

Introduction, Primary Source Readings on Nursing (for *Civilians* lecture)

By Taylor Soja, 2020

The following 2 primary sources are accounts written by British nurses in the years immediately following the end of the First World War.

These documents were written in response to a request made by Dame Maud McCarthy, Matron-in-Chief of British and American nursing services in Europe (from France to the Mediterranean) during the First World War. McCarthy, who was born in Australia, had been a British Army nurse during the South African War.

In 1919, she was asked by the Women's Work Committee to collect "interesting articles on the work of Army nurses." McCarthy wrote to many of her friends and colleagues asking them to contribute. I have selected 3 accounts from the 30 responses McCarthy received – these documents are held by the Museum of Military Medicine in Aldershot, UK.

- Doc. 43.1985.12.4 – "A Sister's Experience on a Hospital Ship," Report from A. Meldrum Queen Alexandra's Imperial Military Nursing Service Reserve (3 typed pages)
- Doc. 43.1985.12.24 – "Work at a Casualty Clearing Station," Report from Kate Luard (5 typed pages)

Think about these questions as you read: Are nurses civilians? Why or why not? What definition of civilian would you write?

A Sister's Experiences on a Hospital Ship.

A FEW NOTES ON A SISTER'S EXPERIENCES
ON A HOSPITAL SHIP.

Of my many and varied experiences at a General Hospital, at numerous Casualty Clearing Stations, at a Stationary Hospital, and on board a hospital ship, the latter was to me the most interesting, as it was the most exciting experience of my life.

I was posted to the Hospital Ship "Anglia" in May 1915, and was on board her till November 17th, when we struck a mine while crossing the channel on our way to Dover with a complement of wounded patients, and the ship foundered.

Work on a Hospital Ship varies very much according to what is going on "up the line". During the heavy fighting, we often did two journeys a day to and from England. As soon as we were warned that a convoy of patients was expected on board, each Sister went into her own ward where the cots were made ready, feeds prepared, hot bottles filled, and everything put in readiness for the reception and comfort of the wounded and helpless patients. We usually kept these patients on board for the day only, but occasionally kept them overnight, and then we found it easier for each Sister to do 3 hours on night duty, and thus were all in readiness for the unloading which usually took place the first thing in the morning. As a general rule the patients made very bad sailors.

On arrival at Dover where the Ambulance train was in waiting, the patients were very quickly transferred, and after a fresh supply of stores had been taken in, the ship at once returned to Boulogne, Calais, or Dieppe. On the return journey the cleaning of the wards took place; beds were remade and everything put in readiness for the next convoy.

One never-to-be-forgotten day, we were told to prepare for a distinguished patient, and shortly afterwards the Director General of Medical Services arrived, and told our Matron that the King was coming on board, having met with an accident up the line. Four orderlies were sent to the station to meet the train and the King was carried below to a small ward which had been previously prepared for him, and beautifully arranged with flowers. We had only a small load that day, and soon got away, feeling very important, with destroyers encircling us on either side, and bluejackets on board to keep a lookout for mines and submarines. It was very rough, but fortunately we reached port without any mishap.

Our last and very memorable journey was on the 17th November. We had taken about 500 patients on board at Boulogne, and a very happy crowd they were - fractured femurs and head-cases who had been in different hospitals in France for some months. In their anticipation of returning home, they were anxiously on the lookout through the portholes for the first sight of the white cliffs of England. Alas! many of them were destined never to reach there alive.

About 12 noon, and when some six miles from Dover, we had just given the patients their dinner, when there was a tremendous crash, and iron girders etc. came falling down like match wood. We realised all too quickly that we had either been torpedoed, or had struck a mine. My first act was to fix a

life-belt on myself, feeling that I was then in a better position to help others. All Sisters and orderlies did likewise, and the patients who were able to do so were ordered to put on theirs (every patient had a life-belt under his pillow), and walking cases were ordered on deck. We immediately set about removing splints, for the obvious reason that if the patient with his legs in splints got into the sea, his body would go under, while the splint would rise to the surface. We carried as many as possible on deck and those that could, threw themselves into the sea; others were let down in the life-boat, but unfortunately it was only possible to lower one boat as the ship was sinking so very rapidly. The patients kept their heads wonderfully. There was no panic whatever, and when one realises that in the majority of cases, they were suffering from fractured limbs, severe wounds and amputations, it speaks volumes for their spirit, their grit and real bravery, for they must have suffered real agonies of pain. After we had satisfied ourselves that there was no possible chance of getting any more patients out, for by that time our bows had quite gone under, and only the ship's stern was above water, with the propellers going at a terrific rate, and blinding us with spray, we then got down onto the rudder and jumped into the sea where hundreds of patients were still struggling in the water. It was some time before the destroyers could get out to help us, and when we did boats were quickly lowered and we were taken into them. Unfortunately in some cases, the struggling patients hung onto the sides of a boat and capsized it, and once again we were thrown into the sea. Alas! by this time many of the patients had gone under, but it was a never to be forgotten sight to see armless and legless men struggling in the water, very many of whom were eventually saved.

