

Medical Services — International Organizations

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During the First World War, tens of thousands of British women served their country at home and overseas under the auspices of international aid organizations that provided essential medical services and related support functions to those actively engaged in combat. Like other forms of national service undertaken by women, performing work with international, largely voluntary societies represented a major departure from the constrained lives led by most middle-class British women and girls until that juncture. Women employed by these groups served in a multiplicity of capacities — most frequently as physicians, nurses, orderlies and ambulance drivers — and in a variety of contexts, including metropolitan Britain, the Western Front, Serbia, the Mediterranean and even in India. What linked these diverse individuals was their desire to contribute directly to the national cause. Beyond that broad connection, however, British women differed markedly from each other with regard to what they hoped to gain, both professionally and personally, from their wartime service.

Initially barred by the War Office from working with the Royal Army Medical Corps (RAMC), medical women turned in frustration to international organizations like the French and British Red Cross Societies, which offered them unprecedented opportunities to demonstrate their existing skills, both clinical and managerial, to the general public and their male peers. It also allowed them to acquire new ones. In that sense, medical women hoped to use their war service as a vehicle to further their professional integration in the post-war years. The prospect of attaining leadership roles in voluntary organizations established and administered by them encouraged other medical women to join the Scottish Women's Hospitals and the Serbian Relief Fund. Nor can the glamour that international service afforded be discounted: for instance, the prospect of "adventure and of experience in the surgery of war and in medicine in different lands and climates" lured Dr. Isabel Emslie Hutton into a Scottish Women's Hospital unit (Hutton, 131).

Even more so than female physicians, the most iconic image of women's wartime medical activities was

that of nurses. Like their physician colleagues, trained nurses intended to link their service during the war with an improved professional situation after the Armistice. This aim contrasted sharply with that of their untrained counterparts, the members of the Red Cross' Voluntary Aid Detachments (VADs), most of who joined out of a desire to contribute in a way that promised a modicum of adventure, interesting work and more direct access to the conflict. For some VADs, such as Vera Brittain, nursing also enabled them to feel closer to their loved ones fighting abroad, to experience in some small way what they had: as Brittain described it, regardless of who her patients were, "it was always Roland [her fiancé] whom I was nursing by proxy" (Brittain, 166).

By far the largest and most well established international medical service organization employing British women between 1914-1918 was the Red Cross. The French Red Cross operated hospitals close to the front, ones for urgent cases further behind the lines and canteens, all of which British women staffed [France, 2.1/1 – 2.4/2] – Also functioning under the banner of the French Red Cross was the Women's Hospital Corps (WHC), a field service organization formed by Dr. Louisa Garrett Anderson, daughter of Britain's first medical woman and a distinguished surgeon in her own right, and Dr. Flora Murray. In September 1914, having had the War Office refuse their offer of help, Garrett Anderson and Murray established a WHC facility in Paris' Hotel Claridge to treat wounded British and French soldiers.

Founded in August 1870 in the wake of the Franco-Prussian war, the British National Society for Aid to the Sick and Wounded's original purpose was to render medical assistance and relief to both warring armies, a service it continued to perform for combatants in subsequent European campaigns throughout the nineteenth century.

This article is from
Women, War & Society, 1914-1918
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Re-organized in 1905 as the British Red Cross Society (BRCS), it emphasized advance preparation for domestic and international disasters during the Edwardian era, including instituting a Voluntary Aid program that aimed to ensure that each county would have a Voluntary Aid Detachment ready to deploy in the event of hostilities.

As soon as hostilities erupted, the BRCS began actively recruiting women to serve under its flag in all theatres of conflict. Opportunities for qualified medical women surfaced nearly immediately in Serbia, where the existing “medical organization was wholly unable to cope with the vast Balkan winter” and “typhus began to raise its ugly head” (Berry, 8). In January 1915, the Red Cross sent a medical unit to Serbia, known officially as the “Anglo-Serbian Hospital Unit” but universally referred to as the “Berry Unit” after its leaders, Dr. James Berry and his wife, Dr. Florence May Dickinson Berry. Comprised of 12 men and 42 women, including seven female physicians and 31 nurses and orderlies, the unit was attached to the Reserve Military Hospital of Vrjatchka Banja but eventually controlled six hospitals, totalling about 360 beds, in the Serbian theatre. The Terapia hospital, staffed by many of the female surgeons from the Berry Unit, became the principal surgical facility in the region, to which the most serious cases were directed. In November 1915, the invading Austro-Hungarian army captured 25 members of the unit, holding them prisoner until mid-February 1918; after their release, the Red Cross disbanded the unit and sent its staff back to Britain for re-deployment in other arenas.

