.¹²²

Nurses were believed to be moral exemplars, there to care for the sick and wounded owing to a sense of duty as 'sacrificing angels'.¹²³ Despite this, the personal testimonies of the nurses in this chapter challenge these assumptions. One major assumption was the accepted location of 'the front', which as the Anglo-Boer War progressed became difficult to distinguish, owing to guerilla warfare tactics and protracted sieges in locations where both civilians and the military were besieged.¹²⁴ Eminent surgeon Frederick Treves praised the work of four nurses at 'the front' who had provided exceptional nursing care to dying soldiers, care that Treves believed male orderlies were not capable of giving stating, 'they are the only women who have

¹²⁰ Discussion of the War Office Committee Passim AMS

¹²¹ Summers, *Angels and Citizens* 197, 218; Taylor, *Wartime Nurse* 69

¹²² Miss Bickmore, 'Ambulance Trains, France', In Anne Powell (Ed), *Women in the War Zone Hospital Service in the First World War* (Gloucestershire, The History Press, 2009), 90

¹²³ Anonymous, 'Nurses for South Africa', *Western Mail Supplement* (21.10.1899), 7; Hallam, *Nursing the Image* 20

¹²⁴ W. A. Hayes, 'The Siege of Mafeking from a Medical Point of View', *British Medical Journal* 1, 2088 (05.01.1901), 27 – 28

been really “at the front””.¹²⁵ *The Nursing Record* responded that, ‘it is just because men cannot do women’s work that we desire to see female nurses appointed to the field hospitals’.¹²⁶ The concept that ‘the front’ was not a place for feminine virtue to reside was challenged following numerous accounts featured in the nursing and public press detailing nurses working under enemy fire and coping admirably in besieged towns.¹²⁷ If ‘the front’ was indeed where battle took place and was consequently unsafe for women, the work of the nurses during the Anglo-Boer War raised ambiguities as to whether service at ‘the front’ really could be prohibited.

Conclusion

Irrespective of their motivators for wartime service, the various groups of nurses who served in South Africa demonstrated the necessity of a permanent army nursing service in times of both war and peace. As this chapter has demonstrated many nurses enlisted in order to fulfill their duty to country as patriotic women, eager to be involved in the war effort and to demonstrate their worth as nurses and as ‘real citizens’ of the Empire. However, though excitement for war experience may have motivated some nurses, this alone would not have increased their confidence, as the reality was danger and privation. Their ability to survive the hardships and danger of war was what would have raised their confidence and will be considered in Chapter Five. It is also possible to argue that once in South Africa, nurses were simply partaking of the social events and camp life that were accepted at the time and that

¹²⁵ Frederick Treves, ‘Army Nursing Notes’, *The Nursing Record* 24, 620 (17.02.1900), 132 – 133

¹²⁶ Treves, ‘Army Nursing Notes’, 132 – 133

¹²⁷ Anonymous Nurse, ‘Army Nursing Notes’, *The Nursing Record* 536; Sister Child, ‘Army Nursing Notes’, 231 – 232; Lady Briggs, ‘Army Nursing Notes’, 398; Marc Lefebvre, *Feminism and the challenge of war: responses of the British Women’s Suffrage Movement to the Great War* Unpublished PhD Thesis (2009) Goldsmiths, University of London, 53

accusations of ‘frivolling’ were dependent upon individual perception and moral judgement.

An assertion that nurses undoubtedly established their place at the seat of war requires consideration and an examination of the contemporary role of the army nursing service at the commencement of the Anglo-Boer War. The next chapter will consider how on deployment to South Africa the small cohort of army nurses were soon found to be insufficient due to the increasing numbers of soldiers with infectious diseases. The ANS needed to be supplemented with a large number of civilian nurses and, in some instances, untrained ladies who desired to do their part for Queen and country. The boundaries of practice between these groups will be considered in the next chapter, which will examine their roles and contributions to the ANS and consider whether their work influenced the future reform of the army nursing services.

Chapter Four

The boundaries of practice: Nurses in the sphere of war

We have no [lady] amateurs here I had one but I got rid of her.¹

Introduction

Prior to the commencement of the Anglo-Boer War there were fewer than one hundred nursing sisters in the Army Nursing Service (ANS) and one hundred civilian nurses enlisted within the Princess Christian Army Nursing Service Reserve (PCANSR).² During the Anglo-Boer War the necessity for a larger cohort of nurses came as a consequence of the high numbers of sick and wounded, numbers the medical authorities had not anticipated, due to outbreaks of infectious disease. By the end of the war approximately 1,400 female nurses had served in varying capacities across South Africa, although this figure is debated.³

At that time the role of the army nurses was of a more supervisory nature than that of the nurses working within the civilian hospitals.⁴ In South Africa many of the day to day nursing duties were carried out by male orderlies from various backgrounds including those trained by the Royal Army Medical Corps (RAMC), the voluntary St

¹ Sister Mary Stewart, 'Correspondence with Sidney Browne (No date recorded)' QA/PE/1/2 BROW 16/1956 – 14 Army Medical Services Museum (AMS)

² Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, Leo Cooper Ltd, 1975), 28; Eric Taylor, *Wartime Nurse One Hundred Years from the Crimea to Korea 1854 – 1954* (London, ISIS, 2001), 69

³ Charlotte Searle, *The History of the Development of Nursing in South Africa 1652 – 1960 A Socio-historical Survey* (Cape Town, Struik, 1965), 191; Piggott, *Queen Alexandra's Royal Army Nursing Corps* 28

⁴ Searle, *The History of the Development of Nursing in South Africa* 191

John Ambulance Brigade (SJAB), convalescent soldiers and ‘old militia men’, who acted as nursing orderlies alongside other duties.⁵ The trained nurses of both the ANS and the PCANSR were also expected to work alongside ‘society ladies’, many of whom had travelled out to South Africa ‘to do a little nursing’.⁶ The appearance of ‘smart gowns in West End shops marked “For South Africa,” was a clear indicator of the style of women wending their way Cape-wards,’ and raised concerns with trained nurses as to their intentions on arrival.⁷ However, the allegations of a ‘plague’ of ladies in South Africa, served also to detract from the perceived professionalism of the trained nurses, who wished to distance themselves from the ladies’ amateur ministrations.⁸

This chapter will examine the working relationships and boundaries between the various groups of nurses, male orderlies and society ladies who were providing nursing care to the sick and wounded. The boundaries between the British nurses and male orderlies will be considered primarily. However there will also be consideration of the impact of colonial civilian nurses and their relationships with the British nurses.⁹

⁵ Superintendent Nursing Sister E. A. Dowse, Minutes of Evidence (15.09.1900) *Report of the Royal Commission Appointed to Consider and Report upon the Care and Treatment of the Sick and Wounded during The South Africa Campaign: Presented to both Houses of Parliament by Command of Her Majesty* (London, HMSO, 1901), 430; Dr. M. Blieden, Minutes of Evidence (19.09.1900) *Report of the Royal Commission* 450; Searle, *The History of the Development of Nursing in South Africa* 194

⁶ Anonymous, ‘Army Nursing Notes’, *The Nursing Record* 24, 626 (31.03.1900), 251

⁷ Anonymous, ‘War Notes’, *Nursing Notes A Practical Journal for Nurses* XIII, 150 (01.06.1900), 75

⁸ Anonymous, ‘War Notes’, 75. See also: Emily Wood, *Boer War Nurse’s Journal* (03.07.1900) MS. 6034 Wellcome Library (WL); Violet Brooke-Hunt, *A Woman’s Memories of the War* (London, James Nisbet, 1901), 18; Brian Roberts, *Those Bloody Women: Three Heroines of the Boer War* (London, John Murray, 1991), 3

⁹ Owing to the scope of this thesis concentrating on the effect of the Anglo-Boer War on British nurses and the availability of nursing testimonies from those within the colonies in the UK, it is not possible to fully assess the contribution and impact of colonial nurses.

Army nurses and the orderly as a substitute nurse

Anne Summers argues that, though the army nursing sisters were found ‘wanting’ during the Anglo-Boer War, this was through no fault of their own.¹⁰ It was common practice during times of peace to employ only three nurses within a military hospital and as a result there had been limited recruitment of female nurses.¹¹ Therefore when the Anglo-Boer War was declared, there were fewer than one hundred nurses available within the ANS for active duties. Not only was there a limited number of army nurses available, but also, once in South Africa, civilian doctors and nurses questioned the contemporary working style of the army nurses. Many civilian doctors and nurses were scathing in their reports of how the sick and wounded were nursed under the present army system. Summers notes how even the future Matron-in-Chief of the Queen Alexandra’s Imperial Military Nursing Service (QAIMNS), Maud McCarthy, who served in the Reserve during the war, privately criticised the army nurses stating:

No patients were thought of as requiring ‘skilled’ nursing however dangerously ill the patient might be. In fact, when preparing to attend them in this manner, I was told by an Army Sister that I should lose all prestige.¹²

This is indicative that civilian nurses who were already present in the Reserve or who enlisted on the declaration of war felt that their methods of ‘skilled’ nursing, as described by McCarthy, were preferable to the supervisory role of the army nurse. This is reflected in the findings of the Royal Commission established to investigate the army medical services during the war, which acknowledged that before the war the employment of female nurses was not fully recognised in the army, and that the

¹⁰ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 98

¹¹ Summers, *Angels and Citizens* 98

¹² Summers, *Angels and Citizens* 107

few employed were expected to superintend the orderlies rather than carry out the actual nursing.¹³ Since the period of the Crimean War, army nurses had been employed for this purpose, to supervise. Florence Nightingale, the iconic nurse synonymous with the Crimean War, concluded in her *Subsidiary Notes as to the introduction of female nursing into Military Hospitals in Peace and in War* that, ‘Nobody ever contemplated giving to a nurse the entire charge of a number of sick in a Military General Hospital. It is no part of good hospital nursing to do so. With proper orderlies, a nurse can very well attend to sixty or seventy sick’.¹⁴ The role of the army nurses in their supervisory capacity involved monitoring clinical observations such as pulse and temperature, simple dressings and the administration of medicines and stimulants.¹⁵

Nevertheless, during the Anglo-Boer War the high numbers of sick and wounded combined with a deficiency of trained male orderlies meant that this system was found to be inadequate. Lady Maud Rolleston who had travelled out to South Africa to care for her wounded husband stated in her published memoirs, that although many of the army nurses were ‘undoubtedly extra-ordinarily good’, it was apparent that the patients preferred the civilian nurses to army nurses. This she ascribed to the fact that ‘because of their training [army nurses] are taught to leave more of the work to orderlies’, thus civilian nurses may have become aware that others viewed their

¹³ Anonymous, ‘Royal Commission on South African Hospitals’, *The Nursing Record* 26, 674 (02.03.1901), 174; Anonymous, ‘The Medical Aspects of the War By A South African Campaigner’, *British Medical Journal* 1, 2042 (17.02.1900), 412 – 413

¹⁴ Florence Nightingale, *Subsidiary Notes as to the introduction of female nursing into Military Hospitals in Peace and in War. Presented to the Secretary of State for War (Thoughts submitted as to an eventual Nurses’ Provident Fund)* (London, Harrison & Sons, 1858), 133

¹⁵ Anonymous, ‘Tommy’s Nurses The Work of an Army Sister’, *The Graphic London* 1585 (14.04.1900), 549 – 550, 549; Anne Summers, *Women as Voluntary and Professional Military Nurses in Great Britain 1854 – 1914* Unpublished PhD Thesis (1985) Open University, 133.

working practices as superior to those of army nurses, possibly raising their professional confidence.¹⁶

The civilian nurses who came to South Africa from across the British Empire, independently or on enlisting in the PCANSR, were quick to condemn the supervisory role of the army nurse and the delegation of care provision to male orderlies. Nurses newly arrived from the colonies were also unimpressed by the working practices of the male orderlies. Australian nurse Martha Bidmead claimed that ‘although the Netley Sisters ruled, they did nothing but take temperatures, give stimulants, and at times wash a patient’s hands and face if running a high temperature’, delegating many duties to orderlies.¹⁷ Yet New Zealand nurse Dora Harris was concerned over such duty delegation as she claimed some orderlies were ‘a stupid lot of men and don’t know how to work’.¹⁸ At the College Hospital in Maritzburg Sister X was astounded at how little work army nurses were required to carry out and enquired of a Reserve nurse as to why she was not permitted to perform the duties she was familiar with when working as a civilian nurse.¹⁹ The Reserve nurse stated:

“This is army nursing, you know; it is quite different from civilian.”
 “How?” I kept asking her, feeling somewhat puzzled. “You see,” she explained, “the orderlies do everything.” “The *orderlies!*” I exclaimed. “Oh yes,” she said resignedly, “they do everything – make the beds, wash the patients, and give them their meals; and the Sister is not supposed to

¹⁶ Lady Maud Rolleston, *Being the diary of the wife of an Imperial Yeomanry Officer during the Boer War* by The Lady Maud Rolleston (London, Smith, Elder & Co, 1901), 144 – 145

¹⁷ Martha Bidmead, ‘Letter published in the Adelaide Observer 2 June 1900’, quoted in Jan Bassett, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War* (Melbourne, Oxford University Press, 1997), 17 – 18. See also: Dora Harris, Manuscript Diary (15.04.1900) 1976-11-17 National Army Museum (NAM)

¹⁸ Harris, Diary (03.05.1900) NAM; Bassett, *Guns and Brooches* 18

¹⁹ Keiron Spire has identified ‘Sister X’ as Florence Suttaby who travelled out to South Africa on her own and was a ‘Locally Employed Nurse’, registered as 31 years of age and Scottish. Keiron Spire, ‘The Tragedy and Comedy of War Hospitals by Sister X’, <http://boerwarnurses.com/wp/?p=23> accessed 14.02.2013

stop in the ward after she has taken the temperatures and given the medicines. It is one of the rules.²⁰

Sister X remained confused by this manner of working and consulted one of the army nurses for clarification. The army nurse gave her a ‘few hints’ as to what she was not to do:

I was *not* to wash the patients, and was *not* to make their beds. I had *nothing* to do with their diet (except seeing they got their food); nor was the responsibility of having my wards clean even within my province. “Really, how odd!” I kept saying. “Not a bit like civilian nursing,” etc.²¹

This suggests that Sister X believed the methods employed in civilian practice, including more direct patient contact, to be superior to the working style adopted by army nurses whereby nurses were supervisors to orderlies. Sister X recorded the army nurse’s caveat, that if the orderlies refused to obey her instructions, then she must ““make them do their work and not do it for them””.²² The disparity in the working style of army nurses and civilian nurses is clear in the account of Sister X. Civilian nurses were trained to perform the majority of clinical nursing care in civilian hospitals whereas the army nurses’ role was to supervise the orderlies who appear to mirror the role performed by civilian nurses in civilian hospitals.²³

The nurses’ testimonies also demonstrate that the orderlies were not subordinate to the nurses. This issue caused contention if a nurse had cause to complain to a doctor of an orderly’s behaviour as, ‘the man is seldom or never dismissed on the spot, as he certainly ought to be’.²⁴ Not only did the nurses have no command over the orderlies but also some orderlies dictated to nurses as to how and when they could perform their

²⁰ Sister X, *The Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906), 5

²¹ Sister X, *The Tragedy and Comedy* 6

²² Sister X, *The Tragedy and Comedy* 6 – 7. Emphasis as original.

²³ P. Michelli, ‘Nursing Sick Soldiers’, *The Times* 36047 (24.01.1900), 12

²⁴ Rolleston, *Being the diary of the wife of an Imperial Yeomanry Officer during the Boer War* 146

allotted nursing duties.²⁵ Sister X considered the working conditions of the nursing superintendent with responsibility for the whole hospital who was:

...informed by her orderly, on entering the ward one day at 8 a.m., that she was too early, and 8.30 was the regulation hour! However, having forty-six beds and only two thermometers to take all the temperatures with, she thought a half-hour would materially assist her, so did not retire.²⁶

The boundary in the working relationships between the female nurses and the male orderlies appears blurred. Francis E. Fremantle, a civilian doctor, noted while working at Wynberg and in other hospitals, that the nursing sisters had 'an ill-defined status in the wards' as the orderlies were under the control of the RAMC ward-masters and did not consider themselves bound by the authority of any nursing sister.²⁷ As Fremantle did not agree with this manner of working he insisted 'on the patient's and orderlies obeying' the nursing sister on his wards which he found, 'except with refractory men or a tactless Sister, [this] answers fairly well'.²⁸ The orderlies had their own hierarchy of command as part of the RAMC. It was only if the Medical Officer decided that the nurse should be permitted to give orders that she had any chance at all of having them obeyed. This is not simply a case of a distorted boundary as to who had authority over whom, nurses did not hold official authority and this may have been used by nurses to support arguments for the need to reorganise, regulate and define the boundaries between the roles of nurses and orderlies.

Nurses who were unfamiliar with the army system of nursing were critical in their accounts of army nurses' perceived dereliction of duty. New Zealand born and London trained nurse Emily Peter claimed that some nurses purposely delegated duties

²⁵ Dr. F. E. Fremantle, Minutes of Evidence (07.09.1900) *Report of the Royal Commission* 350

²⁶ Sister X, *The Tragedy and Comedy* 18

²⁷ Francis E. Fremantle, *Impressions of a Doctor in Khaki* (London, John Murray, 1901), 177

²⁸ Fremantle, *Impressions of a Doctor in Khaki* 177

to orderlies, irrespective of whether they were trained or indeed competent to complete the tasks:

Left to ignorant orderlies by the Sister who took my place, he was simply murdered, for he was doing well, though still very ill when I was forced to leave him... Nurse Cameron told me Sister Bond did not go on as I did, but gave her orders to the orderly and left him to his tender mercies most of the time. Hundreds here are murdered through their carelessness and ignorance.²⁹

It is evident that Peter believed her young patient, when left to the ministrations of the 'ignorant orderlies', was 'simply murdered' for he had been making a promising recovery prior to Peter's relocation to another camp. Peter's accusation of 'murder' was perhaps a case of personal sensationalism as there is no recorded official concern that orderlies 'murdered' those in their care.³⁰

There were also anxieties over responsibility for the administration of medications. Eleanor Laurence had understood that the general rule within the ANS was for the sisters to be responsible for the supervision and distribution of all medications and stimulants.³¹ As a consequence, Laurence expected that as a trained nurse herself it would be her responsibility also. However when she undertook night duty within a military run hospital she stated that:

²⁹ Joan Woodward and Glenys Mitchell, *A Nurse at War Emily Peter 1858 – 1927* (Christchurch, Te Waihora Press, 2008), 92

³⁰ As a consequence of anxieties raised over the standards of care provision a Royal Commission was sanctioned in 1901 to investigate and report on the care and treatment of the sick and wounded; this will be discussed later.

³¹ An article in *The Graphic* stated that in the army the 'routine nursing of the wards is done by male orderlies... But the latter [Army Sisters] watch the worst cases, give all the medicines and stimulants, and attend to the finer branches of the nursing art.' Anonymous, 'Tommy's Nurses The Work of an Army Sister', 549. Stimulants tended to be alcohol based including champagne, brandy and wine as restoratives, while medications for example included salicylic acid, quinine etc.

I found that the day sister left them all to the orderlies to give in the daytime, and the night orderlies gave them at night. Generally there were good orderlies there, who were quite to be trusted, but every now and then there were odd men on, and of course I could not be sure that the stimulants, &c., were correctly given.³²

It is apparent from the testimonies that there were disparities with respect to the army/civilian nurses role, dependent upon where they were working. Theodosia Bagot while employed at the No. 6 Military Hospital at Naauwpoort asserted that although some patients complained that they had been robbed of their prescribed stimulants by the orderlies, this could not have been the case as ‘In a base hospital this certainly would be an impossibility, for it is an invariable rule for the Sisters to administer all medicines and stimulants’.³³ Harris at the No. 2 General Hospital in Wynberg confirmed that the majority of her work extended to taking temperatures and giving medicines and stimulants.³⁴ Laurence attributed such disparities of responsibility in different hospitals to the contemporary army system and the fact that some army sisters accepted the limitations and restrictions to their practice as routine. Laurence stated that when there were six deaths during her first fortnight of duty, ‘one felt they had so little chance, and I cannot really see why they should not be better “done by”; but the sisters seem to think that is the natural order of things and that we must just “do our best and leave the rest”’.³⁵ Nurse historian Charlotte Searle believed that many army nurses felt they were ‘part and parcel’ of the army and as such were reluctant to criticise a system in which they were subordinate and in no position of authority to affect change.³⁶ There were evident variances in the working style of the

³² Eleanor Laurence, *A Nurse's Life in War and Peace* (London, Smith, Elder & Co, 1912), 270

³³ Theodosia Bagot, *Shadows of the War* (London, Edward Arnold, 1900), 124

³⁴ Harris, Diary (16.04.1900) NAM. Bagot was not a trained nurse, but as a society lady she was able to work as a nurse during the war and will be considered further.

³⁵ Laurence, *A Nurse's Life* 260

³⁶ Searle, *The History of the Development of Nursing in south Africa* 202 – 203

army nurses as compared to the civilian nurses, and as demonstrated by Laurence, some army nurses were accepting of inadequacies to the system.

The male orderlies who served in South Africa came from a variety of backgrounds including the trained orderlies of the RAMC, the SJAB volunteers and the convalescent soldiers who were recruited to assist on the wards. The trained RAMC orderlies were the elite as the SJAB orderlies had only undertaken five lectures on nursing as part of their training.³⁷ The RAMC orderlies undertook training in general nursing duties including the management of a ward environment, nursing helpless patients and observations of the sick with advice on how to correctly take a temperature.³⁸ However orderlies did not undertake a three year training course as was becoming the accepted practice for nurses in civilian hospitals, thus army nurses were intended to act as supervisors.³⁹ During the Anglo-Boer War, the high numbers of sick and wounded meant orderlies were required to work long hours and were severely undermanned, and though many were excellent care providers, they were found to be insufficient in number.⁴⁰

³⁷ Sir William Stokes, 'A Visit to the General Hospital Ladysmith', *British Medical Journal* 1, 2060 (16.06.1900), 1495

³⁸ Anonymous, *Manual for the Royal Army Medical Corps* (London, HMSO, 1899), 71 – 83. There is a paucity of sources pertaining to the work and training of orderlies at this period. The Army Medical Services Museum holds no training data. Histories of the RAMC place onus on the work and experiences of the trained medical men. Orderlies had no defined role or boundaries of practice, however following the experiences of the Anglo-Boer War measures were put in place to ensure that this was addressed.

³⁹ Laurence observed how RAMC orderlies, with an average of six or seven years' service, were 'really good nurses' and as such believed the supervisory army sisters must have 'a very easy life!' in times of peace. Laurence, *A Nurse's Life* 222

⁴⁰ Harris, Diary (14.05.1900) NAM; Arthur Conan Doyle, 'The Epidemic of Enteric Fever at Bloemfontein', *British Medical Journal* 2, 2062 (07.07.1900), 49 – 50

W. S. Inder, who volunteered with the SJAB, performed many duties that would have been completed by a nurse in a civilian hospital, including the syringing of wounds.⁴¹ When working at the No. 2 General Hospital in Wynberg, Inder recounted that it was his responsibility to wash those patients assigned to his care and ‘rub these poor fellows with turps’ to help reduce the risk of bed sores and that the nursing sister would only come round the wards to see that the men were ‘easy’ bringing with her ‘fresh flowers, bandages etc’.⁴² The more supervisory role of the army nurse meant that many nursing tasks the civilian nurses believed to be part of their remit were delegated to male orderlies, which may have served to raise the professional confidence of the civilian nurses as primary caregivers when working in the civilian hospitals in Britain.⁴³

Nevertheless, not all orderlies were as responsible and capable as Inder. Sister X found that the orderly assigned to her ward declined to accept many basic nursing duties as ‘He thinks it quite superfluous, as I said before, to make a bed or to wash the feeding cups, and would not dream of doing either if left to himself. They put down these idiosyncrasies to our civilian origin’.⁴⁴ Kate Driver also stated that many of the orderlies believed many basic nursing tasks to be beneath them as they had been trained for alternative and perhaps what they believed to be more prestigious work, although she does not elaborate on the type of work. When the matron instructed the orderlies to assist the nurses with the sponging of patients with high temperatures, Driver stated there ‘was a good deal of resentment among the orderlies that they had to

⁴¹ W. S. Inder, *On active service with the S.J.A.B., South African War 1899 – 1902* Reprint (Tennessee, General Books LLC, 2009), 23

⁴² Inder, *On active service with the S.J.A.B.*, 33, 23

⁴³ Harris, Diary (14.05.1900) NAM

⁴⁴ Sister X, *The Tragedy and Comedy* 26 – 27

do “nurses’ work”, when they had been trained for ambulance work’.⁴⁵ However neither Driver nor Sister X indicate whether the orderlies they were berating were trained RAMC orderlies or voluntary. In Driver’s case, the orderly was most likely from the SJAB if he reported having undergone training for ambulance work as opposed to nursing. The resentment of nursing work and the avoidance of certain aspects of nursing care by some orderlies was witnessed across South Africa. An anonymous civilian hospital sister wrote to the nursing press:

One thing the Army Orderlies will not do is to keep the patients clean, they flatly refuse to wash the men’s feet, and one has little real authority over them to insist upon things being done, and if one complains to *the* authority one does not get much support... How different to the discipline of a well ordered civil hospital!!⁴⁶

Summers observes that nurses of the Reserve tended to be biased in their criticisms against male orderlies, thus the issue of having no authority over orderlies and the differences to civilian nursing is a prevalent theme featuring in many of the nurses’ testimonies and may have been used as a vehicle for the argument for trained nurses to be given authority.⁴⁷ Sister X found the orderlies working at the College Hospital in Maritzburg to be ‘very tiresome’ and that it was impossible ‘to get anything done, as we, in our civil hospital had been accustomed to have them done as a matter of routine’.⁴⁸ As the nurses had no official authority they were unable to enforce their requests for orderlies to perform nursing duties and also found themselves in the difficult position of witnessing a lack of probity in some orderlies’ behaviour towards those in their care. During the siege of Ladysmith, when food and general rations

⁴⁵ Kate Driver, *Experience of a Siege: A Nurse looks back on Ladysmith* Revised Edition (Ladysmith, Ladysmith Historical Society, 1994), 18

⁴⁶ Hospital Sister, ‘Army Nursing Notes’, *The Nursing Record* 24, 638 (23.06.1900), 497. Emphasis as original.

⁴⁷ Summers, *Angels and Citizens* 332

⁴⁸ Sister X, *The Tragedy and Comedy* 6

were scarce, Driver recounted the blatant abuse of vulnerable patients by male orderlies, again with no definition of the orderlies training or background:

They did such vile and brutal things; they stole the food and stimulants, they treated the patients with utter calousness [sic] and often with cruelty; and their language to the nurses when we asked them to do things was unspeakable. I used to feel sometimes that if I were a man I would have given many of them the biggest hiding they had ever had.⁴⁹

Driver asserted that one of the orderlies had been discovered selling stolen milk for profit, and although he was eventually court-martialled he had already ‘inflicted untold additional torment upon the patients at his mercy’.⁵⁰ Diverting rations allocated as medical stimulants was witnessed by an anonymous soldier hospitalised with typhoid fever at a cottage hospital in Koffyfontein where there were no trained female nurses but an ‘old militia drunk’ orderly. When the soldier was prescribed milk as part of his treatment for typhoid he claimed that:

...as soon as the doctor was away, the old beggar would fetch me in rousing nips, not forgetting himself. “Mon,” he’d say, “tak a pull at this; t’ill dae ye all the gude I’ th’ world.” He got the sack finally for being unable to explain the decrease in the hospital spirits, and I missed him badly.⁵¹

The differences between the nursing care of the ‘old militia drunk’ and the hospital nurses who replaced him were evident with the soldier observing that, ‘These nurses were always wanting to scrub out the wards or change the sheets or something, which Donal’ or whatever his name was, had considered quite unnecessary’.⁵²

The responsibility for the nursing care of the sick and wounded was questioned following the large numbers of civilian nurses enlisting to the Reserve who were

⁴⁹ Driver, *Experience of a Siege* 28

⁵⁰ Driver, *Experience of a Siege* 32

⁵¹ Anonymous, *A Soldier’s Diary South Africa 1899 – 1901 (Late Sergeant 7th M.I)* (London, Max Goschen Limited, 1913), 279 – 280

⁵² Anonymous, *A Soldier’s Diary South Africa* 281

familiar with adopting a more hands on role. Claims in the Royal Commission that female nurses were preferable to male orderlies were further affirmed by Member of Parliament William Burdett-Coutts, who stated, ‘Any man who has been seriously ill knows the difference between an orderly with horny hands and creaking boots, smelling of tobacco... and the real ministering angel – the female nurse’.⁵³ James Michelli, secretary of the Seaman’s Hospital, Greenwich wrote about the standard of nursing to *The Times* quoting a letter from ‘an army surgeon’ asserting that ‘the men (*i.e.*, the orderlies) in themselves are right enough, but the system is hopeless. We want nurses – women – and the comfort they bring along with them’.⁵⁴ It could be argued that such praise may have further helped to raise the personal and professional confidence of nurses with recognition of their desirability over male orderlies and that their trained nursing experience was acknowledged. It was becoming apparent that the use of a small number of trained army nurses supervising male orderlies for the ever-increasing number of sick and wounded was inadequate. There was an evident need for a greater number of female nurses, as male orderlies were routinely expected to work as ‘jacks-of-all-trades’ and could be recalled from duties within hospital wards to assist wherever they were required within camp.⁵⁵ The role of the medical orderly was not a defined one, and nor did they undergo a defined or intensive training as compared to the trained nurses.⁵⁶ As one Australian nurse stated of the orderlies who

⁵³ Volunteer Lady Nurse, Minutes of Evidence (27.08.1900) *Report of the Royal Commission* 202; William Burdett-Coutts, *The Sick and Wounded In South Africa: What I Saw and Said of them and of The Army Medical System* (London, Cassell and Company Ltd, 1900), 201

⁵⁴ Michelli, ‘Nursing Sick Soldiers’, 12; Anonymous, ‘Sir James Michelli (Obituaries)’, *The Times* 47031 (1935), 18

⁵⁵ Advisory Board for Army Medical Services and The Nursing Board, *Proceedings & Reports Vol. 1 1901& 1902 Conjoint Report of the Advisory and Nursing Boards containing a Scheme to develop the Training of Orderlies of the Royal Army Medical Corps as attendants upon the sick and wounded* (1902), 3 AMS

⁵⁶ Rebecca Strong, Education in Nursing Lecture given in November 1895, BCN 2/9, 3 Kings College London; Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960), 243

took up nursing work, they were ‘not as a rule of sufficient training or education to appreciate, as a trained nurse can, the gravity of the work’.⁵⁷

It is arguable, however, that the orderlies were not negligent in their work. Those trained orderlies of the RAMC formed the elite, yet there were also those of the SJAB and the hastily recruited convalescent soldiers who may not have been aware of their exact role within the wards and a lack of awareness of the medical complications arising from their inadequate care provision.⁵⁸ The disparities between the role of the nurse and the role of the orderly may have been further confused when orderlies were required to work with civilian nurses more familiar with civilian, not army, practices. Surgeon-General W. D. Wilson acknowledged that the number of nurses available in South Africa was insufficient owing to the deficiency of trained orderlies in the RAMC, a fact confirmed by civilian doctor Watson Cheyne.⁵⁹ This necessitated measures to ensure that in the future there would be sufficient trained and competent nurses available to care for the ever-increasing numbers of sick and wounded, due to poor sanitary conditions and the advances of modern weaponry. It was also recognised that male orderlies required training as attendants to the sick and wounded, and that trained nurses would be involved in this.⁶⁰ On the reorganisation of the ANS in 1901 and the establishment of the QAIMNS on 27 March 1902 the regulations dictated the responsibility of nursing sisters to male orderlies:

⁵⁷ Bassett, *Guns and Brooches* 18

⁵⁸ Mr. Watson Cheyne, Minutes of Evidence (25.07.1900) *Report of the Royal Commission* 40

⁵⁹ Watson Cheyne, Minutes of Evidence (25.07.1900), 37; Surgeon-General Sir W. D. Wilson, *Report on the Medical Arrangements in the South African War by Surgeon-General Sir W. D. Wilson, K.C.M.G. (Late Principal Medical Officer, South African Field Force)* (London, Harrison and Sons, 1904), 177

⁶⁰ Advisory Board for Army Medical Services and The Nursing Board, 9

She will be held responsible for carrying out the prescribed courses of nurse training, and will, by every means in her power, afford the orderlies ample opportunity of learning their duties, and will endeavour to awaken the interest of the orderlies in all that pertains to nursing.⁶¹

In spite of this nurses were still without power or official rank. Experience of the Anglo-Boer War may have demonstrated their expertise and efficiency as skilled practitioners, yet nurses did not hold a defined position of authority. However, as the *Regulations for admission to the Queen Alexandra's Imperial Military Nursing Service* stated, the intention was for nurses to assist in the training of orderlies in the future.⁶²

An influx of civilians: The British and the Colonials

Approximately eight hundred nurses from the large London hospitals to the small provincial hospitals and from private practice enrolled into the PCANSR or funded their own passage from Britain, to assist the insufficient numbers of nurses in South Africa.⁶³ Lee Holcombe stated that on arrival civilian nurses were 'lumped together on a basis of equality and dumped into field hospitals without adequate supervision or well-defined authority'.⁶⁴ Summers argues that the civilian nurses also played a central role in increasing the public's discontent over the shortage of skilled female nurses in South Africa by disparaging the supervisory working style of the ANS and by censuring the alleged 'frivolous' behaviour of society ladies.⁶⁵

⁶¹ Regulations for admission to the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) (1902) 1/10/1902 HI/ST/NC15/16/2, 11 London Metropolitan Archives (LMA)

⁶² Regulations for admission to the QAIMNS, 11 LMA

⁶³ Lee Holcombe, *Victorian Ladies at Work Middle-Class Working Women in England and Wales 1850 – 1914* (Devon, David & Charles (Holdings) Limited, 1973), 82

⁶⁴ Holcombe, *Victorian Ladies at Work* 82. However in reality female nurses were not present in official Field Hospitals at this time.

⁶⁵ Summers, *Angels and Citizens* 208

On their arrival the civilian nurses appeared to be an instant success. Fellow civilian doctor Francis E. Fremantle, who had trained at Guy's Hospital, stated that during his time at Wynberg he had worked alongside a 'first-rate nurse,' who had come from the Royal Free Hospital.⁶⁶ Fremantle explained that this nurse had been required to join the Reserve, which he referred to as 'a paper made affair', but as she was a 'civilian nurse' he believed she approached her work with 'added zeal':

...and coming fresh to the work, she works like a horse, and the men love her. It is impossible not to feel a certain contrast with the Army nurse of some years' service, who was with me in these huts until the other day – a good nurse, mind you, as to knowledge and energy, but hard, hard as flint-stone and with a contralto voice to match, and a devil-may-care spirit of independence, which seems to be fostered by the army-life.⁶⁷

However not everyone working in South Africa was pleased by the arrival of civilian nurses. Sister X while working at the Tin Camp Hospital in Ladysmith came up against a male orderly aggrieved at her interference in his work:

He strongly resented my suggestion, and said he had been nursing for some twenty odd years, and he did not want to be told how to do things at his time of life. He looked upon me as an interloper, and made everything he did a favour or a difficulty.⁶⁸

Sister X believed the orderly's resentment stemmed from the fact that prior to her arrival he had sole responsibility for the ward and as he was the only orderly, 'the officers naturally spared him as much as possible, but woke up when they saw how tiresome he was'.⁶⁹ The male orderlies may also have been fearful that the new civilian nurses, more familiar with personally performing clinical nursing duties, would usurp their work and make them obsolete.⁷⁰

⁶⁶ Fremantle, *Impressions of a Doctor in Khaki* 79 – 80

⁶⁷ Fremantle, *Impressions of a Doctor in Khaki* 79 – 80

⁶⁸ Sister X, *The Tragedy and Comedy* 87

⁶⁹ Sister X, *Tragedy and Comedy* 87

⁷⁰ Sister X, *Tragedy and Comedy* 5, 20

The orderlies were not the only group in South Africa to resent the arrival of civilian nurses; some accounts suggest that members of the ANS were also displeased.

Eleanor Laurence was aware that the army sisters did not believe she should hold a senior position within the military hospital hierarchy:

I hear that the army sisters on the hospital ships are rather horrified that I am still left in charge here, now that it is a Military Hospital, and that there are plenty of army sisters out in the country; but the P.M.O. has been very nice to me, and I am very glad to “carry on” as long as they want me;⁷¹

Jan Bassett, Anna Rogers and Anne Summers all claim there were ‘tensions’ between the army nurses and those civilian nurses enrolled for the period of the war only.

They also comment on the apparent animosity between all British nurses whether army or civilian and the ‘colonial nurses’.⁷² Bassett observed that the letters written by Australian nurses strongly featured their concerns regarding the working style of the military nurses of the British army.⁷³ It must be considered that the animosity apparent to the Australian nurses may well have arisen owing to the more restricted role of the British army nurses. Rogers does not discuss in-depth the issue of animosity between the New Zealand nurses, but Rogers is aware of the tension between the groups of trained nurses, mentioning Emily Peter’s view that the army nurses had no manners.⁷⁴ This fact is confirmed in Peter’s diary entries while travelling across South Africa in October 1900, where she encountered a number of army nurses, stating that the ‘Manners of the sisters belonging to the train, as usual in the Army, conspicuous in their absence. Though they came to our Mess, they neither told us when their train started, nor told us when to come or where to go’.⁷⁵ The

⁷¹ Laurence, *A Nurse’s Life* 210 – 211

⁷² Summers, *Angels and Citizens* 194; Bassett, *Guns and Brooches* 17; Anna Rogers, *While You’re Away New Zealand Nurses at War 1899 – 1948* (Auckland, Auckland University Press, 2003), 24 – 25

⁷³ Bidmead, ‘Letter published in the Adelaide *Observer* 2 June 1900’, quoted In Bassett, *Guns and Brooches* 17 – 18

⁷⁴ Rogers, *While You’re Away* 24

⁷⁵ Woodward and Mitchell, *A Nurse at War* 95

commencement of the Anglo-Boer War saw the pre-war enlisted ANS and PCANSR united in their animosity towards those civilian nurses who were only enlisting for the period of the war, while all trained nurses were of the consensus that medical orderlies were not of their standard and that social butterflies had no place on the veldt.⁷⁶ Thus with the ANS and PCANSR united against their own compatriot civilian nurses, this did not bode well for their relations with their nursing counterparts from Australia, Canada and New Zealand.

When the first contingent of Canadian nurses arrived in Cape Town during November 1899, Lady Jessica Sykes observed that, much to the chagrin of their fellow Canadian Officers and Chaplains, ‘These poor women were not allowed to accompany their regiment, but were drafted into some hospital or other, amongst perfect strangers, and were of course disappointed and distressed’.⁷⁷ During their time in South Africa some nurses from across the Empire encountered the animosity discussed.⁷⁸ One of the original four Canadian nurses, Georgina Pope, wrote to Sidney Browne of the ANS, Superintending Sister of the base hospital at Wynberg, relating her arrival at the No. 3 General Hospital, Kroonstad on 27 June 1900:⁷⁹

But dinner was dreadful – we were most insulted by six parties belonging to No. 2... They were so rude that next morning I went to the colonel and asked him “what he intended my position to be etc. he put me in orders as acting Supt. of sisters and I started to do the best I could... They sulked & talked altogether such ill bred women I never met... But it was a lack of tact I expect to put a colonial in such a position for I really think it could not have been my personality... I have with much pleasure handed over

⁷⁶ Summers, *Angels and Citizens* 194 – 199

⁷⁷ Jessica Sykes, *Sidelights on the War in South Africa* (London, T. Fisher Unwin, 1900), 24

⁷⁸ Summers, *Angels and Citizens* 194; Bassett, *Guns and Brooches* 17; Rogers, *While You're Away* 24 – 25

⁷⁹ Susan McGann, *The Battle of the Nurses: A study of eight women who influenced the development of professional nursing, 1830 – 1930* (London, Scutari Press, 1992), 81

the worries and [undecipherable] and am again a lowly & humble colonial as a Canadian should be.⁸⁰

In spite of these experiences, in 1901 Pope spoke in glowing terms regarding all of the nurses she encountered. In a paper she gave at the Third International Congress of Nurses, Pope stated:

I cannot close this paper without speaking of the great kindness with which we were received on all sides... we were invariably treated with the greatest courtesy and respect, by the “army nursing sisters” with great consideration and kindness. While among the nursing reserve, of whom there were about eight hundred in South Africa, we made many friends.’⁸¹

However animosity may have arisen due to the fact that Canadian nurses had been given the allowances of army lieutenants shortly after commencing work with the British forces and their uniforms were viewed as superior to the British nurses.⁸² *The Nursing Record* fuelled fears surrounding the choice of nurses from the Empire suggesting that Pope had potentially been chosen as the head nurse because her brother was the Under-Secretary of State and that ‘better nurses with less family influence’ may have been superseded.⁸³ The animosity may also have stemmed from the Canadian nurses general approach to work and life, which found favour. Lady Maud Rolleston met the Canadian nurses working at the No. 3 Hospital and observed that they were a ‘great success’:

They are such bright, pleasant women, and the men all speak so highly of them. They seem gayer and lighter-hearted than the English nurses, and get more fun out of their lives in some way. They were not a bit heartless, only they looked more on the sunny side of things – such a mercy in a life like this; and they were certainly more independent, and not so inclined to

⁸⁰ Georgina Pope, ‘Correspondence with Sidney Browne (27.06.1900)’ QA/PE/1/2 BROW 16/1956 – 4 AMS

⁸¹ Georgina Pope, ‘Nursing in South Africa during the Boer War, 1899 – 1900’, *The American Journal of Nursing* 3, 1 (1902), 10 – 14, 13 – 14

⁸² Taylor, *Wartime Nurse* 57

⁸³ Anonymous, ‘Army Nursing Notes’, *The Nursing Record* 23, 609 (02.12.1899), 453

be machines in their obedience to discipline, as I thought the English nurses were occasionally to excess.⁸⁴

In spite of these tensions there is evidence of comradeship between the nurses in times of difficulty, irrespective of whether army or civilian. When Sister X arrived at the Mooi River Hospital she was immediately seconded to night duty, despite having no knowledge of the camp layout or the condition of her patients so, 'A nice Sister (Noble) volunteered to accompany me. It was most kind of her, as she was very tired, and the night was so wet... Sister N., sympathizing [sic] with my difficulty, volunteered to do more good works by showing me round, as several things were due'.⁸⁵ Sister X, as a civilian nurse, encountered supportive army sisters on arrival in Bloemfontein at the No. 10 General Hospital where 'Sister T' the 'Sister Superintendent' monitored their welfare kindly, which Sister X stated, 'must be a very difficult and thankless task here at times'.⁸⁶ Though there were accusations of general animosity between nurses, it is apparent from the testimony of Sister X that this was not always the case and may have been exaggerated in some secondary accounts.

