

**A DUTY TO CARE: THE EMOTIONAL COMMUNITY OF BRITISH NURSES
ON ACTIVE SERVICE DURING THE SECOND WORLD WAR**

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List of Abbreviations

AMPC	Auxiliary Military Pioneer Corps
ARRC	Associates of the Royal Red Cross
BAOR	British Army of the Rhine
BEF	British Expeditionary Force
BGH	British General Hospital
BJN	British Journal of Nursing
BLA	British Liberation Army
BOR	British Other Ranks
Capt., Cpt.	Captain
CCS	Casualty Clearing Station
CD	Contagious diseases (ward designation)
CO	Commanding Officer
Col.	Colonel
CSF	Cerebrospinal fever
DIL	Dangerously Ill List
FDS	Field Dressing Station
HMHS	His Majesty's Hospital Ship
IBGH	India Base General Hospital
IWM	Imperial War Museum
KGH	King George Hospital
Lt.	Lieutenant
Maj.	Major
MEF	Middle Eastern Forces
MO	Medical officer
MP	Military Police
NZ	New Zealand
OBE	Order of the British Empire
PMRAFNS	Princess Mary's Royal Air Force Nursing Service
PO	Pilot Officer or Petty Officer
POW	Prisoner of War
Pte.	Private
QA's/QAIMNS	Queen Alexandra's Imperial Military Nursing Service
QARNNS	Queen Alexandra's Royal Naval Nursing Service
RAF	Royal Air Force
RAMC	Royal Army Medical Corps
SEAC	South East Asia Command
SIL	Seriously Ill List
SRN	State Registered Nurse
TANS	Territorial Auxiliary Nursing Service
VAD	Voluntary Aid Detachment
WD	Western Desert

Abstract

Over the course of the Second World War, 12,000 nurses served with the Queen Alexandra's Imperial Military Nursing Service (QA's). The majority of these women were civilian reservists with no military experience. Most had never been overseas and few had ever encountered the kinds of traumatic injuries that would characterise their wartime work. The thesis investigates the emotional experience of QA's working within the novel environment of overseas military service. It asks how their emotional community influenced the ways in which active duty QA's processed and communicated their emotions. This research aims to broaden current understanding of the emotional experience of the Second World War and to provide insight into the profound demands that an emotional community can have on an already emotionally demanding profession.

Current nursing research has highlighted the role of emotion in nursing through its examination of nurses' use of emotional labour as a critical element of patient care. In addition to its consideration of the impact of this emotional labour on patient experience, this research has critically examined the emotional impact of this kind of labour on nurses themselves. Within the field of nursing history, there has been some consideration of the emotional experience of military nurses, but existing literature has focused primarily on nurses' use of emotion work for their patients' well-being and their response to traumatic experiences. The thesis expands its focus on nurses' emotions beyond those felt in moments of trauma and shifts its consideration of nursing care from its impact on the patient to its impact on the nurse who delivered it.

Drawing on Barbara Rosenwein's theory of emotional communities, the thesis engages in a critical examination of contemporary wartime media in order to establish the characteristics and expectations of the emotional community of Second World War Britain. It then utilises close textual analysis of the personal narratives composed by seven active duty QA's in order to gain insight into the emotional experience of military nursing service.

The thesis argues that Britain responded to the strain of the Second World War by developing a strictly structured emotional community with a limited repertoire of socially acceptable forms of emotional expression. The combination of this emotional community with that of pre-war British nursing created an environment in which QA's were expected to act as consistent sources of emotional aid. Little consideration was given to the emotional needs of the QA's themselves or to the extreme demands that wartime circumstances placed upon them.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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The Author

Katherine Roberts is a doctoral student at the University of Manchester. She received her undergraduate education from the University of Virginia, graduating with a Bachelor's in History in 2013. She began her graduate education in 2015 and received a Master's in History from King's College London in 2016 and a Master's in Museums' Education from University College of London's Institute of Education in 2018. She then made the decision to further the research that had been the topic of her History Master's dissertation, the experience of British military nurses during the Second World War, through a PhD at University of Manchester, beginning her studies in 2019. She has presented on her research to the American Association for the History of Nursing (AAHN), the Royal College of Nurses (RCN), and the United Kingdom's Association for the History of Nursing (UKAHN). Work deriving from her research has been published on the AAHN's website and in UKAHN's journal, *The Bulletin*.

Dedication

To nurses, past and present.

Most especially, to Joyce, Mary, Helen, Betty, Vera, Agnes Kathleen, and Nell.

Thank you for your words. I hope I did them justice.

Introduction

In an editorial published on 2 September 1939, the day before Britain entered the Second World War, the *Nursing Mirror* declared that, for the nurse in a time of war, 'there is neither conflict nor selfish thought of her own safety. She has pledged her word and dedicated her services as solemnly as upon an altar. Her personal interests and conflicts drop from her automatically: her way is clear'.¹ According to the editorial staff of the *Nursing Mirror*, this clarity of purpose derived from the nurse's knowledge that the central ethos of her profession was her duty to care. It is this duty to care and its impact on nurses' emotional experience that this thesis aims to discuss. The expectations surrounding a nurse's duty to care went far beyond her responsibility to minister to patients' physical needs. For nurses serving with the Queen Alexandra's Imperial Military Nursing Service, hereafter QA's, this duty also required extensive emotional labour. All of their nursing practice needed to be delivered in accordance with the emotional expectations of their patients in order to be considered successful and sufficient care.

During the Second World War, the emotional expectations that structured a nurse's performance of her duty to care were determined by Britain's wartime emotional community. This emotional community was characterised by a set of strict feelings rules, which established a very limited range of acceptable emotional expressions for community members. The thesis argues that the duty to care, which structured nurses' professional lives, and the wartime emotional community, which structured the emotional expression of the nation, came together

¹ Anonymous, 'War - What It Means to the Nurse,' *Nursing Mirror and Midwives Journal*. September 2, 1939.

and created an environment that demanded that QA's become the source of emotional solace for almost the entire military effort with little to no consideration given to the QA's own emotional needs.

Drawing on personal narratives written by seven QA's during the war, this thesis aims to illuminate the emotional experience of nursing during wartime. It considers the emotional expectations for nurses during the Second World War and how these expectations influenced nurses' understanding of the appropriate performance of their duty to care. Finally, it asks how these emotional expectations impacted on the manner in which these nurses recorded their emotional experiences within their personal narratives. A thorough understanding of the emotional impact of these expectations not only offers insight into the experiences of nurses during the Second World War but also highlights the emotional burden we may still be asking nurses to shoulder for us today. Throughout the COVID-19 pandemic, voices within the United States, Canada, and the United Kingdom repeatedly turned to a popular understanding of the fortitude and bravery of their citizenry during the Second World War as a model of behaviour for the COVID crisis.

In the United States, an artist explicitly drew on the visual language of Second World War propaganda posters to encourage Americans to comply with lockdown procedures.² In a Canadian editorial, a Second World War veteran directly aligned nurses and doctors treating COVID patients with Allied soldiers and described the pandemic as 'This generation's great

² James Hill, 'Artist Finds Inspiration in War Propaganda for COVID-19 "Stay In" Posters.' ABC News, April 6, 2020. <https://abcnews.go.com/US/artist-finds-inspiration-war-propaganda-covid-19-stay/story?id=70732034>.

war'.³ Finally, in the United Kingdom, where the response to COVID-19 was frequently characterised as a war, the *Manchester Evening News* plainly equated the danger facing nurses treating COVID patients with that faced by Second World War nurses treating patients during the Blitz.⁴ If the Second World War is the model being put forward to structure the response to the coronavirus pandemic, it is critical that we understand precisely what that emotional community demanded of its members.

This introduction will discuss the key theories and related terms that inform my analysis and provide an overview of the current scholarship in nursing history, as well as this thesis's contribution to the field. It will then discuss the methodology that structures the thesis's analysis of personal narratives. Finally, the introduction will provide an overview of the topics that will be covered in subsequent chapters.

Key Theories and Related Terms

This thesis focuses on the emotional content of QA's wartime experiences and, therefore, draws heavily on work from the field of emotions history. From the 1960s, debates within this field have revolved around two contrasting emotional models: the cognitive view and social constructivism. The cognitive view argues that emotions result from an individual's conscious

³ Martin Maxwell, 'Martin Maxwell on COVID-19: This Generation's Great War.' National Post, May 4, 2020. <https://nationalpost.com/opinion/martin-maxwell-on-covid-19-this-generations-great-war>.

⁴ David Hunter, 'Coronavirus: If We Are in a War against COVID-19 Then We Need to Know Where the Enemy Is.' The Conversation, April 1, 2020. <http://theconversation.com/coronavirus-if-we-are-in-a-war-against-covid-19-then-we-need-to-know-where-the-enemy-is-135274>; Helena Vesty, 'The Incredible Story of Sacrifice by Salford Royal Nurses Nearly 80 Years Ago.' Manchester Evening News, July 5, 2020. <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/incredible-story-bravery-sacrifice-nurses-18455221>.

evaluation of events and that individual's judgement on 'whether something is likely to be good or harmful'.⁵ Social constructivism, on the other hand, argues that individuals' emotional experience and display are shaped and influenced by their society and its expectations.⁶ These perspectives impact on the analysis of emotional experience by determining where emotional agency lies: with an individual's society or in their own mind? This thesis does not argue either extreme, as both would limit its analysis. The cognitivist view would render any attempt to discuss the impact of historical context on Second World War nurses' experiences moot while a strong social constructivist approach negates any potential for nurses to negotiate or resist the cultural discourses of their time. The thesis instead utilises an approach that allows for a nuanced and shifting relationship between the unique individual and their society.

William Reddy developed the term 'emotive' to discuss the relationship between cultural standards for emotions and the manner in which individuals express them. Emotives involve the act of speaking about emotions, when an individual draws upon "'official" representations of emotion' in order to describe how they feel.⁷ Reddy argues that the vocabulary of 'official' representations is important in the individual's experience of emotion because the act of naming an emotion allows the individual experiencing it to categorise and understand it. Therefore, by structuring their available vocabulary, 'official' representations can

⁵ Barbara Rosenwein, 'Worrying about Emotions in History.' *The American Historical Review* 107.3 (2002), 836.

⁶ Rosenwein, 'Worrying about Emotions', 837. Strong social constructivists argue that 'there are no "basic" emotions at all', while weak social constructivists argue that 'societies bend, shape, encourage, and discourage the expression of various emotions'. All social constructivism, weak or strong, argues that emotions, or the expression of them, 'are created by... each community'.

⁷ Rosenwein, 'Worrying about Emotions', 839, 837.

shape an individual's presentation and understanding of their emotions.⁸ This theoretical approach makes a thorough understanding of contemporary emotional vocabulary a critical factor in the analysis of individuals' personal narratives.

This thesis especially relies on Barbara Rosenwein's concept of 'emotional communities' to structure its analysis. Rosenwein argues that all social communities are accompanied by parallel 'emotional communities' that serve to structure a community's emotional life. These emotional communities analyse their members' emotional expression, make assessments regarding which emotional bonds between individuals are valued, and establish standards regarding what forms of emotional expression are considered acceptable.⁹ In many ways, William Reddy echoes Rosenwein's claims regarding the influence of community on emotional expression in his own theory of 'emotional regimes'. Much like emotional communities, emotional regimes 'shape how we are able to express emotions, which emotions we are able to express, and also how we perceive them'.¹⁰ The concepts of emotional communities and emotional regimes, with their focus on the pressure exerted on community members to adhere to particular forms of emotional expression, provide critical insight into the social factors that influenced QA's emotional experiences and expression while on active duty.

Ute Frevert supports Rosenwein's and Reddy's theories and further argues that the expectations that communities and institutions hold regarding their members' emotional

⁸ Rosenwein, 'Worrying about Emotions', 837-839; Monique Scheer, 'Are Emotions a Kind of Practice (and Is That What Makes Them Have a History)? A Bourdieuan Approach to Understanding Emotion.' *History and Theory* 51.2 (2012), 213.

⁹ Rosenwein, 'Worrying about Emotions', 842.

¹⁰ Claire Langhamer, Lucy Noakes, and Claudia Siebrecht. 'Introduction.' In *Total War: An Emotional History*, edited by Lucy Noakes, Claire Langhamer, and Claudia Siebrecht. Oxford: British Academy, (2020), 18.

behaviour are profoundly gendered. Therefore, men and women of the same community are often expected to perform and judge their emotional expression in very different ways.¹¹ Frevert argues that these gendered emotional expectations are still present today and, as an example, points to the close alignment between female-dominated professions and 'emotional labour', another critical concept in this thesis' argument.¹²

Emotional labour is a term developed by sociologist Arlie Hochschild, which posits that, within a work environment, employers will appropriate their employees' emotion work and sell it as a commodity.¹³ Hochschild argues that everyone engages in emotion work in their private lives when they structure their emotional expression to fit the 'feelings rules' for that particular social context.¹⁴ Emotional labour is emotion work that an individual performs for their employer, according to the employer's feelings rules, in return for a wage.¹⁵ Emotional labour requires that employees 'induce or suppress' their own feelings in order to produce a particular 'state of mind' in the consumer.¹⁶ The application of the term 'labour' to this form of emotional management indicates that emotional labour can involve 'hard and productive work'.¹⁷ However, as emotional labour is most commonly found in traditionally female-dominated professions, it has often been perceived as an innately feminine ability and the effort and

¹¹ Ute Frevert, *Emotions in History – Lost and Found*. Budapest: Central European University Press, (2011), 98.

¹² Frevert, *Emotions in History*, 141.

¹³ Arlie Russell Hochschild. *The Managed Heart: Commercialization of Human Feeling*. Berkeley, Calif. ; University of California Press, (2012).

¹⁴ Sharon Bolton, 'Who Cares? Offering Emotion Work as a "Gift" in the Nursing Labour Process.' *Journal of Advanced Nursing* 32.3 (2000), 581-582; Catherine Theodosius, 'Recovering Emotion from Emotion Management.' *Sociology* 40.5 (2006), 896.

¹⁵ Theodosius, 'Recovering Emotion', 896

¹⁶ Theodosius, 'Recovering Emotion', 896

¹⁷ Bolton, 'Who Cares?', 580

difficulty involved in it has been consistently undervalued.¹⁸

While nurses during the Second World War would not have used a term like emotional labour to describe elements of their nursing practice, they clearly understood that a key aspect of their work involved acting to influence patients' emotions in order to improve their well-being. The 1937 edition of *A General Textbook of Nursing* by Evelyn Pearce argued that it was critical that a nurse provide 'an environment that is "free from fear, inspires confidence and provides an atmosphere of peace, serenity and security"' in order to ensure the proper recovery of her patient.¹⁹ While Pearce did not use the term emotional labour to describe the work that the nurse needed to perform to create this environment, that was precisely the kind of labour that was required.

Emotional labour is a frequent topic in modern nursing research. Sharon Bolton, Pam Smith, and Catherine Theodosius have all utilised Hochschild's concept in their work and support her argument as it pertains to the social construction of emotions, their strategic management and display within the workplace, and the effort involved in this kind of emotion work.²⁰ Bolton, Smith, and Theodosius also maintain that emotional labour and caring in nursing are gendered and have been historically undervalued.²¹ All three depart from

¹⁸ Sharon Bolton, 'Changing Faces: Nurses as Emotional Jugglers.' *Sociology of Health & Illness* 23.1 (2001), 86; Benjamin Gray, 'The Emotional Labour of Nursing – Defining and Managing Emotions in Nursing Work.' *Nurse Education Today* 29.2 (2009), 171.

¹⁹ Evelyn Pearce, *A General Textbook of Nursing: A Comprehensive Guide to the Final State Examinations* as quoted in Jane Brooks, "'Not Only with Thy Hands, But Also with Thy Minds": Salvaging Psychologically Damaged Soldiers in the Second World War.' *Nursing History Review* 27 (2019), 41.

²⁰ Bolton, 'Who Cares?' 580; Pam Smith, *The Emotional Labour of Nursing Revisited: Can Nurses Still Care?* Basingstoke: Palgrave Macmillan, (2012), 23; Catherine Theodosius, *Emotional Labour in Health Care: The Unmanaged Heart of Nursing*. London: Routledge, (2008), 6, 14.

²¹ Bolton, 'Who Cares?', 585; Smith, *The Emotional Labour of Nursing Revisited*, 3; Theodosius,

Hochschild, however, in the strict divide she establishes between private emotion work and public emotional labour and question her positioning of the employee as a passive recipient of the employer's direction regarding emotional display. They argue that the employee has more autonomy to determine their degree of compliance with the employer's feelings rules than is allowed in Hochschild's analysis.²²

Bolton posits that in order to understand emotional labour in nursing one needs to combine Hochschild's concepts of emotional labour and emotion work because emotional labour alone does not account for 'altruistically motivated' emotion work.²³ Bolton argues that nurses can choose to go beyond the professional feelings rules dictated by their hospital in order to 'offer additional gestures of caring' to their patients, which are presented as 'gifts' with no expectation of reciprocation.²⁴ Theodosius disagrees with Bolton's claim that there is no exchange between the nurse and the patient. She argues that nurses receive gratitude from their patients and satisfaction in their work in exchange for their care.²⁵ Theodosius's approach to emotional labour moves the farthest from Hochschild's because of her insistence on the relational and interactive nature of emotional labour in nursing.²⁶

Liz Byrski complicates both Bolton and Theodosius's approach to emotional labour in her work on the experience of nurses working at the Queen Victoria Hospital in East Grinstead during the Second World War. The patients at East Grinstead were RAF pilots suffering from

Emotional Labour, 25.

²² Bolton, 'Who Cares?', 581; Smith, *The Emotional Labour of Nursing Revisited*, 14; Theodosius, 'Recovering Emotion', 893; Theodosius, *Emotional Labour*, 15.

²³ Bolton, 'Who Cares?', 581

²⁴ Bolton, 'Who Cares?', 581

²⁵ Theodosius, *Emotional Labour*, 34

²⁶ Theodosius, *Emotional Labour*, 35

severe burns, who were presented to both the nurses and the community at large as war heroes, who had sacrificed everything and suffered terribly for their sake. Byrski argues that these nurses did not have the ability to 'choose' whether or not they wanted to offer extra emotion work as a gift to their patients. These patients held such an exalted position in the community that to deny them the emotional gift was an insult, an act that was considered unacceptable by the emotional community in which they worked. While Bolton maintains that nurses have the ability to 'evade' organisational demands and decide when they wish to offer additional caring gestures to patients, Byrski argues that 'organisational and professional prescription' can come to expect and demand this additional emotion work.²⁷ Byrski draws attention to the value that cultural discourse bestows on certain individuals and how that value influences the emotional community's response to them. This raises the question of how much agency did Second World War nurses have to structure their emotional labour, especially when caring for combatant-patients.

Historical Background: Nursing, War, and Emotion

Modern nursing scholarship often argues that 'expressive caring', and the emotional labour that enables it, serve as the defining characteristics of the profession.²⁸ Parallels to this modern

²⁷ Liz Byrski, 'Emotional Labour as War Work: Women up Close and Personal with McIndoe's Guinea Pigs.' *Women's History Review* 21.3 (2012), 352.

²⁸ Beata Dobrowolska and Alvisa Palese. 'The Caring Concept, Its Behaviours and Obstacles: Perceptions from a Qualitative Study of Undergraduate Nursing Students.' *Nursing Inquiry* 23.4 (2016). Dobrowolska and Palese define 'expressive caring' as the elements of nursing practice that involve 'emotional elements such as practicing compassion, listening, showing commitment, being present and trustworthy' (306). Roberta Bivins, Stephanie Tierney, and Kate Seers. 'Compassionate Care: Not Easy, Not Free, Not Only Nurses.' *BMJ Quality & Safety* 26.12 (2017), 1023; Bolton, 'Who Cares?', 583; Geertje Boschma, 'Ambivalence about Nursing's

perspective can be found in historical discussions regarding nursing's foundational purpose and desired emotional styles. In her work on the development of American nursing, Susan Reverby argues that 'nursing is a form of labour shaped by the obligation to care'.²⁹ However, the broader understanding of this obligation to care has consistently been rooted in gendered assumptions regarding women's 'natural' caring abilities, an understanding which has historically given nurses little control over the manner of expression of that care.³⁰ Alison Bashford's work supports Reverby's analysis regarding the gendered construction of nursing care. Bashford argues that the emotional styles of post-Nightingale nursing were rooted in the values of religious sisterhoods and the popular understanding of Victorian women's inclination towards philanthropy and were centred on notions of 'self-sacrifice and self-effacement'.³¹

Tom Olson and Eileen Walsh contradict this perspective by arguing that such beliefs were held primarily by the profession's leadership and that rank-and-file nurses were more likely to view their work, and the emotions behind it, in terms of a skilled craft, one that called for 'physical strength and endurance, common sense, and a strong personality'.³² While the importance of these practical elements of nurses' practice can be seen in the personal narratives under consideration here, and will be examined more closely in Chapter 2, this thesis

Expertise: The Role of a Gendered Holistic Ideology in Nursing, 1890-1990.' In *Nursing History and the Politics of Welfare*, edited by Ruth Elkan, Anne Marie Rafferty, and Jane Robinson. London ; New York: Routledge, (1997); Gray, 'The Emotional Labour of Nursing', 170; Tanya Kyle, 'The Concept of Caring: A Review of the Literature.' *Journal of Advanced Nursing* 21.3 (1995).

²⁹ Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*. Cambridge: University Press, (1987), 1.

³⁰ Reverby, *Ordered to Care*, 2.

³¹ Alison Bashford. *Purity and Pollution: Gender, Embodiment and Victorian Medicine*. Basingstoke: Macmillan Press, (1998), 24, 54, 61, 93

³² Tom Craig Olson and Eileen Walsh. *Handling the Sick: The Women of St. Luke's and the Nature of Nursing, 1892-1937*. Ohio State University Press, (2004), 80.

argues that the emotional components of caring, which were highlighted by nursing leadership, still had a profound impact on the working experience of regular nurses. These emotional components informed the wider community's expectations regarding a nurses' behaviour and their continued influence can be seen in the most popular image put forward for military nurses during the First World War, that of the 'ministering angel'.

Carol Acton and Jane Potter argue that the discourse behind this image encouraged nurturing and self-abnegation and allowed no room for either emotional or psychological breakdown.³³ With the pressure to adhere to this discourse coming from both inside and outside the nursing profession, it was highly internalised by military nurses.³⁴ Furthermore, this expectation of selfless care was international in its scope. Cynthia Toman argues that Canadian nursing sisters during the First World War pushed themselves to exemplify 'ideal women', motivated by 'patriotism, femininity, piety, and duty to others'.³⁵ This perspective even crossed battle lines as Christa Hämmerle maintains that nurses serving with the Austro-Hungarian Empire also found that their profession was represented in propaganda in ways that highlighted 'strongly feminised self-sacrificing roles as "white angels", "sisters", or "mothers" of the male warriors'.³⁶

³³ Carol Acton and Jane Potter. *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones*. Manchester: University Press, (2015), 36-37; Carol Acton and Jane Potter. "'These Frightful Sightings Would Work Havoc with One's Brain": Subjective Experience, Trauma, and Resilience in First World War Writings by Medical Personnel.' *Literature and Medicine* 30.1 (2012), 66.

³⁴ Acton and Potter. *Working in a World of Hurt*, 36-37.

³⁵ Cynthia Toman, 'Front Lines and Frontiers: War as Legitimate Work for Nurses, 1939-1945.' *Histoire Sociale / Social History* 40.79 (2007), 55.

³⁶ Christa Hämmerle, "'Mentally Broken, Physically a Wreck...": Violence in War Accounts of Nurses in Austro-Hungarian Service.' In *Gender and the First World War*, edited by Christa Hämmerle, O. Überegger, and B. Bader-Zaar. London: Palgrave Macmillan UK, (2014), 89.

Most research that addresses military nurses' emotional experience of providing care focuses on the First World War rather than the Second. According to Acton and Potter, while nurses were encouraged to adopt an emotional state of stoic endurance in both World Wars, the cultural discourse of the Second 'denied emotion to a much greater degree'.³⁷ Acton and Potter both argue that First World War nurses may have felt compelled to carry 'a terrible knowledge' home to a civilian population that seemed ignorant of the war experience.³⁸ There was space within the discourse surrounding the disconnect between the civilian and military war experience in the First World War for nurses to address their emotional experiences as a secondary aspect of their narratives about the suffering of their patients.³⁹

It is critical to note that nurses' discussions of their own emotional experiences in many ways could only occur as secondary and subordinate echoes of their patients' experiences. Acton and Potter argue that the rhetoric surrounding the idealised image of the military nurse encouraged 'self-effacement' and disallowed 'the nurse's own feelings', placing any nurse's attempt to privilege the examination of her feelings in her writing in opposition to societal expectations.⁴⁰ Potter states that, even within their own writing, First World War nurses often privileged the 'battlefront experience and male/warrior supremacy', although she does argue that nurses did use their writings to make 'implicitly subversive claims for the significance of their own experience'.⁴¹ This critical discursive space, which had allowed First World War

³⁷ Acton and Potter, *Working in a World of Hurt*, 79.

³⁸ Carol Acton, 'Diverting the Gaze: The Unseen Text in Women's War Writing.' *College Literature* 31.2 (2004), 54; Jane Potter, *Boys in Khaki, Girls in Print: Women's Literary Responses to the Great War, 1914-1918*. Oxford: Clarendon, (2005), 164.

³⁹ Acton, 'Diverting the Gaze', 59-60; Potter, *Boys in Khaki*, 154.

⁴⁰ Acton and Potter, *Working in a World of Hurt*, 159.

⁴¹ Potter, *Boys in Khaki*, 154.

nurses to engage in a degree of emotional disclosure, disappeared in the Second World War as bombing raids against civilian centres blurred the divisions between home front and battle front.

Most scholarship addressing First World War nurses' emotional experience focuses on the emotional impact of traumatic witnessing. Acton highlights two distinct emotional reactions from nurses in response to their patients' suffering. Some nurses affirmed 'the ideal of courage and stoicism' in their patients, supporting the cultural discourse that transformed their injury into an affirmation of their masculinity.⁴² By supporting this emotional response, nurses could adopt it themselves and protect their own psyches from being overwhelmed by the suffering they witnessed by giving it meaning.⁴³ Other nurses claimed this trauma and insisted on its meaninglessness.⁴⁴ By displaying their patients' physical and psychological suffering and their own emotional trauma, some First World War nurses rejected the emotional styles that made the loss demanded by the war bearable and rejected the war itself as unacceptable.⁴⁵

Santanu Das, Ariela Freedman, Margaret Higonnet, and Denise Poynter all address the presence of emotional numbing in First World War nurses' writing as a response to traumatic witnessing. Das argues that nurses' writings were preoccupied with an 'emotional and ethical crisis' at the centre of their wartime practice, which was the limit of their empathy when

⁴² Carol Acton, 'Negotiating Injury and Masculinity in the First World War Nurses' Writing.' In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. New York: Routledge, (2013), 129.

⁴³ Acton, 'Negotiating Injury', 135. If nurses did not view a patient's wounds as an ennobling 'mark of masculinity', then the meaning behind the patient's suffering would disappear, which could make it unbearable for the nurses to continue to witness it.

⁴⁴ Acton, 'Negotiating Injury', 132.

⁴⁵ Acton, 'Negotiating Injury', 132.

confronted with their patients' profound physical pain.⁴⁶ In their discussions of the writings of hospital director, Mary Borden, and American nurse, Ellen La Motte, Freedman and Higonnet maintain that these women presented the military nurse as a divided figure, who had to separate herself from emotional engagement with both her patients and her own psyche in order to continue to work.⁴⁷ Poynter also supports this argument and describes the creation of this division within the nurse as a 'physical and mental fragmentation'.⁴⁸

Christine Hallett complicates this perspective on First World War nurses by arguing that nurses still considered 'emotional engagement with patients' to be a critical aspect of nursing care. Furthermore, they often acted as therapeutic agents, whom their patients relied upon for support while they processed their physical and emotional trauma.⁴⁹ Hallett argues that military nurses engaged in 'self-containment' where they 'subordinated their own emotional

⁴⁶ Santanu Das, *Touch and Intimacy in First World War Literature*. Cambridge: University Press, (2005), 26-27. Das argues that nurses' inability to emotionally comprehend what they were seeing resulted in a 'crisis of experiencing', wherein their intimacy with the wounded body was repudiated by the fact that, as an uninjured person, the nurse could not understand the emotional experience of that wounded body, and where the only feasible response to these two irreconcilable experiences was to silence the emotional component so that she could continue with the physical act of nursing (192, 193).

⁴⁷ Ariela Freedman, 'Mary Borden's Forbidden Zone : Women's Writing from No-Man's-Land.' *Modernism/Modernity* 9.1 (2002), 120, 121. Margaret Higonnet, 'Introduction.' In *Nurses at the Front: Writing the Wounds of the Great War*, edited by Margaret Higonnet. Boston: Northeastern University Press, (2001), xvii.

⁴⁸ Denise Poynter, "'The Report on Her Transfer Was Shell Shock": A Study of the Psychological Disorders of Nurses and Female Voluntary Aid Detachments Who Served alongside the British and Allied Expeditionary Forces during the First World War, 1914-1918.' Doctoral Thesis, University of Northampton, (2008), 117. Poynter argues that First World War nurses found themselves in a position where engaging with a patient as an individual placed them at risk of emotional breakdown while viewing the patient solely as 'the "broken" part of his body' allowed them to continue to work and remain in control.

⁴⁹ Christine Hallett, 'Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers.' *Canadian Bulletin of Medical History* 27.1 (2010), 71; Christine Hallett, *Containing Trauma: Nursing Work in the First World War*. Manchester: University Press, (2010), 198, 158-159.

and physical needs to those of their patients'.⁵⁰ In this way, the nurse's detachment from her emotions can be seen as the direction of her emotional energies outwards to address the patient's emotional needs, a process that was facilitated by the inhibition of her own emotional requirements. In her work on Austro-Hungarian First World War nurses, Hämmerle addresses Hallett's research and highlights her arguments regarding the meaning that nurses found in their work with soldiers.⁵¹ However, Hämmerle argues that these moments of meaning are often overshadowed in nurses' writings by the literary characteristics that align these texts with those produced by shell-shocked soldiers and that indicate the trauma that nurses' wartime work inflicted upon them.⁵²

In addition to the emotional strain that direct contact with injured patients engendered, nurses in both the First and Second World Wars also had to shoulder the existential burden that serving as a healer within a martial institution could provoke. The majority of healthcare personnel that served with the British military in both wars had previously been civilian practitioners. In civilian practice, the well-being of the patient was expected to be the nurse's top priority; in military practice, the well-being of the individual patient was replaced with that of the military machine. Ana Carden-Coyne argues that nurses and doctors in the First World War experienced 'personal and ethical crises' as they found themselves caught between the conflicting demands of civilian and military medicine, one of which viewed the patient 'as a suffering individual', the other 'as a unit of military manpower'.⁵³ Joanna Bourke and Roger

⁵⁰ Hallett, *Containing Trauma*, 194.

⁵¹ Hämmerle, "Mentally Broken, Physically a Wreck...", 92.

⁵² Hämmerle, "Mentally Broken, Physically a Wreck...", 102.

⁵³ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*. Oxford: University Press, (2014), 9, 10-11.

Cooter's research on medical officers' work with patients with psychiatric injuries demonstrates that the military's demand that medical personnel abandon the individual for the sake of the institution carried over from the First World War to the Second.⁵⁴ Military nurses also found themselves confronted with what Potter describes as the fundamental 'double bind' of military medicine, wherein, even if they provided their patients with high quality care that acknowledged them as an individual, that care returned the patient to the front to be 'further damaged, and possibly killed'.⁵⁵ Military nurses were supposed to be 'carers' and yet they found themselves complicit in the war machine.⁵⁶

In general, most of the works that directly address emotion in nursing during the Second World War focus on the actions taken to ensure the patient's emotional well-being, rather than the nurse's emotional experience. Jane Brooks argues that both the military and the QA's themselves drew on the cultural discourse that assumed that nurses, as women, were compassionate mother-like figures, as a source of emotional comfort for patients.⁵⁷ Nurses

⁵⁴ Joanna Bourke, 'Disciplining the Emotions: Fear, Psychiatry and the Second World War.' In *War, Medicine and Modernity*, edited by Roger Cooter, Mark Harrison, and Steve Sturdy. Stroud: Sutton, (1998), 228; Roger Cooter, 'Malingering in Modernity: Psychological Scripts and Adversarial Encounters During the First World War.' In *War, Medicine and Modernity*, edited by Roger Cooter, Mark Harrison, and Steve Sturdy. Stroud: Sutton, (1998), 130.

⁵⁵ Jane Potter, "'I Begin to Feel as a Normal Being Should, in Spite of the Blood and Anguish in Which I Move": American Women's First World War Nursing Memoirs.' In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. London, United Kingdom: Taylor & Francis Group, (2013), 52; Jane Brooks and Christine Hallett. 'Introduction: The Practice of Nursing and the Exigencies of War.' In *One Hundred Years of Wartime Nursing Practices, 1854-1953*, edited by Jane Brooks and Christine Hallett. Manchester: Manchester University Press, (2015), 5.

⁵⁶ Brooks and Hallett, 'Introduction', 5.

⁵⁷ Jane Brooks, *Negotiating Nursing: British Army Sisters and Soldiers in the Second World War*. Manchester: University Press, (2018), 26; Brooks, "'Not Only with Thy Hands'", 37, 40. The military placed female nurses in charge of psychiatrically and psychologically ill soldiers, in spite of the fact that the majority of nurses trained in psychiatric healthcare were male, because they

sought to invoke home as a comforting emotional touchpoint for their patients by taking on the role of surrogate mother/sister and manipulating the physical environment of the ward to resemble 'home' as much as possible.⁵⁸

Brooks also demonstrates that nurses in the Second World War abandoned the emotional styles encouraged by their training for the sake of their patients' emotional well-being. Nurses' interwar training had encouraged a depersonalised approach to patient care; nurses on active duty found that this mode of treatment was not sufficient to help patients recover and that they needed to emotionally engage with their patients as individuals.⁵⁹ Both Brooks and Toman argue that the Second World War saw nurses' caring responsibilities extend outside of the hospital as they were also encouraged to attend to healthy combatants' emotional needs by acting as social companions to raise morale.⁶⁰ This increased personal engagement established an emotional community in which nurses' emotional efforts were continually directed outside of themselves and where their emotional needs were sacrificed for the sake of their patients.⁶¹

As this brief overview shows, in the field of Second World War nursing history, attention has overwhelmingly been directed at how nurses laboured to serve the emotional needs of

believed that a woman would bring a greater degree of emotional comfort to a psychologically damaged patient than a man could because she could assume the role of that patient's mother.

⁵⁸ Brooks, *Negotiating Nursing*, 62.

⁵⁹ Brooks, *Negotiating Nursing*, 46, 60, 94.

⁶⁰ Brooks, *Negotiating Nursing*, 108, 110. Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*. Vancouver: UBC Press, (2007), 100.

⁶¹ Brooks, *Negotiating Nursing*, 45, 46, 110; Byrski, 'Emotional Labour as War Work', 342-343, 348. Liz Byrski presents an explicit picture of the degree to which nurses were expected to put aside their emotional well-being for the sake of their patients in her discussion of East Grinstead hospital where nurses were expected to tolerate and, in many ways, encourage sexual harassment from their burn patients in order to help patients rebuild their confidence and sense of self-worth.

others. Little attention has been given to how this emotional labour impacted on their own emotional experiences, or to the emotional impact of both the circumstances of their deployment and their relationships with others on active service. Modern nursing research and literature on First World War nursing both indicate the need for an approach that takes the emotional experience of the nurses themselves as its central consideration. Modern nursing research provides evidence of the difficulty inherent in the emotional labour performed by nurses, as well as the impact that colleagues, institutional rules, and environment can have on nurses' ability to perform such labour.⁶² Literature on First World War nursing has addressed the negative impact that nurses' wartime experiences could have on their own psychological well-being and the ways that such emotional impacts can be found in their personal writings.⁶³

⁶² Janice Agazio and Petra Goodman. 'Making the Hard Decisions: Ethical Care Decisions in Wartime Nursing Practice.' *Nursing Outlook* 65.5 (2017), 95, 96; John Ballatt, 'Healthcare Culture and Intelligent Kindness in Practice.' In *Compassion in Nursing: Theory, Evidence and Practice*, edited by Alistair Hewison and Yvonne Sawbridge. London: Palgrave, (2016), 93, 99, 100; Sara Fry, Rose Harvey, Ann Hurley, and Barbara Jo Foley. 'Development of a Model of Moral Distress in Military Nursing.' *Nursing Ethics* 9.4 (2002), 375, 376, 378-379; Jill Maben, 'Care, Compassion and Ideals: Patient and Health Care Providers' Experiences.' In *Providing Compassionate Health Care: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. London: Routledge, (2014), 118, 123, 128; Martin Seager, 'Who Cares for the Carers? Keeping Compassion Alive in Care Systems, Cultures and Environments: A Psychologically Minded Approach.' In *Providing Compassionate Health Care: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. London: Routledge, (2014), 44-46.

⁶³ Acton, 'Diverting the Gaze'; Acton, 'Negotiating Injury'; Carol Acton, "'Obsessed by the Obscenity of War": Emotional and Physical Wounds in Mary Borden's Poetry and Lesley Smith's Four Years Out of Life.' *Journal of War & Culture Studies* 11.4 (2018); Carol Acton and Jane Potter. "'Sticking It": Resilience in the Life-Writing of Medical Personnel in the First World War.' In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020); Das, *Touch and Intimacy*; Hallett, *Containing Trauma*; Hallett, 'Portrayals of Suffering'; Christine Hallett, *Nurse Writers of the Great War*. Manchester: Manchester University Press, (2016); Hämmerle, "'Mentally Broken, Physically a Wreck..."; Margaret Higonet, 'Authenticity and Art in Trauma Narratives of World War I.' *Modernism/Modernity* 9.1 (2002); Andrea Peterson, 'Shell-Shocked in Somerville: Vera

This thesis aims to use the insights offered by modern nursing scholarship and First World War research to inform its examination of the emotional experience of nurses during the Second World War. It intends to expand the current literature on Second World War nursing by directing its focus away from the emotional impact of the nurse's work on the patient towards the impact of that work on the nurse herself. Furthermore, it aims to shift its consideration away from the primary focus on trauma and resilience found in First World War scholarship in order to allow for consideration of emotional responses that fell outside of negative reactions to encounters with industrial warfare.

Methodology

This thesis focuses its analysis on the personal narratives composed by seven active duty QA's. The decision to focus solely on the Army's nursing service, as opposed to also considering contributions from either the Queen Alexandra's Royal Naval Nursing Service (QARNNS) or the Princess Mary's Royal Air Force Nursing Service (PMRAFNS), was made as a result of two key considerations. Firstly, the membership of the QA's greatly outnumbered that of either the QARNNS or the PMRAFNS. By the end of the war, the QAIMNS had 12,000 nurses in its service. Over the course of the conflict, neither the QARNNS nor the PMRAFNS ever had more than 1,300 members.⁶⁴ Therefore, the QA's presented a more accessible and robust source of

Britain's Post-Traumatic Stress Disorder.' In *Gender and Warfare in the Twentieth Century: Textual Representations*, edited by Angela Smith. Manchester: Manchester University Press, (2018); Poynter, "The Report on Her Transfer Was Shell Shock".

⁶⁴ Brenda McBryde, *Quiet Heroines: Nurses of the Second World War*. Chatto & Windus, (1985), 2; Kathleen Harland, *A History of Queen Alexandra's Royal Naval Nursing Service*. Portsmouth: The Journal of the Royal Naval Medical Service, (1990), 54-55. McBryde lists the number of PMRAFNS members, both regular and reserve, in 1945 to be 1,215. Harland lists the number of

personal narratives. Secondly, QA's were deployed in more varied locations than their peers in either the QARNNS or the PMRAFNS.⁶⁵ Given the thesis's focus on nurses' experiences under active service conditions, it was deemed prudent to focus on the service whose members were more likely to be sent overseas.

The personal narratives under consideration here include three collections of letters written by Sisters Vera Jones (b.1916), Agnes Kathleen Dunbar Morgan (b.1915), and Betty Murgatroyd (b.1916), and four diaries written by Sisters Joyce Ffoulkes Parry (b.1908), Nell Jarrett (b.1910), Helen Luker (b.1905), and Mary Morris (b.1921). At the beginning of the war, these women ranged in age from eighteen to thirty-four. They were all members of the QA Reserves and had received their training within the British civilian hospital system, except for Sister Ffoulkes Parry, who had undergone her training in Australia. The majority of these women were born and raised within the United Kingdom. Sister Morris, who was from County Galway in Ireland, was the only one to have been born outside of Britain, although it is important to note that Sister Ffoulkes Parry was raised in Australia and Sister Jones spent her teenaged years living in New Zealand.

In addition to being the only nurse under consideration to have been born outside of Britain, Sister Morris, a practicing Catholic, was also the only non-Anglican. In fact, four out of these seven women had close family ties to the Church of England. Sister Ffoulkes Parry, Sister Jones, and Sister Morgan were all the daughters of clergymen and both of Helen Luker's sisters were engaged in Anglican missionary work abroad. In general, these women came from a

QARRNS members, regular and reserve, in 1945 to be 1,058.

⁶⁵ Harland, *A History of Queen Alexandra's Royal Naval Nursing Service*, 70-72; Mary Mackie, *Wards in the Sky: The RAF's Remarkable Nursing Service*. Stroud: The History Press, (2014), 105, 336-338.

middle-class socio-economic background, which afforded them access to education, although none of them came from families of great financial means, which may have served as one of the factors motivating their decision to enter nursing.⁶⁶

Given the limited number of personal narratives under consideration here, this thesis does not provide a quantitative study and, therefore, it cannot claim to be representative of all nurses' experiences. This limitation is potentially exacerbated by the fact that four out of the seven personal narratives examined here are diaries. During the Second World War, active duty service members were technically forbidden by military protocol from keeping diaries as a result of security concerns should those diaries somehow fall into enemy hands.⁶⁷ The four women, who authored these diaries, wrote in direct contravention of military orders. Such an act cannot be viewed as usual practice. Furthermore, all of these women were reservists, and, therefore, may have responded to their wartime experiences in a very different manner from that of Army Regulars.

However, as Penny Summerfield argues, the search for representativeness or typicality in personal narratives is a futile one. A researcher can never claim that they have been able to access all relevant personal narratives from a target population as not every member of that population would have produced a personal narrative and certainly not every personal narrative produced has been preserved.⁶⁸ This inability to acquire a truly representative sample does not mean that the conclusions drawn from small sample sizes, such as the one discussed

⁶⁶ Complete biographies of the nurses are provided in Appendix II.

⁶⁷ Carol Acton, 'Introduction.' In *A Very Private Diary: A Nurse in Wartime*, edited by Carol Acton. London: Weidenfeld & Nicolson, (2014), vi.

⁶⁸ Penny Summerfield, *Histories of the Self: Personal Narratives and Historical Practice*. London: Routledge, (2018), 130.

here, are wrong. In-depth analysis of the writings produced by individual narrators can offer historians extensive insight into how individuals related to, and interacted with, their larger society.⁶⁹

This thesis focuses on personal narratives composed during the war in order to ascertain, as much as possible, the wartime emotional experience of these QA's as they perceived it at the time. As oral historians often argue, an individual's memory of an event can be influenced by subsequent popular public understandings of a historical period. Furthermore, any personal testimony, written or verbalised post-war, would have been composed with the knowledge of the Allies' victory. Therefore, in order to avoid this 'patina of historical postscripts and rewritings' and the influence of retrospective knowledge, the thesis limits its consideration to wartime compositions.⁷⁰

As discussed earlier, an understanding of an individual's social and cultural context is a critical component in establishing an understanding of their subjective experience. Monique Scheer, Róisín Read, and Synne Dyvik all argue that social and cultural context are critical factors in understanding an individual's subjective experience because that individual accesses and processes that experience through their physical body, which is situated within the culturally and historically specific world that they inhabit.⁷¹ This approach to the history of emotion makes the historicisation of emotional experience possible because it argues that

⁶⁹ Summerfield, *Histories of the Self*, 141.

⁷⁰ Penny Summerfield, 'Culture and Composure: Creating Narratives of the Gendered Self in Oral History Interviews.' *Cultural and Social History* 1.1 (2004), 66.

⁷¹ Synne Dyvik, 'Of Bats and Bodies: Methods for Reading and Writing Embodiment.' *Critical Military Studies* 2.1–2 (2016), 61; Róisín Read, 'Embodying Difference: Reading Gender in Women's Memoirs of Humanitarianism.' *Journal of Intervention and Statebuilding* 12.3 (2018), 302; Scheer, 'Are Emotions a Kind of Practice', 193.

emotions are perceived and expressed through a body socialised within a particular cultural context.⁷² Scheer argues that the socially conditioned body is utilised in ‘mobilising, naming, communicating, and regulating emotion’, meaning that an individual writing a personal narrative is drawing upon the discourses put forward by the culture she inhabits in order to communicate her emotional experience.⁷³

The argument regarding the impact of cultural discourse on the individual is supported by work from Carol Acton, Paul Eakin, Diana Gill, Felicity Nussbaum, Michael Roper, Jens Brockmeier, and Donal Carbaugh. All of these researchers maintain that individuals draw on cultural discourse in order to structure their identity and sense of self and to convey that self to others in an understandable manner.⁷⁴ Furthermore, these researchers agree that to attempt to analyse a personal narrative without considering the discourse utilised to help construct it is to truncate one’s understanding of that narrative’s meaning.⁷⁵ However, this does not mean that an understanding of the dominant cultural discourse equates a full and complete

⁷² Scheer, ‘Are Emotions a Kind of Practice’, 193.

⁷³ Scheer, ‘Are Emotions a Kind of Practice’, 193.

⁷⁴ Carol Acton, *Grief in Wartime: Private Pain, Public Discourse*. Basingstoke ; New York: Palgrave Macmillan, (2007), 4; Jens Brockmeier and Donal Carbaugh. ‘Introduction.’ In *Narrative and Identity: Studies in Autobiography, Self and Culture*, edited by Jens Brockmeier and Donal Carbaugh. Amsterdam ; Philadelphia, PA: John Benjamins PubCo, (2001), 10; Paul John Eakin, ‘Relational Selves, Relational Lives: The Story of the Story.’ In *True Relations: Essays on Autobiography and the Postmodern*, edited by G. Thomas Couser and Joseph Fichtelberg. Westport, Conn. ; London: Greenwood Press, (1998), 65; Diana Gill, *How We Are Changed by War: A Study of Letters and Diaries from Colonial Conflicts to Operation Iraqi Freedom*. New York: Routledge, (2010), 20; Felicity Nussbaum, ‘Toward Conceptualizing Diary.’ In *Studies in Autobiography*, edited by James Olney. New York ; Oxford: Oxford University Press, (1988), 129; Michael Roper, ‘Splitting in Unsent Letters: Writing as a Social Practice and a Psychological Activity.’ *Social History* 26.3 (2001), 319.

⁷⁵ Acton, *Grief in Wartime*, 1; Brockmeier and Carbaugh. ‘Introduction’, 13-14; Eakin, ‘Relational Selves, Relational Lives’, 65; Gill, *How We Are Changed by War*, 20; Nussbaum, ‘Toward Conceptualizing Diary’, 129.

understanding of an individual's subjective experience. Space must be allowed for the individual's agency to 'resist, manipulate, or negotiate' cultural discourses.⁷⁶ This thesis utilises feminist social history and psychoanalysis in order to support a nuanced analysis that acknowledges the impact of cultural discourse on an individual's identity without crediting that discourse with formulating the entirety of their subjectivity.

The use of feminist social history allows the thesis to address the impact of gender on QA's wartime experiences and their narration of those experiences in their writings. In feminist approaches to women's personal narratives, gender is an important cultural discourse to consider because of the obstacles it creates to the production of a coherent narrative. Summerfield argues that gender discourse presents both men and women with 'unattainable and contradictory' models to emulate, but that the discourse surrounding femininity is particularly unstable because it has primarily been constructed by men.⁷⁷ As such, Summerfield maintains that there is a dearth of cultural discourses available to articulate women's experiences, which can inhibit women's ability to translate their experiences into a narrative format.⁷⁸

Bella Brodzki and Celeste Schenck argue that male domination of cultural discourses has marginalised women's voices and, as a result, women generally construct their identities in relation to others. However, Brodzki and Schenck do not present this relational self-

⁷⁶ Summerfield, *Histories of the Self*, 15.

⁷⁷ Summerfield. *Histories of the Self*, 15; Penny Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War*. Manchester: University Press, (1998), 14.

⁷⁸ Summerfield, 'Culture and Composure', 87.

construction as evidence of women's inability to express their own subjectivity.⁷⁹ Instead, they claim that this relational approach can result in a strategic displacement that allows women to circumvent cultural discourses that aim to silence certain perspectives by recording them in the voice of another.⁸⁰ Suzanne Bunkers and Cynthia Huff support Brodzki and Schenck's argument that women's personal narratives require creative critical analysis because women often navigate the limited cultural discourses available to them through encoded meanings, the strategic exclusion of some discourses, and the pointed inclusion of others.⁸¹ Some researchers have critiqued these works for trending towards gender essentialism and ignoring the relational nature of all personal narratives.⁸²

While keeping these critiques in mind, the arguments regarding individuals' strategic use of quotations, encoded meanings, and silences within their personal narratives provide useful analytical tools to shed light on the various ways that QA's may have engaged with the cultural discourses they had available to them. For example, in a marked contrast with many of the writings produced by their First World War peers, the personal narratives of Second World

⁷⁹ Bella Brodzki and Celeste Schenck, 'Introduction' in Bella Brodzki and Celeste Schenck (eds.) *Life/Lines: Theorizing Women's Autobiography* (Ithaca, 1988), 1, 8.

⁸⁰ Brodzki and Schenck, 'Introduction', 11.

⁸¹ Suzanne Bunkers and Cynthia Anne Huff. 'Issues in Studying Women's Diaries: A Theoretical and Critical Introduction.' In *Inscribing the Daily: Critical Essays on Women's Diaries*, edited by Suzanne Bunkers and Cynthia Anne Huff. Amherst: University of Massachusetts Press, (1996), 19-20. Bunkers and Huff argue that women will 'encode' their meanings in their personal narratives through such things as 'silences and gaps or foreign and special phraseology'.

⁸² Eakin, 'Relational Selves, Relational Lives', 67; Michael Roper, 'Slipping out of View: Subjectivity and Emotion in Gender History.' *History Workshop Journal*, 59 (2005), 66-67. Both Eakin and Roper caution against the application of a strict gender binary to personal narratives, arguing that gendered discourses alone do not construct subjectivity, that all subjectivity, regardless of whether it is male or female, is relational, and that both men and women utilise gendered cultural discourses in selective and partial ways.

War QA's rarely contained graphic descriptions of wounds or violence.⁸³ Sister Mary Morris' diary entries following Operation Market Garden, the failed British invasion of the Netherlands in September 1944, are a notable exception to this rule.⁸⁴ However, it is important to note that Morris did not record these stories of violence and gore in her own words but rather in verbatim quotations from her patients. The QA's did not seem to feel that they could directly speak of the violence of war; they had to take on the voice of another in order to address it.

A psychoanalytical approach to personal narratives addresses the 'unconscious' aspects of these writings and provides a way to gain insight into the subjectivity that exists behind the discourse utilised to express it.⁸⁵ Michael Roper is one of the key historians using this approach and he maintains that writing is 'a psychological activity'.⁸⁶ Under this approach, personal narratives act as sites where individuals work through their internal state of being and try to articulate it using cultural discourses.⁸⁷ Roper argues that writing is 'motivated by unconscious processes' and aims to simultaneously express and control those processes.⁸⁸

Carol Acton and Jane Potter caution against reading psychological issues back onto historical actors.⁸⁹ Therefore, this research project will not draw on the psychoanalytic

⁸³ Acton, 'Diverting the Gaze', 59-60; Carden-Coyne, *The Politics of Wounds*, 240; Das, *Touch and Intimacy*, 176; Hallett, 'Portrayals of Suffering', 72; Hallett, *Nurse Writers of the Great War*, 240; Hämmerle, "'Mentally Broken, Physically a Wreck...'", 99; Potter, *Boys in Khaki*, 154; Potter, "'I Begin to Feel as a Normal Being Should...'", 57.

