DID THEY LIVE HAPPILY EVER AFTER? WHAT HAPPENED TO THE ANZAC NURSES OF THE FIRST WORLD WAR?

The popular image of nurses at the First World War has been largely created by fiction, most recently Anzac Girls (2014), a TV series touted as ‘rarely told true stories’. Some nurses had auspicious careers like Matron Grace Wilson who went on the serve in the Second World War (McCarthy, 1990) but many did not prosper (Bassett, 1992)

Does it matter that we do not know more about the real lives of those Anzac nurses? The evidence is that those nurses demonstrated a model of nursing with the attributes of autonomy, respect, and centrality in a health service that nursing has been seeking as hallmarks of a ‘professional’ identity throughout the twentieth century. What seems to me to be a successful model of nursing professionalism has been dismissed by later generations of nurses who have ignored the dynamics that brought those nurses to such a central position in the provision of a restorative environment for the War’s casualties. Historical amnesia in academic nursing in Australia and New Zealand has resulted in a failure to build on previous positive aspects of nursing practice as Nelson (2009) and Madsen et al (2009) outline. On our side of the world, the nursing history renaissance in the latter part of the twentieth century (Baly, 1997, Maggs, 1997, Rafferty, 1996, 1997) has failed to thrive, and Nelson noted (2002) that the audience for nursing history was unlikely to be nurses.

First, a comment on professionalism in nursing then a look at some recent scholarship on the care of the War’s sick and wounded. Examples from primary sources about the nurse’s performance of their war work follow. I then look at what happened post-war and the potential of engaging with our history to go forward.

The literature:
The characteristics of professionalism have a huge literature and Davies, brought together the inherent problems of those sociological models for nursing two decades ago. (1995) In the publication following the 1991 Critical Perspectives Conference two articles (O’Neil, Turkoski, 1992) on the history of professionalism in nursing reiterated the failure of the ‘attributes’
approach to professionalism in relation to race, class and power in nursing. A ‘quick and dirty’ search on the topic of professionalism in nursing suggests no significant movement since. Meanwhile historical scholarship addressing the care of the First World War’s sick and injured from differing points of view has grown.

Professor of Nursing Christine Hallett, analysed the work of the formally trained and qualified Allied nurses in Containing Trauma: Nursing Work in the First World War (2009). She identified three important elements, technical proficiency, nursing experience and taking on a familial role. She described the trained nurse’s work as ‘…a skilful melding of the domestic and intimate with the controlled and boundaried.’ (Hallett, 2009 p 202).

Mark Harrison’s The medical war: British military medicine in the First World War (2010) backgrounds the standing of medicine in the British Army pre-war. Strange as it may seem now doctors at best were considered only of use for improving sanitation. Generals did not include medical officers in battle planning. Change came with a public outcry in Britain over the 1914 death toll in the evacuation of wounded from Belgium. The military also realised that with the wounded outnumbering the dead by 3:1, it was in their interests to get the wounded fit to fight again. From 1915, Casualty Clearing Stations, (CCS’s) with teams that included nurses, provided definitive treatment closer to the battlefront. Jeffrey Reznick’s Healing the nation: soldiers and the culture of caregiving in Britain during the Great War (2005) examined what recovering soldiers in England thought of their care. They preferred the Voluntary Aid Detachment nurses (VADs) to trained nurses whom they considered ‘too strict’. Michael Roper’s study The secret battle: emotional survival in the Great War (2009) looked at soldiers’ letters in the Imperial War Museum. He found that family connection and the vision of home helped the soldier to survive at the War but post-war he found a backlash against women, and that surprised him. Ana Carden-Coyne’s The politics of wounds: military patients and medical power in the First World War (2014) brought together the multiple forces impinging on the care of the sick and wounded; military interests, medical interests, the wounded men’s interests and how the men helped each other. The ‘up-patients’ became another category of carer.

Trained nurses at the War

From the above it is obvious that trained nurses had no prerogative on patient care; they had to negotiate all those other players in doing their work. The evidence is that they did so very
successfully. In 1914, the Australian and New Zealand Army nursing services (later AANS and NZANS) were nominal skeletons, by the War’s end more than 2500 Australian and 500 New Zealand trained nurses had served overseas. Australia’s official medical historian, AG Butler, recorded the changing attitudes towards female nurses through the War:

‘Officers of the highest standing in the Australian Medical Service were strongly opposed to the staffing of any hospitals in the forward zone by female nurses. But as a result of experiences in 1915 in the advanced hospital centres at Lemnos, … the field of action of the Australian nurse in the evacuation of wounded was appreciably extended.’ (1943 p 552).