I personally was in the water about 40 minutes before being taken on a destroyer, and that would be about the time experienced by most of us. Our relief can be readily understood, and never shall we forget the men on the destroyers whose kindness and helpfulness was beyond words. On reaching Dover, imagine our delight on finding many of our patients lying on the Admiralty Pier, whom we had last seen floating in the water, and who had been picked up by other destroyers, and whom we had hardly expected to see again. Many were the handshakes and kindly greetings and expressions of real thankfulness at meeting again on terra firma. And with it all there was a humorous side to it, for we must have looked very weird in the different garments that had been so kindly supplied to us by the officers and men of the destroyers, who did everything in their power for our welfare. I would remind you that 40 minutes in the water in November is not the kind of sea-bathing that many would indulge in from choice, and yet largely due to the kindness of the men on the destroyer, I do not think that any of us suffered seriously from cold. After a good meal on the ambulance train we were soon on our journey to London.

So ended my experience with a Hospital Ship.

The sinking of H.S. Anglia is now a matter for War records only, but to me it certainly supplied the most exciting moments of my life as a member of the Q.A.I.M.N.S.R., and little as I should again like to go through the experience of being on a sinking ship, still I shall always look back to my time on H.M.H.S. "Anglia" prior to that incident, as some of the happiest moments I have ever spent. We were a very happy party on board and our work was always interesting, in addition to which the life was healthy, for we were much of the time at sea, and yet in port we always had opportunities of going ashore for getting exercise in rambles round Boulogne or whatever place we put in at.

The actual sinking of the ship itself pointed out to me the value of the life-belt, and the advantage of having it always at hand; for in my own case, and still more so perhaps in the case of wounded patients, the majority of us could never have kept afloat in a cold sea for forty minutes if we had not had life-belts to sustain us. Also another very valuable means of saving life was the buoyant deck seat, of which we had many on board. As soon as we had attended to the patients below, we got as many as possible on deck to set about unlash~~ing~~ these seats and throwing them overboard. Many a man must have been saved by being picked up by the boats of the destroyers while hanging on to these floating structures. Anyone who has been to sea and spent some time in one ship will realise what we all felt when we saw H.M.H.S. "Anglia" disappear from view. She had been our Home for many months, and we all felt very sad about it. The King, who had had personal experience of the "Anglia", and who had graciously expressed his thanks for the attention he received on board, made special enquiries, on hearing of the loss of one of his Hospital Ships, as to the welfare of all who had been on board her at the time.

sd: A. Meldrum.

O.A. I. M. N. S. R.

August 1919

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WORK AT A CASUALTY CLEARING STATION.

The work at a Casualty Clearing Station with the B.E.F. France varied in character, in stress, in hardship and in danger in almost the same degree as the work of non-medical units behind the line. That is to say when 'active operations', whether of attack or defence, were going on in the Army to which a Casualty Clearing Station belonged, the work became intense in exact proportion to the intensity of the fighting, and when in the intervals between 'active operations' that Army was merely holding the line, the Casualty Clearing Station would not have to cope with anything more than the daily wastage of casualties and sick that came down from the **F**ield **A**mbulances.

The exception to the routine at these more peaceful times came in the shape of sudden enemy gas attacks, raids of our own or his, epidemics of influenza, pneumonia, trench fever, dysentery, etc, and during the first **W**inter, frost-bite and 'trench feet' in large numbers.

Thus it happened that a **S**ister sent up from the Base at a quiet time would find a peaceful little **H**ospital with a staff of 7 or 10 **S**isters carrying on the ordinary ward routine, with daily off-duty time, picnics and sports in Summer or concerts and entertainments in Winter, and she would wonder why work at a Casualty Clearing Station was ever called strenuous. Then certain ominous signs appeared: extra wards were put up, enormous stocks of dressings, splints, medical and Red Cross stores were

got ready; pyjamas, shirts and socks in thousands instead of hundreds were ordered up. The theatre would be arranged for 6, 8 or 10 operating tables - with separate outfits of everything necessary for each table or pair of tables - the mortuary would be enlarged, convalescent patients would be detailed for special duties, and the rest sent down to the Base. ~~and~~ Extra mess tents and sleeping tents would appear in officers', Sisters' and orderlies' quarters. Batches of 50 extra stretcher-bearers, theatre teams of 4, consisting of surgeon, anaesthetist, Sister and orderly would arrive, with relays of other Sisters and medical officers till the personnel had trebled or quadrupled itself.