⁸⁴ Mary Morris, *A Very Private Diary: A Nurse in Wartime*. Edited by Carol Acton. London: Weidenfeld & Nicolson, (2014), 153-166.

⁸⁵ Summerfield. *Histories of the Self*, 136.

⁸⁶ Roper, 'Splitting in Unsent Letters', 319.

⁸⁷ Roper, 'Splitting in Unsent Letters', 319.

⁸⁸ Roper, 'Splitting in Unsent Letters', 323.

⁸⁹ Acton and Potter. *Working in a World of Hurt*. While Acton and Potter do not advocate 'diagnosing' historical actors utilising 20th century psychoanalysis, they do acknowledge the presence of similarities in individuals' emotional responses and coping strategies and their

approach to the extent that Roper does. However, the approach remains useful because it provides the means to examine how individuals respond to distressing or traumatic experiences that fall outside of their normal experience and standard discourse, such as those encountered in war.⁹⁰ It is important that this project integrate an acknowledgement of the impact of trauma into its methodological strategies for wartime personal narratives because individuals will often use personal narratives as a response to trauma. The act of writing provides a sense of control over difficult experiences and a means to try and maintain one's sense of self in the face of a threat.⁹¹ To ignore the influence of trauma is to potentially ignore one of the reasons motivating the QA's creation of personal narratives in the first place.

These two theoretical approaches come together in the concept of composure.

Summerfield and Roper describe composure as a concept that encompasses both the act of composing a life story and the process of achieving 'personal composure' from doing so.⁹² Lynn Abrams, Charlotte Linde, and Carol Acton all argue that composure is a critical aspect of an

analysis does draw on psychiatric and psychological approaches to trauma in order to discuss the personal narratives of military medical personnel (6, 8).

⁹⁰ Roper, 'Splitting in Unsent Letters', 321.

⁹¹ Carol Acton, "'Stepping into History': Reading the Second World War through Irish Women's Diaries.' *Irish Studies Review* 18.1 (2010), 43, 50; Acton and Potter. *Working in a World of Hurt*, 13-14; Acton and Potter, "'These Frightful Sights'", 63; Gill, *How We Are Changed by War*, 12, 274; Potter, *Boys in Khaki*, 222; Roper, 'Splitting in Unsent Letters', 320; Summerfield. *Histories of the Self*, 56;

⁹² Penny Summerfield, 'Concluding Thoughts: Performance, the Self, and Women's History.' *Women's History Review* 22.2 (2013), 350; Summerfield, 'Culture and Composure', 69; Summerfield, *Reconstructing Women's Wartime Lives*, 17; Roper, 'Splitting in Unsent Letters', 320. 'Composure' addresses similar points to the concept of 'coherence', which Charlotte Linde describes as 'property of texts', which requires that the constituent parts of a text come together in an understandable whole and that the text in its entirety 'must be seen as being a recognisable and well-formed text of its type' (12). This project will use the term 'composure' because of the insight it offers into an individual's emotional and psychological experience. Charlotte Linde, *Life Stories: The Creation of Coherence*. New York: Oxford University Press, (1993).

individual's sense of self because it provides that individual with validation of their social existence.⁹³ Summerfield maintains that individuals depend on cultural discourses in order to construct narratives that result in composure, which can become problematic if there are no discourses available to describe their experience.⁹⁴ Abrams and Summerfield use the term 'discomposure' to describe an individual's 'inability to speak coherently' about an experience as a result of either the absence of an appropriate discourse or the presence of conflicting discourses.⁹⁵

As discussed above, women often have a complicated relationship with dominant cultural discourses, as these discourses were generally not constructed with either their input or their experiences in mind. As such, the concept of composure is critical to the analysis of women's personal narratives as it indicates the degree to which the writer has found that her experiences either align with or contradict her community's dominant discourses. Composure is also an important tool when it comes to analysing narratives produced during war. War can intensify the pressure to adhere to a dominant set of cultural discourses and the need for a recognised social existence.⁹⁶ In wartime, individuals are increasingly pressured to conform to dominant discourses, while feeling both themselves and the discourses they rely upon under

⁹³ Linde, *Life Stories*, 3; Lynn Abrams, 'Liberating the Female Self: Epiphanies, Conflict and Coherence in the Life Stories of Post-War British Women.' *Social History* 39.1 (2014), 14; Acton, *Grief in Wartime*, 4.

⁹⁴ Summerfield, 'Culture and Composure', 69.

⁹⁵ Abrams, 'Liberating the Female Self', 22; Tess Cosslett, Celia Lury, and Penny Summerfield. 'Introduction.' In *Feminism and Autobiography: Texts, Theories, Methods*, edited by Tess Cosslett, Celia Lury, and Penny Summerfield. London: Routledge, (2000).

⁹⁶ Carol Acton, 'Bodies Do Count: American Nurses Mourn the Catastrophe of Vietnam.' In *The Memory of Catastrophe*, edited by Peter Gray and Kendrick Oliver. Manchester: University Press, (2004), 163; Acton, *Grief in Wartime*, 4-5; Acton, "'Stepping into History'", 41; Gill, *How We Are Changed by War*, 8.

threat, all of which can impact on how individuals use those discourses in the construction of their personal narratives.⁹⁷

War is also replete with traumatic experiences, which Selma Leydesdorff, Graham Dawson, Natasha Burchardt, and Timothy Ashplant argue are characterised by the individual's inability to integrate that experience with their previous understanding of their life, using their accustomed discourse.⁹⁸ Furthermore, Acton and Potter, Leydesdorff et. al., and Lawrence Kirmayer all argue that a key factor influencing an individual's ability to discuss and recover from a traumatic experience is the recognition of that trauma by the wider society.⁹⁹ Just as composure requires social recognition, so too does trauma. In this way, the notion of composure is an important tool in the analysis of QA's personal narratives as its presence or absence can help to provide insight into the nurses' emotional and psychological experience of navigating the Second World War as women exposed to traumatic injury and death.

Under such extreme circumstances, individuals will often turn to diaries in order to engage in self-construction and to protect their sense of self.¹⁰⁰ Therefore, diaries can provide insight into an individual's interactions with wider cultural discourses, as the diary is the

⁹⁷ Gill, *How We Are Changed by War*, 3.

⁹⁸ Selma Leydesdorff, Graham Dawson, N. Burchardt, and T.G. Ashplant. 'Introduction: Trauma and Life Stories.' In *Trauma and Life Stories: International Perspectives*, edited by Kim Lacy Rogers, Selma Leydesdorff, and Graham Dawson. New York: Routledge, (1999), 3.

⁹⁹ Acton and Potter. *Working in a World of Hurt*, 47; Laurence Kirmayer, 'Landscapes of Memory: Trauma, Narrative, and Dissociation.' In *Tense Past: Cultural Essays in Trauma and Memory*, edited by Paul Antze and Michael Lambek. New York ; Routledge, (1996), 189-190; Leydesdorff, Dawson, Burchardt, and Ashplant. 'Introduction', 14.

¹⁰⁰ Acton, *Grief in Wartime*, 8; Acton, "'Stepping into History'" 43; Acton and Potter. *Working in a World of Hurt*, 91; Gill, *How We Are Changed by War*, 13 - 14; Summerfield, *Histories of the Self*, 57, 71; Alison Twells, "'Went into Raptures": Reading Emotion in the Ordinary Wartime Diary, 1941-1946.' *Women's History Review* 25.1 (2016), 144.

location where the individual negotiates between ‘public and personal narratives’.¹⁰¹ Carol Acton, Suzanne Bunkers, Cynthia Huff, and Felicity Nussbaum argue that the fragmented and discontinuous format of diaries allows the researcher to perceive change over time and the diarist’s constant negotiation with the dominant cultural discourses that they are exposed to.¹⁰² Nussbaum, Acton, and Potter also argue that diaries are private spaces and less mediated than other personal narratives.¹⁰³ Acton, Nussbaum, and Joanne Cooper agree that this privacy provides the diarist with the opportunity to explore positions that wider cultural discourse would consider unacceptable.¹⁰⁴ Acton argues that this makes diaries an important source to examine when considering individuals’ wartime experiences.

Wartime diarists are writing at a time when the dominant cultural discourse is particularly invested in limiting expression to a certain acceptable format. Therefore, an individual’s wartime diary can provide insight into potential points of resistance and departure from this dominant narrative.¹⁰⁵ Given the British military’s sanction against active service members keeping diaries, every wartime nursing diary stands as evidence of that QA’s capacity for resistance.¹⁰⁶

Other theorists contest the claim that diaries are truly private documents.¹⁰⁷

¹⁰¹ Summerfield, *Histories of the Self*, 57; Langhamer, Noakes, and Siebrecht. ‘Introduction’, 11.

¹⁰² Acton, *Grief in Wartime*, 8; Bunkers and Huff. ‘Issues in Studying Women’s Diaries’, 3-4; Nussbaum, ‘Toward Conceptualizing Diary’, 132, 133, 134.

¹⁰³ Acton and Potter. *Working in a World of Hurt*, 17, 91, 246.

¹⁰⁴ Acton, “‘Stepping into History’”, 43; Nussbaum, ‘Toward Conceptualizing Diary’, 134, 135. Joanne Cooper, ‘Shaping Meaning: Women’s Diaries, Journals, and Letters—The Old and the New.’ *Women’s Studies International Forum*, 10.1 (1987), 96.

¹⁰⁵ Acton, “‘Stepping into History’”, 43.

¹⁰⁶ Acton, “‘Stepping into History’”, 43; Acton, ‘Introduction’, vi; Morris, *A Very Private Diary*, 157.

¹⁰⁷ Sidonie Smith and Julia Watson. *Reading Autobiography: A Guide for Interpreting Life*

Summerfield argues that there is no clear-cut divide between private and public in diaries because diarists do not have the ability to fully disengage themselves from dominant popular discourse.¹⁰⁸ This project will utilise Summerfield's approach and will not argue that diaries are wholly private documents, removed from any influence by external discourses. However, diaries do provide a compelling site in which one can observe the individual negotiate with these discourses without the additional influence of any subjectivities aside from their own. Taking all of these arguments into account, QA's diaries provide critical insight into nurses' emotional experiences, as these were the places where they negotiated, struggled with, and sometimes rejected, the expectations of their emotional community, all relatively hidden from others' eyes.

Letters, however, are explicitly relational and constructed with a specific audience in mind.¹⁰⁹ Acton, Summerfield, Gill, and Leonie Hannan all argue that letters build and maintain relationships and a sense of community and that letter writing can become an intimate act, rooted in one individual attempting to make themselves known to another.¹¹⁰ The sense of community generated through letter writing can be especially important in wartime, as the ability to communicate with loved ones can mitigate the negative emotions generated by isolation, provide a support system to work through traumatic experiences, and help maintain a

Narratives. Minneapolis: University of Minnesota Press, (2010), 267.

¹⁰⁸ Summerfield. *Histories of the Self*, 53, 68, 69.

¹⁰⁹ Acton, *Grief in Wartime*, 9; Acton and Potter. *Working in a World of Hurt*, 17; Michael Roper, *The Secret Battle: Emotional Survival in the Great War*. Manchester: University Press, (2009), 25; Summerfield. *Histories of the Self*, 26.

¹¹⁰ Acton, *Grief in Wartime*, 9; Summerfield. *Histories of the Self*, 26; Gill, *How We Are Changed by War*, 41; Leonie Hannan, 'Making Space: English Women, Letter-Writing, and the Life of the Mind, c.1650–1750.' *Women's History Review* 21.4 (2012), 591

sense of connection with one's pre-war self.¹¹¹ This sense of community can be disrupted, however, by external and internal censorship. Letters exchanged during wartime are subjected to a military censor, which Summerfield, Gill, Acton, and Potter agree places constraints on expression in letters.¹¹² Acton, Gill, and Roper argue that individuals can also personally censor their communications out of a desire to avoid distressing the letter's recipient.¹¹³ However, Roper demonstrates that a psychoanalytical approach can highlight points where individuals unconsciously included the information they sought to conceal in their letters, providing insight into their subjective experience.¹¹⁴

As Roper, Acton, and Kirmayer all maintain, an individual may also censor their personal narrative, whether that be a diary or a letter, in order to protect themselves. Writing can be an intensely psychological activity in which an individual may avoid addressing a traumatic experience in order to avoid re-experiencing the emotions such an experience provoked and therefore protect their psychological well-being.¹¹⁵ In many cases, it is only after the passage of time that the individual is able to directly confront and narrate the emotions connected to these experiences. This is one of the reasons why retrospective accounts are often more explicit

¹¹¹ Acton and Potter. *Working in a World of Hurt*, 245; Gill, *How We Are Changed by War*, 13; Hannan, 'Making Space', 599, 601.

¹¹² Acton, *Grief in Wartime*, 9; Acton and Potter. *Working in a World of Hurt*, 17; Gill, *How We Are Changed by War*, 38, 41; Summerfield. *Histories of the Self*, 27.

¹¹³ Acton, *Grief in Wartime*, 10; Gill, *How We Are Changed by War*, 38; Roper, *The Secret Battle*, 63.

¹¹⁴ Roper, *The Secret Battle*, 68. Roper describes soldiers in the First World War unconsciously providing clues about their experiences in their letters to their mothers through 'omissions, abrupt changes of topic, things alluded to but ultimately left unsaid, and contradictory comments about their spirits' (64).

¹¹⁵ Acton, 'Diverting the Gaze', 55, 66; Kirmayer, 'Landscapes of Memory', 181; Roper, 'Splitting in Unsent Letters', 319; Roper, *The Secret Battle*, 34, 66.

regarding the emotional experience of war.¹¹⁶ As this thesis has made a conscious choice to not draw on nurses' retrospective writings, an intensive and nuanced analytical approach that draws on psychoanalytical methodology is necessary in order to interpret the silences that traumatic experiences may leave in a narrative.¹¹⁷

The analysis of QA's personal narratives requires a thorough understanding of the historical and cultural context in which these narratives were written. It is through an understanding of this context that the expectations of the dominant emotional community can be ascertained, as well as the cultural discourses that supported this community. By analysing which discourses are used and how frequently they are drawn upon, as well as which discourses are left out, one can shed light on the writer's subjective experience.¹¹⁸ This project's analytic approach also requires familiarity with the narratives themselves. An in-depth immersion in the text, the circumstances of its creation, and the author's writing style and personality, is a critical aspect of analysis because familiarity with the writer ensures that the researcher can contextualise the text within the writer's unique circumstances and informs the researcher's close reading.¹¹⁹

'Close textual analysis' structures the analytical methods that are undertaken in this

¹¹⁶ Roper, *The Secret Battle*, 21.

¹¹⁷ Acton, 'Diverting the Gaze', 55, 66; Kirmayer, 'Landscapes of Memory', 181; Roper, *The Secret Battle*, 66.

¹¹⁸ Brockmeier and Carbaugh. 'Introduction', 11; Gill, *How We Are Changed by War*, 33, 57; Christine Hallett, 'The Personal Writings of First World War Nurses: A Study of the Interplay of Authorial Intention and Scholarly Interpretation.' *Nursing Inquiry* 14.4 (2007), 327; Summerfield. *Histories of the Self*, 34; Suzanne Bunkers, "'Faithful Friend": Nineteenth-Century Midwestern American Women's Unpublished Diaries.' *Women's Studies International Forum*. 10.1 (1987), 14.

¹¹⁹ Bunkers, "'Faithful Friend'", 11; June Purvis, 'Using Primary Sources When Researching Women's History from a Feminist Perspective.' *Women's History Review* 1.2 (1992), 278.

thesis and requires consideration of the physical and literary content of the personal narratives. The physical characteristics of a personal narrative, such as its physical condition, its size, and its format, all have the potential to provide insight into the circumstances and experiences of the writer.¹²⁰ Mistakes are also material aspects of a personal narrative that can shed light on the writer's emotional state.¹²¹ Additionally, the frequency with which letters and diary entries were created and any changes in that frequency can be significant and provide insight into the author's subjective experience.¹²²

Close reading and familiarity with the narrative's style can prime the researcher to notice changes in the narrative's literary content. For example, the presence of fragmentation, as well as silences or gaps, within a personal narrative can indicate a change in the writer's emotional state and be indicative of a loss of narrative composure or a traumatic experience.¹²³ Other literary elements that can provide points of insight include emphasis, the inclusion of

¹²⁰ Roper, 'Splitting in Unsent Letters', 337-338; Summerfield. *Histories of the Self*, 26; Twells, "Went into Raptures", 145, 146-147. Physical condition refers to such features as whether the narrative is stained or torn while format refers to such features as whether the narrative is typed or handwritten.

¹²¹ Roper, *The Secret Battle*, 21; Summerfield, 'Concluding Thoughts', 351. These mistakes are known as 'parapraxes' in Freudian analysis and can include such things as 'slips of the pen, grammatical errors, contradictions,' and 'repetitions'.

¹²² Elizabeth Baer, 'Ambivalence, Anger, and Silence: The Civil War Diary of Lucy Buck.' In *Inscribing the Daily: Critical Essays on Women's Diaries*, edited by Suzanne Bunkers and Cynthia Huff. Amherst: University of Massachusetts Press, (1996), 215.

¹²³ Acton, 'Diverting the Gaze', 65; Acton and Potter. *Working in a World of Hurt*, 42; Kathryn Anderson and Dana Jack. 'Learning to Listen: Interview Techniques and Analyses.' In *Women's Words: The Feminist Practice of Oral History*, edited by Sherna Berger Gluck and Daphne Patai. Routledge, (1991), 17; Bunkers and Huff. 'Issues in Studying Women's Diaries', 11; Kirmayer, 'Landscapes of Memory', 181; Gabriele Rippl, Philipp Schweighauser, and Therese Steffen. 'Introduction: Life Writing in an Age of Trauma.' In *Haunted Narratives: Life Writing in an Age of Trauma*, edited by Gabriele Rippl, Philipp Schweighauser, Tiina Kirss, Margit Sutrop, and Therese Frey Steffen. Toronto: University of Toronto Press, (2013), 9; Jane Robinett, 'The Narrative Shape of Traumatic Experience.' *Literature and Medicine* 26.2 (2007), 296; Roper, *The Secret Battle*, 64; Summerfield, 'Culture and Composure', 92 – 93.

quotations or another's voice, the pattern of entries or letters, the writing's tone, the use of fictive or imaginative devices in the narrative, and word order.¹²⁴ As the analysis of the QA's personal narratives involves examining writing produced by women working in adverse circumstances, who were subjected to complex and contradictory discourses surrounding what their roles should be, that analysis must be equally complex, intensive, and detail-oriented in order to produce methodologically sound results.

Thesis Structure

This thesis begins with a discussion of the expectations of the emotional community that structured nurses' experiences during the Second World War and then discusses three components that heavily impacted on nurses' emotional experiences while on active duty.

Chapter 1 introduces the emotional community of Second World War Britain and highlights this community's primary expectations. Drawing on contemporary media, the chapter argues that the key components that structured the British wartime emotional community were an expectation of cheerful fortitude, the embrace of austerity as a virtue, a belief in the heroism of the British nation, and the veneration of the British combatant. British women were additionally expected to meet the demands of 'patriotic femininity', which required that women retain both an attractive physical appearance and a consistently kind,

¹²⁴ Baer, 'Ambivalence, Anger, and Silence', 210; Das, *Touch and Intimacy*, 175; Gill, *How We Are Changed by War*, 33; Hallett, 'Portrayals of Suffering', 79; Hannan, 'Making Space', 598-599; Margaret Higonnet, 'Not So Quiet in No-Woman's-Land.' In *Gendering War Talk*, edited by Miriam Cooke and Angela Woollacott. Princeton ; Chichester: Princeton University Press, (1993), 215; Nussbaum, 'Toward Conceptualizing Diary', 137. Das and Hallett both point to the detached and emotionless tone utilised in personal narratives of First World War nurses as indicative of emotional numbing in response to traumatic experiences.

gentle, and giving emotional state. Chapter 1 then addresses the points of comparison between the emotional community of wartime Britain and that of pre-war British nursing and argues that there was a high degree of continuity between the two. The key point of difference for British nurses in the transition from the pre-war to wartime emotional community was the expansion of their professional community's emotional expectations to their private lives. The chapter argues that this continuity between nurses' pre-war and wartime emotional communities ensured that the expectations of Britain's wartime emotional community came to structure QA's understandings of the appropriate expression of their duty to care.

Chapter 2 addresses which elements of nursing care QA's viewed as being the most valuable and worthwhile and the impact that performing this kind of work had on their emotional experience. It argues that the elements that were most consistently present in 'worthy' work were engagement with patients, the production of ordered and finished work, and the opportunity for intellectual and professional development. The chapter maintains that, while these elements were consistent regardless of whether or not the nurses in question were discussing civilian or military work, QA's frequently pointed to frontline work as being the most 'worthy'. Finally, the chapter addresses what kind of work QA's viewed as unworthy and how this kind of work negatively impacted on the QA's emotional experience. The designation of unworthy was frequently applied to work involving Army regulations, which QA's often viewed as a waste of time, and small or menial work that did not require much skill. The chapter argues that, in many ways, worthy work allowed for the most successful performance of the nurse's duty to care while unworthy work stymied this duty's execution.

Chapter 3 addresses the impact of the physical environment and the body on emotion.

It begins by introducing Maurice Merleau-Ponty's concept of embodiment, which argues that the body and mind are not separate entities but rather an integrated whole, and the involvement of embodiment with emotion. Further developments on the theory of embodiment from Patricia Benner, Monique Scheer, Rachel Cooper, and Synne Dyvik are discussed. The chapter then addresses the key elements of QA's embodied experiences on active service and the ways in which the expectations of their emotional community influenced how these women narrated those experiences. It argues that QA's tended to discuss their embodied experiences in two key ways: as points where their bodies became tools to be used in their nursing practice and points where their bodies became obstacles to be either silenced or overcome. QA's presented their body as a tool at points when it served as a site of embodied knowledge or when its physical presence acted as a source of emotional comfort to others. The QA's body became an obstacle when its embodied experience made the appropriate physical delivery of their duty to care difficult to perform. The factors that most consistently caused QA's to adopt this perspective were exhaustion, illness, and encounters with negative sensory stimuli. The chapter then discusses the various narrative strategies that QA's adopted to attempt to capture their embodied experiences in their personal narratives, with a particular focus on the strategies used to discuss negative embodied experiences.

Chapter 4 examines how QA's relationships with other people on active service impacted on their emotional experience. It begins by addressing the literature that has already been produced discussing the impact of nurses' relationships with patients and colleagues in both modern nursing scholarship and historical research. Unfortunately, due to the constraints placed on this work by its word limit, this thesis does not have the space to examine the impact

of QA's relationships with their families and friends back home, with orderlies, or with their superiors. The three relationships that are addressed in this chapter are QA's relationships with combatants, with medical officers (MO's), and with other nurses. The chapter examines the degree to which the nurse's duty to care influenced these relationships and asks if any of these relationships offered care, especially in the form of emotional support, to the nurse in return.

Chapter 1: 'Keep Smiling Through': The Emotional Community of 'The People's War'

As the Second World War blurred the lines between home front and battlefield, the cultural construct of 'The People's War' worked to integrate the understanding of the roles of combatants and non-combatants.¹ This cultural suffusion of roles brought society as a whole under the umbrella of the war effort. A critical component in the generation of this new understanding of the civilian's role in wartime was a reconsideration of the civilian's repertoire of acceptable emotions. While, in many ways, emotional expectations for combatants had already been established, an understanding of how to evaluate the behaviour of non-combatants in order to best serve the needs of 'The People's War' needed to be implemented. This chapter examines how non-combatant behaviour was constructed and evaluated under this new emotional regime and asks how these new feelings rules impacted on QA's understanding of their roles as British citizens, as British women, and as British nurses.

Citizens' Work

Keep Calm and Carry On: The Maintenance of Cheerfulness

With the fall of France in the spring of 1940, Britain found itself confronted with the threat of imminent invasion and the onset of aerial bombardment against its cities. Under these circumstances, the maintenance of civilian morale became a critical element of the British Government's wartime considerations. As Patricia Jalland argues, the Government's response

¹ This thesis uses the term 'People's War' to refer to the Second World War as a total war, requiring the mass mobilisation of the entire nation. It does not refer to a leftist nationalist movement, which, as David Edgerton argues, has been anachronistically applied to the term by post-war histories. David Edgerton, 'The Nationalisation of British History: Historians, Nationalism and the Myths of 1940*.' *The English Historical Review* 136.581 (2021), 951, 961.

to the issue of civilian morale was to advocate for the adoption of the emotional restraint and fortitude expected of soldiers.² This integrated the emotional expectations for civilians with those of combatants. Lucy Noakes supports Jalland's argument and maintains that this privileging of emotional stoicism, especially in response to grief, was a trend that began during the First World War and reached its pinnacle as the dominant cultural code in the Second.³ Noakes argues that a stoical response to grief was presented to the British public, and especially British women, as the best response for both the wartime community and the bereaved individual themselves.⁴

Within the realm of propaganda, this new emotional expectation was broadcast to the public through evocations to 'Keep Calm and Carry On', to remain stoic and self-controlled, and to maintain a cheerful outlook and 'keep smiling through'.⁵ A 1939 poster from the Ministry of Information frankly stated that 'Your Courage, Your Cheerfulness, Your Resolution - Will Bring Us Victory'.⁶ Posters produced to encourage donations to food flying squads and canteens consistently portrayed British civilians as cheerful and smiling, even when their positioning in front of bombed out buildings implied that they were using a canteen's services because a bombing raid had destroyed their homes (Figure 1 and 2, Appendix I).⁷

² Patricia Jalland, 'A Culture of Silent Grief: The Transformation of Bereavement Care in 20th Century England.' *Bereavement Care* 32.1 (2013), 18.

³ Lucy Noakes, 'Gender, Grief, and Bereavement in Second World War Britain.' *Journal of War & Culture Studies* 8.1 (2015), 75.

⁴ Noakes, 'Gender, Grief, and Bereavement', 80.

⁵ Noakes, 'Gender, Grief, and Bereavement', 82; Jane Waller and Michael Vaughan-Rees. *Women in Wartime: The Role of Women's Magazines 1939-1945*. London: Macdonald Optima, (1987), 32.

⁶ Ministry of Information. *Your Courage, Your Cheerfulness, Your Resolution - Will Bring Us Victory*. 1939. Imperial War Museum. Art.IWM PST 14792.

⁷ Sanders Phillips and Co Ltd. *Your Food Flying Squad in Action*. Imperial War Museum. Art.IWM

The push for cheerful fortitude was not limited to the posters put out by the British Government but was integrated into much of the media that the British public consumed. For example, in October 1939, *Women's Own* magazine published a quiz that was intended to help readers ascertain if they were brave or not. Readers were asked such questions as 'Can you keep cheerful, see hope and even humour where others see only gloom and despair?' and 'Can you resist the temptation to sit and brood about troubles and difficulties beyond your control?'.⁸ If readers answered yes to these and other similar questions then the magazine assured them that 'you will not fail yourself or others in the hour of trial. You are already mentally and spiritually armed for any eventuality'.⁹ As the tone of these questions made it apparent that an answer of 'no' was morally unacceptable, the magazine questionnaire helps to demonstrate how this kind of determined optimism was presented as socially valuable.

The impact of this new system of emotional expectations on the QA's worldview can be seen to varying degrees in both their diaries and letters. Several times within their diaries, QA's acknowledged the pressure that was placed upon them to maintain a cheerful outlook and demeanour. Sister Helen Luker was deployed to France with the British Expeditionary Force (BEF) in 1939. In May 1940, her diary entries recorded the frightening experiences she encountered during the German invasion of France and her unit's subsequent retreat to the coast and escape back to England. In an entry written on 24 May 1940, two days after her return home, Luker commented that she was 'told by most people that I must try to be more

PST 15806; *Your Canteen in Action*. n.d. Imperial War Museum. Art.IWM PST 15823.

⁸ Waller and Vaughan-Rees. *Women in Wartime*, 35.

⁹ Waller and Vaughan-Rees. *Women in Wartime*, 35.

cheerful — but I find it very difficult to forget what I have seen’.¹⁰ This interaction between Luker and her neighbours marks a departure from the experiences of nurses during the First World War, who often felt compelled to highlight the harrowing details of their wartime service in order to educate an ignorant civilian population.¹¹ In some ways, Luker’s friends and family appeared to desire this grim education. They wanted to know about her experiences. In her entry for 23 May 1940, Luker wrote that her Uncle Chas had visited and wanted ‘to hear everything’.¹² However, that grim knowledge could not be conveyed with an appropriately grim tone. Luker’s community needed her to appear unaffected by her experiences so that she could share them with others in such a way that neither party would express negative emotions, such as grief or fear, and violate the community’s requirement for cheerfulness.

Luker found herself confronted with an incredibly emotionally complex task. She was called upon to speak of recent traumatic experiences, replete with negative emotions, which she was likely still struggling to process, without giving voice to those emotions. Furthermore, Luker could not express any feelings of anger or frustration that she might have had at the people who demanded her testimony while rejecting the emotions that accompanied it. Sister Mary Morris also acknowledged the pressure to appear cheerful to those around her regardless of her circumstances. Following the return to the front of a Canadian soldier, with whom she had a brief romance, Morris wrote in her diary that ‘People are being exceptionally kind. Hope I

¹⁰ Helen Luker, ‘Private Papers of Miss E.H.A. Luker’, Imperial War Museum, Documents.1274, 24 May 1940.

¹¹ Carol Acton, ‘Diverting the Gaze: The Unseen Text in Women’s War Writing.’ *College Literature* 31.2 (2004), 54

¹² Luker, 23 May 1940.

am not looking too unhappy'.¹³ In these two brief sentences, Morris acknowledged both her unhappiness and her community's expectation that she would do her best to hide it.

Given the social and relational nature of this valuation system, it is in the QA's letters to family and friends that exhortations to, and praise of, a cheerful demeanour are most frequently seen. In December 1941, Sister Agnes Morgan wrote to her mother that 'I am always well and full of beans and I think this is because I'm very happy and carefree and contented'.¹⁴ On 11 June 1940, in the aftermath of the Dunkirk evacuation, Sister Vera Jones wrote to her parents that 'I am so glad to know you are all well and keeping "your heads held high and a smile upon your faces" as the King said!'¹⁵ Jones, however, followed up this statement by acknowledging the difficulties that her parents, living in Essex, were facing as Britain braced itself for a potential invasion, writing 'You are certainly having some dark days and the tension must be acute'.¹⁶

This vacillation between an open acknowledgement of difficulties and the assurance of continued cheerfulness became a characteristic cycle in these letters, as QA's acknowledged and dismissed their own struggles while recognising the struggles of their family and friends and praising their dismissal of the same. In many ways, this cycle encapsulates the fraught construction of wartime letters that researchers such as Carol Acton, Diana Gill, Christine Hallett, and Michael Roper have all highlighted. The stresses and strains of life at war pushed

¹³ Mary Morris, *A Very Private Diary: A Nurse in Wartime*. Edited by Carol Acton. London: Weidenfeld & Nicolson, (2014), 171.

¹⁴ Agnes Kathleen Dunbar Morgan, 'Private Papers of Miss A.K.D. Morgan: Still With the Lamp', Imperial War Museum, Documents.16686, 51.

¹⁵ Vera Jones, *A Time to Remember: A Record of Nursing Experiences, Impressions, and Travels during World War II Contained in Letters Sent Home from the East*. London: Athena Press, (2005), 54.

¹⁶ Jones, *A Time to Remember*, 54.

QA's and their loved ones to reach out to one another through letters, in an attempt to provide and receive comfort and connection in times of uncertainty and fear.¹⁷ However, these wartime letter writers found their ability to confide in, and connect with, others hobbled by the wider community's emotional expectations that discouraged the open admission of difficulty.¹⁸

In February 1943, Sister Morgan wrote from her field hospital in Egypt that she found letters from family at home '... so right and ordinary and NORMAL; while here, we live in an atmosphere of unreality, where the abnormal is the usual and saneness is the exception, and everything has wrong values and everyone has mistaken attitudes'. Morgan quickly doubled back and dismissed the struggles that her description of life on active duty alluded to by assigning her decidedly non-cheerful words to 'the effects of night duty' and assuring her mother that 'I'm not feeling unduly depressed or anything, in fact I'm feeling pretty chirpy, and full of beans'.¹⁹ With this reversal, Morgan ensured that her letter ended on what could be considered a cheerful note.

Sister Jones' letters demonstrated a similar tightrope act between the open acknowledgement of difficulty and its dismissal for the sake of maintaining a level of determined cheerfulness. In a March 1942 letter, Jones acknowledged her parents' struggles with rationing, writing 'I am very sorry that your clothes rationing is such a problem', and then praised their restrained response to the difficulty, confirming that 'You are so good about it too

¹⁷ Carol Acton, *Grief in Wartime: Private Pain, Public Discourse*. Basingstoke ; New York: Palgrave Macmillan, (2007), 9; Diana Gill, *How We Are Changed by War: A Study of Letters and Diaries from Colonial Conflicts to Operation Iraqi Freedom*. New York: Routledge, (2010), 13-14.

¹⁸ Acton, *Grief in Wartime*, 10; Gill, *How We Are Changed by War*, 34; Christine Hallett, 'Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers.' *Canadian Bulletin of Medical History* 27.1 (2010), 69; Michael Roper, *The Secret Battle: Emotional Survival in the Great War*. Manchester: University Press, (2009), 26.

¹⁹ Morgan, 'SWTL', 144-145

and complain so little in your letters'.²⁰ In a September 1940 letter, Jones acknowledged that she was not entirely succeeding on maintaining the appearance of cheerful fortitude, which was the expected response to difficulty, writing:

I received your cable safely, after three weeks. It seemed a long time coming as they have always been so quick before. I was so glad to hear from you. I hope you don't mind me bothering you with cables sometimes, and I will try to remember what you said, 'Don't worry.'²¹

Within the emotional community of Second World War Britain, where cheerful fortitude was the desired emotional response, Jones' concern over the silence from her family changed from the understandable response of someone with loved ones in a country under threat of invasion to a potential source of bother for her family and an almost silly or childish reaction on her part. In fact, within the strictly managed emotional community of Second World War Britain, fear, the emotion that informed Jones' concern over her family's well-being, was viewed as a powerful political force that, if uncontrolled, could undermine the entire war effort.²² Jones' emotional response was, therefore, not only silly, but also potentially dangerous.

Morgan also acknowledged the points in her letters where she believed she had failed to maintain a cheerful demeanour and worked to dismiss the emotions that had prompted these failures. In a September 1942 letter to her mother, Morgan wrote:

Am afraid that some of my letters lately have been very grumbly I haven't

²⁰ Jones, *A Time to Remember*, 161.

²¹ Jones, *A Time to Remember*, 72

²² Claire Langhamer, Lucy Noakes, and Claudia Siebrecht. 'Introduction.' In *Total War: An Emotional History*, edited by Lucy Noakes, Claire Langhamer, and Claudia Siebrecht. Oxford: British Academy, (2020), 16.

meant them to be so; but it's somehow the feeling in the air and various reasons, like losing one's friends and having bad news from the desert and altogether the last few months have been a bit difficult.²³

In this letter, Morgan acknowledged her failure to maintain the level of cheerfulness expected of her by her emotional community. She also attempted to ensure that this acknowledgement did not prompt another transgression of her community's feelings rules by using minimising language to describe her negative emotions. Losing friends to the war and watching Allied forces experience setbacks were valid reasons for Morgan to be experiencing profound distress. However, she worked to minimise and dismiss her negative emotions through her word choice. The distressing experiences she alluded to were placed after her account of 'the feeling in the air', which associated her emotions with some vague, nebulous mood. Morgan further dismissed and trivialised her emotions by tucking them into a subordinate clause following the general phrase, 'various reasons'. Morgan then completed the minimisation of her feelings by summarising her experiences over the past months as being 'a bit difficult'.

This short section captures the struggle that Morgan encountered between her clear desire to tell her mother what she was experiencing and her understanding that a direct admission of such feelings was both socially unacceptable and a potential source of pain for her mother. In this way, Morgan's letter demonstrates similar emotional contortions and issues with emotional honesty that Michael Roper highlights in soldiers' letters during the First World War.²⁴ In response to traumatic wartime experiences, the pressure to both confide in a comforting parental figure and to resist such a confession could be found in the letters of both

²³ Morgan, 'SWTL', 111

²⁴ Roper, *The Secret Battle*, 26, 34, 64.

combatant men and non-combatant women.

Morgan's September 1942 letter would not be the only one to contain an apology to her mother for her failure to keep negative emotions from bleeding through into her writing. A year later, in September 1943, Morgan once again wrote 'I'm afraid that for the last few weeks I've been guilty of a rather awful thing — I've made my letters very full of misery and horror and wounds. Please forgive me, I won't let it happen any more'.²⁵ While the wartime experiences of an active duty military nurse only became more emotionally burdensome over the accumulated years, the pressure from the British emotional community to view the open discussion of these burdens as a social failure remained consistent.

In this letter, Morgan highlighted the expectation that she would excise all 'misery and horror and wounds' from her narrative, in many ways silencing herself on a key element of the life of a military nurse. This expectation further demonstrates the increasing emotional restriction placed on Second World War nurses in contrast to their First World War peers. Graphic descriptions of 'misery and horror and wounds' were a consistent theme in the writings of First World War nurses, yet it was precisely these keystone elements of the nurse's wartime experience that Second World War QA's were expected to silence.²⁶

²⁵ Morgan, 'SWTL', 223.

²⁶ Acton, 'Diverting the Gaze', 59-60; Carol Acton, "'Obsessed by the Obscenity of War": Emotional and Physical Wounds in Mary Borden's Poetry and Lesley Smith's Four Years Out of Life.' *Journal of War & Culture Studies* 11.4 (2018), 338; Santanu Das, *Touch and Intimacy in First World War Literature*. Cambridge: University Press, (2005), 176; Hallett, 'Portrayals of Suffering', 72; Christine Hallett, *Nurse Writers of the Great War*. Manchester: Manchester University Press, (2016), 240; Christa Hämmerle, "'Mentally Broken, Physically a Wreck...": Violence in War Accounts of Nurses in Austro-Hungarian Service.' In *Gender and the First World War*, edited by Christa Hämmerle, O. Überegger, and B. Bader-Zaar. London: Palgrave Macmillan UK, (2014), 99; Jane Potter, *Boys in Khaki, Girls in Print: Women's Literary Responses to the Great War, 1914-1918*. Oxford: Clarendon, (2005), 154; Jane Potter, "'I Begin to Feel as a

This vacillation between acknowledgement and dismissal of distress can also be found within the QA's diaries. While most of the diaries examined here lack the multi-person affirmation of the value of cheerful fortitude found in letters, Sister Luker recorded the contents of her mother's cables in her diary, along with her impressions of her mother's letters. In her 16 November 1940 entry, Luker documented a cable from her mother that read 'all going well England — quite undaunted'.²⁷ On 3 March 1941, she received a cable stating 'All going strong' and, on 19 March, 'all doing well'.²⁸ In contrast to the brief messages contained in the cables, on 20 March 1941, Luker wrote that she had received a letter from her mother and that 'she sounds tired and depressed — it worries me'.²⁹ Luker's mother did not appear to have openly confided her feelings in her daughter, yet her tone indicated the emotional strain that she was living under.

The contrast between Luker's mother's cheerful wording in her cables and the underlying tone of her letter encapsulates the struggle that many Britons felt in trying to address negative emotions with their loved ones without acting in direct opposition to their emotional community's expectation of cheerful fortitude. It also demonstrates how a letter's recipient could potentially ascertain the writer's underlying emotional state by compiling the unconscious clues that they provided through such elements as their overarching tone.³⁰ It is probable that, much like the First World War mothers Roper discussed, who closely perused the

Normal Being Should, in Spite of the Blood and Anguish in Which I Move": American Women's First World War Nursing Memoirs.' In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. London, United Kingdom: Taylor & Francis Group, (2013), 57.

²⁷ Luker, 16 November 1940.

²⁸ Luker, 3 March 1941; Luker, 19 March 1941.

²⁹ Luker, 20 March 1941.

³⁰ Roper, *The Secret Battle*, 64.

letters their sons sent them from the front, QA's, who found themselves far from family and friends living under bombardment and the threat of invasion, engaged in a similar level of close reading in order to gain insight into their loved ones' well-being.³¹

Given the relative privacy that they provided, diaries offered the QA's a space to consider their emotional reactions that fell outside of the realm of cheerful fortitude without having to face social censure for expressing such undesirable sentiments. Within their diaries, QA's were much more likely to verbalise their negative feelings without doubling back to dismiss them. Sister Nell Jarrett concluded her entry for 3 August 1942 by stating 'I feel exceeding dull today and very bitter'.³² Luker acknowledged in her entry for 29 March 1940 that she was feeling 'a bit tired and depressed'.³³ Within the pages of her diary, Sister Joyce Ffoulkes Parry found the space to declare that, after an extended time waiting in port for her hospital ship to be deployed again, she and her fellow nurses were 'all getting fed up with each other'.³⁴

In their diaries, QA's could give voice to their concerns regarding the progress of the war; concerns which, if voiced to others, could be considered defeatist. On 17 August 1940, Sister Ffoulkes Parry mused that 'The news seems to be increasingly grave at home and in the east. Surely this will be a long war or else we will come out of it very badly'.³⁵ On 30 April 1941, in the midst of the Allied evacuation from Greece, Ffoulkes Parry wrote from her hospital in Alexandria that 'I can't help thinking we will be evacuating Egypt before too long. I hope I am

³¹ Roper, *The Secret Battle*, 68.

³² Nell Jarrett, *Diary*. By the kind permission of Nell Jarrett's family. Personal Collection of Jane Brooks, 3 August 1942, 55

³³ Luker, 29 March 1940.

³⁴ Joyce Ffoulkes Parry, *Joyce's War: The Second World War Journal of a Queen Alexandra Nurse*. Edited by Rhiannon Evans. Stroud: The History Press, (2015), 97.

³⁵ Ffoulkes Parry, *Joyce's War*, 32.

wrong but I can't see anything else for it. And then where?'.³⁶ As Ffoulkes Parry's entries show, within the pages of their diaries, QA's could take the time to consider all of the possible outcomes of current events and give themselves permission to confront the worst ones. This broad consideration of all possible events appears to have served as a way for QA's to emotionally brace themselves for what may come. They often simultaneously attempted to self-soothe by pairing these grim predictions with the optimistic proclamations that the 'Keep Calm and Carry On' mentality encouraged.

For example, on the same sheet of paper tucked into her 1940 diary, Sister Luker wrote out an excerpt from A.C. Swinburne's 1886 poem 'A Word for the Nation' and a large section of Winston Churchill's 4 June 1940 'We shall fight on the beaches' speech to the House of Commons. The Swinburne excerpt read 'We have not, alas, an ally to befriend us./ The time is ripe to extirpate and end us./ Let the German touch hands with the Gaul,/ and the fortress of England must fall'. The section of Churchill's speech began with the declaration 'We shall defend our island, whatever the cost may be' and concluded with the claim that, even if Britain itself were occupied, the British Empire would continue to fight the Nazis until 'the new world, with all its power and might, sets forth to the rescue and liberation of the old'.³⁷ Within the private pages of her diary, Luker was able to set out the two possible futures ahead of her: the one that she was supposed to believe in and the one that she feared might nevertheless come to pass. Her emotional community's call for cheerful fortitude could not stop her from considering the grimmest outcome that could be ahead of her. It did, however, ensure that she kept such ruminations to herself.

³⁶ Ffoulkes Parry, *Joyce's War*, 80-81.

³⁷ Luker, June 1940 Memoranda.

The Virtue of Austerity

In order to ensure the British population's compliance with wartime rationing and inure them to the resulting deprivations, the British Government presented the acceptance and practice of austerity as a positive characteristic.³⁸ Posters, magazines, and newsreels encouraged British citizens to make do with what they had and presented excessive consumption and wastefulness as unpatriotic at best, borderline traitorous at worst. In a campaign run by the National Savings Committee, 'excessive' spending was personified by the Squander Bug, a louse-like creature covered in swastikas, who encouraged civilians to impede the war effort through their spending habits (Figure 3, Appendix I).³⁹ Another poster published by His Majesty's Stationary Office warned British civilians that wasting raw material risked the lives of British sailors, while its conservation through austerity measures would 'shorten the war' (Figure 4, Appendix I).⁴⁰

In their 'Are You Brave' quiz, *Women's Own* magazine included two questions that pushed readers towards viewing austerity as a virtue. These questions asked 'At times of great national stress do you impose more self-denial and discipline on yourself, instead of expecting more indulgence and license because conditions are abnormal?' and 'Can you forego self at a time of dire need for the sake of community, nation, a brotherhood of nations defending their common liberties, the bulk of humanity?'.⁴¹ Once again, neither question was posed in such a

³⁸ James Aulich, *War Posters: Weapons of Mass Communication*. London: Thames & Hudson, (2007), 168.

³⁹ National Savings Committee. *Don't Take the Squander Bug When You Go Shopping*. Imperial War Museum. Art.IWM PST 15457.

⁴⁰ His Majesty's Stationary Office. *Raw Material Is War Material*. Imperial War Museum. Art.IWM PST 14672.

⁴¹ Waller and Vaughan-Rees. *Women in Wartime*, 35.

manner that an answer of 'no' could be viewed as acceptable.

The adoption of austerity as a virtue can be seen in the QA's letters and diaries, often in the form of praise offered to the sacrifices made by their friends and family at home and in their expressions of guilt or discomfort with circumstances that could be considered too comfortable or too extravagant. Sister Jones made her admiration and appreciation of her family's response to austerity measures explicit in a June 1941 letter, in which she wrote 'I feel very anxious about your rationing, and do hope you really are not "feeling the pinch". I think you are all very good about everything, and I am very proud of you'.⁴² The British emotional community allowed for some instances of 'extravagance' in cases where the recipient was considered worthy. This can be seen in Sister Morgan's discussion in her December 1941 letter of the best way for her to utilise a sum of money that had been sent to her by her mother and had been collected by the Mother's Union. Morgan concluded that she could justify spending that money on coffee and buns for a Christmas party because the party was being held for her patients and therefore 'if I ear-marked the amount as a present from Mums & Daddy for "my boys" it wouldn't be so extravagant'.⁴³ Had she spent the money on herself, it would have been considered an inappropriate indulgence, but by spending the money on treats for wounded soldiers, the stain of excess was removed and the temporary abandonment of austerity was justified.

Guilt over the contrast between their situation and that of loved ones back in the UK was not uncommon among QA's on active duty. This sentiment is especially prominent in Sister Jones' letters home to her family. In a letter written from Palestine in February 1940, Jones

⁴² Jones, *A Time to Remember*, 121.

⁴³ Morgan, 'SWTL', 52

informed her parents:

We all expected to go to France and have cold weather and plenty of hardships, but instead we are in this lovely country where there is peace and calm and we do not want for anything! I feel that we have left the war behind — for the present — but we are really doing our part out here, and we have the war always in our thoughts.⁴⁴

In this letter, Jones' guilt and discomfort over the comfortable circumstances that she found herself in can be seen in her insistence that she did not consciously choose such a situation, that she had in fact acted to place herself in difficulty. The British emotional community presented the ready acceptance of difficulty through the embrace of austerity measures as a key signal of one's dedication to the war effort. The connection that the emotional community made between austerity and the war effort created a situation wherein to suffer and experience deprivation without complaint was to prove oneself to be a good and useful wartime citizen.⁴⁵ Without the assurance of one's contribution to the war effort that the experience of such hardship provided, Jones had to actively assure herself that, even in her comfortable situation in Palestine, 'we are really doing our part'.

In a July 1940 letter, Jones confessed that 'I often wish I could share some of your discomforts. I seem to be having all the privileges' before doubling back on herself once again, writing 'but then we did not join up to come here, and did expect to go to France'.⁴⁶ Jones' discomfort with her own lack of suffering appeared to occasionally impede her ability to fully

⁴⁴ Jones, *A Time to Remember*, 29

⁴⁵ Noakes, 'Gender, Grief, and Bereavement in Second World War Britain', 73.

⁴⁶ Jones, *A Time to Remember*, 63.

appreciate the enjoyable elements of her deployment. For example, while telling her family about her experiences visiting historic sites around Jerusalem, Jones confessed that 'I feel almost selfish, telling you about all these things I am able to see while you have no such chances'.⁴⁷ Jones' letters often vacillated between descriptions of her time spent abroad - the kind of content that characterises travel letters and that are often a source of enjoyment for the letter's recipients as well - and statements that alluded to Jones' feelings that these new and enjoyable experiences were their own kind of extravagance and therefore unacceptable. In this way, the emotional community of wartime Britain established an emotional hierarchy that celebrated the embrace of suffering while simultaneously casting a pall of suspicion over the experience of enjoyment, which could be used as a source of resilience, as a form of emotional excess.⁴⁸

The Heroism of the Nation

British propaganda responded to the blurring of the divide between civilians and combatants brought about by aerial bombardment by extending both the combatant's emotional reserve and their heroic nature to the population at large.⁴⁹ As the Ministry of Information poster referenced earlier stated, it was not only civilians' cheerfulness but also their courage and resolution that would bring about an Allied victory.⁵⁰ The 'Are You Brave' quiz from *Women's*

⁴⁷ Jones, *A Time to Remember*, 129.

⁴⁸ Carol Acton and Jane Potter. *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones*. Manchester: University Press, (2015), 246.

⁴⁹ Michael Paris, *Warrior Nation: Images of War in British Popular Culture, 1850-2000*. London: Reaktion, (2000), 201.

⁵⁰ Ministry of Information. *Your Courage, Your Cheerfulness, Your Resolution*, Art.IWM PST 14792

Own magazine began by explicitly stating that ‘Never was there such a call for the heroic spirit as in these crucial times. We may well look into ourselves and ask: Am I made of heroic stuff?’.⁵¹ A poem by Fay Inchfawn, published in *Woman’s Magazine*, described the work being done by men and women in Britain in highly exalted language and provides insight into the way in which British civilians’ contributions to the war effort were viewed:

Hark! It is the summons of / The bugle of the Lord./ He who called the men
of Britain/ To become His living sword/ Sounds once more His royal
challenge;/ Calls with no uncertain claim/ To the women of Great Britain/
To become His living flame.⁵²

In this poem, the men of Britain were recast as soldiers of God, embarking on a holy mission against a great evil, with British women as their valiant support. In this way, although the men remained preeminent, the entire population was presented as united in heroic service and sacrifice.

This perspective on the British people was frequently echoed within the QA’s letters and diaries. In her entry for 17 June 1940, Sister Luker described her response to hearing the news that France had surrendered: ‘The whole country seemed to rock — but once we had got over the shock, we realised our position, and fully resolved that now we must fight to a finish. NEVER will Britain surrender her arms to the Nazi Flag’.⁵³ In this entry, Luker did not speak for herself alone but for the entire nation, which she presented as bravely determined in the face of Nazi aggression. There was no doubt or dissension, but rather, in Luker’s view, a population

⁵¹ Waller and Vaughan-Rees. *Women in Wartime*, 35.

⁵² Waller and Vaughan-Rees. *Women in Wartime*, 59.

⁵³ Luker, 17 June 1940.

heroically acting as one. In her response to the November 1940 cable from her mother, which read 'all going well England — quite undaunted', Luker cabled back 'Bravo — admiration — stick it'.⁵⁴ These two responses characterise many of the QA's engagement with the notion of British citizens as heroic people: they spoke of an undaunted Britain bravely soldiering on and expressed admiration and praise for their friends and family members' personal acts of 'heroism'.