The Third Australian General Hospital (3 AGH) was that ‘advanced hospital centre’ sent to Lemnos. From the nurses’ writings and the officers’ reports we learn something of how the nurses worked on Lemnos. Sydney Sister Elizabeth McMillan’s letters indicate that she was preparing for the work on the ship to England by helping to train the orderlies, writing ‘I shall get to know my men that I shall have to work with…’ (McMillan, 28/5/15). She had autonomy in the eye ward in Egypt: ‘He leaves all the running of the ward to me etc’ (17/3/16). When 3 AGH left Lemnos in 1916 Sister Anne Donnell of South Australia wrote ‘Of course we are glad – yet there are many things we will miss – The unconventional freedom for one & the unique experiences we had there.’ (Donnell letters, p 90). Donnell wrote about working with McMillan in Egypt ‘…I am working with Sister McMillan, with whom I worked at Lemnos, so I am very happy in my work.’ (1920 p 97). McMillan filled the surrogate familial role that Hallett identified not only for her patients but also for the ‘… many who seem to want my care outside my actual hospital patients, … just being a listener to their trials or growls…’ (McMillan, 9/11/15).

Major Anderson reported on how the nurses coped with only makeshift equipment in the first three weeks on Lemnos. ‘One cannot speak too highly of the magnificent work done by the Nursing staff, … Their work was greatly increased by the patients being on mattresses on the ground, … Without them one feels that the order evolved out of chaos would never have occurred, …’ (Anderson, p 2). Commanding Officer Colonel de Crespigny (later Sir Trent) reported as he left Lemnos ‘That we had a mortality of only 0.6%, I am sure was mainly due to the work of the sisters….’ (de Crespigny, p 7).

Butler cited English nurse Kate Luard’s published letters as a good account of the work in CCS’s. One example:
My five new Sisters are settling down happily and efficiently so far, but it means a lot of supervision at first, and in many directions. If it wasn't that one was well in with the Sergeant-Major, charge of a C.C.S. would be even more harassing than it is. It is equally easy - and fatal - to be too fussy, or not fussy enough with such queer fish as orderlies are. You have to know the possibilities and the limitations of practically each individual one to place them all to the best advantage. (Luard, p 86).

That was in a CCS of 700 beds; in relation to the nurses being near the front ‘…older surgeons think its dreadful having us here, but as the Commanding officer says without us they could not carry on at all…’ (My emphasis p 153). Luard’s book, first published in 1930, has a preface by Field Marshall Viscount Allenby; one of the War’s notable military commanders whose battle plans did include the evacuation of casualties. (Dolev, 2007)

What was it that the nurses did that gained the respect of soldiers and doctors alike? They were not the exclusive providers of patient care and the Anzac nurses lacked military status. Tom Olson (1997) was surprised to find that care was not the word used most often to describe nursing between 1915 and 1937; the most used word was ‘handling’ and he questioned that nurses only did care. Styles whilst not an historian, has suggested that the social significance of ‘care’, identified as the ‘product achieved’ in nursing, might have been at its zenith at the time of Florence Nightingale (1982 p 126). Butler summed up his view of the significance of what the nurses did at the War with this line ‘…they brought order out of chaos.’ (1943 p 522). This implies to me that the trained nurses, with no other authority than their nursing knowledge and skills, became central to caring for the sick and wounded by managing the resources, negotiating with doctors, orderlies and Sergeant-Majors, to achieve the military’s significant goal of returning men to the front. While Rogers (1995) concluded that the performance of the New Zealand trained nurses at the War was inhibited by gender, my examination of contemporary sources together with recent scholarship suggests that the gender relationships at the War were exceptional for the era.

Post-War - What happened?

There is a lack of contemporary personal post-war information with war diaries finishing mid-volume (Garton, 1996 p 223). The bulk of the Anzac’s arrived home a year after the Armistices when the euphoria of ‘winning the war’ had evaporated (Thomson, 1994). The ‘home’ they
returned to had changed; at home people had managed without them and they resented the training and privileges accorded returning servicemen (Garton, 1996). New Zealand’s military historian Christopher Pugsley considered the main problem was that people at home had no ‘…real understanding of what they [the servicemen] had been through. Nor could they tell them - it was an age when gentlemen did not tell women of lice, flies and dysentery, and of men dying in agony untended. In New Zealand there was a reluctance to know...’ (1984 p 25). It seems that the people at home everywhere just wanted to forget the War; English VAD Vera Brittain titled the post-war chapter in her Testament of Youth, ‘Survivors not wanted’ (1978 p 467). We have learned only latterly about some of the long-term effects on the men; as they aged they started to talk about it (Boyack and Tolerton, 1990, Thompson, 1994, 2013) while some men quietly longed to be back at the War (Garton, 2000 p 223).