As the war progressed it became apparent that the numbers of civilian trained nurses in South Africa were not being adequately distributed. Accounts were related in the British nursing press of nurses waiting in South Africa for the opportunity to work, 'but that their services were not being utilised'.⁸⁷ This raised questions as to how and by whom the nurses should be organised. It seemed apparent that the current method was insufficient. Large numbers of civilian nurses were enlisted to the Reserve,

⁸⁴ Rolleston, *Being the diary of the wife of an Imperial Yeomanry Officer* 259. Pope wrote to Sidney Browne that she had gone to visit Lady Maud Rolleston 'Correspondence (27.06.1900)' AMS

⁸⁵ Sister X, *The Tragedy and Comedy* 58 – 59

⁸⁶ Sister X, *The Tragedy and Comedy* 139

⁸⁷ Anonymous, 'Our Soldiers', *Nursing Notes* 23, 146 (01.02.1900), 21

nurses who were familiar with the responsibility of the primary caregiver, yet the system of the ANS itself was to employ trained nurses in a supervisory role. Tensions between the two key groups of nurses would naturally occur owing to variant working practices and a lack of defined authority.⁸⁸ Trained male orderlies of the RAMC were insufficient in number like the nurses of the ANS and could not cope with the high numbers of sick and wounded. The personal testimonies, primarily of civilian nurses enlisted in the Reserve, who disparaged the work and the characters of the male orderlies, often failed to differentiate between trained orderlies and those who were volunteers with minimal training, or those who were actually convalescent soldiers drafted in to bolster numbers. The trained nurses, whether army nurses, civilian British nurses, or those from the colonies, were eager to distance themselves from the many society ladies with no training who travelled to South Africa to nurse. With insufficient personnel available some ladies were employed as nurses while others were accused of interfering with the nursing work within the hospitals and hindering the recovery of the sick.

‘A plague of women’ on the veldt⁸⁹

Summers states that all nurses who were officially approved for service in South Africa were required to enroll in the PCANSR, yet on the outbreak of war many society ladies circumnavigated official convention.⁹⁰ The Central British Red Cross Committee was made aware that in South Africa, despite controls to ensure a certain level of entry to the Reserve, some nurses were being appointed to ‘do duty in

⁸⁸ Holcombe, *Victorian Ladies at Work* 82

⁸⁹ Anonymous, ‘War Notes’, *Nursing Notes* XIII, 150 (01.06.1900), 75

⁹⁰ Summers, *Angels and Citizens* 196

military hospitals and ships' who had 'been commented upon, in a manner that tends to bring discredit generally upon the conduct and qualifications of all nursing sisters employed to supplement the regular army nursing service'.⁹¹ As a consequence it was necessary for the Committee to differentiate between the variant classes of nurses who had been employed to supplement the ANS:

- a) Those enrolled in the army nursing service reserve, with qualifications similar to those required for the Regular service, and
- b) Those employed locally for whom the Central British Red Cross Committee are not responsible. It might also be expedient to consider what steps should be taken to prevent nursing sisters of the latter class assuming the right to consider themselves members of the army nursing service reserve.⁹²

It is clear however that some of the women who volunteered for nursing duties in South Africa had undertaken no nursing training.⁹³ It was alleged that South Africa had been infested with a 'plague of women', society ladies who had funded their own passages so as to undertake nursing duties.⁹⁴ Once in South Africa society ladies, referred to by trained nurses as 'amateurs', were determined to carry on with their typical 'social round' while undertaking nursing' much to the chagrin of the trained nurses.⁹⁵

Reserve nurse Emily Wood was aware of the difficulties surrounding the 'plague' of women, particularly when those ladies were the wives of eminent military leaders, such as 'Lady Roberts... [who] has made herself rather obnoxious by her interference

⁹¹ Central British Red Cross Committee correspondence to Central Good Hope Committee 9th May 1900 D/WAN/15/3/13C British Red Cross Museum and Archives (BRCMA)

⁹² Central British Red Cross Committee correspondence BRCMA

⁹³ Alfred D. Fripp, 'The Imperial Yeomanry Hospital', *The Lancet* 155, 4007 (16.06.1900), 1746

⁹⁴ Anonymous, 'War Notes', *Nursing Notes* (01.06.1900), 75. See also Wood, Journal (03.07.1900) WL; Brooke-Hunt, *A Woman's Memories of the War* 18

⁹⁵ Leonore Davidoff, *The Best Circles Society, Etiquette and The Season* (London, Croom Helm, 1973), 96

in hospital affairs I believe (due to the plague)'.⁹⁶ *The Nursing Record* discussed the scandal, which Sir Alfred Milner, British High Commissioner for South Africa and Governor of Cape Colony, had made reference to with respect of the large numbers of women infiltrating Cape Town:

The notorious wife of a notorious peer was recently sent back to London in consequence of conduct which was too outrageous even for those feather-brained officers who regard the campaign as a picnic of huge proportions... Unfortunately, she was only one of scores of rich and idle women who went out to "see some fun," and who have not been at all squeamish in the selection of their amusements.⁹⁷

Society ladies also attempted to infiltrate the military hospitals and secure positions as nurses. Sister Mary Stewart of the ANS based at No. 11 General Hospital in Kimberley, wrote to Sidney Browne after hearing that:

You are going to have Lady Gifford I heard it is true, she is an amateur, the matron at the Civil Hospital when she heard I was getting more sisters asked if I would like Lady G but I declined, I hear she interferes very much really these people ought not to be allowed about. Mrs R Chamberlain seems to be a terror.⁹⁸

Lady Gifford was clearly determined to find a position of employment and turned her attentions to Surgeon-General Wilson himself. Wilson recorded in his diary that Lady Gifford had called on him stating that she had orders from the Director General of the army to be employed. Nonetheless Wilson decided to 'pass' her on to Colonel Gubbins, the Principal Medical Officer for Pretoria with the recommendation that she may have been of some use in either a convalescent camp or in the organisation of social recreations such as concerts because, 'She is not a trained nurse, and as such,

⁹⁶ Emily Wood referred to the 'plague' of women as opposed to the 'plague' as a disease. Wood, Journal (03.07.1900) WL

⁹⁷ Anonymous, 'Army Nursing Notes', *The Nursing Record* 24, 630 (28.04.1900), 337

⁹⁸ Stewart, 'Correspondence' AMS

would not be welcome into any of our hospitals'.⁹⁹ It is evident that the Surgeon-General recognised the professional status and superiority of trained nurses and their benefits to military efficiency, further raising the professional confidence of trained nurses.

As the war progressed the 'amateur' nurses became a prominent issue of consternation, especially within the nursing press with suspicions voiced that they were taking the places of trained nurses.¹⁰⁰ An anonymous army nurse discussed in *The Nursing Record* how Lord Kitchener had taken measures during previous campaigns to prevent 'society ladies' from participating, but that he had not been wholly successful in South Africa and as such, 'The "society ladies" who shipped as nurses – many of them thus escaped paying their own passages – all wear silk gowns and the flimsiest caps and aprons, and look like the "nurses" of fancy fairs'.¹⁰¹ The primary concern of the nursing press was that if 'amateurs' came out as 'additional' nurses then they should be supernumery and only be sanctioned to 'play around brow-smoothing'.¹⁰² In many cases the War Office only authorised a particular number of nurses per hospital, therefore when 'society women', with no previous nursing training filled the posts, which the press believed should be taken by 'certificated nurses', then trained nurses would be 'too few in number and terribly over-worked by doing their own and the amateur's duties'.¹⁰³ The anonymous army nurse concluded that:

No end of trouble has been caused by these masquerade nurses to doctors, nurses, and poor, sick, wounded Tommies. They get in everybody's way,

⁹⁹ Diary of Surgeon-General, Sir W.D. Wilson, K.C.M.G, M.B Principal Medical Officer of the Field Force in South Africa 8 November 1899 to April 1901, RAMC/2094: Box 453, 338 – 339 WL

¹⁰⁰ Anonymous, 'War Notes', *Nursing Notes* (10.06.1900), 75

¹⁰¹ Anonymous Army Nurse, 'Army Nursing Notes', *The Nursing Record* 24, 633 (19.05.1900), 399

¹⁰² Anonymous Army Nurse, 'Army Nursing Notes', 399

¹⁰³ Anonymous Army Nurse, 'Army Nursing Notes', 399

and have no intention of working. Their idea is to take posts of authority, and ‘boss’ the trained nurses who have borne the heat and burden of many years in hospital.¹⁰⁴

Many society ladies were eager to obtain experience of nursing while visiting South Africa for personal means, including Lady Ormonde who wished ‘to be *dans la mouvement*, and to see many members of her family already there,’ as well as being ‘anxious to do a little nursing on her own account’.¹⁰⁵ Some society ladies may have been eager to participate in the assumed excitement and glamour of war nursing, with ‘imperial adventuring’ a popular cultural theme in Britain.¹⁰⁶ Others may have been desirous to explore opportunities outside of the home by adopting a legitimate reason for philanthropy in the colonies where they may find opportunities for ‘freedom and self-fulfilment’.¹⁰⁷ The expectations that women of the middle and upper classes be leisured, spending their time within the home as the ‘the angel of the house’ caused some women to experience ‘a vague sensation of discontent and emptiness’ of which escape to nurse the sick and wounded may have offered a sense of freedom and purpose.¹⁰⁸ Alternatively, historian Brian Roberts claims some women went simply because they had ‘time on their hands and cash to spare’.¹⁰⁹

¹⁰⁴ Anonymous Army Nurse, ‘Army Nursing Notes’, 399

¹⁰⁵ Anonymous, ‘Army Nursing Notes’, *The Nursing Record* (31.03.1900), 251

¹⁰⁶ Angela Woollacott, *Gender and Empire* (Hampshire, Palgrave MacMillan, 2006), 59. See also: Anonymous, The New Army Nursing Reserve *The Daily Telegraph* (31.03.1897) Dame Sidney Brown – Press Cuttings QA/PE/1/7/BROW AMS; Anne Summers, ‘Images of the Nineteenth-Century Nurse’, *History Today* 34, 12 (1984), 40 – 42, 41

¹⁰⁷ Claire Midgley, ‘Ethnicity, “race” and empire’, In June Purvis (Ed), *Women’s History: Britain, 1850 – 1945 An Introduction* (London, Routledge, 2000), 247 – 276, 264

¹⁰⁸ References to the ‘angel of the house’ analogy see: Carol Christ, ‘Victorian Masculinity and the Angel in the House’, In Martha Vicinus (Ed), *A Widening Sphere Changing Roles of Victorian Women* (London, Methuen & Co, 1977), 146 – 162, 147; M. J. Peterson, ‘No Angels in the House: The Victorian Myth and the Paget Women’, *The American Historical Review* 89, 3 (1984), 677 – 708; Catherine Hall, *White, Male and Middle Class Explorations in Feminism and History* (Oxford, Blackwell, 1992), 75. Middle class feelings of dissatisfaction with life based in the home see: Patricia Thomson, *The Victorian Heroine A Changing Ideal 1837 – 1873* Reprint of 1956 Edition (London, Oxford University Press, 1978), 14. Also: Anne Summers, ‘Ministering Angels – Victorian Ladies and Nursing Reform’, *History Today* 39, 2 (1989), 31 – 37, 32. For opportunities to explore the Empire see: Lucy Noakes, *Women in the British Army: War and the gentle sex, 1907 – 1948* (London, Routledge, 2006), 24

¹⁰⁹ Roberts, *Those Bloody Women* 6

Irrespective of their motivations the *British Medical Journal* criticised the society ladies who ‘hampered’ the work of the hospitals in their desire to ‘pose as Florence Nightingales’ as they had ‘failed to make themselves acquainted with the most elementary rules of good nursing,’ and would routinely refuse to obey instructions regarding patient care. The article went on to claim that eventually the women posing as Nightingales were:

Defeated at Cape Town and repulsed from Bloemfontein, this “monstrous regiment of women” is now, it would appear, finding its way back to this country, and is commencing a campaign of vengeance against the medical authorities who have had to discharge the disagreeable duty of telling them that they were hindrances and not helps.¹¹⁰

Some society ladies, such as Violet Brooke-Hunt, were willing to condemn the inappropriate conduct of their fellow society ladies. Brooke-Hunt, who had travelled to South Africa with personal encouragement from Nightingale, stated that she had seen an ‘adventurous lady’ who had managed to travel through Naauwpoort ‘confident in her ability to get through by hook or by crook’ who was returned shortly afterwards, ‘having found some official in whom obedience to orders was a stronger power than a desire to please’.¹¹¹ The society ladies in South Africa were reminiscent of the ‘lady war tourist’ during the Crimean War, who Helen Rappaport states distracted, obstructed and infuriated the military in their endeavours to indulge in a ‘morbid taste for horrors’ and to enjoy the ‘bizarre country-club atmosphere’.¹¹² Yet forty years later Brooke-Hunt could not believe that some women would still undertake a variety of ‘undignified subterfuges’ so as to:

¹¹⁰ Anonymous, ‘The Lady-Hindrance in South Africa’, *The British Medical Journal* 2, 2058 (09.06.1900), 1425 – 1426, 1426

¹¹¹ Brooke-Hunt, *A Woman’s Memories of the War* 92 – 93

¹¹² Helen Rappaport, *No Place for Ladies The Untold Story of Women in the Crimean War* (London, Aurum Press Ltd, 2008), 194 – 198

...make a sensation or experience some new excitement is greatly to be regretted, as surely the first duty of Englishwomen when out in South Africa under these exceptional circumstances was one of loyalty to any orders issued.¹¹³

Eric Taylor asserts that the wounded soldiers often complained about the ‘untrained females’ who attempted to nurse them, referring to them as ‘butterflies’ and that all they did was ‘sit on an officer’s bed and flirt’.¹¹⁴ The ‘amateur’ nurses were also found to be a danger to the sick and wounded with Surgeon-General Wilson recording in his diary, ‘22nd March – I may add that two cases of enteric almost died from eating cake supplied by one of the regular lady visitors in No. 1 General Hospital’.¹¹⁵ The nursing press was eager to disparage the work of the ‘amateur’ nurse and their danger to patients recounting tales of untrained nurses care:

“If the patient’s temperature is above 300,” she wrote in the Night Instruction Book, “sponge him.” The better plan in such a case, of course, is to send for the undertaker.¹¹⁶

Brooke-Hunt recalled how a young lady, with no training as a nurse, visited the Surgeon-General to request that he ‘send her up’:

“In what capacity?” he inquired. “To nurse wounded officers,” was her prompt reply. Ever courteous, the Surgeon-General politely asked her what were her qualifications. This struck her as an altogether unnecessary question. “I am very sympathetic,” she declared indignantly, “and, of course, I could soon learn all the rest.”¹¹⁷

The alleged accounts of ‘amateur’ nurses served as support for the contemporary attitudes of some medical officers opposed to women nurses close to the front infiltrating ‘the traditionally man’s world’ of war.¹¹⁸ In contrast it also supported the

¹¹³ Brooke-Hunt, *A Woman’s Memories of the War* 92 – 93

¹¹⁴ Taylor, *Wartime Nurse* 55

¹¹⁵ Diary of Surgeon-General, Sir W. D. Wilson, 51 WL

¹¹⁶ Anonymous, ‘Army Nursing Notes’, *The Nursing Record* 24, 635 (02.06.1900), 438

¹¹⁷ Brooke-Hunt, *A Woman’s Memories of the War* 19 – 20

¹¹⁸ Taylor, *Wartime Nurse* 55

superiority of the trained nurse over the ‘amateur’ nurse in times of both war and peace.

However some untrained ladies did obtain positions as nurses. These included Theodosia Bagot, wife of Major Joscelyn Bagot, at the No. 6 General Military Hospital in Naauwpoort. Bagot claimed that after putting on her own nursing dress, she applied at the Principal Medical Officer’s (PMO) office for ‘some employment of the humblest kind in the hospital’. On enquiring as to which particular types of nursing cases she would prefer to look after, Bagot stated a preference for ‘surgical nursing’ but claimed she would also have been happy to undertake a fever ward providing she was placed in a subordinate position.¹¹⁹ Despite the assertion that female nurses should not be allowed to work in the field hospitals, Bagot then managed to obtain a position as an ‘extra nurse’ at a field hospital in Bloemfontein to assist in the nursing of ‘serious cases’.¹²⁰ At a later date, Bagot was then given a senior nursing position on a return transport the *Dilwara*, ‘to take up the duties of Nursing Sister on the voyage’.¹²¹ *The Nursing Record* was vocal in its response to Bagot’s work as a nurse within a field hospital where ‘there were of course no nursing Sisters’:

But this very fact, emphasises the wrong done to our soldiers by the War Office in keeping fully-trained nurses, whose trained services should have been available for these wounded men, out of the Field Hospitals.¹²²

The War Office was blamed for appointing Bagot as a Nursing Sister and accused of placing the ‘wounded soldiers in the care of amateur nurses, just as bitterly as we

¹¹⁹ Bagot, *Shadows of the War* 114 – 115

¹²⁰ Bagot, *Shadows of the War* 162 – 163

¹²¹ Bagot, *Shadows of the War* 201 – 202

¹²² Anonymous, ‘Professional Review’, *The Nursing Record* 25, 664 (22.12.1900), 505

should blame it if it augmented its staff of surgeons by appointing the lady's husband on the Royal Army Medical Corps'.¹²³ Following the war Bagot was awarded the Queen's South Africa Medal and admitted to the order of The Grand Priory of the Order of the Hospital of St John of Jerusalem as Lady of Grace.¹²⁴ Alongside these eminent decorations Bagot also received the RRC for her work with the privately funded Portland Hospital in South Africa receiving it alongside the nurses of the ANS and Reserve.¹²⁵ Despite not having trained as a nurse, nor worked as one prior to the Anglo-Boer War, Bagot was recognised for her nursing work. However it is apparent that the recognition of society ladies as nurses caused consternation to the nursing press and supported their arguments for only trained nurses to work in the sphere of war.¹²⁶

Conclusion

The personal testimonies examined in this chapter indicate that during the period of the Anglo-Boer War there were no clearly defined boundaries between the role of the various groups of nurses and male orderlies. In many of the military hospitals the nurses' accounts demonstrate that the contemporary military practice was for male orderlies to be responsible for the majority of nursing care while the army nurses acted as supervisors. This method of duty delegation was anathema to the large numbers of civilian nurses who were enlisted to bolster the ranks. The influx of civilians from across the Empire demonstrated that the current supervisory role of the army nurses was not sufficient when there were inadequate numbers of trained male

¹²³ Anonymous, 'Professional Review', 505

¹²⁴ Norman G. Gooding, *Honours and Awards to Women to 1914* (London, Savannah Publications, 2007), 182

¹²⁵ Gooding, *Honours and Awards* 200

¹²⁶ Anonymous, 'Professional Review', 505

orderlies available. Nurses held no authority over the work of the male orderlies and no way to enforce or ensure that the work they delegated was performed. If the male orderly was insubordinate or refused to carry out a task then nurses were required to complain to the medical authorities, but they had no jurisdiction themselves.

Allegations of tension between the army and civilian nurses, and between British and colonial nurses are apparent in some of the nurses' testimonies including Georgina Pope's and Emily Peter's.¹²⁷ However, there is evidence that in spite of some differences, nurses were working together in a spirit of comradeship against the exigencies of war. It was also acknowledged that trained nurses, whether army, civilian, or from the colonies, were eminently more desirable than the society ladies who 'plagued' South Africa to assist in the nursing.¹²⁸ The aim of ensuring that all nurses approved for service in South Africa, who were not already members of the ANS, be enrolled with the Reserve was to provide some measure of control.¹²⁹ Yet this could not control the society ladies who circumnavigated conventional avenues to service. Reports claimed that 'amateur' nurses were usurping the place of trained nurses and compromising the care of the sick and wounded. It is apparent that both the medical authorities and the sick and wounded in general preferred trained nurses. It was necessary to ensure that a reform of the current methods of employing nurses at the seat of war prevented society ladies from taking the positions of trained nurses. The Anglo-Boer War served as a facilitator for the recognition of trained nursing practices and the reform of the current ANS.

¹²⁷ Pope, 'Correspondence (27.06.1900)' AMS; Rogers, *While You're Away* 24; Woodward and Mitchell, *A Nurse At War* 95

¹²⁸ Anonymous, 'War Notes', *Nursing Notes* (01.06.1900), 75; Wood, *Journal* (03.07.1900) WL; Brooke-Hunt, *A Woman's Memories of the War* 18; Diary of Surgeon-General, Sir W. D. Wilson, 41 WL

¹²⁹ Summers, *Angels and Citizen* 196

It was a contemporary belief that women, especially those of the middle and upper classes, were physically inferior and as a consequence unable to cope with the arduous nature of war service. The nurses who served during the Anglo-Boer War contradicted this belief and challenged the idea that women and consequently nurses were unable to cope with physical hardship. The next chapter will consider how experience of life on the veldt and under canvas influenced the personal and professional confidence of nurses and their abilities to function as effective practitioners, delivering care to the sick and wounded close to the war zone.

Chapter Five

The challenges of Army life: Traversing the veldt with Tommy

Atkins

The heat, the stench, the flies, seemed almost unendurable... my last two patients were reached at last... I knelt beside the mattress to sponge and tidy them for the day. I felt so tired I felt like weeping at the thought of attending to them.¹

Introduction

The commencement of the Anglo-Boer War saw concerns raised that female nurses would not be able to cope with the rigours of active service and the conditions of life within an army camp environment. Yet throughout the war, female nurses demonstrated that they could indeed cope, accepting testing conditions as a routine aspect of active service and perhaps as a way to validate their worth as real ‘citizens’.² Anne Summers states that the Assistant-Director of the Army Medical Services was adamant that female nurses would be out of place in the field because they would ‘want beds, and there are no such things,’ however female nurses were determined that a lack of beds would not stop them from offering their services.³ Across the South African veldt nurses faced diverse challenges while residing within camp environments. They were often required to sleep under canvas with minimal sanitary facilities, in close proximity to members of the opposite sex, and endure the inclement weather and variability of food rationing. Nurses recorded their experiences of working during siege periods and through episodes of ill health caused by nutritional

¹ Kate Driver, *Experience of a Siege: A Nurse looks back on Ladysmith* Revised Edition (Ladysmith, Ladysmith Historical Society, 1994), 23 – 24

² Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 204

³ Summers, *Angels and Citizens* 212

privation. Despite these hardships, nurses continued to work until they became incapacitated or in some cases succumbed to their illness. This chapter will explore the lived experiences of nurses serving in South Africa and demonstrate their acceptance of ‘roughing it’ as an acknowledged part of active service.⁴ It will also consider how the claims regarding women’s inability to cope were largely unfounded, serving to raise the personal and professional confidence of trained nurses, especially those of civilian origin with no previous experience of wartime work.

Life on the veldt and under canvas

Sister X recorded how when a Captain C and another officer prepared to take up their postings to a ‘field’ hospital and Sister X pronounced her desire to join them, Captain C claimed it would not be suitable as, though he wished they could, ‘ladies would be no good in a “field” hospital’.⁵ In spite of the perception by many medical men that women could not cope with the arduous nature of active service, nurses were already proving that they could survive life on the veldt and that they did not all require housing in superior accommodation, as men perceived.⁶ On arrival in South Africa, scores of nurses were forced to take up residence in a variety of locations. Military historian Ian Hay stated that the nurses were as comfortably housed as active service allowed, but omitted to discuss what this actually entailed.⁷ Summers claims that many nurses wrote to popular nursing journals, such as *The Nursing Record*, to regale

⁴ Anonymous Sister, ‘Army Nursing Notes’, *The Nursing Record* 24, 635 (02.06.1900), 437

⁵ Sister X, *The Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906), 105

⁶ Helen Rappaport, *No Place for Ladies The Untold Story of Women in the Crimean War* (London, Aurum Press Ltd, 2008), 105

⁷ Ian Hay, *One Hundred Years of Army Nursing The Story of the British Army Nursing Services from the time of Florence Nightingale to the present day* (London, Cassell and Company, 1953), 52

those at home with stories relating to their experiences and adventures of life under canvas.⁸ One such testimony, 'A Glimpse of Active Service' revealed that, despite opposition from medical authorities and arguments that women would not be content unless provided with a bed, some female nurses were willing and indeed satisfied to sleep on the bar at the Cricket Pavilion in Ladysmith.⁹ The temporary nature of accommodation was noted also by Nurse Charleson, a Reserve nurse from St Mary's Hospital, London who wrote home, 'Our quarters were novel; our bedrooms with canvas walls, with mattresses, blankets but no sheets had been prepared for us in the upper storey of the Grand Stand erected in the Square of Ladysmith'.¹⁰ As such, Summers claims the nurses who went to South Africa served to demonstrate that a service 'composed of ladies' could indeed survive in primitive accommodation and work in physically arduous and 'fairly rough' conditions.¹¹ However, there were those who believed that some of their fellow nurses were not prepared to 'rough it'. One anonymous nurse claimed that:

Many women don't understand roughing it, as one is bound to do on active service, and are a nuisance all round in consequence. Fine ladies – professional or otherwise – are out of place here – rain, hail, wind, thunder, storm, and stress – or sun, sand, and flies – its [sic] all one to the right sort – but you are not asked by the elements to take your choice.¹²

As the testimony identifies, some nurses believed that arduous conditions were an inherent and accepted part of active service.

⁸ Mrs. Ludlow, 'A Glimpse of Active Service', *The Nursing Record* 24, 637 (16.06.1900), 475. See also: Summers, *Angels and Citizens* 212

⁹ Summers, *Angels and Citizens* 212

¹⁰ Miss Charleson, 'Recollections of the Siege of Ladysmith' In Oscar Craig and Alasdair Fraser, *Doctors at War* (County Durham, The Memoir Club, 2007), 30 – 38, 31

¹¹ Summers, *Angels and Citizens* 215

¹² Anonymous Sister, 'Army Nursing Notes', *The Nursing Record* (02.06.1900), 437

The nurses were not only required to contend with unfamiliar surroundings within their individual camps, but also while travelling across the wide expanses of the veldt on the uncertain transport links. Georgina Pope wrote to Superintending Sister Sidney Browne, relating her experiences of travelling on a train for a period of two nights with no lavatory, beds or provisions for meals.¹³ Consequently Pope and her compatriots were forced into:

Living on our lunch baskets and getting water from the engine for tea it was easy to do that as we rarely went for ½ an hour without stopping – our faces were unwashed for these two days and we had to attend to the wants of nature by means of a biscuit tin – such is active service!¹⁴

The inconsistencies of rail travel caused by both the Boers and the British Army deliberately damaging tracks so as to disturb the lines of communication was also faced by Reserve nurse Edith Hancock. One night Hancock and a group of colleagues found themselves stranded at a station where the railway staff officer did not know where to house them, ‘so we made the best of it with our rugs on the floor in one of the writing-rooms’.¹⁵

When the nurses finally reached their locations of work they were often required to reside in less than salubrious surroundings. Hancock wrote on arrival at Green Point, that the work ‘was killing’ owing to a lack of equipment and suitable accommodation as, ‘It was a non-dieted Field Hospital, with no extras, barely necessities, which made it much harder – we had to pig it no end in our own quarters too – we were so cramped & the only place to cook, a small open fireplace’.¹⁶ Fellow Reserve nurse Emily

¹³ Georgina Pope, ‘Correspondence with Sidney Browne (29.05.1900)’ QA/PE/1/2 BROW 16/1956 – 5 Army Medical Services Museum (AMS)

¹⁴ Pope, ‘Correspondence (29.05.1900)’ AMS

¹⁵ Edith Hancock, ‘Correspondence with her Aunt Eliza (23.05.1900)’ AMS

¹⁶ Edith Hancock, ‘Correspondence with her sister Ellie (18.05.1900)’ AMS

Wood discovered the Bell tents in which the nurses were to live at the Scottish National Royal Red Cross Hospital in Kroonstad to be extremely small, with three nurses assigned to each 'crowded' with washstands and chests of drawers for personal belongings and that the tents were 'very cold during the night + very hot through the day'.¹⁷ These narratives provide testimony to the nurses' resilience and endurance, further challenging the perceptions of the physical inferiority of middle class women.¹⁸

Another facet of life under canvas was the regular requirement for nurses to reside at close quarters with their male colleagues. Army nurse Lavinia Steen discovered that this could be a cause of personal embarrassment. Steen wrote to Sidney Browne that, 'the huts we live in are really officers [sic] quarters & the officers are living all around us in tents... It is most embarrassing in the morning when they are having their baths in their tents'.¹⁹ As respectability was identified as a 'Victorian watchword' the close proximity of unchaperoned women to men challenged ideals of Victorian morality.²⁰ Women were not expected to be 'open' with men or allude to heterosexual feeling, nor were they expected to mix without chaperones in their social hours without risk to their 'good name'.²¹ Views of the period held that though young women should be 'both sexually unawakened and inviolable', they would always be at risk of corruption

¹⁷ Emily Wood, Boer War Nurse's Journal (21.06.1900) MS. 6034 Wellcome Library (WL)

¹⁸ Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988), 58; Joan Perkin, *Women and Marriage in Nineteenth-Century England* (London, Routledge, 1989), 1; Gayle Letherby, 'Gendered Concerns', In Elaine Denny and Sarah Earle (Eds), *Sociology for Nurses* (Cambridge, Polity Press, 2005), 87 – 103, 89

¹⁹ Lavinia Steen, 'Correspondence with Sidney Browne (14.12.1899)' QA/PE/1/2 BROW 1956/16 – 18 AMS

²⁰ Jill Conway, 'Stereotypes of Femininity in a Theory of Sexual Evolution', In Martha Vicinus, *Suffer and Be Still: Women in the Victorian Age* (Indiana, Indiana University Press, 1972), 140 – 154, 145; Cecil Willett Cunnington, *Feminine Attitudes in the Nineteenth Century* (New York, Haskell House Ltd, 1973), 283; Philippa Levine, *Victorian Feminism 1850 – 1900* (London, Hutchinson Education, 1987), 128; Sally Mitchell, *Daily Life in Victorian England* (Connecticut, Greenwood Publishing Group, 1996), 263

²¹ Lillian Faderman, *Surpassing the Love of Men: Romantic Friendship and Love between Women from the Renaissance to the Present* (London, The Women's Press Ltd, 1985), 159

by close contact with men.²² This may account for the censuring of female nurses who appeared to revel in this inappropriate proximity, as discussed in Chapter Three.²³ However the close contact between men and women could be argued for and indeed deemed appropriate in times of war, a proximity that social convention would have denounced in times of peace.²⁴ The idealised ‘new woman’ may have expected to go ‘wherever she pleased without a chaperone’, yet it is apparent that some nurses found residing close to male colleagues to be a cause for discomfort, perhaps on account of fears for their respectability or because they had previously had limited contact with the opposite sex.²⁵ These situations may have been wholly new experiences to some civilian nurses, who were kept under tight moral control in civilian practice, and thus would have been relatively sheltered before exposure to the military hospitals. Susan Grayzel, writing of a later period, believes such experiences may have ‘changed’ women’s ‘lives’ and would have consequently impacted on their personal and professional confidence as women and nurses.²⁶ In spite of this flouting of strict social convention, nurses were seen to be providing an essential service; therefore such situations could still be identified as acceptable, owing to their otherwise motherly role as care providers.²⁷

It is evident from the testimonies that the living conditions of the nurses were also dependent upon the hospital to which they were assigned. Those working within the privately funded hospitals appear to have experienced a reasonably high standard of

²² Kathryn Hughes, *The Victorian Governess* (London, Hambledon, 2001), 134

²³ Eliza Priestley, ‘Nurses a la Mode’, *The Nineteenth Century* XLI, 239 (1897), 28 – 37, 31

²⁴ Jane E. Schultz, *Women at the Front Hospital Workers in Civil War America* (North Carolina, The University of North Carolina Press, 2004), 52

²⁵ Mitchell, *Daily Life in Victorian England* 269

²⁶ Susan R. Grayzel, *Women and the First World War* (Edinburgh, Pearson Education Ltd, 2002), 37 – 38

²⁷ Grayzel, *Women and the First World War* 37 – 38; Schultz, *Women at the Front* 52

living. A nursing sister based at the Imperial Yeomanry Hospital in Deelfontein, wrote that, 'The wards are floored and lined with wood, and are cool by day and warm at night, and the beds are very comfortable'.²⁸ At another privately funded hospital 'The Portland' at Rondesbosch, Theodosia Bagot was able to sleep on a mattress including real sheets and blankets, with the availability of 'a somewhat rickety canvas washing-stand', declaring herself content to live in such surroundings for 'many months to come'.²⁹ Irrespective of the disparities between the standard of living conditions, nurses demonstrated that they could manage 'without a bed' if this was required.³⁰ The praise of eminent medical men publicised the nurses' abilities to cope in difficult situations. One example is the account of Frederick Treves regarding four nurses working alongside him:

As they had no hospital to go to (for "No. 4" did not arrive until the small hours of the following morning) they took refuge in the hotel at Frere. They had some food with them, albeit it was not of a kind to attract the fastidious, and the four of them slept on the floor of a looted and empty room... This was their only "night in" in three days.³¹

Such public and esteemed praise could only have helped to increase their confidence and in turn, it is arguable, give rise to demands for recognition as professional women. Another testing aspect was the variable weather nurses had to contend with both in their working and off-duty hours. Throughout her time at the Intombi Camp during the siege of Ladysmith, Kate Driver found the regular night shifts even more trying when faced with the extremes of the South African summer:

In the day time the heat was intense. The nurses' tent had been pitched and allotted haphazardly on arrival, and it happened that three of us night

²⁸ Anonymous Nursing Sister, 'Army Nursing Notes', *The Nursing Record* 24, 629 (21.04.1900), 316

²⁹ Theodosia Bagot, *Shadows of the War* (London, Edward Arnold, 1900), 35 – 37

³⁰ Summers, *Angels and Citizens* 212

³¹ Frederick Treves, *The Tale of a Field Hospital* (London, Cassell and Company Ltd, 1900), 36 – 37

nurses were sleeping in one small unlined tent. When we tried to sleep we were almost scorched by the sun blazing through the canvas.³²

An anonymous nurse writing to the nursing press agreed with Driver that it was almost impossible to sleep during the day between night shifts owing to the extreme temperatures and that with 'the roasting hot days we are having at present, the bell tents in which we sleep [were] over 110 deg. the other afternoon, there is not much sleep for us then'.³³ However, for those nurses who were required to work throughout this intense heat during the day, many discovered the cold temperatures at night to be a further ordeal. Pope wrote on another occasion in June 1900 to Sidney Browne from the No. 3 General Hospital at Kroonstad regarding her discomfort from the cold temperatures. Pope demonstrated her resilience to Browne by describing how every night she went to bed wearing woollen pyjamas, a dressing gown, balaclava cap, woollen gloves, bed socks and slippers, and when it rained an umbrella, at which time she 'munched' on chocolate and drank her ration of rum and said her prayers.³⁴ As medical men argued that female nurses would not cope under the challenging conditions of active service, the testimonies of nurses such as Pope demonstrate that these arguments were unfounded. As with the women who followed the army on 'the strength' in campaigns such as the Crimean War, women and nurses were required to endure and adapt to insalubrious and often insanitary conditions with few complaints.³⁵ The continued praise and public acknowledgement of their uncomplaining acceptance of arduous conditions in order to offer humanitarian service

³² Driver, *Experience of a Siege* 17 – 18

³³ Anonymous, 'Our Foreign Letter from the Front Standerton, Transvaal', *The Nursing Record* 26, 669 (26.01.1901), 75

³⁴ Georgina Pope, 'Correspondence to Sidney Browne (27.06.1900)' QA/PE/1/2 BROW 16/1956 – 4 AMS

³⁵ Rappaport, *No Place for Ladies* 2, 105

to the sick and wounded would have raised their professional confidence and challenged the perception that women were physically inferior.³⁶

Another challenge came from the frequent and heavy rainstorms that often hindered the nurses' work. At the Intombi Camp in November 1899, Nurse Charleson noted that after a particular rainstorm 'the camp became almost a swamp... so much so that I was obliged to wade from one marquee to another in a very short dress, shod with long gum boots, and with an old waterproof bag on my head'.³⁷ Nurse Mark was another nurse required to adopt unusual dress owing to torrential rain, working in 'Wellington rubber-boots to our knees, dress tucked up to the same, and a short waterproof cloak with cape and storm collar'.³⁸ It is apparent that nurses were required to be resilient in the face of difficult conditions, conditions they would not have encountered within the civilian hospitals in Britain where, despite strict discipline, they were generally well accommodated and catered for.³⁹ Alongside the extremes of weather on the veldt there was also the ever-present wildlife. Bagot described the less pleasant side of life under canvas experiencing at first hand 'such plagues as snakes, scorpions, and tarentulas [sic], which had been known to emerge

³⁶ Wanda F. Neff, *Victorian Working Women An Historical & Literary Study of Women in British Industries and Professions 1832 – 1850* (London, George Allen & Unwin Ltd, 1966), 74; Dingwall, Rafferty and Webster, *An Introduction to the Social History of Nursing* 58; Lyn Pykett, 'Portraits of the artist as a young woman: representations of the female artist in the New Woman fiction of the 1890s', In Nicola Diane Thompson (Ed), *Victorian Women Writers and the Woman Question* (Cambridge, Cambridge University Press, 1999), 135 – 150, 144; Jennifer Hedgecock, *The Femme Fatale in Victorian Literature: The Danger and the Sexual Threat* (New York, Cambria Press, 2008), 72; Deborah Gorham, *The Victorian Girl and the Feminine Ideal* (Oxon, Routledge, 2013), 101 – 102

³⁷ Charleson, 'Recollections of the Siege of Ladysmith', 33

³⁸ Miss Mark, 'Army Nursing Notes', *The Nursing Record* 24, 626 (31.03.1900), 251

³⁹ Helena Riddick, Correspondence from The Nightingale Home, St Thomas's Hospital (1888) HI/ST/NTS/Y18 London Metropolitan Archives (LMA); Christopher Maggs, *The Origins of General Nursing* (London, Croom Helm Ltd, 1983), 112; Susan McGann, *The Battle of the Nurses: A study of eight women who influenced the development of professional nursing, 1830 – 1930* (London, Scutari Press, 1992), 13; Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 35

from the surrounding woods and crawl into tents'.⁴⁰ Eleanor Laurence saw two snakes killed outside of her room and when on duty she sometimes wore 'canvas gaiters' on her legs as a form of protection, but stated this would not have been effective against the other 'weird creatures about' which included the sighting of a leopard.⁴¹ Despite having spent her life to date in South Africa, Driver was not immune to fears regarding the prevalent wildlife. One day she returned to her tent to sleep and saw a large scorpion run under her groundsheet:

I stood at the tent entrance far too much afraid to go in to bed. An orderly stopped and asked what was wrong. "Scorpions," said I, woe-begone. "One has just run under the place where I sleep." He went off and found an ambulance stretcher and lifted my mattress on to it, and tried in vain to find the scorpion.⁴²

As Chapter One identified, warfare was presented to the Victorian public as 'a heroic alternative to the mundanity of everyday life' and the nurses in South Africa were demonstrating that they could survive in the masculine environment of 'imperial adventuring'.⁴³ Working in locations where snakes, scorpions and tarantulas were daily occurrences provides evidence to the strong disposition of nurses, their capabilities to share the male environment and also that the military nurse offered a 'counterpart to the heroic male warrior'.⁴⁴ They also lived up to the ideals of heroines in popular colonial fiction as adventurers able to 'rise to any challenge set before them in rugged environments' such as the South African veldt.⁴⁵ Nurses demonstrated that the claims regarding their unsuitability for life under canvas and within military hospital camps were tenuous. Many accounts describe resilience

⁴⁰ Bagot, *Shadows of the War* 35 – 36

⁴¹ Eleanor Laurence, *A Nurse's Life in War and Peace* (London, Smith, Elder & Co, 1912), 159

⁴² Driver, *Experience of a Siege* 17

⁴³ Lucy Noakes, *Women in the British Army: War and the gentle sex, 1907 – 1948* (London, Routledge, 2006), 21. Masculine 'imperial adventuring' is discussed by Angela Woollacott, *Gender and Empire* (Hampshire, Palgrave MacMillan, 2006), 59

⁴⁴ Noakes, *Women in the British Army* 24

⁴⁵ Michelle Smith, 'Adventurous Girls of the British Empire: The Pre-War Novels of Bessie Marchant', *The Lion and the Unicorn* 33, 1 (2009), 1 – 25, 1

against bad weather and dangerous wildlife, however these trials invariably impacted on their state of health. The trials faced by nurses were not on a par with the privations and dangers endured by male soldiers actively fighting in South Africa and cannot be directly compared. Nevertheless, those caring for the sick and wounded found their health to be compromised during siege periods and while caring for those with infectious diseases in the pre-antibiotic era.⁴⁶

Continually exhausted: The health of the nurses

The late nineteenth century saw widely debated concerns regarding the long working hours of nurses and the detrimental impact on their health.⁴⁷ During the Anglo-Boer War these issues were exacerbated by arduous work and temporary living conditions, further compromising the nurses' general health. Alongside extended working hours, nurses were responsible for nursing those with infectious diseases with the possibility of their own future ill health.⁴⁸ Nurse leaders such as Florence Nightingale and Eva Luckes instructed nurses that it was their duty to accept death in the pursuit of their work and as a form of religious devotion in service to their patients.⁴⁹ Awareness of the likelihood of ill health is evident in the journal of Emily Wood who wrote

⁴⁶ Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Gloucestershire, The History Press, 2008), 18

⁴⁷ Anonymous, 'Report on the Duties, Pay, Diet, Recreation, Etc., of Hospital Nurses As deduced from their own testimony By our Commissioner', *The Lancet* 136, 3491 (1890), 192 – 194; Deborah Palmer, "'To Help a Million Sick, You Must Kill a Few Nurses': Nurses' Occupational Health, 1890 – 1914", *Nursing History Review* 20 (2012), 14 – 45, 14

⁴⁸ Sister Owen, 'Army Nursing Notes', *The Nursing Record* 26, 675 (09.03.1901), 188

⁴⁹ Matron's Annual Letter No. 8, dated March 1901, 4 LH/X/109 London Hospital Archives (LHA); Sarah A. Tooley, *The History of nursing in the British Empire* (London, S. H. Bousfield, 1906), v – vi; Florence Nightingale, *Florence Nightingale to her nurses: a selection from Miss Nightingale's addresses to Probationers of the Nightingale School at St Thomas's Hospital* (London, MacMillan & Co Ltd, 1914), 130; Eva C. E. Luckes, *Lectures on General Nursing: Delivered to the Probationers of the London Training School for Nurses* (Cambridge, Cambridge University Press, 2012), 212; Palmer, "'To Help a Million Sick, You Must Kill a Few Nurses'", 19

philosophically about a recent episode of illness, accepting it as an inevitable occurrence:

I didn't write ½ such a long letter as I meant to because I was feeling seedy + had been ordered to bed (Diarrhoea +c. we all go through it when 1st come out) I am not ill and have the best of attention. Well! You did ask me to tell you everything about ourselves.⁵⁰

The long working hours impacted on the health of nurses, with many recording how they worked through the day and night when caring for the dangerously ill. Hancock found that besides having responsibility for a 'house full of sick Officers two of them very dangerously ill, another Sister & I each take half the night with them after our days [sic] work, so you see we are not having an easy time'.⁵¹ Laurence also found herself continually exhausted and run down owing to the intensity of her nursing work. One night she found herself near to collapse when her colleague said to her, "Do you know, sister, when I came in I thought you looked as though you were going to die, and if you had been, I positively had not the power to set to work to get you a hot drink or anything".⁵² In late October 1899 during the first month of the war, Nurse Charleson was working in the operating theatre at the Station Hospital in Ladysmith following the battle of Elaandslaagte, assisting the surgeons who were caring for soldiers, many 'with their heads shattered by shells'. Despite suffering from exhaustion, Charleson's working hours were to continue without respite, 'Hour after hour passed by, and by seven o'clock in the evening we were dead tired, but the cases came in, and with little food we continued until midnight, and then at last we rested'.⁵³