In a June 1940 letter to her parents, Sister Jones wrote that 'We are all thinking such a lot about you all in England.... We hear you are all being so wonderfully calm and brave during dreadful times'.⁵⁵ In January 1941, Jones mused that the letters she received from friends back home were 'all very interesting and all so cheerful. What a wonderful spirit is prevalent in England!'.⁵⁶ In a March 1943 letter to her sister, she praised the behaviour of British civilians on the home front, writing 'You people at home are certainly giving all to the war effort, carrying on with never a grumble'.⁵⁷ As these comments indicate, the notion of the civilian population as heroic and the importance of maintaining a calm and cheerful attitude were mutually reinforcing lines of discourse within British society. To be cheerful in the face of hardship was to be heroic and to be heroic was to be cheerful.

In a similar manner, the acceptance of austerity was also constructed as heroic. This can be seen in a January 1943 letter Sister Morgan sent to her mother to thank her for her Christmas presents. Morgan wrote 'How kind everybody is, you know we really don't deserve it at all; it's you folks at home that deserve all the praise and admiration, you have the privations

⁵⁴ Luker, 16 November 1940.

⁵⁵ Jones, *A Time to Remember*, 56.

⁵⁶ Jones, *A Time to Remember*, 95.

⁵⁷ Jones, *A Time to Remember*, 211.

and the waiting and the tearing down of all the household gods...'.⁵⁸ In this way, the emotional community of wartime Britain encouraged the adoption of its desired behaviour by rewarding its expression through multiple lines of cultural discourse, creating a cycle wherein these various 'virtues' helped to support and reinforce each other.

While the celebration of heroism as an expected and praise-worthy social value appeared to predominate in the QA's writings, it was neither universally nor consistently expressed. For example, in a December 1941 letter in which she spoke of her commitment towards working for an Allied victory in spite of the hardship involved, Sister Morgan briefly acknowledged how difficult it was to continually maintain that mind-set, concluding with '— but oh dear, this has been a long 11 months!'.⁵⁹ In a February 1941 letter to her sister, Sister Jones attempted to set boundaries around the degree of heroic action expressed by her family, writing:

I hope Mother and Father are both resting whenever possible and not overworking. I know you will be firm with them and keep up the good work of making them relax. I am sure they are both giving out too much energy to their many good works. And you too, don't you go overdoing it!⁶⁰

Jones praised the work that her family was doing, thereby supporting the emotional community's expectation for heroic behaviour from civilians. However, her support was not unlimited, as she also encouraged her family members to curtail their work in such a way that it did not overtax them or put them at risk. Her support of this social expectation came with the

⁵⁸ Morgan, 'SWTL', 132

⁵⁹ Morgan, 'SWTL', 47

⁶⁰ Jones, *A Time to Remember*, 104.

caveat that she would not support it at the risk of her family's well-being.

In an October 1942 entry, written while she was still in civilian hospital service, Sister Morris directly contradicted Jones' letters describing the consistently heroic and cheerful attitude of British civilians. Morris wrote that her patients 'talk as we do the dressings. People are tired of this war. Food is in short supply and they are worried about husbands and sons in the Services'.⁶¹ Several factors may account for the contrast between Morris' and Jones' accounts. Firstly, Jones wrote her letters to her family while stationed in India, free from rationing and bombing raids, while Morris was still based in the UK and was regularly interacting with people who were living through rationing and bombing, while experiencing those very things herself. Given the distance from which she was writing, Jones' understanding of the attitude of British civilians was derived from news reports, which would have had a vested interest in not reporting on low civilian morale, and from her own family, who may have downplayed the difficulties they faced in order to spare Jones' feelings.⁶²

This is another significant difference between Jones and Morris in this moment: the individuals with whom Morris was speaking, who were upfront about their negative feelings and low morale, were not her friends or family members. It may be that these patients felt more comfortable being emotionally honest with Morris because she was not a member of their immediate social circle and, therefore, could not inflict social harm upon them for violating their emotional community's expectations. Furthermore, as a nurse, her patients expected that Morris would be kind and understanding to them, regardless of what they said.⁶³

⁶¹ Morris, *A Very Private Diary*, 56.

⁶² Acton, *Grief in Wartime*, 10.

⁶³ Jane Brooks, "Not Only with Thy Hands, But Also with Thy Minds": Salvaging Psychologically

Finally, Jones' accounts were recorded in letters, which were open, not only to her family members, but also to the military censor. With so many eyes on her writings, Jones was highly incentivised to meet her community's expectations.⁶⁴ In contrast to this, Morris' account of her patients' failures to meet their emotional community's expectations was confined to her private diary, hidden from the wider community's view. This contrast between the emotional content of Jones' letters and Morris' diary demonstrates how the British emotional community encouraged its members to suppress and hide unheroic emotions such as fear and despair.

The British Combatant: The Pinnacle of Heroism

While the propaganda machine of the British Government during the Second World War worked to extend the notion of British heroism beyond the figure of the male combatant to include the population at large, it did not argue for an equal degree of heroism between the two. There was a hierarchy of heroism and, while the civilian may be heroic, the combatant sat at the top.⁶⁵ In Government posters, British combatants were depicted as strong, handsome men, engaged in heroic and dangerous endeavours. Their social value can be seen in the frequency with which the combatant's image was used to influence British civilians' behaviour. A handsome RAF pilot was the central image in a poster urging British civilians to avoid discussing the locations of aerodromes or aircraft factories, with the central text warning that

Damaged Soldiers in the Second World War.' *Nursing History Review* 27 (2019), 40.

⁶⁴ Acton, *Grief in Wartime*, 10; Carol Acton, "'You Yourself Are Here Now Looking over My Shoulder as I Write': Emotional Dialogue and the Construction of a Shared Intimate Space in First World War Letters.' *L'Atelier* 8.1 (2016), 205.

⁶⁵ Penny Summerfield, "'She Wants a Gun Not a Dishcloth!': Gender, Service and Citizenship in Britain in the Second World War.' In *A Soldier and a Woman*, edited by Gerard J. De Groot and C. Peniston-Bird. United Kingdom: Taylor & Francis Group, (2000), 119.

'Careless talk may cost his life' (Figure 5, Appendix I).⁶⁶ The National Savings Committee used the image of a British infantryman wistfully thinking of home in order to encourage British civilians to not go on holiday and invest their money into war savings instead, reminding them that 'you owe it to our fighting men' (Figure 6, Appendix I).⁶⁷

Affirmation of this image of the British combatant as a hero is consistently found throughout the QA's letters and diaries. Sister Morris described the survivors of Dunkirk that she nursed as 'my Dunkirk heroes' and the men of the RAF as 'so brave' and 'the heroes of today'.⁶⁸ In an October 1940 letter to her sister, Sister Jones wrote 'I know how proud you must feel of our amazing RAF. One just cannot express in words what one thinks about the skill and bravery of the men'.⁶⁹ In her 24 June 1944 letter to her friend, Lilian Church, written shortly after arriving in Normandy, Sister Betty Murgatroyd insisted that every one of her soldier patients was 'a hero'.⁷⁰ Sister Morgan's letters were often the most effusive and lyrical in her praise for British combatants. In January 1942, she wrote that 'They are marvellous men, no praise is too high for their stubborn, steadfast, undreamt-of gallantry' and, in March 1942, she drew her letter to a close by exclaiming '— oh! Mums, I wish you could meet some of my friends; they are the salt of the earth and the heroes of this present age and I love them all so much!'.⁷¹

⁶⁶ His Majesty's Stationary Office. *Careless Talk May Cost His Life*. Lithograph. Imperial War Museum. Art.IWM PST 13955.

⁶⁷ National Savings Committee. *I'd Like to Spend My Holiday at Home...* Lithograph. Imperial War Museum. Art.IWM PST 16532.

⁶⁸ Morris, *A Very Private Diary*, 23, 33, 43.

⁶⁹ Jones, *A Time to Remember*, 78.

⁷⁰ Betty Murgatroyd, 'Private Papers of Miss B. Murgatroyd', Imperial War Museum, Documents.19944, 24 June 1944, 7.

⁷¹ Morgan, 'SWTL', 53, 64.

In a manner similar to the emotional expectations placed on civilians, a combatant's bravery and heroism was increased by his ability to remain cheerful in the face of hardship. As such, the continued cheerfulness of their combatant-patients was a frequent topic throughout the QA's letters and diaries. In her 28 October 1942 entry, Sister Jarrett described going on duty for the first time at her new hospital in Ahwaz, Iran, writing that it is 'Good to see the B.O.R..⁷² In my experience of other races — no one take as much pain and discomfort uncomplainingly'.⁷³ In May 1940, Sister Jones informed her parents that 'I like nursing soldiers very much, as they make such good and cheerful patients'.⁷⁴

In a letter dated 10 November 1940, Jones described the difficult circumstances that should destroy her patients' good humour and that made their continued cheerfulness even more heroic:

Some of these boys have also lost their homes and relations, others do not know what has become of their families, owing to the big evacuations, and being so far away from home.... In spite of all this, one could not find a more cheery and humorous crowd of soldiers anywhere. They keep so hopeful and never stop singing and whistling.⁷⁵

In a similar manner, Sister Murgatroyd mused 'How right you were when you said in your letter that our boys are wonderful, if only you could see them here Lilian, suffering in every way pain and discomfort, of the very worst type... yet do they complain, never'.⁷⁶ In many ways, the

⁷² British Other Ranks

⁷³ Jarrett, 28 October 1942, 110

⁷⁴ Jones, *A Time to Remember*, 47.

⁷⁵ Jones, *A Time to Remember*, 83.

⁷⁶ Murgatroyd, 24 June 1944, 6.

combination of great suffering and a consistently cheerful attitude, as expressed by the majority of combatants, evolved into a means of maintaining the pressure to remain cheerful while committing everything to the war effort through a self-replicating cycle. The QA's witnessed both their patients' suffering and their cheerful attitude and as a result felt the need to match them in their cheerfulness and praise them for their emotional presentation, which, in turn, created an incentive for combatants to maintain that particular emotional display.⁷⁷

There was a degree of nuance present in how QA's determined who fell within this exalted cohort. For some, membership was limited solely to those combatants who had been born and raised in Britain. Others considered members of the Commonwealth to fall under this umbrella. Sister Ffoulkes Parry had been raised in Australia and Sister Jones had lived for a time in New Zealand. Both women applied the rhetoric surrounding the British combatant to men from these two nations. In general, QA's applied this discourse to *their* men, however they determined who their men might be. It should be noted that the rhetoric surrounding the heroic British combatant was almost exclusively applied to men who were white.⁷⁸

Unfortunately, the spatial constraints of this thesis do not allow for a full consideration of the impact of race and ethnicity on QA's relationships with combatants.

⁷⁷ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*. Oxford: University Press, (2014). Carden-Coyne describes the presence of a similar social push for cheerfulness in First World War hospitals as a 'culture of compulsory cheerfulness' (280).

⁷⁸ Kirsty Harris, "'All for the Boys': The Nurse-Patient Relationship of Australian Army Nurses in the First World War.' In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. London, United Kingdom: Taylor & Francis Group, (2013), 166; Frances Houghton, "'Alien Seamen" or "Imperial Family"? Race, Belonging and British Sailors of Colour in the Royal Navy, 1939–47*.' *The English Historical Review* 137.588 (2022) 1, 9; Sonya Rose, *Which People's War? National Identity and Citizenship in Wartime Britain 1939-1945*. Oxford, England: Oxford University Press, (2003), 286.

Regardless of who exactly fell within the designation of British combatant, by placing such a high degree of social value on them, the wartime emotional community heavily encouraged a consistently positive emotional response to combatant men.⁷⁹ This pressure created a system wherein QA's were pushed to ignore and suppress any encounter with a British combatant that produced a negative emotional response because that negative response was categorically the 'wrong' one.

Women's Work

In addition to the expectations placed upon them as citizens, British women were subject to additional demands as a result of their position as women. These demands were complex and often contradictory and can be gathered together under what Phil Goodman describes as 'patriotic femininity'.⁸⁰ The expectations of patriotic femininity were as follows: first, British women were to maintain their appearance and make themselves beautiful without being so attractive that their appearance would prove to be a distraction or a sign of extravagance. They were to dress well and in a feminine manner without being wasteful or excessive. They were exhorted to contribute to the war effort and perform war work as readily and effectively as men but to do so without emasculating or threatening men's positions and only for the duration of the war. Finally they were encouraged to embrace the military uniforms that came

⁷⁹ Liz Byrski, 'Emotional Labour as War Work: Women up Close and Personal with McIndoe's Guinea Pigs.' *Women's History Review* 21.3 (2012), 342; Yasmin Khan, 'Sex in an Imperial War Zone: Transnational Encounters in Second World War India.' *History Workshop Journal* 73.1 (2012), 242; Rose, *Which People's War?*, 195; Alison Twells, 'Sex, Gender, and Romantic Intimacy in Servicemen's Letters During the Second World War.' *The Historical Journal* 63.3 (2020), 732, 734.

⁸⁰ Phil Goodman, "'Patriotic Femininity": Women's Morals and Men's Morale During the Second World War.' *Gender & History* 10.2 (1998), 278.

with their war work, but without appearing to be needlessly militaristic or consumed with 'khaki fever'.⁸¹ British women were, above all, supposed to embody and express the values of home, as a physical representation of all that British men were fighting for.⁸²

Beauty as Duty

The importance of maintaining one's beauty and feminine appearance was very apparent in the advertisements and articles directed at women throughout the Second World War and was often constructed so that it became its own kind of essential war work. This maintenance of beauty and femininity was directly connected to the preservation of fighting men's morale and pre-war values.⁸³ A full page Yardley soap advertisement made this connection through its depiction of a beautiful woman in uniform looking out of the page at the reader above a caption that read:

...War gives us a chance to show our mettle. We wanted equal rights with men; they took us at our word. We are proud to work for victory beside them.... We must triumph over routine; keep the spirit of light-heartedness. Our faces must never reflect personal troubles. We must achieve masculine efficiency without hardness. Above all, we must guard against surrender to personal carelessness. Never must we consider careful grooming a quisling gesture.... Let us face the future bravely and honour

⁸¹ Goodman, "Patriotic Femininity", 280-282.

⁸² Goodman, "Patriotic Femininity", 287.

⁸³ Waller and Vaughan-Rees. *Women in Wartime*, 81; Goodman, "Patriotic Femininity", 287.

the subtle bond between good looks and good morale.⁸⁴

In early 1940, *Icilma Beauty Aids* produced a series of advertisements that featured two images of British women: at the top, a woman in the uniform associated with her war work, and, at the bottom, that same woman 'beautifully coiffed and gowned, dancing with a member of the armed forces'.⁸⁵ Each advertisement featured the headline 'BEAUTY IS YOUR DUTY' and the reminder that 'Beauty inspires happiness and cheerfulness both for yourself and others too'.⁸⁶

In a magazine article entitled 'Don't get Slack!', actress Ruby Miller drew on her First World War experience in order to argue for women to maintain their appearance and good humour, writing:

A woman who is unkempt and ill-dressed soon loses her morale. I know it takes courage to carry on as though nothing out of the ordinary were happening, but that is the kind of courage women must have if we are to keep alive the vital thing Hitler has menaced — civilization.⁸⁷

Miller went on to insist that it was a woman's 'job to bring colour and cheerfulness to the grim business of war' and that, by maintaining her appearance, she could act as a 'tonic' to men on active service.⁸⁸ Miller assured her readers that 'We shall soon become rather bored with Fritz and his threats, and spend our leisure thinking out ways and means of giving "the boys" a good time and helping them to forget for a spell the horrors of war'. She then cautioned readers that, if their beauty was not maintained, they could prove to be 'an added horror' to those same

⁸⁴ Waller and Vaughan-Rees. *Women in Wartime*, 104.

⁸⁵ Waller and Vaughan-Rees. *Women in Wartime*, 100.

⁸⁶ Waller and Vaughan-Rees. *Women in Wartime*, 100.

⁸⁷ Waller and Vaughan-Rees. *Women in Wartime*, 81

⁸⁸ Waller and Vaughan-Rees. *Women in Wartime*, 81.

fighting men.⁸⁹ Miller concluded her article by once again connecting a woman's maintenance of her appearance with a direct contribution to the war effort:

We have to show Hitler how little he can scare British women with his Big Bad Wolf methods. Be as attractive as you can at work and in leisure hours, and you'll soon discover what a delightful impression you make on friends and how formidable you can be — indirectly — to foes!⁹⁰

In these advertisements and articles, maintaining one's physical appearance became a symbol of one's dedication to the fight against the Nazis while failure to do so was presented as tantamount to selfish capitulation.

In another example of wartime discourses serving to mutually reinforce each other, the maintenance of one's appearance and the continuation of one's cheerful attitude were directly connected: beauty maintained cheerfulness in both oneself and in others and cheerfulness made one beautiful. Allowing yourself to feel worried or unhappy would only serve to make you less attractive.⁹¹ In this way British women found both their physical body and their internal emotional state pressured to fulfil certain expectations by their community. The emotional impact of this expectation for a particular physical presentation on QA's working in the adverse environments of active military service will be discussed further in Chapter 3.

Emotional Femininity: The Importance of Remaining Kind, Gentle, and Giving

In addition to preserving an outward femininity through their appearance, British women were

⁸⁹ Waller and Vaughan-Rees. *Women in Wartime*, 81

⁹⁰ Waller and Vaughan-Rees. *Women in Wartime*, 81.

⁹¹ Waller and Vaughan-Rees. *Women in Wartime*, 80.

also encouraged to maintain their internal emotional femininity, which consisted of an attitude of kindness and gentleness, and a drive to be selfless and giving. In her work as an advice columnist for *Woman's Own*, Leonora Eyles frequently encouraged her readers to continue 'in the gentle spirit of love and service' in spite of the hardships and difficulties that they faced, arguing that it was their duty to act as such.⁹² Another advice columnist from *My Home* magazine insisted that 'In a true woman's heart there is a passion for giving. Giving all sorts of lovely things. Things like patience, self-devotion, sympathy and inspiration'.⁹³ The obligation to remain kind, gentle, and giving can also be seen in the Yardley advertisement in its call for women to remain light-hearted and avoid 'hardness'.⁹⁴ Just as there was an expectation to be met when it came to women's outward appearance, so too was there an expectation for the emotions they were supposed to privilege and express.

The impact that this expectation had on QA's can be most clearly seen in the moments where they briefly considered not meeting it and the quick recrimination that they then offered themselves. In a September 1942 entry, Sister Jarrett admonished herself for feeling jealous and disappointed in response to news from 'Mac', a man with whom she had a romantic involvement, that he had been deployed to a separate unit away from her and in a superior location. Jarrett wrote 'I know I'm being unreasonable but that is my curse. I do, say and think things quite against my better nature. That makes things doubly bad because I know the best and kindest thing to do and think'.⁹⁵ Jarrett perceived her understandable emotional response to disappointing news as a failure, a 'curse', because it did not conform to the one that her

⁹² Waller and Vaughan-Rees. *Women in Wartime*, 68-69.

⁹³ Waller and Vaughan-Rees. *Women in Wartime*, 78.

⁹⁴ Waller and Vaughan-Rees. *Women in Wartime*, 102.

⁹⁵ Jarrett, 9-10 September 1942, 83.

community expected and considered the 'best'. In this way, British women found themselves continually pushed to engage in extensive emotion work, where they were expected to, not only suppress any negative feelings of fear, anger, or grief, but also actively evoke feelings of kindness, gentleness, and selflessness within themselves.⁹⁶ Additionally, these emotional states possessed moral values, wherein to feel those negative emotions became a moral failing.⁹⁷ Further discussion of the pressure that QA's faced to keep their emotional state within the boundaries of emotional femininity will be addressed in Chapter 4.

Nurses' Work

Many of the expectations that structured this new wartime emotional community would have been quite familiar to British civilian nurses. In fact, there was a high degree of continuity between the emotional expectations of the pre-war nursing community and that of Second World War Britain. As Deborah Palmer argues, vocationalism and self-sacrifice were key elements in the ideology of British Reform Nursing.⁹⁸ Long before the average British citizen was expected to remain calm and cheerful in the face of adverse circumstances, that level of emotional restraint and control was expected of nurses in their working lives. The August and December editions of the 1935 *British Journal of Nursing* both began with a full-page advertisement for Ovaltine. The August advertisement featured a beautiful smiling nurse saying

⁹⁶ Arlie Russell Hochschild, 'Emotion Work, Feeling Rules, and Social Structure.' *American Journal of Sociology* 85.3 (1979), 561.

⁹⁷ Benno Gammerl, 'Emotional Styles – Concepts and Challenges.' *Rethinking History* 16.2 (2012), 167; Barbara Rosenwein, 'Worrying about Emotions in History.' *The American Historical Review* 107.3 (2002), 842.

⁹⁸ Deborah Palmer, "'To Help a Million Sick, You Must Kill a Few Nurses": Nurses' Occupational Health, 1890–1914.' *Nursing History Review* 20.1 (2012), 35.

'I rely on Ovaltine to keep Fit and Cheerful' with the text below the image stating that 'Every Nurse knows how much depends upon her own fitness and cheerfulness in all the difficult conditions she may meet' (Figure 7, Appendix I).⁹⁹ The December advertisement depicted another cheerful, attractive nurse, approaching a door in heavy rain, with text that read 'No matter how severe the weather may be, a Nurse must answer the call of duty. It is essential, too, that she should be fit, vigorous and cheerful under the most adverse circumstances' (Figure 8, Appendix I).¹⁰⁰ As these advertisements show, the 'Keep Calm and Carry On' mentality would not have been new to British civilian nurses.

The impact of these pre-war perceptions on nursing was acknowledged even by those who opposed and sought to change them. Dame Katharine Jones, the Matron-in-Chief of the QA's, addressed these expectations in a 1944 speech to the East Anglian Group of Hospital Matrons, commenting that 'It is difficult to rid the public of the suggestion that a trained nurse is something between a self-dedicated nun, to whom personal comfort means treachery to an ideal, and a domestic whose training can be made useful to an employing authority'.¹⁰¹ While both Dame Katharine and the editorial team at the *British Journal of Nursing* had a vested interest in advancing the profession and defending its interests, the *British Journal of Nursing* rated a sense of vocation and service as being critical for a good nurse, aligning their view of

⁹⁹ Anonymous, 'I Rely on OVALTINE to Keep Fit and Cheerful.' *The British Journal of Nursing*, August 1935, iv.

¹⁰⁰ Anonymous, 'When the Weather's at Its Worst "OVALTINE" Is Your Best Safeguard of Health.' *The British Journal of Nursing*, December 1935, iv.

¹⁰¹ Katharine Jones, 'Dame Katharine's Address to the East Anglian Group of Hospital Matrons', Dame Katharine Jones' Papers, Museum of Military Medicine, QARANC/PE/1/322 JONES QAM 68/68. In spite of her comments made here, in several articles published throughout the war in *The Nursing Times*, Dame Katharine enthusiastically discussed the difficult conditions under which nurses were working and proudly celebrated the fact that British nurses could 'take it'. Katharine Jones, 'On Active Service with the Army.' *Nursing Times*, September 25, 1943.

nursing more with that of the 'self-dedicated nun' than Dame Katharine's militarised professional. Seven out of the twelve issues of the *British Journal of Nursing* released in 1935 included pieces stressing the importance of nurses' approaching their work as a vocation.

Articles published in the *British Journal of Nursing* described nursing as 'creative service' and argued that the 'real depth of nursing can only be made known through ideals, love, sympathy, knowledge and culture'.¹⁰² Nor was this perspective confined to the pages of the *BJN*. The *Nursing Mirror* proclaimed that a nurse 'is not brought up to expect ease and comfort, but rather to learn to create ease and comfort for others'.¹⁰³ The *Nursing Times* insisted that, for a nurse, 'their patients' welfare must always over-ride all personal considerations'.¹⁰⁴ It is important to remember that the overwhelming majority of QA's who served during the Second World War were reservists and, therefore, had no prior military experience.¹⁰⁵ In the case of these women, it may very well be that the words of these civilian nursing papers had more of an impact on their understanding of what was expected of them as nurses than those of Dame Katharine.

The Nurse as a Kindly, Compassionate Mother

The expectation that nurses, and especially military nurses, would act as mother figures for their patients was already deeply entrenched in Britain by the Second World War. One of the

¹⁰² Annie Goodrich, 'Presentation of Certificates by Dean Goodrich: The Address.' *The British Journal of Nursing*, July 1935, 177; Anonymous, 'A Cultural Background.' *The British Journal of Nursing*, March 1935, 57.

¹⁰³ Anonymous. 'War - What It Means to the Nurse.' *Nursing Mirror and Midwives Journal*, September 2, 1939, 755.

¹⁰⁴ Muriel Frazer, 'Women in War Time.' *Nursing Times*, October 14, 1941, 846.

¹⁰⁵ Jane Brooks, *Negotiating Nursing: British Army Sisters and Soldiers in the Second World War*. Manchester: University Press, (2018), 3.

key images presented to both nurses and the public at large during the First World War was that of the nurse as 'a nurturing, Madonna-like figure'.¹⁰⁶ This expectation was encapsulated in one of the most famous propaganda posters of the time, which depicted a giant Red Cross nurse recreating the Pietà, with a stretcher-bound soldier in her arms, over the words 'The Greatest Mother in the World' (Figure 9, Appendix I).¹⁰⁷ The continuing association between gentle motherly behaviour and nursing during the Second World War can be seen in the section of Fay Inchfawn's poem, 'Women of Britain', dedicated to nurses, which read: 'Gently on Britannia's wounded,/ Free from hurry as from fear,/ They are laying hands of healing,/ Hands of sympathy and cheer'.¹⁰⁸ This image of nursing did not focus on the actual nursing care itself but rather on the manner in which it was offered: gently, calmly, cheerfully.

Nursing leadership's expectation for kind, gentle, and motherly behaviour from nurses can be seen in the frequency with which leadership associated such characteristics with the image of a 'good' nurse. In the August 1935 issue of the *British Journal of Nursing*, the editors described a 'satisfactory nurse' as one who was 'faithful to duty, kind to her patients, eager and energetic in doing all that she can to better the conditions of people'.¹⁰⁹ The January issue included excerpts from a lecture given on Elizabeth Alkin, who served as a nurse during the English Civil War. The lecture highlighted Alkin's 'compassion, her large heartedness', and concluded with a physical description of Alkin's face which was described as possessing 'the lines that sorrow and hardship leave, quiet eyes and a mouth that is strong yet tender and

¹⁰⁶ Hallett, *Nurse Writers of the Great War*, 4.

¹⁰⁷ Alonzo Earl Foringer, *The Greatest Mother in the World*. 1918. Lithograph. Imperial War Museum, Art.IWM PST 10858.

¹⁰⁸ Waller and Vaughan-Rees. *Women in Wartime*, 59.

¹⁰⁹ Anonymous, 'Nursing Echoes.' *The British Journal of Nursing*, August 1935, 200.

kind'.¹¹⁰ The February issue included a column that described the annual ceremony given in Walsall to celebrate Dorothy Wyndlow Pattinson, a Matron of the Walsall General Hospital, 'whose kindness, skill and personality made such a profound impression on those to whom she ministered'.¹¹¹ In addition to these accounts of more obscure historical role models for their readers, the editors of the *British Journal of Nursing* also made a point, when speaking of Florence Nightingale, to reference her 'love of humanity'.¹¹²

The need for a kind, gentle, and motherly nurse was particularly emphasised when addressing the patient's psychological well-being. This can be seen in a review published in the *British Journal of Nursing* of the book, *Doors of Hope*, by Mabel Hankin, which covered Hankin's visits to psychiatric institutions throughout continental Europe. The reviewer, Margaret Breay, noted that there were two kinds of psychiatric hospital visited by Hankin: those run by the State and those run by 'the Religieuses'. Breay wrote that 'In the latter case it seemed like a fond mother tending her sick children, and the former rather suggested a step-mother obliged to look after a family for whom she had no maternal feeling'.¹¹³ It is obvious from Breay's tone that the treatment that most closely resembled that of a mother was the preferable one. Breay concluded her review by asking a question of her readers:

Why is it that in these asylums nursed by Religious Sisters abroad that there is such a high percentage of cures? Is it not due to the love and compassion of these devoted, often middle-aged and elderly Sisters? After

¹¹⁰ Anonymous, 'Registration Day Celebration.' *The British Journal of Nursing*, January 1935, 10.

¹¹¹ Anonymous, 'Nursing Echoes.' *The British Journal of Nursing*, February 1935, 33.

¹¹² Anonymous, 'Thanksgiving Day at the British College of Nurses.' *The British Journal of Nursing*, June 1935, 149; Anonymous, 'Spirit of Benevolence.' *The British Journal of Nursing*, May 1935, 133.

¹¹³ Margaret Breay, 'Review: "Doors of Hope."' *The British Journal of Nursing*, July 1935, 193.

all, what an insane patient needs is a friend, and love, more love, and yet more love.¹¹⁴

In this way, Breay directly connected mother-like behaviour on the part of the nurse with improved patient outcomes. The importance of nurses taking on a motherly role for psychologically damaged patients was also emphasised by psychiatrist Charles Stanford Read, who argued in a 1939 article that the nurse must work to bring to her patient 'a large measure of mental peace and instil much of that feeling "Now I am safe from harm." It is largely the child within us that makes us afraid. To her terrified patient the nurse assumes the role of a mother'.¹¹⁵ In a manner similar to Breay, Read's argument directly associated the nurse's adoption of a mother role with effective treatment and improved patient outcomes.

The awareness of the need to present a kind and motherly demeanour towards patients can be seen throughout the QA's letters and diaries. In her January 1942 letter recounting her first Christmas on active service, Sister Morgan directly addressed nurses' use of a maternal persona in patient care. Morgan insisted that during her ward's Christmas carol session '40 out of 50 "soldiers" present thought of their mothers while they sang! We seem so far away from them and so lonely, and Christmas isn't right without Mums somewhere near!'.¹¹⁶ Morgan explained that she was working to mitigate her patients' feelings of homesickness and loneliness, assuring her mother that 'I do my best and try to be most motherly', before admitting that 'it doesn't always work!!!'.¹¹⁷

¹¹⁴ Breay, 'Review: "Doors of Hope."', 194.

¹¹⁵ Stanford Read, 'The Nursing and the Psychological Emergencies of War', *The Nursing Mirror*, 319 as quoted in Brooks, "'Not Only with Thy Hands, But Also with Thy Minds'", 40.

¹¹⁶ Morgan, 'SWTL', 52.

¹¹⁷ Morgan, 'SWTL', 52.

Morgan and her colleagues' enactment of a motherly figure for the psychological benefit of soldiers can also be seen in her letter describing her hospital's involvement in the 1942 retreat from Mersa Matruh:

We went with them in spirit, for nine long months: we followed the young ones with our letters and photographs, we sent the older ones soap and hastily knitted socks. We collected 'penguins' and packed them up with all our ration cigarettes and plenty of sighs and tears and pushed them into the top of kits and we laughed and called cheerful things to them as they passed by — upwards.¹¹⁸

Morgan described herself and her colleagues performing the role of female family member for the soldiers they interacted with, sending them care packages, corresponding with them, and serving as sources of encouragement and moral support. These soldiers' mothers, sisters, wives, and girlfriends were thousands of miles away and their letters and care packages ran the risk of being lost or taking weeks, if not months, to reach them, potentially depriving soldiers of a critical source of morale and emotional support.¹¹⁹ The nurses stepped in to fill that gap and close the distance between a fighting man and a supportive woman.

¹¹⁸ Morgan, 'SWTL', 69.

¹¹⁹ Acton, "'You Yourself Are Here Now Looking over My Shoulder as I Write'", 199; Gill, *How We Are Changed by War*, 13; Christa Hämmerle, 'Between Instrumentalisation and Self-Governing: (Female) Ego-Documents in the European Age of Total War.' In *The Uses of First Person Writings: Africa, America, Asia, Europe*, edited by François-Joseph Ruggiu. Bruxelles: P.I.E. Peter Lang, (2013), 269; Jenny Hartley, "'Letters Are Everything These Days": Mothers and Letters in the Second World War.' In *Epistolary Selves: Letters and Letter-Writers, 1600-1945*, edited by Rebecca Earle. Aldershot: Ashgate, (1999), 184-185; Langhamer, Noakes, and Siebrecht. 'Introduction.', 11; Judy Barrett Litoff and David Smith. "'Will He Get My Letter?'" Popular Portrayals of Mail and Morale During World War II.' *The Journal of Popular Culture* 23.4 (1990), 24; Penny Summerfield, *Histories of the Self: Personal Narratives and Historical Practice*. London: Routledge, (2018), 26.

This association between female-coded kindness and good nursing care can also be seen in Sister Morris' response to the work of the Flemish nun, Soeur Marie-Anselma, as a VAD in her ward in Belgium. In spite of the fact that, prior to the Allies requisitioning her convent, Soeur Marie-Anselma had been the member of a closed order of nuns and that she had no language in common with Morris, Morris wrote that she 'is proving a great help on the ward. She is kind, sympathetic and tireless. The language barrier is transcended by simple human kindness'.¹²⁰ Several days later, Morris reiterated the importance of Soeur Marie-Anselma's kindness in her description of her work with 'shell shock cases', writing that 'Soeur Marie-Anselma is excellent with these boys - so kind and gentle'.¹²¹ In both of Morris' descriptions of Marie-Anselma's abilities, the characteristic of kindness was central to her provision of good nursing care. Given this deep connection between kind, maternal behaviour and good nursing care, QA's found themselves working within an environment in which their ability to successfully structure their emotions in order to enact this kind, loving figure was a critical factor in their ability to meet their duty of care.

The Nurse as a Font of Calm Understanding

The ability to present the impression of calm non-judgmental understanding was a critical element of nurses' emotional community long before such emotional generosity was demanded of all British women during the Second World War.¹²² In a lecture printed in the *British Journal of Nursing*, discussing the relationship between nurses and social workers, the

¹²⁰ Morris, *A Very Private Diary*, 158-159.

¹²¹ Morris, *A Very Private Diary*, 163.

¹²² Waller and Vaughan-Rees. *Women in Wartime*, 78.

nurse's ability to manage her external emotional expression was directly connected to her ability to bring about positive patient outcomes. The lecturer, Marguerite Gane, argued that a nurse's understanding of her patient's emotions 'may bring to the family a richer gift than physical health', while a 'lack of understanding may leave a scar on the family life'.¹²³ Gane concluded that the nurse's 'faltering may incite fear. Her calmness brings hope'.¹²⁴ In an essay published in the *BJN*, Sister Winifred Moss argued that a key element in the nurse's treatment of patients suffering from a nervous breakdown was her ability to be sympathetic towards the patient, to 'be a good listener, emphasising the fact that the symptoms can be overcome', and her willingness 'to discuss with the patient how and why they [the symptoms] have arisen'.¹²⁵

As both Gane's and Moss's articles demonstrate, the nurse's presentation of calm understanding was intended to allow for her patients' emotional release. The space that this expectation of understanding created for emotional release is apparent in Sister Morris' entries from October 1944 when she was stationed in Belgium, treating the casualties from Operation Market Garden.¹²⁶ Morris' hospital first received Market Garden casualties on 4 October, and, in spite of the long hours that Morris put in to caring for these patients, she still made time to write an entry in her diary every single day up until 13 October. Morris was only occasionally such a consistent diarist and the reason behind her commitment to her diary during these ten days may be that she used it as a place to offload and contain the traumatic stories told to her

¹²³ E. Marguerite Gane, 'What the Social Worker Expects of the Nurse.' *The British Journal of Nursing*, March 1935, 65.

¹²⁴ Gane, 'What the Social Worker Expects of the Nurse.', 65.

¹²⁵ Winifred Moss, 'Our Prize Competition: State the Usual Causes of Nervous Breakdown and How to Relieve Them with Nursing Care.' *The British Journal of Nursing*, June 1935, 142.

¹²⁶ Operation Market Garden was a failed Allied operation intended to secure crossings over the Rhine, liberate the Netherlands, and allow for an Allied advance into Northern Germany.

by her patients.¹²⁷ On 6 October, Morris wrote:

The Arnhem boys were still talking about their shocking experiences when I went on duty this morning. They were delighted to see me, someone to listen to them at last. They talk and talk and I encourage them to do so. Soeur Marie-Anselma stands patiently listening whilst doing dressings etc. She looks so sympathetic and understanding, they do not know or care that she doesn't understand a word they are saying.¹²⁸

The expectation that Morris and her colleagues would be calm and understanding provided their patients with the space to speak about their traumatic experiences with a degree of honesty and detail that they most likely would not feel comfortable sharing with other sources of emotional support, such as their families back home, for fear of distressing them.¹²⁹ This expectation for calm understanding was so strongly attached to the figure of the nurse that it even extended to Soeur Marie-Anselma, in spite of the fact that she did not speak English. This language barrier did not appear to present an issue. Since Marie-Anselma was successfully presenting the emotional appearance of a nurse by looking 'so sympathetic and understanding', her actual ability to understand what was being said to her did not affect her patients' sense that she was understanding.

Morris' anecdote about Marie-Anselma illustrates the deep connection between a nurse's outward emotional expression and her patient's understanding of good care. While the

¹²⁷ Carol Acton, "'Stepping into History": Reading the Second World War through Irish Women's Diaries.' *Irish Studies Review* 18.1 (2010), 43, 50; Potter, "'I Begin to Feel as a Normal Being Should'", 60; Michael Roper, 'Splitting in Unsent Letters: Writing as a Social Practice and a Psychological Activity.' *Social History* 26.3 (2001), 320; Summerfield, *Histories of the Self*, 57.

¹²⁸ Morris, *A Very Private Diary*, 155.

¹²⁹ Roper, *The Secret Battle*, 63.

expectation that a nurse would be calm and understanding provided space for others' emotional release, this expectation always demanded emotional control from the nurse herself, lest she present the incorrect emotional reaction. Nurses needed to be able to receive their patients' emotional release without displaying any shock, horror, or distress.¹³⁰

Marie-Anselma's inability to speak English may have actually helped her to appear to be 'sympathetic and understanding' since she could not understand, and have an emotional response to, what was being said to her. Morris and her fellow QA's did not possess such a barrier between themselves and their patients' trauma. Instead, they had to actively emotionally labour to control their responses to the stories told to them.¹³¹ As Acton, Potter, and Martin Seager all argue, serving as a witness to her patients' trauma could potentially traumatise the nurse as well.¹³² The strain that this kind of work created may, once again, explain Morris' decision to fill her diary with verbatim accounts from her patients. Her diary became a space where the horrors placed upon her shoulders by her patients could be witnessed, processed, and then set aside.¹³³ The QA's roles as sources of understanding and emotional support for their patients will be discussed further in Chapter 4.

¹³⁰ Christine Hallett, *Containing Trauma: Nursing Work in the First World War*. Manchester: University Press, (2010), 158.

¹³¹ Christine Hallett, 'Emotional Containment: Nurses and Resilience.' In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020), 250.

¹³² Acton and Potter. *Working in a World of Hurt*, 5; Martin Seager, 'Who Cares for the Carers? Keeping Compassion Alive in Care Systems, Cultures and Environments: A Psychologically Minded Approach.' In *Providing Compassionate Health Care: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. London: Routledge, (2014), 45-46.

¹³³ Acton, "'Stepping into History'", 43, 50; Carol Acton and Jane Potter. "'Sticking It": Resilience in the Life-Writing of Medical Personnel in the First World War.' In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020), 358; Summerfield, *Histories of the Self*, 57.

The Nurse as a Heroic Figure

As has been previously stated, within the cultural discourse of Second World War Britain, the male combatant sat at the top of the hierarchy of heroism. This was not a new designation. In the June 1935 edition of the *British Journal of Nursing*, a column reporting on a devastating earthquake in the city of Quetta, located in modern-day Pakistan, made a point of noting that in the relief effort 'The British soldier has proved a hero as ever'.¹³⁴ In his heroic endeavours, the British military man was accompanied and assisted by his female counterpart, the heroic military nurse, whose response to the Quetta earthquake was lauded in the December edition of the *British Journal of Nursing*. In their Christmas and New Year's greeting, the paper's editors celebrated the fact that these nurses were 'qualified by their training to be of exceptional use as when they were privileged to participate in minimising the horrors of the recent earthquake in Quetta, when heroic relief was instantaneously forthcoming from all who escaped uninjured'.¹³⁵

As Jane Potter argues, during the nineteenth century, British Reform Nursing was heavily influenced by military terminology and ideology and nursing was increasingly presented as 'the accepted military service role for women'.¹³⁶ This close association between nurses and soldiers can be seen in the two major British conflicts preceding the Second World War: the Anglo-Boer War and the First World War. As Margaret Higonnet, Cynthia Toman, Christopher

¹³⁴ Anonymous, 'Nursing Echoes.' *The British Journal of Nursing*, June 1935, 146.

¹³⁵ Anonymous, 'A Christmas and New Year's Greeting.' *The British Journal of Nursing*, December 1935, 309.

¹³⁶ Jane Potter, 'Valiant Heroines or Pacific Ladies? Women in War and Peace.' In *The Routledge History of Women in Europe since 1700*, edited by Deborah Simonton. London: Routledge, (2006), 272, 260.

Schmitz, and Potter all maintain, military nurses in many ways viewed themselves as soldiers, although soldiers deployed in a decidedly non-combatant role.¹³⁷ While military nurses were to be engaged in the work of saving lives as opposed to taking them, they could still be asked to make the ultimate sacrifice and die for their country; in fact, to die alongside male combatants was considered 'the ultimate symbol of this brave new role'.¹³⁸ Death's ability to strengthen the alignment between soldier and nurse can be seen in the account of a nurse, who died of typhoid during the Boer War, being given 'a soldier's funeral' and in the *British Journal of Nursing's* decision to describe the British nurses killed during the First World War as the 'first women victims of devotion to duty'.¹³⁹

Throughout the Second World War, propaganda aimed at both the general public and at the recruitment of civilian nurses emphasised nursing's 'heroic and military past', cementing in the public's consciousness the association between nursing and heroism.¹⁴⁰ This association served to not only heighten military nursing's appeal but also to dispel society's anxiety over the prospect of having young single women engage in close physical contact with young men by making that physical contact an indication of the nurse's heroism and bravery rather than a sign

¹³⁷ Margaret Higonnet, 'Introduction.' In *Nurses at the Front: Writing the Wounds of the Great War*, edited by Margaret Higonnet. Boston, Mass: Northeastern University Press, (2001), vii; Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*. Vancouver: UBC Press, (2007), 5; Christopher Schmitz, "'We Too Were Soldiers": The Experiences of British Nurses in the Anglo-Boer War, 1899-1902.' In *A Soldier and a Woman*, edited by Gerard J. De Groot and C. Peniston-Bird. United Kingdom: Taylor & Francis Group, (2000), 61; Potter, 'Valiant Heroines or Pacific Ladies?', 272, 273.

¹³⁸ Schmitz, "'We Too Were Soldiers'", 62.

¹³⁹ Schmitz, "'We Too Were Soldiers'", 62; Anonymous, "'Our Bit": Memories of War Service by a Canadian Nursing Sister.' *The British Journal of Nursing*, January 1935, 25.

¹⁴⁰ Penny Starns, 'Fighting Militarism? British Nursing During the Second World War.' In *War, Medicine and Modernity*, edited by Roger Cooter, Mark Harrison, and Steve Sturdy. Stroud: Sutton, (1998), 194

of some potential romantic or sexual overture.¹⁴¹ The separation that this heroic narrative created between military nurses and ‘regular’ women can be seen in Sister Morris’s account of the transition in soldiers’ behaviour towards her following her donning of her QA uniform. On her way to her unit’s marshalling area for the crossing to Normandy, Morris wrote that ‘There were troops and Armoured vehicles everywhere and I was amused to see how quickly the wolf whistle was transformed into a smart salute when the soldiers noted our two pips!’¹⁴² In September 1939, the *British Journal of Nursing* insisted that ‘No body of women hold more honourable status in the body politic than the members of our Naval, Military and Air Force Nursing Services’.¹⁴³ A QA recruitment poster, printed in the *BJN* in 1944, declared that the men of the British armed forces ‘know and respect the Q.A.I.M.N.S., and honour its splendid traditions’.¹⁴⁴ While it should be noted here that a woman’s position as a military nurse did not preclude her from the romantic and sexual attention, both wanted and unwanted, of the men around her, as will be discussed in Chapter 4, that position did hold a great deal of meaning and served to set her apart from others.

In her entry describing her unit’s deployment to Normandy, Morris addressed the association between military nurses and bravery and ruefully made note of when she ruined her own performance of a proper military nurse by becoming seasick during the Channel crossing, writing that ‘My brave new QA image had been shattered by wave after wave of

¹⁴¹ Jane Brooks and Christine Hallett. ‘Introduction: The Practice of Nursing and the Exigencies of War.’ In *One Hundred Years of Wartime Nursing Practices, 1854-1953*, edited by Jane Brooks and Christine Hallett. Manchester: Manchester University Press, (2015), 7.

¹⁴² Morris, *A Very Private Diary*, 98.

¹⁴³ Anonymous. ‘The Duty and Privilege of the Registered Nurse in War.’ *The British Journal of Nursing*, September 1939, 226.

¹⁴⁴ Anonymous, ‘State Registered Nurses,’ *The British Journal of Nursing*, May 1944, 56.

nausea'.¹⁴⁵ Sister Jones also connected the QA's to the ideas of bravery and heroism in her 5 September 1940 letter home, in which she mused that it 'does not seem fair' that her parents should be exposed to air raids and the threat of invasion and she should not, when she was the one 'who "joined up" to go into the danger'.¹⁴⁶ Jones' understanding of what it meant to be a military nurse explicitly included the ability to bravely confront danger.

This understanding that a military nurse must be willing to face danger can be seen in the relative rarity with which admissions of fear appeared in the QA's personal narratives. As Claire Langhamer, Lucy Noakes, and Claudia Siebrecht argue, the control and suppression of fear was a critical element in the British Government's response to the threat of aerial bombardment and, therefore, became a key demand of the wartime emotional community.¹⁴⁷ Second World War QA's were doubly pressured to suppress and control their fears, as this kind of emotional management was demanded, not only by the emotional expectations of their profession, but also by the wider national community. Sister Morgan proudly told her mother of the glib response that she and her colleagues made to night-time air raids near their field hospital, writing that they would respond to the guards' requests that they get out of bed and into the slit trenches with 'Oh go away — this is child's play!'.¹⁴⁸ When Morgan did acknowledge feeling fear, she framed it with a humorous tone and presented her reaction as silly and unreasonable. In a December 1941 letter, she told her mother about a violent winter storm that had battered her field hospital for days and she admitted:

... for the first time I was frightened!... as every sheet of lightening

¹⁴⁵ Morris, *A Very Private Diary*, 102.

¹⁴⁶ Jones, *A Time to Remember*, 69.

¹⁴⁷ Langhamer, Noakes, and Siebrecht. 'Introduction', 16.

¹⁴⁸ Morgan, 'SWTL', 58.

illuminated the wreckage of my tent and the water swirled round my bed and the rumble, crash, crash, bang! Oh! my goodness I really thought that the enemy was upon us and that all the tanks were coming up the compound towards my tent! I was too missy to even get up and go and join M. so I just pulled everything available over my head and eventually slept by thinking of you all!¹⁴⁹

Morgan concluded this account by cheerfully encouraging her mother 'Yes! Do laugh because I'm doing so now!' Morgan portrayed her fear as a childish response. Her decision to use the adjective 'missy', a lightly derogatory term meaning characteristic of a schoolgirl, to describe her behaviour allowed her to pointedly dismiss her emotions as immature and silly.

While Morgan's outward tone aligned with the demands of her emotional community by dismissing and minimising her fears, a closer examination of her letter indicates the difficulty that she faced in suppressing those emotions. Morgan's decision to present her fears as child-like may in fact indicate an unconscious desire for comfort, given that the recipient of her letter was her mother.¹⁵⁰ She admitted that it was by mentally returning to the comfort and safety of her family that she was able to soothe herself and go to sleep. Furthermore, her admission that in the violence of the storm she imagined that her camp was being overrun by the enemy suggests that she did find her deployment close to the fighting frightening at times. Morgan wrote this letter at the end of a year that had seen Allied and Axis forces battling fiercely back and forth across North Africa, and, at the time that this letter was written in December 1941, it was by no means evident that the Allies would be successful in driving the Axis armies out of

¹⁴⁹ Morgan, 'SWTL', 48

¹⁵⁰ Roper, *The Secret Battle*, 25.

North Africa.¹⁵¹ The connection that Morgan drew between the fear she felt in a violent desert storm and her fear of the enemy allowed her to allude to her anxieties surrounding the progress of the war, although she clearly sensed that it would not be appropriate for her to openly admit to this fear. In a similar manner to that highlighted by Roper in his study of First World War soldiers' letters, Morgan buried her unacceptable emotions under her breezy dismissals and assurances of continued good humour, yet her fears remained present for her mother to find with the unspoken hope that she would then offer comfort and reassurance.¹⁵²

Sister Luker's diary entries confirmed Morgan's belief that an open admission of fear would be poorly received. Luker reported with disdain of other QA's on her hospital ship being fearful of air attacks committed against the ship while they were in port, noting derisively that 'some sisters are so dithery, they sleep fully dressed in the lounge'.¹⁵³ She viewed these other QA's open expression of fear as silly and ridiculous, demonstrating how community members could work to encourage compliance with the emotional community's feelings rules amongst their peers.¹⁵⁴ When fear did make an appearance in Luker's diary, the emotion was directed outwards towards others. Luker's sister and her family lived in Singapore and Luker's fear over their safety becomes increasingly apparent in the diary entries leading up to the city's fall to the Japanese. On 26 January 1942, Luker admitted that she was 'greatly concerned' over her sister's situation and on 15 February, the day Singapore surrendered, Luker began her entry

¹⁵¹ Adrian Gilbert, *The Imperial War Museum Book of the Desert War*. London: Sidgwick & Jackson, (1992), xiii-xiv.

¹⁵² Roper, *The Secret Battle*, 64

¹⁵³ Luker, 10 September 1941.

¹⁵⁴ Rosenwein, 'Worrying about Emotions in History', 842.

'My heart is full of anxieties — '.¹⁵⁵ While fear was the emotion that informed these entries, Luker never explicitly stated that she was afraid, controlling the emotion by describing it as more manageable emotional states such as concern or anxiety. While her emotional community allowed for the feeling of fear on behalf of another, it still demanded that that emotion be tightly controlled.¹⁵⁶ Luker duly kept her emotions in check, concluding her 15 February entry by noting that, although Churchill's speech about the fall of Singapore 'makes me want to cry', she did not succumb to the uncontrolled emotional display of actually shedding tears.¹⁵⁷

In her entries covering her time working in a field hospital in Normandy following the D-Day invasion, Sister Morris never described herself as being afraid, in spite of the fact that her hospital was under threat from sniper fire and aerial bombardment. On 27 June, Morris noted that she had decided to wear her tin hat to sleep due to all of the shrapnel flying around as a result of air raids and anti-aircraft fire and on 29 June recorded that she had ordered her patients to do the same.¹⁵⁸ On 28 June, Morris described a strafing attack made against her hospital, writing that two orderlies, who had been in the process of transferring one of Morris' patients from her ward to the operating tent, had panicked, dropped the patient, and run. Morris was furious over these two men's reaction, writing that they 'should be put on a charge' but that they probably would not receive any serious punishment as their hospital was short of personnel.¹⁵⁹ At no point in this account did Morris acknowledge any fear of her own and her

¹⁵⁵ Luker, 26 January 1942, 15 February 1942.

¹⁵⁶ Langhamer, Noakes, and Siebrecht. 'Introduction.', 17.

¹⁵⁷ Luker, 15 February 1942.

¹⁵⁸ Morris, *A Very Private Diary*, 122, 125.