Nurses post-war:
Kirkaldie, a Sydney nurse, expressed something akin to that longing in her 1922 book: ‘... the whole tremendous episode is gradually passing out of our daily consciousness; but its spiritual splendour will revive and glow vividly again whenever two or three who worked together "over there" meet and recall the days that were. Days of suffering and sorrow and almost superhuman work; days that saw the crown of our generation’s achievement…’ (p 187).
The nurses shared the men’s difficulties for they too were party to the ‘lice, flies and dysentery’ and similarly silent; Harris quotes the nursing journal Una referring to them as ‘the Silent Service’ (2011 p 217). Like doctors, they were in the anomalous position of healing men only to send them back to be killed. Like the Anzac men, the nurses noticed the differences between the Antipodean and the British, (McMillan correspondence) but as women, they have not been included in the nation building male discourse of the Anzac ‘Legend’.
Bassett (1999) estimated that 19% of returning Australian nurses would have been unfit for further military service. Although more than three hundred Australian nurses did further vocational training courses in England before demobilisation, she found many examples of financially distressed returned nurses particularly during the Depression. Bassett seems to have assumed that nurses wanted to get away from nursing when she quoted Evelyn Davis ‘…we are all sick of having women over us and will do anything to be independent.’ (1999 p 93).
However, it can be interpreted as Davis just wanting to avoid the nursing regimentation
prevailing in some hospitals. Vera Brittain, the observant English VAD, found the nursing management in London’s hospitals oppressive. For years, she had held Florence Nightingale responsible for the rigid orthodoxy she had seen English hospitals. After she had read ‘Cassandra’ she realized the contrast between ‘Nightingale’s administrators grasp of essentials and the bigoted narrowness of some of her successors.’ (1978 p 545).

Two examples of how returning nurses fared in New Zealand are Matron Thurston and the nurse anaethetists. Thurston was Matron-in-Chief for New Zealand’s Army nurses in England and when she did not return immediately on recall to Christchurch Hospital so her employment was terminated (Maclean 1932 p 222). In 1918 Anzac nurses were trained to give anaesthetics. Only New Zealanders carried out that role but post-war they were not employed to give anaesthetics although analysis of their training reveals that they were better trained in anaesthetics than New Zealand doctors would have been at the time (Rawstron, 1999).

The doctor/nurse alliance required to obtain the resources to care for the sick and injured at the War had no place at home. Pre-war relativities prevailed and nursing management systems did not adapt to embrace the volume of returning nurses with extensive managerial and organizational skills.

Conclusion:
Nurses and doctors were central to getting the wounded fit to fight again at the First World War, where the wounded outnumbered the dead 3:1. The nurses, doctors and the military all needed each other to achieve the significant goal of mending the men. In those war-time circumstances there is good evidence of nurses working in collegial relationships with doctors and having unprecedented professional autonomy. Butler was of the view that the importance of the work of the Australian nurses at the War had raised the standard of the civilian profession and ‘…helped to confirm the democratic ideals of the relations between the sexes.’ (1943 p 588). However, the reality was that the Anzac Army nurses’ war-time professional skill of ‘creating order out of chaos’ did not impact institutions at home post-war. Returning nurses who wanted independent working circumstances moved into public health; an example being the Karitane Mothercraft Home in Sydney, run by ex-AANS Sister Elizabeth McMillan in the 1920s and ex-NZANS Matron Vida MacLean in the 1930s (Ashton, 2009).
The dynamics that led to the trained nurses’ significant professional performance at the First World War merit closer analysis for potentially replicable elements. Analysis of nursing work in the past for the environmental forces behind the ebb and flow in the value of the nurses’ performance has the potential to provide direction in an ever-changing environment.

What happened to the Anzac Nurses of the First World War? To our shame, not many nurses since have known of their extended role at the War or of their lack of support at home post-war.

Discussion topics:

1) Why has nursing developed historical amnesia? Why are the nurses of the First World War ignored when they demonstrated attributes of professionalism that nurses still aspire to? Might the reality of the oppression of nurses by nurses be one of the reasons nursing has been reluctant to engage with its own past?

2) How might the registered nurse again orchestrate caring work in the way the trained nurses did at the First World War? The significant health challenges now are diabetes and frail ageing bodies. A way to alleviate this impending burden is to encourage self-care. ‘Self-care nursing’ had a brief vogue in the USA thirty years ago (Steiger, 1985). Studying the dynamics of nursing work at the First World War could help prioritise potential routes for nursing work going forward.
References:


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