Medical women also officered the British Red Cross Hospital on the Western Front in Wimereaux, France, which opened in late 1914 [British Red Cross Society, 23.3]. This development stemmed directly from the initiative of Drs. Louisa Garrett Anderson and Flora Murray, who had recently overseen the outfitting of the WHC facility at Wimereaux, which they intended to be better equipped to handle the influx of wounded than the more temporary military operating stations at Boulogne. During the autumn, both Garrett Anderson and Murray went personally to the Headquarters of the Army Medical Service to see if their assistance might be required, and to their surprise and delight, the senior officer on duty

immediately replied, “How many beds can you give us? . . . [And] will you take surgery?” (Murray, 96) Within 24 hours, the 100-bed Wimereaux hospital became an officially designated operating station for the RAMC. Staffed nearly exclusively by WHC members, Wimereaux eventually acquired the character of a primary clearing station for British and French soldiers wounded in Allied offensives during early 1915, and the care delivered there earned commendations from the RAMC. Wimereaux closed later that spring, and the members of the unit were transferred to a new, 520-bed military hospital in London at Endell Street [British Red Cross Society, 24.1/1-3], one to which the WHC had been entrusted by the Army Medical Services based on the impressive organizational skills they demonstrated and the high-quality medical treatment provided at their hospitals in France.

Besides directing the under-used talents of medical women, another of the British Red Cross’s major wartime contributions involved the recruitment and placement of thousands of nurses, both professional and members of the VADs, in positions in hospitals at home and abroad. Leading the BRCS’s efforts in that endeavour was Katherine Furse, the daughter of the Victorian scholar and critic John Addington Symonds. Furse became an active member of a London-based VAD as early as 1909. In October 1914, Furse led the first VAD corps to Boulogne, France, where she and her fellow VADs established a rest station, changed bandages, and provided refreshments for soldiers en route to the front lines. In January 1915, Furse returned to Britain to assume the directorship of the BRCS’ Women’s VAD Department, a position she retained until 1917. During her tenure as Commandant-in-Chief, Furse actively strove to frame VAD service into the ideal form of war work for socially privileged young women, the equivalent of soldiering for their male peers. In texts such as “The Ideals of the VADs” [British Red Cross Society, 10.1/1-10] and in letters given to every VAD sent overseas, she consciously echoed the language of patriotism employed by Kitchener in his official communications with troops, exhorting VADs to do their duty “loyally,” with “humility and determination,” and with the same “courage,” “energy,” and “patience” required for soldiering. (Watson, 90)

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Under Furse's guidance, the Women's VAD Department supervised the placement of BRCS-affiliated VADs in civilian and military hospitals throughout Britain, ranging from the Nethercourt VAD Hospital in Ramsgate [British Red Cross Society, 4.9, 4.9/2-5] to St. Dorothy's Convalescent Home for Soldiers in South Croydon [British Red Cross Society, 4.3, 4.3/2-7]. VADs served in a variety of roles abroad: Lady Amphill provides detailed records of how VADs established rest stations in Europe [British Red Cross Society, 12.10/2-20]; they staffed motor convoys [British Red Cross Society, 12.8/2-10]; and some women even performed voluntary work with the BRCS on a yacht moored in the Mediterranean [British Red Cross Society, 15.2-15.2/3]. Most VAD service done under Red Cross auspices in Europe took place in France [British Red Cross Society, 12.1 - 12.4], but as Lady Monson and Baroness de Brien vividly recount, they also provided critical support in Italy [British Red Cross Society, 13/2 and Italy, 1.2 - 1.18] and Holland [British Red Cross Society, 14/2].

Conflict frequently erupted within the wards of Red Cross hospitals between unskilled VADs and trained nurses, who were still struggling to gain popular recognition for their status as skilled professionals and saw their national service as representing one episode in a much longer career, rather than a primarily war-related activity. Many nurses deeply resented the effusive praise lavished upon VADs, whom they viewed as untrained amateurs requiring supervision for even the most basic of tasks, which in turn kept them from focusing directly on cases that permitted them to demonstrate their own technical and nurturing skills. For their part, VADs often complained that nursing sisters gave them little, if any, responsible work to do, relegating them to completing menial tasks like mopping floors and rolling bandages. This discontent eventually reached Furse's ears, and she developed an extensive file of complaints lodged by VADs [British Red Cross Society, 10.3/2-13] regarding the limitations placed by trained nurses on their ability to serve the nation. Though Furse's sympathies implicitly lay with the VADs, she made a concerted effort to address the situation in BRCS hospitals, with minimal success [British Red Cross Society, 10.4/2-12]. In 1917, Furse

left the VADs as a result of a continuing internal conflict with her colleagues and the Red Cross over the role of women in that organization [British Red Cross Society, 10.8/2-77].