¹⁵⁹ Morris, *A Very Private Diary*, 124.

disdain for the orderlies' fear was highly apparent. In her hospital's early days in Normandy, the threat of sniper fire was so pronounced that Morris' matron insisted that the QA's be escorted to the latrine by armed guards. The matron's concern was not unwarranted as a note included in Morris' papers held at the IWM stated that one of the QA's in Morris' unit had actually been shot and killed by a sniper while using the latrine.¹⁶⁰ Morris did not address this incident in her diary and the only emotion that she acknowledged in relation to the threat of snipers was embarrassment over having to be escorted to the toilet.¹⁶¹

The lack of fear that characterised Morris' entries during her time in Normandy was not characteristic of her diary as a whole. Morris readily admitted to being terrified during the several close calls she had in bombing raids on London.¹⁶² In her 19 June 1944 entry describing her deployment from England to Normandy, Morris acknowledged being very frightened when her troopship encountered a mine and while climbing down the scrambling net to the landing ship in rough seas.¹⁶³ The critical difference between these moments when Morris readily confessed to being afraid and her time at her field hospital in Normandy was her position as an actively practicing military nurse. The disappearance of fear from Morris' diary may be a result of the combination of the emotional expectations for a military nurse and the emotional impact of the work itself. A British army nurse was supposed to be brave, an expectation that may have encouraged nurses to suppress or conceal feelings of fear as they were considered antithetical to the profession. In addition to the impact of professional expectations, Carol Acton and Jane

¹⁶⁰ Mary Morris, 'Private Papers of Mrs. M. Morris - Remembering the few: one in particular', Imperial War Museum, Documents.4850b, 4.

¹⁶¹ Morris, *A Very Private Diary*, 110.

¹⁶² Morris, *A Very Private Diary*, 48, 77, 83, 85.

¹⁶³ Morris, *A Very Private Diary*, 101, 104.

Potter argue that the demands of the work itself could serve as a critical distraction from fear, allowing for the creation of a dislocation within the nurse between the frightening environment around her and her own emotional responses.¹⁶⁴

The alignment that QA's sought to embody between the heroic soldier and the heroic military nurse can also be seen in Sister Morgan's May 1941 letter in which she assured her mother that 'Yes! I can stand the heat and the flies and ants, because "our men" can and must'.¹⁶⁵ Morgan's statement demonstrates how the QA's aspired to meet and withstand the same circumstances as their soldier-patients and how they took pride in being able to satisfy that expectation and prove themselves to be true members of the armed forces.¹⁶⁶ While military nurses were expected to withstand the same circumstances as soldiers and to do so with a similarly brave and cheerful attitude, the soldier's heroism was always the most celebrated of the two, as can be seen in the fact that nurses often privileged soldiers' narratives within their own personal writings.¹⁶⁷ A nurse's heroism and bravery was expected of her as it was performed in service of her patients and as a part of her duty to care. This foundational

¹⁶⁴ Carol Acton and Jane Potter. "These Frightful Sights Would Work Havoc with One's Brain": Subjective Experience, Trauma, and Resilience in First World War Writings by Medical Personnel.' *Literature and Medicine* 30.1 (2012), 75.

¹⁶⁵ Morgan, 'SWTL', 21.

¹⁶⁶ Acton and Potter. "Sticking It", 353; Hallett, *Nurse Writers of the Great War*, 7; Potter, *Boys in Khaki*, 222; Schmitz, "We Too Were Soldiers", 54; Meryn Stuart, 'War and Peace: Professional Identities and Nurses' Training, 1914-1930.' In *Challenging Professions: Historical and Contemporary Perspectives on Women's Professional Work*, edited by Elizabeth Smyth, Sandra Acker, Paula Bourne, and Alison Prentice. Toronto ; London: University of Toronto Press, (1999), 174.

¹⁶⁷ Margaret Higonnet, 'Three Nurses' Life-Writing: Scrapbook, Portrait, and Construction of a Self.' In *Women Writing War: From German Colonialism through World War I*, edited by Katharina von Hammerstein, Barbara Kosta, and Julie Shoults. Berlin ; De Gruyter, (2018), 251; Margaret Higonnet, 'Authenticity and Art in Trauma Narratives of World War I.' *Modernism/Modernity* 9.1 (2002), 99-100; Potter, *Boys in Khaki*, 154

responsibility was supposed to inform her heroism rather than any desire for accolades or celebratory recognition. In fact, as the *British Journal of Nursing* argued, it was through ‘the devotion of the fighting forces’ that military nurses were supposed to find ‘their inspiration and reward’.¹⁶⁸

In a September 1944 letter, Morgan informed her mother that she has been ‘Mentioned in Dispatches for Gallant and Distinguished Service in Italy’ and then immediately set about minimising the ‘heroic’ connotations of this award. She mused that ‘what there has been gallant or distinguished about the last 11 months of dirt, cold, wet, mud, and hard work I don’t know!’ and attributed credit for her award to her parents, writing that ‘any little bit of extra hard work or making-do that has fallen to my lot has only been because I was well equipped for anything like that by you’.¹⁶⁹ This notion of bravery as an aspect of the nurse’s duty to care rather than as a virtue to be celebrated can also be seen in Sister Ffoulkes Parry’s 13 May 1941 entry, written before she began work on the hospital ship, *Karapara*:

If by some chance I should become a war victim too... I should hate to think my name was inscribed on a brass roll of honour — as though I were some heroine — which emphatically I am not, and should be perfectly happy knowing I had done my job according to my own standards...¹⁷⁰

The heroic military nurse was expected to match her counterpart, the heroic soldier, in her willingness to give her life in service of her country, or, more specifically, in service of her patients. This ultimate sacrifice, however, was not something to be celebrated but rather to be

¹⁶⁸ Anonymous. ‘The Duty and Privilege of the Registered Nurse in War’, 226.

¹⁶⁹ Morgan, ‘SWTL’, 309.

¹⁷⁰ Ffoulkes Parry, *Joyce’s War*, 86-87.

viewed as the peak example of her devotion to her duty.¹⁷¹ In her work on nurses' training from 1914 to 1930, Meryn Stuart highlights the contradictory construction of the heroism of military nursing. Stuart argues that military nursing held a great deal of appeal to women because it provided them with an opportunity to perform 'feminine' work in an arena where they could earn 'unequivocal public honour'.¹⁷² However, drawing on work by Sharon Ouditt, Stuart maintains that this heroic work was constructed in recruitment literature in a manner that highlighted the values of 'humility, unselfishness, and the importance of giving generously'.¹⁷³ It was not presented as socially acceptable for a military nurse to claim her heroism in the way that a soldier could.

The association between nursing and bravery was not limited to the discourse surrounding military nursing, although this was the area of nursing where it was most apparent. It influenced the expectations for civilian nurses as well. In the *Nursing Mirror* editorial published just prior to Britain's declaration of war, the editors confidently declared that nurses were 'among those most fitted to deal with the conditions arising in a crisis'. They argued that 'Illness itself is an emergency, and so from the earliest days of her training the young nurse learns to keep her head in a crisis.... The nurse soon becomes accustomed to keeping a cool head and a stout heart'.¹⁷⁴ The *Nursing Mirror's* editors' belief in British nurses' fortitude appeared to bear out. As Jane Brooks argues, many nurses found that their 'regimented and highly disciplined training' in civilian hospitals 'toughened them' and 'enabled them to manage

¹⁷¹ Schmitz, "'We Too Were Soldiers'", 62.

¹⁷² Stuart, 'War and Peace', 173.

¹⁷³ Stuart, 'War and Peace', 172.

¹⁷⁴ Anonymous 'War - What It Means to the Nurse', 755.

the challenges of war nursing'.¹⁷⁵ The first question that the *Women's Own* 'Are You Brave' quiz asked its readers was 'In times of crisis and emergency can you keep cool and calm and refuse to be panicked?'.¹⁷⁶ As the *Nursing Mirror* article demonstrates, the common expectation was that British civilian nurses had long possessed this level of emotional control. This expectation in turn placed even more pressure on QA's to endure and successfully overcome the traumatic circumstances that their wartime service would expose them to. A true British nurse did not break down no matter how profound the crisis.

The Nurse and Female Citizenship

The notion of a military nurse's heroism and bravery acting as her shield against the spectre of impropriety was the product of an ideological evolution in nursing over the course of the first two decades of the twentieth century, which saw nursing's driving ideology shift from 'religious vocational fervour' to 'civic and patriotic imperatives'.¹⁷⁷ Nurses' primary drive to enter their profession was now presented to be for humanitarian or patriotic reasons rather than ones centred around religious service. Regardless of the shift from religious to secular reasoning, both ideologies were aimed at protecting nurses from the potential moral stain of having to interact with 'sick and male bodies' and ensuring that nursing remained a respectable profession.¹⁷⁸ The influence of this ideology of civic virtue can be seen throughout the pages of the *British Journal of Nursing*, often presented in the terms of being of service, or of use, to

¹⁷⁵ Brooks, *Negotiating Nursing*, 27.

¹⁷⁶ Waller and Vaughan-Rees. *Women in Wartime*, 35.

¹⁷⁷ Sioban Nelson, 'From Salvation to Civics: Service to the Sick in Nursing Discourse.' *Social Science & Medicine* 53.9 (2001), 1217.

¹⁷⁸ Nelson, 'From Salvation to Civics', 1217.

others. The March 1935 edition stated that there was no profession outside of nursing which offered 'such helpfulness to humanity'.¹⁷⁹ In the 'Nursing Echoes' section of the September edition, the editors discussed the potential conflict between Italy and Abyssinia and insisted that 'Whenever there is rumour of war, British nurses are eager to know what provision is being made for the care of the sick and wounded... in order that they may worthily play their part' by caring for them.¹⁸⁰

The December edition included a full page article addressing 'The Nurse as Citizen', which featured excerpts from a speech given by Lady Helen Munro Ferguson at the International Congress of Nurses in 1909. In her speech, Ferguson congratulated nurses on the opportunity that their profession provided them to be truly exceptional citizens:

... You can rejoice that every quality which you possess can be brought into play, and that your sphere of usefulness may be just as extended as you like to make it every hour of your day, and be fruitful in self-development. This is important from the point of view of citizenship, for though it is true that every individual who lives worthily, however narrow his sphere, is contributing to the good of the State and borough, the most useful citizen will be the one who brings the greatest amount of capacity to bear on the greatest number of opportunities.¹⁸¹

In the same edition that featured Lady Ferguson's speech, the editorial section discussed the work of nurses during the 1935 Quetta earthquake and celebrated that, in 'emergencies and

¹⁷⁹ Anonymous, 'The Kent County Mental Hospital, Maidstone: A Prospectus of Psychological Interest.' *The British Journal of Nursing*, March 1935, 65.

¹⁸⁰ Anonymous, 'Nursing Echoes.' *The British Journal of Nursing*, September 1935, 230.

¹⁸¹ Anonymous, 'The Nurse as Citizen.' *The British Journal of Nursing*, December 1935, 314.

disasters', nurses were assured of being 'of exceptional use' to those around them.¹⁸² When it came to nurses' emotional experience, this notion of 'usefulness' could prove to be a double-edged sword. When they felt that their work could be qualified as truly 'useful', nurses could turn to this confirmation of their worth as a source of resilience in times of difficulty.¹⁸³ However, when their work did not enable them to feel that they were 'useful', nurses could experience a profoundly negative emotional response. The emotional impact of 'useful' work on active duty QA's is discussed further in Chapter 2.

As this chapter has demonstrated, many of the feelings rules that dictated the repertoire of acceptable emotions and forms of emotional expression for British civilians during the Second World War would have been very familiar to British nurses, as highly similar rules had structured the emotional regime of pre-war civilian nursing. During the Second World War, British nurses saw the emotional expectations that had structured their professional lives expanded to direct their behaviour in their private lives as well. The feelings rules of pre-war British nursing had been established with the understanding that these rules ensured the best patient care. To follow these feelings rules and present the appropriate emotional expression was to successfully deliver on one's duty to care. Compliance with the feelings rules of wartime Britain was encouraged through the argument that they were necessary for the war effort and would aid in Britain's victory. The QA's adherence to these feelings rules was now necessary for them to consider themselves not only good nurses, but also good citizens. With the amalgamation of the emotional expectations for both their professional and private lives, the

¹⁸² Anonymous, 'A Christmas and New Year's Greeting.', 309.

¹⁸³ Acton and Potter. "Sticking It", 353.

space in which QA's could give voice to emotions that fell outside of those accepted by their emotional community, especially negative emotions such as grief, anger, or fear, became increasingly narrow.

Chapter 2: In Search of Worthy War Work: Nursing Care that Matters

In a July 1944 letter, Sister Betty Murgatroyd considered what her time on active service thus far had meant to her, writing 'it's almost six weeks since we arrived in France, and what an experience it has been in every way. It has done me so much good Lilian, it came at a time when I really needed something. I really was unhappy, but now, I have so much to think about, and everyday brings something new'.¹ Sister Agnes Morgan conveyed a similar sense of profound meaning that she derived from her work in a July 1941 letter home, in which she confessed that 'Strange enough though it may seem, I have arrived at "home"... I really believe it's what I have been aiming at for all the years of my training!!! Doesn't that sound amazing?'²

This chapter investigates which elements of the QA's wartime nursing care prompted such enthusiastic responses from the nurses themselves. It asks what kind of nursing work they perceived to be the most meaningful and how their understanding of what work mattered impacted on their emotional experience.

The chapter begins by considering the perspectives present in nursing literature regarding the sources of satisfaction and meaning within the profession. It then addresses the expectations that the QA's had for their military service and their emotional responses to encountering 'real war nursing'. The chapter then examines the key characteristics of the QA's work that they highlighted as being sources of professional satisfaction and enjoyment and contrasts the nursing work that 'mattered' with the work that nurses viewed as superfluous or a waste of time. Finally, it considers the reasons behind these nurses' need to feel that their

¹ Betty Murgatroyd, 'Private Papers of Miss B. Murgatroyd', Imperial War Museum, Documents.19944, 22 July 1944, 2-3.

² Agnes Kathleen Dunbar Morgan, 'Private Papers of Miss A.K.D. Morgan: Still With The Lamp', Imperial War Museum, Documents.16686, 30.

work was worthwhile and the emotional consequences of this belief.

Professional Satisfaction in Nursing Care

There is some debate within nursing literature over which elements of nursing practice are consistently emphasized as sources of meaning and professional satisfaction. In her analysis of American nursing literature, Geertje Boschma argues that nursing leadership has historically highlighted the importance of holistic care and engagement with patients as the primary means to distinguish nursing from medicine.³ In her own review of nursing literature, Tanya Kyle argues that there is a similar focus on 'caring' as the central pillar of the nursing profession in the United Kingdom.⁴ Sharon Bolton supports this argument in her own research on emotion work in the nursing labour process, arguing that nurses predominantly centre their professional status in their ability to engage in authentic caring behaviour with their patients.⁵ Furthermore, Bolton insists that nurses derive professional satisfaction from both their ability to engage in successful emotion work with their patients and the positive impact on patient well-being that such emotion work produces.⁶ Catherine Theodosius complicates Bolton's argument regarding the satisfaction that nurses derive from their emotion work with patients by highlighting the relational nature of the nurse-patient relationship. Theodosius argues that, in the nurse-patient relationship, the patient receives emotional support from the nurse, who, in turn, receives

³ Geertje Boschma, 'Ambivalence about Nursing's Expertise: The Role of a Gendered Holistic Ideology in Nursing, 1890-1990.' In *Nursing History and the Politics of Welfare*, edited by Ruth Elkan, Anne Marie Rafferty, and Jane Robinson. London ; New York: Routledge, (1997), 170.

⁴ Tanya Kyle, 'The Concept of Caring: A Review of the Literature.' *Journal of Advanced Nursing* 21.3 (1995), 506.

⁵ Sharon Bolton, 'Who Cares? Offering Emotion Work as a "Gift" in the Nursing Labour Process.' *Journal of Advanced Nursing* 32.3 (2000), 586.

⁶ Bolton, 'Who Cares?', 581, 584.

professional satisfaction as a result of the gratitude the patient expresses for the care offered.⁷ Therefore, this satisfaction is contingent on the patient demonstrating that the nurse's emotion work has been successful through that display of gratitude. Carol Acton and Jane Potter demonstrate that this connection between patient engagement and nurses' professional satisfaction is one with deep historic roots. In their work on the First World War, Acton and Potter argue that nurses turned to the satisfaction that they derived from helping their patients and their sense that their patients needed them as sources of resilience to aid in their own psychological survival.⁸

In contrast to these works that place patient engagement and the notion of 'caring' at the centre of nursing, in their study of the St. Luke's Hospital Training School for Nurses in St. Paul, Minnesota, Tom Olson and Eileen Walsh argue that this emphasis on caring reflected the views of nursing leadership rather than that of rank-and-file nurses.⁹ Olson and Walsh maintain that the skills that ordinary nurses highlighted as being the most important were those that enabled them to manage and control the people and environments around them in order to produce neat and ordered work.¹⁰ Within the field of military nursing, research by Jane Brooks,

⁷ Catherine Theodosius, *Emotional Labour in Health Care: The Unmanaged Heart of Nursing*. London: Routledge, (2008), 34.

⁸ Carol Acton and Jane Potter. *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones*. Manchester: University Press, (2015), 46; Carol Acton and Jane Potter. "'Sticking It": Resilience in the Life-Writing of Medical Personnel in the First World War.' In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020), 353; Jane Potter, "'I Begin to Feel as a Normal Being Should, in Spite of the Blood and Anguish in Which I Move": American Women's First World War Nursing Memoirs.' In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. London, United Kingdom: Taylor & Francis Group, (2013), 57-58.

⁹ Tom Craig Olson and Eileen Walsh. *Handling the Sick: The Women of St. Luke's and the Nature of Nursing, 1892-1937*. Ohio State University Press, (2004), 78.

¹⁰ Olson and Walsh. *Handling the Sick*, 91.

Cynthia Toman, and Kara Dixon Vuic also adds nuance to the conversation surrounding the centrality of care to nurses' professional satisfaction. Brooks, Toman, and Vuic emphasise that the military nurse's ability to increase her level of professional autonomy and expand her area of practice were also key factors that worked to make military service appealing.¹¹

In its consideration of nurses' professional satisfaction and their understanding of the work that mattered, this chapter aims to construct an argument that falls between the centrality of care seen in Boschma, Kyle, and Bolton's works and Olson and Walsh's focus on work that created a concrete, completed product. Rather than arguing for either extreme, the chapter maintains that both elements contributed to the QA's professional satisfaction and enjoyment.

Finding the Front: The Qualities of a 'Real' War Experience

When the Second World War began, the QA's ranks consisted of only 624 regular members.¹² By the end of the war, that number had swelled to 12,000, with the difference overwhelmingly made up by civilian reservists with no prior military experience.¹³ When these civilian nurses signed up for military service, they did so with expectations surrounding what that service would entail and how it might differ from their experiences in civilian practice. There appear to

¹¹ Jane Brooks, *Negotiating Nursing: British Army Sisters and Soldiers in the Second World War*. Manchester: University Press, (2018), 11, 15; Cynthia Toman, 'Front Lines and Frontiers: War as Legitimate Work for Nurses, 1939–1945.' *Histoire Sociale / Social History* 40.79 (2007), 45; Kara Dixon Vuic, 'Wartime Nursing and Power.' In *Routledge Handbook on the Global History of Nursing*, edited by Patricia D'Antonio, Julie Fairman, and Jean Whelan. Abingdon, Oxon ; New York, NY: Routledge/Taylor & Francis Group, (2013), 25.

¹² Brooks, *Negotiating Nursing*, 3.

¹³ Brenda McBryde, *Quiet Heroines: Nurses of the Second World War*. Chatto & Windus, (1985), 2. Brooks, *Negotiating Nursing*, 3.

be three qualities that made up the general understanding of a 'real' wartime nursing experience. First, it would involve deployment overseas. Second, the patients would be members of the armed forces, who had either been injured in combat or fallen ill while deployed on the front lines. Finally, it would involve danger and hardship. It appears that all three elements needed to be present in order for a nurse to lay claim to a 'real' war experience.

In a 7 January 1944 letter to her friend, Lilian, Sister Murgatroyd voiced her opinion that the three months she had spent as a QA, working at a military hospital in Ormskirk, Lancashire, did not constitute a 'real' wartime experience. This can be seen in the sarcastic tone she used to respond to Lilian's concern that she would be sent overseas, writing 'my dear, at the rate we are moving, I shall be here to welcome everybody back, and when asked where I went in the war, I shall be able to say Ormskirk!!!'.¹⁴ If Murgatroyd's tone failed to sufficiently convey her frustration at not being deployed overseas, she followed up by explicitly stating that she and her fellow QA's were 'getting very fed up' at their continued presence in the UK.¹⁵

While working as a student nurse at the Kent and Sussex Hospital in 1940, Sister Mary Morris had cared for injured soldiers evacuated from Dunkirk. Later as a SRN at Brook Hospital in Woolwich, Morris faced great danger from air raids. However, in her diary entries leading up to her deployment overseas, it was apparent that she believed that her experience nursing abroad would be notably different from anything she had previously experienced. In her 5 June 1944 entry describing her arrival at the mustering point for her unit, Morris wrote that it 'was difficult to imagine what the Second Front would mean to us personally. My experience with

¹⁴ Murgatroyd, 7 January 1944, 2. Ormskirk, Lancashire was the location of Murgatroyd's first deployment as a QA at the No. 102 General Hospital.

¹⁵ Murgatroyd, 7 January 1944, 2.

the Dunkirk veterans had given me some indication of the horrors that might be in store'.¹⁶ In her 19 June 1944 entry, written just after her unit had landed in Normandy, Morris wrote that during the Channel crossing she 'was too excited to sleep. There was fear and anticipation. What will it be like over there?'.¹⁷ Morris had cared for soldiers with traumatic injuries and been subjected to aerial bombardment yet she did not believe that these experiences had given her much insight into the 'real' war experience that awaited her overseas.

Nevertheless, one's presence overseas did not automatically guarantee a real war experience. While stationed overseas with the BEF in 1939 and 1940, Sister Helen Luker did not appear to qualify her experiences as real wartime nursing until the commencement of the Battle of France in May 1940. Up to this point, Luker had been physically safe and comfortable. In her 23 January 1940 entry, she noted that she was not treating 'real soldiers', as her patients were all members of the 'A.M.P.C. Labour Corps or Engineers'.¹⁸ Luker's tone changed in her entry for 19 May 1940 where she made a note across the top of the page that she had begun 'Some real C.C.S. work', in spite of the fact that she had been working with the No. 12 C.C.S. since 19 April.¹⁹ Luker highlighted this date because it marked the first time in her deployment that all three elements of a real war experience were present: she was overseas, she was caring for injured soldiers just off the front line, and she was experiencing both air raids and a heavy case load that kept her working for over seventeen hours straight.²⁰

¹⁶ Mary Morris, *A Very Private Diary: A Nurse in Wartime*. Edited by Carol Acton. London: Weidenfeld & Nicolson, (2014), 93-94.

¹⁷ Morris, *A Very Private Diary*, 101.

¹⁸ Helen Luker, 'Private Papers of Miss E.H.A. Luker', Imperial War Museum, Documents.1274, 23 January 1940. AMPC stands for Auxiliary Military Pioneer Corps.

¹⁹ Luker, 19 May 1940.

²⁰ Luker, 19 May 1940; 20 May 1940.

Luker's experiences during her first few months with the No. 8 General Hospital in Alexandria, Egypt, in the fall of 1940 also appeared to fall short of her expectations for a 'real' war experience. In Alexandria, Luker was initially assigned to work as a theatre sister and many of her diary entries noted that her surgical team was only performing 'very minor' and 'small' operations and that her days on duty felt 'very boring'.²¹ The failure of Luker's work to meet her expectations for wartime nursing can be seen in her entry for 4 November 1940, which she described as a 'very boring day'. It consisted of 'Colonel's round and one small case in the theatre in the morning — I make a special cystoscopy pillow for Col. Ward...'.²² Luker's dissatisfaction with this work was evident in her sarcastic exclamation 'some active service this!', which she used to conclude her description of her morning on duty.²³

Luker's understanding of a real war experience was echoed in Sister Morgan's August 1943 letter to her mother describing her work at a 1st Army C.C.S. in Ramacca, Sicily:

It's hard to tell you of our work — at last, it's the work I always imagined, first hand casualties, straight from the field, rolling in unceasingly and being operated on and resuscitated and transfused automatically and beautifully...

This is real war nursing — I have never stopped all day, bandaging, giving injections, washing, lifting, dressing — no red-tape, no beds to make, no rules or regulations to observe — we just took over a section and 'got

²¹ Luker, 12 October 1940, 20 October 1940, 19 October 1940

²² Luker, 4 November 1940.

²³ Luker, 4 November 1940.

down' to our endless stream of wounded men.²⁴

All of the key elements of a 'real' war experience are found in Morgan's description of her time at the Ramacca C.C.S.: she was overseas, she was caring for soldiers wounded in combat, and she was experiencing hardship herself, as indicated by her account of working all day on an unceasing stream of casualties. Morgan's letter also contained another key aspect commonly found in QA's descriptions of their encounters with 'real' war work: the belief that this was precisely the kind of work that they had signed up to do. Sister Murgatroyd echoed this belief in her 24 June 1944 letter to her friend, Lilian. She began by explaining that the work she was doing in Normandy as a member of the 32nd C.C.S. was 'very hard... working under such difficult conditions, conditions which two weeks ago, I would have thought impossible'.²⁵ However, in spite of this hardship, Murgatroyd concluded her letter 'Don't worry about me, what ever happens, I am doing what I want to do'.²⁶ Murgatroyd signed up to be a military nurse, and, in her estimation, this was precisely the kind of work that a military nurse performed.

This focus on hardship, difficulty, and, while rarely explicitly stated, danger demonstrates the continued support of combat Gnosticism and privileging of the soldier's experience within military nurses' personal writings. As both Margaret Higonnet and Jane Potter argue in their work on the First World War, frontline service, with all of its attendant difficulties and dangers, was considered to be the ultimate wartime experience and the

²⁴ Morgan, 'SWTL', 205.

²⁵ Murgatroyd, 24 June 1944, 1

²⁶ Murgatroyd, 24 June 1944, 9.

soldier's perspective dominated the understanding of what 'true' frontline service entailed.²⁷ In a manner similar to that highlighted by Róisín Read in her research on female aid workers, a nurse's experience could gain authority and authenticity through discomfort and danger, because, the more uncomfortable and unsafe her experience, the more it could be rooted in the space of the front, where the soldier's perspective and the true war experience was located.²⁸ The closer that a nurse could get to that dangerous frontline the truer and more worthwhile her own experience became.

The critical role that hardship and danger played in the QA's expectations surrounding what constituted 'real' war work was particularly evident when a QA felt that her circumstances were too comfortable or too safe. As discussed in Chapter 1, a comfortable and safe situation set QA's up to fail in meeting two key expectations of their emotional community. They were neither embracing the strictures of austerity as good British citizens, nor bravely facing danger as good military nurses. In her letters to her family, Sister Vera Jones addressed the expectation that her time with the QA's would involve hardship and danger when discussing her deployment's failure to meet that assumption. In a September 1940 letter, posted from Jerusalem, Jones wrote that 'It does not seem fair that I should be in this quiet place, while you are in all the danger, and it was I who "joined up" to go into danger — as I expected!'.²⁹ In a

²⁷ Margaret Higonnet, 'Introduction.' In *Nurses at the Front: Writing the Wounds of the Great War*, edited by Margaret Higonnet. Boston, Mass: Northeastern University Press, (2001), xii; Jane Potter, *Boys in Khaki, Girls in Print: Women's Literary Responses to the Great War, 1914-1918*. Oxford: Clarendon, (2005), 154.

²⁸ Róisín Read, 'Embodying Difference: Reading Gender in Women's Memoirs of Humanitarianism', *Journal of Intervention and Statebuilding* 12.3 (2018), 305.

²⁹ Vera Jones, *A Time to Remember: A Record of Nursing Experiences, Impressions, and Travels during World War II Contained in Letters Sent Home from the East*. London: Athena Press, (2005), 69.

letter written towards the end of February 1941, Jones confessed to the discomfort she felt at her continued safety and comfort:

I often feel that I have shirked something when I read in your letters of all the dangerous days and nights you are having. I certainly never expected to leave the bombs and sirens for you to put up with. It is really a foolish idea to have, but I often wonder why I have escaped it all, and whether I shall ever see any of the war at all. That is the general feeling of all the Sisters here...³⁰

Jones appeared to believe that, as she had not experienced hardship or danger, she had not experienced the war and, therefore, could not claim to have had a 'real' war experience in spite of having joined the military with the expectation that she would face both. By using the word 'shirked', Jones drew a parallel between her lack of hardship and a gross dereliction of duty, such as that displayed by a male malingerer. By failing to go into danger, Jones appeared to feel that she had in some way failed in her duty, a sentiment that was made even more galling by the fact that she had not actively chosen to stay safe. Jones also wrote that this expectation was so widespread that her colleagues shared her sentiments as well. They had all acted in a manner that should have kept them in accordance with the expectations of their emotional community and yet, in spite of their own efforts, they still appeared to have failed.

Within the private pages of her diary, Sister Joyce Ffoulkes Parry was more explicit in her description of the emotions generated by the prospect of moving away from the warfront as a result of her deployment to the hospital ship, HMHS *Karapara*: 'I hate the thought of moving

³⁰ Jones, *A Time to Remember*, 106.

away from it all with nothing to worry about: safe with every comfort. How I loath it all...'.³¹

Sister Luker responded in a similar manner to the news that her hospital ship, HMHS *Dorsetshire*, would be moving away from the active fronts of the Mediterranean. In her entry for 26 April 1941, she wrote, 'we have orders to proceed to Port Said! We think we are saying good-bye to the Mediterranean — I'm most upset and I think the others are too!'.³² The *Dorsetshire's* move away from service in the Mediterranean felt especially galling to Luker as, on 14 April, the *Dorsetshire* had participated in the 'real' war experience of evacuating patients from the besieged city of Tobruk.³³ This experience appeared to have been a profound one for Luker and her colleagues as she returned to the topic of Tobruk on 24 April, writing that 'the Aussies are also hanging onto Tobruk for dear life — we wish we could go back there'.³⁴

Luker was well aware that evacuating patients from Tobruk was a dangerous endeavour, having witnessed the hospital ship, *Vita*, being bombed by German planes while leaving the harbour, yet she and her fellow nurses wanted to return and were distressed by the news that they would be moving out of the Mediterranean altogether.³⁵ Within the context of a war that was presented to the British public as 'The People's War', in which the fighting and suffering was to be shared by all, and from the perspective of a profession rooted in an expectation of service and sacrifice, for many QA's, deployments that denied them the opportunity to take their 'share of the suffering' were not greeted as welcome reprieves.³⁶ Instead, they had the

³¹ Joyce Ffoulkes Parry, *Joyce's War: The Second World War Journal of a Queen Alexandra Nurse*. Edited by Rhiannon Evans. Stroud: The History Press, (2015), 94

³² Luker, 26 April 1941.

³³ Luker, 14 April 1941.

³⁴ Luker, 24 April 1941.

³⁵ Luker, 14 April 1941.

³⁶ Lucy Noakes, 'Gender, Grief, and Bereavement in Second World War Britain.' *Journal of War*

potential to destabilize a QA's understanding of her role in the war effort.

The Appeal of the Front

The front may have been the location of the most 'authoritative' and 'authentic' war experience but was the ability to claim a 'true' war experience enough to encourage someone to enter danger in order to acquire it? Sister Ffoulkes Parry's description of her expectations for life on the HMHS *Karapara*, 'nothing to worry about: safe with every comfort', sounds like an ideal situation in which to find oneself in the midst of a war and yet Ffoulkes Parry was horrified by the prospect. What was so appealing about the inverse situation? Why did nurses wish to be in difficult and dangerous environments close to the front lines?

The appeal of use and value

One element of frontline work's appeal appears to have been the confirmation that it offered to QA's of their value and usefulness. The patients most in need of care were those closest to danger at the front and, therefore, that was the location of the most important and useful work. Furthermore, the patient population close to the front was made up of the most valuable members of British wartime society: soldiers. By placing themselves close to the frontline and using their nursing expertise to save these valuable men, QA's could feel that they were truly making a critical contribution to the war effort.³⁷ To avoid danger was to 'shirk' one's duty both

& *Culture Studies* 8.1 (2015), 80; Jane Waller and Michael Vaughan-Rees. *Women in Wartime: The Role of Women's Magazines 1939-1945*. London: Macdonald Optima, (1987), 32; Deborah Palmer, "'To Help a Million Sick, You Must Kill a Few Nurses": Nurses' Occupational Health, 1890-1914.' *Nursing History Review* 20.1 (2012), 35; Jones, *A Time to Remember*, 280.

³⁷ Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*.

to the nation and to the professional nursing expectation that one would offer care in the most useful manner possible, to those most in need of it. As Acton and Potter argue in their study of First World War medical personnel, nurses often turned to their sense of being useful and needed as ‘a sustaining force’ in their work, an emotional strategy that was clearly present in the writings of military nurses from the Second World War as well.³⁸ As was discussed in Chapter 1, their work could distract and inure nurses to the presence of danger, further enabling them to focus on demonstrating their usefulness.³⁹ Even outside of the difficult and dangerous circumstances of a war zone, Sharon Bolton maintains that nurses clearly derive satisfaction from the sense that the work they are doing is making a difference to their patients’ well-being.⁴⁰

The profound satisfaction that QA’s obtained from proving themselves useful and valuable through frontline work can be seen in Sister Murgatroyd’s first letter home following her arrival in Normandy with the 32nd CCS. Murgatroyd concluded her description of her arrival and the commencement of her work by writing that ‘It does me good to be able to be of some use’.⁴¹ A little over two weeks later, Murgatroyd wrote that she was ‘really enjoying myself, feeling that at long last I am really doing something to help the boys’.⁴² In this letter, Murgatroyd insisted that she was enjoying her work in spite of the fact that a page later she informed Lilian that the work was so demanding that ‘all my off-duty has been spent sleeping,

Vancouver: UBC Press, (2007), 5.

³⁸ Acton and Potter. “‘Sticking It’”, 353.

³⁹ Carol Acton and Jane Potter. “‘These Frightful Sights Would Work Havoc with One’s Brain’”: Subjective Experience, Trauma, and Resilience in First World War Writings by Medical Personnel.’ *Literature and Medicine* 30.1 (2012), 75.

⁴⁰ Bolton, ‘Who Cares?’, 581.

⁴¹ Murgatroyd, 18 June 1944, 2.

⁴² Murgatroyd, 6 July 1944, 1.

too tired to even eat sometimes'.⁴³ Murgatroyd went even farther to describe the emotional impact that her work had on her in her 22 July letter, writing that she was 'very happy indeed' and that the time she had spent working in France 'has done me so much good'.⁴⁴ Murgatroyd's insistence on her work's ability to bring her happiness and personal fulfilment once again stands in stark contrast to the experiences that she recounted to her friend. In between her assurance that she was very happy and her claim that duty overseas had done her 'so much good', Murgatroyd wrote of working for thirty-six hours straight in a flooded ward, returning to her tent to find her bed soaked through, sleeping for three hours in a dry spot on the floor, and then getting up to go back on duty again.⁴⁵ This account of the difficult conditions under which Murgatroyd worked raises the prospect that her cheery statements regarding her happiness were not entirely truthful, but rather a front put on to keep her friend from worrying. That prospect, however, is undermined by the fact that Murgatroyd had previously been very open with Lilian regarding her unhappiness at work.⁴⁶ Such complaints were missing from the letters recounting her initial experiences in France. In spite of the conditions in which she worked, Murgatroyd's work provided her with a sense of emotional fulfilment because it gave her 'something' she 'needed', a confirmation of her usefulness and the value of her work.

The ability of forward nursing work to provide QA's with a sense of fulfilment by confirming their usefulness and value can also be seen in Sister Agnes Morgan's April 1942 letter to her mother discussing her unit's deployment up the line towards Mersa Matruh:

... this I know, is what I've been aiming at for years!!! Of course I thought

⁴³ Murgatroyd, 6 July 1944, 2.

⁴⁴ Murgatroyd, 22 July 1944, 1, 2.

⁴⁵ Murgatroyd, 22 July 1944, 2.

⁴⁶ Murgatroyd, 8 March 1944, 1-2.

exactly the same thing when we took over our own Hospital 9 months ago, and never thought that we should see any further into the desert — then suddenly — ‘into the Blue’ and now, I KNOW, that this is what all my training has been leading up to and this exactly is where I’m meant to be!⁴⁷

Just as Murgatroyd’s work with the 32nd C.C.S. provided her with emotional fulfilment by giving her a purpose and a cause just when she ‘really needed something’, Morgan viewed her forward work in North Africa as both the culmination and ultimate expression of her role as a nurse. The psychological comfort that such a belief provided her can be seen in her claim that she felt ‘perfectly happy and contented and absolutely settled!’. All of this was in spite of the fact that, by her own admission, ‘life is NOT AT ALL EASY and there’s a good deal to put up with’.⁴⁸ Morgan’s forward work had confirmed for her the value and usefulness of her skills, as they were necessary to get her to the circumstances which would allow for their ultimate expression. In many ways, it was precisely this sense of use and value that provided Morgan and Murgatroyd with the resilience necessary to push past the difficult situations in which they worked.⁴⁹

Evidence of frontline work’s ability to provide QA’s with a clear confirmation of their use and value can also be found in the rhetorical effort they had to expend in order to ascribe a comparable amount of value to non-frontline work. In her letters home, Sister Jones often followed up the moments where she touched on her guilt and frustration over not being deployed in a more active area with assurances that, in spite of this, her work was still useful

⁴⁷ Morgan, ‘SWTL’, 73.

⁴⁸ Morgan, ‘SWTL’, 73.

⁴⁹ Acton and Potter. “‘Sticking It’”, 349, 353; Potter, “‘I Begin to Feel as a Normal Being Should’”, 57-58.

and had value. In a letter dated 19 May 1940, in the midst of the Battle of France, Jones discussed her work with Australian troops in Palestine and admitted that 'It is good to know that we are doing some good, even though we are so far from the battlefield'.⁵⁰ As this letter demonstrates, even when Jones had work that she deemed to be useful and valuable, that use and value was still judged to be less than what it would have been had her work been conducted closer to the frontline.

Jones' frustration with being deployed to a relatively peaceful area clearly comes through in her 19 September 1940 letter, sent to her parents during the Battle of Britain while Britain was facing the threat of Nazi invasion:

How we wish, often, that we were not so far away. The men over here feel it dreadfully that they cannot be at home to look after their wives and families. Still we are told that this is a vital part of the Empire and must be defended by troops — which is true.⁵¹

Jones engaged in some interesting emotional contortions over the course of these three sentences. Firstly, she subsumed her desire to be close to both her family and the front within the group wish of the entire unit through her use of the pronoun 'we'. She then allowed herself to further address the emotional cost of feeling safe while her family was in danger by discussing the men's feelings regarding their deployment. She attributed these emotions to the men rather than herself, even though, as evidenced in previous letters, she clearly shared these sentiments. Thus Jones allowed herself to express these feelings without being seen to be complaining. Her dissatisfaction with her current situation is evident in her final sentence, in

⁵⁰ Jones, *A Time to Remember*, 49.

⁵¹ Jones, *A Time to Remember*, 73.

which she could only bring herself to offer up a half-hearted confirmation of the importance of her current assignment. This was done with a small clause tacked on to the end of her sentence but kept mostly separate from her previous words with an en dash. While these letters were addressed to her family, these pointed asides appeared to be directed at Jones herself as a way of self-soothing and as an attempt to mitigate her own insecurities regarding the value of her wartime contribution.

In contrast to Jones, Sister Ffoulkes Parry did not include such conciliatory asides in her diary entries. She directly connected frontline work to true usefulness and value. In her 9 February 1942 entry, written on board the *Karapara* en route to Batavia⁵², which had come under threat as a result of the Japanese invasion of Singapore, Ffoulkes Parry responded to the prospect of having to turn around and return to the relative safety of Bombay with ‘Hateful thought: so far we have not done anything really useful and none of us can bear the thought of turning back at this stage’.⁵³ Ffoulkes Parry’s statement that thus far ‘we have not done anything really useful’ was made in spite of the fact that the *Karapara* had already made at least two trips transporting patients. However, these trips were made along the relatively safe routes between Port Aden in Yemen and Bombay and did not require embarking patients near an active war zone. The resilience that QA’s derived from the confirmation of their use and value that frontline work provided not only helped them to face the difficulties present in the work itself but also to withstand the emotional strain created by extended separation from their loved ones back home.⁵⁴ It was this sense of usefulness that enabled Morgan to tell her

⁵² Colonial era name for Jakarta, Indonesia.

⁵³ Ffoulkes Parry, *Joyce’s War*, 141.

⁵⁴ Acton and Jane Potter. ““Sticking It””, 349, 353; Brooks, *Negotiating Nursing*, 61; Potter, ““I

mother that even though 'I long for a Fairy godmother to come and just waft me home to you all... My ward is packed to bursting point with all sorts and conditions of men... I just can't leave them while they are still coming down'.⁵⁵ Without this similar sense of purpose, Jones and Ffoulkes Parry may have found their continued separation from family and friends increasingly difficult to justify, especially when they felt that they could be of more use elsewhere.

Suffering justifying pleasure

Frontline work was also appealing because the difficulty of the work could serve as a justification for the more enjoyable and exciting elements of QA's active duty experiences. As civilian reservists, the majority of the QA's who served in the Second World War had never travelled outside of the United Kingdom or lived outside of the confines of either their parental home or the regimented environment of the Nurses' Home.⁵⁶ For many QA's, overseas service offered an opportunity for exciting and novel experiences.⁵⁷ In her diary entry for 31 May 1942, recounting the beginning of her journey from the UK to the Middle East, Sister Nell Jarrett wrote 'Everything is so interesting it's impossible to be sad — don't seem able to realize we are leaving the country for an indefinite period'.⁵⁸ Sister Luker concluded her entry describing her unit going aboard the troopship, the *Andes*, for transport to the Middle East with 'It's all most

Begin to Feel as a Normal Being Should"', 57-58.

⁵⁵ Morgan, 'SWTL', 307-308.

⁵⁶ Brooks, *Negotiating Nursing*, 3.

⁵⁷ Brooks, *Negotiating Nursing*, 11; Christine Hallett, *Nurse Writers of the Great War*.

Manchester: Manchester University Press, (2016), 239; Jane Potter, 'Valiant Heroines or Pacific Ladies? Women in War and Peace.' In *The Routledge History of Women in Europe since 1700*, edited by Deborah Simonton. London: Routledge, (2006), 288.

⁵⁸ Nell Jarrett, Diary. By kind permission of Nell Jarrett's family. Personal archive of Jane Brooks. 31 May 1942, 3-4.

exciting, but we wonder what we're in for!'.⁵⁹ In her next entry describing the *Andes'* departure from the Clyde in Scotland, Luker wrote that 'It's quite a queer sensation setting out to such an unknown adventure!'.⁶⁰ In her first entry written from Normandy, Sister Morris recounted her feelings upon boarding the troopship for the Channel crossing and wrote that 'It was great to be on our way at last, very exciting'.⁶¹ While some of the QA's, such as Luker and Jarrett, touched on the more sobering sentiments that they experienced upon leaving the UK, the overwhelming emotional response was one of excitement and anticipation. Deployment was often described as an adventure. This kind of language demonstrates that many QA's anticipated enjoyable experiences to be an aspect of their time on active service.

The prevalence of this perspective may have been the result of the continued presence of the 'pleasure culture of war' and 'popular militarism' throughout the interwar years, which, in spite of the horrors of the First World War, persisted in presenting war as a series of 'exciting adventures fought for noble purpose' to Britain's youth.⁶² Second World War QA's understanding of the potential for adventure in war may have even been derived from the memoirs of their predecessors from the First World War, some of whom wrote 'of the heroism and adventure of war', even drawing on the tropes from popular adventure literature to help describe their experiences.⁶³ However, within the cultural context of a wartime Britain that lauded the cheerful embrace of austerity as a civic virtue, it was important that these enjoyable experiences were justified and counterbalanced by an equal amount of suffering and

⁵⁹ Luker, 4 August 1940.

⁶⁰ Luker, 5 August 1940.

⁶¹ Morris, *A Very Private Diary*, 101.

⁶² Michael Paris, *Warrior Nation: Images of War in British Popular Culture, 1850-2000*. London: Reaktion, (2000), 10.

⁶³ Hallett, *Nurse Writers of the Great War*, 230, 239.

difficulty.⁶⁴ Without this counterbalance, the enjoyable experiences encountered on active service could start to feel like a gluttonous excess and prompt the nurse in question to feel as though she were not contributing sufficiently to the war effort.

The pressure to cheerfully embrace difficulty may have been particularly felt by British women as a result of the contradictory expectations present in patriotic femininity.⁶⁵ Within the social upheaval of the war, which saw women entering areas of public life previously barred to them, anxiety over the alleged degeneration of women's morality proliferated and women, who were believed to be solely engaged in pleasure-seeking behaviour, were presented as 'villainous and contemptuous "anti-citizens"' in contrast to those who embraced the self-sacrificing behaviour required by their community.⁶⁶ Women in the military were viewed with particular suspicion because, by joining the military, they had already displayed their willingness to transgress the accepted gendered social order, wherein men took action to defend women and women remained at home.⁶⁷ In order to dismiss such suspicions and ensure that they continued to be numbered among those citizens who aligned with their community's expectations, QA's deployed overseas needed to temper enjoyment with difficulty.

The emotional impact of this sentiment can be clearly seen in the letters and diaries of QA's whose units underwent periods of transition where they were not assigned to a hospital or holding periods where they were not receiving patients. In her 6 August 1942 entry, Sister

⁶⁴ James Aulich, *War Posters: Weapons of Mass Communication*. London: Thames & Hudson, (2007), 168.

⁶⁵ Phil Goodman, "'Patriotic Femininity': Women's Morals and Men's Morale During the Second World War.' *Gender & History* 10.2 (1998), 280.

⁶⁶ Sonya Rose, 'Sex, Citizenship, and the Nation in World War II Britain.' *The American Historical Review* 103.4 (1998), 1176; Goodman, "'Patriotic Femininity'", 278.

⁶⁷ Penny Summerfield, 'Gender and War in the Twentieth Century.' *The International History Review* 19.1 (1997), 6-7, 9, 14.

Jarrett vented her frustration that her unit was still unassigned and without work, writing that a 'spirit of discontent prevails in our camp. All play etc - is a bad thing. We can't afford it for one thing and we are becoming increasingly idle'.⁶⁸ Jarrett's entries prior to this one described days spent swimming with friends in the Suez Canal, shopping in Ismailia, and going to the Bengal Club for afternoon tea.⁶⁹ These accounts, in combination with Jarrett's own description of her life as 'All play', indicate that these activities should have constituted an enjoyable time. However, the lack of work to counter them rendered them a source of discontentedness among the QA's. Jarrett reported that she herself was left feeling 'exceeding dull... and very bitter' by her circumstances.⁷⁰

On a similar note, Sister Ffoulkes Parry described the several weeks that she and her fellow QA's had spent in Bombay waiting for their hospital ship, *Karapara*, to receive orders as a 'waste' of their time and as a source of discomfiture that resulted in them 'all getting fed up with each other'.⁷¹ This extended period without work appeared to grate on the QA's emotional well-being, even though their time was spent living in a luxury hotel, going to the cinema, visiting the markets, and going out to dinners and dances.⁷² In her account of her own time spent waiting in Bombay for orders, Sister Jones admitted to her family that it was their lack of work that rendered the QA's time in a foreign city unpleasant. In her 29 January 1942 letter to her sister, Muriel, Jones wrote:

At first we enjoyed the change, and found a new city very exciting. We met

⁶⁸ Jarrett, 6 August 1942, 56.

⁶⁹ Jarrett, 2 August 1942, 3 August 1942, 6 August 1942, 55-56.

⁷⁰ Jarrett, 3 August 1942, 55.

⁷¹ Ffoulkes Parry, *Joyce's War*, 97.

⁷² Ffoulkes Parry, *Joyce's War*, 96.

many people, and time seemed to pass quickly. That was for the first week, but since then we have become weary of waiting and we long to do some work.⁷³

In a letter written to her parents a month later, Jones connected her concerns, and those of her fellow QA's, over their extended break from work to the war effort, writing 'we only hope and pray we shall be back at work soon, for we are impatient about this inactivity and feel it is just too bad in wartime when there is so much to be done everywhere'.⁷⁴ The war ensured that there was 'much to be done', and Jones' lack of work created the discomfoting sensation that she was not contributing to the war effort at all, a sentiment that placed her in a very tenuous position within her community. A continued lack of contribution could see Jones go from a good self-sacrificing citizen to a selfish, pleasure-seeking anti-citizen.⁷⁵

In addition to undermining her position as a good British citizen, Jones' lack of work undermined her position as a good nurse. The purpose of her presence overseas as a QA was to enact her duty to care. Her lack of work prevented her from being able to fulfil that duty. The discomfort created by her uncertain standing in relation to the expectations of her community coloured all of the enjoyable activities that Jones and her colleagues had the ability to take advantage of, rendering them increasingly less enjoyable.

The emotional reward of being 'special'

Frontline work was also appealing because it offered nurses the opportunity to transcend the

⁷³ Jones, *A Time to Remember*, 157.

⁷⁴ Jones, *A Time to Remember*, 160.

⁷⁵ Rose, 'Sex, Citizenship, and the Nation in World War II Britain', 1176.

traditional barrier that barred women from close encounters with combat and to assume a mark of distinction for being one of the few 'special' women permitted to 'experience' war. As was discussed in Chapter 1, the military nurse served as the female counterpart to the male combatant and her nursing skills provided her access to work within an arena that was closed to most women, where she could potentially earn 'unequivocal public honour'.⁷⁶ In her 16 August 1944 diary entry, Sister Morris directly acknowledged the thrilling and complicated feelings that deployment near the frontline engendered:

What an awful waste of life and property all this is and so much destruction, and yet there is a feeling of constant chance and excitement. I should, I know, hate it all — and the human suffering is appalling — but I must admit to enjoying the excitement.⁷⁷

War could, at times, be an exciting experience and the QA's felt the distinction of being among the few military women permitted to experience it. Yet, as Morris demonstrated, the thrill of frontline duty was a complicated emotion and, as will be addressed in later chapters, an especially fraught one for nurses, who as 'caring' professionals 'should' loath any experience that came with the level of suffering and injury inherent in war.⁷⁸

⁷⁶ Higonet, 'Introduction', vii; Potter, 'Valiant Heroines or Pacific Ladies?', 272; Christopher Schmitz, "'We Too Were Soldiers': The Experiences of British Nurses in the Anglo-Boer War, 1899-1902.' In *A Soldier and a Woman*, edited by Gerard J. De Groot and C. Peniston-Bird. United Kingdom: Taylor & Francis Group, (2000), 61; Meryn Stuart, 'War and Peace: Professional Identities and Nurses' Training, 1914-1930.' In *Challenging Professions: Historical and Contemporary Perspectives on Women's Professional Work*, edited by Elizabeth Smyth, Sandra Acker, Paula Bourne, and Alison Prentice. Toronto ; London: University of Toronto Press, (1999), 173.

⁷⁷ Morris, *A Very Private Diary*, 135.

⁷⁸ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*. Oxford: University Press, (2014), 10-11; Potter, "'I Begin to Feel as a Normal Being

In 1941, the QA's were given commissioned officer rank, a distinction that had been missing during the First World War.⁷⁹ Many nurses expressed pride at feeling themselves to be professional soldiers, in company with the ultimate heroic figure in wartime Britain, the British Tommy.⁸⁰ In a February 1943 letter to her mother, Sister Morgan celebrated that her sister had begun her military service, writing:

I'm glad, now, that J. is joining the Khaki ranks, because although her job is so valuable, she will have the marvellous feeling of being one with these heroes, on the same level with them, eating, drinking and carrying the same kit as them — I don't know what they are like at home, but out here I just cannot find words to praise them enough.⁸¹

Morgan's letter highlighted the pleasure that could be felt upon entering the military and taking on the appearance of a soldier. In many ways, a greater degree of pride could be derived from frontline work because it enabled nurses to prove that they not only could look like soldiers, but could stand alongside them as well.