⁵⁰ Wood, Journal (01.07.1900) AMS

⁵¹ Hancock, 'Correspondence (23.05.1900)' AMS

⁵² Laurence, *A Nurse's Life* 281

⁵³ Charleson, 'Recollections of the Siege of Ladysmith', 31

The lack of adequate nutrition was detrimental to the health of the nurses. Laurence stated that:

Our meat chiefly consists of trek ox, and it is so tough that it is difficult to tackle; about once a week we get skinny mutton. The bread is all right, but several times lately the butter has not arrived, and we have to do without. We buy chocolates and biscuits at the coolie store to fill up the cracks.⁵⁴

The reminiscences of Katharine Louisa Oswell-Hill-Nealon (at the time known as Sister K. L. Hill) who nursed in Ladysmith during the siege and at the Intombi camp, observed that as the siege progressed and food supplies were rapidly reduced, alternatives including horsemeat were resorted to including horse soup called ‘chevril’.⁵⁵ Driver who also experienced the privations of siege nursing at the Intombi camp alongside Charleson adopted a prosaic attitude to what food was available for the nurses:

It was about this time that I had my first experience of “Chevril”... The matron said: “Dr. B. thinks the new soup does not agree with his patients and some of them are not taking it tonight... It was hot and delicious and comforting. I highly recommended it... When I had finished someone said, “It’s horse.” They did not have to explain further... However, when, a few evenings later, the matron had a little horse soup over and offered it to me, I accepted it eagerly, and, even knowing it was horse, I enjoyed it.⁵⁶

Nevertheless, Driver could not muster the same enthusiasm for all of the regular Victorian food alternatives offered including ‘cow-heel jelly’, which may have resulted in some nurses missing meals if they found the food unpalatable.⁵⁷ The introduction of horsemeat was resorted to owing to the large numbers of horses within

⁵⁴ Laurence, *A Nurse’s Life* 267

⁵⁵ Katharine Louisa Oswell-Hill-Nealon, ‘Nursing Sister at Ladysmith, 1900’ *Ladysmith History and the Boer War* www.ladysmithhistory.com/a-to-z/eyewitness-accounts/eyewitness-nurse-in-ladysmith/ accessed on 24.07.2013

⁵⁶ Driver, *Experience of a Siege* 34

⁵⁷ Traditionally cow-heel jelly was produced by boiling cow-heels for seven to eight hours in order to produce a base stock for a savoury jelly. Isabella Beeton, *Mrs. Beeton’s Dictionary of Every-day Cookery* (London, S. O Beeton, 1865), 85; Kirstin Olsen, *Cooking with Jane Austen* (Connecticut, Greenwood Press, 2005), 49

the siege towns, with insufficient rations to feed them. Therefore they were often killed and used for the consumption of those besieged in a variety of forms.⁵⁸

Food rationing was another aspect of active service that nurses were required to accept and endure with resilience if they wished to demonstrate a professional attitude. One unidentified nurse working at the No. 10 Hospital in Bloemfontein wrote about her struggle with the abysmal food but stated that, ‘if one wants to get to the front they must [undecipherable] up with inconveniences of every kind’. She continued, ‘We get what they call field rations. Dry bread without butter and meat as tough as leather (I am beginning to think it must be dead horse so I don’t eat it and the consequence is I am very hungry without vegetables)’.⁵⁹ Rationing had rapidly followed the commencement of the war with the early besieging of the key British Garrisons at Mafeking, Kimberley and Ladysmith by the end of October 1899 by the Boers. Supplies and equipment had to be carefully managed with so many men, civilians and horses enclosed with outside support unavailable.⁶⁰ Food and medicines for the sick soon became scarce with ‘disease and starvation’ swift to follow.⁶¹ The Intombi Camp hospital was used as a neutral site for the sick during the siege and was made up of the stationary hospital, the volunteer section and a small field hospital. During the siege period Charleson was obliged to survive on ‘a quarter of a small bun of “mealie” meal

⁵⁸ Thomas Pakenham, *The Boer War* (London, Abacus, 1992), 352 – 353. In Ladysmith a factory was set up for the purpose of converting horseflesh into extract of meat for soups. Alan Chalmers, *Bombardment of Ladysmith Anticipated: The Diary of a Siege* (Weltevreden Park, Covos-Day Books, 2000), 189 – 190

⁵⁹ Unidentified Nurse, ‘Correspondence with Sidney Browne (04.05)’ QA/PE/1/2 BROW 16/1956 – 18 AMS

⁶⁰ Tabitha Jackson, *The Boer War* (Basingstoke, Macmillan, 1999), 32, 93

⁶¹ Chalmers, *Bombardment of Ladysmith Anticipated* 138

held together by starch and then baked'.⁶² Oswell-Hill-Nealon stated that the rations she received at the Intombi Camp as a nurse included:

5oz cornmeal, 1/2 lb bread or two biscuits, 1/3 lb of an oz. of tea, 1/5 oz. of sugar, 1/2 lb. of meat. This was on daily ration, but later on in times of reserves, our rations were cut down to a quarter of this amount and sugar was a luxury not to be had.⁶³

Mrs. Ludlow, previously the matron at the Royal Free prior to her marriage and who also nursed at the Intombi Camp, noted that they were reduced to eating 'horse flesh and mule, and 4oz of mealie (Indian corn) per day'.⁶⁴ Victorian knowledge on nutrition was not perfect with limited awareness of vitamins and minerals, but it was understood how calories calculated food's energy and that protein, especially meat, was essential for hard physical labour.⁶⁵ Benjamin Seebohm Rowntree, a Quaker and philanthropist concerned with poverty, argued that men required 3,500 calories and 137 grams of protein and women 2,987 calories and 115.5 grams of protein to complete a 'moderate' days work.⁶⁶ It is doubtful that the dietary intake of nurses during the siege periods would have been sufficient to meet these daily requirements. The nurses' male colleagues fared no better and soon many 'fell victim' to enteric fever and dysentery at Intombi.⁶⁷ Therefore the ill health of nurses, as a consequence from arduous work and inadequate nutrition, cannot be used wholly to support arguments that women were physically inferior, as male orderlies and doctors also succumbed.⁶⁸ Driver and Laurence recorded how the male orderlies soon became

⁶² Charleson, 'Recollections of the Siege of Ladysmith', 37

⁶³ Oswell-Hill-Nealon, 'Nursing Sister at Ladysmith, 1900'

⁶⁴ Ludlow, 'A Glimpse of Active Service', 476

⁶⁵ Thomas E. Jordan, *Victorian Childhood Themes and Variations* (New York, State University of New York Press, 1987), 63; Andrea Broomfield, *Food and Cooking in Victorian England: A History* (Connecticut, Praeger Publishers Inc, 2007), 85

⁶⁶ Broomfield, *Food and Cooking* 85

⁶⁷ Chalmers, *Bombardment of Ladysmith Anticipated* 138

⁶⁸ Corporal Dyer, Diaries of Corporal R. Dyer, 19th Bearer Company, RAMC, later 15th Bearer Company, RAMC, in South Africa during Boer War (02.11.1900) RAMC/375: Box 39 WL; E. W. Herrington, 'Letter September 15th 1900 Bloemfontein', Reprinted In Craig and Fraser, *Doctors at War* 69 – 72, 71; J. O. Skevington, 'Letter March 15th 1900 6th General Hospital, Nauwpoort', Reprinted In

patients themselves, while at the Intombi camp RAMC orderly George Maidment claimed that the ‘lists of the sick and the mortality returns grew daily more formidable’, suggesting disease was rife, irrespective of sex.⁶⁹

Charleson observed how the nutritional privations led to an increase in the number of people with dysentery resulting in the authorities increasing their daily allowance to a ‘biscuit and a quarter’.⁷⁰ Charleson wrote that the ‘privations took effect on me, and about ten days before the relief, I took to my bed, laid up by an attack of dysentery. For the first few days I was too ill to care about anything, but after a little rest I got over the attack, and by the time Buller arrived, was out of bed’.⁷¹ Driver and Charleson recognised that the hard physical nursing work and the scarcity of food were detrimental to the health of their fellow nurses. Driver observed that:

It was now well on into December and our nurses were beginning to break down. Nurse Ruiter was in bed with a bad sore throat, Nurse Mary had enteric and kept repeating, “Only two more patients to wash, Matron!” Near Christmas Day Nurse Early’s temperature was 105 and she was sent to bed – with enteric too.⁷²

Driver became ill herself with ‘an attack of rheumatism’ which took her several weeks to overcome as there was only quinine available and stated after ‘a few days of this my ears were singing’. Even on her recovery Driver remained weak and ‘starved’ feeling ‘very inadequate as a nurse’, but then the matron contracted typhoid fever which left

Craig and Fraser, *Doctors at War* 44 – 45; W. S. Inder, *On Active Service with the S.J.A.B., South African War, 1899 – 1902* (Tennessee, General Books LLC, 2009), 65

⁶⁹ Laurence, *A Nurse’s Life* 165 – 166; Driver, *Experience of a Siege* 28; Chalmers, *Bombardment of Ladysmith Anticipated* 138. In Bloemfontein the staff of St Mary’s Hospital wrote to the *Gazette* that typhoid was affecting all staff. Sister Lewis Loyd, Sister Boynton, R. Corfe, Herbert H. G. Knapp, ‘Correspondence 23rd July 1900 No. _ General Hospital’ In Craig and Fraser, *Doctors at War* 62 – 64, 63. At the end of the war W. S. Inder of the SJAB who had worked throughout the war with good health, died in January 1902 at Bloemfontein after ‘a bad cold’ possibly developed into pneumonia.

Inder, *On active service with the S.J.A.B.*, 186

⁷⁰ Charleson, ‘Recollections of the Siege of Ladysmith’, 37

⁷¹ Charleson, ‘Recollections of the Siege of Ladysmith’, 37

⁷² Laurence, *A Nurse’s Life* 177; Driver, *Experience of a Siege* 20 – 21

only four out of ten nurses fit for duty with three hundred and forty-five patients.⁷³

Another instance when nurses were required to adapt to difficult situations.

Some of the nurses serving in South Africa suffered not only with physical, but also with emotional strain.⁷⁴ Driver found the experience of siege nursing to be both physically and emotionally demanding:

When I got to our nurses' tent, the other night nurses asked me where I had been and what I was doing and why on earth did I not come to bed? I tried to explain, standing in the hot tent taking off my apron. Suddenly the feeling of anger and pity that had filled me during the last busy hour overwhelmed me and I burst into tears.⁷⁵

Wood discussed how Superintendent Eliza Holland of the Army Nursing Service (ANS) had committed suicide at the age of forty-six.⁷⁶

I suppose you saw in the papers about Sis. Holland committing suicide. Poor soul! I met her in Bloemfontein. She was an army sister + had charge of No. 8. General. Everybody liked her very much + she was awfully nice when she was sober – but that was so seldom that they had to suspend her and send her home. Of course she would be dismissed the service + after 19 years she would lose pension + everything. I hope the real reason won't appear in the papers. She was stationed at S----- for some years but they did not know she drank there.⁷⁷

The subsequent announcement in *The Nursing Record* explained that Holland had been invalided home, where her 'mental balance' was upset.

She had been invalided home to Netley from South Africa, where she had been in charge of No. 8 General Hospital, and on leaving the hospital at Netley went to the Central Hotel at Portsmouth. On Thursday, in last week, her dead body was found by a workman lying in a bye-street at the

⁷³ Driver, *Experience of a Siege* 27

⁷⁴ The emotional stresses inherent with working throughout the siege in Ladysmith were also shared by RAMC orderly George Maidment who wrote in his diary for 26 January 1900 that... 'For us there is to be another sickening period of hope deferred; but we try to hide our dejection.' Chalmers, *Bombardment of Ladysmith Anticipated* 184

⁷⁵ Driver, *Experience of a Siege* 16

⁷⁶ Keiron Spires, 'Eliza Holland' *Boer War Nurses Database*

<http://www.boerwarnurses.com/main/index.php/nurses-databases> accessed on 11.02.2013

⁷⁷ Wood, Journal (05.07.1901) AMS

rear of the hotel, and it was apparent that she had been killed by a fall from her bedroom window, which was on the third floor. No doubt her health was impaired, and her mental balance upset by the strain consequent upon the arduous nature of the work in South Africa.⁷⁸

Suicide was illegal, and remained so until the Suicide Act of 1961.⁷⁹ During the Victorian period suicide was viewed as akin to murder, thus a criminal act and an offence to God. As Pat Jalland discusses, a loss of ‘mental balance’ as ascribed to Holland’s suicide, was rare and in the greater part of recorded suicides medical professionals believed the majority to be cases where individuals were concerned with escaping from difficulties and troubles in their personal lives as opposed to a moment of ‘temporary insanity’.⁸⁰ The loss of reputation and indeed the future security of an army pension may have been the ‘final straw’ for Holland.⁸¹ However, Holland had also been examined during the Royal Commission as to her work in Bloemfontein with her working methods questioned, a factor that cannot be discounted as a cause for increasing her stress.⁸² Dora Harris who had been working alongside Holland in Bloemfontein simply noted in her diary for 17 January 1901 that, ‘Miss Holland went away. We have Miss Murphy as Sup. now’, offering no further or personal insight into Holland’s removal.⁸³ Obtaining a pension was a concern with the majority of nurses physically unable to stay in post into their latter years and a loss of this would

⁷⁸ Anonymous, ‘The Passing Bell’, *The Nursing Record* 26, 689 (15.06.1901), 470

⁷⁹ Professor David Ormerod and The Right Honourable Sir Anthony Hooper, *Blackstone’s Criminal Practice 2012* (Oxford, Oxford University Press, 2012), 234

⁸⁰ Pat Jalland, *Death in the Victorian Family* (Oxford, Oxford University Press, 1996), 70 – 71

⁸¹ Retirement allowances (pensions) in the army ranged from 30 – 70% of active pay with the number of years in the army deciding the scale. Anonymous, ‘Tommy’s Nurses The Work of an Army Sister’, *The Graphic* 1585 (14.04.1900), 549 – 550, 50. The alleged suicide of Professor Jones of the Welsh Hospital was discussed in a letter from Edith Hancock. ‘I believe about the 3 deaths in the Welsh hospital – will you remember seeing old Professor Jones on board the “Canada” I heard to-day that he had committed suicide. He was in bed rather ill & suddenly jumped out of bed got a knife & stabbed himself in the femoral artery.’ Hancock, ‘Correspondence with her sister Irene (15.07.1900)’ AMS

⁸² Mr. Murray Guthrie, Minutes of Evidence (30.07.1900) *Report of the Royal Commission Appointed to Consider and Report upon the Care and treatment of the sick and wounded during The South African Campaign: Presented to both Houses of Parliament by Command of Her Majesty* (London, HMSO, 1901), 68; Superintendent Nursing Sister Holland, Minutes of Evidence (01.09.1900), *Report of the Royal Commission* 267 – 269

⁸³ Dora Harris, Manuscript Diary (17.01.1901) 1976-11-17 National Army Museum (NAM)

have had severe ramifications for Holland's future. There were no unions for support and the Royal National Pension Fund for Nurses, a private pension fund organised by the founder and editor of the Hospital's Association Henry Burdett, had only commenced in the late 1880s and not all nurses would have taken this option.⁸⁴ Laurence stated that it was the arduous nature of nursing work that prompted her to join the Royal National Pension Fund for Nurses as, 'if I can only keep up the premiums I shall have the noble pension of about £20 or so when I am fifty; it will keep me in extras when I retire to the workhouse, as I am certain no one can go on nursing for a great many years at the pace we gave to go at in this hospital'.⁸⁵ These issues may have added impetus to the drives for the future regulation of nursing and adequate support for those women who served as nurses until their age and/or health prevented further service.

Wartime narratives also recount how the nurses' ill health sometimes resulted in death in the course of duty. In her post war memoir Lady Maud Rolleston discussed the death of Reserve Sister Bell from typhoid fever. She observed that there were four sisters and ten orderlies working with Sister Bell at Modder River, of which two sisters and seven orderlies died.⁸⁶ This she accounted to the state of the water, which had been polluted by the Boers.⁸⁷ One of the sisters informed Rolleston that they risked drinking contaminated water as they were 'so frightfully thirsty, and had simply 'not the time to boil it'. Despite suffering with typhoid fever Bell had

⁸⁴ Anonymous, 'Royal National Pension Fund for Nurses', *Nursing Notes A Practical Journal for Nurses* XIII, 148 (01.04.1900), 46; Maggs, *The Origins of General Nursing* 152; Lynn McDonald, *Florence Nightingale: The Nightingale School* (Ontario, Wilfrid Laurier University Press, 2009), 518

⁸⁵ Laurence, *A Nurse's Life* 92 – 93

⁸⁶ Lady Maud Rolleston, *Being the diary of the wife of an Imperial Yeomanry Officer during the Boer War by The Lady Maud Rolleston* (London, Smith, Elder & Co, 1901), 118, 122

⁸⁷ See also: Sir William Thomson, 'The War in South Africa An Advanced Base Hospital', *British Medical Journal* 1, 2050 (14.04.1900), 909 – 910; Pakenham, *The Boer War* 382

continued to work, refusing to return from Modder River to recover, and when she was finally incapacitated and forced to her bed, it was only one week before she died.⁸⁸ Bell appeared to have continued working throughout her illness until she was no longer physically capable and died. Another nurse was Edith Mourilyan who although everything that the 'military could do for her was done' succumbed to typhoid fever after working throughout a siege period nursing in a 'damp redoubt' and in gold mines. After eighteen days of illness it had seemed that Mourilyan was heading towards recovery, yet died suddenly on Easter Day.⁸⁹

Many of the nurses capitulated to illness and appear to have accepted this as a probable consequence of active service and the nature of caring for those with infectious diseases. Reserve nurse Emily Andrews observed that all nurses were equally at risk, 'They say delicate people are just as well as strong ones up country for nearly all those who have died have been fine looking women not shrimps like myself'.⁹⁰ It is also clear that some of the nurses in South Africa were willing to risk their future health in order to ensure tangible recognition of service in the form of medals. Writing in June 1901 from the 'Sick Nurses Home Pretoria' Wood explained that although she wished to return home to recuperate she would not be able to do so without resigning from the Reserve, which she adamantly did not want to do, as she would not receive a complete medal.⁹¹ The Matron's Annual letter at The London Hospital included the comments of Chairman Sydney Holland on the death of Nurse

⁸⁸ Rolleston, *Being the diary of the wife of an Imperial Yeomanry Officer during the Boer War* 118, 122

⁸⁹ Sister Henrietta, 'Notes on Nursing in Wartime', *The Nursing Record* 25, 645 (11.08.1900), 118 – 121, 120

⁹⁰ Emily Andrews, 'Correspondence with Sidney Browne' (10.06.1900) QA/PE/1/2 BROW 16/1956 – page number ripped AMS

⁹¹ Wood, Journal (28.06.1901) AMS

Clara Evans, observing that there continued to be a lack of equal recognition between the sexes who gave their lives in service:

Nurse Evans, I deeply regret to say, died there – gave up her life for those she went to nurse. Ladies and Gentlemen, there is no Victoria Cross given to Nurses; not even a mention in despatches to lessen slightly the grief of those left behind.⁹²

The physical health of trained nurses was questioned by society lady Jessica Sykes reporting unfavourably on nurses following her time in South Africa. In her book *Sidelights on the War in South Africa* she claimed that the ‘great failing in our hospital nurses’ both within the military and civilian practice was ‘their want of physique’. Sykes claimed that almost all of the nurses she met were thin, below medium height and delicate. Another detrimental factor was their marital status, with professional nurses, in Sykes’ opinion all ‘invariably unmarried’ owing to the fact that those women who had not succeeded in becoming wives and mothers often ‘embraced’ nursing instead. Sykes continued that such women were seldom found to be handsome or robust and as such their inadequate ‘physical formation’ resulted in their inability to bear the stresses and strains of work requiring ‘almost as much care as their patients’. In summation, Sykes concluded, ‘Notwithstanding this, they are perpetually breaking down, becoming really ill, and seem extraordinarily susceptible to all complaints such as typhoid, dysentery, etc’.⁹³ This may well have been a personal bias and vendetta on the part of Sykes who was in favour of nuns or married women as nurses only, or a wider issue within the debate surrounding the approbation of society ladies acting as nurses in South Africa.⁹⁴ Sykes’ view of nurses is not corroborated in any way by the testimonies of the nurses considered in this chapter

⁹² Matron’s Annual Letter No. 8, dated March 1901, 4 LHA

⁹³ Jessica Sykes, *Sidelights on the War in South Africa* (London, T. Fisher Unwin, 1900), 28 – 29

⁹⁴ Anonymous, ‘The Lady-Hindrance in South Africa’, *The British Medical Journal* 2, 2058 (09.06.1900), 1425 – 1426, 1426

nor when examining the long and physically arduous hour's civilian nurses were familiar with working in Britain.⁹⁵ During and after the Anglo-Boer War debates continued around the health, strength and physical capabilities of women and nurses, with many nurses in South Africa contradicting claims that female nurses were not 'strong' enough to work shifts comprising of twelve hours.⁹⁶

Conclusion

Against antipathy from the male medical authorities, female nurses demonstrated their abilities to handle the strenuous nature of active service. Despite assertions that it was not possible to accommodate women in the sphere of war, female nurses ensured that such arguments were obsolete.⁹⁷ Personal testimony confirms that nurses were content to sleep under canvas, or even on top of a bar, and that some were willing to go without their beds for several nights so as to be on hand to nurse large numbers of wounded soldiers returned from battle.⁹⁸ Yet even if nurses were not satisfied with their accommodation and food they readily accepted it as part of serving with the army and perhaps as evidence of their eligibility for full citizenship as equals to men. The well-publicised accounts of nurses in South Africa meant that the medical authorities could no longer state that women could not cope, as evidence was available to the contrary. In spite of the stresses and strains of nursing in South Africa, many of the

⁹⁵ Anonymous, 'Report on the Duties, Pay, Diet, Recreation, Etc.', 192 – 194; Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960), 55 – 56; Ann Simnett, 'The pursuit of respectability: women and the nursing profession 1860 – 1900', In Rosemary White (Ed), *Political Issues in Nursing Past, Present and Future Vol 2* (Chichester, John Wiley & Sons, 1986), 1 – 23, 8; Palmer, "'To Help a Million Sick, You Must Kill a Few Nurses'", 14

⁹⁶ Anonymous, 'Report on the Duties, Pay, Diet, Recreation, Etc.', 192 – 194

⁹⁷ Ruth Rae, 'Ellen Julia Gould: a civilian nurse and founder of the military nursing tradition in Australia (1860 – 1941)', *Journal of the Royal Australian Historical Society* 92, 2 (2006), 165 – 182, 170

⁹⁸ Anonymous, 'War Notes', *Nursing Notes* XII, 150 (01.06.1900), 75; Treves, *The Tale of a Field Hospital* 36 – 37

nurses continued to work both during and after debilitating periods of illness, with Driver recounting how she was required to return to work in a weakened and starved state owing to minimal staff as there were three hundred and forty-five patients in need of care.⁹⁹ Even though civilian nurses would have been familiar with long and arduous working conditions, doing so with the added strains inherent with living under canvas and in the presence of snakes and scorpions would have assisted to raise their confidence, especially as male doctors and orderlies also experienced episodes of ill health. It is also indicative of the fact that there were too few nurses available to ensure that those working long hours could take adequate breaks and would certainly have influenced decisions regarding the status of the current ANS and the need for future reform. Given the limited number of nurses serving in South Africa, those who were there sometimes gained the opportunity to perform clinical work outside of their usual remit. This undoubtedly worked to further raise their professional confidence as practitioners. The clinical role of the nurse and the extension of their roles by having to adapt to the high prevalence of infectious diseases and exposure to new surgical procedures due to the advancement of warfare, predominantly in the case of civilian nurses, will be examined in Chapter Six.

⁹⁹ Driver, *Experience of a Siege* 27

Chapter Six

The challenges of practice: The clinical nursing routine

I do nearly all the dressings myself, give hypodermics look after the orderly who has charge of the theatre + attend almost all operations.¹

Introduction

During the nineteenth century the primary cause of death for soldiers was not enemy bullets, but disease.² As a consequence of the high numbers of sick and wounded combined with the frequency of wars, advanced weaponry and large numbers of casualties, armies established specialist military medical departments to manage mass casualties, such as the British Royal Army Medical Corps (RAMC) created in 1898.³ However the establishment of the RAMC in itself could do little to prevent the diseases and infections that killed soldiers in such high numbers.⁴

¹ Emily Wood, Boer War nurses journal (27.03.1901) MS. 6034 Wellcome Library (WL)

² Anne Summers, 'Medical men and military matters: the *BMJ* and the Victorian Army', *British Medical Journal* 301, 6754 (1990), 717 – 720, 719; Richard A. Gabriel and Karen S. Metz, *A History of Military Medicine Vol II From the Renaissance through Modern Times* (London, Greenwood Press, 1992), 147; Philip D. Curtin, *Disease and Empire The Health of European Troops in the Conquest of Africa* (Cambridge, Cambridge University Press 1998), 117; G. C. Cook, 'Influence of diarrhoeal disease on military and naval campaigns', *Journal of the Royal Society of Medicine* 94 (2001), 95 – 97, 95; Mark Harrison, 'Disease and Medicine in the Armies of British India, 1750 – 1830: The Treatment of Fevers and the Emergence of Tropical Therapeutics', In Geoffrey L. Hudson (Ed), *British Military and Naval Medicine, 1600 – 1830* (Amsterdam, Rodopi B.V, 2007), 87 – 119, 90; Jack E. McCallum, *Military Medicine from Ancient Times to the 21st Century* (California, ABC CLIO, 2008), 93

³ Summers, 'Medical men and military matters', 718; Gabriel and Metz, *A History of Military Medicine Vol II* 144 – 145; Harold E. Raugh, *The Victorians at War, 1815 – 1914: An Encyclopaedia of British Military History* (California, ABC-CLIO Inc, 2004), 289

⁴ Stephen A. Pagaard, 'Disease and the British Army in South Africa, 1899 – 1900', *Military Affairs* 50, 2 (1986), 71 – 76; Summers, 'Medical men and military matters', 718

One of the most frequently cited diseases affecting soldiers during periods of war was dysentery, historically referred to as the ‘bloody flux’.⁵ This was a severe diarrhoeal disease caused by either an amoebic or bacillary bacterial infection.⁶ Both forms are transmitted via the faecal-oral route, with contaminated water or food the primary sources in the case of epidemics, while overcrowded and insanitary environments were also major contributors.⁷ Another disease prevalent during times of war and peace was malaria, for which Quinine could be used as a prophylaxis.⁸ However, it was not until the penultimate years of the nineteenth century that mosquitoes were discovered as the principal carriers.⁹ In spite of early attempts to combat malaria in the years before the First World War, it was not until the Second World War that the fight became a ‘global campaign’ with the introduction of the insecticide DDT (dichlorodiphenyltrichloroethane) as an effective method against mosquitoes and other insects.¹⁰ Despite its contemporary prevalence, malaria is not widely mentioned in Kevin Brown’s discussion of military disease in his chapter on the Anglo-Boer War, nor does malaria feature in many of the nurses’ accounts, although that is not to say that malaria was not prevalent but simply under-recorded or perhaps still not fully understood at the time.¹¹ The disease most prominent in examinations of morbidity during the Anglo-Boer War is typhoid fever with all diseases overshadowed by

⁵ Matthew Smallman-Raynor and Andrew Cliff, *War Epidemics: An Historical Geography of Infectious Diseases in Military Conflict and Civil Strife, 1850 – 2000* (Oxford, Oxford University Press, 2004), 37 and 55 – 56; Harrison, ‘Disease and Medicine in the Armies of British India’, 91

⁶ Anonymous, ‘The War in South Africa’, *British Medical Journal* 1, 2044 (03.03.1900), 534 – 539, 537; Smallman-Raynor and Cliff, *War Epidemics* 37 and 55 – 56

⁷ Kenneth F. Kiple, ‘The history of disease’, In Roy Porter (Ed), *Cambridge Illustrated History of Medicine* (Cambridge, Cambridge University Press, 2001), 16 – 51, 39; Smallman-Raynor and Cliff, *War Epidemics* 55 – 56; McCallum, *Military Medicine* 108 – 110

⁸ Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Gloucestershire, The History Press, 2008), 18

⁹ Lois N. Magner, *A History of Medicine* (New York, M. Dekker, 1992), 299; McCallum, *Military Medicine* 197

¹⁰ Gordon Harrison, *Mosquitoes, Malaria and Man: A History of the Hostilities since 1880* (London, Dutton, 1978) 1, 8, 26, 208; Harrison, ‘Disease and Medicine in the Armies of British India’, 107; Brown, *Fighting Fit* 125; Leo B. Slater, *War and Disease Biomedical Research on Malaria in the Twentieth Century* (New Jersey, Rutgers University Press, 2009), 1 – 2

¹¹ Brown, *Fighting Fit* 13 – 36

accounts of typhoid in the nurses' personal testimonies and in the nursing press.¹²

Both primary and secondary sources state that the work of the nurse was paramount in the successful recovery of patients with typhoid fever; therefore their work and role will be discussed in greater detail in Chapter Seven.

Another facet of the expanding role of the nurse was their involvement in the postoperative care of patients and the dressing of wounds, a frequent role owing to modern advances in weaponry.¹³ A 'civilian doctor' from St Mary's hospital noted that, 'There is a good deal of surgery here of one kind or another,' after which close monitoring during the postoperative phase was required by nurses.¹⁴ Surgical advances during the nineteenth century by Joseph Lister and the use of anaesthetics impacted on the clinical role of the nurse, with requirements for conscientious and observant nurses.¹⁵ Postoperatively, nurses were involved in wound care alongside the doctors and the dressers, who were often medical students.¹⁶ This aspect of clinical nursing work will be considered further within this chapter so as to examine the changing role of the nurse in surgical care. By the period of the Anglo-Boer War the training of nurses included the elements of: bedmaking, the administration of

¹² Brown, *Fighting Fit* 17. The high prevalence of typhoid fever features in the accounts of Dora Harris, Manuscript Diary (15.04.1900) 1976-11-17 National Army Museum (NAM); Edith Hancock, 'Correspondence with her Aunt Eliza (23.05.1900)' Army Medical Services Museum (AMS); A.N.R., 'Our Foreign Letter Chieveley, Natal', *The Nursing Record* 24, 637 (16.06.1900), 483 – 484, 483, Anonymous; 'War Notes', *Nursing Notes A Practical Journal for Nurses* XIII, 151 (01.07.1900), 91

¹³ Edward H. Benton, 'British Surgery in the South African War: the work of Major Frederick Porter', *Medical History* 21, 3 (1977), 275 – 290, 275 – 276

¹⁴ J. O. Skevington, 'Correspondence (15.03.1900) 6th General Hospital, Nauwpoort', Reprinted in Oscar Craig and Alasdair Fraser, *Doctors at War* (County Durham, The Memoir Club, 2007), 44 – 45, 45. See also: Carol Helmstadter, 'Early nursing reform in nineteenth-century London: a doctor-driven phenomenon', *Medical History* 46, 3 (2002), 325 – 350, 333

¹⁵ J. K. Watson, *A Handbook for Nurses* (London, Scientific Press, 1899), 114; Brian Inglis, *A History of Medicine* (London, World Pub. Co, 1965), 151; Gabriel and Metz, *A History of Military Medicine Vol II* 153; Magner, *A History of Medicine* 299; Monica E. Baly, *Nursing and Social Change* Third Edition (London, Routledge, 1995), 124

¹⁶ Margaret Lonsdale, *Sister Dora A Biography* Twenty-Seventh Edition (London, C. Kegan Paul & Co., 1881), 96; Carol Helmstadter and Judith Godden, *Nursing before Nightingale, 1815 – 1899* (Surrey, Ashgate Publishing, 2001), xxi

enemas, dressings and bandaging, the management and prevention of bedsores, attendance at operations, proficiency in methods of observation, first aid and the application of hot and cold poultices.¹⁷ Chapter Five examined the common perception of the period that middle class women were physically weaker and inferior to men.¹⁸ It was alleged that ‘ladies’ were ‘too weak, nervous, excitable and the like to be successful workers’.¹⁹ Yet female nurses worked long, and at times physically demanding hours within civilian hospitals, work similar to the hard physical labour performed by working class servants.²⁰ This chapter will examine the clinical role of the nurses working long and arduous hours, and how in the case of civilian nurses especially; opportunities to work outside of their familiar clinical remit would have served to raise their professional confidence as practitioners.²¹

The clinical nursing routine

The daily working hours of the nurses serving in South Africa were long. Even though most nurses would have been used to undertaking protracted working hours within civilian hospitals, many found their working hours to be excessive.²² Reserve

¹⁷ Anonymous, Duties of Probationers under the “Nightingale Fund” H1/ST/NTS/C14/1 London Metropolitan Archives (LMA); Christopher Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983), 116

¹⁸ Joan Perkin, *Women and Marriage in Nineteenth-Century England* (London, Routledge, 1989), 1; Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 55; Gayle Letherby, ‘Gendered Concerns’, In Elaine Denny and Sarah Earle (Eds), *Sociology for Nurses* (Cambridge, Polity Press, 2005), 87 – 103, 89

¹⁹ Lee Holcombe, *Victorian Ladies at Work Middle-Class Working Women in England and Wales 1850 – 1914* (Devon, Archon Books, 1973), 9

²⁰ Lonsdale, *Sister Dora* 107; Agnes Hunt, *Reminiscences* (Shrewsbury, Wilding & Son Ltd, 1935), 70; Ann Simnett, ‘The pursuit of respectability: women and the nursing profession 1860 – 1900’, In Rosemary White (Ed), *Political Issues in Nursing Past, Present and Future Vol 2* (Chichester, John Wiley & Sons, 1986), 1 – 23, 8; Pamela Horn, *The Rise and Fall of the Victorian Servant* (Gloucestershire, Alan Sutton Publishing Ltd, 1990), 64 – 65 and 72 – 73

²¹ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 187

²² In 1890 nurses were working a fourteen-hour day at the Manchester Royal Infirmary, albeit punctuated with meal breaks and rest periods. By 1898, nurses in the main London hospitals, by were

nurse Edith Hancock was one such nurse who completed, '36 hours on duty at a stretch, we were terribly under-staffed & no end of very bad cases of dysentery & typhoid'.²³ Kate Luard, nursing at Pretoria, wrote to her family that by 11pm she had been 'on the trot' since 8am.²⁴ In Kroonstad, Georgina Pope also found it difficult to get any time away from her patients, owing to the insufficient number of trained nurses at the No. 3 General Hospital. Pope felt that she could only leave her patients for 'one half hour' as they were 'ill & neglected' and she believed it was her primary responsibility to attend to them.²⁵ Army nurse Mary Wilson, who had enlisted in 1897, found the work to be extremely challenging. In late December 1899, after receiving forty wounded patients at 10pm, Wilson 'did not finish dressing them till 3am'.²⁶ Sister Henrietta, responsible for the St Michael's Home in Kimberley during the siege, observed that her nurses spent their days 'standing in the furiously hot little operating room, or dressing ghastly wounds, almost standing on their heads, for the men were all on the floor'.²⁷

Even those nurses who had previous experience during military campaigns found the clinical responsibilities arduous. Canadian Elizabeth Russell, who had served as a nurse during the Spanish-American War, wrote in February 1900 at the No. 1 General

working on average seventy to ninety hours per week. Maggs, *The Origins of General Nursing* 110. Lee Holcombe similarly observed that in the metropolitan hospitals around 1890 day nurses averaged between fourteen and fifteen hours a day not including meals with a two-hour off duty break.

Holcombe, *Victorian Ladies at Work* 79

²³ Edith Hancock, 'Correspondence with her sister Ellie (18.05.1900)' AMS

²⁴ Kate Luard, 'Correspondence from No. 7 General Hospital Pretoria (Easter 1902)' D/D LU 76, 1 ex Essex Record Office (ERO)

²⁵ Georgina Pope, 'Correspondence with Sidney Browne (29.05.1900)' QA/PE/1/2 BROW 16/1956 – 5 AMS

²⁶ Mary Wilson, 'Correspondence with Sidney Browne' (20.12.1899) QA/PE/1/2 BROW 16/1956 – 11 AMS

²⁷ Sister Henrietta, 'War nursing in South Africa, 1901', *The British Journal of Nursing* 29, 756 (27.09.1902), 254 – 256, 255

Hospital Wynberg that she felt the hours of duty and the workload to be relentless for the number of nurses available.²⁸

The nurses go on at 9 a.m., and come off at 9 p.m. Breakfast is served at 8.30, lunch 1 p.m., and dinner at 9 p.m. We generally retire at 12 o'clock. There are 600 patients here and only 16 nurses, so you can imagine how hard we have to work.²⁹

The low nurse: patient ratio was a recurrent theme. Dora Harris on arrival at Bloemfontein was assigned four tents, each with eight patients, 'nearly all bad enteric cases'.³⁰ An anonymous nurse writing to *The Nursing Record* in January 1901 from 'the front' also described the incessant nature of working nights.

26th December: I started my letter to you last week and have never been able to finish it, being on night duty and very busy. I have over 200 patients (Tommies), the Officer's Marquee's, and four or five tents full of Kaffirs some of whom are very ill. You no sooner get round everywhere than you have to begin again, and some nights hardly ever sit down from 9 p.m. to 8.30 a.m.³¹

At the Scottish National Royal Red Cross Hospital in Kroonstad, Emily Wood described in detail her first day's work following her arrival on 21 June 1900. Wood found the work 'interesting' in spite of there being 'an awful lot to do' which she attributed to the fact that the orderlies were not capable of working unsupervised with five 'very bad cases' under their care.³²

We came off to dinner at ½ past 6 + did not leave our wards till ½ past 9... To-day we were called at ½ past 7. 8 (sic) breakfast in our ward 8.45.

²⁸ G.W.L. Nicholson, *Canada's Nursing Sisters* (Toronto Canada, S. Stevens, 1975), 36

²⁹ Miss Elizabeth Russell, 'Army Nursing Notes', *The Nursing Record* 24, 619 (10.02.1900), 114

³⁰ Harris, Manuscript Diary (08.05.1900) NAM

³¹ Anonymous, 'Our Foreign Letter From the Front Standerton, Transvaal', *The Nursing Record* 26, 669 (26.01.1901), 75

³² Nursing Sister Richardson stated that there were insufficient trained orderlies and as those currently working for her were untrained she believed she must complete the work herself or she could not be sure it would be done. Sister Richardson, Minutes of Evidence (21.08.1900) *Report of the Royal Commission Appointed to Consider and Report upon the Care and Treatment of the Sick and Wounded during The South Africa Campaign: Presented to both Houses of Parliament by Command of Her Majesty* (London, HMSO, 1901), 136

Found beds not made orderlies are supposed to make them + will have to if I'm about – in the morning. I prefer to do them myself at night.³³

Wood was one of the few nurses who, when writing to her family, documented the specific clinical work she was required to carry out under the direction of the 'thorough' Dr. Cowen:

We were off tonight at 20 to 9. Supposed to be about 8.30. But our Dr Cowen is a very particular man gives an awful lot of treatment. Each of the 5 bad cases have temp. pulse + resp. taken every 4 hours, if over 102.5. to be sponged with tepid water, that pretty frequently. Stimulants given every 2, 3 or 4 hrs. Mixtures every 4 hrs. One is almost wholly unconscious + 3 others take turns of it. Tea + arrowroot have to be made milk + beef tea warmed. Several of our 20 cases are helpless.³⁴

Yet not all of the trained nurses worked in clinically demanding roles. Harris regularly documented in her diary that she had 'little to do'.³⁵ Arriving at the No. 2 General Hospital in Wynberg, Harris reported for duty at 9am and 'helped Sister Smith till nearly 11, just took some temperatures and did one back, and then came home'. Later in the day she came back and 'gave medicines and stimulants in Sister O'Ryan's tents and looked into some of the others'.³⁶ Katharine Nisbet, who had been personally selected by Ethel Fenwick and had previously volunteered for active service in Greece, was responsible for the nurses at the Imperial Yeomanry Hospital in Pretoria.³⁷ Nisbet wrote in detail to her fiancé Major James Watson, Aide-de-Camp to Lord Kitchener, regarding her daily work routine, 'Called 5.30am with cup of tea! Then lie + think + feel how difficult it is to get up!'³⁸ Nisbet would finally get up at 6am to organise the nurses' breakfasts and supervise the cook who was 'a terror

³³ Wood, Journal (27.03.1901) WL

³⁴ Wood, Journal (21.06.1900) WL

³⁵ Harris, Diary (27.04.1900), (01.05.1900), (13.05.1900), (30.07.1900), (10.08.1900) NAM

³⁶ Harris, Diary (16.04.1900) NAM

³⁷ Anonymous, 'Army Nursing Notes', *The Nursing Record* 25, 641(14.07.1900), 34

³⁸ Katharine Nisbet, 'Correspondence with Major James Watson (15.06.1901)' 8412-4-100 NAM. Emphasis as original.

of ignorance'.³⁹ Her responsibilities as matron of the Day House involved the ordering of the seven daily meals, which included:

...telling the cook everything even to the minutes + seconds this + that must roast or boil or stew or fry or simmer! Also give out the ingredients + say what each is for so many currants for this, so many grams of baking powder for that. I have already a great sympathy with all the confidences that have ever been made to me on the criminal ignorance + perversity of the cook class.⁴⁰

From this account it is apparent that much of Nisbet's role was of a supervisory and domestic nature although she would endeavour to participate in the ward rounds when able between the '101 things that crop up daily'.⁴¹ Nisbet closed her account stating 'I don't suppose anyone who does not do it would ever imagine there is so much to do in the Sisters Homes etc. Superintendents are supposed to have a very easy time but they don't after all'.⁴² It is arguable that Nisbet purposely wished to display only the 'domestic' side of her capabilities as a nurse when writing to her fiancé, demonstrating her household management skills and her supervision of those within her employ in preparation for her future role as the 'angel of the house'.⁴³ Nisbet's account of the criminal ignorance and perversity of the cook class, and the difficulties of managing servants, mirrors the contemporary 'moral panic' over the 'servant problem' during the latter years of the nineteenth century with concerns that servants

³⁹ Nisbet, 'Correspondence (15.06.1901)' NAM

⁴⁰ Nisbet, 'Correspondence (15.06.1901)' NAM. Nisbet's account of the criminal ignorance and perversity of the cook class and the difficulties of managing servants mirrors the 'new moral panic' over the 'servant problem' during the latter years of the nineteenth century that servants were not to be trusted as described by Kathryn Hughes in her biography of Mrs. Beeton, *The Short Life and Long Times of Mrs. Beeton* (London, Fourth Estate, 2005), 391

⁴¹ Nisbet, 'Correspondence (15.06.1901)' NAM

⁴² Nisbet, 'Correspondence (15.06.1901)' NAM. Emphasis as original.

⁴³ Carol Christ, 'Victorian Masculinity and the Angel of the House', In Martha Vicinus (Ed), *A widening Sphere Changing Roles of Victorian Women* (London, Methuen & Co, 1977), 146 – 162, 147; M.J. Peterson, 'No Angels in the House: The Victorian Myth and the Paget Women', *The American Historical Review* 89, 3 (1984), 677 – 708; Horn, *The Rise and Fall of the Victorian Servant* 126; Elizabeth Langland, *Nobody's Angels Middle-Class Women and Domestic Ideology in Victorian Culture* (New York, Cornell University Press, 1995), 62

were not to be trusted, becoming a ‘constant source of anxiety’.⁴⁴ However, it does not appear that either her clinical role, or the hours she was required to work were as physically demanding as those discussed in the personal testimonies of Wood and Hancock for example.⁴⁵ An alternative and more clinical approach again features in the journal of Wood, writing in March 1901 when she had relocated to the No. 19 General Hospital Pretoria as a surgical nurse.