During the war, the BRCS also collaborated extensively with the Order of St. John of Jerusalem to furnish medical support for Allied forces, both domestically and on the Western Front. In 1914, the two organizations agreed to work together under the emblem of the Red Cross, and they promptly established a Joint War Committee to coordinate the pooling of human and financial resources [British Red Cross Society, 7/2-7/22]. In the ensuing years, the Joint War Committee operated an extensive system of hospitals [British Red Cross Society, 17/2 - 17.4/2], including the Grand Priory of the Hospital of St. John of Jerusalem in England [British Red Cross Society, 1/35-44], as well as overseeing auxiliary services such as the St. John's Ambulance Society, which supplied motorized ambulances, many of which were operated by women, to battlefields beginning in September 1914 [British Red Cross Society, 1/2]. Women ambulance drivers for the Joint War Committee tended to be older than other BRCS volunteers — typically in their mid-twenties — and generally came from social backgrounds wealthy enough to be accustomed to operating motor vehicles themselves; many of them even possessed cars of their own. In addition to these activities, Red Cross volunteers were granted authorization to search villages and hospitals that had come under fire, and the Joint War Committee set up centres for recording the identities of the wounded and missing.

British women's contribution to the war effort extended far beyond merely serving under the direction of international medical service organizations, however. Indeed, between 1914 and 1918, female physicians developed, staffed, and *led* their own voluntary organizations serving honourably and often under direct fire, on the Western Front, in Serbia, Salonika, and Malta. Of these, the Scottish Women's Hospitals for Foreign Service (SWH) represented the largest medical endeavour completely directed by British women doctors [British Red Cross Society, 24.3/2-30 and 24.6/3-57].

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Officered by Drs. Frances Ivens, Agnes Savill, Elsie Dalyell, and Augusta Berry (among many others), the first SWH unit opened in January 1915 at the Abbaye du Royaumont in Northern France. The Royaumont facility possessed 600 beds, as well as a fully equipped laboratory and an auxiliary casualty clearing station at nearby Villiers-Cotteret. The SWH at Royaumont often benefited from the short-term services of medical women on furlough from other assignments; these women not only wished to aid their colleagues' efforts, but they also sought out Royaumont because of the opportunities it provided for honing their professional skills, performing challenging surgical procedures uncommon in their previous experience. For example, in 1915 and 1916, the prominent surgeon Louisa Aldrich-Blake spent her limited holiday time in the operating theatre, happily "looking for elusive bullets or bits of shells in inaccessible positions" and became "much interested in the sera treatment of gas gangrene, which we were then unsuccessfully trying in some of the worst infections." (Crofton, 59) When it finally closed in March 1919, the SWH at Royaumont held the distinction of being the longest continuously operating voluntary hospital in France, and had amassed an impressive treatment record: soldiers accounted for 8,752 of the 10,861 patients treated there, but their mortality rate was markedly less than average for RAMC field hospitals — only 1.82% (Crofton, ix).

At least three major SWH units were also sent to Serbia early in the war, and Dr. Elsie Inglis, the founder of the SWH herself, volunteered for duty there in 1915. In the Balkans, SWH staff battled typhoid outbreaks, performed operations under heavy fire from the German artillery, were forced to undertake hasty retreats from the front lines, and, like their colleagues serving with the Red Cross, even suffered time as prisoners of war. The diaries of women serving with the SWH's Serbian outposts during this period reveal that, despite the cold, hardship, and tension, they loved that the organization enabled them to develop professionally and assist directly in the war effort [British Red Cross Society, 24.4/2-86 and 24.5/2-6]. Other SWH units, including one led by Dr. Alice Hutchinson, bound for Serbia were diverted to Malta and Salonika in the spring of 1915 to cope with wounded from the disastrous

campaign in the Dardanelles. Divided between the naval hospital and the Valetta military hospital, working in Malta suited the staff: as Hutchinson recalled, "it is lovely to have the chance of looking after our own men for a bit, and I have been thrilled and appalled at the account they give us of the landing of our troops on the peninsula of Gallipoli." (Leneman, 24).