One can hear the subtle current of this pride underwriting Sister Murgatroyd's 21 August 1944 letter, in which she attempted to capture the details of her current circumstances for her friend, Lilian. Murgatroyd described sitting on a box in her tented ward, listening to the rain pounding on the canvas and feeling the cold wind blow in while she waited for water to boil for a cup of tea. In a coolly assured aside, Murgatroyd aligned herself with the soldiers she was caring for when she informed Lilian that 'When I come back, I shall probably start sitting on

Should", 52.

⁷⁹ Brooks, *Negotiating Nursing*, 48.

⁸⁰ Brooks, *Negotiating Nursing*, 9; Toman, 'Front Lines and Frontiers', 49.

⁸¹ Morgan, 'SWTL', 148.

the draining board, or on the coal bunker, don't be surprised, it will be the soldier in me'.⁸² The physical elements of her frontline deployment were unpleasant but Murgatroyd responded to them with the posture and presentation of a soldier.

The pride engendered by feeling oneself to be a soldier alongside the men appeared to have been a source of some comfort in the face of difficult circumstances for Sister Morgan as well, as evidenced by her letter to her mother following her unit's retreat from their forward position near Mersa Matruh in 1942:

Actually we felt a bit mean leaving folks still 'up' (no pts [patients], thank goodness, they went first) but nobody seemed to think us mean, and we really felt as if we could number ourselves among 'the real desert rats' coming out of our holes at last.⁸³

While Morgan admitted to a degree of discomposure over her unit's inability to remain at the front with the 'true' soldiers, that emotional discomfort appeared to be mostly assuaged. First, the 'true' soldiers did not expect it of them nor resented them for it. Second, their frontline work had been difficult and dangerous enough for them to feel that they had 'proved' themselves to be soldiers worthy of inclusion in the notable company of the legendary 'Desert Rats'.⁸⁴ As was discussed in Chapter 1, the British combatant was a figure of profound social value in the British emotional community and the ultimate expression of proper British

⁸² Murgatroyd, 21 August 1944, 6.

⁸³ Morgan, 'SWTL', 94.

⁸⁴ Nickname for the 7th Armoured Division of the British Army, given to them as a result of their service in the Western Desert Campaign. It is unclear if Morgan was speaking of this division in particular or was ascribing the name to all members of the 8th Army fighting in the Western Desert.

citizenship.⁸⁵ By serving alongside and aiding this exalted figure, QA's could find emotional benefits through the assurance of their own importance and worth.

As Morgan's thought process in the above letter indicated, many of the QA's feelings regarding their identity as soldiers were influenced by male soldiers' reactions to them. In a May 1941 letter, Morgan informed her mother that the difficult circumstances under which she was working were mitigated by the response of her soldier patients to her presence: 'amid such circumstances it is nice to be greeted with "Oh! We're alright, we're with the 8th, she's one of 'our' sisters" — ie a fellow traveller!'.⁸⁶ Morgan clearly took comfort in and was encouraged by her patients' acknowledgement that she too was no inexperienced neophyte in the environment of a war zone, but rather a veteran of such circumstances. In her account of her unit's landing in Normandy, Sister Morris also addressed the emotional impact of male combatants' responses to the QA's position as women entering dangerous circumstances. She wrote that while on the troopship crossing the Channel, the 'sailors kept bringing cups of tea from the galley and appeared astonished by our temerity in entering this man's world. Tried to look cool and nonchalant but lapped up the obvious admiration'.⁸⁷ The QA's nursing skills provided them with a means to transcend the barrier that kept most women away from combat and they were often rewarded for this by being viewed as 'special' women to be 'admired' by the male service members they encountered.⁸⁸ The emotional impact of QA's relationships with

⁸⁵ Penny Summerfield, "'She Wants a Gun Not a Dishcloth!': Gender, Service and Citizenship in Britain in the Second World War.' In *A Soldier and a Woman*, edited by Gerard J. De Groot and C. Peniston-Bird. United Kingdom: Taylor & Francis Group, (2000), 119.

⁸⁶ Morgan, 'SWTL', 20.

⁸⁷ Morris, *A Very Private Diary*, 101.

⁸⁸ Anonymous. 'The Duty and Privilege of the Registered Nurse in War.' *The British Journal of Nursing*, September 1939, 226; Jane Brooks and Christine Hallett. 'Introduction: The Practice of

British combatants will be addressed further in Chapter 4.

Worthwhile Nursing Work

Having discussed the overall appeal of frontline service, the question remains as to what specific elements of their day-to-day nursing work did QA's highlight as being particularly important and worthwhile. Within their diaries and letters, QA's tended to emphasize the enjoyment and satisfaction that they derived from work that fell within three general categories: work that involved engagement with their patients, work that produced a finished and ordered end result, and work that was intellectually stimulating.

Work Involving Patients and Their Care

The nature of the interaction between the patient and the nurse had a great impact on the nurse's enjoyment of her work and the sense of fulfilment she received from it. Acton and Potter argue that nurses during the First World War fell back on their work with their patients as a source of psychological resilience.⁸⁹ A similar reliance on patient engagement as a source of meaning in the face of hardship can be seen in the writings of nurses from the Second. In a July 1943 letter, Sister Morgan turned to her work with her patients to provide herself with a bulwark against the trials of active service and the pain of her homesickness, writing:

Mums darling — you say 'come home' if you have a chance! I wish that you

Nursing and the Exigencies of War.' In *One Hundred Years of Wartime Nursing Practices, 1854-1953*, edited by Jane Brooks and Christine Hallett. Manchester: Manchester University Press, (2015), 4; Susan Stevens, 'Sale of the Century: Images of Nursing in the Movietone news during World War II.' *Advances in Nursing Science* 12.4 (1990), 48.

⁸⁹ Acton and Potter. *Working in a World of Hurt*, 46; Acton and Potter. "'Sticking It'", 353; Potter, "'I Begin to Feel as a Normal Being Should'", 57-58.

could just see 'my boys' for one minute. You wouldn't want me to leave for 1 minute or 1 hour, let alone altogether! How would I know that anybody else had remembered to feed my poor 'broken backs', how would I know that the poor crippled legs had their pillows just 'fixed' — who would wash their poor sweaty faces, and remember that men with helpless arms cannot keep the flies at bay! I must imagine that I am indispensable — when I'm just a rather sad-hearted 'clogg' [sic] but I couldn't, couldn't, couldn't leave these dears!⁹⁰

Morgan's decision to describe herself as 'a rather sad-hearted "clogg"' acknowledged that she was struggling with deeply negative emotions. In the face of these feelings, she turned to her engagement with her patients and the sense that this engagement provided her that the work that she was doing was important and worthwhile. This sense of meaning served as a critical emotional aid that, in many ways, may have ensured Morgan's continued psychological survival.

While expressed in less harrowing language, Sister Ffoulkes Parry also acknowledged the sense of meaning and worth that her work with her patients provided her and the fortitude that those feelings produced, writing:

I feel they [her patients] are all happy to be there, which is a good feeling. There are some things which are more satisfying to me than medals and good reports.... Little things that I can't write down here or tell anyone about, because they would seem unimportant and in a sense conceited...

⁹⁰ Morgan, 'SWTL', 199.

things that the men say to me from time to time, when I do simple little things for them to make them comfortable, real gratitude often clumsily expressed — golden words that send me on winged feet on my way and give me satisfaction in this ghastly business.⁹¹

While Ffoulkes Parry struggled to verbalize the exact nature of this critical work that she engaged in with her patients, she readily identified the emotional impact that it had on her. She described the emotions that this work engendered as being strong enough to fortify her, not only mentally, by providing her with ‘satisfaction’ in the face of the ‘ghastly business’ of war, but physically as well, wiping away her tiredness so that she could proceed about her work ‘on winged feet’.

While engagement with their patients could serve as a source of solace and emotional comfort, it did not need to reach the level of providing the nurse with a font of psychological resilience in order to be enjoyable; the social component of the interaction could be reason enough. However, much like any social interaction, the behaviour and attitude of the other participant, the patient, was often a key factor in determining the nurse’s enjoyment of it.⁹² In their personal writings, Second World War nurses often highlighted their patients’ positive attitudes in their descriptions of enjoyable interactions they had at work. In a May 1940 letter, Sister Vera Jones wrote that the patients she was currently treating at the No. 12 General Hospital in Sarafand, Palestine, were ‘such a happy lot’ and that she liked ‘nursing soldiers very much, as they make such good and cheerful patients’.⁹³ Sister Nell Jarrett described her second

⁹¹ Ffoulkes Parry, *Joyce’s War*, 86.

⁹² Felicity Stockwell, *The Unpopular Patient*. London: Royal College of Nursing, (1972), 49.

⁹³ Jones, *A Time to Remember*, 47.

night on duty with the 23rd British General Hospital in Iraq as 'more pleasant' once she was 'able to talk to patients more as my face is more familiar they regard me with less suspicion'.⁹⁴ In her diary entries describing her time with the BEF in France, Sister Helen Luker commented that her patients frequently 'hold terrific arguments and debates on the many aspects of war - I am constantly getting held up in my many rounds, but I have an exceedingly nice lot up my end!'.⁹⁵ In this instance, Luker's interactions with her patients appeared to be impeding the efficient completion of her work but the inconvenience caused was dismissed because the patients were 'an exceedingly nice lot'. It was their attitude and the nature of their interaction with Luker that made the difference.

Taken together, the notice that these nurses took of their patients' attitudes and the satisfaction that they derived from their positive interactions with them appear to support Theodosius' arguments regarding the relational nature of the nurse-patient relationship. For instance, it is critical to note that in Ffoulkes Parry's discussion of the emotional benefits she derived from engagement with her patients, she highlighted their expression of gratitude, supporting Theodosius' claim that a key factor in the nurse's experience of professional satisfaction is the expression of gratitude from their patients.⁹⁶ These nurses enjoyed the work that they did to engage with their patients and that enjoyment was compounded when that emotional work was appropriately reciprocated, especially by patients who structured their own emotional presentation to be cheerful and friendly.⁹⁷

⁹⁴ Jarrett, 28 September 1942, 94-95.

⁹⁵ Luker, 15 January 1940.

⁹⁶ Catherine Theodosius, *Emotional Labour in Health Care: The Unmanaged Heart of Nursing*, London: Routledge, (2008), 34.

⁹⁷ Stockwell, *The Unpopular Patient*, 49.

The pleasure of ordered and finished work

In addition to the enjoyment that nurses experienced in their interactions with their patients, they also derived satisfaction from their ability to produce ordered and finished work.

Throughout her diary, Sister Luker often made note of the pleasure that she acquired from producing an ordered ward. In her entry for 4 January 1940, she remarked that, while she had to go on duty alone, she 'had a busy but pleasant time, once I had settled the affairs of state'.⁹⁸

At the time of writing this, Luker's ward contained around 89 patients and she described the day as beginning with 'the "air"' on the ward being 'rather blue' as a result of a conflict between another nurse and the medical officer; Luker did not elaborate on the cause or content of the conflict, aside from stating that she backed the MO.⁹⁹ Furthermore, Luker concluded her entry by writing that she appeared to have come down with 'a thick head and cold and sore throat'.¹⁰⁰

In spite of all of the negative circumstances that surrounded her afternoon on duty, once she determined that she had settled 'the affairs of state' to the best of her ability - in other words once she had produced order in the ward - she described her workday as 'pleasant'.¹⁰¹ The impact of ordered work on Luker's emotional state was demonstrated once again in her 10 March 1940 entry. Luker described going on night duty after only getting 'about 2 1/2 hrs sleep! Get up rather shaky about the knees and tired-ish, and things don't go too well

⁹⁸ Luker, 4 January 1940.

⁹⁹ Luker, 4 January 1940.

¹⁰⁰ Luker, 4 January 1940.

¹⁰¹ Luker, 4 January 1940.

at first — but once the ward is settled, all goes well!'.¹⁰² In spite of her own physical exhaustion, the generation of an ordered and settled ward improved Luker's mood and her perspective on the rest of her work experience.

A nurse's ability to produce order out of chaos could also ameliorate feelings of frustration that were produced by her frenetic work environment, providing her with a critical sense of control and an additional source of resilience outside of her engagement with her patients. This generation of positive emotions in response to her ability to produce ordered work and an ordered environment can be seen in Sister Jarrett's description of her first day on duty, caring for three wards of 20 patients each, in Ahvaz, Iran:

This place is not well run at the moment — plenty of staff — so it must be the disinterest of my predecessor. Hope I can do better but it's a frightful muddle — . There are two sweepers, 1 beestie [sic] — 3 kitchen boys — 2 Indian sepoy — 3 orderlies — it should be sufficient — but no one is very keen on the job.... Everywhere are untidy beds and lockers but if I can sock in [sic] I'll get it in order. Hard — muddly [sic] morning trying to chase the beestie and also to see after ill patients, but I thoroughly enjoyed.¹⁰³

Having only arrived in Ahvaz the previous day, Jarrett had gone on duty in a new hospital in a new city, only to find that the wards that had been turned over to her and were now her responsibility were highly disorganised and in 'a frightful muddle'. Furthermore, she described the additional staff delegated to the wards to assist her as disinterested in their work. In spite of these very inauspicious circumstances, Jarrett stated her belief in her own ability to bring

¹⁰² Luker, 10 March 1940.

¹⁰³ Jarrett, 28 October 1942, 110-111.

order to the chaos she found before her - 'if I can sock in [sic] I'll get it in order' - and concluded her description of her 'hard' first morning on by stating that she 'thoroughly enjoyed' the experience.¹⁰⁴ The satisfaction that these nurses experienced as a result of their ability to produce ordered and finished work appears to support Olson and Walsh's arguments regarding the need to expand the consideration of the factors motivating nurses' work beyond a myopic focus on their role as 'carers' to include the pride that they took in the work's concrete and practical elements.¹⁰⁵

The control that the QA's exercised over their physical environment offered concrete confirmation of their nursing skills and, within the chaotic circumstances of military service, this ability became even more indicative of their worth and importance. The production of ordered work helped to affirm that a QA was a good nurse.¹⁰⁶ In this way, this element of their work served as a source of resilience outside of direct patient engagement. It is, however, interesting to note that these points of enjoyment are generally confined to the nurses' private musings in their diaries, perhaps indicating their understanding that this element of professional satisfaction and enjoyment was one that would not resonate quite as clearly with their non-nursing friends and relatives as positive engagements with their patients would.

The satisfaction of intellectual and professional development

¹⁰⁴ Jarrett, 28 October 1942, 110-111.

¹⁰⁵ Olson and Walsh. *Handling the Sick*, 92; Tom Olson, 'Apprenticeship and Exploitation: An Analysis of the Work Pattern of Nurses in Training, 1897-1937.' *Social Science History* 17.4 (1993), 560.

¹⁰⁶ Olson and Walsh. *Handling the Sick*, 86; Tom Olson, 'Ordered to Care?: Professionalization, Gender and the Language of Training, 1915-1937.' In *Nursing History and the Politics of Welfare*, edited by Ruth Elkan, Anne Marie Rafferty, and Jane Robinson. London ; New York: Routledge, (1997), 158.

The third area of nursing practice that nurses derived enjoyment from was rooted in the opportunities that their work presented for intellectual development. Sister Vera Jones frequently highlighted the pleasure that she found in the learning opportunities available to her on active service in her letters home to her family. In November 1940, Jones wrote 'I am really loving the work in the operating theatre. Not having done much of it at KGH I am glad now of the chance of gaining fresh experience. It is really invaluable knowledge'.¹⁰⁷ KGH, or the King George Hospital, in Ilford in east London, was where Jones had undergone her nurse training. Jones' time on active duty provided her with the chance to expand her nursing experience beyond what had been available to her at a civilian hospital, indicating the expansive professional development that was available to nurses on active duty.¹⁰⁸

The enjoyment that Jones derived from these opportunities appeared to have the ability to mitigate tiresome or unpleasant circumstances. In her 17 February 1941 letter to her sister, Muriel, Jones described being called in at 11 p.m. to assist in the operating theatre on a gunshot wound and not being able to return to bed until 3 a.m.. However, she assured her sister that 'I do not mind being on call as it is interesting and good experience. We are given time to make up our lost sleep'.¹⁰⁹ Jones received this call after a full day's work and the gunshot wound required an operation lasting 2 hours and 15 minutes. In spite of the exhaustion that Jones must have felt following the extension of her day, she still insisted that she did not mind and, in fact, found this extra work to be very interesting. Whether Jones' enjoyment of this interesting work would have radically decreased had her hospital not provided her with the

¹⁰⁷ Jones, *A Time to Remember*, 82.

¹⁰⁸ Brooks, *Negotiating Nursing*, 15.

¹⁰⁹ Jones, *A Time to Remember*, 104.

opportunity to catch up on her lost sleep can only be speculated.¹¹⁰

Working as a military nurse in the midst of a massive global conflict like the Second World War almost came with a guarantee of exposure to novel learning experiences for British nurses. In July 1940, Jones wrote to her parents from Sarafand, Palestine about her work nursing patients with malaria. She would have had no opportunity to treat this condition while working as a civilian nurse in England. In her letter, she stated that it 'is very interesting to nurse and the experience of tropical diseases is very good out here'.¹¹¹ In another letter, written while stationed in Jerusalem in June 1941, Jones demonstrated her continued commitment to taking advantage of the learning opportunities offered by her deployment, writing 'I am still specializing in tropical diseases and have bought myself a new and most interesting book, dealing with them. Studying is still a never-ending source of pleasure and interest to me, and one can never learn everything in this job'.¹¹²

In a September 1942 letter, Sister Morgan echoed Jones in expressing a high degree of pleasure in the learning experiences available to her as a result of her deployment:

But the great joy of it is that sometimes I get lovely jobs — specializing odd, very ill cases or infections or something, for instance a few weeks ago one of our M.O.'S [Medical Officer] was frightfully ill with suspected Black Water fever... I was reading the subject up when a thought struck me — if he has a Blood Transfusion they're sure to need a 'special', so I learnt it all up as much as poss [sic], and the very next day word went round that Lieut.

¹¹⁰ Jones, *A Time to Remember*, 103.

¹¹¹ Jones, *A Time to Remember*, 61.

¹¹² Jones, *A Time to Remember*, 122.

- was on continuous blood and the Med. Specialist had asked Matron for a special for the critical days — who would go? I went, of course.¹¹³

Morgan's enjoyment of these opportunities to expand her professional knowledge can be seen in her decision to describe them as 'lovely' and a 'great joy'. The new learning experiences that nurses were exposed to as a result of their military service were one of the 'enjoyable' aspects of the war, a seemingly contradictory emotional experience. In fact, many nurses found the time that they spent nursing during the war to be the most significant and exciting period in their careers.¹¹⁴

As both Brooks and Toman argue, wartime military service could place QA's at the forefront of medical innovation and provide them with the space and opportunity to aid in those advancements and push the boundaries of nursing practice.¹¹⁵ In addition to exposing them to whole new areas within the field of medicine, the exigencies of war often created circumstances that fostered increasingly collaborative working relationships between nurses and medical officers (MO's) and saw nurses taking over areas of practice that had previously been the sole preserve of male doctors in order to address high patient numbers.¹¹⁶ In a September 1944 entry, Sister Morris acknowledged the role that the war played in pushing QA's and their colleagues outside of the boundaries of normal practice:

Another new MO arrived here today.... He is very pleased but rather

¹¹³ Morgan, 'SWTL', 107. Blackwater fever is a complication of malaria infection.

¹¹⁴ Brooks, *Negotiating Nursing*, 11.

¹¹⁵ Brooks, *Negotiating Nursing*, 15; Toman, 'Front Lines and Frontiers', 66.

¹¹⁶ Jane Brooks, 'From Wars on the Wards to Harmonious Hospitals: British Nursing Sisters' Pursuit of Collaboration on Active Service in the Second World War.' In *Marketplace, Power, Prestige: The Healthcare Professions' Struggle for Recognition (19th - 20th Century)*, edited by Pierre Pfütsch. Stuttgart: Franz Steiner Verlag, (2019), 177, 180; Toman, 'Front Lines and Frontiers', 45, 61, 62.

astonished by our unconventional methods of surgery and post-operative nursing. We have all learned a great deal here, mainly by trial and error.

Necessity has created a great deal of inventiveness.¹¹⁷

The demands of wartime service allowed Morris to contribute to the development of new procedures and techniques to a degree that would never have been countenanced within a civilian hospital.¹¹⁸ This combination of independence and increased intellectual opportunity could once again widen the scope of enjoyable and satisfactory practice for nurses. In January 1940, Sister Jones wrote to her parents of her desire to be part of the team of nurses slated to go to Jerusalem to establish a new military hospital. She explained that 'the Sisters who go there will be pioneers, as they will help to start it and will see it improve and grow. I should love that kind of job'.¹¹⁹ Jones' eagerness to join the ranks of these 'pioneers' indicates the positive emotional impact that an increased sense of self-worth and self-confidence, which these intellectual opportunities provided, could offer nurses.

The same circumstances that allowed QA's to expand their practice also provided them with the opportunity to engage in their work with an increased level of independence and autonomy.¹²⁰ The satisfaction that QA's derived from this increased professional independence can be seen in a letter Sister Jones sent her parents in July 1940, less than a year into her deployment. Jones wrote that since being deployed 'I have been in three different hospitals and each one we have had to establish ourselves and bring each one up to date'.¹²¹ She explained

¹¹⁷ Morris, *A Very Private Diary*, 139.

¹¹⁸ Brooks, *Negotiating Nursing*, 7.

¹¹⁹ Jones, *A Time to Remember*, 16.

¹²⁰ Brooks, *Negotiating Nursing*, 5, 15; Toman, 'Front Lines and Frontiers', 45.

¹²¹ Jones, *A Time to Remember*, 62.

that it 'is very good experience to have to improvise and gradually bring a hospital up to an efficient standard' and went on to conclude that 'I shall be able to run my own hospital when I come home!'.¹²² Regardless of whether or not Jones' final statement should be taken seriously or as an amusing bit of hyperbole, it still demonstrates that she viewed her experiences on active service as having greatly expanded her knowledge base and bolstered her confidence in her own abilities.

In an August 1943 letter, Sister Morgan recounted her experience of being sent with four other young nurses to staff a Casualty Clearing Station (CCS) that currently had no nursing staff. For Morgan and her colleagues, this was the first time that they had taken over a whole unit without direction from a nursing superior. Morgan wryly commented that 'if Matron knew how we were fixed she'd have a purple fit and send for us helter-skelter and send some of her elderly organizing women — what she doesn't realize is that she's just let loose her 5 wild "youngsters" to do the best they can between them'.¹²³ While Morgan clearly found her first experience of CCS work harrowing, describing it as 'a great shock and a terrible experience', she still insisted that this kind of incredibly necessary work, carried out close to the front lines and under her own direction, was 'just what we've always dreamt of but never imagined in our wildest dreams that they'd let us do!'.¹²⁴ In the face of the distressing circumstances that she encountered at this CCS, Morgan drew on her ability to do the work, and do it well, under her own direction, to fuel her sense of worth and meaning, which in turn helped provide the emotional bulwark she needed to withstand the circumstances under which this work was

¹²² Jones, *A Time to Remember*, 62.

¹²³ Morgan, 'SWTL', 204-205.

¹²⁴ Morgan, 'SWTL', 205, 206.

performed.

The pressure that wartime circumstances placed on QA's to embrace an increased degree of independence and initiative in their nursing practice can also be seen in Sister Morris' entries from her time in a field hospital in Normandy. In her 24 June 1944 entry, describing her second full day on duty, Morris noted that, following a round of her ward with the MO, 'my ward treatment book contained enough work for at least six SRNs. I was the only Sister in my section'.¹²⁵ Morris concluded that the 'situation needed new methods of working if these patients were to receive the treatment which Col. Cordwell and I considered they needed.'¹²⁶ In spite of the fact that in civilian nursing practice, 'Consultants were only a little lesser personage than God, and Matron ruled the roost', Morris decided to put in place a policy that she termed 'patient participation', regardless of her Matron or MO's opinion on the matter, in order to ensure that her patients received the care that they needed.¹²⁷ Morris' patient participation involved each conscious patient being given 'a detailed list of their own treatment, diet and medications and asked to remind the day and night staff at the right time' so that Morris could focus on the serious cases, who could not advocate for themselves.¹²⁸

Morris eventually developed her patient participation policy in such a way that it could address patients' psychological injuries as well as their physical ailments. This can be seen in her decision to ask a severely shell-shocked, but otherwise physically unharmed, patient named Lieutenant Martin to take over feeding a severely injured patient named Len. Morris wrote that Lieutenant Martin 'shakes far less now, and Len is good for him because of his constant

¹²⁵ Morris, *A Very Private Diary*, 116.

¹²⁶ Morris, *A Very Private Diary*, 116.

¹²⁷ Morris, *A Very Private Diary*, 117.

¹²⁸ Morris, *A Very Private Diary*, 117.

cheerfulness.¹²⁹ The exigencies of war both created the pressure that pushed Morris towards the development of her new treatment policy and the freedom to institute that policy in the manner that she viewed as most beneficial to her patients. Her satisfaction with the result can be seen in her pleased contemplation of the 'lovely spirit of warm friendliness which exists between all of us'.¹³⁰ It should be noted that this heightened independence and autonomy was in many ways dependent on QA's proximity to the frontline. Strict hospital hierarchy and operating procedures often existed in an inverse relationship to the front and a QA's ability to act in an independent and autonomous manner often decreased the closer she was to home and safety.¹³¹

The answer to the question of which elements of their work did nurses take enjoyment and satisfaction in can seem both obvious and elusive as the aspects that they highlighted varied between individual nurses. Some focused on their engagement with their patients, some on their ability to produce ordered, finished work, some on the intellectual components of their practice, and some on all of these elements together. What can be said is that nurses derived satisfaction from 'work done well', however they might personally define it. Furthermore, they did not appear to require explicit acknowledgement from a superior in order to know that their goal had been achieved. Their understanding of 'work done well' appeared to come primarily from their own judgement.

These satisfactory elements of nursing practice were not unique to military nursing.

Sister Morris's diary is the only personal narrative considered here that also covered her time as

¹²⁹ Morris, *A Very Private Diary*, 127.

¹³⁰ Morris, *A Very Private Diary*, 128.

¹³¹ Brooks, *Negotiating Nursing*, 15; Brooks, 'From Wars on the Wards to Harmonious Hospitals', 165, 166; Toman, *An Officer and a Lady*, 12; Toman, 'Front Lines and Frontiers', 45.

a civilian. In her entries written prior to joining the QA's, Morris still emphasized the meaning and satisfaction that she derived from engagement with her patients and opportunities for intellectual development. However, as has been discussed, military nursing provided QA's with the opportunity to experience these enjoyable elements of nursing practice within a particularly elevated sphere, intensifying the sense of worth and meaning that they could derive from the work. QA's work on active duty during the Second World War provided them with the opportunity to achieve their end goal of 'work done well' in more areas of practice and unencumbered by limitations that they had encountered in civilian nursing, in many ways enabling them to ascertain the full extent of their skills and potential. In her speech at the 1909 International Congress of Nurses, Lady Helen Munro Ferguson declared that nurses had the opportunity, through their work, to become the 'most useful citizen'.¹³² Military nursing gave nurses the opportunity to express that usefulness in the most foundational arena of citizenship: military service.¹³³ It can, in many ways, be seen as the great contradiction of military nursing that the sense of worth and meaning that drew nurses towards frontline service was simultaneously a critical factor in providing them with the emotional resilience needed to withstand what frontline service would expose them to.

Unworthy Work: Obstacles to the Work that Matters

Deployment with the QA's did not come with a guarantee of consistent access to work that provided professional satisfaction and a sense of worth. However, the access that active service did provide to incontrovertibly meaningful work made the contrast between worthy and

¹³² Anonymous, 'The Nurse as Citizen.' *The British Journal of Nursing*, December 1935, 314.

¹³³ Potter, 'Valiant Heroines or Pacific Ladies?', 260.

unworthy work all the more evident and the QA's themselves readily highlighted this difference. The designation of unworthy work was most often reserved for work that the QA's viewed as a waste of either their time or their skills and was frequently applied to Army regulations and 'small' work. In both cases, QA's viewed such work as hindering their ability to enact their duty to care to the best of their abilities. Unworthy work had the potential to deprive the QA's of a confirmation of their worth and could have profound emotional consequences.

Clashes with Army Regulations

None of the nurses examined here were Army Regulars with experience in military hospitals prior to the war, which may help to explain the consternation many of them expressed at the bureaucratic and ceremonial elements of Army regulations. They often viewed these regulations as, at best, a waste of their time and, at worst, as a hazard to patient health and well-being.

Sister Luker made her sentiments regarding the work required of her by Army regulations very clear in her 4 February 1941 entry, in which she described beginning the process of collecting equipment for a barrack equipment inspection, writing 'gosh, what a job, and it makes me furious!'.¹³⁴ Often Luker's response to Army regulations that she viewed as a waste of her time was to dismiss or ignore them. In her 7 April 1941 entry, Luker declared her frustration with Army regulations, writing 'What a beginning — barrack equipment inspection at 9am!!!', and then summarily dismissed the inspection by noting that it consisted of 'The

¹³⁴ Luker, 4 February 1941.

usual proceedings over which I take very little heed'.¹³⁵ Luker's position as an experienced senior nurse may have provided her with both the confidence and professional capital to dismiss these irritating elements of Army life, a factor that may not have been available for younger nurses confronting the same frustrations.

Sister Ffoulkes Parry often adopted a tone of sardonic amusement when writing of her own struggles with Army bureaucracy. In her 2 September 1942 entry, written following her transfer from the HMHS *Karapara* to the 47th BGH in Calcutta, Ffoulkes Parry described the process of filling out personnel forms with mocking exaggeration, writing:

I filled in another four forms for Miss Warner this morning. This is about my forty-fourth since I arrived here. Somebody must be interested in my life's history, I presume. And yet we are told — a shortage of paper. Oh! The army!¹³⁶

This tone of slightly amused dismissal was still present in Ffoulkes Parry's 27 June 1943 entry, in which she described escorting a member of Army leadership around her ward for a ward inspection:

The Eastern Army did a round at 10:30... notwithstanding the usual nonsense and all patients wearing red ties and at their beds, looking sheepish and silly. I had to take the senior man around and tell him what was what.... Such a waste of time although, I admit, it is why on these occasions, one can get anything done on a ward.¹³⁷

¹³⁵ Luker, 7 April 1941.

¹³⁶ Ffoulkes Parry, *Joyce's War*, 188.

¹³⁷ Ffoulkes Parry, *Joyce's War*, 223.

While Luker responded to these regulations with anger, Ffoulkes Parry appeared to have approached them as some kind of farce. The most vehement her language became in regards to a barracks equipment inspection appeared in her 9 August 1943 entry, in which she wrote that she had to repeat the whole procedure for a second time 'much to my displeasure'.¹³⁸ In a manner similar to Luker, Ffoulkes Parry also responded to this inspection result, which highlighted several missing pieces of equipment, with casual indifference, writing that she was 'so relieved and exultant' to no longer be responsible for keeping track of ward equipment that 'I shouldn't have cared if the list were ten times as long'.¹³⁹ Ffoulkes Parry's disregard for any potential consequences resulting from the outcome of this inspection may have been due to both her senior position and the fact that, at the time of this entry, she was shortly to leave the Army due to her marriage.

While confrontations with Army regulations that QA's perceived as solely impacting on their time prompted reactions from sardonic mocking to anger, Army regulations that QA's viewed as affecting their patients' well-being provoked much stronger emotional responses, at times triggering deep anger and distress. Following her unit's move from a field hospital in Normandy to a general hospital in Belgium, Sister Morris was astounded when, during the first inspection led by her unit's new CO, 'a regular army man and a stickler for bull', she was 'politely reprimanded by the CO for putting a cradle over a patient's bed. Pte Williams has a severe eczema of his legs and the bed-clothes were irritating him. Was told that cradles were unmilitary!'.¹⁴⁰ Morris appeared stunned by the existence of an Army regulation that required

¹³⁸ Ffoulkes Parry, *Joyce's War*, 230.

¹³⁹ Ffoulkes Parry, *Joyce's War*, 230.

¹⁴⁰ Morris, *A Very Private Diary*, 151.

her to sacrifice her patient's comfort for military appearance. She once again highlighted the negative impact of Army regulations on patient comfort in her 13 October 1944 entry:

The Colonel's inspection this morning was something of a disaster! I forgot to turn all the bed wheels away from the door, the pillow case openings were also looking the wrong way and then the most wicked crime of all I had put cradles over the amputees to prevent the bed-clothes touching the stumps. I was also reprimanded for fixing the pillows armchair fashion. I hate this Army bull. We did not have to put up with this type of nonsense in Normandy.¹⁴¹

In her second account of a ward inspection, Morris gave vent to her feelings, no longer restraining herself to an incredulous tone, but explicitly stating that she hated 'this Army bull'. She also deeply inscribed her disgust with these Army regulations in her entry through her use of caustic sarcasm when recounting her 'most wicked crime of all', using cradles to spare her amputee patients additional pain. Given that pain management was a critical component in good nursing care, the fact that this CO's interpretation of Army regulation demanded its abandonment was a profound source of anger for Morris.

In her 10 February 1946 entry, written following the conclusion of the war but while she was still deployed with the Army in Belgium, Morris recorded her belief that this focus on Army regulations produced inferior care: 'It was much better in Normandy when all our time was spent caring for the patients and forms in triplicate could be ignored'.¹⁴² Morris wrote that 'It is a battle to obtain a cradle to protect a man's stump or injured leg from the bedclothes. I fight

¹⁴¹ Morris, *A Very Private Diary*, 166-167.

¹⁴² Morris, *A Very Private Diary*, 288.

on regardless for the sake of the patients' comfort, and usually manage to win'.¹⁴³ In the world of a post-war military hospital, Morris found herself fighting a war, not against the Axis and the destruction of industrial warfare, but rather against the regulations of her own employer. The emotional impact of Morris' impression that she had to fight her own institution for the sake of her patients can be seen in her admission that such battles left her 'Feeling a little depressed'.¹⁴⁴

The growing distress over the barrier to patient care presented by Army regulations that can be seen in Morris' diary entries can also be found in those of Sister Ffoulkes Parry. In her 27 October 1942 entry, written from the 47th BGH in Calcutta, Ffoulkes Parry touched on 'all the paper work which takes up so much time' that Army regulations required and noted that 'it doesn't please me to know that as far as the patients are concerned they don't get the personal attention which they should'.¹⁴⁵ The frustration and distress that this impediment to adequate patient care generated came bursting through in her next entry:

All this looks so well on paper and someone is bound to get the OBE out of it — maybe he thinks it's worth it; meanwhile the staff: the MOs, sisters and orderlies work themselves to a standstill and the patients hardly get a look in at all. I did join up originally as a nurse to attend the sick, but it seems I am nothing but a glorified office girl writing up papers all day long and I hardly ever get a chance to see a patient.¹⁴⁶

According to Ffoulkes Parry, the obstacle that Army regulations presented to good nursing care

¹⁴³ Morris, *A Very Private Diary*, 288.

¹⁴⁴ Morris, *A Very Private Diary*, 288.

¹⁴⁵ Ffoulkes Parry, *Joyce's War*, 191.

¹⁴⁶ Ffoulkes Parry, *Joyce's War*, 193. OBE is an abbreviation for Order of the British Empire.

was so profound that it stripped the QA's of the ability to nurse at all, reducing them to 'a glorified office girl' and depriving the patients of the nurses that they needed. Sister Nell Jarrett echoed this perspective on the negative impact of Army regulations in the critique that she offered of the Army's medical services in her 17 November 1942 diary entry:

If 'Florence' could come again she would be as disgusted as in Crimea — considering the years of progress between. The result of all this is just a tangle of forms. The M.O. is not an M.O. but a clerk — turning out forms in triplicate, the orderlies spend their time checking kits in and out. I have not time to nurse for making out charts trying to get sufficient food etc.¹⁴⁷

Jarrett was very explicit in both her condemnation of the impact of Army regulations on patient care, as well as the distress that this situation engendered in the nurses themselves. She sought to add force to her critique by invoking Florence Nightingale, the ideological founder of modern British nursing, in order to show how far Army regulations had pushed the current medical service away from what could be considered appropriate care. In a manner similar to Ffoulkes Parry, Jarrett concluded her indictment of Army regulations by stating that they had not only hindered her ability to nurse, they had stripped her of the role entirely.

Parallels to the emotions present in these QA's personal narratives can be found in modern nursing literature addressing the institutional components necessary for compassionate care. In their work on compassion in nursing, Stephanie Tierney, Roberta Bivins and Kate Seers argue that when external pressures, such as those presented by Army regulations, deprive nurses of the ability to 'deliver care in a way they would wish', those

¹⁴⁷ Jarrett, 17 November 1942, 120-122.

nurses can experience ‘moral distress’.¹⁴⁸ Moral distress is defined by Fry et al as ‘a feeling state experienced when a person makes moral judgments about a situation in which he or she is involved, but does not act on those judgements’ and it can have ‘situational, cognitive, action and feeling dimensions, as well as short- and long-term effects’.¹⁴⁹ The growing distress and anger that Morris, Ffoulkes Parry, and Jarrett experienced in response to the restrictions that Army regulations placed on their ability to deliver their duty to care reflect many of the qualities of moral distress highlighted by modern nursing researchers, emphasizing the negative emotional impacts of the lack of worthy work.

It is important to note that, of the QA’s examined here, the only ones who explicitly commented on the ability of Army regulations to inhibit their capacity to engage in worthy work were those writing in private diaries. The closest that a QA came to offering up a critique of Army regulations in a letter was Sister Morgan. In January 1943, Morgan celebrated her unit’s return to frontline work ‘where we don’t use sheets because there isn’t any laundry, and we don’t wear red ties because it’s the W.D.!’¹⁵⁰ The critique here was merely implied and only found in the fact that Morgan considered the loosening of requirements surrounding bed state and uniform to be something to celebrate.¹⁵¹ The absence of this critique from QA’s letters was most likely due to both internal and external censorship. Throughout the war, there was a pressure from the British emotional community to maintain a cheerful outlook and a bolstered

¹⁴⁸ Stephanie Tierney, Roberta Bivins, and Kate Seers. ‘Compassion in Nursing: Solution or Stereotype?’ *Nursing Inquiry* 26.1 (2019), 5.

¹⁴⁹ Sara Fry, Rose Harvey, Ann Hurley, and Barbara Jo Foley. ‘Development of a Model of Moral Distress in Military Nursing.’ *Nursing Ethics* 9.4 (2002), 374.

¹⁵⁰ Morgan, ‘SWTL’, 130. ‘W.D.’ stands for Western Desert

¹⁵¹ Morgan’s letter, in addition to Morris’ 13 October 1944 and 10 February 1946 entries, also highlight a factor which added to the appeal of frontline service: the release from many Army regulations due to exigent wartime circumstances.

morale.¹⁵² Most QA's would therefore have perceived it to be both socially unacceptable and genuinely injurious to their letters' recipients to inform them of the perceived failures of the British Army and the harmful impact that these failures had on their loved ones in the fighting forces. Even if a QA had been inclined to share that information with her friends and family back home, the fact that representatives of the very institution she was critiquing would be reviewing her letters would have served as a powerful deterrent.¹⁵³ These obstacles and the emotions that they provoked, from mild irritation to outright distress, were to be confined to the pages of private diaries or limited to in-person conversations with colleagues.

The limitations of 'small' work

In addition to the struggles that they faced in their dealings with Army regulations, QA's could also experience frustration and distress as a result of being relegated work that they considered to be below their abilities. QA's viewed this 'small' work as a waste of their skill and a barrier to the successful delivery of their duty to care. It appears that being assigned 'small' work was especially galling to QA's when it followed an experience of frontline work. The explicit contrast

¹⁵² Carol Acton, *Grief in Wartime: Private Pain, Public Discourse*. Basingstoke ; New York: Palgrave Macmillan, (2007), 10; Jenny Hartley, "Letters Are Everything These Days": Mothers and Letters in the Second World War.' In *Epistolary Selves: Letters and Letter-Writers, 1600-1945*, edited by Rebecca Earle. Aldershot: Ashgate, (1999), 188; Claire Langhamer, Lucy Noakes, and Claudia Siebrecht. 'Introduction.' In *Total War: An Emotional History*, edited by Lucy Noakes, Claire Langhamer, and Claudia Siebrecht. Oxford: British Academy, (2020), 17; Michael Roper, *The Secret Battle: Emotional Survival in the Great War*. Manchester: University Press, (2009), 63.

¹⁵³ Acton, *Grief in Wartime*, 10; Carol Acton, "You Yourself Are Here Now Looking over My Shoulder as I Write": Emotional Dialogue and the Construction of a Shared Intimate Space in First World War Letters.' *L'Atelier* 8.1 (2016), 205; Diana Gill, *How We Are Changed by War: A Study of Letters and Diaries from Colonial Conflicts to Operation Iraqi Freedom*. New York: Routledge, (2010), 34.

between the most important and worthiest work, frontline nursing, and unworthy ‘small’ work, which prevented QA’s from fully demonstrating their capabilities, could trigger feelings of profound distress. The emotional consequences of ‘small’ work can be most clearly seen in the personal narratives of Sister Morgan and Sister Luker.

In August 1942, following the 8th Army’s retreat from Mersa Matruh and a bout of tonsillitis that landed her in hospital, Sister Morgan was assigned to work as the Home Sister for her unit. This position moved her off of the ward, away from combatant-patients, and placed her in charge of the Sisters’ Mess, where she described her role as undertaking ‘housekeeping’ and addressing the needs of the other nurses.¹⁵⁴ In her first letter informing her mother of the change in her role, Morgan admitted that Home Sister was ‘a job I’ve always dreaded having to do’ and that, on her first day, she had ‘felt awful especially as one is so cut off from “the boys”’.¹⁵⁵ Morgan then quickly amended her tone, ensuring that her letter concluded in the desired emotional register of cheerful fortitude, by assuring her mother that ‘after a week of it, I think I really LOVE it; it’s such fun running round doing odd jobs for the others!’.¹⁵⁶ Six months later, in January 1943, upon receiving news that her unit would be moving back towards the frontline and she would no longer be serving as Home Sister, Morgan acknowledged her true feelings about the position and the impact that the role had had on her emotional state:

The next awful blow was that I became Home Sister... surely of all awful jobs the most awful; it’s lovely to be able to do all sorts of things for the Sisters, but it’s awful to have to work with a mixture of Army personnel and

¹⁵⁴ Morgan, ‘SWTL’, 100.

¹⁵⁵ Morgan, ‘SWTL’, 100.

¹⁵⁶ Morgan, ‘SWTL’, 100.

native servants, and nag, nag, nag all day long, which is absolutely the only way of getting anything done in this country...¹⁵⁷

Morgan began her discussion of her unit's upcoming move and her change in position by admitting to her mother that 'the last six months have not been at all happy ones, not that they have been an unending succession of sadness, but that, as a whole, nothing has been right.'¹⁵⁸ Morgan had adhered to the expectations of her emotional community and kept her feelings of dissatisfaction to herself while she was in the midst of them. It was only after having successfully passed through this period of difficulty that she could openly acknowledge the negative emotions that she had experienced at the time. While Morgan did not ascribe her unhappiness solely to her unfulfilling position as Home Sister, she did admit that the nature of the work was a key contributing factor.

The emotional impact of this unworthy work can particularly be seen when the language Morgan used to describe her work as Home Sister is contrasted with the language she used to describe the frontline work she had been engaged in previously. Morgan described her unit's time as the forward-most hospital in the Western Desert as a 'glorious three months' and her work as 'so full, so busy, so just what I'd always imagined was my job'.¹⁵⁹ Morgan lost that drive and sense of purpose when she was serving as Home Sister and that loss of meaning left her feeling 'horrid'.¹⁶⁰ As was discussed earlier in this chapter, the sense that her work was of use and had value provided Morgan with a sense of worth and, even more importantly, a source of emotional resilience, which she lost when she was removed from access to the work that she

¹⁵⁷ Morgan, 'SWTL', 134.

¹⁵⁸ Morgan, 'SWTL', 133.

¹⁵⁹ Morgan, 'SWTL', 133.

¹⁶⁰ Morgan, 'SWTL', 134.

considered truly worthwhile. The loss of this source of resilience in turn left Morgan struggling to manage the negative emotions that both her work and her separation from her support systems at home could engender.

Sister Luker recorded her response to 'small' unworthy work in her diary and, as such, her writings do not feature any of the attempts at emotional modulation that can be found in Morgan's letters. Luker's writings were for her eyes alone and this degree of privacy allowed her the space to be far more emotionally direct and honest.¹⁶¹ Like Morgan, Luker's encounter with 'small' work followed a period of illness, although Luker's was far more severe. In February 1943, Luker contracted a case of amoebic hepatitis that almost killed her. Following her recovery, Luker was sent home to England to convalesce and would only return to nursing duty in November 1943. She wouldn't return to overseas service until December 1944. Luker found the transition from active duty overseas to nursing on the home front incredibly galling. In her 12 January 1944 entry, she complained that she felt 'like a junior staff nurse again!' and, in March 1944, she lamented that her work alternatively left her feeling like a 'Nippy' and an 'odd dog's body', slang terms for a waitress and a person who performs the boring, menial work that no one else wants to do.¹⁶² The emotional impact of being deprived of the worthy work she had performed overseas and instead being confronted with work that she believed diminished and infantilized her was profound. In her 20 February 1944 entry, Luker admitted that 'Sometimes I

¹⁶¹ Carol Acton, "'Stepping into History": Reading the Second World War through Irish Women's Diaries.' *Irish Studies Review* 18.1 (2010), 40, 43; Acton and Potter. *Working in a World of Hurt*, 80; Felicity Nussbaum, 'Toward Conceptualizing Diary.' In *Studies in Autobiography*, edited by James Olney. New York ; Oxford: Oxford University Press, (1988), 134.

¹⁶² Luker, 12 January 1944, 22 March 1944, 17 March 1944.

wish I had died'.¹⁶³ On 24 March, she described her day on duty as 'charging round, doing nothing' and wondered despairingly 'was I given my life for this?'.¹⁶⁴ On 3 April, she mused that, while on duty, 'I seem to potter about the entire time, doing nobody any good' and exclaimed 'Why oh why was I ever sent home?'.¹⁶⁵ In contrast to Morgan, Luker's writing tended to be emotionally restrained. She was sparing in her use of emotives, which makes the profound despair that she described in her entries following her illness all the more significant. Luker had found herself to be of great use to others in her time overseas. While back on home soil, she viewed her work as 'doing nobody any good'. Active service had provided Luker with opportunities to perform her duty to care to the fullest extent of her abilities. It had offered confirmation of both her worth and the worth of her skills and this provided her with a well of emotional resilience to draw upon in difficult times. The loss of this kind of work and the affirmation that it provided upon her return to England left Luker feeling purposeless, diminished, and depressed.

Conclusion: The Power of Worth

Worthy war work provided QA's with the opportunity to realize their duty to care at a level that they had never before had access to. They could care for the most important patients in the most dangerous places where their skills were most needed. They could expand their knowledge so that the care that they offered was the most superior and they could perform that care in an environment that fostered autonomous, independent action so that they were

¹⁶³ Luker, 20 February 1944.

¹⁶⁴ Luker, 24 March 1944.

¹⁶⁵ Luker, 3 April 1944.

free to offer care in the manner that they perceived to be the best. In return, worthy work provided QA's with an emotional bulwark. It gave them a sense of drive and purpose. It justified their absence from home and mitigated the homesickness and guilt that they might feel at being so far from their families in the midst of a war. A belief in the worth of their work could help to inure them to the harsh and difficult circumstances under which they worked and was often the emotional lifeline that they turned to when war-weariness and the trauma of the suffering that they witnessed began to weigh them down. Such a belief served as a justification for their presence within the military, especially close to the frontlines, and was a font of both personal and professional pride. Finally, within a cultural milieu that celebrated austerity and sacrifice, worthy work provided the QA's with a shield against accusations of frivolousness that might arise from the enjoyment that they derived from their experiences overseas. As Acton and Potter argue, resilience is a difficult entity to identify, especially when it needs to be differentiated from a cultural expectation for stoicism.¹⁶⁶ However, the resilience and emotional succour that QA's derived from the belief that their work was worthwhile can be seen in the degree of emotional distress that could result when QA's felt that they were being barred or hindered from being able to perform such work.

¹⁶⁶ Acton and Potter. "These Frightful Sights", 76-77.

Chapter 3: Searching for the Body of the Nurse: Embodiment and Emotion

In a February 1944 letter, Sister Agnes Morgan acknowledged the physical impact that three years of active service had had upon her, writing to her mother 'if you see a rather old, decrepit, frozen creature going past in dirty grey and tarnished red, please dash out and stop me — because it'll be ME!'¹ While presented using jocular hyperbole, Morgan's admission of the physical toll of her wartime service, and the manner in which she made it, offer critical insight into the QA's embodied experience of war and the pressures that their emotional community placed on how they responded to that experience. This chapter explores the interaction between the QA's embodied experience and their emotional community and asks how the expectations of Britain's wartime emotional community influenced the QA's understanding of the physical presentation necessary to meet their duty to care.

It begins by addressing the relationship between the body and emotions through a discussion of the notion of embodiment. It then addresses how the social world influences both the manner in which individuals perceive their embodied experiences as well as the way in which they attempt to narrate those experiences to others. Drawing on these foundational theories, the chapter then addresses the two primary ways in which nurses addressed their embodiment: by approaching their body as either a tool to be used, or as an obstacle, whose interactions with its environment produced undesirable responses that needed to be either silenced or overcome. It concludes with a discussion of the key narrative strategies that QA's used to discuss their embodied experiences and the reasons behind these narrative choices.

¹ Agnes Kathleen Dunbar Morgan, 'Private Papers of Miss A.K.D Morgan: Still With the Lamp', Imperial War Museum, Documents.16686, 261.

The Integration of the Body, Emotions, and the Social World

The notion of embodiment removes the division between the body and the mind and instead presents the embodied individual as a unified being in their mental and physical experiences. Philosopher Maurice Merleau-Ponty argued that 'bodily experience' was the 'primary source of perception' through which individuals came to know their world and that, as such, an individual's physical characteristics and bodily processes 'will shape their experiences and the way they are present in the world'.² A central tenet of Merleau-Ponty's argument regarding embodiment was that 'humans are primarily embodied beings, and that bodies, minds and the world are inseparable and mutually dependent'.³ Patricia Benner and Monique Scheer support this perspective and argue that the body is central to an individual's performance and communication of their emotions.⁴ Rachel Cooper brings 'the world' into her consideration of the relationship between the body and the mind by arguing that the physical environment influences an individual's emotions through sensory stimulation. Interpretation of these sensory stimulations leads to positive or negative emotional states.⁵

Monique Scheer also argues that, just as the embodied individual is situated within a particular physical environment, they are also located within a particular social environment

² Helen Harrison, Elizabeth Anne Kinsella, and Sandra DeLuca. 'Locating the Lived Body in Client–Nurse Interactions: Embodiment, Intersubjectivity and Intercorporeality.' *Nursing Philosophy* 20.2 (2019), 4, 6.

³ Harrison, Kinsella, and DeLuca. 'Locating the Lived Body in Client–Nurse Interactions', 5.

⁴ Patricia Benner, 'The Roles of Embodiment, Emotion and Lifeworld for Rationality and Agency in Nursing Practice.' *Nursing Philosophy* 1.1 (2000), 11; Monique Scheer, 'Are Emotions a Kind of Practice (and Is That What Makes Them Have a History)? A Bourdieuan Approach to Understanding Emotion.' *History and Theory* 51.2 (2012), 193, 194.