I am very busy as much as I can do in our duty hours which are few 9 to 1. 2 p.m. medicines 6 to 8 in the evening. It takes me 2 hours to get my work done in the evening though. I have 2. 3 or 4 operations each day... I do nearly all the dressings myself, give hypodermics look after the orderly who has charge of the theatre + attend almost all operations.⁴⁶

The two accounts demonstrate the variances between the role of a matron supervising nurses during their wartime service in South Africa and that of a nurse performing clinical ‘hands on’ care. Nisbet described her role as of a predominantly domestic nature, while Wood recounts the importance of her clinical role and her increased professional confidence as an integral part of the ‘busy’ surgical team. Nisbet, who found little compensation to her supervisory nursing role other than regular opportunities for horse riding, did not share the satisfaction Wood obtained from her role.

From the majority of the primary accounts it is evident that the nurses were regularly required to work long clinical hours. Chapter Five demonstrated that the nurses were exhausted and that their health was compromised from their endeavours, yet they managed to continue with their duties in spite of low nurse: patient ratios. It is also

⁴⁴ Leonore Davidoff & Catherine Hall, *Family Fortunes Men and women of the English middle class 1780 – 1850* (London, Routledge, 1994), 388 – 389; Hughes, *The Short Times and Long Life of Mrs. Beeton* 391

⁴⁵ Hancock, ‘Correspondence (18.05.1900)’ AMS; Pope, ‘Correspondence (29.05.1900)’ AMS; Wilson, ‘Correspondence (20.12.1899)’ AMS; Wood, Journal (24.06.1900) WL

⁴⁶ Wood, Journal (27.03.1901) WL

apparent that they did indeed cope with the arduous and physically demanding work of nursing for up to thirty-six hours at a time, which may have served to increase their personal and professional confidence as capable practitioners.⁴⁷ However there were disparities as in the case of Nisbet's more supervisory role. Once elevated to a senior position within a privately funded hospital there was limited involvement in the provision of clinical nursing care, with increased responsibility for the supervision of fellow nurses.

The role of surgery: weaponry and wounds

By the time of the outbreak of the Anglo-Boer War, trained nurses were aware of the principles of antisepsis, with textbooks detailing the dangers of putrefactive changes to wounds and the substances which could be used to inhibit them, namely antiseptics: - *anti*, against; *sepsis*, putrefaction.⁴⁸ Some nursing texts detailed the theory of phagocytosis and the principal functions of white corpuscles, although it is not possible to assert that all nurses would have been aware of all clinical developments as there was no common nursing syllabus.⁴⁹ However, Eva Luckes, matron of the London Hospital advised probationer nurses that, although dressings were sometimes left to the remit of the nurse, the doctor would ultimately be responsible for the choice and suitability of the dressing material, of which the most commonly used antiseptic substances were carbolic acid, boracic acid and iodoform.⁵⁰

In South Africa, the dressing of wounds constituted a large part of nurses' clinical

⁴⁷ Hancock, 'Correspondence (18.05.1900)' AMS

⁴⁸ Watson, *A Handbook for Nurses* 114

⁴⁹ Rebecca Strong, Lecture on Education in Nursing November 1895, BCN 2/9 King's College London (KCL), 2; Watson, *A Handbook for Nurses* 116

⁵⁰ Eva C. E. Luckes, *General Nursing* (London, Kegan Paul, Trench, Trubner & Co, LTD 1898), 60; Alexander Miles, *Surgical Ward Work and Nursing A Handbook for Junior Students of Medicine, and Nurses* (London, The Scientific Press Ltd, 1899), 5

work, so much so that while working at the Kimberley Hospital, Sister Child observed that ‘everything reeks of iodoform’.⁵¹ Carbolic acid, first discovered in 1834, was routinely used in the dressing of wounds and as a surgical ‘spray’ following Lister’s introduction to his surgical practice in the 1860s.⁵² In 1866 Lister used a dressing soaked in carbolic acid to dress compound fractures of the tibia on two separate patients and observed favourable results. Following this trial Lister advocated the covering of operative wounds with dressings impregnated with carbolic acid and published his findings in the *Lancet* in 1867.⁵³ Carbolic acid was also used to sterilise medical and surgical instruments.⁵⁴ An advert in *The Nursing Record* for February 1900 advertised ‘Calvert’s Carbolic Ointment’, which could be used for any skin ailment including chapped hands and ringworm, to resolving earache or neuralgic pains.⁵⁵ By the First World War it was recognised that carbolic acid was a ‘volatile and somewhat toxic solution’, used primarily for instrument sterilisation and for hand washing purposes than in dressing technique.⁵⁶ Yet during the Anglo-Boer War and in adherence to Lister’s teachings, carbolic acid appears to have been used on a regular basis and directly applied to wounds. E. Lynn Jenkins, a Dresser attached to the Welsh Hospital, wrote to a medical colleague about the dressing techniques he was currently adopting in South Africa.⁵⁷

⁵¹ Sister Child, ‘Army Nursing Notes’, *The Nursing Record* 24, 625 (24.03.1900), 231 – 232

⁵² Medical historians have surmised that Lister’s observations of the efficacy of carbolic acid at the sewage treatment plant in Carlisle influenced many of his experiments in antiseptics. Inglis, *A History of Medicine* 151; Gabriel and Metz, *A History of Military Medicine Vol II* 153; Magner, *A History of Medicine* 299

⁵³ Joseph Lister, ‘On the Antiseptic Principle in the Practice of Surgery’, *The Lancet* 90, 2299 (21.09.1867), 352 – 356. See also: Gabriel and Metz, *A History of Military Medicine Vol II* 153

⁵⁴ Luckes, *General Nursing* 144

⁵⁵ ‘Advertisement’, *The Nursing Record* 24, 618 (03.02.1900), 85

⁵⁶ Christine E. Hallett, *Containing Trauma Nursing Work in the First World War* (Manchester, Manchester University Press, 2009), 55

⁵⁷ Dressers were often medical students employed by senior surgeons as their apprentices or helpers. See: Carol Helmstadter and Judith Godden, *Nursing before Nightingale 1815 – 1899* (Surrey, Ashgate Publishing Ltd, 2011), xxi

The treatment which has been adopted in this case is: The wound is daily syringed with carbolic lotion (1 in 20) carefully dried and then well peppered over with boric powder. The cavity is plugged with wet cyanide gauze, over which dry dressing is put, the whole being protected with wool.⁵⁸

Civilian doctor Francis E. Fremantle stated that when the wounded arrived in the hospitals, it was a 'field-day' for the doctors and nursing sisters as:

Very few of the dressings have been changed on the way down, and several are dressed only with the field dressing, – a bit of gauze or lint soaked in carbolic oil, with jaconette [sic] and a bandage, – hurriedly applied under fire by a comrade.⁵⁹

An anonymous Sister working at the Military Hospital in Pietermaritzberg wrote to *The Nursing Record* in February 1900 relating her experiences of completing the wound dressings of forty-two men who had arrived with only the first field dressing as described by Fremantle.

I was the whole afternoon dressing the men who came down. I had to do it in a ward belonging to another sister, as she had two wards, and about 42 men came in, each one with only the first field dressing on... We attempted hardly anything that night but dressing them and making them fairly comfortable, and it was 4 a.m. before we were finished.⁶⁰

The dressing of wounds appears to be a shared role between the doctors, nurses and dressers. In Britain, medical students and employed dressers were frequently responsible for the care and dressing of wounds in hospitals on the wards and in the outpatient departments.⁶¹ Consequently the boundaries of practice within civilian

⁵⁸ E. Lynn Jenkins, 'May 27 1900 Government House, Bloemfontein', Reprinted In Craig and Fraser, *Doctors at War* 58 – 59, 59

⁵⁹ Francis E. Fremantle, *Impressions of a Doctor in Khaki* (London, John Murray, 1901), 97 – 98

⁶⁰ Anonymous Sister, 'Military Hospital, Pietermaritzberg', *The Nursing Record* 24, 618 (03.02.1900), 93 – 94

⁶¹ Lonsdale, *Sister Dora* 96; Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany and the United States, 1750 – 1945* (Maryland, The John Hopkins University Press, 1995), 274; E. A. Heaman, *St Mary's: The History of a London Teaching Hospital* (Quebec, McGill-McQueen University Press, 2003), 72; Keir Waddington, *Medical Education at St. Bartholomew's Hospital: 1123 – 1995* (Suffolk, The Boydell Press, 2003), 97

practice were a matter of contention.⁶² In 1891 Rachel Norris discussed the boundaries in *Norris's Nursing Notes* explaining that:

The Surgical dressings in a Ward are sometimes done by a Nurse, and sometimes by a Dresser; and I am sorry to say there is every now and then a little uncomfortable feeling between them as to who has the best right to the privilege of doing so...⁶³

Doctor J. A. H. Brincker, working at the No. 6 General Hospital in Naawpoort, stated that he 'found it safest to have one large dressing tray, which is carried for me from ward to ward, and which I leave in the care of the Sister'.⁶⁴ W. S. Inder, St John Ambulance Brigade orderly at the No. 2 General Hospital Wynberg, discussed how he had to prepare for the daily routine of dressing wounds by the doctor and nursing sister, which commenced at 9.30am every morning. Inder would prepare several bowls of 'lotion of carbolic in 40' in which to place the 'swabs' of absorbent wool, boracic gauze and boracic wool, before sterilising the equipment in preparation for use. He would then ensure that the dressing mediums were ready including 'iodoform, boric powder, bandages, dressing tray, waste bucket, and numerous other surgical appliances' for the doctor to use.⁶⁵ Inder stated that the doctor would then visit each patient 'examining him, noting temperature, etc' before describing how the doctor and nursing sister carried out the wound dressings together:

The dressing of wounds is a series of unbandaging, swabbing off old dressing, examination and pressing of punctures, syringing, powdering with antiseptics, and application of fresh dressing and bandages. This

⁶² Christopher Heath, *A Manual of Minor Surgery and Bandaging for the use of House-Surgeons, Dressers, and Junior Practitioners* Fourth Edition (London, John Churchill & Son, 1870), 4

⁶³ Rachel Norris, *Norris's Nursing Notes Being a Manual of Medical and Surgical Information for the use of Hospital Nurses and Others* Second Edition (London, Sampson Low, Marston & Co Ltd, 1891), 45

⁶⁴ J. A. H. Brincker, 'Correspondence April 2nd 1900, 6th General Hospital, Nauuwpoort', Reprinted In Craig and Fraser, *Doctors at War* 50

⁶⁵ W. S. Inder, *On active service with the S.J.A.B., South African war, 1899 – 1902* Reprint (Tennessee, General Books LLC, 2009), 33 – 34

occupies our time until 11-30 a.m., although several of the wounded, whose injuries are progressing favourably, are professionally untouched.⁶⁶

Inder's account demonstrates that he was personally involved in the dressing of wounds, yet it is clear that only certain orderlies in certain hospitals carried out this task. Theodosia Bagot, who was employed as an assistant nurse at the Military Hospital No. 6 Naauwpoort, where Dr. Brincker worked, commented that with regard to the dressing of severe wounds the orderly need never take part with the surgeon or the sister, always attending to them while an orderly was 'always in attendance to fetch and carry for the Sister and do whatever she required of him'.⁶⁷ Alice Bron who had travelled to South Africa from Belgium with the Red Cross, observed that, 'For a surgical nurse who understands her business,' English Doctors were excellent in recognising the skill and capabilities of the nurses, leaving 'even the most difficult dressings to her care,' trusting her 'thoroughly' in all aspects relating to the nursing of the wounded.⁶⁸ This may have been owing to the fact that many of the 'English Doctors' observed by Bron were from civilian practice and were familiar with the capabilities of trained nurses.⁶⁹ Wood asserted that it was her role to carry out 'nearly all the dressings... I am very happy in my work + no one interferes with me'.⁷⁰ There is clear evidence of developing confidence in clinical practice and that the nurses took pride in their work and that their clinical abilities were recognised by medical practitioners. It is also apparent that nurses were aware of their own limitations. On a daily basis Driver completed as many dressings as she was able to on her own, however, 'Many of the wounds were far too complicated for a nurse to undertake alone, and these were left till the doctor could come. On the lesser ones I would start

⁶⁶ Inder, *On active service with the S.J.A.B.*, 33 – 34

⁶⁷ Theodosia Bagot, *Shadows of the War* (London, Edward Arnold, 1900), 125

⁶⁸ Alice Bron and G. A. Raper, *Diary of a Nurse in South Africa: Being a narrative of experiences in the Boer and English Hospital Services* (Montana, Kessinger Publishing, 2007), 51

⁶⁹ Fremantle, *A Doctor in Khaki* 117

⁷⁰ Wood, Journal (27.03.1901) WL

and would be hard at until about nine a.m. when it was ration time'.⁷¹ This also demonstrates that although Driver did not complete complex dressings on her own, she was required to share the responsibility with the doctor and that complicated dressings were a two-person task.

Nurses in England were advised of the use of a variety of dressing mediums, including zinc, boracic, carbolic, iodoform, gall ointment, tincture of benzoine, nitrate of silver, Balsam of Peru and red lotion, however in South Africa dressing equipment and technique were dependent upon where nurses were working on the veldt.⁷²

During the siege of Ladysmith, Driver found that when the supply of lubricants was exhausted, the doctor invented creative alternatives:

Dr. Currie procured a bottle of rancid olive oil. This was boiled and to it was added as a disinfectant, eucalyptus. When the eucalyptus was used up, we added peppermint essence. A very small quantity of this was put on the dressing pads and applied to wounds. It was known as the "kirk mixture" by the Gordon Highlanders.⁷³

Not only were surgical patients having postoperative wounds dressed with a mix of rancid olive oil and eucalyptus, but Driver stated that bandages were also in short supply and that they were regularly reused without aseptic sterilisation. Driver noted that as the siege progressed, bandages would be carefully removed from the wounds and washed, often without soap, and boiled before hanging on tent ropes to dry.⁷⁴ Eventually the nurses were required to create their own dressing pads by cutting up tablecloths.⁷⁵

⁷¹ Kate Driver, *Experience of a Siege: A Nurse looks back on Ladysmith* Revised Edition (Ladysmith, Ladysmith Historical Society, 1994), 29

⁷² Norris, *Norris's Nursing Notes* 46; Luckes, *General Nursing* 58

⁷³ Driver, *Experience of a Siege* 29

⁷⁴ Driver, *Experience of a Siege* 29

⁷⁵ Driver, *Experience of a Siege* 29

As evidenced by Driver it was not possible to strictly adhere to the clinical procedures that civilian nurses would have been familiar with in Britain.⁷⁶ Eleanor Laurence soon discovered this fact, reflecting on receiving thirty patients at short notice, and how in London she would have thought it a 'heavy day' if six or eight patients were admitted to a ward where everything would have been ready at hand with 'several well-drilled nurses to help'.⁷⁷ Yet in South Africa Laurence recognised that:

...it will take a little time before the sisters will realise that it is useless to try to have things done just the same as we can at home, and for them to distinguish between the essentials of good nursing, which we must have, and the superfluous finish, which we must do without.⁷⁸

It is apparent that the exigencies of war meant that routine and acknowledged good practice was not always possible and that nurses were required to adapt to the situation at hand.

The clinical work of the nurses was evolving due to new 'conservative' operative techniques, which attempted to save those limbs that would previously have been amputated. This new operative technique required skilled nursing in postoperative patient observation and wound care.⁷⁹ Carol Helmstadter and Judith Godden explain that this form of surgical technique was referred to as 'conservative' because of the attempts to conserve limbs by the excision of diseased tissue. They continue that at that period such operative techniques held a high risk of postoperative haemorrhage,

⁷⁶ Norris, *Norris's Nursing Notes* 48; Laurence Humphry, *A Manual of Nursing: Medical and Surgical* Ninth Edition (London, Charles Griffin and Company Ltd, 1896), 152 – 153; C. S. Weeks-Shaw, *A Text-Book of Nursing* (London, Edward Arnold, 1896), 147 – 151; Ann Bradshaw, *The Nurse Apprentice 1870 – 1977* (Hampshire, Ashgate Publishing Ltd, 2001), 12 – 13

⁷⁷ Eleanor Laurence, *A Nurse's Life in War and Peace* (London, Smith, Elder & Co, 1912), 167 – 168

⁷⁸ Laurence, *A Nurse's Life* 167 – 168

⁷⁹ Baly, *Nursing and Social Change* 124

requiring, ‘skilled nursing around the clock’ and that ‘some surgeons even said that post-operative nursing care was more important in determining the outcome than surgical skill’.⁸⁰ Nurses, including Wood and Laurence, discuss in their personal testimonies the importance of and necessity for ‘special’ nursing by trained nurses in the immediate postoperative phase.⁸¹

Some nurses were also involved in the rigours of surgery itself; evidencing expert knowledge of the procedures and anatomy they had learnt during their training.

Wood, who had trained at the Glasgow Infirmary, described to her family in explicit detail her role in assisting the surgeon during operations:

They operated expecting to find a splinter of bone interfering with nerves in the brachial plexus – I was present at the operation + held the arm – what they actually found was that [undecipherable] of shot wound was almost adherent to them + too much so to the subclavian for them to entirely dissect the scar out. They removed a good bit however + tied up the vessels + are hoping some good may be the result.⁸²

The interest of Wood in all aspects of her work mirrors the argument of Octavius

Sturges of the Westminster Hospital who believed that nurses should take greater interest in the scientific parts of her work:

Again, why should a nurse any more than a soldier be forbidden to take an interest in the scientific part of her profession? Why should it be thought unbecoming in her when, having followed the several steps of some obscure illness to the fatal end, she expresses the desire to learn or even to discuss what the pathologist has discovered after death?⁸³

Sturges opinion was not typical of all medical men, most of whom Eva Gamarnikow observes defined femininity as ‘patriarchal female subordination’ to what men thought

⁸⁰ Helmstadter and Godden, *Nursing before Nightingale* 7

⁸¹ Wood, Journal (14.11.1900) WL; Laurence, *A Nurse's Life* 88

⁸² Wood, Journal (20.07.1900) WL. Emphasis as original.

⁸³ Octavius Sturges, ‘Doctors and Nurses’, *The Nineteenth Century* VII, 40 (1880), 1089 – 1096, 1094

to be appropriate for nurses, as women, to know.⁸⁴ In South Africa some nurses were demonstrating that their femininity could cope when responding to emergency situations outside of their usual working remit when there were no doctors immediately available and that they did not deem it 'unbecoming'. Edith Hancock recorded in a letter to her family her role in caring for a critically ill patient.

There was great excitement the other night in the Officers hospital – one chap Lascelles who was wounded in the chest got secondary haemorrhage. They came over to us (we are first opposite) with a dreadful tale, so I sent the orderly on to the Major.⁸⁵

Hancock was aware that owing to the time of night there would be no doctors available on site and that it would be up to her to see what immediate emergency treatment she could provide. On arrival Hancock found the patient 'exceedingly miserable & sundry officers looking on in pyjamas wondering what on earth they should do'.⁸⁶ Hancock then:

...got him on his back & put one chap on to him with digital pressure & set to get things ready. The Major presently arrived... by then the bleeding had pretty well stopped so he just plugged it up with some gauze & the excitement ceased. There really had been a fair amount of bleeding & I did get some credit for my share – & he was middling grateful.⁸⁷

Another nurse involved in emergency care provision was Sister X who described attending to a patient appearing 'deadly pale' who was 'spurting blood in large quantities from his arm. There being nothing else to do but apply pressure, we waited until the doctor arrived'.⁸⁸ On completing her care provision for that patient, Sister X was called by an orderly to attend to a 'man who was bleeding from the mouth,' so

⁸⁴ Eva Gamarnikow, 'Nurse or Woman: Gender and Professionalism in Reformed Nursing 1860 – 1923', In Pat Holden and Jenny Littlewood (Eds), *Anthropology and Nursing* (London, Routledge, 1991), 110 – 129, 111

⁸⁵ Edith Hancock, 'Correspondence with her sister Irene (15.07.1900)' AMS

⁸⁶ Hancock, 'Correspondence (15.07.1900)' AMS

⁸⁷ Hancock, 'Correspondence (15.07.1900)' AMS

⁸⁸ Sister X, *The Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906), 63

‘off we tore, to find it was from the lungs this time’.⁸⁹ Then, after ‘laying him flat on his back and giving him some ice to suck, and injecting ergotine, he had to be left likewise, – the doctor to sleep, and I and Sister L. returned to our different duties’.⁹⁰

The evidence demonstrates the dissolution of boundaries of practice during war. Nurses were required to attend to and adapt their practice in emergency situations. It is possible to surmise that this would have impacted on their confidence as practitioners permitting them to have a greater sense of belief in their own abilities. Nurses such as Miss Mont-Wilson, matron of the Cardiff Infirmary and Queen’s Nurse Lucy Watchorn stated that their work nursing the sick and wounded and the experience they gained would be of great use to themselves and their fellow nurses in the future.⁹¹ As Helmstadter and Godden assert, ‘Wars have always been a harsh test of the capabilities of individuals, occupations, institutions and societies, as well as opportunities for rapidly increasing competencies’.⁹² Nevertheless in spite of this advance in practice and the increased confidence it would have afforded nurses, once the war was over, many nurses would have been required to return to their own ‘space’ and working remit.

A growth of personal and professional confidence

The growing confidence of nurses in their own clinical competencies and abilities to observe and diagnose is evident in the letters of Katharine Nisbet who had trained at

⁸⁹ Sister X, *The Tragedy and Comedy* 63

⁹⁰ Sister X, *The Tragedy and Comedy* 63

⁹¹ Anonymous, ‘Cardiff Nurses at the Front. Return Home of the Infirmary Matron. Miss Mont-Wilson Relates her Experiences’, *Western Mail* 9844 (1900), 6; Lucy Watchorn Q.N., ‘A Retrospect. Nursing in the Boer Camps’, *Queen’s Nurses’ Magazine* II, 2 (30.08.1905), 59 – 62

⁹² Helmstadter and Godden, *Nursing before Nightingale* 121

Kings College Hospital in London. Despite being informed by the doctor that one of the nurses under her command was dying, Nisbet questioned this diagnosis:

Dr Washbourne came to tell me S. O'Neill (the sick sister you thought me rather heartless about yesterday afternoon) was worse, dying in fact... I think she will certainly live through the night. Dr Washbourne says decidedly not – we shall see. Doctors don't know ½ as we nurses do.⁹³

Hancock believed that although the sick and wounded were receiving care from male orderlies to the best of their capabilities, this was not as good as the expert care offered by trained nurses. Hancock wrote that when she took over the care of twenty-six typhoid patients she 'found some of the poor fellows in a most neglected condition, altho' [sic] I must say the men who are nursing them are very good fellows & have been doing all they can. Its [sic] beginning to show now that Sisters have arrived but there have been so many deaths'.⁹⁴ On arriving at a new posting Wood stated that, 'I am the Surgical nurse here' and that she was responsible for the majority of the dressings, the administration of hypodermic injections and the supervision of the theatre orderly.⁹⁵ Another nurse required to draw upon all her reserves of confidence at work was Kate Driver. When faced with the privations of siege nursing for herself and for her patients Driver stated, 'At these times I found it a great effort to be the "ideal surgical nurse" – confident and encouraging'.⁹⁶ Sister X was assured to stand up for her patients against those in authority when she discovered in one instance that the milk being served to those suffering with dysentery was sour. She argued with the ward master, who despite refusing to taste the milk in question, stated that it was perfectly acceptable:

⁹³ Katharine Nisbet, 'Correspondence with Major James Watson (09.03.1901)' 8412-4-63 NAM. Sister O'Neill did die, but not at that time.

⁹⁴ Hancock, 'Correspondence (23.05.1900)' AMS

⁹⁵ Wood, Journal (27.03.1901) WL. Emphasis as original.

⁹⁶ Driver, *Experience of a Siege* 29

“Well,” I replied, “I think I am a better judge of milk than you are, as I dare say you are a better judge of *beer* than I should be, and I should not dream of disputing *your* opinion on that point, and I really must ask you *not* to dispute mine on this!”⁹⁷

Emily Peter countered the authorities on more serious matters than the condition of the patients’ milk ensuring that a ‘black mark’ was placed against her.⁹⁸ Peter had been caring for a boy of twenty named Hutton who was dangerously ill, before he was moved to the care of another Sister, who, Peter claimed, ‘told untrained orderlies what to do, and left them to do it or not as they pleased’.⁹⁹ Peter was adamant that it was her personal nursing care that ‘had pulled him through the worst,’ although Hutton remained dangerously ill and so she ‘told them plainly that if they insisted on moving him and he died, I would write to his people and tell them. They held a board meeting on him then, and decided that he was too ill to be moved, but they put a black mark against me’.¹⁰⁰ Peter’s direct conflict with the medical authorities does not fit with the prevailing image of the stereotypical subordinate nurse of the Victorian period who was trained to display ‘implicit obedience’ to the doctor.¹⁰¹ This episode may have been further evidence of resistance by medical staff unhappy at female interference to their work and their reduced control over nursing, as occurred often during the Crimean and American Civil War and within civilian practice in Britain.¹⁰² It could be argued that Peter was considering her care provision in an autonomous manner,

⁹⁷ Sister X, *The Tragedy and Comedy* 17

⁹⁸ Joan Woodward and Glenys Mitchell, *A Nurse at War Emily Peter 1858 – 1927* (New Zealand, Te Waihora Press, 2008), 92

⁹⁹ Woodward and Mitchell, *A Nurse at War* 92

¹⁰⁰ Woodward and Mitchell, *A Nurse at War* 92

¹⁰¹ Eva C. E. Luckes, *Lectures on Nursing: Lectures on General Nursing, Delivered to the Probationers of the London Hospital Training School for Nurses Fourth Edition* (London, Paul, Trench, 1892), 11; Maggs, *The Origins of General Nursing* 29; Rafferty, *The Politics of Nursing Knowledge* 29; Maxine Rhodes, ‘Women in Medicine: Doctors and Nurses, 1850 – 1920’, In Deborah Brunton (Ed), *Medicine Transformed Health, Disease and Society in Europe 1800 – 1930* (Manchester, Manchester University Press, 2004), 151 – 179, 151

¹⁰² Maggs, *The Origins of General Nursing* 30; Gamarnikow, ‘Nurse or Woman’, 112 and 116; Rafferty, *The Politics of Nursing Knowledge* 11; Jane E. Schultz, *Women at the Front Hospital Workers in Civil War America* (North Carolina, University of North Carolina Press, 2004), 109; Helen Rappaport, *No Place for Ladies The Untold Story of Women in the Crimean War* (London, Aurum Press Ltd, 2008), 166

placing her patients welfare before complete obedience to the doctor's order.¹⁰³

Another nurse demonstrating autonomous practice was Kate Luard who wrote home to her family regarding her demanding working hours at the No. 7 General Hospital Pretoria and how she dealt with a number of patients' physical ailments:

The sergt had 10 gr phenacetin hurled at him; Briarley was severely dosed with Mag. Sulph & reduced to milk only – Sandford writhed under a fomentation, and I calmly took off Phipps's dressing, fished out the tube, threw it away & dressed him again without it, all of which will have to be reported to Maj Holt in the morning but he won't hit me. When you've worked with any one a long time you know exactly what they'll do or won't do for anything that may arise.¹⁰⁴

Luard's claims that the Major would not 'hit' her, demonstrates perhaps Luard's individual turn of phrase and method of communication with family, as opposed to concerns that doctors would physically abuse nurses for actions they deemed disobedient. Yet this does demonstrate that Luard was aware of the scope of her practice and her clinical capabilities to make decisions in an autonomous manner without immediately deferring to the doctor. This also reflects Anne Marie Rafferty's acknowledgement that 'good, intelligent and obedient' nurses were sometimes able to obtain the 'confidence' of medical men if they understood the clear division between the nurse's role and that of the doctors. Rafferty continues that if the nurse crossed that line then confidence would be lost as, 'Boundaries were not immutable, however; if a nurse could prove herself "worthy" she could be trusted to do things not strictly within her province', perhaps evidenced in Luard's confidence in the support of Major Holt.¹⁰⁵

¹⁰³ Barbara Melosh, *"The Physician's Hand" Work, Culture and Conflict in American Nursing* (Philadelphia, Temple University Press, 1982), 19

¹⁰⁴ Luard, 'Correspondence (Easter 1902)' 3 ERO

¹⁰⁵ Rafferty, *The Politics of Nursing Knowledge* 29

Sister X was confident in her role as a 'gatekeeper' to her patients at the Tin Camp Hospital in Ladysmith, which resulted in 'amusing tussles with the officers' friends, who till our advent had been inundating the wards at all hours of the day till 9 p.m., but of course we could not possibly allow this to continue, and although there were many complaints, I remained obdurate to all entreaties'.¹⁰⁶ Sister X explained the necessity of her role as a 'gatekeeper' owing to her responsibility for her patients and how this gave her confidence to stand against those who opposed her care regime:

They do not realize [sic] that we are responsible for all these patients, and that if they were in their own homes they would not barely be allowed in at the front door... Mr. D., who was so ill, and is now better, told me that his brother officers said they would rather face shell fire than me! I was glad to hear that.¹⁰⁷

Sister X's display of confidence in spite of a male dominated society coincides with the fact that women were increasingly crying out for equal rights and the chance to explore new possibilities outside of the home.¹⁰⁸ The approach of the twentieth century was bringing a new type of woman, although with as yet no specified amount of freedom.¹⁰⁹ Sheila Steinbach described the 'new woman' as someone of middle class origination with independent and financial means and with 'increased opportunities for education, work, career and feminist activism', a description that would have encompassed some nurses in South Africa.¹¹⁰ It is possible to surmise that nurses in South Africa would have been aware of the current women's movement and the debates around increased freedom and this may have had some impact on

¹⁰⁶ Sister X, *The Tragedy and Comedy* 100

¹⁰⁷ Sister X, *The Tragedy and Comedy* 101

¹⁰⁸ Bridget Theron, 'Victorian Women, Gender and Identity in the South African War: a review', *UNIS KLEIO* 38, 1 (2006), 3 – 24, 3

¹⁰⁹ Sheila Rowbotham, *A Century of Women The History of Women in Britain and the United States* (London, Viking, 1997), 7

¹¹⁰ Susie Steinbach, *Women in England 1760 – 1914 A Social History* (London, Weidenfeld and Nicolson, 2004), 279

their personal confidence.¹¹¹ The nurses would also have come into contact or been aware of those women who were participating in new opportunities for education and careers, and with female contemporaries who were already participating at the seat of war. Lady Maud Rolleston, who had travelled out to South Africa to be with her husband, a serving officer, recounted meeting a Miss Bateman who ‘was a nice and pretty little lady who had come out from England all alone as the correspondent to the *Daily Express*’. Rolleston observed that:

It is an extraordinary phase of the times to see a young woman, pretty and unmarried and a lady, come out absolutely alone to see as much as possible of a country during a war in order to record her experiences and observations... I think it says very much for the chivalry of the times that this is possible, and that nothing, as she told me, in the least unpleasant had ever happened to her.¹¹²

The ideal of ‘the chivalry of the times’ noted by Rolleston was evident during military campaigns such as the Crimean War in the accounts of an army wife, who on falling sick after a period of nursing in a regimental field hospital, was cared for by male soldiers who fashioned her a bed out of wooden planks.¹¹³ The archaic notion of chivalry had seen a revival during the Victorian period and is clearly viewed by women at least, as the typical behaviour of men towards women as protectors.¹¹⁴ The presence of Miss Bateman in South Africa followed the precedent of Lady Florence Dixie, a writer, explorer and journalist, who has been acknowledged as the first

¹¹¹ Sally Mitchell, *Daily Life in Victorian England* (Connecticut, Greenwood Publishing Group, 1996), 269; Rowbotham, *A Century of Women* 7; Sandra Stanley Holton, ‘Women and The Vote’, In June Purvis (Ed), *Women’s History: Britain, 1850 – 1945 An Introduction* (London, Routledge, 2000), 277 – 306, 285

¹¹² Lady Maud Rolleston, *Being the Diary of the wife of an Imperial Yeomanry Officer during the Boer War by The Lady Maud Rolleston* (London, Elder, Smith & Co, 1901), 162 – 163

¹¹³ Rappaport, *No Place for Ladies* 216

¹¹⁴ Kate Millett, ‘The Debate over Women: Ruskin vs. Mill’, In Martha Vicinus (Ed), *Suffer and be Still: Women in the Victorian Age* (Indiana, Indiana University Press, 1973), 121 – 139, 122; Margaret Homans, ‘Victoria’s Sovereign Obedience: Portraits of the Queen as Wife and Mother’, In Carol T. Christ and John O. Jordan (Eds), *Victorian Literature and the Victorian Visual Imagination* (California, University of California Press, 1995), 169 – 197, 176; Paula M. Krebs, *Gender, Race, and the Writing of Empire: Public Discourse and the Boer War* (Cambridge, University of Cambridge, 2004), 80 – 81; Allen J. Frantzen, *Bloody Good Chivalry, Sacrifice, and the Great War* (Chicago, University of Chicago Press, 2004), 146

woman war correspondent appointed by the *Morning Post* during the Anglo-Zulu War (also known as the First Anglo-Boer War or Zulu War of 1879 – 1881).¹¹⁵ Women were conscious of fellow women adventurers and travellers through their published works, for example Mary Kingsley, and this may have acted as an impetus for their increased confidence in women's abilities to cope with arduous travels.¹¹⁶ As discussed in Chapter Three, some of the nurses who enlisted for wartime service went with a desire for travel and adventure. During her time in South Africa Sister X requested a transfer to Bloemfontein but the Principal Medical Officer would not sanction her to go. However Sister X was confident that she would be able to secure employment as a nurse once there so she decided to take things into her own hands:

That night as I was in bed, it finally occurred to me that the only way I could do it was to resign, and make myself once more a free agent... Of course, there *was* the *one* difficulty for us both to face – that was, when we got to Bloemfontein, would they take us on? The obstacle, however, only added zest to our plans...¹¹⁷

Nurses such as Sister X who decided to control their own work in South Africa, combined with concerns over whether nurses were trained or untrained, raised questions over the necessity for regulation. At the time of the Anglo-Boer War nursing had no defined position, no uniformity of education and it was not until 1919 that the Nurses' Registration Act theoretically regulated whether a woman was qualified to care for the sick or not.¹¹⁸ Yet medical men were increasingly recognising the work of the 'modern highly skilled nurse' and their contributions to

¹¹⁵ Jihang Park, 'Women of their Time: The growing recognition of the second sex in Victorian and Edwardian England', *Journal of Social History* 21, 1 (1987), 49 – 67, 51. See also: Dorothy Middleton, 'Lady Florence Caroline Dixie (1855 – 1905)', Oxford Dictionary of National Biography (ODNB) <http://www.oxforddnb.com/view/article/32836> accessed on 11.02.2013

¹¹⁶ Middleton, 'Lady Florence Dixie'; D. J. Birkett, 'Kingsley, Mary Henrietta (1862 – 1900)', ODNB <http://www.oxforddnb.com/view/article/15620?docPos=2> accessed on 11.02.2013

¹¹⁷ Sister X, *The Tragedy and Comedy* 118

¹¹⁸ Strong, Lecture on Education in Nursing, BCN 2/9 KCL, 2; Maggs, *The Origins of General Nursing* 193 – 194; Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988), 4; Baly, *Nursing and Social Change* 146 – 148; Rafferty, *The Politics of Nursing Knowledge* 96; Rhodes, 'Women in Medicine', 172 – 173

the advancement of medical attendance to the sick and wounded in times of war.¹¹⁹

Alfred D. Fripp of the Imperial Yeomanry Hospitals went even further in his praise:

I am sure that apart from their skill and help to the doctor they confer comfort and happiness on the patients, and I think that in the future it will be recognised that there will be plenty of scope for the nursing sister in war.¹²⁰

Nurses worked long hours on the veldt and there is some evidence of their advancing scope of practice owing to the blurred boundaries of war service in unknown conditions. This may have assisted them to increase their competencies and professional confidence as nurses.¹²¹ Nevertheless, Maxine Rhodes states that, ‘While there is no doubt that nursing on the battlefield and on the home front was dangerous and arduous, historians have questioned whether women’s wartime activities really resulted in long-term changes in their position in society’.¹²² Despite this it is possible to imply that this increase in competencies would have impacted on their personal confidence and awareness of what they were capable of as practitioners and indeed as citizens of Empire.

Conclusion

During the Anglo-Boer War nurses were demonstrating their capabilities to work under pressure and adapt their practice to meet the exigencies of war. Perhaps owing to the insufficient numbers of doctors, army nurses and trained male orderlies, it was necessary for some civilian nurses to expand their practice. Edith Hancock and Sister X demonstrated that nurses were sometimes required to deliver emergency care to

¹¹⁹ Alfred D. Fripp, ‘The Imperial Yeomanry Hospital’, *The Lancet* 155, 4002 (12.05.1900), 1384

¹²⁰ Fripp, ‘The Imperial Yeomanry Hospital’, 1384

¹²¹ Helmstadter and Godden, *Nursing before Nightingale* 121

¹²² Rhodes, ‘Women in Medicine’, 175

patients and adapt to the situation if there was no doctor readily available. This may have served a double purpose in that the doctors became gradually more aware of the nurses clinical competence as well as increasing the confidence of the nurses as skilled practitioners. The next chapter will consider the 'expert' work of the nurses in the nursing of typhoid fever, an often fatal disease that infected many in South Africa at a rate unaccounted for by medical authorities. Here the work of the nurse was paramount in the successful care and recovery of those who succumbed owing to no recognised treatment regime. Consequently nurses obtained recognition for their specific role and body of knowledge in the positive outcome and recovery of those afflicted.