Late in 1916, Inglis died of an intestinal illness contracted during an evacuation from Serbia; within hours of the news of her death reaching the national press, lengthy laudatory obituaries began appearing, and the SWH's governing board received a veritable flood of letters of sympathy from Inglis' colleagues (both male and female) and from the organization's admirers [British Red Cross Society, 24.4/2-86]. Inglis' death raised the question of how best to commemorate the efforts of women who had died in the service of their country. In fact, an editorial in the *Daily Sketch* even went so far as to suggest that Inglis' service merited a posthumous Victoria Cross. However, Inglis' legacy best lies in the continued existence of the SWH, which grew rapidly, employing nearly 1,000 female physicians (including those from throughout the British empire), nurses, orderlies, clerks, and ambulance drivers by the time the war concluded. Moreover, the distinguished service rendered by members of the SWH units did not go unnoticed, as several physicians and female medical students working with it were awarded the French Croix de Guerre and Serbian military commendations for their meritorious service in the face of the enemy.

British women also played substantial leadership roles in other international voluntary societies, including the Serbian Relief Fund (SRF), headquartered in London's Cromwell Road. Partially sponsored by the Scottish Women's Hospitals, the first Serbian Relief Fund units had both male and female staff, but female administrators led all SRF groups. Not to be outdone by those in the metropole, women located in the far-flung outposts of the empire developed ingenious methods of serving the national cause, such as doing war-related work in India [India, 1-3] and Egypt. For example, Drs. Agnes Bennett and Grace Russell, who had performed public health work in the Middle East prior to 1914, served at the Egyptian Army Hospital, which had been placed under

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the jurisdiction of the New Zealand colonial government for the duration of the conflict (Harraden, 192). Most of the patients Bennett, Russell and their colleagues encountered were territorial and colonial soldiers evacuated from the major battles on the Eastern Front, including the disastrous clash between the Australians, New Zealanders, and the Turks at Gallipoli in 1915. Other women living and working abroad contributed to the war effort by helping to support the work of the Imperial Indian Relief Fund [India 5/1-5]. Donations to the Imperial Indian Relief Fund helped to provide the financing necessary to establish institutions like Queen Mary's Technical School for Disabled Ex-Servicemen in Poona, India, which opened in 1917 and was dedicated to re-training Indian soldiers who had received injuries during the war that rendered them disabled.

Beyond the personal satisfaction provided by the immediate impact that their work had on the lives and health of soldiers, wartime service with international organizations left British women with other legacies as well. For medical women, working with the Red Cross, the SWH, or other volunteer societies provided them with invaluable opportunities to learn new surgical techniques and further develop their professional skills. More critically, their willingness to provide essential medical care in the context of a national emergency, often at considerable personal risk, combined with their obvious technical competence, produced a welcome transformation in female physicians' depiction in the British press. For instance, in 1915, the conservative-leaning *London Times* declared its support for female physicians' war work, calling "the woman doctor . . . a vital need of the State." Besides generating opportunities for individual and

collective achievement and a chance to alter their public image, war service abroad also materially affected the provision of education to prospective medical women in Britain. Enticed by a desire to serve their country like the female physicians serving with the Red Cross as much as by the tantalizing possibility that the gains the war had wrought for women doctors might eventually become permanent, female students flooded into British medical schools in unprecedented numbers during the war years. While few of the opportunities generated by the war remained available after the Armistice, their experiences between 1914 and 1918 encouraged medical women to adopt a much more pro-active stance on their own behalf in the post-war years, refusing to accept marginalisation within the profession and demanding greater access to higher-status positions and specialties.

Like women doctors, nurses and VADs were also affected by their time spent working overseas. As with female physicians, Red Cross nurses gained increased public respect for their professional skills and made considerable inroads towards fulfilling their broader, long-term agenda of attaining an improved professional situation for themselves. For most VADs, their direct connection with international organizations ended with the conclusion of hostilities, but the less tangible benefits their experience afforded — a much less sheltered view of the world and a first-hand understanding of the carnage modern warfare could inflict on humanity — remained with them permanently. Indeed, in the post-war years, many VADs, including Brittain, tried to turn the horrors they had witnessed to positive ends, becoming intimately involved in the international pacifist movement and ardently supporting charities for demobilized soldiers.