⁵ Rachel Cooper, 'Wellbeing and the Environment: An Overview.' In *Wellbeing and the Environment*, edited by Rachel Cooper, Elizabeth Burton, and Cary Cooper. Chichester, West Sussex: John Wiley & Sons, (2014), 2.

that acts on that embodied individual so that their body becomes both ‘socially and environmentally contextualised’.⁶ As a result of this social contextualisation, all bodily structures and processes are in some way ‘utilised, neglected, modified, or conditioned by cultural activity’.⁷ In regards to emotion, feelings rules regulate what emotions are socially acceptable within a particular community. Since those emotions are experienced and presented through the physical body, the body is subject to those feelings rules as well.

Scheer draws on Pierre Bourdieu’s practice theory in order to argue that this social contextualisation is not limited to outward physical expressions of emotions, but can influence an individual’s internal processing and understanding of their emotions as well.⁸ Therefore, social pressures are not limited to bodily presentation but are present throughout the entire embodied individual. However, Scheer does not argue that the influence of this social contextualisation is so strong that it eliminates individual agency or the ability to act in a manner contrary to it. Instead, she argues that the social contextualisation of the embodied individual ‘provides a “feel” for the appropriate movements’ and, therefore, ‘leaves space for behaviours not entirely and always predictable’.⁹ Furthermore, Scheer acknowledges that social contextualisation can never be uniform given that it operates on unique embodied individuals, with unique bodies and experiences.¹⁰

Within the context of a wartime society, Scheer’s caveat regarding the individual’s capacity to resist the pressure of their social contextualisation is complicated by Judith Butler’s

⁶ Scheer, ‘Are Emotions a Kind of Practice’, 197.

⁷ Scheer, ‘Are Emotions a Kind of Practice’, 201.

⁸ Scheer, ‘Are Emotions a Kind of Practice’, 200.

⁹ Scheer, ‘Are Emotions a Kind of Practice’, 204.

¹⁰ Scheer, ‘Are Emotions a Kind of Practice’, 203-204.

and Carol Acton's theories regarding subjection and the impact of war on society. In her theory of subjection, Butler argued that an individual will often conform to social categories that may 'work in the service of subjection' when those categories offer that individual a 'recognisable and enduring social existence'.¹¹ Acton maintains that both the pressure to conform to social categories and the risk to an individual's social existence are heightened during wartime, making both the pressure and the desire to conform to social expectations stronger than they would be normally. Thus, the potential for social harm to the individual for failing to adequately adhere to their social contextualisation is especially high during wartime.

A key element to consider when analysing the embodied experience of individuals through their diaries and letters is how those experiences are conveyed via the written word. Catherine Baker and Synne Dyvik argue that the process of communicating an embodied experience via either spoken or written word is an act of translation, as an individual attempts to transform a sensation rooted in their unique body into a narrative or description that can be understood by another.¹² Dyvik maintains that individuals will draw upon the discourse of their social and cultural environment in order to make sense of, and coherently communicate, their embodied experiences, once again tying individual embodied experience to the social world.¹³ Both Scheer and Peter Burke emphasise the importance of language in the understanding and communication of the emotional element of an individual's embodied experience, with Scheer

¹¹ Carol Acton, *Grief in Wartime: Private Pain, Public Discourse*. Basingstoke ; New York: Palgrave Macmillan, (2007), 4.

¹² Catherine Baker, 'Writing about Embodiment as an Act of Translation.' *Critical Military Studies* 2.1–2 (2016), 120; Synne Dyvik, 'Of Bats and Bodies: Methods for Reading and Writing Embodiment.' *Critical Military Studies* 2.1–2 (2016), 61.

¹³ Dyvik, 'Of Bats and Bodies', 62.

arguing that the ability to put a name 'on our feelings is part and parcel of experiencing them'.¹⁴ Given the reliance of language on the discourses and meanings provided by the social and cultural context within which that language is used, social contextualisation once again comes to the fore as a significant influence on embodied experience. This integral relationship between social discourse and language also means that should an individual's embodied experience fall outside the discourse framework provided by their community, they may struggle to both make sense of that experience to themselves and to communicate it to others.¹⁵

The Body as a Tool

One of the key ways in which the nurse's body appeared in her writing was as a tool that she utilised in her nursing practice to aid in her delivery of her duty to care. When her body appeared in this manner, the nurse in question was generally using it for one of two purposes: as a site of embodied knowledge that could direct her treatment of her patients or as a means of invoking particular emotions within others. In both of these instances, the QA's duty to care made demands of her embodied experience. When she used her body as a site of embodied knowledge, the QA's duty to care demanded endurance and presence. When she used her body as a source of emotional support for others, her duty to care demanded that her body be presented in a manner that aligned with the expectations of her emotional community. Overall,

¹⁴ Scheer, 'Are Emotions a Kind of Practice', 212; Peter Burke, 'Is There a Cultural History of the Emotions?' In *Representing Emotions: New Connections in the Histories of Art, Music and Medicine*, edited by Penelope Gouk and Helen Hills. Aldershot: Ashgate, (2005), 43.

¹⁵ Penny Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War*. Manchester: University Press, (1998), 28-29.

the nurse's focus was directed outward towards others, with limited consideration given to her own perception of her embodied experience.

The Nurse's Body as a Site of Embodied Knowledge

Nursing researchers, such as Patricia Benner and Laura Middleton-Green, insist on the importance of integrating an understanding of, and appreciation for, the value of embodied awareness into modern nursing practice. Middleton-Green describes this embodied awareness as being perceived by the nurse as a 'gut feeling' that enables her to become aware of subtle changes in patient status.¹⁶ Benner supports this perspective on embodied awareness and argues that this knowledge can even alert nurses to changes before monitoring technology is able to register them.¹⁷ This embodied knowledge also allows nurses to factor in the nuances and ambiguities of each individual patient's unique embodied presence to their provision of nursing care.¹⁸ Furthermore, Benner argues that it is her own embodied awareness that enables a nurse to accurately read her patient's emotions and respond appropriately.¹⁹ QA's during the Second World War would not have used terms like 'embodied knowledge' to describe their use of embodied awareness in their nursing practice and it is important to guard against such potential presentism in historical analysis. However, the use of this type of knowledge, which was often described as a 'sense', can be found within their personal narratives.

¹⁶ Laura Middleton-Green, 'Nursing Intuition: The Role of Embodied Awareness in End-of-Life Care.' *International Journal of Palliative Nursing* 21.6 (2015), 265.

¹⁷ Benner, 'The Roles of Embodiment, Emotion and Lifeworld', 7.

¹⁸ Benner, 'The Roles of Embodiment, Emotion and Lifeworld', 7.

¹⁹ Benner, 'The Roles of Embodiment, Emotion and Lifeworld', 12.

A very concrete interpretation of the use of a 'sense' in patient treatment can be seen in the QA's use of their sense of smell. QA's during the Second World War relied on smell to serve as their first warning sign for the onset of infections such as gas gangrene and diphtheria. Sister Mary Morris touched on the use of smell in her nursing practice several times throughout her diary. In her entry for 10 February 1945, Morris emphasised that 'Smells are important. It is vital to be able to smell the early stages of gangrene as this could mean an emergency amputation'.²⁰ Seven months later, Morris made note that 'Fortunately diphtheria has a distinctive smell and appearance', which enabled her and the MO to make rapid diagnoses.²¹ Just as in the case of gas gangrene, Morris' sense of smell was critical to her patients' well-being. The throat swabs that Morris' unit used to confirm a diphtheria infection took forty-eight hours to process by which time an entire ward could become infected.²² Therefore, it was her sense of smell that stood between her patients and a wider outbreak.

Sister Joyce Ffoulkes Parry also referenced the importance of smell in her nursing practice in her diary entry for 28 November 1940. Ffoulkes Parry described her relief at having a day off as that meant that 'the ward with its smells and worries — these in the correct order as to their importance please note — may temporarily be forgotten'.²³ Ffoulkes Parry's insistence that she had placed smells and worries in the correct order according to importance appears to allude to what Morris directly stated: that smell served as a warning sign and, therefore, smells were important as they could point to those patients whose conditions were deteriorating. The

²⁰ Mary Morris, *A Very Private Diary: A Nurse in Wartime*. Edited by Carol Acton. London: Weidenfeld & Nicolson, (2014), 181.

²¹ Morris, *A Very Private Diary*, 252.

²² Morris, *A Very Private Diary*, 252.

²³ Joyce Ffoulkes Parry, *Joyce's War: The Second World War Journal of a Queen Alexandra Nurse*. Edited by Rhiannon Evans. Stroud: The History Press, (2015), 61.

fact that a QA's sense of smell was critical in the detection of serious infections like gangrene and diphtheria demonstrates how important it was that she was fully present and aware of her embodied experience. She could not disembodify herself or attempt to disassociate from the sensory world around her, no matter how unpleasant it may be, without potentially placing her patients at risk.

The nurses' embodied knowledge also proved to be especially important in pain management, as the emotional community of the Second World War demanded that a combatant face his pain stoically and without complaint. Nurses, therefore, had to draw on their embodied knowledge to determine when to administer pain medication to their patients as the patients themselves often would not ask for it.²⁴ The application of a nurse's embodied knowledge to address her patient's pain can be seen in Sister Betty Murgatroyd's letter of 24 June 1944. Murgatroyd wrote that her patients 'never bat an eye lid, and always are quite OK if you ask. They never ask for anything, and if I did not sense their wants, they would never ask'.²⁵ This same embodied approach to pain management can be seen in a contemporary newspaper article describing a senior sister caring for a captured German general:

The General himself was in great pain, but he lay without making a sound.

The Sister who sat beside him did not make the mistake of appearing to notice this. She knew better than to offer sympathy or ask irritating questions of one of his breed.²⁶

²⁴ Jane Brooks, *Negotiating Nursing: British Army Sisters and Soldiers in the Second World War*. Manchester: University Press, (2018), 43.

²⁵ Betty Murgatroyd, 'Private Papers of Miss B Murgatroyd', Imperial War Museum, Documents.19944, 24 June 1944, 6-7.

²⁶ Elisabeth Kyle, 'Hospital in the Desert', QARANC Museum, Box 18, 69.

The article later recounted the point at which the nurse decided to give the general more pain medication:

After a few moments he added, 'You nursed the men of our Old Army? The Old Army was very different from the new —'
She got up quietly and gave him his medicine.²⁷

It is unclear if the em dash at the end of the general's sentence was meant to imply that he was cut off by pain, thereby providing the nurse with the indication that now would be an acceptable time to provide more pain medication, or was simply a stylistic decision made by the author. However, it is clear that the nurse depicted was drawing on her embodied knowledge to both read her patient's emotions and to 'sense' when his pain had moved past the point where she could allow him to continue to suffer through it.

Modern nursing researchers emphasise that nurses may experience 'a profound physical discomfort', along with negative emotions, such as fear and disgust, when interacting with someone who is suffering and that this discomfort may drive them to attempt to suppress or ignore their embodied perception of that suffering.²⁸ However, as Middleton-Green argues, by suppressing her embodied awareness, the nurse is simultaneously rejecting 'a source of wisdom that can help to enhance empathy, and as a result, compassionate care'.²⁹ This feeling of profound discomfort has also been connected to the kinds of sensory experiences discussed

²⁷ Kyle, 'Hospital in the Desert', 69.

²⁸ Middleton-Green, 'Nursing Intuition', 265; John Ballatt, 'Healthcare Culture and Intelligent Kindness in Practice.' In *Compassion in Nursing: Theory, Evidence and Practice*, edited by Alistair Hewison and Yvonne Sawbridge. London: Palgrave, (2016), 96; Margreet Van Der Cingel, 'Compassion and Professional Care: Exploring the Domain.' *Nursing Philosophy* 10.2 (2009), 129.

²⁹ Middleton-Green, 'Nursing Intuition', 265.

above. In their review of the research addressing healthcare workers' experiences of disgust, Marilena Hadjittofi, Kate Gleeson, and Anne Arber maintain that smell is the most common trigger for disgust and that healthcare workers will engage in extensive emotional labour in order to hide their disgust from their patients.³⁰ They argue that this degree of emotional suppression has the potential to be injurious to both the healthcare provider and the patient, as emotional suppression uses up 'cognitive resources, which might interfere with clinical decision making'.³¹ Wilkes, Boxer, and White support these findings in their own research on nurses' work with patients with malodorous wounds, arguing that engaging in the degree of emotional labour required to hide their responses to these wounds can cause nurses significant stress.³²

These findings from modern nursing scholarship shed light on the emotional impact of Second World War QA's use of their embodied knowledge. There was a deep connection between the QA's embodied awareness and their provision of good nursing care. Without their embodied awareness, QA's would not have been able to promptly detect signs of infection or to appropriately manage their patients' pain. However, in order to provide good nursing care, QA's needed to be fully present in their embodied environment, even if being fully present meant exposing themselves to sources of profound discomfort, which they then had to emotionally labour to suppress.

The Nurse's Body as a Source of Emotional Comfort

³⁰ Marilena Hadjittofi, Kate Gleeson, and Anne Arber. 'The Experience of Disgust by Healthcare Professionals: A Literature Review.' *International Journal of Nursing Studies* 110 (2020), 10, 12.

³¹ Hadjittofi, Gleeson, and Arber. 'The Experience of Disgust by Healthcare Professionals', 12.

³² L.M. Wilkes, E. Boxer, and K. White. 'The Hidden Side of Nursing: Why Caring for Patients with Malignant Malodorous Wounds Is so Difficult.' *Journal of Wound Care* 12.2 (2003), 76, 78, 79.

Jane Brooks argues that military leadership during the Second World War posted nurses further forward than they had in previous conflicts for two key reasons. Firstly, expert trained nurses were needed close to the front lines in order to ensure more favourable medical outcomes. Secondly, those expert trained nurses needed to be female because of the emotional benefit that combatants appeared to derive from their assumption that women would naturally provide gentle, kind, and loving care.³³ The nurse's body was a valuable tool for the military, not only because it was the site and vehicle of her nursing knowledge, but also because it was a female body, and the cultural assumptions attached to that female body allowed it to provide a psychological benefit to the military's male combatants.

The value of the QA's as female nursing experts can be seen in a letter written by a British colonel about his experience on the Anzio beachhead:

...God bless 'em, the QA's are here! Our own women are with us. Up go the drooping tails! They must not see how near we were to the dread-edge of panic! They're taking it too! And calm they took it, proudly they hid their fear; a shaking hand was held, a joke cracked... Now this does not one whit detract from our men of the RAMC. I have been touched almost to tears at the tenderness of a man to a man, but the QA's bring more than tenderness. No more strategically intelligent order was ever given as when the QA's were sent to the beach head — the morale of a desperate venture was injected with a new meaning.³⁴

³³ Brooks, *Negotiating Nursing*, 26.

³⁴ Anonymous, 'Extract from letter to his wife from Col. - while returning from Anzio Beach Head', Dame Katharine Jones' Papers, Envelope 3: Letters and Reports, Museum of Military

In his account of his time at Anzio, this colonel highlighted the different ways in which the gendered body of the female nurse triggered particular emotional reactions from her male patients. Firstly, the QA's presence in a war zone as a woman, and particularly a woman whose bodily presentation was calm and controlled, encouraged her patients to be calm as well in order to meet their own gendered expectations regarding the appropriate comportment of fighting men. Secondly, the QA's presence as women brought extra comfort because of the assumption that the nursing care that they would provide would 'bring more than tenderness'.

In a letter sent to the Matron-in-Chief of the QA's, Dame Katharine Jones, Matron Thorp from the 16th British General Hospital also highlighted patients' association between female QA's and superior care, writing that the 'men were so grateful to see Sisters. I remember one night when a large number of wounded were brought in hearing a man say to another who was also very badly wounded — "We shall be all right here, there are Sisters"'.³⁵ Patients' anxieties appeared to be allayed by their belief that having a woman provide their nursing care meant that that care would be especially skilled and comforting. This belief was no doubt rooted in the social realities of these men's private lives, in which, in times of illness or injury, they had most likely been cared for by a female relation, particularly their mother.³⁶ This association between caring and female bodies appears to have made patients more receptive to receiving comfort from a female QA than they would have been from a male orderly.

The QA's readily took advantage of the comfort associated with their gender in order to

Medicine.

³⁵ D.G. Thorp, 'Extracts from Letters', Dame Katharine Jones' Papers, Envelope 3: Letters and Reports, Museum of Military Medicine

³⁶ Alison Fell, 'Far from Home? Perceptions and Experiences of First World War Nurses and Their Patients.' In *Expeditionary Forces in the First World War*, edited by Alan Beyerchen and Emre Sencer. Cham: Springer International Publishing, (2019), 60, 61.

offer therapeutic care through touch or even just their physical presence. In her February 1943 letter to her mother, Sister Morgan recounted the comfort that her physical presence brought to an ill patient:

I have a very, very ill boy, called 'Tommy'... and at present he is going through a stage of 'wandering' in which he gets very frightened, so I spend a good part of every night with him, and tonight it was quite impossible to leave him at all before he dropped off to sleep; so there I was, about 11pm... tightly clutched by the hot hands of my poor friend.³⁷

Sister Morris also described using her physical presence and touch to provide psychological comfort to a shell-shocked patient in her entry for 28 June 1944, writing that 'Lt Martin seems to be a little less withdrawn this morning. He smiled at me as I held his hand and talked to him'.³⁸

In her entry for 13 May 1941, Sister Ffoulkes Parry addressed the importance that 'presence' or 'being there' had in her nursing practice, describing the points at which she offered them as 'more satisfying to me than medals and good reports'.³⁹ One of examples that she provided of these key moments was of going to sit with a patient, who had survived the sinking of two ships by aerial bombardment, during an air raid because 'I know how they unnerve him'.⁴⁰ The comfort that this action brought her patient was made evident by the note he later sent Ffoulkes Parry, which read 'Sister, you were awfully sweet to me, early this

³⁷ Morgan, 'SWTL', 146.

³⁸ Morris, *A Very Private Diary*, 123.

³⁹ Ffoulkes Parry, *Joyce's War*, 86.

⁴⁰ Ffoulkes Parry, *Joyce's War*, 86.

morning. Thanks a lot'.⁴¹ These examples demonstrate how QA's could draw on the comfort associated with their embodied presence as women to provide their patients with a sense of safety from harm. This sense of safety was aided by the belief that military leadership would not place women in danger, so, if a woman was present, the soldier-patient could believe that he protected from the violence of battle.⁴² While the air raid that Ffoulkes Parry comforted her patient during demonstrates that a woman's presence did not actually equate a guarantee of physical safety, the cultural associations attached to Ffoulkes Parry's female body were still strong enough to provide her patient with a sense of comfort in the face of the danger that they were both facing.⁴³

QA's also used the associations attached to their gender to aid in their nursing care by drawing upon their patients' assumption that, as women, the QA's would be kind and understanding in order to encourage them to psychologically unburden themselves.⁴⁴ A recurring element in the QA's letters and diaries was their discussion of the amount of time that they spent talking with, or simply listening to, their patients. In her entry for 12 December 1940, Ffoulkes Parry described going to sit with a patient suffering from shrapnel injuries, 'insomnia and night hysteria', who had just learned that both of his parents had been killed in an air raid back in England:

⁴¹ Ffoulkes Parry, *Joyce's War*, 86.

⁴² Christine Hallett, *Containing Trauma: Nursing Work in the First World War*. Manchester: University Press, (2010), 159.

⁴³ Brooks, *Negotiating Nursing*, 7; Hallett, *Containing Trauma*, 195-196. As both Brooks and Hallett argue, military leadership was very willing to expose nurses to danger to ensure the recovery of injured soldiers.

⁴⁴ Christine Hallett, 'Emotional Containment: Nurses and Resilience.' In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020), 250.

Poor Morris, no one had been near him all day — I suppose they would feel that he wanted to get away — but he did want to talk about it and go over and over it. I felt that he did so I went to sit on his bed... and stayed with him for a very long time.⁴⁵

Ffoulkes Parry drew on her embodied awareness to read Morris's emotions and determine what course of action on her part would be most beneficial to him, as evidenced by her statement that she 'felt' he would want to talk about his loss. It is interesting to note that Ffoulkes Parry made no mention of any verbal invitation offered to Morris to prompt him to speak to her. Instead, she highlighted the physical act of sitting by him on his bed, drawing attention to the assumption of comfort and understanding connected to her embodied presence.

In her entries discussing her work with the survivors of Operation Market Garden, Sister Morris often touched on the connection that her patients made between her presence and an opportunity to speak about, and work through, their experiences.⁴⁶ Morris appeared to view her ability to provide the space for this emotional unburdening as operating in tandem with the care she offered their physical injuries. In her entry on 11 October 1944, she made a note that one of her patients, Sergeant Louis Hagen, was 'recovering now and is gradually beginning to talk to us about his experiences in Arnhem', thereby associating his ability to begin speaking of his experiences with his recovery process.⁴⁷ The power that gendered cultural discourse had in connecting the female body to an expectation of kindness and understanding can be seen in

⁴⁵ Ffoulkes Parry, *Joyce's War*, 64.

⁴⁶ Morris, *A Very Private Diary*, 155.

⁴⁷ Morris, *A Very Private Diary*, 163.

Morris' descriptions of her patients' decision to turn to the Belgian nun Soeur Marie-Anselma as a recipient of their emotional unburdening, in spite of the fact that she did not speak English.⁴⁸ It is notable that Morris never mentioned her patients speaking to her primary orderly, Taffy Jones, in such a way. Instead, Morris ruefully noted that 'they do tend to vent their feelings on poor old Taffy Jones, who is very good natured but constantly running around like a scalded cat'.⁴⁹ It appears that, in spite of their shared language, Morris' patients tended to yell at Jones, using him as an emotional scapegoat rather than as a source of emotional comfort. When it came to comfort, they turned to a woman, regardless of that woman's ability to understand them.

Morris' accounts, especially those regarding her patients' preference for Marie-Anselma over Taffy Jones, are demonstrative of the power of the gendered assumptions that saw nurses' femininity become more valuable in the treatment of psychologically damaged patients than actual psychiatric training. During the interwar years, psychiatric nursing was overwhelmingly dominated by male nurses and, therefore, most female QA's had not cared for a patient with a psychiatric or psychological ailment prior to their military service.⁵⁰ In spite of their lack of psychiatric training, female QA's were assigned the care of psychologically damaged soldiers because of the belief that the presence of a caring female body brought more comfort to a soldier than could be provided by a trained man.⁵¹

Sister Morris' 10 October 1944 entry provides additional insight into one of the reasons

⁴⁸ Morris, *A Very Private Diary*, 155.

⁴⁹ Morris, *A Very Private Diary*, 167.

⁵⁰ Jane Brooks, "'Not Only with Thy Hands, But Also with Thy Minds': Salvaging Psychologically Damaged Soldiers in the Second World War.' *Nursing History Review* 27 (2019), 33, 32.

⁵¹ Brooks, "'Not Only with Thy Hands'", 37

why combatants found female nursing sisters to be greater sources of emotional comfort than male orderlies. While caring for members of the Guards Armoured Division, an elite Army unit, Morris noted that these patients were 'reluctant to talk about their experiences and treat me not so much as a Nursing Sister but a superior officer'.⁵² It is interesting that Morris appeared to make a distinction between these two roles, in spite of the fact that she was both a Nursing Sister and a superior officer. Morris appeared to view her role as a nurse as putting her in a position somewhat separate from the military. Furthermore, she believed that this separation was necessary for her patients' wellbeing. This can be seen in the fact that the Guards' decision to approach Morris as a superior officer kept them from engaging with her in the kinds of therapeutic conversations that she was having with her other patients. This 'separation' from the military did not appear to be present for male healthcare providers, highlighting the fact that the key factor separating nurses from the military was their gender.

Cynthia Enloe argues that a critical element in the military's construction of its core identity is the classification of women and femininity as marginal to its existence, regardless of how necessary women's labour and popular constructions of femininity are to the military's continued operation.⁵³ The separation that Morris alluded to between a female nurse and the military was therefore a key factor of the military's ideological foundation. The female body was associated, not with the military, but with civilian and domestic life. Ana Carden-Coyne, Alison Fell, and Kirsty Harris all argue that, during the First World War, nurses' gender enabled

⁵² Morris, *A Very Private Diary*, 162.

⁵³ Cynthia Enloe, *Does Khaki Become You?: The Militarisation of Women's Lives*. London: Pluto Press, (1983), 6.

them to serve as reminders of, and embodied connections to, home.⁵⁴ This close association between women and home continued during the Second World War, and Brooks and Toman argue that nurses consciously drew upon this gendered connection to home in order to offer comfort and support to their patients.⁵⁵

Nursing sisters could offer emotional comfort that male orderlies and medical officers could not because the associations affiliated with their female bodies enabled them to serve as a connection to, and reminder of, patients' pre-war civilian lives.⁵⁶ The therapeutic use of this connection to home can be seen in Sister Morgan's September 1941 letter. In her letter, Morgan told her mother that she was currently caring for an eighteen-year-old patient, who 'knows that he is very ill, but we've made all sorts of plans for "after the war"'.⁵⁷ In a similar manner, in her 24 June 1944 letter, Sister Murgatroyd informed Lilian that her patients had told her that they were 'all going to marry me when this show is over, so I shall be well off for husbands'.⁵⁸ In both of these cases, Morgan and Murgatroyd actively drew on the connection that their patients made between their presence and their lives outside of the army, after the

⁵⁴ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*. Oxford: University Press, (2014), 251. Fell, 'Far from Home?', 59, 60; Kirsty Harris, "'All for the Boys": The Nurse-Patient Relationship of Australian Army Nurses in the First World War.' In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. London: Taylor & Francis Group, (2013), 156. Carden-Coyne argues that military nurses were not always successful at embodying and enacting the comforting, home-like respite from military life that wounded soldiers desired, which could prompt resentment and anger from the patients themselves. (338)

⁵⁵ Phil Goodman, "'Patriotic Femininity": Women's Morals and Men's Morale During the Second World War.' *Gender & History* 10.2 (1998), 288; Jane Brooks, 'Nurses as Therapeutic Agents in the Extreme Environment of the Desert War, 1940-44.' *Journal of Advanced Nursing* 71.11 (2015), 2525; Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*. Vancouver: UBC Press, (2007), 100.

⁵⁶ Harris, "'All for the Boys'", 156.

⁵⁷ Morgan, 'SWTL', 35.

⁵⁸ Murgatroyd, 24 June 1944, 7.

war, as a form of therapeutic engagement to foster hope and boost the men's morale.

The ability of the QA's embodied presence to serve as a comforting reminder of home also extended to their off-duty interactions with British combatants, a fact that military leadership very consciously utilised and encouraged to maintain morale.⁵⁹ In a piece of writing entitled 'Obeying Our General's Orders'⁶⁰, Sister Morgan described her experiences following the successful conclusion of the North African campaign, beginning her story with the statement "'Monty" said, "I hope that the Sisters will co-operate in helping to entertain the Victorious 8th Army during their short periods of rest."!! And the "—th" certainly did their best'.⁶¹ In spite of the fact that nursing sisters had been a critical element of the North African campaign and that their work caring for the ill and injured was on-going, military leadership appeared to view them, not as equal contributors to the campaign's success, who also deserved rest and relaxation, but rather as a reward to be offered to male soldiers. While the soldiers' work may have ended with the cessation of hostilities, military leadership clearly expected that the nursing sisters' work serving as sources of emotional comfort to those soldiers would continue.

In her work on Canadian nursing sisters during the Second World War, Cynthia Toman highlights the degree to which performing proper femininity by serving as social companions and morale boosters was considered to be one of the nurses' key contributions to the war

⁵⁹ Brooks, *Negotiating Nursing*, 93; Toman, *An Officer and a Lady*, 100, 102.

⁶⁰ It is unclear when this piece was written. Morgan directed her writing at a 'you', presumably her mother, but it is unclear if this was included in a letter sent to her mother or something that she composed after the war.

⁶¹ Morgan, 'SWTL', 184.

effort.⁶² From the comments of the QA's considered here, it is evident that this particular understanding of a nurse's duty to care was present in the British Army as well. In many ways, since their ability to provide emotional comfort was inextricably linked to their gender, it was impossible for nursing sisters to stop doing this work. Offering emotional support was considered to be a 'natural' element of womanhood and, therefore, the expectation was that a nurse could continue to provide this support with the same ease as she would continue to do any other 'natural' embodied task. Just as no woman needs a 'break' from breathing, so too no woman needed a break from caring.

While the nurses themselves had an understanding of the effort this kind of caring asked of them, as Morgan's statement that her unit 'certainly did their best' indicates, they often believed that performing this role for the soldiers they encountered was still a responsibility that they needed to fulfil, regardless of how in need of rest they might be. This sense of duty that motivated QA's to offer up their time and physical presence off-duty as a reward for combatants' military service can be seen in Sister Ffoulkes Parry's entry for 30 April 1941. In this entry, Ffoulkes Parry recounted the reasons behind her decision to go out to dinner with a PO Strong⁶³ in spite of the fact that he had shown up at her mess two nights previous, drunk and unruly:

But I feel awfully sorry for these boys.... There is nothing for them to do in this place but drink, if they don't know anyone to talk to. It is all very sad but they look so pathetic and lonely and they are missing so much because

⁶² Toman, *An Officer and a Lady*, 100, 102.

⁶³ Ffoulkes Parry does not specify if the PO stands for Pilot Officer or Petty Officer nor does she elaborate on how she knows Strong.

of this war. Sometimes I think to myself I shan't do anything about it, I simply won't go out with them and then, I remember that tomorrow, next week maybe, they may be dead. And I change my mind. Mona thinks I am soft, but I'd have more to reproach myself with if I refuse them an hour or two occasionally. After all, we haven't given up much in this war and it's little enough to do for our fellow creatures.⁶⁴

Ffoulkes Parry frankly stated that her physical presence and personal engagement were gifts she offered combatants as a way of honouring the sacrifice they had made as fighting men. In many ways, Ffoulkes Parry's perspective echoed that found in Liz Byrski's study on the experience of nurses working with RAF burn patients at East Grinstead, demonstrating that the coercive nature of the heroic narrative surrounding British combatants was not limited to the community around McIndoe's Guinea Pigs.⁶⁵ The risk and danger faced by British combatants had 'earned' them the right to access British nurses, who should present themselves in a manner that indicated their appreciation for those combatants' sacrifice. Nor was this discourse surrounding male combatants limited to Britain as Toman maintains that Canadian nurses were also pushed to consistently serve as social companions for combatants through frequent reminders of the danger these men were facing.⁶⁶

On a similar note, in a September 1942 letter, Morgan sought to explain to her mother

⁶⁴ Ffoulkes Parry, *Joyce's War*, 81-82.

⁶⁵ Liz Byrski, 'Emotional Labour as War Work: Women up Close and Personal with McIndoe's Guinea Pigs.' *Women's History Review* 21.3 (2012), 343. Archibald McIndoe was the surgeon in charge of the military hospital at East Grinstead and his 'Guinea Pigs' were the severely burned RAF pilots, who received experimental plastic surgery from McIndoe and his colleagues in order to treat their burn injuries.

⁶⁶ Toman, *An Officer and a Lady*, 102.

the demands for her presence during her off duty hours and her responsibility to meet those demands:

By all this you mustn't imagine that we're killed with work or anything it isn't that at all, the dreadful part is that I'm such a popular figure socially that I never have any free off-duty, it's a positive racket!.... And, you see, there's no refusing these boys — when they ask us to go and dance, we just can't refuse; it's like refusing to put a dressing on, it's somehow all part of their cure!!!⁶⁷

In this letter, Morgan directly connected soldiers' access to her as a social partner to her responsibility to them as a nurse. Morgan did not stop nursing when she stepped off the ward; her very embodied presence as a British woman overseas was now a key element of her nursing practice and she could not separate herself from that practice just as she could not separate herself from her own body.

The strain that continually serving as a source of emotional comfort created can be seen in a letter Morgan sent her mother in April 1943:

Then, there are the inevitable social engagements! As we are the only female population we work pretty hard at this! ... One of the things which always starts us arguing when we feel tired or despondent, and which I know you are all thinking of as you read this — is — WHY, when we work so hard on duty should we WORK so hard in our off-time? And the answer is easy — if you could just see these boys...! Their delight in our company,

⁶⁷ Morgan, 'SWTL', 111-112

and their anxiety to please us is pathetic and touching, and we never have the hardness of heart to refuse any invitations.⁶⁸

In this letter, Morgan explicitly described her socialising with combatants as work. These interactions involved an expenditure of labour on the part of Morgan and her fellow nurses and this momentary outburst, in which she questioned the continued demands for her labour outside of her working hours, sheds light on the effort and strain that this demand for nurses' embodied presence could have.

Morgan's presence alone was not sufficient to meet combatants' expectations. She also needed to be displaying the appearance of cheerful attractiveness. Therefore, the feelings of tiredness or despondency that Morgan referred to needed to be actively suppressed and these preferred emotions had to be induced. This kind of continual emotional labour could become a source of profound strain for the nurse engaged in it.⁶⁹ It is interesting to note, however, the discomfort that Morgan felt in giving voice to her exhaustion and her desire to remove her body from situations that demanded constant emotional labour from it. She voiced her complaint only to then promptly dismiss it by returning her focus to the benefit her embodied presence provided soldiers and the rewards that the soldiers offered the QA's in return.

From the QA's personal narratives, it does not appear that soldiers needed to have an extended interaction with nurses in order to gain some kind of emotional comfort and encouragement from their embodied presence. In a May 1943 letter, Morgan recounted going to see a film at a nearby RAF camp, writing that 'the boys were so bucked to have us with them,

⁶⁸ Morgan, 'SWTL', 166.

⁶⁹ Sharon Bolton, 'Changing Faces: Nurses as Emotional Jugglers.' *Sociology of Health & Illness* 23.1 (2001), 86; Hadjittofi, Gleeson, and Arber. 'The Experience of Disgust by Healthcare Professionals', 12; Wilkes, Boxer, and White. 'The Hidden Side of Nursing', 80.

and we caused the usual commotion and cheers as we walked in!'.⁷⁰ Given that several hundred men were present at this film screening, it is highly unlikely that they were all able to have a personal interaction with the limited number of nurses present but they still appeared to have had a positive emotional response to their presence.

In an undated letter describing her hospital's move from one site in Sicily to another, Morgan recounted the reaction the nurses prompted from the men that they passed while in transit:

Of course the thing that was really good was to see the faces of the boys in the camps by the roadside, and the way their faces lit up when they saw us sitting up by the driver! You've no idea, and cannot imagine the feelings these poor, lonely, grubby, weary boys have for us and the welcome they always give us when they see us following on behind their lines⁷¹

In this instance, the men Morgan described were only able to catch a glimpse of the nurses and yet she still believed that they received emotional comfort from their presence. In the letter describing her arrival in Normandy, Sister Murgatroyd wrote 'what a reception we got, I thought the boys were going mad, said they just could not believe their eyes when real English girls appeared, complete with lipstick on'.⁷² While in Cairo in September 1940, Sister Ffoulkes Parry, who had been raised in Australia, attended a dance hosted by an Australian unit and noted that 'They were pathetically delighted that so many of us were Australians and New Zealanders... many of them had not spoken to their own womenfolk — or any English — since

⁷⁰ Morgan, 'SWTL', 177.

⁷¹ Morgan, 'SWTL', 215-216.

⁷² Murgatroyd, 18 June 1944, 1.

the war began'.⁷³ A year and a half later in February 1942, while stationed on the HMHS *Karapara*, Ffoulkes Parry found herself with a large contingent of Australian patients and wrote that 'they seem pleased to know that there was someone more or less belonging to them on board'.⁷⁴

On a similar note, in a 1943 letter written from India, Sister Vera Jones discussed bonding with a patient from her home county of Essex, noting that they often spoke about Essex together and would greet each other by the name of their home towns. She observed that 'These lads love to meet someone who knows their own county'.⁷⁵ As Murgatroyd, Ffoulkes Parry, and Jones' accounts make clear, a key element in the comfort that soldiers received from the presence of QA's was not just the fact that they were women, but that they were women from their country, and, therefore, as previously stated, a living reminder of home.⁷⁶ In her work on the experiences of Australian nurses during the First World War, Kirsty Harris argues that the nurses' ability to use their common nationality and knowledge of their home country to mitigate their Australian patients' homesickness was a critical skill in their nursing practice that aided in patient recovery.⁷⁷ As Murgatroyd, Ffoulkes Parry, and Jones' comments indicate, Second World War QA's continued to draw upon their presence as an embodied connection to home for therapeutic purposes.

Serving as an embodied connection to a soldier's home country in many ways also

⁷³ Ffoulkes Parry, *Joyce's War*, 48

⁷⁴ Ffoulkes Parry, *Joyce's War*, 144.

⁷⁵ Vera Jones, *A Time to Remember: A Record of Nursing Experiences, Impressions, and Travels during World War II Contained in Letters Sent Home from the East*. London: Athena Press, (2005), 233.

⁷⁶ Brooks, *Negotiating Nursing*, 106, 107;

⁷⁷ Harris, "'All for the Boys'", 160, 161.

meant attempting to embody a particular idealised representation of that nation. This push to embody certain physical characteristics can already be seen in Murgatroyd's statement that she and her fellow nurses appeared to the soldiers they met on the shores of Normandy as 'real English girls... complete with lipstick on'.⁷⁸ As Chapter 1 demonstrated, there were specific expectations surrounding a British woman's appearance during the Second World War. She was to be neat, clean, attractive, and cheerful. For the QA's serving overseas, as their patients' connection to home, there was a distinct pressure to present the physical characteristics of the ideal British woman. This pressure was potentially intensified in some areas by the nursing profession's historic emphasis on the importance of a nurse's cleanliness and neatness as indicators of her professional competence.⁷⁹ In one of her early letters home describing her journey from England to the Middle East, Morgan wrote to her mother that she and her fellow nurses 'were expected (and somehow we managed it) to look as though we'd come straight out of a band box at all hours of the day and night under all circumstances'.⁸⁰

The QA's were further encouraged to do all that they could to put forward this idealised image of British femininity by the positive reaction adherence to this image provoked in their patients. In a 6 July 1944 letter, Murgatroyd confessed to her friend, Lilian, that the constraints on her time meant that she had stopped ironing her shirts. Murgatroyd assured Lilian that this slip-up on the 'neat' element of her physical presentation was smoothed over by her consistent

⁷⁸ Murgatroyd, 18 June 1944, 1.

⁷⁹ 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), 47.

⁸⁰ Morgan, 'SWTL', 17. The phrase 'to look as if one's come out of a band box' means to look extremely smart and neat.

use of Yardley's soap which insured that 'I smell, as the men say, "like a million"'.⁸¹ This enabled her to continue to present the 'clean' and 'attractive' aspects of the idealised English woman, a fact that appeared to be recognised and appreciated by her patients.

In her May 1942 letter, Morgan recounted her patients' responses to her appearance and the emotional impact that it appeared to have on them:

...the great thrill and complement is to hear the boys say 'you haven't been out here 14 months and in the Desert for 11 — you can't have been Sister? You're having us on, you must have just left home, otherwise why is your hair still clean and shining, where did you get that skin? And how oh how can you still be joking and laughing???' This is the greatest thrill of all — especially at 2am when one's vitality is at a low ebb and a stream of bearded, travel weary, dusty heroes arrive unexpectedly and their poor faces light up and they say 'Well, we didn't know we'd dropped into Heaven out of Hell!'⁸²

By maintaining a clean and attractive appearance, Morgan in some ways erased the war and the desert for her patients because such an appearance could not exist in such a harsh environment; it was instead rooted in peacetime Britain. In this way, Morgan's appearance brought her patients closer to their idea of 'home' and allowed them to feel that they had left behind the 'Hell' of desert warfare. The power that this particular embodied presence appeared to have on the emotional well-being of their patients placed a great deal of pressure on QA's to continually present it in order to successfully meet their duty to care.

⁸¹ Murgatroyd, 6 July 1944, 4-5

⁸² Morgan, 'SWTL', 83.

The Body as an Obstacle

The embodied presentation that the QA's on active service were expected to put forward was that of a neat, clean, attractive and cheerful British woman. The circumstances and environments within which they worked often created an embodied experience that made it difficult for QA's to consistently achieve that desired presentation. This meant that at times the QA's body became an obstacle that she needed to either overcome or silence in order to perform her work in the manner that she believed was most beneficial to her patients. The factors that appeared to most frequently hinder the QA's ability to present the embodied performance expected of them were exhaustion resulting from their work, encounters with negative sensory stimuli, and illness.

The Impact of Exhaustion and Overwork

In his work on compassionate care, George Chrousos lists sufficient sleep among the key factors that help caregivers 'develop resilience to stressors'.⁸³ Unfortunately, it appears that this source of resilience was often beyond the QA's grasp. Within their diaries, and to a lesser degree their letters, QA's ruminated on the strain that their long hours and little sleep took on them, especially when they were undertaking night duty. Sister Luker did not tend to use highly descriptive language in her diary entries, a characteristic potentially enforced on her writings by her diaries' small size and limited writing space, but she frequently commented on the physical

⁸³ George Chrousos, 'Empathy, Stress and Compassion: Resonance between the Caring and the Cared.' In *Providing Compassionate Healthcare: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. Abingdon: Routledge, (2014), 39.

impact and emotional consequences of her long work hours. In her entry for 10 March 1940, Luker described her time on night duty as a 'Fairly peaceful night, but of course busy morning, and I get a bit weary, legs swell, back aches etc'.⁸⁴ The emotional impact of insufficient rest can be seen in the contrast between Luker's entries for 3 October and 9 October 1942. In the 3 October entry, Luker recounted her abortive attempts to sleep during the day before going on night duty, writing 'No sleep all the afternoon till 4pm then emergency stations at 4:30 — !'.⁸⁵ Throughout her diaries, Luker used an em dash followed by an exclamation point as shorthand for her anger and frustration, letting those two punctuation marks imply all of the incensed comments that she would have written had she had sufficient space, both physically on the page and potentially mentally as well, to truly exercise her feelings. This entry, with Luker's exhausted frustration bubbling just under the surface, contrasts pointedly with the entry for 9 October, in which Luker wrote that she was able to 'Retire to cabin after breakfast, and sleep very well — rise at 5:30pm like a giant refreshed'.⁸⁶ As previously stated, Luker rarely used descriptive language so her inclusion of the dramatic phrase 'like a giant refreshed' points to the positive impact that sufficient sleep had on her emotional state.

Sister Morris utilised descriptive language with greater frequency than Luker and described the emotional experience of coming on for night duty with insufficient sleep as 'The horror of having to face a hard twelve-hour stint of duty without sleep. It is impossible to describe how I long for sleep'.⁸⁷ Sister Morgan also identified exhaustion as the precipitating

⁸⁴ Helen Luker, 'Private Papers of Miss EHA Luker', Imperial War Museum, Documents.1274, 10 May 1940.

⁸⁵ Luker, 3 October 1942

⁸⁶ Luker, 9 October 1942.

⁸⁷ Morris, *A Very Private Diary*, 29.

factor producing negative emotional states. Morgan began her May 1942 letter to her mother with 'How did you know that I was going thro' a period of the most devastating homesickness and loneliness? And yet, you must have done, because every day... cards, air graphs, and... the biggest, fattest, loveliest letters'.⁸⁸ She then quickly followed up this admission of a profoundly negative emotional state with the assurance that her mother should not 'take too seriously all my remakes on homesickness — I'm not a bit really only I've just finished 7 weeks of the hardest most gruelling night duty it is possible to imagine'.⁸⁹ While Morgan's assertion that her feelings of homesickness and loneliness were solely the result of exhaustion may not have been entirely true, it is apparent that she viewed her current embodied experience to be emotionally deleterious.

In her entry for 15 November 1942, Sister Ffoulkes Parry pondered the way tiredness emotionally deadened her. Ffoulkes Parry wrote that, while saying goodbye to a friend, 'I kept saying to myself that I ought to feel this moment more, that I might not see her again until after the war, perhaps not for years... but I soon forgot and began thinking again about how tired I was and how I wanted to crawl into bed and never get up again'.⁹⁰ Exhaustion produced negative emotional states within nurses that made the expectation that they would deliver a cheerful embodied presentation much more difficult to achieve. As Chrousos points out, this extended experience of exhaustion had the potential to sap the QA's of the resilience needed to perform the emotional labour their work required of them. Furthermore, as Ffoulkes Parry's entry demonstrates, the ability of tiredness to muffle other emotional inputs and monopolise

⁸⁸ Morgan, 'SWTL', 83.

⁸⁹ Morgan, 'SWTL', 83.

⁹⁰ Ffoulkes Parry, *Joyce's War*, 193.

the attention of the embodied individual had the potential to inhibit nurses' embodied awareness of their patients.⁹¹

Encounters with Negative Sensory Stimuli

In an article published in the *Nursing Times*, Dame Katharine Jones proudly stated that QA's on active service 'work in both fierce heat and bitter cold and, in North Africa, in inches of mud'.⁹²

In another article published later that same year, Dame Katharine wrote 'I saw myself QA's... living and working under conditions of total warfare. It is grim'.⁹³ Dame Katharine highlighted these adverse conditions in order to celebrate the fact that QA's continued to nurse in spite of them and to prove that 'British-trained nurses can "take it"'.⁹⁴ She did not discuss what the embodied experience of living and working in such conditions might be like; however, this was often the subject of QA's personal letters and diaries.

The experience of working in excessive heat was a frequent topic in nurses' letters and diaries. While working on the HMHS *Dorsetshire* in the Red Sea, Sister Luker recorded the temperature in her ward reaching 98°F (37°C).⁹⁵ Sister Morgan claimed she experienced temperatures of 120°F (49°C) in North Africa.⁹⁶ Sister Jones wrote of temperatures between

⁹¹ Martin Seager, 'Who Cares for the Carers? Keeping Compassion Alive in Care Systems, Cultures and Environments: A Psychologically Minded Approach.' In *Providing Compassionate Health Care: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. London: Routledge, (2014), 45-46. Seager argues that tiredness is one of the factors that can work to diminish a caregiver's receptivity to their patient's needs.

⁹² Katharine Jones, 'Army Nursing Sisters in the Middle East.' *Nursing Times*, February 6, 1943, 97.

⁹³ Katharine Jones, 'On Active Service with the Army.' *Nursing Times*, September 25, 1943, 719.

⁹⁴ Jones, 'On Active Service with the Army', 727.

⁹⁵ Luker, 31 August 1941.

⁹⁶ Morgan, 'SWTL', 189.

96(35.5°C) and 104°F(40°C) in the shade while stationed in Palestine and temperatures of 110-112°F(43-44°C) while on duty in Secunderabad, India.⁹⁷ Even those QA's deployed to Northern France reported encountering excessive heat. In a July 1944 letter from Normandy, Sister Murgatroyd lamented that 'today it is very dry, and heavy, and the poor boys are so hot, they don't know how to sit in bed'.⁹⁸ In her entry for 25 June 1944, Sister Morris described going on duty in the operating theatre in her unit's tented hospital in Normandy and wrote that the 'heat in the tent was heavy and oppressive'.⁹⁹

This heat took both a physical and emotional toll on the QA's. In her research on the impact of an individual's environment on their well-being, Rachel Cooper argues that excessive temperature has been linked to 'irritability and social intolerance', two reactions that work in direct opposition to the QA's remit of maintaining a kind and cheerful emotional display.¹⁰⁰ In her entry for 29 May 1941, written upon leaving the port city of Aden in Yemen, Luker succinctly described the physical and emotional impact that the heat was having on her and her colleagues, writing 'The day dawns hotter than ever, and we're nearly expiring. Sim is off sick with ? heat stroke, and we're all feeling pretty grim'.¹⁰¹ In a June 1943 letter, Morgan sought to capture the environment in Libya for her mother, with a strong focus on the heat:

The WEATHER IS FEARFUL!! I think we'd forgotten since last summer that it could be so HOT, at 7:30am the sun is high in the Heavens, and we are roasted! By 10 o'clock life is a bit of a burden, by noon we are thoroughly

⁹⁷ Jones, *A Time to Remember*, 47, 272.

⁹⁸ Murgatroyd, 16 July 1944, 2.

⁹⁹ Morris, *A Very Private Diary*, 118.

¹⁰⁰ Cooper, 'Wellbeing and the Environment', 2.

¹⁰¹ Luker, 29 May 1941.

out of humour (being perpetually damp and moisture dripping from the brow etc!)...¹⁰²

Sister Jarrett described the heat she encountered on the troopship en route to the Middle East as 'a rotten sticky heat that left one little energy for anything' while Sister Ffoulkes Parry characterised the same experience as 'so hot that one feels one cannot possibly go on day after day, wet and sticky and exhausted with it all'.¹⁰³

In a May 1944 letter to her parents, Jones described the physical effects and dangers of the heat in Secunderabad:

We are having intense heat here, and it seems to be getting hotter as the days go on. The sun is so brilliant that one must wear sunglasses or the eyes may easily become inflamed, and it is possible to get sunstroke through the eyes if they are exposed too much to the sun. Nearly everyone has prickly heat, a nasty irritating rash due to the heat and excessive perspiration.¹⁰⁴

Aside from her description of prickly heat as a 'nasty irritating rash', Jones did not utilise emotional or value-based language in this description of the heat she experienced. However, in a later letter, following the beginning of the monsoon and a subsequent decrease in temperature, she did admit that she and her colleagues 'used to get up feeling like limp rags in an oppressive heat as early as 7am'.¹⁰⁵ In their entries describing their experiences working

¹⁰² Morgan, 'SWTL', 191.

¹⁰³ Nell Jarrett, Diary. By kind permission of Nell Jarrett's family. Personal archive of Jane Brooks, 2 June - 13 June 1942, 9; Ffoulkes Parry, *Joyce's War*, 33.

¹⁰⁴ Jones, *A Time to Remember*, 270.

¹⁰⁵ Jones, *A Time to Remember*, 288.

aboard hospital ships where the wards were particularly prone to overheating, both Luker and Ffoulkes Parry noted that the negative sensory experience of an enclosed overheated ward could end up driving them away from their patients. In her entry for 1 August 1941, Luker noted that 'it's an awful effort to make myself and the orderlies work in such a heat'.¹⁰⁶ A month later, while heading into Massawa, Luker wrote that over the course of her shift it became 'terribly hot... and I keep coming up from the ward whenever possible'.¹⁰⁷ Ffoulkes Parry admitted that while on a run from Basra to Bombay with relatively convalescent patients she took advantage of the fact that she had very competent orderlies and avoided the 'perfectly dreadful' heat of the ward as much as she could, putting 'in an appearance now and again'.¹⁰⁸ While it is not immediately clear from these entries if Luker's and Ffoulkes Parry's frequent absence from the ward negatively impacted their patients' physical well-being, they do suggest that the negative sensory experience of extreme heat prevented these women from providing the level of therapeutic engagement that they might have offered otherwise.

In addition to feelings of distress and exhaustion, encounters with excessive heat also appeared to have the potential to provoke feelings of shame, given the heat's ability to undermine the image of an attractive British woman that QA's were expected to present. QA's often discussed sweating in tones of embarrassment and frustration. Luker described her sweat at times making her feel 'disgusting' and like a 'stinky clammy mess'.¹⁰⁹ Jarrett referred to the degree that she and her colleagues sweated while docked at Aden as 'indecent'.¹¹⁰ In her

¹⁰⁶ Luker, 1 August 1941.

¹⁰⁷ Luker, 1 September 1941.

¹⁰⁸ Ffoulkes Parry, *Joyce's War*, 112.

¹⁰⁹ Luker, 28 May 1941, 29 May 1941.

¹¹⁰ Jarrett, 20 August 1942, 64.

discussion of the experience of prickly heat, Jones made a note that the rash ‘fortunately does not affect the face, or one *would* look a mess!’.¹¹¹ Jones still had to deal with the irritating sensation of a heat rash but counted herself lucky that it had not irretrievably impaired her ability to present the attractive British nurse. As often the only British women that combatants had access to, QA’s were under profound pressure to not disappoint these men’s idealised expectations for what a British woman should look like. As both Brooks and Toman argue, military nurses were expected to serve as emblems of national femininity and reminders of home and these exalted images of womanhood did not include being soaked with sweat.¹¹² Failing to meet these expectations in front of combatants was not only embarrassing but could also present an impediment to the QA’s nursing practice as it could hinder her ability to provide emotional comfort to her patients through her physical presence.