Chapter Seven

The last of the Typhoid campaigns

I expect by the time I return to England, I shall never want to see another case of enteric or dysentery.¹

Introduction

As discussed in Chapter Six, within military history, campaigns have been fought not only against the enemy, but also against the damaging presence of disease.² Historian Kevin Brown states that, ‘War and typhoid, often known as enteric fever, were old companions’.³ By the eighteenth century, with military successes dependent upon effective disease prevention, sanitary guidelines were instigated. Sir John Pringle, otherwise known as the ‘father of military hygiene’, issued his *Observations on the Diseases of the Army, in Camp and Garrison* in 1752. It advocated the covering of ‘latrines daily with earth’, and the movement of camps from ‘fouled ground when outbreaks of disease occurred’.⁴

At the commencement of the Anglo-Boer War there was neither proven prophylaxis nor any antibiotics available to fight against disease and infection, resulting in the

¹ A.N.R., ‘Our Foreign Letter Chieveley, Natal’, *The Nursing Record* 24, 637 (16.06.1900), 483 – 484, 483

² G. C. Cook, ‘Influence of diarrhoeal disease on military and naval campaigns’, *Journal of the Royal Society of Medicine* 94 (2001), 95 – 97, 95; Maire A. Connolly and David L. Heyman, ‘Deadly Comrades: war and infectious diseases’, *The Lancet Supplement* 360 (2002), 23 – 24, 23; Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War* (Oxford, Oxford University Press, 2004), 92

³ Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Gloucestershire, The History Press, 2008), 17

⁴ Cook, ‘Influence of diarrhoeal disease’, 95

army daily facing the risk of epidemics such as typhoid fever.⁵ Accordingly, Brown asserts that typhoid fever proved to be the ‘greatest killer’ during the Anglo-Boer War.⁶ In 1899 Almroth Wright, the Professor of Pathology at Netley, developed a vaccine for typhoid which he had trialled in 1897 at a ‘lunatic asylum’ in Kent.⁷ Despite the availability of a vaccine, Philip D. Curtin states that less than 4% of the whole military force was inoculated, perhaps owing to suspicions voiced by army doctors and the sometimes violent and adverse side effects of the vaccine.⁸ The First World War and Second World War saw typhoid inoculation routinely offered to soldiers, and all those who agreed to partake were inoculated before transport overseas.⁹ Yet during the Anglo-Boer War, military medical historians Richard Gabriel and Karen Metz state, the conflict led to 6,000 dead from enemy fire while 16,000 died from disease, predominantly typhoid and dysentery.¹⁰ Gabriel and Metz further claim that 74,000 soldiers experienced enteric and dysentery, with over 8,000 dying from enteric fevers alone.¹¹ Consequently, as Jan Bassett observed, the nursing of patients with typhoid fever was to be responsible for the majority of the nurses’ work in South Africa with the Anglo-Boer War subsequently described as ‘the last of

⁵ Brown, *Fighting Fit* 18

⁶ Brown, *Fighting Fit* 17

⁷ Richard A. Gabriel and Karen S. Metz, *A History of Military Medicine Vol II From the Renaissance through Modern Times* (London, Greenwood Press, 1992), 144; Michael Worboys, ‘Almroth Wright at Netley: Modern Medicine and the Military in Britain, 1892 – 1902’, In Roger Cooter, Mark Harrison and Steve Sturdy, *Medicine and Modern Warfare* (Amsterdam, Rodopi, 2004), 77 – 98, 88; Oscar Craig and Alasdair Fraser, *Doctors at War* (County Durham, The Memoir Club, 2007), 18

⁸ Francis E. Fremantle, *Impressions of a Doctor in Khaki* (London, John Murray, 1901), 210 – 211; Stephen A. Pagaard, ‘Disease and the British Army in South Africa, 1899 – 1902’, *Military Affairs* 50, 2 (1986), 71 – 76, 74; Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 208; Philip D. Curtin, *Disease and Empire The Health of European Troops in the Conquest of Africa* (Cambridge, Cambridge University Press, 1998), 209; Brown, *Fighting Fit* 22 – 23

⁹ Harrison, *Medicine and Victory* 92; Brown, *Fighting Fit* 48

¹⁰ Gabriel and Metz, *A History of Military Medicine Vol II* 217

¹¹ Gabriel and Metz, *A History of Military Medicine Vol II* 217. See also: John Laffin, *Surgeons in the field* (London, J.M. Dent & Sons Ltd, 1970), 200

the typhoid campaigns'.¹² The high numbers afflicted by typhoid fever was one of the prominent reasons cited by nurses for their desire to serve in South Africa.¹³ Eleanor Laurence enlisted in the Reserve as she claimed:

I couldn't stand it any longer; all my friends were going off to the front; and, though many people said the war would be over before they landed, we kept hearing accounts of how bad the enteric was, and that the nurses were being overworked, so I felt I must at least offer to lend a hand.¹⁴

The aetiology of typhoid fever and the nursing care regime

As a disease, typhoid fever had traditionally been confused with typhus fever (a louse borne disease), owing to certain similarities in disease progression until it was identified, via post mortem examinations, that in the dead bodies of typhoid sufferers the Peyers glands within the intestine were always diseased, unlike those with typhus.¹⁵ In the late nineteenth century it was commonly accepted that typhoid fever was contracted through drinking contaminated milk, water, or from the excretions of those already infected.¹⁶ There was as yet no definitive treatment for typhoid fever and this would remain the case until the introduction of antibiotics.¹⁷ Therefore the

¹² Jan Bassett, *Guns and Brooches Australian Army Nursing from the Boer War to the Gulf War* (Melbourne, Oxford University Press, 1997), 19; Daniel Low-Beer, Matthew Smallman-Raynor and Andrew Cliff, 'Disease and Death in the South African War: Changing Disease Patterns from Soldiers to Refugees', *Social History of Medicine* 17, 2 (2004), 223 – 245, 223

¹³ Charlotte Searle, *The History of the Development of Nursing in South Africa 1652 – 1960 A Socio-historical Survey* (Cape Town, Struik, 1965), 192

¹⁴ Eleanor Laurence, *A Nurse's Life in War and Peace* (London, Smith, Elder & Co, 1912), 137

¹⁵ A. P. Stewart, 'The Discovery of the Difference between Typhus and Typhoid Fevers', *British Medical Journal* 2 (15.11.1879), 795; Laurence Humphry, *A Manual of Nursing Medical and Surgical* (London, Charles Griffin & Co Ltd, 1898), 118; R. Moorehead, 'William Budd and typhoid fever', *Journal of the Royal Society of Medicine* 95 (2002), 561 – 564

¹⁶ Humphrey, *A Manual of Nursing Medical and Surgical* 120; T. E. Hayward, 'A Lecture to Nurses on Typhoid Fever', *Nursing Notes A Practical Journal for Nurses* XII, 135 (01.03.1899), 31 – 33; Deborah Brunton, 'Dealing with Disease in Populations', In Deborah Brunton (Ed), *Medicine Transformed Health, Disease and Society in Europe 1800 – 1930* (Manchester, Manchester University Press, 2004), 180 – 210, 190

¹⁷ Anonymous, 'Notes on the Base Hospitals in Cape Colony Drugs in Typhoid Fever', *British Medical Journal* 1, 2050 (14.04.1900), 910 – 911; Anonymous, 'The War in South Africa', *British Medical Journal* 2, 2070 (01.09.1900), 597 – 599; Brown, *Fighting Fit* 18

main aim when caring for a typhoid patient was the management of symptoms. The first symptoms of typhoid fever would appear with general weakness, headache, chills, loss of appetite, and a disordered stomach and bowels. This was recognised as the ‘invasion’ stage occurring in the first one to two weeks of infection and coinciding with a rash of red spots on the trunk. Lasting around three days, the spots would have receded on the application of pressure, which Eva Luckes, matron of The London Hospital noted as ‘highly diagnostic of typhoid fever’.¹⁸ A swollen and tender abdomen would often accompany the presence of a rash and offensive loose stools of a ‘pea-soup’ character possibly containing blood, as well as occurrences of epistaxis. Those who developed severe incidences of typhoid fever would eventually reach a crisis stage caused by prolonged high temperature states.¹⁹ In 1899 Doctor J. K. Watson detailed the condition and presentation of typhoid patients in his *Handbook for Nurses*:

There is great muscular weakness, and the pulse is almost or quite imperceptible. He tends to pick at his bed-clothes, and passes his urine and faeces under him. His lips are parched and covered with crusts (sordes), and the tongue is dry and glazed. The abdomen is probably distended, from accumulation of flatus. Breathing is irregular, and the “cheyne-stokes” type of respiration may be present. Bed sores are very apt to form.²⁰

When caring for patients with typhoid fever, the nurses’ initial concern was the risk of haemorrhage in the bowels, liable to occur during the second to fourth week of the illness. Following this, the main concern was the possible perforation of the bowel, which could occur because of the constant ulceration reducing bowel lining to the thickness of paper. Such an event would, inevitably lead to death from peritonitis and

¹⁸ Eva C. E. Luckes, *General Nursing* (London, Kegan Paul, Trench, Trubner & Co., Ltd, 1898), 294

¹⁹ Annie M. Hewer, ‘Antipyretics’, *Nursing Notes* X, 112 (01.04.1897), 45 – 46; J. K. Watson, *A Handbook for Nurses* (London, Scientific Press, 1899), 235

²⁰ Watson, *A Handbook for Nurses* 234

septicaemia.²¹ It was therefore the role of the nurse to monitor patients for a sudden fall in temperature alongside a sudden increase in the speed and strength of the pulse, both indicative of perforation, at which point it was essential that she alert the doctor at the earliest opportunity as emergency treatment and/or surgery may be required. Luckes advocated nurses responsible for typhoid patients to undertake careful and accurate temperature monitoring every four hours as routine, and for severe cases every one to two hours.²² This was a time consuming job when the temperature was measured at the axilla, as it would have taken between five and ten minutes to be ascertained correctly.²³ The effective nursing care of a typhoid patient was paramount to recovery, as with prolonged high temperatures death would often arise, thus careful temperature monitoring and the abatement of this symptom was an important task for the nurse.²⁴

In 1889, ten years prior to the commencement of the Anglo-Boer war, advice had been given in relation to the nurses' role in the care of typhoid patients. This advice coincided with the medical advances of the 1880s in respect of typhoid fever, identifying it as a specific fever and caused by the bacillus *Salmonella typhi*.²⁵ Nurses were instructed to administer only 'milk, beef tea, and such stimulants as the doctor may order' while the temperature was raised.²⁶ Nurse educators, Alice Fisher and Mrs. Norris and later doctor T. E. Hayward, instructed that patients should always remain recumbent and not be permitted to rise from the bed at any time, even during

²¹ C. J. Cullingworth, *A Manual of Nursing Medical and Surgical* (London, J & A Churchill, 1889), 27; Watson, *A Handbook for Nurses* 234

²² Luckes, *General Nursing* 294

²³ Luckes, *General Nursing* 147

²⁴ Luckes, *General Nursing*, 295; Humphrey, *A Manual of Nursing Medical and Surgical* 120

²⁵ Brown, *Fighting Fit* 17

²⁶ Alice Fisher and Mrs. Norris, 'A Guide to Medical and Surgical Nursing', *The Nursing Record* 2, 60 (23.05.1889), 323 – 325, 324

bed making and provided their evidence base for this particular practice.²⁷ Despite Jane Brooks' recognition that one area of learning by rote in training schools was the 'endless' and repetitive tasks to ensure nurses 'socialised subordination', which forced them into an 'anti-intellectual sphere', in the case of typhoid fever nurses were actually taught the rationale for specific treatment.²⁸ However there is evidence that from the time of Florence Nightingale a certain level of knowledge was deemed requisite for the nurse, confirmed by Anne Marie Rafferty who states that the advent of nurse training meant nurses were expected to have an understanding of 'the case and why the patient required nursing in a particular way' and that this was 'crucial to efficient nursing'.²⁹ Thus by the turn of the century Christopher Maggs observes that textbooks began to include rationale for nursing actions, reflecting the most recent developments in medical knowledge, although there was no universal syllabus.³⁰ Nurses were being educated as to the clinical implications of their work and in the case of typhoid fever, why patients were nursed as they were (to avoid undue pressure on the already inflamed and ulcerated bowel at high risk of perforation). Nurses were also counselled to provide health advice to typhoid patients as to why they should not over eat.³¹ The nursing care described by contemporary textbooks demanded twenty-four-hour care provision, for example those patients who required hourly temperature monitoring. The symptomatic management of diarrhoea would have primarily been treated with oral opium, or opium combined with starch as an enema, while acetate of

²⁷ Fisher and Norris, 'A Guide to Medical and Surgical Nursing', 323 – 325; T. E. Hayward, 'A Lecture to Nurses on Typhoid Fever', *Nursing Notes* XIII, 137 (01.05.1899), 61 – 63, 61

²⁸ Jane Brooks, 'Visiting Rights Only': The Early Experiences of Nurses in Higher Education, 1918 – 1960 Unpublished PhD Thesis (2005) The London School of Hygiene and Tropical Medicine, 142

²⁹ Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 36. See also: Ida T. Bjork, 'Changing conceptions of practical skills and skill acquisitions in nursing education', *Nursing Inquiry* 4 (1997), 184 – 195, 185

³⁰ Christopher Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983), 115

³¹ Fisher and Norris, 'A Guide to Medical and Surgical Nursing', 324; T. E. Hayward, 'A Lecture to Nurses on Typhoid Fever', *Nursing Notes* XII, 136 (01.04.1899), 47 – 48

lead, sulphuric acid, or chalk and iron were sometimes used.³² Those with diarrhoea would have required careful monitoring of pressure areas and the regular changing of bedding and linen, with contemporary accounts stating typhoid patients often defecated up to seventeen or eighteen times a day.³³ Bedsores were accordingly a risk, therefore regular repositioning; powdering the back with zinc and starch before rubbing with spirit or egg whites to harden the skin was a frequent method of prevention.³⁴ Some of these methods continued as nursing practices long into the twentieth century including the ritual of the 'back round'.³⁵

During the Anglo-Boer War, typhoid fever featured prominently in the hospitals. Two serious epidemics occurred during the siege periods in Ladysmith and Bloemfontein from November 1899, with medical historians stating that there were no fewer than 5,000 hospital cases and up to forty deaths per day.³⁶ Nurses were aware of the high

³² Watson, *A Handbook for Nurses* 238; Carol Helmstadter and Judith Godden, *Nursing before Nightingale, 1815 – 1899* (Surrey, Ashgate Publishing Ltd, 2011), 37

³³ Lieut-Colonel G. Sterling Ryerson, 'Medical and Surgical Experiences in the South African War Being addresses to the Toronto Clinical Society and Canadian Medical Association (1900)', 10 Army Medical Services Museum (AMS)

³⁴ Luckes, *General Nursing* 58; Watson, *A Handbook for Nurses* 240

³⁵ Helen Zueller states that in America between 1900 and 1940, 'Rubbing the skin with alcohol was a cornerstone of bedsore prevention' to toughen the skin. Helen Zueller, "'An Obstinate and Sometimes Gangrenous Sore": Prevention and Nursing Care of Bedsores, 1900 to the 1940s', In Patricia D'Antonio and Sandra B. Lewenson (Eds), *Nursing Interventions Through Time: History as Evidence* (New York, Springer Publishing Company, 2011), 43 – 60, 49 – 50. In Britain Methylated spirits and talcum powder continued to be advocated as a preventative to bedsores till the middle of the twentieth century. J. W. Joule, *Textbook of Medicine for Nurses* (London, H.K. Lewis and Co. Ltd, 1952), 296; Jennifer Craig, *Yes Sister, No Sister: My Life as a Trainee Nurse in 1950s Yorkshire* (London, Ebury Press, 2010), 78; Evelyn Prentis, *A Nurse in Time: My Life as a Trainee Nurse in the 1930s* (London, Ebury Press, 2011), 199

³⁶ Arthur Conan Doyle, *The Great Boer War* (London, Smith, Elder & Co, 1900), 370; Curtin, *Disease and Empire* 209; Gabriel and Metz, *A History of Military Medicine Vol II* 217

numbers of sick as confirmed by the diary of Dora Harris and the letters of Edith Hancock, who wrote home about the high morbidity in Bloemfontein.³⁷

One cannot grasp the amount of Enteric that is amongst our troops. There are 4 to 5000 sick at Bloemfontein & it is called a death trap. Two Sisters died there last week & more are down, I am glad to have been inoculated. The medical work to be done out here is tremendous, but they are all sick I have not seen any wounded yet.³⁸

Howard Tooth, Assistant Physician at St Bartholomew's Hospital, London observed that in mobile campaigns such as the Anglo-Boer War, characterised by 'unfavourable' camp conditions, it was difficult to control the spread of diseases such as typhoid with sanitary measures alone, due to difficulties in the establishment and maintenance of latrines and the provision of safe, clean, drinking water.³⁹ Lieutenant-Colonel Ryerson, the British and Canadian Red Cross Commissioner attached to Lord Roberts' Headquarters in South Africa, identified the three month period when the army was held up at the Modder River as the early cause of the typhoid epidemic. Ryerson believed the water from the river to have been 'defiled' by the Boers and once typhoid was contracted it was 'easy to understand how large bodies of men thrown together became infected'.⁴⁰ The epidemic infecting the soldiers was caused in part by deficient sanitation, combined with a neglect of basic hygiene as men were observed to fill their water bottles from streams and rivers contaminated by the carcasses of horses slaughtered by the Boers.⁴¹ Queen Victoria's own surgeon Frederick Treves, among other doctors and surgeons, detailed in his account of working with the soldiers *The Tale of a Field Hospital* that, 'The water is the colour

³⁷ Dora Harris wrote in her diary that the hospital equipped for 500 in Bloemfontein at one time held 1700 patients almost all with enteric. Dora Harris, Manuscript Diary (14.05.1900) 1976-11-17 National Army Museum (NAM)

³⁸ Edith Hancock, 'Correspondence with her Aunt Eliza (23.05.1900)' AMS

³⁹ Worboys, 'Almroth Wright at Netley', 91

⁴⁰ Ryerson, 'Medical and Surgical Experiences', 5 – 6 AMS

⁴¹ Ryerson, 'Medical and Surgical Experiences', 5 – 6; W. S. Inder, *On Active Service with the S.J.A.B., South African War, 1899 – 1902* Reprint (Tennessee, General Books LLC, 2009), 55; Pagaard, 'Disease and the British Army in South Africa, 1899 – 1900', 71

of pea-soup, and when in a glass is semi-opaque and a faint brownish colour. The facetious soldier, as he drinks it, calls it “‘khaki and water’”.⁴² The problem of how to address these urgent issues was considered by Dr. Leigh Canney who had previously served with the army in Egypt. Canney advised that issues surrounding the availability of pure water would not be solved while line officers made all decisions regarding what supplies were sent to the front.⁴³ Canney believed that a Royal Water Corps was necessary to ensure that ‘approved’ water was always available to protect soldiers from typhoid, which he called the ‘destroyer of armies’.⁴⁴ However this was not to occur during the Anglo-Boer War.

The intensive nature of nursing fever patients

Careful sanitation and ‘careful nursing’ were recognised as requisite to the recovery of typhoid patients.⁴⁵ Therese Meehan discusses how the concept of careful nursing was developed by Catherine McAuley in the nineteenth century and consisted of ‘physical care and emotional consolation provided from a spiritual perspective’ with the key aim being the relief of distress followed by keeping ‘patients as clean and comfortable as possible, administering food, fluids and palliatives’.⁴⁶ Nonetheless, careful nursing necessitated a large compliment of capable and skilled nurses in order

⁴² Frederick Treves, *The Tale of a Field Hospital* (London, Cassell & Co, 1900), 4; Sir William Thomson, ‘The War in South Africa An Advanced Base Hospital’, *British Medical Journal* 1, 2050 (14.04.1900), 909 – 910

⁴³ Curtin, *Disease and Empire* 213

⁴⁴ Leigh Canney, ‘Typhoid in the Army’, *The Times* 36540 (1901), 8; Leigh Canney, *Typhoid the Destroyer of Armies and its Abolition Opinions of the Military, Medical and General Press The House of Commons August 17th 1901 The Times* (London, No Publisher identified, 1901) E5256, V 9.661

⁴⁵ Hayward, ‘A Lecture to Nurses on Typhoid Fever’, *Nursing Notes* (01.04.1899), 48; Thomas Pakenham, *The Boer War* (London, Abacus, 1992), 382; Mary T. Sarnecky, *A History of the U.S Army Nurse Corp* (Pennsylvania, University of Pennsylvania Press, 1999), 36. For a full discussion of ‘careful nursing’ see: Therese Connell Meehan, ‘Careful nursing: a model for contemporary nursing practice’, *Journal of Advanced Nursing* 44, 1 (2003), 99 – 107

⁴⁶ Meehan, ‘Careful nursing’, 100

to attend to the large numbers of soldiers who contracted typhoid fever, as Brown states that during the war 557,653 men served and of them 57,684 succumbed to typhoid fever.⁴⁷ Summers asserts that once the typhoid epidemic had taken hold, it was essential that there was ‘a large and experienced nursing staff’ to carry out the complex care regimes for the afflicted.⁴⁸ The large body of trained nurses required was largely due to patients needing ‘food and medicine; to be kept clean; to be kept in bed; to be kept from getting dehydrated; to be kept apart. In short, they needed constant attention and supervision; and in the end, successful nursing was largely a matter of numbers’.⁴⁹ However, large numbers of nurses were not available. Kate Driver, working at the Intombi Camp in November 1899 during the siege of Ladysmith, struggled to provide adequate care to the rapidly increasing typhoid patients who at this early stage in the war were already suffering for the want of milk and insufficient food supplies.⁵⁰ Driver recorded in her diary that, ‘they needed nourishment, and there was so little to give them. They needed the best nursing that could be given, and there were so few to nurse them’.⁵¹ The lack of nurses was also apparent at the Tin Camp Hospital in Ladysmith. Sister X recounted:

When Major P. came in and saw us sponging, his eyes almost filled with tears as he said in a voice full of emotion, “It is the very thing I have been wanting so much for these poor fellows, and never been able to get.” It was quite touching to see the relief he felt about it, and in seeing some of his patients getting the nursing they required.⁵²

⁴⁷ Brown, *Fighting Fit* 17. There is a disparity between authors on exact figures, however similarly all recorded high numbers.

⁴⁸ Summers, *Angels and Citizens* 209

⁴⁹ Summers, *Angels and Citizens* 209

⁵⁰ Anonymous, ‘The Medical Aspects of the War By a South African Campaigner XVI The Relief of Ladysmith’, *British Medical Journal* 1, 2045 (10.03.1900), 602 – 603

⁵¹ Kate Driver, *Experience of a Siege: A Nurse looks back on Ladysmith* Revised Edition (Ladysmith, Ladysmith Historical Society, 1994), 23

⁵² Sister X, *The Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906), 82 – 83

The insufficient number of nurses and the lack of medicines and nourishment available in South Africa were brought to the public's attention by the press. Journalist and Member of Parliament, William Burdett-Coutts travelled to South Africa to observe the medical arrangements in action, the which he criticised in *The Times* and his book *The sick and wounded in South Africa: What I saw and said of them and the Army Medical System*.⁵³ He remarked that the requisites found to be lacking by Sister X and Driver for the successful recovery of typhoid patients were starkly apparent:

On that night (Saturday, the 28th of April) hundreds of men to my knowledge were lying in the worst stages of typhoid, with only a blanket and a thin waterproof sheet... between their aching bodies and the hard ground, with no milk and hardly any medicines, without beds, stretcher or mattresses, without linen of any kind, and without a single nurse amongst them...and with only three doctors to attend on 350 patients.⁵⁴

However, civilian doctor Francis E. Fremantle believed that Burdett-Coutts had exaggerated the severity of the situation, although Fremantle did admit that many typhoid patients in Bloemfontein were indeed lying out on the veldt with only blankets and waterproof sheets.⁵⁵ Edith Hancock stated that she found 'every available place' taken up with the sick and that the beds and mattresses were 'divided up so as to make them go further but a great many are still on the floor with one blanket & an overcoat'.⁵⁶ In Kroonstad Georgina Pope discovered that, 'a hundred Tommies [sic] lay in filth on the floor in their clothes & one died as we stood there'.⁵⁷ These substandard conditions further risked the spread of infection due to their close

⁵³ William Burdett-Coutts, 'Our Wars and Our Wounded', *The Times* 36179 (27.06.1900), 4

⁵⁴ William Burdett-Coutts, *The sick and wounded in South Africa: What I saw and said of them and of the Army Medical system* (London, Cassell & Co, 1900), 19

⁵⁵ Fremantle, *Impressions of a Doctor in Khaki* 241, 388. See also, for example: Mr. Murray Guthrie, Minutes of Evidence (30.07.1900) *Report of the Royal Commission Appointed to Consider and Report upon the Care and Treatment of the Sick and Wounded during The South Africa Campaign: Presented to both Houses of Parliament by Command of Her Majesty* (London, HMSO, 1901), 73

⁵⁶ Hancock, 'Correspondence (23.05.1900)' AMS

⁵⁷ Georgina Pope, 'Correspondence with Sidney Browne (29.05. 1900)' QA/PE/1/2 BROW 16/1956 – 5 AMS

proximity combined with insufficient staff numbers for day and night duty.⁵⁸ During the night there were often only male orderlies available, therefore all patients who required constant attention were sent to the typhoid wards whether they had typhoid fever or not.⁵⁹ On one occasion Laurence stated that she discovered a patient had been sent to be nursed alongside those with typhoid fever ‘for the sake of having night orderlies, as he was very ill’ and there was no one else available.⁶⁰ Laurence claimed that other nurses she worked with would often try to keep patients in their own tents for as long as possible to help them escape the risk of infection by being placed alongside those with infectious fevers due to lack of available staff and space.⁶¹

As the role of the nurse in the care of typhoid patients was identified as paramount, the evident insufficient numbers of trained nurses could only be detrimental to the successful recovery of the sick and continued military efficiency. With respect to the symptomatic management of pyrexia the reduction of temperature was attempted through cold sponging, wet packs, or cold baths with the temperature of the patient monitored before and after.⁶² As a fatal perforation of the bowel could occur from the simple act of a patient sitting up, patients were nursed in a recumbent position and required close supervision and monitoring, placing extra pressure on the limited numbers of staff available. St John Ambulance Brigade orderly W. S. Inder observed the problems that consequently occurred when the ‘typhoid monster raised its head,’ and all systems of working were ‘rudely hustled’.⁶³ Inder acknowledged that a ‘fever

⁵⁸ Searle, *The History of the Development of Nursing in South Africa* 194

⁵⁹ Summers, *Angels and Citizens* 209

⁶⁰ Laurence, *A Nurse's Life* 261

⁶¹ Laurence, *A Nurse's Life* 258

⁶² Luckes, *General Nursing* 293; Watson, *A Handbook for Nurses* 239; Hayward, ‘A Lecture to Nurses on Typhoid Fever’, *Nursing Notes* (01.05.1899), 61 – 63

⁶³ Inder, *On Active Service with the S.J.A.B.* 92 – 93

case takes as much nursing and attention as would be needed for twenty wounded, and the attendant was lucky who escaped the terror himself'.⁶⁴ Nurses found themselves required at the patient's bedside throughout the twenty-four hour period, with Sister X writing that for three consecutive nights' she did not dare to leave a typhoid sufferer with the orderlies as the patient was delirious and she was sure the orderlies would sleep.⁶⁵ However orderlies were regularly expected to work thirty-six hour periods and often only spent one night per week in bed, not surprisingly therefore they were exhausted and just not able to provide the requisite care.⁶⁶ Laurence also recorded providing 'day and night' nursing for those who 'seemed to need individual nursing' if they were to have any chance of recovery.⁶⁷ Even those who were not trained nurses were aware of the intensive nature of caring for those dangerously ill with typhoid. Jessica Sykes, a society lady who had set out for South Africa to nurse the sick and wounded, had assisted with the care of those with typhoid, noting, 'It is almost superfluous to remark that typhoid cases require endless care and attention'.⁶⁸ The 'endless care and attention' observed by Sykes was carried out by nurses across South Africa. An anonymous nurse wrote to *The Nursing Record* that she daily worked from 8.30 a.m. to 9.45 p.m. but that, 'our help seems a drop in the ocean of suffering. Poor fellows, many need a special nurse all to themselves, but such attention it is impossible to give, though we do our best'.⁶⁹ The *Nursing Notes* journal considered how the lack of nurses alongside the intensive nature of nursing impacted on those caring for typhoid patients with 'many themselves fallen victims... and more have been utterly

⁶⁴ Inder, *On Active Service with the S.J.A.B.* 92 – 93

⁶⁵ Sister X, *The tragedy and comedy* 96

⁶⁶ Harris, Diary (14.05.1900) NAM; Arthur Conan Doyle, 'The Epidemic of Enteric Fever at Bloemfontein', *British Medical Journal* 2, 2062 (07.07.1900), 49 – 50; Private Weberly R.A.M.C., Minutes of Evidence (03.09.1900) *Report of the Royal Commission* 307; Dr. George Stoker, Minutes of Evidence (10.09.1900) *Report of the Royal Commission* 364

⁶⁷ Laurence, *A Nurse's Life* 162

⁶⁸ Jessica Sykes, *Side Lights on the War in South Africa (1900)* (London, T. F. Unwin, 1900), 79

⁶⁹ Anonymous, 'Army Nursing Notes', *The Nursing Record* 24, 633 (12.05.1900) 398

overdone by heavy work and the heart-breaking feeling that, work as hard as they might, they were insufficient in numbers to cope with the rush of cases'.⁷⁰

Prior to the universal introduction of intravenous therapy for the replacement of fluid and the administration of medications, fluids were given orally or for those patients who could take nothing by mouth in the form of enemas.⁷¹ Carol Helmstadter and Judith Godden state that nurses would have given patients one to two ounces of fluid at a time every one to two hours administering a variety of mixtures that may have included beef tea mixed with milk, or a half ounce of beef tea combined with a half ounce of brandy, while another alternative was an egg yolk with a teaspoon of arrowroot.⁷² In extreme cases some attempts were made to provide fluids by passing naso-gastric tubes or by 'transfusion' of saline into the subcutaneous tissues, but nurses in the personal testimonies did not discuss such practices.⁷³ There were also those enemas described as 'medicinal' for example a mixture of starch or arrowroot with a few drops of opium for the prevention of diarrhoea.⁷⁴ The feeding of patients and the provision of oral fluids was especially necessary at night and formed a core part of nursing care.⁷⁵ It was also necessary to ensure that basic nursing tasks such as patient mouth care took precedence. Nursing texts pertaining to typhoid fever advised

⁷⁰ Anonymous, 'War Notes', *Nursing Notes* XII, 151 (01.07.1900), 91 – 92, 91

⁷¹ Noha Barsoum and Charles Kleeman, 'Now and Then, the History of Parental Fluid Administration', *The American Journal of Nephrology* 22 (2002), 284 – 289, 288; Carol Helmstadter, 'Early nursing reform in nineteenth-century London: a doctor-driven phenomenon', *Medical History* 46, 3 (2002), 325 – 350, 326; Helmstadter and Godden, *Nursing before Nightingale* 118

⁷² Helmstadter and Godden, *Nursing before Nightingale* 37

⁷³ George Lynch, *Impressions of a War Correspondent* (London, Newnes Ltd, MCMIII), Chapter 1, no page number accessed via Project Gutenberg at archive.org/stream/impressionsofawa21661gut/pg21661.txt (22.12.2012). At that time the 'infusion' of fluids was referred to as transfusion, which is now used to describe the transfer of blood products. Edward H. Benton, 'British Surgery in the South African War: the work of Major Frederick Porter', *Medical History* 21, 3 (1977), 275 – 290, 287 – 288

⁷⁴ Helmstadter and Godden, *Nursing before Nightingale* 37

⁷⁵ Helmstadter and Godden, *Nursing before Nightingale* 118

that care must be taken to ‘keep the mouth, teeth and tongue’ of patients thoroughly clean.⁷⁶ Luckes advised the nurses at The London Hospital that this should be performed every four hours or more frequently while the patient was most sick, with decreasing frequency as their condition favourably progressed, a view supported by doctors also.⁷⁷ In South Africa this was paramount with typhoid patients recorded as having tongues coated with brown fur and sordes on their lips and teeth.⁷⁸ Gertrude Fletcher, an Australian nurse discussed the length of time it took to perform this basic but essential oral hygiene task.

Lately I have taken to cleaning the mouths of the worst typhoids [sic]. By the time I have finished doing twenty or thirty tremulous pairs of lips, the same number of quivering tongues, with the teeth, gums, and palates accompanying them, I am nearly as tremulous as any of them. It is the most trying piece of work I have ever undertaken.⁷⁹

It was these core-nursing tasks that prominent medical men of the period identified and recognised as the key requisites in the successful recovery of typhoid patients.

Recognition of the ‘expert’ nurses’ work

As the war progressed and the cases of typhoid fever increased, doctors began to recognise the ‘expert’ work of the female nurses and the differences between their care provision and that of the male orderlies. When caring for ‘abdominal cases’, which included typhoid fever, one doctor wrote that:

⁷⁶ Luckes, *General Nursing* 283

⁷⁷ Luckes, *General Nursing* 283. See also: C. S. Weeks-Shaw, *A Text-Book of Nursing* (London, Edward Arnold, 1896), 295;

⁷⁸ The Countess Howe, *The Imperial Yeomanry Hospitals in South Africa 1900 – 1902 Vol. III* (London, Arthur L. Humphreys, 1902), 109. Sordes are described as ‘the brownish encrustations that form around the mouth and teeth of patients suffering from fevers’. Tanya A. McFerran (Ed), *Oxford Minidictionary for Nurses* 4th Edition (Oxford University Press, 1998), 580

⁷⁹ Gertrude Fletcher, *Some memories and extracts from the life of a nurse* quoted In Bassett, *Guns and Brooches* 19

...the hard-working, practical, conscientious woman, who keeps one of these distressing cases always dry, who can ward off bed-sores, and who, in short, does a world of invaluable work that does not show, and does not appeal to anyone save the medical officer, gets little credit for what is real nursing.⁸⁰

Medical men writing the contemporary textbooks of the period for both trained and probationer nurses claimed that in the case of typhoid fever, 'Careful feeding and careful nursing are of far greater importance, and form the keynote of the successful management of the disease'.⁸¹ During the course of the Anglo-Boer War, Doctor A. Knyvett Gordon wrote in his 'Notes on Practical Nursing' that in fever nursing, no disease was discussed more than typhoid, which in his opinion was 'because the recovery of the patient depends not so much on the prescribing of any particular drug, or line of treatment as on the way in which the treatment is carried out – that is to say, the efficiency of the nursing'.⁸² Knyvett Gordon's opinion was reflected by Doctor L. Humphrey in his textbook for nurses when he asserted that a 'successful issue in typhoid fever depends in great measure on careful nursing, to a greater extent in this than in any other disease'.⁸³ It was recognised that some untrained male orderlies were 'quite unfit to be left in charge of enteric patients' following accounts of orderlies feeding patients bread and butter, resulting in death.⁸⁴

The transfer of 'expert' nursing from civilian practice to South Africa is apparent in the account of Eleanor Laurence, who commented upon the nurse's role in the successful recovery of typhoid patients and how, when she was a lady pupil in 1894, a doctor had praised her 'good nursing in typhoid' claiming that it had saved the life of a

⁸⁰ Clinton Dent, 'Army Nursing Notes', *The Nursing Record* 24, 632 (12.05.1900), 376

⁸¹ Watson, *A Handbook for Nurses* 238

⁸² A. Knyvett Gordon, 'Notes on Practical Nursing', *The Nursing Record* 26, 674 (02.03.1901), 165 – 166, 165

⁸³ Humphrey, *A Manual of Nursing* 120

⁸⁴ Anonymous, 'War Notes', *Nursing Notes* (01.07.1900), 91

young girl.⁸⁵ Throughout her time in South Africa, Laurence had occasion to nurse many typhoid patients and although the work was intensive she stated, ‘but I don’t think I mind, as we can feel we are actually saving the lives of some of these men by sheer hard nursing, and that is good enough for me’.⁸⁶ Nurses such as Laurence were applying their expert knowledge to military nursing practices, knowledge praised by the eminent physician and author Sir Arthur Conan Doyle who had worked as a volunteer doctor for the Langman Hospital. Conan Doyle recognised the role of the nurse in the successful recovery of typhoid patients and stated that:

No men in the campaign served their country more truly than the officers and men of the medical service, nor can anyone who went through the epidemic forget the bravery and unselfishness of those admirable nursing sisters who set the men around them a higher standard of devotion to duty.⁸⁷

As the reports were collated following the cessation of hostilities, the nurses continued to be praised. The Chairman’s report from the Imperial Yeomanry Hospital in Deelfontein claimed that during the epidemics of typhoid fever, that was of ‘a most trying and onerous character,’ it was only due to the work of the nursing sisters that ‘the low death-rate of this hospital, and the successful recovery of so many seemingly hopeless cases, is to be attributed in a great measure to their devotion’.⁸⁸

Ian Hay has argued that as the war progressed and the proportion of nursing sisters grew, official opinion was finally converted to the progressive view that, ‘in a base hospital the actual nursing should always be entrusted to women’.⁸⁹ Mr. Watson

⁸⁵ Laurence, *A Nurse’s Life* 72

⁸⁶ Laurence, *A Nurse’s Life* 178

⁸⁷ Conan Doyle, *The Great Boer War* 370

⁸⁸ The Countess Howe, *The Imperial Yeomanry Hospitals Vol. I* 86

⁸⁹ Ian Hay, *One Hundred Years of Army Nursing The Story of the British Army Nursing Services from the time of Florence Nightingale to the present day* (London, Cassell and Company, 1953), 44

Cheyne, consulting surgeon to the British military during the war, unequivocally concurred, stating:

A good deal has been said also as regards the question of nursing. This is a very large subject and one which I need not enter into. Personally I strongly agree that female nurses are better, especially for cases of typhoid fever, than males.⁹⁰

However, with greater numbers of nurses required to care for those with typhoid fever, there was acknowledgement that, ‘The Sisters cannot with the best will in the world be everywhere at once, when the number of beds under their charge is such as to make the civilian nurse, accustomed to the nursing of typhoid at home, shiver in her shoes’.⁹¹ Laurence soon acknowledged this during her period of Superintendence at the Princess Christian Hospital in Natal, asserting that civilian nurses had to swiftly adapt their practices to the realities of wartime service. Laurence stated that this meant many nurses had to ‘distinguish between the essentials of good nursing, which we must have, and the superfluous finish, which we must do without’.⁹²

Conclusion

Trained female nurses, it appeared, were essential to the successful nursing and recovery of those who contracted typhoid fever in the pre-antibiotic era. The expert knowledge of the intricacies of nursing typhoid fever demonstrated that untrained male orderlies were inadequate to the task, adding support to arguments for female nurses to be involved in the training of orderlies. Some of this stemmed from the issues discussed in Chapter Four, in that some male orderlies believed certain nursing tasks to be beneath them, including the sponging of fevered patients or strict control

⁹⁰ Mr. Watson Cheyne, ‘Army Nursing Notes’, *The Nursing Record* 25, 643 (28.07.1900), 73

⁹¹ Anonymous, ‘War Notes’, *Nursing Notes* (01.07.1900), 91

⁹² Laurence, *A Nurse’s Life* 168

and adherence to prescribed diets. However it would be unfair to categorically state that male orderlies were inept, as many volunteer and untrained orderlies had not undergone the same intensive training that female nurses would have had in respect to the care of typhoid patients, a disease that was highly prevalent during this period and would have been encountered in all types of clinical practice.

The nurses' work demonstrated that trained female nurses were necessary to either carry out the 'around-the-clock' care personally, or that they be placed in a position to adequately train the orderlies so that they understood the necessity for expert nursing care provision.⁹³ Consideration of how this would be achieved was addressed in the establishment of the Queen Alexandra's Imperial Military Nursing Service and some of the issues surrounding it will be considered in Chapter Nine. Chapter Eight will now examine the working systems of the Army Medical Services and the problems encountered by the nurses in the form of the ever-present 'red tape' surrounding clinical practice.

⁹³ Helmstadter, 'Early nursing reform', 326

Chapter Eight

In the Army everything is badly done: ‘red tape’, inefficiency and corruption

... there is always a muddle, you can get nothing, though the things you want may be rotting in the store beside you.¹

Introduction

The Royal Army Medical Corps (RAMC), established in 1898, appeared to be unprepared for the large numbers of sick and wounded during the period of the Anglo-Boer War.² The unexpected sick and wounded were not the only problems faced by the nascent RAMC. The swift besiegement of British garrisons at Kimberley, Mafeking and Ladysmith within the first month of the war resulted in the rationing of food and medical supplies.³ Early battles culminated in the loss of three British attacks during December 1899, contemporaneously termed as ‘black week’ resulting in high numbers of wounded.⁴ The continuation of the sieges further increased the numbers suffering with infectious illnesses and the Boers’ ‘most

¹ Joan Woodward and Glenys Mitchell, *A Nurse at War Emily Peter 1858 – 1927* (Christchurch, Te Waihora Press, 2008), 90

² Stephen A. Pagaard, ‘Disease and the British Army in South Africa, 1899 – 1900’, *Military Affairs* 50, 2 (1986), 71 – 76, 71; Richard A. Gabriel and Karen S. Metz, *A History of Military Medicine Vol II From the Renaissance through Modern Times* (London, Greenwood Press, 1992), 144 – 145; John S. G Blair, *Centenary History of the Royal Army Medical Corps 1898 – 1998* (Edinburgh, Scottish Academic Press, 1998), 1; Harold E. Raugh, *The Victorians at War, 1815 – 1914: An Encyclopaedia of British Military History* (California, ABC-CLIO Inc, 2004), 289; Eric Taylor, *Wartime Nurse One Hundred Years from the Crimea to Korea 1854 – 1954* (Oxford, ISIS, 2002), 53

³ Ian Hay, *One Hundred Years of Army Nursing The Story of the British Army Nursing Services from the time of Florence Nightingale to the present day* (London, Cassell and Company, 1953), 40; Thomas Pakenham, *The Boer War* (London, Abacus, 1992), 118; Tabitha Jackson, *The Boer War* (London, Macmillan, 1999), 32

⁴ Hay, *One Hundred Years of Army Nursing* 41; Christopher Wilkinson-Latham, *The Boer War* (Oxford, Osprey Publishing, 1977), 10; Pakenham, *The Boer War* 246 – 249; Fred R. Van Hartesveldt, *The Boer War Historiography and Annotated Bibliography* (Connecticut, Greenwood Press, 2000), 25; Williamson A. Murray, ‘Towards World War 1871 – 1914’, In Geoffrey Parker (Ed), *The Cambridge Illustrated History of Warfare* (Cambridge, Cambridge University Press, 2008), 242 – 265, 250

effective weapons – starvation and disease’ placed greater strain on the RAMC and nurses.⁵ Inadequate transport facilities for the transfer of supplies, owing in part to the vast size of South Africa and the derailment of British trains by Boer insurgents breaking the lines of communication, further hindered the work of the strained RAMC.⁶

Nevertheless, despite the difficulties which presented themselves, and it is acknowledged that there were many more than those already discussed, the testimonies of the nurses suggest that they believed that their ability to provide an adequate service to their soldier patients was more difficult than it should have been. It is the contention of this chapter that their work was greatly hampered by the ‘red tape’ and bureaucracy of the army. There were complaints that the deeply entrenched and overwhelming bureaucracy of the army medical services impacted on the quality of care provision.⁷ This bureaucracy is collectively referred to as ‘red tape’ in contemporary personal testimonies and by historians, and will be referred to as such in this chapter.⁸ Not only did the complex paperwork and military bureaucracy

⁵ Jackson, *The Boer War* 92

⁶ Taylor, *Wartime Nurse* 67; Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Gloucestershire, The History Press, 2008), 16

⁷ Emily Andrews, ‘Correspondence with Sidney Browne (20.06.1900)’ 16/1956 – 12 Army Medical Services Museum (AMS); Mr. Watson Cheyne, Minutes of Evidence (25.07.1900) *Report of the Royal Commission Appointed to Consider and Report upon the Care and Treatment of the Sick and Wounded during The South Africa Campaign: Presented to both Houses of Parliament by Command of Her Majesty* (London, HMSO, 1901), 37; Professor J. Dunlop, Minutes of Evidence (21.08.1900) *Report of the Royal Commission* 129; Sir William Thomson, ‘The War in South Africa The Irish Hospital at Pretoria’, *British Medical Journal* 2, 2070 (01.09.1900), 598; Dr. M. Blieden, Minutes of Evidence (19.09.1900) *Report of the Royal Commission* 451; Anonymous, ‘War Notes’, *Nursing Notes A Practical Journal for Nurses* XIII, 155 (01.11.1900), 153 – 154; Civilian Surgeon, ‘With the Cavalry Brigade (15.05.1900)’, Reprinted In Oscar Craig and Alasdair Fraser, *Doctors at War* (County Durham, The Memoir Club, 2007), 56

⁸ The term ‘red tape’ derives from the ribbon that was once used to bind legal documentation in England. It is based upon the idea that judicial decisions were preceded by thorough searches and fastidiously filed and cross-filed records resulting in clerks and lawyers spending lengthy periods tying and untying the red ribbon bound files. Thus red tape became a reviled symbol of inaction and complex machinations of action. Herbert Kaufman, *Red Tape: Its Origins, Uses and Abuses* (Washington DC,

impede the efficiency of the nurses' work, but many nurses also recorded the various deficiencies within the army medical services, particularly regarding the work of the male orderlies.⁹ It is not the intention of this chapter to further examine the work of the orderlies but to explore how in some cases their lack of training and socialisation in the army meant that they could not ignore army rules for the sake of good patient care. The nurses' and doctors' recollections do proffer some scathing accounts of the work of the orderlies, but they also testify that not all orderlies were inadequately trained for their role, nor were they all uncaring.¹⁰ Many of the RAMC trained orderlies were excellent in their work, but suffered from the complex way the system was run, alongside the fact that the Corps was undermanned, leaving staff overworked.¹¹ This chapter will explore the accounts and testimonies pertaining to issues of 'red tape' and how this hindered the doctors and nurses in providing care to the sick and wounded. It will explore the limited training of orderlies, the trail of command to the orderlies, which failed to take into account the needs of the patients and the problems nurses faced when attempting to requisition the necessary supplies.

Deficiencies within the Army Medical Service

On arrival in South Africa, Reserve nurse Eleanor Laurence was anxious to observe the work of the army hospitals, but, on visiting the Military Hospital in Natal, she found the wards to be dirty and untidy, with food from previous meals left on

The Brookings Institution Press, 1977), 1 – 2. The term 'red tape' will be referred to in this chapter as the overwhelming bureaucracy of the army medical services organisation

⁹ Christopher Schmitz, "'We Too Were Soldiers': The Experiences of British Nurses in the Anglo-Boer War, 1899 – 1902", In Gerard J. DeGroot and Corinna Peniston-Bird (Eds), *A Soldier and a Woman: Sexual Integration in the Military* (Essex, Pearson Education Ltd, 2000), 49 – 95, 55

¹⁰ Nursing Sister M. S. Barwell, Minutes of Evidence (30.07.1900) *Report of the Royal Commission* 82

¹¹ Charlotte Searle, *The History of the Development of Nursing in South Africa 1652 – 1960 A Socio-historical Survey* (Cape Town, Struik, 1965), 185; Schmitz, "'We Too Were Soldiers'", 56

patients' lockers and covered with flies. Laurence was surprised at this, considering typhoid fever to be rife in the camp and accordingly she believed the state of the hospital to be 'a great source of danger'.¹² Sister X stated that the condition of the wards and the men at the Tin Camp Hospital in Ladysmith was 'appalling', in part attributed to the fact that they had 'not been able to get anything,' and those things that were requested were never received 'although the line had been open for nearly a fortnight'.¹³ Nurses described many of these deficiencies, as due to everything in the army being 'badly done' and that there was always a 'muddle'.¹⁴ Army nurse Wilhelmina Potter summed up the strain placed on the army medical services and its impact on nursing care provision. Writing to Superintendent Sidney Browne, Potter claimed that they had 'no temp. [temperature] charts, so the corporal has to manufacture them out of any odd pieces of paper he can get'.¹⁵ It was apparent that the ever-growing numbers of sick and wounded meant that items of equipment were soon exhausted as the war progressed. In Bloemfontein, Dora Harris recorded in her diary the increasing and unexpected numbers of sick and how they were forced to take in more patients than they were prepared for. Harris stated that, despite the No. 8 General Hospital only being equipped to care for five hundred patients, they were required to accommodate one thousand seven hundred cases; predominantly typhoid sufferers, ensuring that the hospital was 'terribly overcrowded'.¹⁶ Some of the deficiencies, however, stemmed from a lack of staff and complaints that the orderlies had not undertaken sufficient training.¹⁷ An anonymous Sister observed that the

¹² Eleanor Laurence, *A Nurse's Life in War and Peace* (London, Smith, Elder & Co, 1912), 147

¹³ Sister X, *The Tragedy and Comedy* 82. Italicised in original.