Then, when everything was at the top pitch of the same readiness and tension that was being felt on every yard of ground in and behind the line, in the early hours of the morning would come the great moment, and the roar of the bombardment which had often been going on for days, would burst into the deafening intensity of "Zero". In two hours or so would come the first ambulances with the first relay of wounded, the beginning of an apparently never-ending stream of men. Some able to walk or limp into the Receiving Tents came in buses, char-à-bancs or lorries, and the rest in ambulances, on stretchers, more often than not (in the kind of weather that almost invariably coincided with our great attacks) soaking wet and sometimes blue with cold, always caked in mud or dust, and blood. They are all dressed and fed and given their anti-Tetanus serum in the Field Ambulances further up, but as these must be kept clear to avoid blocking the ceaseless stream of wounded, they are passed on to us

immediately for resuscitation, operation or evacuation by the waiting Ambulance Trains according to their needs. By this time the new arrivals on our staff have realised what a battle means, and how Casualty Clearing Station work differs from any other.

It would take too long to follow the wounded in detail through the Reception Tents, where their names and particulars are taken by a staff of clerks, the Dressing Tents, the Preparation for Operation Tent, (known as the "Pre-Op.") the X-Ray hut, the Theatre or the Resuscitation Tent, (where all the cases likely to die of shock, haemorrhage, gas gangrene and other complications are specially treated and warmed to fit them for the operation which alone can save their lives), and the Chest Ward, the Gas Ward, the Abdominal Ward, the Head Ward, the Post-Operation Detention Ward, the Post-Operation Evacuation Wards, the other Evacuation Wards, the Dining Tent, where hot food is ready night and day, ~~for all waiting cases~~, and eventually to the Trains. But this goes on almost without an hour's break through the first few days and nights of any battle, because the first 300 wounded are practically never done with before the next 300 begins to arrive, — 3 adjacent hospitals taking 300 each in rotation, and unless the Trains can clear every few hours, they pile up into thousands.

The lessons learned by grim experience during the war, however, brought the organisation, forethought and co-operation of a good Casualty Clearing Station, backed by the excellent staff work of the Higher Powers to a wonderful standard of

achievement and it is impossible to say how many lives and limbs were saved, which must inevitably have been lost, with any less out-put of brains, endurance, skill and devotion, from the youngest G.D.O. or the most amateur convalescent soldier to the C.O. and up to H.Q.

Sisters, Medical officers and Orderlies worked in regular shifts of varying length from 20, 16 or 12 hours, irrespective of night or day while the rush lasted, snatching quarters of an hour for meals and sleeping through the roars of guns, the rattle of ambulances and transport, and the whirring of squadrons of our aeroplanes, whenever they were relieved for their shift. The C.O. seldom went to bed at all.

It was not unusual in the Casualty Clearing Stations, nearest to the line for all this to go on with the lively accompaniment of the whistling of enemy shells over the Hospital and sometimes an ugly crash alongside or right in.

The attentions of "Gerry" from overhead on all the surrounding country were a matter of course, on every night that was not too stormy for him to come over, whether dark or moonlight, in quiet times, and in strenuous, and there were few Casualty Clearing Stations that were not obliged to be dug in with sandbags or trenches or parapets in all the wards and quarters.

Owing to the different character of the various areas in which a Casualty Clearing Station is placed and the frequency with which they move to another place, the life is full of change.

In January the wards may be in a dry clean weather-proof college or school in a little town, and the staff in comfortable little billets with French landladies and nice food. In March you find yourself in the middle of the devastated area 30 miles in every direction from the nearest living inhabitant, cow or hen, stumbling over old German wire, trenches, dug-outs, shell holes, gun pits and ruins— with frequent bully and biscuits and Maconochie, a small unreliable canteen and no eggs, milk, vegetables or flour.

In July you are ^{on} in a hill-side among lovely woods, villages and cornfields with flourishing market gardens and dairies and within possible reach of towns and shops; while in October you are back among the shell holes in what was No Man's Land last week. It is thus you learn how much better it is to have too little than too much kit.

In all this varying life there is one thing that never changed and that is the cheeriness and the unselfishness and the grit of the soldier just out of the line, whether wounded or really sick. The old contemptibles somehow handed on their torch to the rest who followed, to the Kitcheners, the Derby's and even the Compulsory Service men; the personal relation was always in the ward, between the Tommies, the Jocks, the Aussies and the Canadians on the one hand, whether in bed, or up and about and the Orderlies, the Sisters and the Medical Officers on the other hand. All felt it and nothing can ever quite take its placeⁱⁿ in Peace time.

There is not a **S**ister who cannot recall at one time and another boys who living or dying had everyone in the ward their willing slaves, convalescent men who worked till they slept where they dropped, orderlies who never failed them and **M**edical **O**fficers whose co-operation and understanding kept them going through almost impossible days and nights of strain, fatigue and anxiety.

Surely England for all her losses in the lives of the best of her sons, is now and must be for generations immeasurably ~~at~~ better country for the sacrifice, the brotherhood, the effort, the endurance and the devotion poured out over every mile, ^{+ Gallipoli,} (one might almost say, in France and Flanders ^A over every yard) of those blood-soaked bits of land in Europe, in Palestine, in East Africa and in Mesopotamia, to which she sent all her sons and some of her daughters.

Lucretia