Another source of unpleasant sensory experiences were the QA’s encounters with vermin, especially biting insects such as fleas, lice, flies, and mosquitos. In an April 1941 entry, Luker vented her frustration over the prevalence of vermin on the *Dorsetshire*, after a rat stole one of her dresses, writing ‘I feel inclined to sue Bibby Line!’¹¹³ In E ward we are waging war against cockroaches, beetles etc — the old boat is full of vermin — filthy!’¹¹⁴ In her May 1941 letter, Morgan jokingly alluded to the fact that removing vermin from her ward had become a key part of her cleaning routine, writing that ‘no rampage complete here without a really thorough “big game hunt” ... The “bag” is always stupendous when all the dark corners are

¹¹¹ Jones, *A Time to Remember*, 270.

¹¹² Brooks, *Negotiating Nursing*, 107; Toman, *An Officer and a Lady*, 100.

¹¹³ Owner of the *Dorsetshire* prior to its requisition and conversion to a hospital ship

¹¹⁴ Luker, 25 April 1941.

turned out!'.¹¹⁵ In a letter sent later that same year, she explained that one of her first jobs upon arriving on duty was to check her patients' beds for scorpions.¹¹⁶ Morgan's struggle against vermin was not confined to her time on the ward. In a May 1942 letter, she described using her time off to clean out her living quarters, writing 'I've... had a colossal spring clean (I think I mentioned before that we are overrun with livestock) and positively scraped myself and my belongings and then soaked the whole shooting match with disinfectant'.¹¹⁷ While Morgan overwhelmingly tended to use a jocular tone while discussing the discomforts of active service, she did acknowledge that her encounters with fleas on night duty ensured that 'I now know the meaning of "something making one's life a misery"'. Morgan did, however, make a point of resuming that same light tone following her description of her struggles against the fleas by concluding her account with 'Don't worry — I'm laughing!'.¹¹⁸

In an August 1944 letter, Sister Murgatroyd wrote about her own struggles with insects, stating that the flies that occupied the camp during the day 'almost drive me mad... when I am trying to get some sleep' while the mosquitos that she encountered on night duty 'are just about eating me alive'.¹¹⁹ Murgatroyd went on to explain that 'I'm covered with huge red bumps, and am constantly on the scratch, it looks terrible, but I can't help it, my feelings come before what other people are thinking'.¹²⁰ In this aside, Murgatroyd acknowledged the ways in which her encounters with vermin were depriving her of the ability to maintain the physical appearance that was expected of her. In spite of her defiant statement that her 'feelings come

¹¹⁵ Morgan, 'SWTL', 21.

¹¹⁶ Morgan, 'SWTL', 39.

¹¹⁷ Morgan, 'SWTL', 84.

¹¹⁸ Morgan, 'SWTL', 142.

¹¹⁹ Murgatroyd, 16 August 1944, 1-2.

¹²⁰ Murgatroyd, 16 August 1944, 2.

before' what others might be thinking of her, Murgatroyd still appeared somewhat embarrassed by her inability to maintain her appearance by not scratching her mosquito bites, as seen in her chagrined admission that she 'can't help' but scratch. In addition to the negative impact that these encounters with vermin had on the QA's emotional and physical state, they also added another level of strain to the nurses' work as many of these vermin could also serve as vectors of disease or infection.¹²¹

As Dame Katharine proudly noted, the QA's often worked in adverse environments. For the nurses stationed in North Africa, the element of their physical environment that most frequently appeared in their diaries and letters was sand; for QA's stationed in India and Europe, it was mud. Sister Morgan's account of the time when her unit was the most forward hospital in Egypt demonstrates how the negative sensory input from their environment could push the QA's towards an emotional breaking point:

Sometimes after a particularly wearying day, when one's heaved and pulled and pushed and shifted the beds and made room for more and more and more and tried and tried again with almost nothing to bring a bit of comfort to the endless stream of bearded heroes in all states and conditions, and all the time one's eyes are running with the blinding glare of the blowing sand and one's mouth is full of it and you want to stand still in the middle of this bedlam and say 'Oh, if only everything would keep still for 1 minute, if the wind would stop and the sand would stop and the canvas would stop flapping and we could have 1 minute's respite in which to collect our

¹²¹ Brooks, *Negotiating Nursing*, 71; Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War*. Oxford: Oxford University Press, (2004), 87-88, 94.

thoughts!!!¹²²

In the chaos of receiving patients during a rush, the adverse nature of the physical environment became emotionally overwhelming. This can be seen in Morgan's use of repetition and her decision to communicate her experience in one single, cascading sentence, which serves to convey the chaotic nature of her environment and her burgeoning loss of emotional control.

While she did not express the same levels of emotional distress as Morgan, Sister Jarrett also found the physical environment in the Middle East to be emotionally draining, writing 'sandstorms again with their attendant depression. I thought perhaps I only felt that way but some of the others confess to the same feelings'.¹²³ Sister Luker also made note of the negative emotional impact of sandstorms, recording in her entry for 17 January 1941 that following a sandstorm the day before 'Every thing [sic] is still smothered in dust and fearfully dirty — one never feels clean and only cold water to wash in on the wards!'.¹²⁴ Aside from the negative emotional impact of a sand-saturated environment, Luker's entry also points to the additional difficulty that the prevalence of sand created for the maintenance of a clean and aseptic environment. In a letter sent to Dame Katharine, Sister Jane Forrest, a QA Regular, simply stated that such a thing was impossible:

Then the dust storm made life exceedingly unpleasant. Sometimes it blew for a week without stopping. It was impossible to keep the wards clean. No sooner had one dusted than it was covered again and it was almost impossible to get dressing done asepticalle [sic] — 'Spit and Polish' was

¹²² Morgan, 'SWTL', 93-94.

¹²³ Jarrett, 8 October 1942, 99.

¹²⁴ Luker, 17 January 1941.

useless.¹²⁵

Like their struggles with vermin, the physical characteristics of the desert environments of the North African and Middle Eastern campaigns were not only physically unpleasant and emotionally draining for the QA's on an individual level, they also placed additional physical and emotional burdens on them professionally. Wound management was a highly important and difficult aspect of nursing care in the time prior to the ready availability of effective antibiotics such as penicillin.¹²⁶

While Mark Harrison argues that the dry desert environment of North Africa actually ensured lower rates of wound infection in comparison to the microbe rich soil found in Europe and Southeast Asia, the dust and sand of the desert presented a relatively mobile source of contamination that QA's, as the individuals responsible for ensuring the sterility of dressings and operating theatres, found themselves constantly battling against.¹²⁷ The soil of Europe and Southeast Asia was much more likely to cause an infection than the sand of the Western Desert but the likelihood of it finding its way into a patient's dressing while they were in hospital was small. Sand, on the other hand, became almost inescapable and a continual source of frustration for the QA's. As was discussed in Chapter 2, QA's derived a sense of worth and satisfaction from their ability to exert a degree of control over their physical environment and to use their skills to produce an ordered end result to their work. The environment of the

¹²⁵ Jane Forrest, 'Letter of 20 April 1943 from Jane L. Forrest to Dame Katharine Jones', Museum of Military Medicine, QARANC/PE/1/297/JONES, 5.

¹²⁶ Brooks, *Negotiating Nursing*, 136; Christine Hallett, 'Traumas of Conflict: Nursing the Wounded of the First World War.' In *The Hospital in the Oatfield: The Art of Nursing in the First World War*, edited by Natasha McEnroe and Tig Thomas. London: Florence Nightingale Museum, (2014), 68-69.

¹²⁷ Harrison, *Medicine and Victory*, 110, 169.

Western Desert often hampered the QA's ability to achieve this ordered end result, thereby depriving them of the satisfaction that they derived from being able to produce such outcomes.

For QA's working in Europe and India, where rain was a more frequent occurrence, water and mud had a profound impact on their embodied experiences.¹²⁸ In her 2 May 1940 entry, written while she was stationed with the No. 12 CCS near Bethune in northern France, Sister Luker noted that a violent rainstorm left her tented ward with 'a running river down the centre! Patients make paper boats and sail them down... we have to take to chairs and a duck board'.¹²⁹ The next day, she stated that 'I go on duty prepared this time — in Wellingtons — and it is very necessary, as the ground is just a quagmire!'.¹³⁰ A little over 4 years later, Sister Murgatroyd recorded a similar experience in her tented ward in Normandy, although her entry lacked the light, easy tone of Luker's:

These last few days have been rather trying, we have had the most terrible storms, and very heavy rain. One of my wards was 3" deep in water yesterday, they had to come and pump it out, while the poor patients floated about with the bedpans.... I managed to stagger about, in rubber boots, with my pant legs tucked inside, and mud simply up to my knees, it was simply terrible, to say the least. The mud — well it is impossible to tell you what it is like, never have seen such a mess.... I hardly dared to come to my own tent after spending 36 hrs on-duty, but at 4am I arrived to find my bed wet through, so crawled onto the floor in a dry spot, and had 3 hrs

¹²⁸ Cooper, 'Wellbeing and the Environment', 2. Cooper argues that individuals living in damp conditions experience poorer mental health than those in dry living situations.

¹²⁹ Luker, 2 May 1940.

¹³⁰ Luker, 3 May 1940.

wonderful shut-eye, then up, and at it again.¹³¹

Luker's entry was written in the final days before the German invasion of France and the end of the 'Phony War'. Her patient load was low and she was billeted in the house of a neighbouring French family, so she did not have to worry about coming off duty to a soaking wet bed.

Murgatroyd, on the other hand, wrote her entry in the weeks following D-Day, while Allied forces were still trying to break out of Normandy and the casualty rate was high. Similar to Morgan, the adverse environmental circumstances under which Murgatroyd worked took what was already a heavy and difficult work load and made it even more trying. In an entry also written in Normandy in July 1944, Sister Morris noted that her 'ward work is aggravated by this mud. We battle to keep it outside'.¹³² While Morris avoided the grim situation described by Murgatroyd, she did note that 'mud has entered our sleeping tent. Driscoll and I found it oozing all over the floor when we came off duty tonight.... We take off our Wellies very carefully and prop them up beside the camp bed. It would be awful to have to get into a boot full of mud in the morning'.¹³³

Many of these negative sensory experiences occurred in tented hospitals, which indicates that the military's need for a highly mobile medical force contributed to the adverse environments in which the QA's worked. In October 1944, three months after her letter describing working in flooded tents, Murgatroyd noted the benefits she gained by having her unit stationed in a building:

It is raining like mad outside tonight, you have no idea how grateful I am to

¹³¹ Murgatroyd, 22 July 1944, 1-2.

¹³² Morris, *A Very Private Diary*, 126.

¹³³ Morris, *A Very Private Diary*, 127.

be working in a building, and not in tents, I can go comfortably from one ward to another, without getting wet through, and without almost breaking my neck in the mud, and as you may guess, we can do twice the amount of work.¹³⁴

While the building that Murgatroyd found herself in at the time of writing this letter was a marked improvement compared to a tented ward, the buildings in which QA's attached to forward units worked could just as easily subject them to profound negative sensory experiences as a tented hospital.

QA's frequently discussed the amount of effort that went into cleaning the buildings the Army requisitioned for their hospitals prior to taking in patients and their concerns when the characteristics of the building, especially its sanitation capabilities, did not meet the needs of their work. Upon arriving at a convent in Belgium with orders to convert it into a hospital, Morris wrote that the building appeared to have 'only one indoor lavatory and the plumbing of that is unpredictable. What can we use for a sluice-room and the disposal of dirty dressings? The War Office must be mad to send us here'.¹³⁵ Murgatroyd herself admitted that 'I would rather be in a tent, than a filthy building'.¹³⁶ In a piece potentially written after the war, Sister Morgan described working in a requisitioned building where the 'drainage system was almost non-existent' and, therefore, 'the smell was quite appalling, sufficient to put everybody off their food forever'.¹³⁷ Luker also noted that, during her time working in requisitioned hotels in La

¹³⁴ Murgatroyd, 28 October 1944, 8.

¹³⁵ Morris, *A Very Private Diary*, 146.

¹³⁶ Murgatroyd, 19 September 1944, 5.

¹³⁷ Agnes Kathleen Dunbar Morgan, 'Private Papers of Miss A.K.D. Morgan: Three Volcanoes', Imperial War Museum, Documents.16686, 3

Baule in the spring of 1940, one had a tendency to be ‘v smelly from the drains’ while another was ‘so mucky, especially the kitchen and lavatory combined — it nearly makes me sick!’.¹³⁸

In addition to the issues presented by buildings that were ill-suited to serve as hospitals, QA’s also had to confront the war’s amplification of many of the negative sensory elements of nursing care itself. In their civilian lives, the QA’s had dealt with injuries, bodily fluids, and unpleasant odours; the war took these negative sensory experiences to new extremes. In her 19 May 1940 entry, Sister Luker narrated her first encounter with extreme combat trauma in short, terse phrases, writing ‘Some cases were simply frightful — whole areas blown away — others were peppered with small shot. We removed some good specimens — some sights made me feel quite sick’.¹³⁹ In her 18 December 1940 entry, Luker’s syntax became even more abrupt as she struggled to capture the distressing sensory experience of treating patients with what appeared to be maggot-infested wounds, writing ‘Some of the officers have ghastly wounds, the smell and crawling — ‘.¹⁴⁰ Luker’s abrupt termination of her description of these injuries almost takes on the appearance of a written shudder. She began her next entry recounting the arrival of food for the night staff and noted that ‘I don’t feel much like eating after that smell’.¹⁴¹ At the time of this entry, Luker had been working as a registered nurse for over seven years. She was no novice to the unpleasant elements of nursing and yet these encounters with war wounds appeared to truly shock her. Sister Morris’ 5 July 1944 entry provides another harrowing example of the kind of traumatic injuries that QA’s could be confronted with. Morris recounted that she had been called at 3am to help with a convoy of

¹³⁸ Luker, 8 March 1940, 12 April 1940.

¹³⁹ Luker, 19 May 1940.

¹⁴⁰ Luker, 18 December 1940.

¹⁴¹ Luker, 19 December 1940.

Canadian soldiers who had been wounded by friendly fire from British flamethrowers. Morris bluntly stated that 'Their bodies were black, their appearance horrific'.¹⁴² In addition to the highly distressing nature of these patients' physical appearance, in her next entry Morris also noted that the smell from the bodies of the burn patients 'is terrible'.¹⁴³

Smell was a frequent source of negative sensory experiences for QA's. In her 27 June 1944 entry, Morris recounted treating a British soldier named Len, whom she stated 'stinks to high heaven', the result of blood, two weeks on the frontlines, and diving for cover into a latrine.¹⁴⁴ In February 1945, Morris was called in to help with a recently arrived convoy and wrote that, upon arriving on the ward, 'the stench of blood and vomit was overwhelming'.¹⁴⁵ In her 16 April 1941 entry, Luker alluded to the unpleasant smell of the dressings of newly arrived patients, which had 'not been done for weeks I should think', stating 'I was nearly sick!'.¹⁴⁶

Modern nursing research has highlighted how nurses encountering negative sensory stimuli, such as an unpleasant smell or disturbing appearance, engage in emotional labour to suppress and hide any visceral reaction that they might have from their patient; to do otherwise is considered unprofessional.¹⁴⁷ Hadjittofi, Gleeson, and Arber argue that the frequent expenditure of this kind of heavy emotional labour on the part of nurses can have negative psychological impacts.¹⁴⁸ Their arguments surrounding the mental costs of this emotion work for nurses today offer insight on the degree of emotional strain experienced by QA's

¹⁴² Morris, *A Very Private Diary*, 129.

¹⁴³ Morris, *A Very Private Diary*, 130.

¹⁴⁴ Morris, *A Very Private Diary*, 121-122.

¹⁴⁵ Morris, *A Very Private Diary*, 183.

¹⁴⁶ Luker, 16 April 1941.

¹⁴⁷ Hadjittofi, Gleeson, and Arber. 'The Experience of Disgust by Healthcare Professionals', 10; Wilkes, Boxer, and White. 'The Hidden Side of Nursing', 78.

¹⁴⁸ Hadjittofi, Gleeson, and Arber. 'The Experience of Disgust by Healthcare Professionals', 2.

confronting the consequences of industrial warfare.

In their study of nurses' experiences providing palliative care, Mara Kaiser, Helen Kohlen, and Vera Caine found that nurses responded to situations that triggered a negative visceral response, such as disgust, by mentally establishing a boundary that separated the cause of that negative sensory experience (the wound, the smell, etc) from the patient.¹⁴⁹ A highly similar response can be seen in the manner in which QA's spoke about their patients in those instances where they admitted to a negative sensory experience as a result of treating them. Any negative language was connected solely to the wound or the dressing, not the patients themselves, who were often praised for the cheerful or appreciative behaviour that they displayed in spite of their injury.¹⁵⁰ The pressure for Second World War QA's to suppress their negative embodied responses was most likely stronger than that experienced by modern nurses. As the embodied representation of their patients' ideal of home, the QA's response to a soldier's injury could be seen as a precursor to their loved ones' response, as well as that of civil society as a whole.¹⁵¹ A QA could start a disabled soldier's recovery process in hope or despair, based on how well she controlled her embodied responses to the negative sensory elements of his condition.

Encounters with Illness

In one of her earliest entries, Sister Jarrett described the lectures on tropical diseases that she and her colleagues were attending during their journey from England to the Middle East. She

¹⁴⁹ Mara Kaiser, Helen Kohlen, and Vera Caine. 'Explorations of Disgust: A Narrative Inquiry into the Experiences of Nurses Working in Palliative Care.' *Nursing Inquiry* 26.3 (2019): e12290, 6.

¹⁵⁰ Luker, 18 December 1940; Morris, *A Very Private Diary*, 121.

¹⁵¹ Fell, 'Far from Home?', 60, 62; Hallett, 'Emotional Containment', 250.

wrote that 'It seems quite impossible to return from this trip without picking up a bug of some description'.¹⁵² For many QA's, Jarrett's statement proved to be accurate. Jarrett herself caught sandfly fever, which left her 'hot to boiling point — feeling like to burst — every bit of me aching', in October 1942 and struggled with a persistent ear infection.¹⁵³ Sister Murgatroyd also dealt with a stubborn ear infection. Sister Ffoulkes Parry contracted dengue fever twice. Sister Morgan had tonsillitis, dysentery, and, in Italy, contracted a rheumatic disorder that eventually resulted in her being invalided out of the Army. Sister Morris also suffered from tonsillitis, laryngitis, and an unnamed respiratory illness. Sister Jones had her appendix removed and caught infective hepatitis and diphtheria. Sister Luker experienced the most severe bout of illness of any of the QA's considered here, contracting a case of amoebic hepatitis in 1943 that almost killed her.

The risk of becoming ill as a result of their work was not a new development for wartime nurses.¹⁵⁴ While working in a civilian hospital to get her Fever Nursing certification, Morris acknowledged that fever nursing 'is very demanding, time-consuming and more than a little frightening. We are very short of nurses, probably because so many of us seem to pick up infections from patients'.¹⁵⁵ At the time of writing this entry, Morris herself had only just come back on duty after being off sick with diphtheria. The war heightened this risk by exposing nurses to wholly new pathogens and by placing them in conditions that hindered both their

¹⁵² Jarrett, 2 June - 13 June 1942, 16.

¹⁵³ Jarrett, 16 October 1942, 101-102.

¹⁵⁴ Deborah Palmer, "'To Help a Million Sick, You Must Kill a Few Nurses': Nurses' Occupational Health, 1890–1914.' *Nursing History Review* 20.1 (2012), 34, 36.

¹⁵⁵ Morris, *A Very Private Diary*, 73.

ability to avoid infection, as would occur when water supplies were strictly rationed,¹⁵⁶ and by diminishing their ability to fight those infections off as a result of the additional strain that intensive nursing work in adverse conditions placed on their bodies.

The embodied experience of falling ill on active service was both physically and emotionally trying. In her discussion of the role of embodiment in modern nursing practice, Jan Draper argues that the experience of illness is a fundamentally distressing one because it ruptures an individual's 'sense of "being at home in the body"' and challenges the body's integrity.¹⁵⁷ Catherine Theodosius adds to Draper's arguments regarding the emotional character of illness by maintaining that the experience of being ill in hospital is characterised by a profound vulnerability on the part of the patient, as their illness has placed them in a situation that demands that they accept intimate care from strangers in an unfamiliar location.¹⁵⁸ While Draper and Theodosius discuss the lived experience of illness in order to advocate for the ethical responsibility of the nurse towards that ill individual, their arguments provide insight into the experience of the nurses themselves when illness removed them from the role of caregiver and placed them in the position of care recipient. Much like their patients, QA's experienced the negative physical sensations of illness far removed from the comfort and familiarity of home and the toll that this experience took can be seen in their writings.

In her usual restrained tone, Sister Luker wrote on 4 March 1943, three days before hepatitis placed her on the Seriously Ill List, that, while a dose of morphia helped her to sleep,

¹⁵⁶ Brooks, *Negotiating Nursing*, 75.

¹⁵⁷ Jan Draper, 'Embodied Practice: Rediscovering the "Heart" of Nursing.' *Journal of Advanced Nursing* 70.10 (2014), 2237.

¹⁵⁸ Catherine Theodosius, *Emotional Labour in Health Care: The Unmanaged Heart of Nursing*. London: Routledge, (2008), 5.

she awoke feeling ‘most peculiar in the morning — I’m cold — my eyes are sore and watery if I try to read. Maj. Komrower tells me I have to drink 8pts!... I continue drinking, but am most uncomfortable, and am not allowed out of bed at all!’.¹⁵⁹ Luker was a very consistent diarist and the pages from 6 March to 20 March 1943 mark the first time that she ever left a page blank, indicating how profoundly ill she was.¹⁶⁰ The physical impact of Luker’s illness is readily apparent when one compares her handwriting from the 4 March entry to that of 21 March. Normally, Luker wrote with a neat and compact hand. The writing on 21 March is very large and messy and she struggled to follow the lines on the page. During her recovery, Luker ruminated on the emotional toll of her illness, writing that she found being confined to bed by physical weakness, with limited visitors, made her feel ‘most terribly depressed’.¹⁶¹

Sister Ffoulkes Parry utilised much more emotive language to recount her experience with dengue fever:

There were two days when I wouldn’t have cared what happened, I ached so abominably, and then I distinguished myself by fainting one bright evening... I felt so strange that evening, neither here nor there, and I remember noticing how everything went gradually dark and then oblivion embraced me. A lovely feeling it was — and I hated coming round.¹⁶²

Even without Ffoulkes Parry’s assertion that she ached ‘abominably’, the fact that she found lapsing into unconsciousness to be a source of relief indicates the severity of the negative

¹⁵⁹ Luker, 4 March 1943. ‘Pts’ is an abbreviation for pints.

¹⁶⁰ Some brief entries appear on 7 March, 8 March, 10 March, and 19 March but, based off of the neatness of the handwriting, it is reasonable to assume that these entries were notes that Luker added later.

¹⁶¹ Luker, 28 March 1943.

¹⁶² Ffoulkes Parry, *Joyce’s War*, 190.

sensory experience she was encountering. The nature of Sister Morgan's experience with rheumatism can be surmised in a similar manner. While Morgan never directly stated how much her rheumatism hurt her, generally referring to the sensation as 'twinges', she did admit that she finally went off sick when her rheumatism reached a point where it 'impeded my breathing as well as movement'.¹⁶³ It is only by taking the time to consider one's own embodied experience and the degree of pain required to inhibit one's breathing that Morgan's embodied experience comes into focus.¹⁶⁴

A key factor in the emotional impact that falling ill had on QA's was the fact that illness prevented them from working. As Deborah Palmer argues, British nursing culture was profoundly impacted by notions of vocationalism and self-sacrifice and it was a common expectation that nurses 'would subordinate their own health needs to those of their patients'.¹⁶⁵ The impact of this expectation on the QA's under consideration here can be seen in the fact that almost all of them continued to work while ill, often only going off sick when they physically could not work anymore or when forced by a superior. Luker reacted with anger to the news that her superiors were sending her off the *Dorsetshire* in the early stages of her hepatitis infection, writing 'Oh, I am upset'.¹⁶⁶ A similar level of ire greeted the news that, following her convalescence, she would be sent back to Britain, preventing her from returning to work. Luker wrote 'Maj. Komrower tells me I'm to be boarded home... think of it — I am fed

¹⁶³ Morgan, 'SWTL', 263.

¹⁶⁴ Dyvik, 'Of Bats and Bodies', 56–69. Dyvik advocates for readers of military texts to consider and engage with their own embodiment to gain insight into the embodiment of the authors.

¹⁶⁵ Palmer, "'To Help a Million Sick, You Must Kill a Few Nurses'", 36.

¹⁶⁶ Luker, 19 February 1943.

up!'.¹⁶⁷ In her January 1945 entry detailing her bout of laryngitis, Sister Morris confessed that she felt 'very guilty' going off sick 'as the ward is so busy'.¹⁶⁸ Morgan appeared embarrassed about succumbing to the effects of her rheumatism, writing 'I'm afraid that I seem to have made an awful fuss over a small thing like Rheumatism'.¹⁶⁹ Illness went farther than any other negative sensory experience to impede a QA's ability to provide the embodied presence required of her for her patients and meet her duty to care by removing her body from the ward entirely. In many ways, illness was the ultimate failure in the nurse's attempts to overcome the obstacles presented by her own body.

Finding the Right Words: Narrating an Embodied Experience

The body of the nurse held a fraught position in the realm of nursing practice. If structured and presented in the right way, the body could prove to be a valuable tool in the treatment of patients' physical and emotional needs. However, given the strict parameters of that appropriate bodily presentation, the body was also a minefield of potential failures, an entity whose sensory perceptions needed to be carefully managed in order to achieve the desired embodied presentation. This tense ambiguity surrounding the body of the nurse can be seen in the ways in which the QA's attempted to narrate their embodied experience in their diaries and letters. In their work on war literature composed by soldiers, Synne Dyvik, Gwynne Gallagher, Yuval Harari, Paul Cornish, Nicholas Saunders, and Mark Smith all argue that these writings are characterised by an intense focus on the body and its embodied experiences, conveyed through

¹⁶⁷ Luker, 29 March 1943.

¹⁶⁸ Morris, *A Very Private Diary*, 180.

¹⁶⁹ Morgan, 'SWTL', 267.

extensive use of sensory language.¹⁷⁰ However, in the writings of Second World War QA's, the nurse's body is a much more elusive presence and one that was rarely claimed through definitive and descriptive first-person narration.

When QA's discussed their experiences of successfully using their bodies as tools in their nursing practice, their attention was directed outside of themselves towards their patients. These experiences were generally narrated in a direct, value-neutral or positive tone, with limited attention given to the nurse's own emotional experience. In general, QA's tended to only address their emotional response to the use of their body as a tool when highlighting the pleasure that they felt upon successfully bringing their patients comfort. As Sister Morgan acknowledged in her May 1942 letter, the sense that her embodied presence allowed her patients to feel that they had 'dropped into Heaven out of Hell' was 'the greatest thrill of all' and provided her with a renewed sense of 'vitality'.¹⁷¹ Immediately following her discussion of her ability to 'sense' her patients' needs, Sister Murgatroyd turned her attention inwards to inform Lilian of 'how honoured, and proud I am to be able to do a little to help them'.¹⁷²

The narrative strategies that QA's utilised in order to discuss moments when their body became an obstacle were more varied and complex. It was rare for a QA to provide a detailed and emotive description of a negative embodied experience and, in many cases, these

¹⁷⁰ Synne Dyvik, "'Valhalla Rising": Gender, Embodiment and Experience in Military Memoirs.' *Security Dialogue* 47.2 (2016), 143-144; Gwynne Gallagher, 'The Use of Sensory Language in War Literature.' *Colgate Academic Review* 8.1 (2012), 68; Yuval Noah Harari, 'Scholars, Eyewitnesses, and Flesh-Witnesses of War: A Tense Relationship.' *Partial Answers: Journal of Literature and the History of Ideas* 7.2 (2009), 221-222; Paul Cornish, Nicholas Saunders, and Mark Smith. 'Introduction.' In *Modern Conflict and the Senses*, edited by Nicholas Saunders and Paul Cornish. London: Routledge, (2017), 1.

¹⁷¹ Morgan, 'SWTL', 83.

¹⁷² Murgatroyd, 24 June 1944, 7.

descriptions focused on the impact of negative sensory stimuli on their patients rather than on the nurse herself. Much of Sister Luker's entry for 25 May 1941 was focused on the physical experience of working on a hospital ship in the heat of the Red Sea. While acknowledging that working in excessive heat left her feeling 'exhausted', Luker reserved her most emotive language for her account of the impact of the heat on her patients, despairing over the fact that her ward was 'like an oven, filthy and quite unfit for any sick people — its [sic] too disheartening for words and I feel ready to weep'.¹⁷³

Similarly, Sister Ffoulkes Parry's most vehement discussion of the impact of heat on life aboard a hospital ship was primarily focused on the negative experience of the patients:

But the chief remembrance of Massawa for all of us will simply be the heat.

It seems there are degrees of heat, even of extreme heat, and that was the superlative of them all ... The poor patients, disgracefully overcrowded, simply queued up for air under the few fans which were available ... It would do British Army Incorporated the world of good to spend one whole night in C Ward for a change just to see how they would enjoy it. It is a sheer disgrace. I was called to supervise two epileptic fits and I felt it would be a good thing if I had had one myself ... We drink and drink – gallons – and then we drip and drip until our skins are sore with mopping.¹⁷⁴

In both instances, the distress that the QA's experienced as a result of their personal embodied encounter with this negative sensory stimulus was sidelined and their emotional attention was redirected to the distress felt by the patients. The QA's most intense emotional language was

¹⁷³ Luker, 25 May 1941.

¹⁷⁴ Ffoulkes Parry, *Joyce's War*, 162.

reserved for the embodied experiences of others, not their own.

However, even when they sought to capture the impact of a sensory experience on their patients, QA's could find themselves struggling to translate novel embodied experiences from sensations rooted in the physical body to understandable words on a page.¹⁷⁵ Sister Murgatroyd's 15 September 1944 letter contains one of her most emotionally charged descriptions of a physical environment and demonstrates the difficulty inherent in trying to convey an embodied experience in words. Murgatroyd's unit had discovered a German hospital that had been abandoned with the majority of the patients, both Allied and German, still inside, and Murgatroyd appeared desperate to convey to her friend, Lilian, her horror at the physical conditions that these men had been left in:

... it was filthy when we arrived. They had moved out, three days earlier, giving the patients... rations for 3 days, leaving them ill in bed, I think it is terrible. There were dozens of patients, all over the place, on straw on the floor, up the steps, dying, and dead, it was just terrible. They cut the water and electricity off and just left them, all the drains were blocked up with all sorts of things, and the place was just one big smell. One room in the basement, just full of dirty dressing, quite obviously been there for ages, and another room, which they had used for a mortuary, was full — terrible filthy bed linen all over the floor, the poor patients just filthy, it was wicked Lilian.¹⁷⁶

Murgatroyd's use of descriptive and value-based language, such as 'filthy', 'terrible', and

¹⁷⁵ Dyvik, 'Of Bats and Bodies', 57, 61.

¹⁷⁶ Murgatroyd, 15 September 1944, 2-3.

'wicked', and her frequent, almost compulsive, repetition of these words points to the degree to which she desperately wanted Lilian to understand what she had encountered. It also conveys a sense of deep frustration that demonstrates Murgatroyd's fundamental understanding that no matter how many times she used the word 'terrible', it wouldn't accurately convey the experience. Murgatroyd did not even try to use language to capture the embodied experience of encountering the hospital's abandoned mortuary; the silence of the em dash instead provided a pause for Lilian's imagination to attempt to illustrate that scene. Murgatroyd may not have been capable of verbalising that particular embodied experience but she still wanted Lilian to be made aware of its existence.¹⁷⁷

Murgatroyd and her unit, the 32nd CCS, would eventually be deployed to Bergen-Belsen to care for the camp inmates. While Murgatroyd listed the diseases she was treating on duty, she did not attempt to use any sensory descriptive language to convey the embodied experience of working at Belsen, simply stating 'It is terrible Lilian, all the world should see, what you read in the papers is nothing, and if I had my way, every German would be shot'.¹⁷⁸ She did not discuss the experience of working at Belsen any further. She seemed to sense that the suffering of her patients was an embodied experience that lay beyond her ability to describe. This reaction was not an uncommon one for either the survivors of Belsen or the healthcare personnel, who attempted to care for them.¹⁷⁹ In his research examining the

¹⁷⁷ Carol Acton, 'Diverting the Gaze: The Unseen Text in Women's War Writing,' *College Literature* 31.2 (2004), 59-60.

¹⁷⁸ Murgatroyd, 19 April 1945, 2.

¹⁷⁹ Jo Reilly, 'Cleaner, Carer and Occasional Dance Partner? Writing Women Back into the Liberation of Bergen-Belsen.' In *Belsen in History and Memory*, edited by David Cesarani, Tony Kushner, Jo Reilly, and Colin Richmond. London, United Kingdom: Taylor & Francis Group, (1997), 159.

silences within Holocaust survivors' oral history testimonies, Henry Greenspan argues that two of the factors that fed into the silencing of survivors' testimonies were the 'incommunicable' and 'unbearable' nature of their experiences. The 'incommunicable' refers to survivors' experiences that were so alien and specific that the survivor would struggle to find points of comparison within their listeners' lives that would enable them to communicate those experiences effectively. Greenspan argues that this narrative stumbling block is often found in relation to 'sensory memories, such as smells or tastes'.¹⁸⁰ The 'unbearable' refers to experiences that survivors consciously did not speak about out of fear of 'experiencing, or re-experiencing, agonies that are psychologically overwhelming'.¹⁸¹ Murgatroyd's decision to not speak in detail about her experiences at Bergen-Belsen may have been rooted in either of these two difficulties. Her experiences may have been too psychologically traumatising for her to discuss or she may have felt that there was no way she could verbalise that experience in a manner that Lilian would have understood. Her silence may have been the result of a combination of these narrative hurdles.

One of the most prevalent narrative strategies utilised by the QA's to discuss negative embodied experiences, and negative experiences in general, involved a revelation followed by concealment or dismissal. When QA's directly addressed a negative embodied experience, they often diminished the impact of that admission by couching it in humorous or minimising language or by dismissing their experience through a comparison with another embodied experience that was somehow 'worse'. While Sister Luker admitted that the heat in the Red Sea

¹⁸⁰ Henry Greenspan, 'The Unsaid, the Incommunicable, the Unbearable, and the Irretrievable.' *The Oral History Review* 41.2 (2014), 235.

¹⁸¹ Greenspan, 'The Unsaid, the Incommunicable, the Unbearable, and the Irretrievable', 237.

made her feel like she was ‘nearly expiring’, she diminished the emotional content of her admission by placing a minimising modifier (‘pretty’) in front of the adjective describing her emotional state (‘pretty grim’).¹⁸² In a June 1943 letter, written from a field hospital in Libya, Sister Morgan informed her mother that the weather was often ‘FEARFUL’, so hot that it made life ‘a bit of a burden’.¹⁸³ However, Morgan undercut the negative image that this admission created by rapidly shifting her narrative’s focus to the enjoyment she and her fellow nurses derived from their swims in the Mediterranean and dances with members of the 8th Army, concluding her account by writing ‘I hope all that has amused you — it was meant to’.¹⁸⁴

While Sister Jones admitted that it was ‘very hot indeed’ in Secunderabad, India, with temperatures ranging between 43 and 44°C, she quickly minimised her complaint by assuring her parents that ‘we are lucky really as it is not as hot as some places’.¹⁸⁵ In a similar manner, Sister Murgatroyd dismissed her complaints about the negative emotional impact of living in continually cold billets while stationed in the Netherlands in the winter of 1944, by turning her attention to the more ‘legitimate’ suffering of soldiers on the frontline. Throughout her 17 November letter, Murgatroyd returned several times to the negative physical and emotional consequences of her cold quarters, which left her ‘frozen stiff’ and struggling to fight off ‘a touch of Bronchitis’.¹⁸⁶ However, she concluded her letter by castigating herself and dismissing her complaints, writing ‘it’s beastly of me to complain I know... when some of our poor boys are

¹⁸² Luker, 29 May 1941.

¹⁸³ Morgan, ‘SWTL’, 191.

¹⁸⁴ Morgan, ‘SWTL’, 192.

¹⁸⁵ Jones, *A Time to Remember*, 272.

¹⁸⁶ Murgatroyd, 17 November 1944, 2, 3.

continuously up to their middles in water'.¹⁸⁷ Murgatroyd recast her own embodied experiences as insignificant and unacceptable in the face of the greater and worthier suffering of male combatants.

This strategy of revelation and concealment or dismissal was especially evident when QAs discussed their experiences of falling ill. Sister Jones did not write to her family to inform them that she had contracted hepatitis until after she had recovered. When she did disclose this news, she scaffolded this revelation with a humorous tone, joking that the extent of her jaundice only concerned her because she 'was afraid of being mistaken for a Japanese'.¹⁸⁸ Sister Morgan adopted a similarly light and joking register in her letter disclosing to her mother that she had dysentery. Morgan focused on the comfortable accommodations that she was in due to her hospitalisation and, in many ways, presented the experience as some kind of holiday, writing that since her hospital admission she had 'lived a life of ease — oh! and dysentery, I nearly forgot that!'¹⁸⁹

Jones and Morgan were both composing their narratives of their embodied experiences in letters, pieces of writing that were intended to be read by others, which influenced the degree of emotional honesty that they chose to engage in.¹⁹⁰ Jones admitted in her letter that she had not written to her parents about her illness before because she did not wish to cause them 'to worry unnecessarily'.¹⁹¹ However, Sister Luker's diary entries during her own struggle with hepatitis demonstrate that the privacy of a diary did not entirely free a QA from the

¹⁸⁷ Murgatroyd, 17 November 1944, 8.

¹⁸⁸ Jones, *A Time to Remember*, 192.

¹⁸⁹ Morgan, 'SWTL', 182.

¹⁹⁰ Michael Roper, *The Secret Battle: Emotional Survival in the Great War*. Manchester: University Press, (2009), 25, 26, 64.

¹⁹¹ Jones, *A Time to Remember*, 191.

pressure to modulate her discussion of her embodied experience. In the entries written in the midst of her illness, Luker still maintained a restrained emotional tone, especially given the severity of her illness. At her most vehement, she described herself as feeling ‘completely lousy’, ‘most uncomfortable’ and not ‘at all well’.¹⁹² It was only in an entry written after she had begun her recovery process that Luker admitted that, at the height of her illness, her embodied experience had been ‘agonising’.¹⁹³ It is possible that Luker’s restrained tone served the same purpose as Jones’ and Morgan’s jocular one. In the face of a life-threatening illness, Luker may have modulated her language as a form of self-preservation, to manage her own fears instead of those of a letter recipient.¹⁹⁴ It was only after she had recovered that she could go back and more vividly describe her embodied experience.

The Body of the Nurse: An Ambiguous Presence

In a 1943 *Nursing Times* article, the Matron-in-Chief of the QA’s, Dame Katharine Jones, shared a story of a QA continuing to provide care to a wounded officer while under machine gun fire. Dame Katharine explained that she knew this QA personally and informed her readers that this nurse would not view her actions as indicative of extreme bravery, but rather insist that, in the face of her patient’s need, ‘she “forgot about herself”’.¹⁹⁵ In many ways, this was the task asked of QA’s: to forget about themselves. Their embodied attention was to be directed outwards

¹⁹² Luker, 2 March 1943, 4 March 1943, 5 March 1943.

¹⁹³ Luker, 20 March 1943.

¹⁹⁴ Carol Acton and Jane Potter. *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones*. Manchester: University Press, (2015), 13-14, 15; Penny Summerfield, *Histories of the Self: Personal Narratives and Historical Practice*. London: Routledge, (2018), 57.

¹⁹⁵ Jones, ‘On Active Service with the Army.’, 727.

towards their patients and their own embodied experience was only useful in so far as it could inform their duty to care. Yet in the adverse environments in which they worked, this directed forgetting of the self became increasingly difficult. The QA's embodied experience became a battleground between their need to structure and direct their body's attention and presence outward in order to care for others and their body's attempts to direct that attention inward to address their own experience of the wartime environment. This contest over the focus of the QA's embodied attention engendered an ambivalent relationship between the QA's and their bodies and informed the narrative strategies that they drew upon to discuss their embodied experiences.

Chapter 4: Engaging with Their Community: Relationships and Emotion

In the first letter of Sister Agnes Morgan's correspondence with her mother, written prior to her deployment overseas, Morgan shared her initial impressions of the other members of her unit. She cheerfully stated that 'Everybody here appears to BE PERFECTLY MARVELLOUS and we are going to be a very jolly and happy contingent', indicating through her emphatic capital letters and underlines, that she was very pleased, and perhaps relieved, with this situation.¹ In her second letter home, Morgan repeated this comment, assuring her mother that 'Everybody is so pleasant... I've never met such a jolly, happy crowd'.² Morgan's commentary on her colleagues serves as a counterbalance to the other topic that occupied these first two letters: her apprehension at the prospect of leaving home for years of military service. As she wrote, 'the real difficulty is the fact that I shall probably be YEARS away... If I were nearer home the preparations would be the greatest fun, but so far away it is rather frightening and terrific'.³

Despite this tension between losing the comforts of home and the anxious excitement of the unknown ahead of her, what is remarkable is that she was willing and able to convey this complex set of feelings to her family. Morgan's letters are evocative indicators of the wider emotional experience of nurses. This chapter, therefore, aims to examine what Morgan sensed in her letters: the impact and influence, for good or ill, of nurses' relationships with others on their emotional experience on active service. The chapter will limit its considerations to the relationships that QA's had with other members of the armed forces. It will examine the relationships that QA's developed with their patients, with their colleagues (doctors or other

¹ Agnes Kathleen Dunbar Morgan, 'Private Papers of Miss A.K.D. Morgan - Still With The Lamp', Imperial War Museum, Documents.16686, 1.

² Morgan, 'SWTL', 3.

³ Morgan, 'SWTL', 2.

nurses), and with the combatants with whom they socialised. The chapter will also consider how these relationships affected the QA's abilities to meet the expectations of their emotional community and how they were influenced by the QA's understanding of their duty to care.

Given the centrality of the patient to the nursing profession, a great deal has been written discussing the nature of the relationship between nurse and patient. As was discussed in the Introduction, modern nursing scholarship argues that nursing demands intensive emotional work from its practitioners in their engagements with their patients.⁴ This complex emotional work can be particularly trying with difficult or unpleasant patients as well as in the context of palliative and end-of-life care.⁵ Sharon Bolton, Lynn Clouder, and Catherine Theodosius argue that, while the emotional engagement between nurses and patients can be a source of strain for nurses, it is often also a key source of meaning and professional satisfaction.⁶ Within the scholarship on nursing history, Carol Acton and Jane Potter, Santanu

⁴ John Ballatt, 'Healthcare Culture and Intelligent Kindness in Practice.' In *Compassion in Nursing: Theory, Evidence and Practice*, edited by Alistair Hewison and Yvonne Sawbridge. London: Palgrave, (2016), 96; Sharon Bolton, 'Changing Faces: Nurses as Emotional Jugglers.' *Sociology of Health & Illness* 23.1 (2001), 86; Craig Brown, 'Experiential Learning and Compassionate Care: Encouraging Changes in Values, Beliefs and Behaviour.' In *Providing Compassionate Health Care: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. London: Routledge, (2014), 54; Martin Seager, 'Who Cares for the Carers? Keeping Compassion Alive in Care Systems, Cultures and Environments: A Psychologically Minded Approach.' In *Providing Compassionate Health Care: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. London: Routledge, (2014), 45-46.

⁵ Felicity Stockwell, *The Unpopular Patient*. London: Royal College of Nursing, (1972); Deeb Canning, John Rosenberg, and Patsy Yates. 'Therapeutic Relationships in Specialist Palliative Care Nursing Practice.' *International Journal of Palliative Nursing* 13.5 (2007), 226; Laura Middleton-Green, 'Nursing Intuition: The Role of Embodied Awareness in End-of-Life Care.' *International Journal of Palliative Nursing* 21.6 (2015), 265

⁶ Sharon Bolton, 'Who Cares? Offering Emotion Work as a "Gift" in the Nursing Labour Process.' *Journal of Advanced Nursing* 32.3 (2000), 584; Lynn Clouder, 'Caring as a "Threshold Concept": Transforming Students in Higher Education into Health(Care) Professionals.' *Teaching in Higher*

Das, Christine Hallett, and Margaret Higonnet all address the emotional strain and trauma that military nurses during the First World War experienced as a result of their emotional engagement with their patients, while acknowledging that this emotional engagement was also a key source of resilience and meaning.⁷ Ana Carden-Coyne complicates these analyses by addressing both the sexual and coercive forms that the nurse-patient relationship could take.⁸ In their work on military nursing during the Second World War, Jane Brooks and Cynthia Toman both discuss the emotional strains and rewards of nurses' emotional engagement with their patients.⁹

These works in First and Second World War nursing history tend to focus on the nurses' emotional experience in relation to patient traumatic injury and death. They do not often engage in an examination of nurses' emotional response to dealing with difficult patients, especially those of their own nationality. When this issue is addressed, it is generally done in the context of nurses' interactions with colonial or POW patients.¹⁰ Carden-Coyne is an

Education 10.4 (2005), 508; Catherine Theodosius, *Emotional Labour in Health Care: The Unmanaged Heart of Nursing*. London: Routledge, (2008), 34.

⁷ Carol Acton and Jane Potter. *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones*. Manchester: University Press, (2015), 46, 150; Santanu Das, *Touch and Intimacy in First World War Literature*. Cambridge: University Press, (2005), 193; Christine Hallett, 'Emotional Containment: Nurses and Resilience.' In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020), 250; Margaret Higonnet, 'Authenticity and Art in Trauma Narratives of World War I.' *Modernism/Modernity* 9.1 (2002), 95.

⁸ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*. Oxford: University Press, (2014), 191.

⁹ Jane Brooks, *Negotiating Nursing: British Army Sisters and Soldiers in the Second World War*. Manchester: University Press, (2018), 11, 45. Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*. Vancouver: UBC Press, (2007), 84, 141-142.

¹⁰ Brooks, *Negotiating Nursing*, 43; Janet Butler, "'Very Busy in Bosches Alley": One Day of the Somme in Sister Kit McNaughton's Diary.' *Health and History* 6.2 (2004), 28; Carden-Coyne, *The Politics of Wounds*, 206, 207; Alison Fell, 'Far from Home? Perceptions and Experiences of First

exception in her discussion of the various ways in which British soldiers ‘resisted’ the coercive environment of military hospitals; however, her analysis is focused on the experience of the patients themselves rather than that of their nurses.¹¹ In her discussion of First World War nurses’ responses to patients with self-inflicted wounds, Kirsty Harris argues that ‘military nurses thought poorly of those who wasted their precious time and resources’.¹² Carden-Coyne’s work presents a challenge to this overarching statement from Harris. In her analysis of doctors’ responses to ‘malingerers’ patients, Carden-Coyne argues that medical officers, motivated by the ethics that had governed their civilian practice, ‘often turned a “blind eye”’ and refused to report these patients.¹³ Given that nurses were more consistently in their patients’ company, it is reasonable to suggest that some of them would have taken a similar approach to malingerers.

Liz Byrski touches on nurses’ engagement with difficult patient behaviour in her analysis of the working environment at East Grinstead during the Second World War. However, her analysis is primarily based on accounts provided by former nurses years after their time working with RAF burn patients.¹⁴ Nevertheless, Byrski is the only historical researcher to draw on the theory of emotional labour in her analysis of the nurse-patient relationship.¹⁵ This

World War Nurses and Their Patients.’ In *Expeditionary Forces in the First World War*, edited by Alan Beyerchen and Emre Sencer. Cham: Springer International Publishing, (2019), 66, 69; Kirsty Harris, ‘“All for the Boys”: The Nurse-Patient Relationship of Australian Army Nurses in the First World War.’ In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. London, United Kingdom: Taylor & Francis Group, (2013), 166.

¹¹ Carden-Coyne, *The Politics of Wounds*, 278, 338.

¹² Harris, ‘“All for the Boys”’, 154.

¹³ Carden-Coyne, *The Politics of Wounds*, 236.

¹⁴ Liz Byrski, ‘Emotional Labour as War Work: Women up Close and Personal with McIndoe’s Guinea Pigs.’ *Women’s History Review* 21.3 (2012), 343.

¹⁵ Byrski, ‘Emotional Labour as War Work’, 349-350

chapter aims to expand upon the work that other researchers have done by foregrounding the role of emotional labour in the relationship between nurses and patients, and advancing the work begun by Byrski by moving beyond a single hospital and integrating emotional communities into its analysis.

In research addressing the provision of compassionate care, modern nursing scholarship has discussed at length the influence of work environments, institutional policies, and nurses' relationships with colleagues and superiors on their emotional well-being and ability to engage in emotional labour.¹⁶ Both Christine Hallett and Janet Watson address the difficult work environments created by the occasionally fraught relationship between QA's and VAD's during the First World War.¹⁷ Brooks discusses the positive impact of more equitable relationships between QA's and medical officers on active service during the Second World War on nurses' working experiences.¹⁸ However, all of these works focus on the influence of these relationships on nurses' professional satisfaction and clinical experiences rather than on their

¹⁶ Ballatt, 'Healthcare Culture and Intelligent Kindness in Practice.' 92-93; Sara Fry, Rose Harvey, Ann Hurley, and Barbara Jo Foley. 'Development of a Model of Moral Distress in Military Nursing.' *Nursing Ethics* 9.4 (2002), 376; Jill Maben, 'Care, Compassion and Ideals: Patient and Health Care Providers' Experiences.' In *Providing Compassionate Health Care: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. London: Routledge, (2014), 123; Seager, 'Who Cares for the Carers?'; Pam Smith, *The Emotional Labour of Nursing Revisited: Can Nurses Still Care?*, Basingstoke: Palgrave Macmillan, (2012), 98, 109; Stephanie Tierney, Roberta Bivins, and Kate Seers. 'Compassion in Nursing: Solution or Stereotype?' *Nursing Inquiry* 26.1 (2019), 1, 5.

¹⁷ Christine Hallett, "'Emotional Nursing': Involvement, Engagement, and Detachment in the Writings of First World War Nurses and VADs." In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. New York: Routledge/Taylor & Francis Group, (2013); Janet 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.

¹⁸ Jane Brooks, 'From Wars on the Wards to Harmonious Hospitals: British Nursing Sisters' Pursuit of Collaboration on Active Service in the Second World War.' In *Marketplace, Power, Prestige: The Healthcare Professions' Struggle for Recognition (19th - 20th Century)*, edited by Pierre Pfütsch. Stuttgart: Franz Steiner Verlag, (2019).

emotional impact. This chapter aims to fill this gap by specifically examining how QA's relationships with their colleagues affected their emotional experiences. Janet Lee, Bridget Keown, and Acton and Potter all address the importance of nurses' relationships with other nurses for their emotional well-being and resilience.¹⁹ While Lee and Keown focus solely on the First World War, this chapter aims to expand on the work that Acton and Potter have done on nurses during the Second World War by extending its consideration of the impact of nurses' relationships with their peers beyond its role as a source of resilience.

Drawing on the foundational research addressed here, this chapter considers how QA's relationships with others affected their emotional experience and impacted their ability to meet the expectations of their emotional community. The chapter will begin by analysing how QA's narrated the emotional content of their relationships with British combatants, both as patients and as social companions. It will then consider how they described the emotional impact of their relationships with medical officers, and, finally, with other nurses. This chapter will primarily confine its analysis to the personal narratives of Sisters Agnes Morgan, Mary Morris, Betty Murgatroyd, and Helen Luker. Excerpts from Sisters Nell Jarrett and Joyce Ffoulkes Parry will also be included in the analysis of QA's relationships with combatants. The themes highlighted in this chapter are not exclusive to these narratives; they simply contain the most explicit and unique discussions of the impact of these women's relationships with others on their emotional experience.