¹⁴ Dora Harris, Manuscript Diary (28.04.1900) 1976-11-17 National Army Museum (NAM); Woodward and Mitchell, *A Nurse at War* 90

¹⁵ Wilhelmina Potter, 'Correspondence with Sidney Browne (22.01.1900)' QA/PE/1/2 BROW 16/1958 – 6 AMS

¹⁶ Harris, Diary (14.05.1900) NAM

¹⁷ Watson Cheyne, Minutes of Evidence (25.07.1900) *Report of the Royal Commission* 37; Searle, *The History of the Development of Nursing in South Africa* 195

nursing in military hospitals was ‘disheartening in many ways’. She continued that nurses were unable to do all they wished for patients and that her experiences of the orderlies were better left unwritten, surmising that, ‘there is a screw loose somewhere in the *system*’. The loose screw was attributed to the fact that:

The truth is *nursing* does not rank. Many military doctors don’t grasp that it exists. There will be a fine battle royal before military medicine realizes [sic] the evolution of the art. Meanwhile we muddle on.¹⁸

It is apparent that some nurses believed military doctors still did not wholly appreciate the work of trained nurses during the period of the war. The nurses’ sphere of medical expertise, expertise appreciated in civilian practice, was not as yet fully recognised by the military.¹⁹ There is a paucity of testimonies from army nurses and their attitudes to this situation, however this may have been due to army nurses not wishing to criticise a system to which they felt subordinate.²⁰ The anonymous Sister featured in *The Nursing Record* may have been an army nurse, although it is most likely that she was one of the many civilian nurses who were criticising the working methods of the current system in support of the argument for the general inclusion of more trained nurses in the army or indeed for their being given rank. This was due in part to the fact that although some medical authorities appreciated their benefits, the nurses themselves were unable to completely prove their worth because they were hampered by the system.²¹ Recognition by medical authorities of the worth of nurses and the necessity for them in times of war changed over the three years of the war and this will be explored in Chapter Nine. Chapters Six and Seven demonstrated that it was the

¹⁸ Anonymous Sister, ‘Army Nursing Notes’, *The Nursing Record* 24, 635 (02.06.1900), 437

¹⁹ Rebecca Strong, Education in Nursing Lecture given in November 1895 Kings College London BCN 2/9, 3; Ethel Gordon Fenwick, ‘Nurses a la Mode A Reply to Lady Priestley’, *The Nineteenth Century* XLI, 240 (1897), 330 – 331; Searle, *The History of the Development of Nursing in South Africa* 185; Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868 – 1883* (Georgia, University of Georgia Press, 1988), 171

²⁰ Searle, *The History of the Development of Nursing in South Africa* 202 – 203

²¹ Anne Summers, Women as Voluntary and Professional Military Nurses in Great Britain 1854 – 1914 Unpublished PhD Thesis (1985) Open University, iv

expert knowledge of the trained nurses that was recognised as superior care, especially in the case of typhoid fever and the provision of careful nursing.²² Yet, despite the trained nurses holding the expert knowledge, it was often the orderly who was bound by army practices who undertook the nursing care owing to the contemporary working routine of the army medical system.

The medical orderlies often worked on a shift pattern during the night, of two hours on, followed by two or four hours off, which Sister X stated was a form of ‘relay’ and a ‘revelation into army nursing’ methods.²³ Nurses would often find the orderlies asleep and noticed they did not always hand over orders to their successor so that in the morning nurses would ‘enter the wards to see, perhaps, a “special” bad enteric case sitting up, or the dysenteries out of bed, thus undoing all the care of the day’.²⁴ Yet orderlies working the ‘relay pattern’ described by Sister X were often only able to spend one night per week in bed and consequently, as Harris observed, were ‘often found asleep on duty’.²⁵ The orderlies lack of sleep and over-work may have accounted for situations observed by Kate Driver who discovered one patient, ‘an abdominal case’, who was ordered to only have milk, found to be eating ‘a tin of bully beef’ by mistake.²⁶ However, as discussed in Chapter Four, the orderlies had not undergone the same extensive training as the female nurses and therefore inconsistencies of care inevitably occurred across the veldt. The army hospital system

²² J. K. Watson, *A Handbook for Nurses* (London, Scientific Press, 1899), 238; A. Knyvett Gordon, ‘Notes on Practical Nursing’, *The Nursing Record* 26, 674 (02.03.1901), 165 – 166, 165; Therese Connell Meehan, ‘Careful nursing: a model for contemporary nursing practice’, *Journal of Advanced Nursing* 44, 1 (2003), 99 – 107, 100

²³ Sister X, *The Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906), 23. See also: Searle, *The History of the Development of Nursing in South Africa* 194

²⁴ Sister X, *The Tragedy and Comedy* 23

²⁵ Harris, Diary (14.05.1900) NAM

²⁶ Kate Driver, *Experience of a Siege: A Nurse looks back on Ladysmith* Revised Edition (Ladysmith, Ladysmith Historical Society, 1994), 16

did not appear to be organised to aid patient recovery, but it was not apparent whom the system was intended to benefit.

Sister X related the experience of an officer suffering from typhoid at the Intombi Camp during the siege of Ladysmith. The officer alleged that he had not had his bed ‘made once’ and that he was only attended to by a sister when she came to take his temperature and that ‘he was allowed to eat anything he could get when once off milk diet. It was not possible, you see, for such numbers to get nursed with so small a staff as they had’.²⁷ Sister X had herself observed that in some hospitals nurses were refused entry to the wards unless it was the ‘correct’ time for them and Driver stated that at the Intombi Camp, when many of the nurses and matron had fallen ill, their ‘nursing position’ was soon down to only four nurses to care for ‘three hundred and forty-five patients’.²⁸ The deficient standards of care conveyed by the officer to Sister X may have been a consequence of insufficient numbers of nurses and trained orderlies within the army medical system. This further demonstrates the general disparity in care provision during the war and that there was a need for definition of the role of nurses and orderlies and regulation of the system.

Nurses felt the deficiency of staff to be further exacerbated by some orderlies who believed that certain nursing tasks were ‘beneath’ them, and who resented having to

²⁷ Sister X, *The Tragedy and Comedy* 79

²⁸ Sister X, *The Tragedy and Comedy* 18; Driver, *Experience of a Siege* 27

carry out 'nursing work'.²⁹ Tasks such as bathing patients were completed with varying degrees of success:

After I had finished sponging one of the men one day, he said, "That's prime, Sister! I feel washed now." "Don't you always?" I said, very amused. "I should, Sister, if the water were clean." I asked him what he meant. "Well, it is this way, Sister," chimed in a fellow-sufferer, "they won't be bothered to get fresh water each time, so they wash us all in the same water – such a drop too!"³⁰

It must be noted, however, that the quality of water was dependent upon where a hospital was based. At Modder Spruit, Emily Peter observed that there was rarely water available for anything and that the 'patients simply have their faces and hands washed in water that is quite green, got out of holes somewhere near the camp'.³¹ Peter attributed this alleged lack of attention to the fact that the army was more concerned with appearances and the overwhelming bureaucracy of locating the camp wherever the army authorities decided, irrespective of the availability of a safe water supply, than with patient care.³² As a consequence, Peter found many of the patients to be covered in body lice and that there was no water with which to wash the bedpans, while the tins that the patients drank from were only rinsed twice a day in the same dirty green water.³³ Finally Peter stated that, 'I never was in such a filthy place, and no-one cares so long as it looks decent'.³⁴ The shortage of water was also

²⁹ Hospital Sister, 'Army Nursing Notes', *The Nursing Record* 24, 638 (23.06.1900), 497; Driver, *Experience of a Siege* 18

³⁰ Sister X, *The Tragedy and Comedy* 123

³¹ Woodward and Mitchell, *A Nurse at War* 94

³² Peter does not state what was the criteria for the choice of camps location but claimed that on her arrival at Modder Spruit: 'At the head is a mad Major Daly, who looks after nothing and pitched the hospital on black soil, which native colonials say is most unhealthy and on which no Boer will pitch a camp... Then, though there is a river three miles away, the camp must be pitched three miles from it and there is no water for anything... I never was in such a filthy place, and no-one cares so long as it looks decent'. Woodward and Mitchell, *A Nurse at War* 93 – 94

³³ Woodward and Mitchell, *A Nurse at War* 94

³⁴ Woodward and Mitchell, *A Nurse at War* 94

apparent in Bloemfontein, causing the patients to remain covered with ‘pediculi, far worse than in a receiving room at the East End’.³⁵

Nurses also discovered that care was not being taken to prevent cross infection between patients. Peter claimed that when nurses wished to ‘sponge a man’ they were required to ‘borrow the towel of another who is lucky enough to have one of his own, if you want to do that’.³⁶ At Wynberg, a volunteer soldier wrote home about his nursing experiences in hospital and claimed he could not understand how all of the patients within the hospital had not contracted typhoid fever as they all ‘had to drink milk out of the same glass, and have our temperatures taken with the same thermometer as the enteric patients, the thermometer being taken out of the mouth of an enteric case and put, unwashed, straight into the mouth of a wounded man’.³⁷ Another private in a field hospital also observed that the thermometers were never washed between patients, some with enteric, as the orderlies passed them from one to another without cleaning.³⁸ Georgina Pope remarked that in Kroonstad ‘a field hospital for 100 is being used for 700 and there is one horn medicine glass for the whole hospital’.³⁹ The inadequacies of supplies also impacted on the care of patients at the Tin Camp Hospital, Ladysmith where the ‘lumpy and hard mattresses’ with only ‘mackintoshes’ to cover them resulted in the development of ‘deplorable bed sores’.⁴⁰ William Burdett-Coutts provided apparently sensational evidence that at the Woodstock Hospital operations were performed on the table where the patients took

³⁵ Anonymous Sister, ‘Army Nursing Notes’, *The Nursing Record* (02.06.1900), 437

³⁶ Woodward and Mitchell, *A Nurse at War* 93

³⁷ Anonymous, ‘Army Nursing Notes’, *The Nursing Record* 25, 648 (01.09.1900), 174

³⁸ Mr. A. K. Burn, Minutes of Evidence (01.08.1900) *Report of the Royal Commission* 123

³⁹ Georgina Pope, ‘Correspondence with Sidney Browne (29.05.1900)’ QA/PE/1/2 BROW 16/1956 – 5 AMS

⁴⁰ Sister X, *The Tragedy and Comedy* 86

their meals and that the vessels they used during the operations were ‘subsequently used for feeding patients and that blood was found on the edge of them’, and that after one operation ‘a man’s leg and four of his fingers were thrown on the dust heap outside and lay there for hours’.⁴¹

The deficient care and overtly sensational accounts offered of the hospitals and the orderlies’ standards of care served to highlight the favourable impact of female nurses in South Africa.⁴² Frederick Treves praised the work of four nurses at the front who had provided care to the dying soldiers, care that he claimed male orderlies would not have been capable, further increasing the public recognition of nurses.⁴³ *The Nursing Record* responded that ‘It is just because men cannot do women’s work that we desire to see female nurses appointed to the field hospitals’.⁴⁴ Yet, when less than a year later, Ethel McCaul, one of the four civilian nurses praised by Treves, wrote two articles regarding her experiences in South Africa, Treves was swift to retract his previous support. *The Nursing Record* stated that McCaul’s two short articles, which were intended for publication in the general press titled, ‘Nursing at the Front’, discussed what she felt to be the inadequacies of the current Army Nursing Service (ANS) and how she believed these could be remedied. Treves wished to distance himself from McCaul’s work and stress that her views were not shared. He claimed, ‘I should like, at the same time, to say that I entirely disagree with the account given,

⁴¹ Mr. William Burdett-Coutts, Minutes of Evidence (31.07.1900) *Report of the Royal Commission* 94

⁴² Searle, *The History of the Development of Nursing in South Africa* 202

⁴³ Frederick Treves, ‘Army Nursing Notes’, *The Nursing Record* 24, 620 (17.02.1900), 132 – 133

⁴⁴ Treves, ‘Army Nursing Notes’, 132 – 133

which appears to me to be as unjust as it is exaggerated'.⁴⁵ McCaul's observations, from which Treves was eager to distance himself, were that:

The primary fault, I may urge, lies in the doubtful system on which Army Nursing is based, and until method and organization [sic] are introduced into the election of the lady-superintendent, Army sisters, Army Reserve sisters, and the *training* of orderlies we can never hope to see a permanent improvement.⁴⁶

McCaul's questioning of the current system appears anathema to Treves during an era when medical men desired trained nurses to be unquestioning, submissive and obedient.⁴⁷ The situation provides further evidence of the long history of nurses' subordination and is reminiscent of the crisis at King's College Hospital in the 1870s and at Guy's Hospital during the 1880s.⁴⁸ In the 1870s the St John's House sister and nurses, who carried out all of the nursing duties, came into conflict with the council of St John's House and Hospital Committee over interference in their work.⁴⁹ It became apparent that those in authority desired nurses who were completely obedient and who did not have any responsibility for their own decisions or indeed to work autonomously.⁵⁰ As Judith Moore reflected:

The committee, the report asserted, could issue any order without regard to the nursing staff's prior instructions or internal chain of command; it could remove any sister or nurse who questioned or disobeyed. Such was "obedience"; it was clearly incompatible with responsibility.⁵¹

⁴⁵ Ethel McCaul, 'Army Nursing Notes', *The Nursing Record* 26, 669 (26.01.1901), 66 – 67, 66

⁴⁶ McCaul, 'Army Nursing Notes', 66

⁴⁷ Christopher Maggs, *The Origins of General Nursing* (London, Croom Helm, 1983), 30; Moore, *A Zeal for Responsibility* 44; Eva Gamarnikow, 'Nurse or Woman: Gender and Professionalism in Reformed Nursing 1860 – 1923', In Pat Holden and Jenny Littlewood (Eds), *Anthropology and Nursing* (London, Routledge, 1991), 110 – 129, 115; Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 29

⁴⁸ Owing to the scope of this thesis it is not possible to examine in-depth the complex machinations of the three specific conflicts which occurred between the nurses and administrators at King's College Hospital in the 1870s and between the nurses and medical staff at Guy's Hospital during the 1880s. For a full scholarly examination of the issues see: Moore, *A Zeal for Responsibility* Passim

⁴⁹ Moore, *A Zeal for Responsibility* 8

⁵⁰ Moore, *A Zeal for Responsibility* 29

⁵¹ Moore, *A Zeal for Responsibility* 30

The public debate over responsibility, professional competence and fears surrounding nurses reporting on medical staff, which appears as the basis for the crisis at Guy's, may have supported the beliefs of medical men such as Treves and their fears of women voicing their opinions in the public sphere.⁵² Treves no longer supported McCaul, despite his previous high praise and this may have contributed to his views on the importance of nurses being 'absolutely subordinate' when he formed part of the committee for the reorganisation of the current ANS into the new Queen Alexandra's Imperial Military Nursing Service, as will be further discussed in Chapter Nine.⁵³

Acting in what Treves may have construed as an insubordinate manner, McCaul continued to speak out against the medical authorities, stating that 'nursing' was foreign to the army and that patients were accommodated and fed, but not '*nursed*'.⁵⁴ On one occasion McCaul visited a patient recovering from a compound fracture of the thigh who was deemed too ill to be cared for in a general ward. McCaul stated that one of the main requirements of care was adequate nourishment and though food itself was not wanting with 'a bottle of uncorked stout, half a basin of jelly and a large piece of bread' on his bedside locker, the patient 'was far too ill to be left by himself. The flies were a constant torment, and he was quite unable to brush them away'.⁵⁵ This basic care omission was often complained of during the Crimean War, where it was

⁵² For examples of the continued argument see Margaret Lonsdale, 'The Present Crisis at Guy's Hospital', *The Nineteenth Century* VII, 38 (April 1880), 677 – 678; William Gull, 'On the Nursing Crisis at Guy's Hospital', *The Nineteenth Century* VII, 39 (May 1880), 884 – 891; Seymour J. Sharkey, 'Doctors and Nurses II', *The Nineteenth Century* VII, 40 (June 1880), 1097 – 1104; Margaret Lonsdale, 'Doctors and Nurses III', *The Nineteenth Century* VII, 40 (June 1880), 1105 – 1108; Margaret Lonsdale, 'The Inquest at Guy's Hospital', *The Times* 29945 (July 1880), 7; Walter Moxon, 'Guy's Hospital', *The Times* 29961 (August 1880) 11

⁵³ Discussion of the War Office Committee on Reorganisation of the Army Medical and Army Nursing Services (22.07.1901) 6/1956 A700, 139 AMS

⁵⁴ McCaul, 'Army Nursing Notes', 67. Emphasis as original.

⁵⁵ McCaul, 'Army Nursing Notes', 67

claimed orderlies routinely left the patients' food by their bedsides, but often 'out of their reach and out of their sight'.⁵⁶ Nonetheless, McCaul did not blame the sisters, orderlies or even the RAMC for these omissions, 'but the system on which the Army nursing is worked'.⁵⁷ The views of army nursing sisters on this subject are perhaps conspicuous in their absence. Eleanor Laurence believed that some army nurses appeared resigned to the restrictions of their practice, which left Laurence feeling that more could be done in the face of deficient care, but that the army nurses, on the other hand seemed 'to think that is the natural order of things and that we must just "do our best and leave the rest"'.⁵⁸ Army nurse Maud S. Hitch, corresponded from Britain with Superintendent Sidney Browne in South Africa, declaring that the present ANS was insufficient and that the service would be much improved with a defined head, an issue that will be further examined in Chapter Nine.⁵⁹ However the regular ANS were a small cohort of women confined by the boundaries set by a large body of men, a body that Anne Summers states continued to employ approximately ten male orderlies to each female nurse.⁶⁰ As such, some army nurses may have felt unable to speak out against the current system, or may indeed have believed that the system was the best it could be at the present time. Christopher Maggs states that during training nurses were inculcated with the notion that the 'doctor directed and the nurse obeyed, intelligently perhaps, but undoubtedly unquestionably' of which this resigned acceptance may be evidence.⁶¹

⁵⁶ Carol Helmstadter and Judith Godden, *Nursing before Nightingale 1815 – 1899* (Surrey, Ashgate Publishing Ltd, 2011), 116

⁵⁷ McCaul, 'Army Nursing Notes', 67

⁵⁸ Laurence, *A Nurse's Life* 260

⁵⁹ Maud Sarah Hitch, 'Correspondence with Sidney Browne (07.04.1901)' 16/1956 – 20 AMS

⁶⁰ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 210

⁶¹ Maggs, *The Origins of General Nursing* 30

In respect of the continued publication of McCaul's articles, within a week *The Nursing Record* noted that the articles were no longer to be published in the general press, owing to the 'present pressure' on space in the paper.⁶² In response, *The Nursing Record* published the 'Army Nursing Scandal' instead, to ensure that McCaul's findings were aired. McCaul's statements that the men were not 'nursed' were also shared by Burdett-Coutts, which he attributed to insufficient female nurses and the 'small percentage of trained orderlies', resulting in many being cared for by 'ordinary private soldiers' requisitioned from the regiments, but who had no 'experience of nursing or treatment of the sick of any kind'.⁶³ Sister X also supported the evidence of inadequate nursing in military hospitals by McCaul. At the Tin Camp hospital in Ladysmith Sister X discussed with an orderly when patients were to be given their prescribed stimulant of milk:

"Not regularly?" I questioned. "Oh, no," he said; "they have it when they asks for it. Some of 'em won't take anything. There's that chap's milk been standing there all the morning." The unfortunate man brought under my notice was quite unconscious, so it might have remained there all day as far as he was concerned. Such is one instance of how the poor patients were faring, and the dire necessity of a nurse.⁶⁴

All of the accounts by nurses disparaging the work of the orderlies and their insistence on the preference of trained nurses may have been an attempt to create further space and legitimacy for women in war.

St John Ambulance Brigade orderly W. S. Inder offered support for the RAMC in his wartime memoirs. Inder believed that the papers and letters published in the press regarding the general mismanagement of the hospitals did not reflect the hard work of

⁶² Anonymous, 'Army Nursing Notes', *The Nursing Record* 26, 670 (02.02.1901), 87

⁶³ Burdett-Coutts, Minutes of Evidence (31.07.1900) *Report of the Royal Commission* 96

⁶⁴ Sister X, *The Tragedy and Comedy* 121

the RAMC orderlies, whom he believed carried out their duties ‘tending the sick and dying with the sympathy and tenderness of women’.⁶⁵ There were supportive accounts of the work of the orderlies but these were overshadowed by some of the more sensational accounts.⁶⁶ Lieutenant-Colonel Ryerson supported the work of the orderlies who were regularly required to attend to typhoid cases, cleaning patients who would often have up to eighteen motions a day, which was ‘disgusting’, ‘trying’ and ‘tiresome’ for them.⁶⁷ Yet Ryerson was aware that the army faced great difficulties with respect to transportation and the availability of food for troops when considering that ‘a hundred thousand soldiers and twenty thousand camp-followers’ were ‘thrown’ into South Africa, followed by a swift outbreak of typhoid fever, hospitalising up to a thousand men a day.⁶⁸ In Ryerson’s opinion the RAMC ‘rose to the occasion’ admirably, but added the caveat that the medical organisation in general was by no means unflawed and would necessitate ‘readjustment’ once the war was concluded.⁶⁹

Red Tape: Working within the confines of the army medical system

Throughout the Anglo-Boer War nurses made many claims that ‘red tape’ within the army medical system hindered their abilities to provide what they considered to be adequate standards of nursing care. Nurses in previous military campaigns had already encountered this situation, infamously so in the case of Florence Nightingale

⁶⁵ W. S. Inder, *On active service with the S.J.A.B., South African war, 1899 – 1902* Reprint (Tennessee, General Books LLC, 2009), 92 – 93

⁶⁶ Private Harold Meadmore, Minutes of Evidence (31.07.1900) *Report of the Royal Commission* 98; Sir William MacCormac, Minutes of Evidence (31.07.1900) *Report of the Royal Commission* 99

⁶⁷ Lieut-Colonel G. Sterling Ryerson, ‘Medical and Surgical Experiences in the South African War Being addresses to the Toronto Clinical Society and Canadian Medical Association (1900)’, 10 AMS

⁶⁸ Ryerson, ‘Medical and Surgical Experiences’, 21

⁶⁹ Ryerson, ‘Medical and Surgical Experiences’, 22

during the Crimean War over forty years previously.⁷⁰ During one absurd episode, when there was found to be insufficient clothing for the wounded, despite 27,000 shirts having arrived by boat, Nightingale was ‘irritated beyond her patience’ as none ‘could be issued until a proper equipment inventory board had been convened to receive them’.⁷¹ Nursing at the General Hospital in Natal, Laurence observed the complex machinations of what regulation clothing the sick were allowed to wear. Laurence stated that ‘if it was not that the men suffered for them, some of our difficulties would be amusing’.⁷² The issues that ‘irritated’ the patience of Nightingale in the 1850s were still apparent at the close of the century. Laurence observed that as the hospital in which she worked, had previously been allocated as a ‘Field Stationary’, all the patients had worn warm, grey flannel shirts, yet when the hospital became a ‘General’ the men were instead provided with the regulation white cotton shirts and flannel vests assigned to a ‘General’. Laurence was aware that there were plenty of the previously allocated ‘greybacks’ in the stores, but owing to the transfer to a ‘General’ the previously issued and readily available ‘greybacks’ could not be made available to the cold and uncomfortable patients. No one in authority was willing to address the issue and Laurence could not understand ‘*why... we have to wrestle so long to get things that make so much difference to the health and comfort of the men?*’⁷³

⁷⁰ Hay, *One Hundred Years of Army Nursing* 29 – 30; Taylor, *Wartime Nurse* 32; Carol Helmstadter, ‘Navigating the Political Straits in the Crimean War’, In Sioban Nelson and Anne Marie Rafferty (Eds), *Notes on Nightingale The Influence and Legacy of a Nursing Icon* (New York, Cornell University Press, 2010), 28 – 54, 35 – 36

⁷¹ Taylor, *Wartime Nurse* 39 – 40

⁷² Laurence, *A Nurse’s Life* 273 – 274

⁷³ Laurence, *A Nurse’s Life* 273

The restrictions surrounding 'red tape' were also observed by Reserve nurse Emily Andrews who alleged that, 'The work here is hard & there is enough red tape to give every man a yard to hang himself with & two yards for each woman'.⁷⁴ The alleged 'red tape' surrounding all aspects of work within the army medical system was a theme prevalent in the narratives of both doctors and nurses and in the evidence provided to the Royal Commission investigating the care of the sick and the wounded in South Africa.⁷⁵ A civilian surgeon working with the Cavalry Brigade in May 1900 at Bloemfontein, stated that in the army there were too many Principal Medical Officers who placed their 'love of red tape' above the lives of those in their care claiming, 'The last thing that the RAMC man has to consider is the life of the patient; the first the filling in of documents etc'.⁷⁶ Not only was it difficult to obtain equipment without the completion of endless forms of requisition, but the nurses also encountered the strict regimental orders of army life. When Sister X was responsible for the recovery of a patient with typhoid fever, she found that despite the Sister stating to the orderlies that the patient was to remain on strict bed rest, this nursing order was not followed and that the patient was forced to get 'up' or be imprisoned on recovery.⁷⁷

The origin of all this was, that "down" had not been written on his bed board. "Bed down" means that the patient can lie down or remain in bed. "Up" means that his bed must be rolled up in the daytime, so that he cannot lie down on it!⁷⁸

The continuation of military drill and routine was another facet of army life the nurses were required to tolerate. Sister X described another occasion when a ward master

⁷⁴ Andrews, 'Correspondence (20.06.1900)' AMS.

⁷⁵ Watson Cheyne, Minutes of Evidence (25.07.1900) *Report of the Royal Commission* 37; Dunlop, Minutes of Evidence (21.08.1900) *Report of the Royal Commission* 129; Thomson, 'The War in South Africa The Irish Hospital at Pretoria', 598; Blieden, Minutes of Evidence (19.09.1900) *Report of the Royal Commission* 451

⁷⁶ Civilian Surgeon, 'With the Cavalry Brigade (15.05.1900)', 56

⁷⁷ Sister X, *The Tragedy and Comedy* 28

⁷⁸ Sister X, *The Tragedy and Comedy* 28

insisted that a patient with acute peritonitis attend parade. Sister X was so shocked that she thought, ‘for a moment I felt I was watching a play, and was too amazed to speak’.⁷⁹ However Sister X did recover her presence of mind and argued with the ward master regarding the ‘red tape’ that resulted in many sick patients being forced from their beds, irrespective of the detrimental impact to their health and that even ‘the Sister Superintendent is a mere non-entity, and is treated with no more respect than our humble selves’.⁸⁰

The hospitals appear to have been run in line with the prescribed daily routine of the army when at full health, with no consideration for the needs of the sick. Laurence was often hindered by the regular interruptions to ward work by ‘kit inspection’ whereby the orderlies would be found ‘almost tearing their hair’ and were so distracted that if there were any seriously sick or wounded, the nurses had to ‘understand that they will get no attention till the inspection is over!’⁸¹ Such situations would have occurred as the orderlies were soldiers first and their allegiance therefore was to the army and its regulations. Orderlies were required to place army regulations before patients, unlike the nurses, as they were trained to comply with orders or face being disciplined.⁸² This may have offered further support for the arguments that in the future there was a need for a separate dedicated nursing corps whose allegiance was to nursing alone.

⁷⁹ Sister X, *The Tragedy and Comedy* 9 – 10

⁸⁰ Sister X, *The Tragedy and Comedy* 9 – 10

⁸¹ Laurence, *A Nurse's Life* 266 – 267

⁸² Margaret Lane, *Edgar Wallace The Biography of a Phenomenon* (London, The Book Club, 1939), 67

The strict adherence to 'red tape' was observed by the Assistant Commissioner to the Red Cross Society, Mr. G. Bonham-Carter, who claimed that many medical officers were reluctant to 'requisition the military stores for anything they can manage anyhow to do without, or can get by other means'. Bonham-Carter attributed this to the 'trouble' it caused to Medical Officers by drawing from the Government Stores, as everything had 'to be accounted for'. In agreement with the civilian surgeon, Bonham-Carter stated, 'They would sometimes even rather let their patients suffer a certain amount of discomfort than have the trouble and responsibility of drawing extra stores from the ordinary sources'.⁸³ The inherent 'red tape' that constrained the working practices of the civilian nurses and doctors was also shared by Major Donegan of the 18th Field Hospital who documented his many conflicts during the siege of Ladysmith with the Principal Medical Officer Lieutenant-Colonel Exham. Donegan believed that Exham adhered to the rigours of military discipline and procedures above and beyond that of the health of the patients.⁸⁴ Historian Thomas Pakenham asserts that Exham was deliberately starving the besieged men so as to save supplies to impress his comrades when the siege was eventually lifted.⁸⁵ Pakenham states Donegan was in fact ordered to stop all medical comforts, 'that is, to stop even the pitifully small allowances of sago and arrowroot and brandy that he had been allowed to distribute'.⁸⁶ According to Pakenham, Donegan was then required to 'indent' for numerous bottles of brandy, which were subsequently collected by civilians, despite the official records evidencing that the brandy in question had

⁸³ G. Bonham-Carter, Extract from report received from Mr. G. Bonham-Carter Assistant Commissioner to the Red Cross Society, Capetown 15 September 1900, WAN/15/8/7 'Stores and Supplies' British Red Cross Museum and Archives (BRCMA)

⁸⁴ Peter Prime, *The History of the Medical and Hospital Services of the Anglo-Boer War 1899 – 1902* (Somerset, The Anglo-Boer War Philatelic Society, 1998), 14

⁸⁵ Pakenham, *The Boer War* 354

⁸⁶ Pakenham, *The Boer War* 354

actually been used by the 18th Field Hospital.⁸⁷ Situations such as this would have been extreme cases, however such instances would have had a direct impact on nurses' abilities to provide stimulants to the sick and wounded.

The redirection of stores for personal use was not an unusual event. The British Red Cross were dissatisfied by the knowledge that they had inadvertently assisted the Government in 'economising' its stores during the war by supplying many items that were not within their jurisdiction. The Assistant Commissioner, Bonham-Carter, wrote that in at least one hospital he believed that there had been a 'gross abuse' of their gifts. He elaborated that the stores they had supplied for the sick and wounded had been personally consumed in the 'Medical Officers Mess after urgent demands had been made on us'. Bonham-Carter's intention was to compose a 'private letter to Surgeon General Wilson' informing him that he had reason to believe that there had been a 'grave irregularity in the distribution of our stores', and suggested that an enquiry 'would be useful'.⁸⁸

Alongside the recognition that stores and supplies intended for the sick and wounded were on occasion redirected, it was also found that the medical comforts including brandy was often watered down.⁸⁹ In March 1900, shortly after the end of the siege of Ladysmith, Emily Peter wrote in her diary about her anger at having to water down the prescribed brandy used as stimulants for the sick. Peter referred the matter to two senior doctors but observed that one was 'powerless' while the other would not take

⁸⁷ Pakenham, *The Boer War* 354

⁸⁸ Bonham-Carter, Extract from report to the Red Cross Society, BRCMA. Emphasis as original.

⁸⁹ Brandy was a frequently used stimulant in the care of typhoid fever

the time to discover where the fault lay and informed her to, 'put less water in it myself, [but] what good was that when I did not know how much was in it already; and when 8oz. were ordered I did not get 8oz. when part of it was water'.⁹⁰

The mismanagement, and on occasion misappropriation, of stores and provisions proved a challenge for the nurses in South Africa. At the College Hospital in Maritzburg, Sister X was often forced to deal with the 'inconveniences of red tape' whenever she required items to be collected from the stores.⁹¹ On one particular occasion she was faced with a somewhat obdurate orderly and related their conversation when she asked him to collect items of stores. The 'Orderly (with great stolidity) declared, "No good me going unless you write down what you want on a bit of paper, Sister; only get sworn at for my pains"'. Sister X claimed she had to contend with this insubordination 'in the midst of ice packings, giving of medicines, and taking of temperatures, etc., and a host of other things'.⁹² When requisitioning stores, the ever-present paperwork appeared to be accepted practice within the army. Bonham-Carter recorded that the 'Government Store departments are most tiresome and vexatious, particularly the Ordnance, with their delays, their enquiries, and their signing and countersigning'.⁹³ Sister X understood the civilian medical officers to be 'disgusted' by having to complete dozens of diet sheets, 'which unless done daily (though no alteration in diet recurring), the patient would get nothing till next day'.

⁹⁰ Woodward and Mitchell, *A Nurse at War* 90

⁹¹ Sister X, *The Tragedy and Comedy* 39

⁹² Sister X, *The Tragedy and Comedy* 39

⁹³ Bonham-Carter, Extract from report to the Red Cross Society, BRCMA

Sister X continued that, 'Anything that is wanted has to pass through several hands, backwards and forwards, wasting no end of time'.⁹⁴

It appears however, that whilst the nurses found the bureaucracy surrounding the requisitioning of medical and nursing supplies frustrating, they were aware that it was not generally the fault of individuals, but the army system:

Mind you I do not mean to imply that the authorities are not doing their best here, because they really are, and considering they are so throttled and bound by red tape, I think great credit is due for what they have been able to accomplish under most trying and difficult circumstances.⁹⁵

Sister X found that even 'to ask for a syringe of any sort creates a panic' whereby the dispenser would consequently demand to know whether the item in question was actually required immediately or if the order could not wait until the next day.⁹⁶

Another barrier to practice was that nurses were not allowed to keep a reserve of 'reagents in case of collapse', which routinely included brandy, strychnine, ether or hypodermic syringes for administration purposes.⁹⁷ In the event of an emergency situation Sister X stated that the Sister had to send for the 'orderly medical officer' for the day, which meant he must be on duty, for him to write what he required in the prescription book before the orderly could be sent to the dispensary.⁹⁸ Sister X aptly noted that, 'When it is made up (if the patient is still alive), you duly administer it. This system of hospital work will take ten years off our lives. It really is exasperating. I can't imagine how the Army Sisters put up with it'.⁹⁹ This appears to be the crux of

⁹⁴ Sister X, *The Tragedy and Comedy* 44

⁹⁵ Sister X, *The Tragedy and Comedy* 44

⁹⁶ Sister X, *The Tragedy and Comedy* 39 – 41

⁹⁷ Sister X, *The Tragedy and Comedy* 39 – 41

⁹⁸ Sister X, *The Tragedy and Comedy* 39 – 41. In her account Sister X does not allude to who she is referring to as the 'orderly medical officer, however this would most likely be a Medical Officer responsible for the orderlies.

⁹⁹ Sister X, *The Tragedy and Comedy* 39 – 41

the civilian nurses argument; that army nurses were constrained and hindered by complex bureaucracy and thus there was a need for the current system to be reorganised and for nurses to be more involved in the planning for future military campaigns.

However some nurses were able to circumvent 'red tape'. Laurence believed that many civilian surgeons and nurses complained unnecessarily about military rules and regulations and were inclined to make 'mountains out of molehills' asserting that, 'They can really get all they want if they set about it in the proper way, but they don't take the trouble to find out what is the proper way'.¹⁰⁰ Violet-Brooke Hunt, who had set out to South Africa with the encouragement of Florence Nightingale to help care for the British soldiers, also shared Laurence's view.¹⁰¹ Brooke-Hunt established soldiers' institutes where men could obtain cheap meals and attend entertainments, have access to reading-rooms and a place of worship on Sundays, for which she was later awarded a war medal and the Order of Lady of Grace of St John of Jerusalem.¹⁰² In the process of setting up the soldiers' institutes, Brooke-Hunt stated that, 'So far from there being any red tape restrictions, I found every one in authority only too ready to accept any little help which it happened to be in my power to give, and one and all we worked together with a will'.¹⁰³ Whilst it appears that these two women, one a trained nurse and one a society lady, were able to circumvent the system, most were not, with unpleasant consequences for their patients. 'Red tape' and 'endless form filling' were a regular part of army life. However, civilian nurses and doctors

¹⁰⁰ Laurence, *A Nurse's Life* 191 – 192

¹⁰¹ Violet Brooke-Hunt, *A Woman's Memories of the War* (London, James Nisbet & Co., Ltd, 1901) 7; Andrew S. Thompson, 'Hunt, Violet Edith Gwynllyn Brooke- (1870–1910)', (ODNB) <http://www.oxforddnb.com/view/article/50755> accessed on 22.02.2013

¹⁰² Thompson, 'Hunt, Violet', ODNB

¹⁰³ Brooke-Hunt, *A Woman's Memories* 112

were used to the order and ease of the civilian hospitals where they could obtain store items and equipment far more readily and therefore found these practices at best hindered patient care and at worst could be potentially harmful.¹⁰⁴ Lieutenant-Colonel Ryerson believed that in the future, medical officers should have sole charge of the medicines and drugs, as opposed to the complicated ordnance department, concluding that there ‘should be less red tape and more latitude in the purchase of comforts for the sick’.¹⁰⁵

Pakenham asserts that the army hospitals were inefficiently managed, owing to the sole fact that they were run by the army. Pakenham concludes that the hospitals ‘represented all that was most inflexible about the British army: the endless form-filling, and obsession with rules and regulations, that made red tape and red cross almost synonymous’.¹⁰⁶ Civilian doctors and in some instances army medics were aware that the complicated requisitioning of supplies and the inconvenience it caused them meant that their patients often suffered ‘a certain amount of discomfort’ because neither they nor the nurses could complete their work efficiently.¹⁰⁷ The personal testimonies in this chapter demonstrate that nurses could not obtain direct access to the food, medical supplies and the medications they required to carry out what they believed to be fundamental to the treatment of disease owing to ‘red tape’.¹⁰⁸ The presence of ‘red tape’ was not there to deliberately hinder medical and nursing

¹⁰⁴ Pakenham, *The Boer War* 383

¹⁰⁵ Ryerson, ‘Medical and Surgical Experiences’, 23 AMS

¹⁰⁶ Pakenham, *The Boer War* 383

¹⁰⁷ Civilian Surgeon, ‘With the Cavalry Brigade (15.05.1900)’, 56. See also: Bonham-Carter, Extract from report to the Red Cross Society, BRCMA

¹⁰⁸ Chris Hodgson, *The Healthcare of the British and imperial troops in the siege and relief of Ladysmith during the Boer War* Thesis (BSc) Number b.16607922, 40 Wellcome Library

provision, although this undoubtedly happened, as in the accounts of Major Donegan at Ladysmith.

Nevertheless the complex bureaucracy caused Sister X to state that the continual struggle against ‘red tape’, ‘tended to blunt all one’s interest in one’s work and patients, and crush any enthusiasm’ accounting for ‘why the orderlies took so little interest in their work’ and evidencing perhaps that the civilian method of hospital nursing and management was superior.¹⁰⁹ It is clear that civilian nurses felt there was less ‘red tape’ in the civilian hospitals and that this made their working lives easier and improved their ability to provide fundamental care. Following her experiences at the Irish Hospital in Pretoria, Sister X concluded that a successfully run hospital depended upon the authority for work being ‘under the sole direction of the matron’ as in the civilian hospitals in Britain.¹¹⁰ The idea of ‘red tape’ ‘crushing’ the system is also present in nurses’ testimonies, including those of Eleanor Laurence, Dora Harris, Emily Andrews, Sister X, Emily Peter and civilian medics.¹¹¹ Laurence found some army nurses appeared to be resigned to the restrictions of their practice and when Laurence found herself facing deficient care, she stated that she could not understand why things could not be improved but that the army nurses seemed reticent.¹¹² Nurses such as Ethel McCaul felt it necessary to speak publicly about the deficiencies in the current army medical and nursing services, a response that raised anxieties from medical men about the ‘obedience’ of nurses.¹¹³ Such anxieties may have influenced

¹⁰⁹ Sister X, *The Tragedy and Comedy* 126

¹¹⁰ Sister X, *Tragedy and Comedy* 159 – 160. Italicised in original.

¹¹¹ Harris, Diary (14.05.1900) NAM; Andrews, ‘Correspondence (20.06.1900)’ AMS; Laurence, *A Nurse’s Life* 260; Sister X, *The Tragedy and Comedy* 126; Civilian Surgeon, ‘With the Cavalry Brigade (15.05.1900)’, 56; Woodward and Mitchell, *A Nurse at War* 90

¹¹² Laurence, *A Nurse’s Life* 260

¹¹³ Moore, *A Zeal for Responsibility* Passim

debates over the extent of responsibility nurses would hold in the new service during the discussions of the all-male War Office Committee on the reorganisation of the army nursing services, which included Frederick Treves.¹¹⁴

Conclusion

During the Anglo-Boer War nurses found themselves in positions where they were unable to provide fundamental nursing care, highlighting that the current army medical system was insufficient to meet the demands of the high numbers of sick and wounded. As McCaul claimed, the ‘doubtful system’ of the current ANS would not be sufficient until there was ‘method’ and reorganisation with the appointment of a ‘lady-superintendent’ to oversee the training of orderlies.¹¹⁵ The favourable impact of nurses and the insufficiency of trained orderlies supported the claims that reassessment and improvement of the current medical system and the small ANS was needed. It also helped to demonstrate the valuable contribution of trained nurses to military efficiency and the necessity for a defined hierarchy of command to prevent nurses being powerless against ‘red tape’. Civilian nurses recognised the deficiencies from an external perspective and that the complex machinations of ‘red tape’ hindered their abilities to provide expert nursing care. The present system was, in their opinion, in need of reorganisation and their experiences may have served to emphasise this fact to the relevant authorities. As the journal *Nursing Notes* stated, ‘such an organisation as the Army Medical and Nursing Service insufficient in numbers in times of peace, was bound to go to pieces under any such strain as that of the present war’.¹¹⁶ In

¹¹⁴ Discussion of the War Office Committee, Passim AMS

¹¹⁵ McCaul, ‘Army Nursing Notes’, 66

¹¹⁶ Anonymous, ‘War Notes’, *Nursing Notes* XIII, 152 (01.08.1900), 105

summation, greater numbers of trained nurses were required with a defined hierarchy and with defined responsibility for their own nursing sphere.¹¹⁷ The steps taken to address these issues by the establishment of a reorganised service in the form of the Queen Alexandra's Imperial Military Nursing Service will be considered in Chapter Nine. The contemporary debates over the place and role of the 'new woman' in society appear to have coincided with the debates over the place and role of nurses in the new military nursing service.¹¹⁸ The next chapter will consequently consider the ambiguous position of the nurse within the new service and the opposition nurses faced from the all-male War Office Committee.¹¹⁹

¹¹⁷ Regulations for Admission to the Queen Alexandra's Imperial Military Nursing Service Army Orders (London, His Majesty's Stationary Office, 1902) HI/ST/NC15/16/2

¹¹⁸ Cecil Willett Cunnington, *Feminine Attitudes in the Nineteenth Century* (New York, Haskell House Ltd, 1973), 283

¹¹⁹ Discussion of the War Office Committee, Passim AMS

Chapter Nine

A move for professionalisation and public recognition

It must be earnestly hoped that when the day of settlement comes, as come it must, this most important matter will be adequately dealt with, and the Army nursing staff increased to proportions which will ensure that our soldiers, of whom we are so justly proud, shall at least receive as much care and skilled tendance [sic] as the inmates of our Poor Law infirmaries.¹

Introduction

When the Royal Commission on South African Hospitals concluded, it acknowledged that prior to the commencement of the Anglo-Boer War, nursing was ‘but slightly recognised in the Army,’ and that army nurses were responsible for the supervision of orderlies ‘rather than do the actual nursing’.² A fact highlighted by the presence of civilian nurses during the war and as discussed in Chapter Four. Charlotte Searle has claimed that ‘even the most prejudiced army doctor’ was able to admit by the end of the war that trained nurses were essential in military hospitals and that like civilian practice the nursing should be ‘largely left to women who are trained’, not to male orderlies.³

Yet on the commencement of the Anglo-Boer War the accepted practice within the army was for a small number of trained Sisters to supervise male orderlies in providing care to large numbers of patients and thus when war was declared the small

¹ Anonymous, ‘The Nursing of Our Soldiers’, *Nursing Notes A Practical Journal for Nurses* XIII, 147 (01.03.1900), 33

² Anonymous, ‘Royal Commission on South African Hospitals’, *The Nursing Record* 26, 674 (02.03.1901), 174

³ Charlotte Searle, *The History of the Development of Nursing in South Africa 1652 – 1960 A Socio-Historical Survey* (Cape Town, Struik, 1965), 202

Army Nursing Service (ANS) were, as Anne Summers states, ‘found wanting’ due to insufficient numbers.⁴ Surgeon-General W. D. Wilson, reporting on the medical arrangements of the Anglo-Boer War, claimed that the authorised establishment of Sisters for a general hospital, which had consisted of only one Lady Superintendent and eight Sisters, was inadequate due to the paucity of trained orderlies in the Royal Army Medical Corps (RAMC).⁵ The unsatisfactory number of army nurses available, combined with deficient numbers of trained orderlies, led to calls for reorganisation of the military’s medical services and to the recognition of trained female nurses as essential in times of both war and peace.⁶

A call for reorganisation and recognition

Christopher Schmitz attributes the lack of recognition of female nurses by the authorities, evidenced by the minimal numbers available, to the early objections of the War Office to women serving within the army system, an objection derived from the RAMC’s longstanding antipathy to women working ‘in any role other than as supervisory sisters within the base hospitals, far from the seat of war’.⁷ This viewpoint was shared by Searle who claimed that there continued an ‘ingrained prejudice against the full use of women nurses’ with detrimental impact on the current

⁴ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 98. See also: P. Michelli, ‘Nursing Sick Soldiers’, *The Times* 36047 (1900), 12; Anonymous, ‘War Notes’ *Nursing Notes* XIII, 152 (01.08.1900), 105

⁵ Surgeon-General Sir W. D. Wilson, *Report on the Medical Arrangements in the South African War by Surgeon-General Sir W. D. Wilson K.C.M.G. (Late Principal Medical Officer, South African Field Force)* (London, Harrison and Sons, 1904), 177

⁶ Anonymous, *Nursing in the Army Queen Alexandra’s Imperial Military Nursing Service Reprinted by permission for the “British Medical Journal”* (London, Harrison and Sons, 1905), 3; Yvonne McEwen, *It’s a long way to Tipperary: British and Irish Nurses in the Great War* (Scotland, Cualann Press, 2006), 16

⁷ Christopher Schmitz, “‘We Too Were Soldiers’: The Experiences of British Nurses in the Anglo-Boer War, 1899 – 1902”, In Gerard J. DeGroot and Corinna Peniston-Bird (Eds), *A Soldier and a Woman: Sexual Integration in the Military* (Essex, Pearson Education Ltd, 2000), 49 – 65, 53

military medical services.⁸ During the Anglo-Boer War the contemporary nursing press were already discussing how this antipathy and the War Office's reluctance to employ trained female nurses would impact on the care of the sick in war.⁹ Further evidence of the RAMC's antipathy to women at the seat of war was apparent in the testimony of Colonel Macnamara to the Royal Commission. Macnamara stated that female nursing sisters, many of whom had been sent out privately from the London hospitals, were all 'exceedingly good' and provided 'inestimable services' which the medical officers believed 'could not be excelled'.¹⁰ He concluded that the 'nursing sister question' was 'extraordinary' and that, 'we military surgeons were a body shy of employing a lot of Sisters in the hospitals. Everybody knows that ladies in a place make it very nice, but I never thought you could get one lady to manage forty ladies constantly coming and going; but we have not had the slightest trouble'.¹¹ Summers states that many medical officers viewed nurses within the army as an 'inappropriate transplant from the civilian world' and thus Macnamara's claims may have been an overstatement on his part as there were problems apparent in the establishment and accommodation of nurses in South Africa as discussed in Chapters Four and Five.¹²

In August 1901 the editor of the journal *Nursing Notes* argued that organisations such as the 'Army Medical' and 'Nursing Services' who maintained inadequate numbers in times of peace were as a consequence 'bound to go to pieces under any such strain' as

⁸ Searle, *The History of the Development of Nursing in South Africa* 185

⁹ Anonymous, 'War Notes', *Nursing Notes* (01.08.1900), 105; Anonymous, 'Nursing in the Army', *Nursing Notes* XVII, 197 (01.05.1904), 71

¹⁰ Colonel W. Macnamara, Minutes of Evidence (27.08.1900) *Report of the Royal Commission Appointed to Consider and Report upon the Care and Treatment of the Sick and Wounded during the South African Campaign: Presented to both Houses of Parliament by Command of Her Majesty* (London, HMSO, 1901), 188

¹¹ Macnamara, Minutes of Evidence (27.08.1900), 188

¹² Anne Summers, *Women as Voluntary and Professional Military Nurses in Great Britain 1854 – 1914* Unpublished PhD Thesis (1985) Open University, iv

the Anglo-Boer War.¹³ As Summers concurs, when the war commenced, the army nursing sisters were ‘found wanting’ due to insufficient numbers and the fact that their role as supervisors to orderlies, who provided the majority of the clinical nursing care, necessitated the large-scale enlistment of civilian nurses to the Reserve, without adequate supervision or authority.¹⁴ The civilian nurses were more familiar with performing clinical nursing duties themselves than delegating to male orderlies, a fact that earned them praise by both civilian and military medics. However, it was generally recognised that more nurses were required during the Anglo-Boer War and in the case of future military campaigns, whether they be army or civilian. Consequently the civilian nurses who served in South Africa also played a central role in increasing the public’s discontent over the shortage of skilled female nurses available for service by disparaging the working style of the ANS and the allegedly deficiently-trained male orderlies.¹⁵ Official recognition of the necessity for trained nurses came from the Royal Commission with acknowledgement that in frequently fatal cases, such as typhoid fever, trained female nurses were far superior and that nurses ‘general employment in fixed hospitals ought to be now generally recognised by the authorities and be provided for in future wars’.¹⁶ The favourable impact of civilian nurses and the dearth of trained male orderlies emphasised the need for improvement of the current army medical system and the reorganisation and expansion of the modest ANS.¹⁷ In his evidence to the Royal Commission, civilian medic Watson Cheyne concluded that female nurses were essential as, ‘the orderly, as

¹³ Anonymous, ‘War Notes’, *Nursing Notes* (01.08.1900), 105

¹⁴ Summers, *Angels and Citizens* 98. See also: Lee Holcombe, *Victorian Ladies at Work Middle-Class Working Women in England and Wales 1850 – 1914* (Devon, Archon Books, 1973), 82

¹⁵ Summers, *Angels and Citizens* 208

¹⁶ Anonymous, ‘Royal Commission on South African Hospitals’, *The Nursing Record* (02.03.1901), 174

¹⁷ Anonymous, ‘War Notes’, *Nursing Notes* XIV, 161 (01.05.1901), 59; Anonymous, ‘The War in South Africa: The Army Nursing Reserve’, *British Medical Journal* 2, 2062 (07.07.1900), 49 – 52, 52; Searle, *The History of the Development of Nursing in South Africa* 202; Schmitz, “‘We Too Were Soldiers’”, 49

a rule, I do not think is a very efficient nurse', an opinion shared by other medical men in their testimonies of wartime nursing.¹⁸ Another anonymous civilian doctor, helping to raise the professional profile of trained nurses, wrote to the *British Medical Journal* stating, 'I have had charge of a hospital where none but male orderlies were used, and I have no hesitation in saying that nursing duties are not as a rule so well performed even by trained men of this sort as by trained women nurses'.¹⁹ Training was identified as key.

As discussed in Chapter Eight, Ethel McCaul, a civilian nurse who worked alongside Sir Frederick Treves, described the 'doubtful system' of the current ANS, asserting that the service required reorganisation and the appointment of a 'lady-superintendent' to manage the training of orderlies.²⁰ The *Nursing Notes* journal unequivocally stated that, 'the first all-important reforms will come when the War Office recognises the fact that the Lady Superintendent and her nurses are an absolute necessity to the Army. A corps for nursing, entirely independent of the R.A.M.C., should be established'.²¹ A comparable viewpoint was shared by some nurses within the ANS with claims that in Britain, 'Nursing affairs are not successful without a head. Our own A.N.S would be better than it is had we a capable woman to manage it'.²² Therefore calls for the recognition of female nurses' work in times of war and the necessity of a permanent place in times of peace was urged by the nursing press. The *Nursing Notes* journal again led the argument with demands that soldiers

¹⁸ Anonymous, 'The Medical Aspects of the War By A South African Campaigner', *British Medical Journal* 1, 2042 (17.02.1900), 412 – 413; Mr. Watson Cheyne, Minutes of Evidence (25.07.1900) *Report of the Royal Commission* 37

¹⁹ Anonymous, 'The Medical Aspects of the War By A South African Campaigner', 412 – 413

²⁰ Ethel McCaul, 'Army Nursing Notes', *The Nursing Record* 26, 669 (26.01.1901), 66 – 67, 66

²¹ Anonymous, 'War Notes', *Nursing Notes* (01.05.1901), 59

²² Maud Sarah Hitch, 'Correspondence with Sidney Browne (07.04.1901)' 16/1956 – 20 AMS

defending the Empire should receive the same standard of nursing care that was available to the general public and even inmates of the Poor Law infirmaries in Britain.²³ *The Nursing Record* mirrored this sentiment, claiming that female nurses ‘existed somewhat under sufferance, and in numbers totally insufficient to carry out nursing as it is understood in civil hospitals’ stating further that the ‘so-called trained orderlies are as a matter of fact, not in the least competent, from the training point of view, to do the work they are called upon to undertake’.²⁴ This bias towards trained female nurses is understandable in *The Nursing Record*, given editor Ethel Fenwick’s pro-registration views.²⁵ On another occasion an article in *The Nursing Record* again disparaged the work of male orderlies and the continued antipathy of the War Office to the widespread employment of female nurses:

When it is realized [sic] that the male orderlies are *not trained nurses* in the modern acceptance [sic] of the word, it would appear that the War Office elects to deny “Tommy” the highly-trained and skilled care, which patients receive in our civil hospitals, and which even the flotsam and jetsam of humanity now receive in our Poor Law Infirmaries. Is this justifiable in this age of imperial aspirations? Hardly.²⁶

Civilian doctors appear to have agreed with the arguments featured in the nursing press over the insufficient numbers of female nurses available in South Africa. Alfred D. Fripp took forty nurses out to the Imperial Yeomanry Hospital, but realised that eighty or one hundred would not have been too many. Fripp firmly believed that the employment of female nurses on a ‘large scale’ was a great advancement in military medical care, owing to the work of the ‘modern highly skilled nurse’, concluding that,

²³ Anonymous, ‘The Nursing of Our Soldiers’, *Nursing Notes* (01.03.1900), 33

²⁴ Anonymous, ‘War Notes’, *Nursing Notes* (01.08.1900), 105

²⁵ Monica Baly, *Nursing* (London, Anova Books, 1977), 68; D. P. Griffon, “‘Crowning the Edifice’ Ethel Fenwick and State Registration”, *Nursing History Review* 3 (1995), 201 – 212; Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 70; Elaine Thomson, ‘Beware of worthless imitations’: Advertising in nursing periodicals, c. 188 – 1945’, In Barbara Mortimer and Susan McGann (Eds), *New Directions in the History of Nursing International Perspectives* (London, Routledge, 2005), 158 – 178, 159

²⁶ Anonymous, ‘Army Nursing Notes’, *The Nursing Record* 24, 618 (03.03.1900), 171 – 172, 172

‘I am sure that apart from their skill and help to the doctor they confer comfort and happiness on the patients, and I think that in the future it will be recognised that there will be plenty of scope for the nursing sisters in war’.²⁷ Such accolades in *The Lancet* may have facilitated the growing confidence of trained nurses and served to raise the profile of nurses as the skilled elite, with recognition that nursing was not simply the natural role of women.²⁸ Clearly in the opinion of some doctors and a number of senior officers, nurses were carving themselves a legitimate place in the sphere of war.

The nursing press’ call for organisation and recognition of women in wartime entreated for a defined female head of the ANS to be based on site at the seat of war. *The Nursing Record* argued that, ‘without a Head of the Army Nursing Service at the Cape this disorganised state of affairs is sure to continue’.²⁹ This concern was considered during the reorganisation of the nursing services by the War Office Committee and raised by Frederick Treves, who asserted that during war a woman should hold a similar position in the nursing service as the Principal Medical Officer takes with regard to the medical service. He continued that in South Africa there should have been in place a Principal Matron to ‘control’ the nursing arrangements in Natal, with another based at Cape Town to ‘control’ the arrangements there, but that

²⁷ Alfred D. Fripp, ‘The War in South Africa The Imperial Yeomanry Hospital’, *The Lancet* 155, 4002 (12.05.1900), 1383 – 1384, 1384

²⁸ Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868 – 1883* (Georgia, University of Georgia Press, 1988), x; Deborah Simonton, ‘Nursing History as Women’s History’, *International History of Nursing Journal* 6, 1 (2001), 35 – 47, 43; Janet S. K. Watson, ‘Wars in the Wards: The Social Construction of Medical Work in First World War Britain’, *Journal of British Studies* 41, 4 (2002), 484 – 510, 492

²⁹ Anonymous, ‘Army Nursing Notes’, *The Nursing Record* 26, 675 (09.03.1901), 188. Sister X believed that a successfully run hospital depended upon the authority held by the matron and that the Irish Hospital’s success was because it was ‘under the sole direction of the matron.’ Sister X, *Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906), 159 – 160

there was ‘no such arrangement for such an officer’.³⁰ Following recognition that nurses were necessary in war, it was becoming evident that a more defined service with a defined female head to control and manage nursing arrangements was required. Yet the calls from Treves to appoint nurses in positions of control do not fully reflect the debates against female nurses being given too much power.

As discussed in Chapter Three, some nurses were acknowledged to have been motivated by opportunities for increased social experiences and to have ‘a good time’ during their wartime service in South Africa, raising questions over the appropriate behaviour of nurses at the seat of war.³¹ Concerns that some nurses, both trained civilians and amateur society ladies, had enlisted in a search for adventure and opportunities for ‘frivolling’ may have influenced the anxieties of the War Office Committee over the extent of responsibility a group of women should be afforded in the Queen Alexandra’s Imperial Military Nursing Service (QAIMNS).³² Nurses were recognised as the ‘great power’ in the new service; however the War Office Committee were anxious to formalise this power to ensure that nurses remained subordinate to medical authority.³³ This reflects Eva Gamarnikow’s observation that for medical men, ‘obedience was the single most crucial characteristic of the relationship of nursing to medicine’.³⁴ Nurses were to be ‘servile’ to the ‘dominant status’ of medicine, a role that medical authorities intended to be maintained within the new military nursing service.

³⁰ Discussion of the War Office Committee on Reorganisation of the Army Medical and Army Nursing Services (22.07.1901) 6/1956 A700, 134 AMS

³¹ Summers, *Angels and Citizens* 198

³² Discussion of the War Office Committee, 130 AMS

³³ Discussion of the War Office Committee, 130, 138 AMS

³⁴ Eva Gamarnikow, ‘Nurse or Woman: Gender and Professionalism in Reformed Nursing 1860 – 1923’, In Pat Holden and Jenny Littlewood (Eds), *Anthropology and Nursing* (London, Routledge, 1991), 110 – 129, 116

A new era: The Queen Alexandra's Imperial Military Nursing Service

In the early years of the twentieth century, which preceded the First World War, it was recognised that, even though Western Society was not in a state of constant warfare, there was an increasing state of 'British' militarism.³⁵ This resulted in ongoing preparations for future engagements to be viewed by many 'as normal and desirable social activities'.³⁶ The growing awareness that future wars would result in greater numbers of casualties meant acknowledgement that trained female nurses were required on a more defined and permanent basis within the sphere of war.³⁷ The creation of the QAIMNS aimed to address this need. On 27 March 1902, in the same year as the Royal Commission report, the QAIMNS was established under Royal warrant and patronage.³⁸ Superintendent Sidney Browne of the ANS was swiftly appointed as the first Matron-in-Chief while still serving in South Africa, becoming 'officially recognised' by taking up offices at the War Office.³⁹ Browne's position afforded her a place on the new Nursing Board, as well as a seat on the Army Medical Board as an advisor on nursing issues and to ensure the criticisms of the old service were addressed.⁴⁰ In spite of her new appointment to the Nursing Board, Browne was

³⁵ Anne Summers, 'Militarism in Britain before the Great War', *History Workshop Journal* 2, 1 (1976), 104 – 123, 104; John Springhall, 'Baden-Powell and the Scout Movement before 1920: Citizen Training or Soldiers of the Future?', *The English Historical Review* 102, 405 (1987), 934 – 942, 935

³⁶ Roger Cooter, 'Medicine in War', In Deborah Brunton (Ed), *Medicine Transformed Health, Disease and Society in Europe 1800 – 1930* (Manchester, Manchester University Press, 2004), 331 – 363, 357

³⁷ Eric Taylor, *Wartime Nurse One Hundred Years from the Crimea to Korea 1854 – 1954* (London, ISIS, 2001), 72

³⁸ Elizabeth S. Haldane, *The British Nurse in Peace and War* (London, John Murray, 1923), 170; Ian Hay, *One Hundred Years of Army Nursing The Story of the British Army Nursing Services from the time of Florence Nightingale to the present day* (London, Cassell and Company, 1953), 54; Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London, Leo Cooper Ltd, 1975), 37; Summers, *Angels and Citizens* 221

³⁹ Susan McGann, *The Battle of the Nurses: A study of eight women who influenced the development of professional nursing, 1830 – 1930* (London, Scutari Press, 1992), 84

⁴⁰ Summers, *Angels and Citizens* 221; McGann, *The Battle of the Nurses* 84

not to form part of the War Office Committee, which was to discuss the reorganisation of the ANS.

There is a dearth of exploration of the reorganisation process in the secondary literature.⁴¹ However, whilst it is not the purpose of this thesis to provide a detailed overview of the development of the QAIMNS, it is necessary to consider the ways in which both the medical and the nursing services in South Africa were now influencing events. According to Summers, it remained the male authorities within civilian practice and the military who were to consider the place of women in the newly reorganised QAIMNS despite the appointment of Sidney Browne, as no female member or trained nurse was selected for the committee which ‘sat in private and did not take evidence’.⁴² Nevertheless the discussions of the War Office Committee on the organisation of the QAIMNS were documented in the minutes of the proceedings held at the Army Medical Services Museum. An all-male panel initially discussed where female nurses should be employed. Panel members included: from the Government, St. John Brodrick Secretary of State and Sir Edward Ward Under-Secretary; from the military Major Morton, Colonel Willcocks and Lieutenant-Colonel Alfred Keogh; and representing civilian opinion, Sir Frederick Treves, Alfred Fripp, Mr. Makins, Dr. H Tooth, Professor Ogston and Dr. Perry. Civilian medic Mr. Makins maintained that female nurses were necessary in hospitals where there were fewer than one hundred beds, an issue that was currently under debate. Makins argued the case for the inclusion of female nurses in all hospitals irrespective of the number of beds:

⁴¹ Hay, *One Hundred Years of Army Nursing* Passim; Piggott, *Queen Alexandra's Royal Army Nursing Corps* 37 – 38; Taylor, *Wartime Nurse* Passim

⁴² Summers, *Angels and Citizens* 221

You have to bear in mind that the nurse is to be the great power in this Service for the future. After all, these hospitals of 100 beds and less [sic] will have a good deal to do with the training of Orderlies. I take it it is conceivable that an Orderly might be called upon to do work when he had had no training, except what he got in a hospital of 100 beds or under, inaugurated by this Board, it seems to me that, at any rate, one nurse should be at every hospital. She will take a part in the education of Orderlies, and it seems rather a pity that you should not provide quarters.⁴³

The argument against placing female nurses in hospitals with fewer than one hundred beds related to the housing of nursing on site, as opposed to whether they were actually required, an accommodation issue reminiscent of opposition during the Anglo-Boer War. In spite of the statement that the nurse was to be a ‘great power’, fellow civilian Dr. Perry did not believe that female nurses could be wholly trusted in small numbers around men. Perry countered that placing a small number of female nurses alongside a large body of men would have a ‘distinctly deteriorating effect’ upon nurses, making them ‘less efficient’ and at risk of damage to their ‘character as nurses’.⁴⁴ These debates are reminiscent of the concerns raised over the close proximity of unchaperoned female nurses to male colleagues in Chapter Five.⁴⁵ The contemporary concerns over the respectability of women and the preservation of their ‘good name’ if accommodated without adequate supervision around men who may corrupt them, influenced debates.⁴⁶ The moral approbation of nurses can be argued as part of the ‘gendered nature of the hospital as moral universe’ as described by Anne

⁴³ Discussion of the War Office Committee, 130 AMS

⁴⁴ Discussion of the War Office Committee, 130 AMS. Concerns over the ‘character’ of nurses would continue on into the First World War and beyond. Janet S. K. Watson, ‘Khaki Girls, VADs, and Tommy’s Sisters: Gender and Class in First World War Britain’, *The International History Review* 19, 1 (1997), 32 – 51, 32

⁴⁵ Jill Conway, ‘Stereotypes of Femininity in a Theory of Sexual Evolution’, In Martha Vicinus (Ed), *Suffer and Be Still: Women in the Victorian Age* (Indiana, Indiana University Press, 1972), 140 – 154, 145; Cecil Willett Cunnington, *Feminine Attitudes in the Nineteenth Century* (New York, Haskell House Ltd, 1973), 283; Philippa Levine, *Victorian Feminism 1850 – 1900* (London, Hutchinson Education, 1987), 128; Sally Mitchell, *Daily Life in Victorian England* (Connecticut, Greenwood Publishing Group, 1996), 263

⁴⁶ Lillian Faderman, *Surpassing the Love of Men: Romantic Friendship and Love between Women from the Renaissance to the Present* (London, The Women’s Press Ltd, 1985), 159; Kathryn Hughes, *The Victorian Governess* (London, Hambledon, 2001), 134

Marie Rafferty. Rafferty states that in the gendered environment of the hospital, men were able to act as ‘moral sensors’ and in effect ‘detect’ any evidence of ‘moral laxity’ in nurses, which they could use to legitimise their rights to ‘supervise and superintend the behaviour of women’.⁴⁷ Perry appears to demonstrate this position as a ‘moral sensor’ advocating the need to supervise female nurses who could evidently only be trusted in large numbers and under strict moral control. He concluded:

If you put 10 or 20 women together the moral standard as applied to the female sex will be kept up; if you put two or three, there is considerable risk they would become deteriorated; and that is to my mind the strongest reason for adhering to the paragraph.⁴⁸

Julia Hallam has discussed how during the nineteenth century the perceived image of the nurse was as either the ‘good nurse’, who was viewed as a self-sacrificing angel, or the ‘bad nurse’: a woman who would willingly abuse her position of ‘power and authority’ for her own ends. Hallam identifies this demarcation as the ‘virgin/whore dichotomy’, a discourse that would continue through the periods of the First and Second World Wars, when nurses were frequently depicted as either a ‘sexless white angel’ or as a ‘predatory and highly sexualised’ woman who preyed on officers or doctors in search of an advantageous marriage.⁴⁹

Consequently the War Office Committee felt that it should be part of the female matron’s role to supervise female nurses when around men and to assist in

⁴⁷ Rafferty, *The Politics of Nursing Knowledge* 28 – 29

⁴⁸ Discussion of the War Office Committee, 130 AMS. It is not clear what exactly was meant by ‘deteriorated’ but it is possible that this related to the committees moral judgement under scrutiny and fears of a lack of respectability on the part of the nurses.

⁴⁹ Julia Hallam, *Nursing the Image: Media, Culture and Professional Identity* (London, Routledge, 2000), 20; Alison S. Fell, ‘Fallen Angels? The Red Cross Nurse in First World War Discourse’, In Maggie Allison and Yvette Rocheron (Eds), *The Resilient Female Body: Health and Malaise in Twentieth-Century France* (Bern, Peter Lang AG, 2007), 33 – 50, 39. See also: Thetis M. Group & Joan I. Roberts, *Nursing, Physician Control, and the Medical Monopoly: Historical Perspectives on Gendered Inequality in Roles, Rights, and Range of Practice* (Indiana, Indiana University Press, 2001), 176

maintaining the moral tone, as Perry implies, small numbers of nurses surrounded and housed by groups of men may be more easily led astray. Their moral judgement on the nurses is not based on fact, but personal opinion, yet it continued to raise questions with the male authorities, who appeared reluctant to relinquish complete power into the hands of women. On discussion of whether matrons should have sole autonomy when writing reports about nurses under their supervision, discord arose when Lord Roberts declared such reports must be confidential and not be subject to the perusal of the Medical Officers. Lieutenant-Colonel Alfred Keogh cautioned that women would not tell the truth about colleagues but use their position of power nefariously. Keogh stated that he did not believe women could be trusted with such power, however he asserted that a man could, as he is 'more honourable'. His argument continued:

I believe in petty spites. Look at what goes on in a garrison. These ladies are going out into society, going to tea and to dances. They are taken up by certain people in the garrison. If the Matron is not taken up – if a pretty girl, goes out into society more than she does... she will give it that girl very hot in her confidential report.⁵⁰

The argument remained that women would be vindictive to one another over perceived social slights, slights that a man would allegedly rise above, as 'women have not the same feeling about these things'.⁵¹ Keogh's unequivocal account demonstrates that the social exploits and behaviour of nurses discussed in Chapter Three was not viewed favourably in all quarters. Men clearly continued to believe that female nurses should remain subordinate to male authority, an issue long debated in civilian practice.⁵² Despite the praise Frederick Treves publicly offered female

⁵⁰ Discussion of the War Office Committee, 138 AMS

⁵¹ Discussion of the War Office Committee, 138 AMS

⁵² Brian Abel-Smith, *The History of the Nursing Profession* (London, Heinemann, 1960), 36; Moore, *A Zeal for Responsibility* 12 – 13 and 24 – 25; Gamarnikow, 'Nurse or Woman', 116; Rafferty, *The Politics of Nursing Knowledge* 29

nurses during the war, he affirmed the need to keep female nurses in a subordinate position:

I think anything that can emphasise the fact that the nurse's position is absolutely subordinate is to be desired. Unless it be subordinate, the nursing is fatal; it must be absolutely subordinate, and I should characterise the suggestion that the nurse should report on the Medical Officer is a piece of impertinence from a subordinate person.⁵³

The argument here is confused, male authorities wanted female matrons, but only on the proviso that they were subordinate and remained in the role of the 'angel of the house' passive and dependent or as the 'physician's hand'.⁵⁴ It was therefore decided that Medical Officers must be able to view the matron's report before it was sent to the Matron-in-Chief. Thus, although female nurses came to hold a permanent place within the military, male medical authorities continued their longstanding antipathy to nurses, because they were women, working in the sphere of war.⁵⁵

Nonetheless, female nurses were deemed necessary for the instruction and future training of male orderlies in the reorganised service. Female nurses were intended to be central to the training of orderlies, including the preparation of the syllabus of training for their nursing certificates.⁵⁶ The Advisory Board for Army Medical Services and Nursing Board Proceedings stated that the newly enlisted orderly recruit would commence at Aldershot for a period of approximately four to six weeks in basic

⁵³ Discussion of the War Office Committee, 139 AMS

⁵⁴ Barbara Melosh, *"The Physician's Hand" Work, culture and Conflict in American Nursing* (Philadelphia, Temple University Press, 1982), 19. Despite the phrase 'The physician's hand' used in reference to American nurses, historically it can be reflected in British nursing also as assistants to doctors. See also: Martin Pugh, *Women and the Women's Movement in Britain 1914 – 1999* Second Edition (London, MacMillan Press, 2000), 1

⁵⁵ Searle, *The History of the Development of Nursing in South Africa* 185; Summers, *Angels and Citizens* 221; Schmitz, "'We Too Were Soldiers'", 53; Carol Helmstadter, 'Navigating the Political Straits in the Crimean War', In Sioban Nelson and Anne Marie Rafferty (Eds), *Notes on Nightingale The Influence and Legacy of a Nursing Icon* (New York, Cornell University Press, 2010), 28 – 54, 31

⁵⁶ Piggott, *Queen Alexandra's Royal Army Nursing Corps* 43

military training before taking ‘preliminary technical instruction in elementary anatomy and physiology, first aid to the wounded, modes of giving medicines, and applying dressings, the recognition of materials for dressings, instruments in common use, and methods of carrying wounded, and various forms of ambulance drill’.⁵⁷ After two months the orderly would then undertake a ‘systematic course of instruction in the elements of nursing at the Cambridge Hospital under qualified nursing sisters, prior to examination of his capacity as a nurse. If successful, he would be appointed as a Third Class orderly and be assigned to a further posting to consolidate his training under the supervision of a matron who would deputise a nursing sister to participate in the examinations of orderlies.’⁵⁸ Not only were nurses deemed essential in the planning for future wars, they were also recognised as experts in their field and necessary for the training and preparation of the male orderlies who during the Anglo-Boer War, were not subordinate to nurses.

The response to the militarisation of trained nurses within Britain led to the continued growth of the QAIMNS in the years between the Anglo-Boer War and the First World War with the establishment of ancillary organisations. The ANS had been replaced by the QAIMNS in 1902 and the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR) replaced The Princess Christian’s Army Nursing Service Reserve (which reinforced the ANS during the Anglo-Boer War) in 1908.⁵⁹ The same year saw the institution of the Territorial Army Nursing Service following

⁵⁷ Advisory Board for Army Medical Services and Nursing Board Proceedings & Reports Vol. 1 1901 & 1902, *Conjoint Report of the Advisory and Nursing Boards containing a Scheme to develop the Training of Orderlies of the Royal Army Medical Corps as attendants upon the sick and wounded*, 4 AMS

⁵⁸ Advisory Board for Army Medical Services and Nursing Board Proceedings & Reports Vol. 1, 4 and 9

⁵⁹ Summers, *Angels and Citizens* 241

the Haldane Reforms and the founding of the Territorial Army.⁶⁰ The expansion of military nursing services encompassed the role of the army nurse in the training of male orderlies. Yet the education and training of nurses remained unregulated and any woman could call herself a nurse without formalised registration.

Nurse registration and education

During the mid to late nineteenth century, nursing was still not recognised as a profession and its roots were firmly entrenched in domesticity. The label ‘nurse’ could be used for any woman who provided in-house patient care, worked in a hospital storeroom, or performed the domestic duties of cooking, cleaning or laundry.⁶¹ The requisites of nursing were deemed to be attributes that did not require training and were viewed by many as part of a woman’s natural motherly and nurturing role.⁶² However by the end of the century it was clear that scientifically trained nurses were becoming accepted.⁶³ Accordingly one of the key claims made by nursing reformers was the need for nurses to have professional independence, owing to what Susan McGann states to be the ‘lack of protection afforded to both

⁶⁰ Hay, *One Hundred Years of Army Nursing* 57; Taylor, *Wartime Nurse* 72 – 73. The Haldane Reforms involved reforms of the army including the creation of a ‘Reserve’ force. This included The Territorial and Reserve Forces Act of 1907. Frederick William Perry, *The commonwealth armies: Manpower and organisation in two world wars* (Manchester, Manchester University Press, 1988), 5 – 6; Peter Simkins, *Kitchener’s Army: The Raising of the New Armies, 1914 – 16* (Manchester, Manchester University Press, 1988), 9; Ian F. W. Beckett, *The Amateur Military Tradition 1558 – 1945* (Manchester, Manchester University Press, 1991), 213

⁶¹ Anne Summers, ‘Images of the Nineteenth-Century Nurse’, *History Today* 34, 12 (1984), 40 – 42, 40; Carol Helmstadter, ‘Shifting boundaries: religion, medicine, nursing and domestic service in mid-nineteenth-century Britain’, *Nursing Inquiry* 16, 2 (2009), 133 – 142, 136; Susan McGann, Anne Crowther and Rona Dougall, *A History of the Royal College of Nursing 1916 – 90 A Voice for Nurses* (Manchester, Manchester University Press, 2009), 8

⁶² Gamarnikow, ‘Nurse or Woman’, 43; Watson, ‘Wars in the Wards’, 490; Jane E. Schultz, *Women at the Front Hospital Workers in Civil War America* (North Carolina, The University of North Carolina Press, 2004), 44

⁶³ Rebecca Strong, Education in Nursing Lecture given in November 1895 Kings College London BCN 2/9, 3 – 6; Monica E. Baly, *Nursing and Social Change* Third Edition (London, Routledge, 1995), 124; Rafferty, *The Politics of Nursing Knowledge* 11; Sioban Nelson, ‘From salvation to civics: service to the sick in nursing discourse’, *Social Science and Medicine* 53 (2001), 1217 – 1225, 1221

trained nurses and to the public from women who called themselves nurses but who had no training'.⁶⁴ Those calling for the registration of nurses included Sidney Browne, the first Matron-in-chief of the QAIMNS, a firm advocate for the professional organisation of nursing and registration.⁶⁵

The nurses who served in South Africa were comprised of women from across the British Empire. The British nurses, both army and civilians, were consequently working with nurses from the colonies, some of whom had already attained registration and the vote. South Africa was the first part of the British Empire to obtain a form of nurse registration in the Cape Province, through the Medical and Pharmacy Act of 1891 and by the efforts of Sister Henrietta originally from Britain and a close friend of Ethel Fenwick.⁶⁶ By 1899, nurses who wished to register in South Africa were required to have completed three years training in a hospital of over forty beds and have obtained a certificate from the central examining body, albeit an examining body with no nurse representation.⁶⁷ The process of registration, Lavinia L. Dock stated, was to 'raise the standard of professional knowledge', and

⁶⁴ McGann, *The Battle of the Nurses* 37

⁶⁵ McGann, *The Battle of the Nurses* 43 and 87 – 88

⁶⁶ L. L. Dock, 'The Progress of Registration', *The American Journal of Nursing* 6, 5 (1906), 297 – 305, 297; Bella Gordon, 'Nursing Conditions in South Africa', *The American Journal of Nursing* 26, 12 (1926), 935 – 937, 935; Lucy Ridgely Seymer, *A General History of Nursing* (London, Faber & Faber Ltd, 1932), 124 – 125; Minnie Goodnow, *Nursing History* Seventh Edition (Philadelphia and London, W. B. Saunders Company, 1944), 452; Searle *The History of the Development of Nursing in South Africa* 164; Shula Marks, *Divided Sisterhood: Race, class and gender in the South Africa Nursing Profession* (Basingstoke, Macmillan, 1994), 15; Rafferty, *The Politics of Nursing Knowledge* 76; Anne Young, C. F. Van Niekerk and S. Mogotlane (Eds), *Juta's Manual of Nursing* (Cape Town, Juta and Co. Ltd, 2003), 7; Margaret Currie, *Fever Hospitals and Fever Nurses A British social History of Fever Nursing: A National Service* (Oxon, Routledge, 2005), 40

⁶⁷ Dock, 'The Progress of Registration', 298; Searle *The History of the Development of Nursing in South Africa* 169

help to prevent ‘Sarah Gamp’ nurses from using the title ‘trained nurse’ when they had not acquired the correct training or certificates of examination.⁶⁸

Nevertheless, it was in fact another colony, New Zealand, which was the first to have separate legislation specifically for nursing registration and not linked to a medical act as in South Africa.⁶⁹ The New Zealand Nurses Registration Act was passed 12 September 1901 during the period of the Anglo-Boer War.⁷⁰ Nurse Grace Neill, who was the current Assistant Inspector of Hospitals, attended the inaugural International Council of Women’s conference in London in 1899, where the need for nurse registration was discussed. She then returned to New Zealand and alongside the Inspector General of Hospitals drafted the proposed Act in 1901.⁷¹ By 1902, trained nurses in New Zealand could apply to have their names entered on the register and those who subsequently completed their training were required to sit a state examination.⁷² Prior to the Anglo-Boer War, like other countries such as Canada, New Zealand had no army nurses. In support of the British Empire, trained New Zealand nurses were approved to represent their country, becoming the ‘forerunners’ of the New Zealand Army Nursing Service.⁷³ Two nurses who were currently employed in Britain joined the PCANSR and a further eleven nurses formed two

⁶⁸ Dock, ‘The Progress of Registration’, 298 – 299

⁶⁹ Currie, *Fever Hospitals and Fever Nurses* 40; Jodie Hughson, ‘Nursing: Historical, present and future perspectives’, In Gabrielle Koutoudis, Kate Stainton and Jodie Hughson (Eds), *Tabner’s Nursing Care: Theory and Practice* 6th Edition (Chatswood, Elsevier, 2013), 3 – 21, 8

⁷⁰ Dock, ‘The Progress of Registration’, 297; Seymer, *A General History of Nursing* 124; Rafferty, *The Politics of Nursing Knowledge* 76; Hughson, ‘Nursing: Historical, present and future perspectives’, 8

⁷¹ Adelaide M. Nutting and Lavinia L. Dock, *A History of Nursing Volume IV* (London, G.P. Putnam’s Sons, 1912), 203; Hughson, ‘Nursing: Historical, present and future perspectives’, 8

⁷² Goodnow, *Nursing History* 342; Hughson, ‘Nursing: Historical, present and future perspectives’, 8

⁷³ Sherayl Kendall and David Corbett, *New Zealand Military Nursing: A History of the R.N.Z.N.C Boer War to Present Day* (Auckland, Kendall and Corbett, 1990), 5

separate groups funded by public donations.⁷⁴ By the end of the Anglo-Boer War, New Zealand had attained registration and was moving towards a defined army nursing service.

In Canada, the militia created an Army Medical Department in 1899, the intention being to establish a Canadian Army Nursing Service at 'some future date'.⁷⁵ However, the commencement of the Anglo-Boer War pre-dated this proposed future service. On the outbreak of war, four trained civilian nurses volunteered for service in South Africa including Georgina Pope (who after the war applied to the QAIMNS), Sarah Forbes, Minnie Affleck and Elizabeth Russell. These formed the first contingent to be sent in December 1899.⁷⁶ A second contingent of four more nurses was sent in late February 1900, before the Canadian Nursing Service was established on 1 August 1901.⁷⁷ Seven years later the Canadian Association of Nursing Education created the Canadian National Association of Trained Nurses, which was affiliated with the International Council of Nurses (ICN). The intention was for reforms resulting in the standardisation of a curriculum across all nursing schools and the institution of a standardised test all nurses would be required to sit in order to be legally recognised as a Registered Nurse.⁷⁸ Diane Mansell and Dianne Dodd state that between the years of 1910 and 1922 nursing associations in Canada secured registration legislation across all Canadian provinces.⁷⁹ Nevertheless, Mansell and

⁷⁴ Anna Rogers, *While You're Away New Zealand Nurses at War 1899 – 1948* (Auckland, Auckland University Press, 2003), 16

⁷⁵ G. W. L. Nicholson, *Canada's Nursing Sisters* (Toronto, A. M. Hakkert Ltd, 1975), 33

⁷⁶ Nicholson, *Canada's Nursing Sisters* 34 – 36

⁷⁷ Nicholson, *Canada's Nursing Sisters* 37 and 41

⁷⁸ Diane Mansell and Dianne Dodd, 'Professionalism and Canadian Nursing', In Christina Bates, Dianne Dodd and Nicole Rousseau (Eds), *On all Frontiers Four Centuries of Canadian Nursing* (Ontario, University of Ottawa Press, 2005), 197 – 212, 200

⁷⁹ Mansell and Dodd, 'Professionalism and Canadian Nursing', 200

Dodd acknowledge that ‘there were still disappointments’, as though nurses could now legally use the title of a trained Registered Nurse, there remained variations in the registration laws in different provinces and that ‘all were weaker than nursing leaders had hoped for’.⁸⁰

Jan Bassett stated that in respect of the development of military nursing in Australia the Anglo-Boer War should be seen as a catalyst, but not the cause.⁸¹ On the outbreak of war, the Australian colonies had only one military nursing service, the New South Wales Army Nursing Service Reserve (NSWANSR); a service instigated only a few months previously and based upon the British PCANSR.⁸² In 1902 the Australian Army Nursing Service (AANS) was established due to the ‘catalyst’ of the war and the influence of the new QAIMNS, including a number of nurses who had served in South Africa.⁸³ However, Bassett observed that the AANS was in reality a Reserve service resembling the British PCANSR and not the ANS that became the QAIMNS.⁸⁴ It is interesting to note that though Australia had an early military nursing organisation in 1899 and a Reserve post war, followed by the formation of the Australasian Trained Nurses’ Association for the promotion of registration in 1899 and the Royal Victorian Trained Nurses’ Association in 1901, it was not until 1920 that South Australia first passed registration legislation.⁸⁵ South Australia was followed by Western Australia and New South Wales (the original military nursing

⁸⁰ Mansell and Dodd, ‘Professionalism and Canadian Nursing’, 202

⁸¹ Jan Bassett, *Guns and Brooches Australian Army Nursing from the Boer War to the Gulf War* (Melbourne, Oxford University Press, 1997), 24

⁸² Bassett, *Guns and Brooches* 9

⁸³ Bassett, *Guns and Brooches* 24

⁸⁴ Bassett, *Guns and Brooches* 26

⁸⁵ Dock, ‘The Progress of Registration’, 297; Nutting and Dock, *A History of Nursing Volume IV* 178 – 179; Ruth Rae, ‘Ellen Julia Gould: a civilian nurse and founder of the military nursing tradition in Australia (1860 – 1941)’, *Journal of the Royal Australian History Society* 92, 2 (2006), 165 – 182, 168

service forerunner) in 1922, and finally Victoria in 1924 and united under the Australian Nursing Federation in 1924, although individual states retained their own board of examiners.⁸⁶

Another facet to consider is the status of the enfranchisement of women within the colonies with claims to citizenship called for by some military nurses.⁸⁷ In the same year as the commencement of the Anglo-Boer War, the ICN was established, which aimed to launch ‘nursing as a profession with a noble destiny’. Sioban Nelson states that this destiny would involve helping to ‘transform the health and welfare of the world’ and that female suffrage formed one of the cornerstones of the movement.⁸⁸ The emancipation of women would have been a subject most nurses would have had some level of awareness of during the Anglo-Boer War.⁸⁹

In New Zealand the vote was achieved in 1893 while Australia’s first move towards the vote came in 1894 with achievement of the federal vote encouraging women in other colonies to forge forward in their own campaigns.⁹⁰ Votes for women were obtained thereafter in a disparate manner in Western Australia (1899), New South

⁸⁶ Goodnow, *Nursing History* 336; Hughson, ‘Nursing: Historical, present and future perspectives’, 8

⁸⁷ Summers, *Angels and Citizens* 204; Penny Starns, *March of the Matrons Military Influence on the British Civilian Nursing Profession, 1939 – 1969* (Peterborough, DSM, 2000), 19; Philippa Levine and Susan R. Grayzel (Eds), *Gender, Labour, War and Empire: Essays on Modern Britain* (Basingstoke, Palgrave MacMillan, 2009), 2 – 3

⁸⁸ Nelson, ‘From salvation to civics’, 1221; Sioban Nelson, ‘The Nightingale Imperative’, In Nelson and Rafferty (Eds), *Notes on Nightingale* 9 – 27, 18

⁸⁹ Bridget Theron, ‘Victorian Women, Gender and Identity in the South African War: a review’, *UNIS KLEIO* 38, 1 (2006), 3 – 24, 3

⁹⁰ John Hirst, *Discovering Democracy: A Guide to Government and Law in Australia* (South Victoria, Curriculum Corporation, 1998), 48

Wales (1902), Tasmania (1903), Queensland (1905) and Victoria (1908).⁹¹ Despite New Zealand attaining the vote in 1893, it was Australia that became the first country where women could both vote and stand as a candidate for election in a parliamentary campaign.⁹²

The intermingling of professional nurses from a number of countries permitted British nurses to recognise that the causes of women, nurses, and military nurses were advancing more rapidly in some parts of the Empire than in Britain itself. However, there were a number of factors impacting on nursing at that time, including the Anglo-Boer War, the creation of the QAIMNS, attainment of the Royal Red Cross and the changing role and status of women, including the knowledge that women in New Zealand and parts of Australia had obtained the vote. To use Bassett's terminology these were 'catalysts' for raising the professional confidence of nurses, but not the definitive causes. The ability to share ideas and professional knowledge with colleagues from across the Empire would have assisted a growing awareness of the ongoing changes in respect of nurse registration and the enfranchisement of women.⁹³ British nurses would have been aware of the heritage of nursing in many colonies, derived from British nurses who went out to support and establish the first schools of nursing, therefore the advancements pertaining to registration issues in colonies such as South Africa and New Zealand may have been a cause of consternation for some

⁹¹ Audrey Oldfield, *Woman Suffrage in Australia A Gist or a Struggle?* (Cambridge, Cambridge University Press, 1992), 65; Malcolm Chandler, *Votes for Women c. 1900 – 28* (Oxford, Heinemann, 2001), 3; Marian Sawer, 'Women and Government in Australia', In Dennis Trewin (Ed), *2001 Year Book Australia* (Canberra, Commonwealth of Australia, 2001), 72 – 90, 71 – 73; Richard J. Evans, *The Feminists: Women's Emancipation Movements in Europe, America and Australasia 1840 – 1920* (Ebook, Routledge, 2013), 148. The achievement of the vote for women was complex in Australia with different areas such as South Australia and Western Australia achieving federal suffrage at variant periods.

⁹² Susan Margery, *Passions of the First Wave Feminists* (Sydney, The Pluto Press, 2001), 148 – 149; Sawer, 'Women and Government in Australia', 71 – 73

⁹³ Nelson, 'The Nightingale Imperative', 18

British nurses.⁹⁴ Minnie Goodnow stated that England was in a class of its own in respect of nursing and a 'great leader' in nursing practices and innovation, whereby 'the world has followed her move', yet in respect of registration Britain was not the 'great leader' as other British Dominions were leading the moves for registration.⁹⁵ Rafferty notes that Ethel Fenwick highlighted the achievement of registration in British dominions as further support for her arguments for nurse registration in Britain.⁹⁶ Nurses of the Empire were working collaboratively and this would have enabled them to discuss the status and progression of both nurse registration and the suffrage agenda.⁹⁷ As Dock observed in 1902:

Our state societies will be observed closely by English nurses, just as we follow intently their actions. Each must feel fortified by the work before us by the thought that the others are undergoing the same experiences.⁹⁸

This is pertinent when considering that nurse leaders such as Fenwick highlighted the links between the 'nursing question' and the 'woman question'.⁹⁹ Dock also linked nurse registration and the enfranchisement of women in an article on the progress of registration in 1906:

Finally, I ask you to remember that this is far more than a mere question of what affects nurses. It is part of the movement towards a betterment of education; it is a part of the movement to elevate women by fitting them for the better performance of their duties. It is part of the effort to develop the human race and bring it to a nobler type. It is not only a nurses' affair. It is an education question. It is a woman's question. It is part of the vast human advance.¹⁰⁰

The nursing journals of the period, such as *The Nursing Record*, edited by the pro-registration pro-suffrage Fenwick inculcated ideals of nurse registration and the

⁹⁴ Goodnow, *Nursing History* 324; Rafferty, *The Politics of Nursing Knowledge* 71

⁹⁵ Goodnow, *Nursing History* 463

⁹⁶ Rafferty, *The Politics of Nursing Knowledge* 71

⁹⁷ Rafferty, *The Politics of Nursing Knowledge* 71; Nelson, 'The Nightingale Imperative', 18

⁹⁸ L. L. Dock, 'The State Registration of Nurses', *The American Journal of Nursing* 2, 12 (1902), 979 – 985, 985

⁹⁹ Baly, *Nursing* 68

¹⁰⁰ Dock, 'The Progress of Registration', 305

achievement of votes for women, while *Nursing Notes* included articles on the current status of nursing and women's suffrage.¹⁰¹ By 1944, in her introduction to *Nursing History*, Goodnow wrote that nurses should be able to trace back that the nursing profession is:

... a part of the whole "women movement," of the struggle of women down the ages to free themselves from the domination of men and to take their places in the world as individuals, with both the liberty and the responsibility which that involves. The progress of nursing has gone hand in hand with this struggle.¹⁰²

Conclusion

Despite a lack of agreement by historians on the exact numbers of nurses available for service within the permanent ANS in 1899, it is apparent that the number of nurses prior to the Anglo-Boer War was insufficient to meet the combined challenges of modern warfare and the epidemics of typhoid fever. The Anglo-Boer War demonstrated both to military officials and the general public that the pre-war regular ANS was inadequate when faced with the pressures of war.¹⁰³ Consequently, trained and 'amateur' female nurses with varying degrees of experience were forced together as volunteers with a lack of defined control and authority.¹⁰⁴ The recognition of the place of trained nurses at the seat of war in greater numbers necessitated the establishment of the QAIMNS, however the process of reorganising the ANS was conducted in private and without the input of nurses themselves.¹⁰⁵ The minutes recorded from the proceedings of the committee, which were documented verbatim,

¹⁰¹ Anonymous, 'Short Notes on the Midwife Question: Women's Suffrage and the Midwives Bill', *Nursing Notes* XIII, 147 (01.03.1900), 35 – 36

¹⁰² Goodnow, *Nursing History* 2

¹⁰³ Holcombe, *Victorian Ladies at Work* 82

¹⁰⁴ Summers, *Angels and Citizens* 215 – 219

¹⁰⁵ Summers, *Angels and Citizens* 221

demonstrate continued opposition from both the military and civilian medical authorities to women in positions of authority. As discussed in Chapter Eight this was reminiscent of ongoing debates during the latter years of the nineteenth century over the obedience of nurses to doctors and the extent of their authority.¹⁰⁶ The need to ensure that female nurses were not given complete autonomy over their role was emphasised by Treves who asserted four times in just two sentences that in the QAIMNS nurses must be subordinate to medical authority.¹⁰⁷

Consequently, though female nurses had finally achieved a permanent and recognised place within the military and in the planning for future wars, this place was ambiguous and as the War Office Committee stridently argued, they were to be subordinate to medical officers. Nevertheless, experience of the Anglo-Boer War meant that British nurses of any provenance were able to fraternise with nurses from South Africa who had achieved registration in 1891 and those from New Zealand in 1901. This would have ensured that the horizons of British nurses were widened with awareness of the possibility of state registration and that some women in the colonies had obtained the vote. British nurses were described as the ‘leaders’ of nursing, disseminating their ideals and expert practice across the Empire. Yet in certain areas the colonies were now the forerunners. Recognition was gained that nursing was not simply the natural role of a woman but a skilled role in its own right. As Judith Moore asserted during the professionalisation of nursing in the latter years of the nineteenth century, nurses had claimed ‘their own sphere of medical expertise’, a

¹⁰⁶ Moore, *A Zeal for Responsibility* Passim

¹⁰⁷ Discussion of the War Office Committee, 139 AMS

sphere now recognised as skilled and superior to that of untrained nurses, a further support to arguments for registration.¹⁰⁸

¹⁰⁸ Moore, *A Zeal for Responsibility* 171. See also: Abel-Smith, *A History of the Nursing Profession* 36

Discussion and Conclusions

This thesis offers a new insight into the way in which their involvement in the Anglo-Boer War enhanced the professional confidence of British (and some colonial) nurses. There is a current dearth of scholarly investigation into the work of nurses in South Africa. This study provides a new and original approach by using personal testimony to examine nurses' experiences of wartime service and how this impacted on their professional confidence. It also considers how nursing work in South Africa enhanced the recognition of nursing as a profession. Personal testimony is of value because it offers insight into the impact of their experiences on their personal views of their profession.

The thesis has shown that though the expert work of trained nurses during the Anglo-Boer War was not the sole cause for the establishment of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS), it evidenced the need for reform of the Army Nursing Service (ANS) and that trained nurses should hold a permanent place in the sphere of war. The nurses who went to South Africa consisted of a mix of ANS, Princess Christian's Army Nursing Service Reserve (PCANSR), colonial nurses and society ladies, alongside trained and untrained male orderlies. The outbreak of the Anglo-Boer War found the small cohort of army nurses to be insufficient to meet the demands of caring for unexpectedly high numbers of sick and wounded men. An influx of civilian nurses, who were trained to perform the majority of the nursing tasks routinely delegated to male orderlies by the army nurses, raised questions over the effectiveness of the predominantly supervisory role of the army nurses. The more direct involvement of civilian nurses in patient care delivery gained favour with both

civilian and military doctors. Nevertheless, the permanent presence of nurses in wartime required a defined hierarchy of authority and internal control of nurses by nurses, although this remained subordinate, overall, to male authority.

The thesis explored how personal testimony, such as diaries and letters offered insights into the experiences of nurses in the sphere of war. These forms of personal testimony provide reliable sources for interpretation, especially those written with no forethought for publication. They can be useful to examine the reality of nurses' experiences in wartime both as women and as practitioners.¹ The questions considered included exploration of the extent to which nurses translated their experiences into arguments for citizenship and professionalisation. Nurses were able to show that their work was essential to continued military efficiency and maintenance of the Empire. Trained nurses also demonstrated that their experience and knowledge of expert nursing practices was superior to the care provided by 'amateur' society ladies and untrained orderlies, further evidencing the need for clear demarcation, in the form of State Registration, to ensure that those who had completed recognised training could be distinguished from those who had not.

Nurses sometimes documented the clinical and practical challenges they faced during the Anglo-Boer War, and perhaps used personal writings to evidence the obstacles they met during wartime service and how these were overcome as part of arguments

¹ Joanne E. Cooper, 'Shaping Meaning: Women's Diaries, Journals, and Letters – The Old and the New', *Women's Studies International Forum* 10, 1 (1987), 95 – 99, 95; John Tosh, *The Pursuit of History: Aims, methods and new directions in the study of modern history* Fourth Edition (Edinburgh, Pearson Education Limited, 2006), 62; Leonie Hannan, 'Making Space: English women, letter-writing, and the life of the mind, c. 1650 – 1750', *Women's History Review* 21, 4 (2012), 589 – 604, 590

both for citizenship and for professional recognition of their capabilities as practitioners. Such personal testimony challenges the preconceptions surrounding women's abilities to work in arduous and alien environments, and how women could access the sphere of war, as care providers, on equal terms with men. At the same time, accusations of frivolity, whether substantiated or not, supported arguments relating to the need for defined authority in the form of the Queen Alexandra's Imperial Military Nursing Service (QAIMNS) which would counterbalance these accusation and prevent their recurrence in the future. The Anglo-Boer War consequently appears to be the facilitator for reform of military nursing.

The literature review acknowledged that at the close of the nineteenth century women's place in society was ambiguous, as was the status of nursing, within both military and civilian practice.² Though the 'new woman' debate was developing apace, women were still expected to marry and become the 'angel of the house'; they were not able to vote and as such were not viewed as equal to men.³ A common perception of the period, and long after the Anglo-Boer War was that women, primarily of the middle classes, were physically weaker and inferior to men and that 'ladies' were 'too weak, nervous, excitable and the like to be successful workers'.⁴ Such perceptions did not prevent those female nurses, motivated for wartime service

² Anne Summers, 'Images of the Nineteenth-Century Nurse', *History Today* 34, 12 (1984), 40 – 42, 41

³ Carol Christ, 'Victorian Masculinity and the Angel of the House', Martha Vicinus (Ed), *A Widening Sphere Changing roles of Victorian Women* (Indiana, Indiana University Press, 1977), 146 – 162, 147; M. J. Peterson, 'No Angels in the House: The Victorian Myth and the Paget Women', *The American Historical Review* 89, 3 (1984), 677 – 708; Catherine Hall, *White, Male and Middle Class Explorations in Feminism and History* (Oxford, Blackwell, 1992), 75; Martin Pugh, *Women and the Women's Movement in Britain 1914 – 1999* (London, Palgrave MacMillan, 2000), 1

⁴ Lee Holcombe, *Victorian Ladies at Work Middle-Class Working Women in England and Wales 1850 – 1914* (Devon, Archon Books, 1973), 9. See also: Joan Perkin, *Women and Marriage in Nineteenth-Century England* (London, Routledge, 1989), 1; Anne Summers, 'Ministering Angels – Victorian Ladies and Nursing Reform', *History Today* 39, 2 (1989), 31 – 37, 32; Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, Routledge, 1996), 55

during the Anglo-Boer War to demonstrate their value as ‘citizens’, by serving the Empire through the nursing of sick and wounded soldiers in times of war.⁵ Another key motivator was the desire to perform their humanitarian duty and to demonstrate how trained nurses could assist the war effort. On their arrival in South Africa nurses appeared to have been determined to enjoy their off-duty hours alongside male colleagues, while still demonstrating their worth in times of war. However, the social exploits of nurses in South Africa resulted in anxieties surrounding the respectability and general behaviour of female nurses, which had ramifications for the future planning of the QAIMNS. During the discussions of the War Office Committee on the reorganisation of the ANS these concerns were debated at length. Nurses wanted to enjoy the varied experiences military life had to offer, but there was a need to avoid any scandal that could damage the public’s view of nurses as ‘self-sacrificing angels’.⁶ This was pertinent when considering that no other group of women ‘received anything like the measure of public distinction and exposure accorded to nurses’.⁷ These concerns impacted on the regulations controlling the lifestyles of future army nurses, with strict guidance on social intercourse in place by the period of the First World War.⁸

At the commencement of the Anglo-Boer War the boundaries between the role of the female nurse, the male orderly and the ‘amateur’ society ladies were blurred. The

⁵ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854 – 1914* (London, Routledge Kegan Paul, 1988), 204; Penny Starns, *March of the Matrons Military Influence on the British Civilian Nursing Profession 1939 – 1969* (Peterborough, DSM, 2000), 19

⁶ Julia Hallam, *Nursing the Image: Media, Culture and Professional Identity* (London, Routledge, 2000), 20

⁷ Summers, ‘Images of the Nineteenth-Century Nurse’, 40

⁸ Regulations for Admission to the Queen Alexandra’s Imperial Military Nursing Service (QAIMNS) Army Orders (London, HMSO, 1902) HI/ST/NC15/16/2 London Metropolitan Archives (LMA), 8 – 9; Miss Bickmore, ‘Ambulance Trains, France’, In Anne Powell (Ed), *Women in the War Zone Hospital Service in the First World War* (Gloucestershire, The History Press, 2009), 90

accounts of the nurses and doctors proffered some scathing accounts of the work of the orderlies. However they also testified that that not all male orderlies were inadequately trained for their role, nor that they were they all uncaring, but simply insufficient in number.⁹ The majority of Royal Army Medical Corps (RAMC) trained orderlies were excellent in their work but suffered from the complex way the army medical system was run.¹⁰ It was also recognised that male orderlies required improved training as attendants to the sick and wounded and that trained nurses should be involved in providing this.¹¹ In future campaigns, with anticipated higher numbers of casualties, a greater number of trained female nurses would be required to free all able-bodied men to fight.¹² There were also concerns that society ladies were usurping the place of trained nurses at the seat of war. The superiority of trained nurses over ‘amateurs’ identified that nurse training was essential and in consequence affirmed that nursing was not simply an innate womanly trait but a skilled profession with a distinct body of knowledge. This realisation by military and civilian authorities was to play a part in the recognition of nursing as a profession.

Yet there remained antipathy to the idea of women inhabiting the sphere of war and coping with the hardships of camp life. The Assistant-Director of the Army Medical Services had declared that female nurses would be out of place in the field, however,

⁹ Surgeon-General Sir W. D. Wilson, *Report on the Medical Arrangements in the South African War by Surgeon-General Sir W.D. Wilson, K.C.M.G. (Late Principal Medical Officer, South African Field Force)* (London, Harrison and Sons, 1904), 177

¹⁰ Christopher Schmitz, “‘We Too Were Soldiers’: The Experiences of British Nurses in the Anglo-Boer War, 1899 – 1902”, In Gerard J. DeGroot and Corinna Peniston-Bird (Eds), *A Soldier and a Woman: Sexual Integration in the Military* (Essex, Pearson Education Ltd, 2000), 49 – 65, 56

¹¹ Advisory Board for Army Medical Services and The Nursing Board, *Proceedings & Reports Vol. 1 1901 & 1902 Conjoint Report of the Advisory and Nursing Boards containing a Scheme to develop the Training of Orderlies of the Royal Army Medical Corps as attendants upon the sick and wounded* 9 Army Medical Services Museum (AMS)

¹² Eric Taylor, *Wartime Nurse One Hundred Years from the Crimea to Korea 1854 – 1954* (London, ISIS, 2001), 72

as Chapter Five demonstrates, female nurses were able to cope with the rigours of active service.¹³ Chapter Five further argues that despite the perception that middle class women were physically inferior and that it would be unfeminine for women to behave as equals to men, some nurses established that a body of women could cope and work efficiently in spite of severe privation. Though some nurses demonstrated their physical capabilities, some found the impact of poor nutritional intake when completing physically arduous work to be detrimental to their health. However, male orderlies also suffered from episodes of ill health. Therefore it was made clear that poor health was not a solely gendered issue.¹⁴ Accounts in the nursing press detailing nurses' work in physically and emotionally demanding situations may have supported nurses' claims that they were capable of working effectively in the arduous environment of wartime service.

Chapter Six examined how the Anglo-Boer War influenced the professional confidence of female nurses and the development and recognition of nursing as a profession. Wartime nursing service would have increased some nurses' confidence in their abilities to cope in unfamiliar and difficult circumstances, meeting the

¹³ Summers, *Angels and Citizens* 212; Edith Hancock, 'Correspondence with her Aunt Eliza (23.05.1900)' AMS; Georgina Pope, 'Correspondence with Sidney Browne (29.05.1900)' QA/PE/1/2 BROW 16/1956 – 5 AMS; Anonymous Sister, 'Army Nursing Notes', *The Nursing Record* 24, 635 (02.06.1900), 437

¹⁴ Corporal Dyer, Diaries of Corporal R. Dyer, 19th Bearer Company, RAMC, later 15th Bearer Company, RAMC, in South Africa during Boer War (02.11.1900) RAMC/375: Box 39 Wellcome Library (WL); Eleanor Laurence, *A Nurse's Life in War and Peace* (London, Smith, Elder & Co, 1912), 165 – 166; Kate Driver, *Experience of a Siege: A Nurse looks back on Ladysmith* Revised Edition (Ladysmith, Ladysmith Historical Society, 1994), 28; Alan Chalmers, *Bombardment of Ladysmith Anticipated: The Diary of a Siege* (Weltevreden Park, Covos-Day Books, 2000), 138; E. W. Herrington, 'Letter September 15th 1900 Bloemfontein', Reprinted In Craig and Fraser, *Doctors at War* 69 – 72, 71; J. O. Skevington, 'Letter March 15th 1900 6th General Hospital, Nauwpoort', Reprinted In Craig and Fraser, *Doctors at War* 44 – 45; Sister Lewis Loyd, Sister Boynton, R. Corfe, Herbert H. G. Knapp, 'Correspondence 23rd July 1900 No. _ General Hospital' Reprinted In Craig and Fraser, *Doctors at War* 62 – 64, 63; W. S. Inder, *On active service with the S.J.A.B., South African war, 1899 – 1902* Reprint (Tennessee, General Books LLC, 2009), 186

exigencies of war. Nurses worked long and strenuous hours and the boundaries of practice were often dissolved in times of emergency. Perhaps owing to an insufficient number of trained male orderlies, civilian and army nurses were required to expand their practice and in some cases deliver emergency care until a doctor arrived.¹⁵

Christopher Schmitz argues that, during the Anglo-Boer War, nurses began to redefine their own professional identity, a fact that is apparent in the testimonies of Emily Wood, and Sister X.¹⁶ Nurses were frequently required to adapt their practice in order to meet the exigencies of war, including the insufficiency of supplies and staff, requiring them at times to work in a more autonomous manner.¹⁷ Nurses may have gained professional confidence by general experience of wartime service, by working outside of their usual remit and on occasions expanding their practice, irrespective of whether on return to Britain nurses no longer performed these same roles. Their experiences in South Africa would have demonstrated to them their clinical proficiency and how they could adapt their practice to meet the needs of their patients.

The nurses' growing confidence in their work was also recognised by both civilian and military doctors who discussed the 'modern highly skilled nurse' and her contribution to the advancement of medical attendance to the sick and wounded in times of war.¹⁸ It was in the nursing of typhoid fever cases that female nurses demonstrated the benefit of trained skilled nursing to military efficiency. Typhoid was a specific disease requiring expert nursing care. Medical and military authorities

¹⁵ Driver, *Experience of a Siege* 29

¹⁶ Schmitz, "'We Too Were Soldiers'", 49. See also: Emily Wood, *Boer War Nurse's Journal* (27.03.1901) MS. 6034, WL; Sister X, *The Tragedy and Comedy of War Hospitals* (New York, E. P. Dutton and Company, 1906), 101

¹⁷ Laurence, *A Nurse's Life* 167 – 168

¹⁸ Alfred D. Fripp, 'The Imperial Yeomanry Hospital', *The Lancet* 155, 4002 (12.05.1900), 1384

seriously underestimated how many soldiers would succumb to typhoid, with the Anglo-Boer War subsequently described by medical historians as ‘the last of the typhoid campaigns’.¹⁹ Medical men such as Watson Cheyne unequivocally stated that trained nurses were preferable to male orderlies in typhoid fever, owing to their superior knowledge base.²⁰ As the role of the nurse in the care of typhoid patients was identified as paramount, the inadequate numbers of trained nurses in South Africa could only be detrimental to the successful recovery of the sick and in consequence continued military efficiency. Chapter Seven identified that in spite of the efficacy of female nurses there were insufficient numbers to provide skilled care to the ever-increasing numbers of typhoid sufferers. In the pre-antibiotic era, infectious diseases were always a danger to armies in times of war and thus the excellent work of trained nurses supported arguments for a greater number of nurses to be available for wartime service.

Chapter Eight of this thesis examined how nurses’ and doctors’ complaints regarding the inherent and deeply entrenched ‘red tape’ of the army medical system impacted on the quality of care provision. Not only did ‘red tape’ hinder the efficiency of the nurses’ work, but it also raised questions as to how efficiently the army medical services were organised in times of war.²¹ Society lady Violet Brooke-Hunt observed that the contemporary army medical system required improvement, but that these

¹⁹ Jan Bassett, *Guns and Brooches Australian Army Nursing from the Boer War to the Gulf War* (Melbourne, Oxford University Press, 1997), 19; Daniel Low-Beer, Matthew Smallman-Raynor and Andrew Cliff, ‘Disease and Death in the South African War: Changing Disease Patterns from Soldiers to Refugees’, *Social History of Medicine* 17, 2 (2004), 223 – 245, 223

²⁰ Mr. Watson Cheyne, ‘Army Nursing Notes’, *The Nursing Record* 25, 643 (28.07.1900), 73

²¹ Professor J. Dunlop, Minutes of Evidence (01.08.1900) *Report of the Royal Commission Appointed to Consider and Report upon the Care and Treatment of the Sick and Wounded during The South Africa Campaign: Presented to both Houses of Parliament by Command of Her Majesty* (London, HMSO, 1901), 129; Charlotte Searle, *The History of the Development of Nursing in South Africa 1652 – 1960 A Socio-historical Survey* (Cape Town, Struik, 1965), 195; Thomas Pakenham, *The Boer War* (London, Abacus, 1992), 383; Schmitz, “‘We Too Were Soldiers’”, 55

improvements had only become apparent due to the advances of modern weaponry.²² Brooke-Hunt's observation reflects Roger Cooter's assertion that in the case of military medicine, war eventually 'came to preach valuable "lessons"' in cases where military campaigns led to a loss of life. Cooter further states that, 'the greater the medical shortcomings of any war, the greater its potentially educative role for future wars and hence for bolstering the interests of military medicine'.²³ As Thomas Pakenham claimed, at the time of the Anglo-Boer War the army hospitals were inefficiently managed owing to the army system's inflexible organisation with endless form filling, and an obsession with rules and regulations.²⁴ Nurses believed that the inflexible organisation in the hospitals meant that they could not do all they desired for their patients.²⁵ This may have served to galvanise nurses to pursue their own hierarchy of command.

In South Africa, trained nurses served to highlight the deficiencies of the current medical system by speaking out about those areas they found deficient. These issues were to be addressed in the years following the cessation of hostilities with the reform of the insufficient ANS and the establishment of the Queen Alexandra's Imperial Military Nursing Service as a permanent service in the planning and preparation for future wars. Following the formation of the QAIMNS, Summers argues that the 'historic parallels' of the Crimean War and Anglo-Boer War end, with the subsequent

²² Violet Brooke-Hunt, *A Woman's Memories of the War* (London, James Nisbet & Co., Ltd, 1901), 111 – 112

²³ Roger Cooter, 'Medicine in War', In Deborah Brunton (Ed), *Medicine Transformed Health, Disease and Society in Europe 1800 – 1930* (Manchester, Manchester University Press, 2004), 331 – 363, 356

²⁴ Pakenham, *The Boer War* 383. See also: Dunlop, Minutes of Evidence (01.08.1900), 129; G. Bonham-Carter, Extract from report to the Red Cross Society, WAN/15/8/17 'Stores and Supplies' British Red Cross Museum and Archives

²⁵ Anonymous Sister, 'Army Nursing Notes', *The Nursing Record* (02.06.1900), 437

‘major and irreversible policy shift on the employment of female nurses in wartime’.²⁶

Nevertheless their position remained ambiguous. Though they were not part of the RAMC and would have their own hierarchy of authority, they were to hold an inferior position to the male authorities, as indicated in Chapter Nine. The contemporary beliefs held in civilian practice that the obedience of nurses to the authority of medical men was paramount were reflected in the new military nursing service.²⁷ Nonetheless general experience of wartime service would have raised nurses’ professional confidence and enabled them to begin carving themselves a legitimate place at the seat of war, such that their position was relatively secure by the time of the First World War.²⁸

For British civilian nurses, the Anglo-Boer War provided an opportunity for women to contribute to the maintenance of Empire and publicly demonstrate their worth as nurses, as women, and arguably as citizens eligible for the vote.²⁹ Contemporary nurse reformers such as Ethel Fenwick and Lavinia L. Dock even linked the ‘woman question’ with the ‘nurse question’.³⁰ Summers states that the Anglo-Boer War served as an avenue to the sphere of war for ambitious women, who once there could work alongside men and achieve the coveted South Africa War Medal, the first

²⁶ Summers, *Angels and Citizens* 205 – 206

²⁷ Eva Gamarnikow, ‘Nurse of Woman: Gender and Professionalism in Reformed Nursing 1860 – 1923’, In Pat Holden and Jenny Littlewood (Eds), *Anthropology and Nursing* (London, Routledge, 1991), 110 – 129, 116

²⁸ Janet S. K. Watson, ‘Wars in the Wards: The Social Construction of Medical Work in First World War Britain’, *Journal of British Studies* 41, 4 (2002), 484 – 510, 494; Marc Lefebvre, *Feminism and the challenge of war: responses of the British Women’s Suffrage Movement to the Great War* (2009) Unpublished PhD Thesis, 52 – 53

²⁹ Anne Summers, *Women as Voluntary and Professional Military Nurses in Great Britain 1854 – 1914* Unpublished PhD Thesis (1985) Open University, 231 – 232; Jennifer Margaret Gould, *The Women’s Corps: The Establishment of Women’s Military Services in Britain* Unpublished Thesis (1988) University of London, 19; Lefebvre, *Feminism and the challenge of war*, 53 – 54

³⁰ Monica Baly, *Nursing* (London, Anova Books, 1977), 68; D. P. Griffon, ‘“Crowning the Edifice” Ethel Fenwick and State Registration’, *Nursing History Review* 3 (1995), 201 – 212, 205

military decoration to be awarded on an equal basis.³¹ The International Council of Nurses (ICN) established in 1899, aiming to further launch nursing as a profession, held female suffrage as one of its 'cornerstones'.³² The inauguration of the ICN and the continued moves for the emancipation of women would have been subjects most nurses would have had some level of awareness of during the Anglo-Boer War.³³ Experience of successful war service in arduous conditions and the recognition of nurses as essential to the planning of future wars undoubtedly raised the professional profile and public confidence of trained nurses.

The Anglo-Boer War also raised questions as to where female nurses should be located during times of war. Previously nurses had only been employed in the base hospitals, but the changing position of the 'front line' meant that female nurses sometimes found themselves under fire or besieged by the enemy while carrying out their nursing duties. Marc Lefebvre claims that the Anglo-Boer War provided those seeking the vote the opportunity to 'highlight women's key roles in supporting troops through a war' by working courageously under fire.³⁴ Therefore if 'the front' was indeed where battle took place and consequently unsafe for women, the work of the nurses during the Anglo-Boer War raised ambiguities as to where exactly women were located in relation to 'the front' and may have reinforced arguments surrounding women's rights to the vote. Historian Laura Nym Mayhall states that Millicent Garrett Fawcett, the President of the National Union of Women's Suffrage Societies, believed

³¹ Summers, 'Images of the Nineteenth-Century Nurse', 40

³² Sioban Nelson, 'The Nightingale Imperative', In Sioban Nelson and Anne Marie Rafferty (Eds), *Notes on Nightingale The Influence and Legacy of a Nursing Icon* (London, Cornell University Press, 2010), 9 – 27, 18

³³ Bridget Theron, 'Victorian Women, Gender and Identity in the South African War: a review', *UNIS KLEIO* 38, 1 (2006), 3 – 24, 3

³⁴ Lefebvre, *Feminism and the challenge of war*, 53

the Anglo-Boer War provided British women with the ideal opportunity ‘to demonstrate their fitness for citizenship by their willingness to perform services for the nation and empire in its hour of need’.³⁵ Mayhall continues that support for women’s citizenship was further emphasised in periodicals including the *Englishwoman’s Review* by claims that nurses especially were demonstrating their ‘fitness for citizenship’.³⁶ The arguments over women’s contribution to war and consequently their rights to citizenship continued into the First World War, with claims that ‘citizenship was itself validated by participation in the war effort, which in turn gave women confidence to make claims for greater equality’.³⁷

The arguments and evidence presented in this thesis suggest that the drive for registration and the continued professionalisation of nursing was bolstered by the work of female nurses during the Anglo-Boer War and the consequent developments in both military and civilian nursing such as the Select Committees on Registration (1904 and 1905) and the inauguration of the Territorial Force Nursing Service in 1908.³⁸ Nonetheless it was perhaps not the excellent clinical work of the female nurses alone that resulted in the reform of the ANS but a number of contributory factors. On the establishment of the QAIMNS in 1902 the work of the matron and sisters were clearly defined and detailed in the *Regulations for admission to the Queen Alexandra’s Imperial Military Nursing Service* with sections for the matrons, sisters and staff nurses. The regulations included specifics relating to their clinical role and duties,

³⁵ Laura E. Nym Mayhall, *The Militant Suffrage Movement: Citizenship and Resistance in Britain, 1860 – 1930* (New York, Oxford University Press, 2003), 29

³⁶ Mayhall, *The Militant Suffrage Movement* 31

³⁷ Esther Breitenbach, ‘Scottish women’s organizations and the exercise of citizenship c. 1900 – c. 1970’, In Esther Breitenbach and Pat Thane (Eds), *Women and Citizenship in Britain and Ireland in the Twentieth Century: What difference did the vote make?* (London, Continuum UK, 2010), 63 – 78, 73

³⁸ Robert Dingwall, Anne Marie Rafferty and Charles Webster, *An Introduction to the Social History of Nursing* (London, Routledge, 1988), 78

even to control over the time that they were to retire to bed and turn out their lights.³⁹

This perhaps reflected the ongoing debates surrounding the ‘new woman’ and the obedience and subordination of nurses to male doctors.⁴⁰ It is also further evidence that one of the main reasons for the establishment for the QAIMNS was the need to bring female nurses under the control of one single hierarchy and subject to a clear set of rules.

Before and during the Anglo-Boer War nurses are said to have been in, but not of, the army.⁴¹ As Eric Taylor claims, when looking back to the period following the Crimean War, ‘we can see that the War Office forced a female nursing service on the army, simply because women nurses proved themselves better than their male counterparts’.⁴² However following the Anglo-Boer War, nurses held a permanent place, due in part, to civilian doctors’ recognition of the value of female nurses’ work in the sphere of war and their consequent support of the 1904 drives for registration.⁴³ Summers argues, in respect of the Royal British Nurses Association (RBNA) who were campaigning for the registration for nurses that, ‘from the first, the RBNA tried to associate itself with the military service of the state’. Summers states this was a natural progression of events, as if the association ‘wanted the state to recognise nursing as a profession, it was necessary to establish the usefulness of professional

³⁹ Regulations for Admission to the QAIMNS HI/ST/NC15/16/2 LMA

⁴⁰ Brian Abel-Smith, *A History of the Nursing Profession* (London, Heinemann, 1960), 36; Judith Moore, *A Zeal for Responsibility: The Struggle for Professional Nursing in Victorian England, 1868 – 1883* (Georgia, The University of Georgia Press, 1987), 12 – 13; Gamarnikow, ‘Nurse or Woman’, 116; Rafferty, *The Politics of Nursing Knowledge* 29; Kathryn McPherson, *Beside Matters The Transformation of Canadian Nursing, 1900 – 1990* (Toronto, University of Toronto Press, 2006), 39

⁴¹ Ian Hay, *One Hundred Years of Army Nursing The Story of the British Army Nursing Services from the time of Florence Nightingale to the present day* (London, Cassell and Company, 1953), 53

⁴² Taylor, *Wartime Nurse* 69 – 70

⁴³ Susan McGann, *The Battle of the Nurses: A study of eight women who influenced the development of professional nursing, 1830 – 1930* (London, Scutari Press, 1992), 43

nursing to the state'.⁴⁴ One way to provide this evidence was within the sphere of war and as a consequence wartime nursing served in the continuing drive towards registration and arguments for the vote.⁴⁵ British nurses were able to mix on an international basis with nurses from the colonies, some of whom were registered nurses and had obtained the vote. Potentially this encouraged nurses in their own drives for registration and enfranchisement. It is possible to surmise therefore that those nurses who travelled to South Africa would have been increasingly aware of the current women's movement and the debates surrounding greater freedom for women, which may have impacted on their personal confidence.⁴⁶

The nurses in South Africa demonstrated the benefits of trained nurses to the nation in times of war. In times of peace they could serve the Empire at large and improve the health of the populace. War service as nurses therefore provided a legitimate space for women.⁴⁷ As Annette Kolodny claimed when investigating the experiences of women on the American Frontiers between 1630 and 1860:

If we judge these women and their writings by the ideological pre-dispositions of late twentieth century feminism, their aspirations seem tame, their fantasies paltry and constricted. But when analyzed [sic] as part of the worlds in which the women actually lives, those same fantasies emerge as saving and even liberating.⁴⁸

⁴⁴ Summers, *Angels and Citizens* 182

⁴⁵ Starns, *March of the Matrons* 19; Mayhall, *The Militant Suffrage Movement* 29; Lefebvre, *Feminism and the challenge of war*, 54

⁴⁶ Sally Mitchell, *Daily Life in Victorian England* (Connecticut, Greenwood Publishing Group, 1996), 269; Sheila Rowbotham, *A Century of Women: The History of Women in Britain and the United States* (London, Viking, 1997), 7; Sandra Stanley Holton, 'Women and The Vote', In June Purvis (Ed) *Women's History: Britain, 1850 – 1945 An Introduction* (London, Routledge, 2000), 277 – 306, 285

⁴⁷ Jane E. Schultz, *Women at the Front Hospital Workers in Civil War America* (North Carolina, University of North Carolina Press, 2004), 7 – 8

⁴⁸ Annette Kolodny, *The Land Before Her: Fantasy and Experience of the American Frontiers, 1630 – 1860* (North Carolina, The University of North Carolina Press, 1984), xiii

Using Kolodny's analysis, the personal testimonies of nurses during the Anglo-Boer War, contextualised within the late Victorian era, reveal a group of women establishing that they were essential to their country as worthy citizens. Placing in context the ambiguous place of women at that time, the experiences of wartime nursing may have seemed 'liberating' to female civilian nurses. These experiences may have further served to raise the professional confidence of nurses both as women and as clinicians. The clinical work of trained nurses demonstrated to even the 'most prejudiced army doctor' that nurses were indispensable in times of war and that, like civilian nursing, military nursing should be the responsibility of those who have undergone the defined and requisite training.⁴⁹ The Anglo-Boer War can thus be viewed as a strong contributory factor for the establishment of the QAIMNS; but it was not the sole cause. It is also argued that nurse training was recognised as essential and that those women who wished to participate in wartime nursing as amateurs were no longer to be accepted. A defined military nursing service would help to prevent those with dubious credentials accessing the sphere of war in place of those women who held the acknowledged skills of the modern nurse. Trained nurses were able to demonstrate that only those who had undertaken a recognised training course could deliver expert care, such recognition also served to add weight to contemporary arguments for women's right to receive the vote.⁵⁰ Those arguments commenced by nurses during the Anglo-Boer War would continue to become an important influence on the nursing care offered to the wounded of the two world wars.

⁴⁹ Searle, *The History of the Development of Nursing in South Africa* 202

⁵⁰ Lefebvre, *Feminism and the challenge of war*, 52 – 53; Breitenbach, 'Scottish women's organizations and the exercise of citizenship c. 1900 – c. 1970', 73

The strengths and limitations of the thesis are closely linked. The main strength is the use of personal testimony. Personal testimonies, including letters, diaries and journals, are classed amongst the most consistent and reliable sources open to interpretation.⁵¹ They have formed the basis of considerable historical research and those personal testimonies written with no premeditated thought for future publication are often viewed as ‘windows into the soul of the author’ and can be used to examine the reality of women’s, and as in this study, nurses’ lives.⁵² Personal testimony is essential in order to explore the history of women, as they were not historically political players.⁵³ The main limitation of the thesis has been the availability of primary sources. In archives within Britain there is a dearth of personal testimony produced by British nurses during the period of the Anglo-Boer War. As the empirical base of this thesis relies on personal testimony as the predominant source, this is problematic. Personal testimony is scattered among several archives, and this meant that the empirical base for this thesis had to be carefully pieced together. A variety of personal testimonies featured, including nurses’ letters, diaries and published accounts, which have been used to analyse the lived experiences of nurses in wartime, alongside consideration of the place of women in late Victorian Britain. These sources have ensured that the original aims and research questions of the thesis could be explored. It is hoped that this study has provided a new and original approach through the use of personal testimony to examine nurses’ experiences of wartime service, and how this experience impacted on their sense of professional confidence. Personal testimonies are the most appropriate sources for an examination

⁵¹ Tosh, *The Pursuit of History* 62

⁵² Cooper, ‘Shaping Meaning’, 95; Rebecca Earle (Ed), *Epistolary Selves: letters and letter-writers, 1600 – 1945*, (Aldershot, Ashgate, 1999), 5; Hannan, ‘Making Space’, 590

⁵³ R. A. Fothergill, *Private Chronicles: a study of English Diaries* (Oxford, Oxford University Press, 1974), 87; Harriet Blodgett, *Centuries of Female Days: Englishwomen’s Private Diaries* (New Jersey, Rutgers University Press, 1988), 3

of this phenomenon. They have been studied alongside a range of other primary and secondary source materials. The use of an approach which foregrounds the writings of nurses themselves serves to ensure that nurses' voices are not lost and that their influence on the professional development of nursing is not hidden from history.

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Appendix

The Anglo-Boer War was on the cusp of modern warfare and was the result of years of ambitious encounters over gold deposits, Afrikaner expansionism in South Africa, and continued conflict with the British over the arrival of citizens seeking their fortunes.¹ War had appeared inevitable for some time, with warnings sent to South African government leaders that the Queen could not ignore that British people residing in South Africa (a country forming part of the British Empire) did not have acceptable political rights.² British Troops were sent to South Africa on 9 October 1899 with a subsequent ultimatum issued by the South African governments that these troops must be withdrawn within forty-eight hours or it would be viewed as a declaration of war.³ On 11 October the ultimatum expired and war was declared with the speedy besieging by the Boers of British garrisons at Kimberley, Mafeking and Ladysmith within the month.⁴ In spite of the popular belief that the Boers would be easily defeated by the might of the British Empire, the Boer commandoes proved worthy opponents with their expert knowledge of the veldt combined with possession of the latest modern weaponry available.⁵ The British lost three early battles in December 1899, contemporaneously termed as ‘black week’, a period that included

¹ Thomas Pakenham, *The Boer War* (London, Abacus, 1992), xxi; Fred R. Van Hartesveldt, *The Boer War Historiography and Annotated Bibliography* (Connecticut, Greenwood Press, 2000), 2 – 3; Williamson A. Murray, ‘Towards World War 1871 – 1914’, In Geoffrey Parker (Ed), *The Cambridge Illustrated History of Warfare* (Cambridge, Cambridge University Press, 2008), 242 – 265, 249

² Tabitha Jackson, *The Boer War* (London, Macmillan, 1999), 21 – 22

³ Jackson, *The Boer War* 23

⁴ Ian Hay, *One Hundred Years of Army Nursing The Story of the British Army Nursing Services from the time of Florence Nightingale to the present day* (London, Cassell and Company, 1953), 40; Pakenham, *The Boer War* 118; Jackson, *The Boer War* 32

⁵ Philip D. Curtin, *Disease and Empire The Health of European Troops in the Conquest of Africa* (Cambridge, Cambridge University Press, 1998), 202; Kevin Brown, *Fighting Fit: Health, Medicine and War in the Twentieth Century* (Gloucestershire, The History Press, 2008), 13

the offensive at Magersfontein resulting in 210 dead and 675 wounded.⁶ The wounded of events such as ‘black week’ were joined by the increasing numbers of sick due to the continued sieges with the Boers employing their ‘most effective weapons – starvation and disease’.⁷ The newly appointed British Commander-in-Chief, Lord Roberts, engaged new tactics by taking control of Bloemfontein the central position of the Boers as opposed to attempting to directly lift the sieges. Nevertheless, when the sieges were ended the Boers turned to guerilla warfare with the continuation of hostilities for a further two years.⁸ The Anglo-Boer War was fought using the latest weaponry available and the last Victorian war with which hand-to-hand battles were also employed.⁹

⁶ Hay, *One Hundred Years of Army Nursing* 41; Christopher Wilkinson-Latham, *The Boer War* (Oxford, Osprey Publishing, 1977), 10; Pakenham, *The Boer War* 246 – 249; Van Hartesveldt, *The Boer War Historiography* 25; Murray, ‘Towards World War 1871 – 1914’, 250

⁷ Jackson, *The Boer War* 92

⁸ Murray, ‘Towards World War 1871 – 1914’, 250

⁹ Van Hartesveldt, *The Boer War Historiography* 28