¹⁹ Acton and Potter, *Working in a World of Hurt*; Bridget Keown, "I Think I Was More Pleased to See Her than Any One 'Cos She's so Fine": Nurses' Friendships, Trauma, and Resiliency during the First World War.' *Family & Community History* 21.3 (2018); Janet Lee, 'Sisterhood at the Front: Friendship, Comradeship, and the Feminine Appropriation of Military Heroism among World War I First Aid Nursing Yeomanry (FANY).' *Women's Studies International Forum* 31.1 (2008).

Treating Tommy: QA's Relationships with British Combatants

The ideology of the People's War presented all British citizens as being engaged in a heroic fight together, with the British fighting man positioned as the most heroic individual in a heroic society. In many ways, the British combatant came to embody the war effort of the entire nation within public discourse. As such, he became a highly valuable member of society. As Chapter 1 demonstrates, the majority of QA's readily embraced this discourse and consistently used heroic language when describing British combatants. Within the context of this kind of public discourse, any action taken towards an individual British combatant could be extrapolated into an action taken towards the entire war effort. Carol Acton argues that war intensifies the pressure placed on individuals to conform to the norms of behaviour advocated for by popular public discourse. Simultaneously, war creates a situation in which the individual is more likely to conform to those behavioural norms because of the psychological safety and comfort they can derive from a recognised form of social existence during a time of danger and uncertainty.²⁰

Within the context of Second World War Britain, this alignment between public discourse and the desire for a safe social existence resulted in a pressure to view, and respond to, British combatants in an idealised manner that paid homage to their position of high social value. For the QA's working overseas, this high social value created an intense pressure to consistently present the emotional expression desired by combatants and to meet their social value with an appropriate level of service. To do otherwise would be to fail in their duty, not

²⁰ Carol Acton, *Grief in Wartime: Private Pain, Public Discourse*. Basingstoke ; New York: Palgrave Macmillan, (2007), 4-5.

only as nurses, but also as British citizens, to aid and care for the individuals who could bring about British victory.

Going Above and Beyond in Combatants' Care

The extent of British combatants' social value can be seen in nurses' discussions of the amount of work they felt they needed to perform in order to provide the calibre of care that their patients 'deserved'. Sister Murgatroyd mused that her time with her patients 'inspires me every moment to work and work still harder' while Sister Morris admitted that she and her fellow QA's 'do all we can to make the boys as happy as possible'.²¹ The pressure that British combatants' high social value placed on the nurses who cared for them can particularly be seen in the letters of Sister Morgan. In a May 1942 letter, Morgan wrote that her patients were 'such heroes and they are all so appreciative and they expect so little and need so much that it's the least I can do to give them every ounce of my strength and vitality'.²² In an August 1942 letter, recounting her experience of being hospitalised with tonsillitis, Morgan described attempting to return to her ward in the midst of a fever-induced delirium. Upon being stopped by the Night Sister and escorted back to her bed, she had apparently exclaimed, 'Oh, but Sister, what would Mummy think if I deserted the Boys up there!'.²³ Morgan's internalisation of this pressure to meet a British combatants' high social value with an equally high level of care was so profound that it drove her out of her own sick bed. While Morgan's experience is extreme, it nevertheless

²¹ Betty Murgatroyd, 'Private Papers of Miss B. Murgatroyd', Imperial War Museum, Documents.19944, 24 June 1944, 6; Mary Morris, *A Very Private Diary: A Nurse in Wartime*. Edited by Carol Acton. London: Weidenfeld & Nicolson, (2014), 125.

²² Morgan, 'SWTL', 83.

²³ Morgan, 'SWTL', 101.

highlights the power of the pressure that was placed on QA's to meet combatants' expectations for care and the potential negative emotional consequences of the failure to meet them.

In a critical departure from their civilian nursing days when they had been encouraged to adopt an impersonal approach when treating patients, under the circumstances of wartime military service, QA's realised that a more personalised form of treatment was necessary for patient recovery.²⁴ They therefore moved to adopt a practice that drew on the nurse's therapeutic use of self and the formation of a close nurse-patient relationship.²⁵ Sisters Morris and Morgan both ruminated on the degree of personal intimacy that they fostered with their patients. In her entry for 19 December 1944, Morris recounted the sadness that she and her colleagues felt upon evacuating their patients:

A very sad day — saying good-bye to the men whom we have grown to like so much. Soeur Marie-Anselma was in tears all day... I wonder if we will ever see any of them again. We were almost like a family in our ward...²⁶

In her letters, Sister Morgan recounted similar levels of closeness and intimacy to those alluded to in Morris' entry. In a September 1941 letter, Morgan wrote that she and a young patient would 'compose airgraphs to his mother between us'.²⁷ In her letter recounting the Christmas celebrations at her hospital in 1941, Morgan informed her mother that 'This is the kind of day when everybody shows me their photographs of home — it's lovely!'.²⁸

Morgan, in turn, drew on her own life at home to offer comfort to her patients. In a

²⁴ Brooks, *Negotiating Nursing*, 46, 94.

²⁵ Jane Brooks, 'Nurses as Therapeutic Agents in the Extreme Environment of the Desert War, 1940–44.' *Journal of Advanced Nursing* 71/11 (2015), 2522, 2525.

²⁶ Morris, *A Very Private Diary*, 174.

²⁷ Morgan, 'SWTL', 35.

²⁸ Morgan, 'SWTL', 50.

February 1943 letter, she described spending time with a 'very ill M.P., who had lost a leg, and hadn't yet recovered from the shock'.²⁹ In her attempts to draw her patient's focus away from his amputation, Morgan told him about her young niece, for whom she was currently knitting a pair of leggings. She happily reported that, upon arriving back on the ward the next night, 'there was my friend... looking 100% better, straining up in bed and asking "Was the knitting finished... and had I heard any more about my niece, and had I remembered to bring her picture?"'.³⁰ In a letter sent later that same month, Morgan described drawing on her memories of 'those pleasant green fields of home' in order to comfort and encourage another seriously ill patient.³¹ For the sake of therapeutic engagement, QA's were increasingly aware of, and involved with, their patients as individuals, even sharing their own personal lives and stories if they thought they could provide some comfort.

This push for personal engagement with combatants as a form of therapeutic care was not limited to the time that combatants spent in hospital. It extended to social interactions as well. In a marked departure from the expectations for First World War nurses, fraternisation between nurses and combatants was actively encouraged during the Second World War in order to provide combatants with a morale boost in the form of access to white female nurses.³² During the Italian, Indian, and North African campaigns when levels of venereal disease were high, the presence of non-sexualised white women was presented as a modulator

²⁹ Morgan, 'SWTL', 145. M.P. stands for Military Police.

³⁰ Morgan, 'SWTL', 143.

³¹ Morgan, 'SWTL', 147.

³² Brooks, *Negotiating Nursing*, 108; Toman, *An Officer and a Lady*, 100. While QA's were officially only supposed to be available for socialisation with officers, British Other Ranks could gain some degree of access to them through dances and their presence at film screenings and ENSA entertainments.

to soldiers' potential encounters with 'local' women.³³

This integration of socialising and nursing care meant that the pressure to meet combatants' high social value with equivalent high value care was now applicable to nurses' interactions with combatants outside of the ward. As Morgan herself stated, the QA's felt responsible to 'do our best to make up for all the horrors and the privations' that were visited upon British combatants.³⁴ Morgan went on to discuss the precedence that her engagement with combatants took over her engagement with her family, writing that 'with all these social activities I think my correspondence suffers (my home one anyway!) as I have to keep on scribbling little notes now and sending them up to the desert (we're "pushing" now... and it means so much to "the Boys" to know that we are thinking of them!)'.³⁵ Morgan's use of underline in her letter illustrates the pressure placed on QA's to engage personally with combatants. Morgan did not present herself as 'choosing' to neglect writing to her family in order to attend social gatherings with, and write letters to, British combatants. This personal involvement was instead something she 'had' to do. In a letter written almost a year later, Morgan summarised the amount of effort demanded by soldiers' high social value by stating that 'rather than disappoint them we will work and play from morn till night!'.³⁶ In contrast to Morgan, QA's who sought to limit the degree to which they engaged with British combatants could face social censure. For example, in a letter sent to Matron-in-Chief, Dame Katharine

³³ Yasmin Khan, 'Sex in an Imperial War Zone: Transnational Encounters in Second World War India.' *History Workshop Journal* 73.1 (2012), 250, 256; Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War*. Oxford: Oxford University Press, (2004), 98. Socialisation with respectable white nurses fell within the list of 'wholesome forms of recreation' that military leadership believed were necessary to avoid spikes in the rate of VD.

³⁴ Morgan, 'SWTL', 187.

³⁵ Morgan, 'SWTL', 112.

³⁶ Morgan, 'SWTL', 166.

Jones, Sister Jane Forrest admitted that the QA's in her unit were given the nickname 'the Shaiba "snobs" as we did not go out much'.³⁷ Forrest and her colleagues did not meet the local troops' expectations for personal engagement and this failure was ascribed to a character fault of the nurses themselves. No consideration was given to the potential impact of any other factors, such as workload or personal preference, that may have informed the Shaiba QA's decision to limit their socialising.

In addition to consuming more of the QA's time, this push for fraternisation between QA's and combatants also increased the QA's emotional vulnerability. In her 30 November 1942 entry, Sister Luker described looking for a former patient at a base hospital in Durban only to find that he had died. Luker then went to see his burial site, a process that involved 'much difficulty and walking miles'.³⁸ Luker did not have to visit this man's grave but clearly he had meant enough to her personally that she willingly went to a great deal of effort to see where he had been laid to rest. The pain that QA's felt upon receiving combatants they knew as patients was very evident in Morgan's July 1942 letter, recounting her experiences during the Axis advance in the Western Desert: 'and then — oh! then another convoy came in so we worked again... and they were all my friends, they were all the boys we knew so well.'³⁹ The extent of the emotional labour that this level of personal engagement with patients asked of QA's can be seen in one of Morgan's September 1944 letters, in which she described finding a picture of a former patient published in a magazine. Morgan informed her mother that even after his

³⁷ Jane Forrest, 'Letter from Jane L. Forrest QAIMNS(R)', Museum of Military Medicine, Dame Katharine Jones Papers, QARANC/PE/1/297/JONES

³⁸ Helen Luker, 'Private Papers of Miss EHA Luker', Imperial War Museum, Documents.1274, 30 November 1942.

³⁹ Morgan, 'SWTL', 92.

discharge from her hospital, she had continued writing to him, describing this continued interest and involvement with an ex-patient as 'a good portion of our war effort'. Morgan, in many ways, admitted to the profound emotional demands that this engagement with combatants placed on QAs when she wrote that 'This goes on and on, as soon as I lose one, another comes in wanting "looking after"'.⁴⁰ Personal involvement with combatants at times demanded an almost continual exercise of emotional labour.

The Demand for Continual Cheerfulness

In addition to placing high demands on the amount of time QAs spent providing therapeutic engagement to British combatants, the influence of combatants' high social value also enforced strict parameters regarding the manner in which that labour was performed. To fail to meet these parameters would mean that a QA was providing subpar care by not meeting the combatant's expectations for their nurse, thereby causing her to fail in her duty to care.

As was discussed in Chapter 1, an observation that QAs frequently made within their writings was of their patients' enduring cheerfulness. In her work on nursing during the First World War, Christine Hallett argues that nurses encouraged a cheerful attitude in their patients, and worked to display one themselves, as an important defence mechanism that allowed their patients to construct a temporary psychic barrier against their own trauma. Hallett argues that by 'conspiring' with their patients to "'ignore" or "forget" the reality of warfare' until they were ready, nurses provided their patients with the time and space to safely confront the trauma

⁴⁰ Morgan, 'SWTL', 310-311.

they had experienced.⁴¹ In this way, a cheerful attitude became a critical element in a nurse's treatment of her patient's trauma. In her work on hospital culture during the First World War, Ana Carden-Coyne complicates Hallett's theory by arguing that there was a coercive element to this encouragement of cheerfulness, wherein 'cheerful patients were praised on the ward and publicly, while miserable ones were chastised'.⁴² Furthermore, Carden-Coyne maintains that this 'culture of compulsory cheerfulness' was applied to staff as well as patients.⁴³ Given the centrality of compulsory cheerfulness to Britain's overarching emotional regime during the Second World War, it is not surprising that this element of hospital culture was present once again.

Sister Murgatroyd alluded to the emotional strain produced by this pressure to present a continually cheerful appearance in a July 1944 letter recounting her experience of trying to make one of her patients, a double amputee, comfortable in the summer heat. Murgatroyd wrote 'we have had such a job to settle him, but he is so funny with it all, he says "I'm like an old hen on her nest, ain't I, Sister"'. Round and round the bed he goes, but full of fun, it almost breaks my heart'.⁴⁴ In her entry for 10 June 1941, Sister Luker also acknowledged the emotional consequences of personal engagement with patients, admitting that, although the conversation she had with a 'v. nice officer patient' was 'so cheerful, he makes me sad'.⁴⁵ Luker concluded her entry with this observation and, interestingly, did not record any details explaining what it was about this conversation that she found saddening. Sister Morgan recounted a similar level

⁴¹ Hallett, 'Emotional Containment', 255.

⁴² Carden-Coyne, *The Politics of Wounds*, 278.

⁴³ Carden-Coyne, *The Politics of Wounds*, 282.

⁴⁴ Murgatroyd, 16 July 1944, 3.

⁴⁵ Luker, 10 June 1941.

of emotional strain present in her social engagements with British combatants. In a letter describing a tea dance that she attended with members of the 8th Army, Morgan told her mother that it was not 'all pure enjoyment, far from it, very often my eyes filled with tears, and my heart was near to breaking when I think of the tragedy of War'.⁴⁶ Morgan, in many ways, captured the demand for compulsory cheerfulness when she described socialising with British combatants as going 'on with the motley'.⁴⁷ By referencing a jester's uniform, Morgan implied that an element of the nurse's role was to work to provide cheerful and happy entertainment for soldiers.

A key difference in the application of compulsory cheerfulness to combatants and nurses was the fact that a combatant-patient could occasionally put it aside in order to address his traumatic experiences, most often with a nurse as a listener and witness. While the patient could put cheerfulness aside, the nurse could not. The nurse was expected to be a sympathetic witness to the patient's trauma, but she could not respond to it in an emotional manner as such a response would potentially negatively impact the patient and would hinder her ability to carry on with her work.⁴⁸ While Sister Murgatroyd may have felt like crying in response to the struggles of her amputee patient, it would have been inappropriate for her to do so. The seven entries following Sister Morris's 5 October 1944 entry, where she described her Market Garden patients as 'a lovely cheerful crowd', are filled with Morris's recitation of the traumatic experiences relayed to her by her patients. In her 11 October 1944 entry, Morris concluded her account of the horrifying experiences of Sergeant Louis Hagen by writing 'I could cry for all of

⁴⁶ Morgan, 'SWTL', 184.

⁴⁷ Morgan, 'SWTL', 69.

⁴⁸ Christine Hallett, *Containing Trauma: Nursing Work in the First World War*. Manchester: University Press, (2010), 9, 158; Hallett, "Emotional Nursing", 96.

them, but what use are tears?'.⁴⁹

Both patients and nurses set each other examples of cheerful endurance. However, while patients were provided the space to abandon this cheerful attitude when necessary, this kind of freedom from emotional constraint was not available to nurses. Instead, they had to engage in extensive emotional labour to ensure that their emotional presentation remained calm, kindly, and understanding. In her research on First World War QA's, Hallett argues that the ability to maintain this emotional presentation in the face of a traumatised patient's emotional unburdening was a profoundly difficult skill that not every nurse was able to achieve.⁵⁰

The demanding and potentially harmful nature of this kind of expenditure of emotional labour remains a topic of research within modern nursing literature. Martin Seager argues that witnessing and taking on a patient's emotional unburdening requires that a nurse identify with that patient's painful feelings, which can result in the nurse experiencing vicarious traumatisation.⁵¹ Seager and Janice Morse agree that, if the strain produced by this kind of emotional labour is not appropriately processed, it can become toxic and lead to 'emotional "overwhelm"' and burn out.⁵² One of the key factors that Morse argues aids in avoiding burn out is the nurse's ability to gain space from her patient and limit her involvement with the patient's suffering.⁵³ Unfortunately for Second World War QA's, the demand that they provide

⁴⁹ Morris, *A Very Private Diary*, 164.

⁵⁰ Hallett, 'Emotional Containment', 250.

⁵¹ Seager, 'Who Cares for the Carers?', 45-46.

⁵² Seager, 'Who Cares for the Carers?', 45-46; Janice Morse, 'Research Using Pragmatic Utility.' In *Analyzing and Constructing the Conceptual and Theoretical Foundations of Nursing*, edited by Janice Morse. New York: Springer Publishing Company, (2017), 296.

⁵³ Morse, 'Research Using Pragmatic Utility', 296.

emotional support for British combatants both on and off the ward made it increasingly difficult to establish these kinds of boundaries between themselves and their patients.

The demand for emotional control and restraint on the QA's part even applied to nurses' grief at their patients' deaths. As was discussed in Chapter 1, the emotional community of wartime Britain advocated for a stoical response to the loss of loved ones and the public suppression of grief.⁵⁴ However, QA's were not even considered to be among those to whom this feeling rule was directed. As Brooks, Acton, and Potter argue, the QA's were not recognised members of the community of mourners surrounding a dead soldier, which consisted of his family and compatriots, and they were expected to undertake their grieving as 'silently and unobtrusively' as possible.⁵⁵ A nurse's duty of care was to her living patients and she was expected to move on quickly in order to continue to effectively care for them.⁵⁶ Through this combination of a restrictive emotional community and exclusion from the soldier's community of mourners, QA's grief was doubly silenced. Their emotional community encouraged the QA's close involvement in and emotional engagement with their patients' lives but, should that patient die, that emotional connection was to be abruptly severed. The emotional community provided no space for the QA's to process the continued ramifications of this relationship within their own emotional lives.

The reticence and discomfort surrounding the open acknowledgment of grief that this

⁵⁴ Patricia Jalland, 'A Culture of Silent Grief: The Transformation of Bereavement Care in 20th Century England.' *Bereavement Care* 32.1 (2013), 18; Lucy Noakes, 'Gender, Grief, and Bereavement in Second World War Britain.' *Journal of War & Culture Studies* 8.1 (2015), 75, 80.

⁵⁵ Brooks, *Negotiating Nursing*, 46; Acton and Potter, *Working in a World of Hurt*, 210-211.

⁵⁶ Brooks, *Negotiating Nursing*, 46; Christine Hallett, 'Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers.' *Canadian Bulletin of Medical History* 27.1 (2010), 71

emotional expectation engendered can be seen in the delicate manner in which patient death was addressed in the QA's personal narratives. For example, Sister Murgatroyd never directly addressed a specific patient's death. In her letters describing her unit's discovery of an abandoned German hospital and her work at Bergen-Belsen, Murgatroyd acknowledged that patients had died, but she never provided any details about these patients or described them individually.⁵⁷ They remained an abstract entity.

While Sister Morgan was more descriptive about the emotional impact of losing patients, she also followed Murgatroyd's example and never recounted an individual patient's death. The closest she ever came to directly acknowledging the possibility of losing an individual patient was in a February 1943 letter describing her time with a critically ill patient she called 'Tommy'. In her letter, Morgan described Tommy as 'so cheerful and hopeful (unfounded)'.⁵⁸ Morgan's decision to include commentary on the realism of Tommy's hope within a parenthetical statement almost appears to be a subconscious tick, a terrible knowledge that she cannot keep down in her letter home, that bursts out at the end of her sentence. Morgan's understanding of the critical nature of Tommy's condition was clearly weighing on her mind, driving her to confront the fact that this young man would probably not be going home. Morgan clearly felt that her job was to save ill and injured men and yet she was failing in regards to Tommy. Morgan's experience with Tommy was not an unusual one. A key component of QA's military service was their responsibility to provide palliative care for young men in their final days.⁵⁹ The distress that Morgan felt over Tommy's fate, and the manner in

⁵⁷ Murgatroyd, 15 September 1944, 2; Murgatroyd, 19 April 1945, 1.

⁵⁸ Morgan, 'SWTL', 146.

⁵⁹ Brooks, *Negotiating Nursing*, 46.

which she expressed it, indicates the great emotional weight that such experiences placed upon QA's as well as the cultural expectations that hindered their ability to discuss this burden.⁶⁰

Sister Luker's approach to the issue of patient death was quite different from that utilised by either Morgan or Murgatroyd. Luker often did not make a note of a patient's name in her diary unless they were very ill. Her use of patients' names in many ways indicated their importance to her. She recorded their names, recognising their humanity and individuality and the impact that they had on her, at the moment when the continued existence of that unique individual was most at risk. Luker acknowledged the emotional impact of caring for patients in critical condition by using variations on the word 'anxiety' to describe her experience working with them, often referring to very ill patients themselves as 'anxieties'.⁶¹ While Luker did not use extensive descriptive language to capture her response to patients' deaths, she did note their emotional impact. In her entry for 26 January 1941, Luker recorded her response to the news that Sergeant Burt, a patient whose condition she had previously described as making her feel 'very anxious', had died with a brief '— very sad'.⁶² This level of emotional restraint around the topic of patient death was a consistent presence in almost all of the diarists' accounts and overall the topic itself remained rare.⁶³ Luker proved to be the diarist who discussed the issue most frequently, directly addressing the death of patients eleven times throughout her diaries. Sister Ffoulkes Parry touched on the topic of patient death six times, Sister Morris three times,

⁶⁰ Brooks, *Negotiating Nursing*, 45, 46.

⁶¹ Luker, 24 December 1940, 26 December 1940, 28 December 1940, 25 January 1941, 24 August 1942, 31 January 1944.

⁶² Luker, 25 January 1941, 26 January 1941.

⁶³ The QA's most emotional responses were often associated with sudden patient death. However, given that these responses were associated with the deaths of patients that the QA's had not had time to establish relationships with, they will not be discussed here.

and Sister Jarrett only once. Clearly, death was a fraught topic. In their letters, QA's tended to address it only in the abstract. Diaries offered QA's the privacy necessary to delve more in-depth into the emotional impact that losing patients had on them but, even in these private spaces, the discussion of death was limited. This reticence from Second World War QA's marks another critical difference between their narrative approach to the emotional experience of war and that of their First World War peers. Alison Fell argues that First World War nurses wrote frequently about patient death as a way of attributing meaning and dignity to the war's mass casualties.⁶⁴ Second World War QA's would have been equally desirous to ascribe meaning to their patients' deaths, yet their emotional community's strict restrictions on the expression of grief increasingly kept them silent.

As Acton, Carden-Coyne, Das, and Potter all argue, military nurses' emotional response to patient injury and death was complicated by the fact that they themselves were implicated in those patients' suffering. QA's found themselves in a difficult position in which the military demanded that the end goal of their work be, not simply the return of the patient to good health, but rather the return of the patient to the frontlines to be placed in harm's way once again.⁶⁵ In her 10 October 1944 entry, Sister Morris captured the guilt and discomfort that she felt over her role in maintaining the military machine, writing that 'It is rather sad really. We make these boys well just so that they can return to Nijmegen and Eindhoven to begin fighting

⁶⁴ Fell, 'Far from Home?', 64.

⁶⁵ Carol Acton, 'Negotiating Injury and Masculinity in the First World War Nurses' Writing.' In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. New York: Routledge, (2013), 135; Carden-Coyne, *The Politics of Wounds*, 338; Das, *Touch and Intimacy*, 202, 224; Jane Potter, "'I Begin to Feel as a Normal Being Should, in Spite of the Blood and Anguish in Which I Move": American Women's First World War Nursing Memoirs.' In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. London, United Kingdom: Taylor & Francis Group, (2013), 52.

all over again'.⁶⁶

Sister Morgan attempted to communicate her feelings of guilt and responsibility in parenthetical statements she included in two letters sent in 1942. In May, she wrote '(By the way, I think I must be a bird of ill omen, all my friends go up to the front... they always come down badly wounded — it does seem queer)'.⁶⁷ In August, she wrote that she had gone to visit 'a sick friend' and then added '(spend most of my free time doing this — I must be a femme fatale or something, all my great friends, hurry away from me into the front and then don't return, or come back badly smashed...)'.⁶⁸ In both letters, Morgan centred the responsibility for her friends' injury or death on herself. She appeared to view herself in these moments as the antithesis of a nurse, bringing death and suffering as opposed to care and healing.

Her discomfort in voicing these feelings to her mother is also clear. Morgan separated these statements from the rest of her writing, quarantining them within the confines of parenthetical statements. She also adopted a wry, almost humorous, tone to diminish the seriousness of the emotions that she was conveying. In spite of this, one can still sense that Morgan was looking for reassurance from her mother, for someone she loved and trusted to tell her that the deaths and injuries of these men she cared for were not somehow her fault. However, her emotional community's call for emotional restraint meant that this admission of feeling and search for reassurance had to be conducted surreptitiously.⁶⁹

⁶⁶ Morris, *A Very Private Diary*, 162.

⁶⁷ Morgan, 'SWTL', 86-87.

⁶⁸ Morgan, 'SWTL', 100.

⁶⁹ Michael Roper, *The Secret Battle: Emotional Survival in the Great War*. Manchester: University Press, (2009), 64.

Meeting Combatants' Gendered Expectations

Key elements of combatants' expectations for QA's emotional presentation were rooted in assumptions surrounding the QA's gender. Carden-Coyne argues that soldiers' expectations for their nursing care were informed by assumptions regarding women's supposedly 'natural' caring attributes. Soldiers expected their nurses to be kind, gentle, and caring, in many ways recreating the kind of experience they may have had receiving care from their mothers when ill as children.⁷⁰ As was discussed in Chapter 1, this gendered social behaviour of the domestic sphere can also be seen playing out in hospitals during the Second World War. Sister Morgan addressed her patients' expectations that the care that they would receive would resemble that provided by their mothers in an October 1943 letter in which she reported that one of her patients kept requesting OXO as part of his treatment because 'me mother makes OXO for me when I feel sick at home'.⁷¹ Morgan in many ways demonstrated her adherence to this expectation in the language that she used to describe her patients, who were often discussed in a maternal manner. She concluded her description of the OXO patient and his close friend by writing 'You've no idea how I love them, they are just like two kids!', framing these two patients as children under her maternal care.⁷²

While the expectation of a familial, motherly relationship between nurse and patient was the most common and certainly the one encouraged by nursing leadership, Carden-Coyne acknowledges that the relationship between nurse and patient and the patient's expectations

⁷⁰ Carden-Coyne, *The Politics of Wounds*, 249.

⁷¹ Morgan, 'SWTL', 231.

⁷² Morgan, 'SWTL', 231.

regarding their care could take on a romantic or sexual tenor as well.⁷³ This trend continued and intensified during the Second World War as a result of the policy encouraging fraternisation. Cynthia Enloe argues that one of the ideological strategies adopted by military authorities in order to encourage wounded soldiers' recovery was that of the 'Nurse as Ideal Soldier's Girlfriend'. This strategy emphasised the 'innocence, emotional generosity, and perhaps, availability' of a soldier's nurse and operated under the assumption that a soldier 'would recover more quickly if he could fantasise about his nurse'.⁷⁴ These demands for competing forms of gendered behaviour placed QA's in the difficult position of having to continually negotiate which emotional presentation they should offer to their patients to provide the best possible care, that of mother, lover, or professional, and to what degree they should present those different roles.⁷⁵

Both Sister Murgatroyd and Morgan jokingly referred to this expectation for a romantic element to their nursing care in their letters home. In her 24 June 1944 letter, Murgatroyd explained to Lilian that her patients were fond of making claims that they were all going to marry her after the war.⁷⁶ In an October 1941 letter, Morgan wrote 'Now I am on the ward and I have 48 boy friends [sic] to speak to'.⁷⁷ Sister Morris also addressed the expectation for

⁷³ Carden-Coyne, *The Politics of Wounds*, 196.

⁷⁴ Cynthia Enloe, *Maneuvers: The International Politics of Militarizing Women's Lives*. Berkeley, Calif: University of California Press, (2000), 219.

⁷⁵ Toman, *An Officer and a Lady*, 114.

⁷⁶ Murgatroyd, 24 June 1944, 7.

⁷⁷ Morgan, 'SWTL', 39. It is interesting to note that this is the only instance in which Morgan acknowledged a romantic or flirtatious element to her interactions with her patients. Overwhelmingly, she described her relationships with her patients in a familial manner. The difference between her representation and Murgatroyd's may be the result of their different audiences. Morgan was writing home to her mother while Murgatroyd was writing to a close friend.

flirtation between herself and her patients in her 24 October 1944 entry, in which she described her patients engaging in 'cheerful and flirtatious banter' with her.⁷⁸

In her work on the experience of nurses working with burn patients in East Grinstead, Liz Byrski argues that the popular construction of British soldiers as wartime heroes pushed nurses to display the 'appropriate "feminine" response to this idealised masculinity' as a part of their job.⁷⁹ This appropriate feminine response required that nurses at the very least passively accept flirtation from their patients while pushing them to actively reciprocate it.⁸⁰ Byrski posits that this pressure was strong enough to cause many nurses, who felt uncomfortable about the explicitly sexual or flirtatious overtures from their patients, to feel that their discomfiture was a failing on their part.⁸¹ The situation experienced by the nurses at East Grinstead may have been especially extreme due to the chief medical officer Dr. Archibald McIndoe's beliefs regarding the therapeutic benefits of flirtation and intimacy with female nurses for burn patients.⁸² However, Yasmin Khan's research on sexual relations in imperial India during the Second World War demonstrates that this expectation for some kind of romantic interaction between white nurses and white British soldiers was still present and potent outside of the particular circumstances fostered by McIndoe at East Grinstead. Khan argues that 'flirtation, courting, dancing, kissing, and sex with soldiers became part of a wide and expected repertoire' for nurses.⁸³ Nurses who refused to participate in this culture of flirtation and romance could face

⁷⁸ Morris, *A Very Private Diary*, 171.

⁷⁹ Byrski, 'Emotional Labour as War Work', 343.

⁸⁰ Byrski, 'Emotional Labour as War Work', 341-342.

⁸¹ Byrski, 'Emotional Labour as War Work', 348.

⁸² Byrski, 'Emotional Labour as War Work', 342.

⁸³ Khan, 'Sex in an Imperial War Zone', 242.

'misogynistic and aggrieved' attitudes from the soldiers, whom they had rebuffed.⁸⁴ Military leadership did little to aid nurses in negotiating these complex demands on their time and presence, encouraging them to socialise with combatants for the sake of the men's morale, while also reminding nurses that they were representatives of their nation's womanhood and should therefore remain 'respectable' and 'lady-like'.⁸⁵ In general, nurses were left to try and work out how to manage the demands for their performance of a sexualised feminine presence, while still maintaining a professional and respectable identity, on their own.⁸⁶

The complex and constraining nature of this discourse can be seen in the way that some of the QA's tentatively attempted to address incidences of sexual harassment.⁸⁷ Sexual harassment was almost entirely absent from the QA's letters. In the three collections of letters examined for this thesis, there is only one passing mention of unwanted romantic attention from a British soldier in a July 1944 letter from Sister Murgatroyd to her friend, Lilian: 'I'm having a thrilling "affaire" [sic] at least he thinks it thrilling, I can't get rid of him, met him in a traffic jam, in one of our ambulances, since then he haunts me...'.⁸⁸ Murgatroyd made a point of keeping her tone light and dismissive, presenting the impression that this issue was not a particularly concerning one. It is unclear if this was a true representation of Murgatroyd's thoughts or if she was moderating her story so as to not concern her friend and to avoid contradicting the popular discourse that presented the British soldier as a heroic figure.

It is interesting to note that Murgatroyd made a point of stating that she met this soldier

⁸⁴ Khan, 'Sex in an Imperial War Zone', 250.

⁸⁵ Brooks, *Negotiating Nursing*, 108; Toman, *An Officer and a Lady*, 100, 102.

⁸⁶ Brooks, *Negotiating Nursing*, 110; Toman, *An Officer and a Lady*, 114.

⁸⁷ It should be noted that sexual harassment is a modern term that the QA's would not have used to describe these interactions.

⁸⁸ Murgatroyd, 30 July 1944, 6.

in one of her unit's ambulances but he does not appear to be a patient. This raises the question of whether this man was a member of the RAMC, potentially an ambulance driver. If this was the case, Murgatroyd's willingness to speak of this incident to her friend may have been the result of the fact that she viewed members of the RAMC in a manner similar to Luker's perspective on the AMPC Labour Corps and Engineers: that they were not 'real soldiers' as they were not engaged in frontline fighting.⁸⁹ By drawing on this distinction, Murgatroyd could allude to a negative experience with a British soldier without actually contradicting the public discourse surrounding the figure of the British combatant.

All other mentions of such negative interactions with British combatants are confined to the pages of the QA's diaries. In her entry for 10 November 1944, Sister Morris vented her frustrations over the harassment she was facing from a Lieutenant Gray:

When I went back on duty, Lt Gray was waiting in my office. He has been pestering me to go out with him and will not take my no for an answer. I think he finds it hard to understand that any girl can find him anything other than totally irresistible. Was able to tell him that I would be on duty until 1000 hours and after that would be going straight to bed alone.⁹⁰

Morris made it clear by stating that she would be going 'to bed alone' that she understood and forcefully rejected the sexual nature of Lieutenant Gray's overtures. This open acknowledgement of some combatants' expectation for sexual contact from nurses is unusual for the QA's examined here. The only comparable entry can be found in Sister Nell Jarrett's diary. On 30 July 1942, Jarrett recounted meeting a convalescing South African soldier, who

⁸⁹ Luker, 23 January 1940. AMPC stands for Auxiliary Military Pioneer Corps.

⁹⁰ Morris, *A Very Private Diary*, 172.

spoke to her at length 'about sex starvation in the MEF.⁹¹ I may be hard but maybe they dwell too much on the situation. At present at any rate I feel in no way inclined to do anything to alleviate the situation'.⁹² These two instances provide the most explicit acknowledgement of combatants' sexual expectations. In most other cases, QA's kept their discussion of sexual harassment confined within the bounds of innuendo.

In her 6 September 1942 entry, Jarrett recounted an unpleasant evening out with British officers connected to the Indian Army, writing 'I'd no wish to drink and they thought me sticky.⁹³ They were so obviously out for all they could get — I took refuge in rudeness. That suited rather than repelled so I just was stupid and was pleased to come home'.⁹⁴ Interestingly, these recorded negative interactions with British and Commonwealth soldiers occurred when the men in question were not currently patients of the QA's. As has been previously stated, flirtatious behaviour from their patients was not uncommon. The only time the QA's examined here addressed any discomfort arising from a patient's romantic or sexual behaviour towards them was when that patient was not a British soldier. In her 5 October 1945 entry describing her work in Brussels as a member of the British Army of the Rhine (BAOR), Morris wrote that she found Polish men to be 'dreadful patients unless they are seriously ill. They love to lie in bed, looking like wilted lilies and positively craving sympathy. I learned early in my training to refrain from giving sympathy to the Poles. They tend to misinterpret it and this can make night

⁹¹ Middle East Forces

⁹² Nell Jarrett, *Diary*. By kind permission of Nell Jarrett's family. Personal archive of Jane Brooks, 30 July 1942, 53.

⁹³ Sticky in this context refers to a person who is being awkward, uncooperative, or difficult to cope with.

⁹⁴ Jarrett, 6 September 1942, 80-81.

duty pretty hazardous!'.⁹⁵ Morris' discussion of the 'danger' presented by her Polish patients' 'misinterpretation' of her sympathy appears to imply that she had been on the receiving end of some kind of physical harassment.

It is possible that Morris had never been subjected to such behaviour from British patients, that their 'flirtatious' engagement with their nurses never crossed the line that was violated by her Polish patients. It is also possible that the dissonance between the idealised expectation for a British combatant's conduct and the ugly reality of a British combatant's capacity to engage in threatening or harassing behaviour may have hindered her ability or desire to record such a transgression in her diary.⁹⁶ It is also possible that, in a manner similar to that of the nurses examined by Byrski, a degree of tolerance for a certain level of harassment and inappropriate behaviour from their British patients became a part of the war work that QA's on active duty performed. Their patients 'deserved' so much that allowance of this behaviour became an element of the care that they had earned and that QA's were required to provide in order to appropriately honour their sacrifice.⁹⁷ This perspective is supported by the fact that, in their accounts regarding their experiences with harassment, Morris and Murgatroyd described the offending men as being 'pestering' and impossible to get rid of, implying that the key issue in the men's behaviour lay not in the fact that these overtures were made but rather that they didn't stop when it was made apparent that they would not be reciprocated.

⁹⁵ Mary Morris, 'Private Papers of Mrs. M. Morris', Imperial War Museum, Documents.4850, 258.

⁹⁶ Penny Summerfield, 'Culture and Composure: Creating Narratives of the Gendered Self in Oral History Interviews.' *Cultural and Social History* 1.1 (2004), 65, 68.

⁹⁷ Byrski, 'Emotional Labour as War Work', 343, 350.

Overall, QA's rarely recorded any difficulties that they encountered with their British patients. Sister Luker, in many ways, was unique in her willingness to record her frustrations with certain patients. In her entry for 20 March 1940, Luker wrote that 'Lt. Dixon with C.S.F. is a great trial — he is very bad mannered and naughty'.⁹⁸ Similarly, in January 1941, she wrote that her patient 'Wilson appears to feel worse than usual, and is most difficult and trying!'.⁹⁹ In many ways, Luker's complaints echoed those highlighted in Felicity Stockwell's research on which patients nurses found most difficult to work with, especially in the emphasis placed on patients' negative or unpleasant behaviours.¹⁰⁰

Stockwell argues that nurses can also find a patient difficult to work with if they feel that they no longer need to be in hospital and that their presence is taking time away from more 'deserving' patients.¹⁰¹ This element of frustration can be seen in Luker's entries for 28 and 29 December 1940, in which she described dealing with patients who had escaped from hospital in Alexandria to celebrate the holidays out in the city. Luker began her 29 December entry with 'Yet another C.D. patient (Naval!) returns at 3:15 a.m. And I find him on Sick Sisters floor, not able to find his ward — am I angry!'.¹⁰² Luker could express her anger at this patient, in spite of the fact that he was a British combatant, because his actions no longer adhered to common expectations of respectable behaviour. Just as a British combatant was expected to cease his romantic overtures once they had been refused, he was also expected to not waste his nurse's time and take her attention away from those more in need of her aid. The ease with which

⁹⁸ Luker, 20 March 1940. C.S.F. stands for cerebrospinal fever.

⁹⁹ Luker, 10 January 1941.

¹⁰⁰ Stockwell, *The Unpopular Patient*, 26.

¹⁰¹ Stockwell, *The Unpopular Patient*. 27.

¹⁰² Luker, 29 December 1940. C.D. stands for contagious disease, denoting the ward this patient would have been assigned to.

Luker recorded her frustration towards certain patients may also have been aided by Luker's age. Born in 1905, Luker was 34 when the war began and the oldest of the nurses examined here. She was an established senior nurse and her understanding of her duty to care was firmly rooted in the emotional community of pre-war British nursing. Her secure position in her profession may have provided her with the power to resist much of the pressure from the wartime emotional community to modulate her emotional expression to meet the community's new construction of her duty to care.

Relationships with Combatants as a Source of Comfort

While the QA's relationships with British combatants, both on and off the ward, were overwhelmingly structured by their duty to care, these relationships were not consistently characterised as sources of emotional burden. In fact, care and emotional support could be offered to the QA's in return. As was discussed in Chapter 2, the QA's relationships with their patients and their sense that they were doing something to help these men frequently served as sources of resilience and meaning for the QA's themselves.¹⁰³ These relationships also offered QA's an escape from the harsh realities and emotions of active service.

Combatants and QA's both used their relationships with each other as a form of escapism, providing them with space away from the war. The QA's filled their personal narratives with accounts of the entertainment and leisure activities that they engaged in with combatants, both on and off the ward. Sister Luker often wrote of arranging and participating

¹⁰³ Carol Acton and Jane Potter. "Sticking It": Resilience in the Life-Writing of Medical Personnel in the First World War.' In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020), 353; Potter, "I Begin to Feel as a Normal Being Should", 57-58.

in activities, such as sing-alongs and Whist Drives, for patients on her ward, which she described in highly positive terms, referring to them as ‘grand’ and consisting of ‘much hilarity’.¹⁰⁴

Dancing was a frequent activity that QA’s engaged in with combatants that could provide an enjoyable distraction to both parties. During her first Christmas abroad, Sister Morgan happily reported that she and her fellow QA’s had ‘danced from end to end of the ward with every “up” patient... well cheered on by the folks in bed’.¹⁰⁵ In an 8 December 1944 letter, Sister Murgatroyd recounted her enjoyment at attending a dance given by the Military Police, writing ‘I really had a wonderful time... they were so good, so full of fun’.¹⁰⁶ In her 21 June 1944 entry, describing a dance held by the RAF in Normandy, Sister Morris admitted that part of what made QA’s so in demand for socialising, the limited number of women available, was also what made the experience so enjoyable. She wrote that it was ‘quite exciting to be surrounded by so many men who obviously feel the need for female company. They spoiled us beautifully and we danced and laughed with all of them’.¹⁰⁷

While socialising with combatants could become onerous if the QA’s felt that they were forced into it, as was discussed in Chapter 3, it was clearly also a source of great enjoyment. In her 9 January 1941 entry, Luker mused on how much she enjoyed her patients’ company, writing that ‘I seem to spend much time being “social” to officers and others. There are always so many and such fascinating stories to hear, that I can’t tear myself away!’.¹⁰⁸ Both Morris and Morgan pointed to the time they spent out socialising with combatants as a source of relief and

¹⁰⁴ Luker, 13 June 1941, 16 July 1941.

¹⁰⁵ Morgan, ‘SWTL’, 50.

¹⁰⁶ Murgatroyd, 8 December 1944, 3.

¹⁰⁷ Morris, *A Very Private Diary*, 112.

¹⁰⁸ Luker, 9 January 1941.

recovery. In her 21 October 1944 entry, Morris described attending a party thrown by Canadian officers and mused that the 'crystal chandeliers, happy voices, laughter, tinkling glasses' all presented 'a world so far removed from my ward and the horrors of Arnhem and Nijmegen' and, therefore, was a welcome reprieve.¹⁰⁹ Several months later, she recounted a night out at the local Officers' Club, which she described as 'a hilarious evening and I ached with laughing so much.... It was fun to be with people who made one feel very much alive'.¹¹⁰

Morgan filled much of an October 1943 letter with her description of a day out in the Italian countryside with a Scottish officer and ended her account by ruminating on the restorative nature of the day:

One of the reasons I think that I enjoyed this half day so much is that... we are all three a bit tired as we've been working very hard for months and months now and conditions have been very difficult so that the thought of getting away from the unit for a bit appeals to us very much.¹¹¹

Socialising with combatants could provide a momentary escape from the hardships of active service and had the potential to offer the thrills and enjoyment of a romance. Both Morris and Sister Ffoulkes Parry met the men who would become their husbands while on active service. A romantic relationship with a combatant did not have to result in a marriage to be enjoyable. As Morris admitted in her June 1944 entry, being the object of the romantic attention of large numbers of men could be 'quite exciting'.¹¹² In a July 1944 letter, Murgatroyd wrote to Lilian that she was moving on from an old relationship, helped by the fact that, while overseas, she

¹⁰⁹ Morris, *A Very Private Diary*, 169.

¹¹⁰ Morris, *A Very Private Diary*, 187.

¹¹¹ Morgan, 'SWTL', 234.

¹¹² Morris, *A Very Private Diary*, 112.

was having ‘a lovely time, dates on lists now, “en masse” as it were’.¹¹³ Murgatroyd’s romantic interactions with combatants had the ability to distract her from unpleasant emotions affiliated with both her personal and professional life.

In their personal narratives, the QA’s also highlighted the emotional comfort that they derived from interactions with combatants that demonstrated recognition and regard for the QA as an individual. Often these demonstrations of recognition and regard took the form of combatants expressing care for the QA’s well-being and attempting to undertake a protective role. In her 28 June 1944 letter, Murgatroyd wrote that during heavy bombardments her patients would wake up ‘to see that I have my steel helmet on, and that I am not afraid, “so all alone, in the middle of the night” as one said — they are so very sweet’.¹¹⁴ In an undated letter sent from Italy, Morgan described her experience of traveling in convoy and having the lorry she was riding in break down and then get lost in the Italian countryside. Morgan made a point of emphasising that, throughout the hours-long frustrating experience, the men she was driving with ‘kept up their never failing good humour, and encouragement, and were so kind and good to me’.¹¹⁵ In a January 1943 letter, she highlighted the consideration that combatants extended towards the nurses, writing that ‘our burden is very much lightened by “the boys”, you just cannot believe, or understand how good they are to us, and what they’d do for us! They treat us like Queens’.¹¹⁶ Luker was clearly touched by the recognition extended towards her by her patients in her entry describing her last day on duty in Norway in 1945. She wrote ‘say au-

¹¹³ Murgatroyd, 13 July 1944, 3.

¹¹⁴ Murgatroyd, 28 June 1944, 2.

¹¹⁵ Morgan, ‘SWTL’, 217.

¹¹⁶ Morgan, ‘SWTL’, 132.

revoirs and take coffee in Ward 17. Everyone is so kind and nice, and say such things to me!'.¹¹⁷

In addition to verbal statements of appreciation and the provision of their physical presence, combatants also demonstrated their regard for their nurses through gifts. On 16 July 1941, Luker and her colleagues organised a sing-song and a treasure hunt for their patients to celebrate their final night aboard the HMHS *Dorsetshire* before they disembarked in Durban, South Africa. At the end of the evening, Luker wrote that the patients presented each nurse 'with a present in an envelope' and described the gifts within as 'very bad but so well meaning'.¹¹⁸ While working on a Fever Block in a BAOR hospital in Brussels, Morris' patients gave her a large wooden dog as a 'very amusing Christmas present'.¹¹⁹ When Morris herself fell ill and was placed in hospital less than a month later, her patients sent her flowers.¹²⁰

The emotional impact of such gestures can be seen in a 1941 entry from Sister Ffoulkes Parry, in which she described her feelings upon being given a small travel clock as a goodbye present from her patients. Ffoulkes Parry wrote that being given this gift was 'something that goes much deeper than having a mere present given to me. I know now... I had the real affection of every single man in those wards, although I was there only two weeks and could do very little for them at night time'.¹²¹ Gifts from their patients were evidence of their recognition of the work and effort of that particular QA and their appreciation for the care that had been offered them, once again highlighting the critical role that a patient's expression of gratitude

¹¹⁷ Luker, 20 May 1945.

¹¹⁸ Luker, 16 July 1941.

¹¹⁹ Morris, *A Very Private Diary*, 277.

¹²⁰ Morris, *A Very Private Diary*, 278.

¹²¹ Joyce Ffoulkes Parry, *Joyce's War: The Second World War Journal of a Queen Alexandra Nurse*. Edited by Rhiannon Evans. Stroud: The History Press, (2015), 89.

has in the nurse's emotional experience of her work.¹²² In many ways, these gifts served as physical evidence for the QA's that their patients felt that their duty to care had been met.

While combatants could offer emotional support and gestures of care to QA's, there was a limit to how much care the QA's could allow them to provide. The duty to care was the QA's responsibility, not the soldiers, and this remained the case regardless of whether or not the soldier in question was actually a patient on the QA's ward. As a patient or a social companion, a soldier's psychological well-being remained the QA's responsibility.¹²³ While combatants could occasionally drop their mandated emotional presentation to confide in and seek solace from QA's, the QA's could not do the same. None of the QA's examined here ever made any explicit reference to confiding in combatants about feelings of grief, anger, or fear. Those were emotions that QA's could shoulder for combatants but not ones that they could ask combatants to help them bear.

Becoming Peers: QA's Relationships with Medical Officers

Prior to entering active service with the Army, most QA's would have experienced a very rigid and hierarchical relationship with male doctors.¹²⁴ Reflecting on her time in civilian practice, Sister Morris wrote that the consultants at her voluntary hospital had been 'only a little lesser personage than God' and recounted her experience of getting in trouble as a probationer for

¹²² Theodosius, *Emotional Labour in Health Care*, 34.

¹²³ Brooks, *Negotiating Nursing*, 93, 107-108; Jane Brooks, "'Not Only with Thy Hands, But Also with Thy Minds": Salvaging Psychologically Damaged Soldiers in the Second World War.' *Nursing History Review* 27 (2019), 37.

¹²⁴ Brooks, 'From Wars on the Wards to Harmonious Hospitals', 165.

giving a message directly to a consultant as opposed to passing it along to the Ward Sister.¹²⁵ Junior nurses, Morris learned, 'must never presume to talk to a Consultant'.¹²⁶ In spite of the presence of this strict hierarchy, Morris did not appear to have internalised a veneration of the figure of the doctor to the same degree that she would later appear to do with the figure of the British combatant. In fact, in the entry recounting her experience of running afoul of civilian hospital hierarchy, Morris wrote that the 'patronising attitude of Senior doctors towards patients always makes me angry'.¹²⁷ While she may not have been in a situation as a young nurse to directly critique a doctor, she did not appear to feel any discomposure at recording her criticisms within her diary. Morris is the only QA examined here whose personal narrative included entries covering her time as a civilian nurse prior to joining the QA's. Therefore, it is not possible to examine how the other QA's perspectives on doctors may or may not have shifted during their transition from civilian to military nursing. However, the perspectives of the QA's examined here consistently reflected each other, suggesting that Morris' civilian view of doctors was not an uncommon one.

Overall, as Brooks argues, wartime active service had a beneficial impact on the relationship between nurses and doctors. The exigencies of war demanded that nurses and doctors establish more collaborative working relationships in order to meet patient need.¹²⁸ As a result, the hierarchies that had characterised civilian hospital work were increasingly flattened the closer a unit moved towards the frontline.¹²⁹ In their personal narratives, QA's increasingly

¹²⁵ Morris, *A Very Private Diary*, 117.

¹²⁶ Morris, *A Very Private Diary*, 41.

¹²⁷ Morris, *A Very Private Diary*, 41.

¹²⁸ Brooks, 'From Wars on the Wards to Harmonious Hospitals', 166.

¹²⁹ Brooks, 'From Wars on the Wards to Harmonious Hospitals', 166.

spoke of their medical officers (MOs) as friends. While working in Brussels, Sister Morris happily reported that 'We have our meals with the MOs and there is an easy relaxed atmosphere'.¹³⁰ In a later entry describing the arrival of a convoy of wounded, Morris made a point of noting that the MO, Captain Phillips, stepped in to help the nurses and orderlies get patients undressed and into bed.¹³¹ Upon learning that B.L. Williams, a MO she knew previously, had returned from assignment in the Western Desert and would be taking over her wards, Sister Luker cheerfully noted that 'It looks as if we may have quite an amusing time!'.¹³²

The marked improvement that this increasingly collegial relationship between nurses and doctors had on QA's emotional well-being can be seen in letters from Sister Murgatroyd and Sister Morgan. Murgatroyd directly connected a collegial relationship with MOs to her own happiness in her 31 August 1944 letter in which she wrote that 'the Medical Officers are a very friendly jolly lot, so I have a happy time'.¹³³ Morgan described the MO's she was working with as 'all incredibly clever' and then made a point of emphasising that they were 'at the same time thank goodness, all most human and amusing'.¹³⁴ Morgan's relief at the friendly nature of these MO's indicates just how profoundly unpleasant a poor relationship with a MO could make a QA's working life. Furthermore, it is possible that these increasingly collegial and friendly relationships between QA's and MO's had the potential to support the QA's ability to provide care and emotional support to their patients. Martin Seager, John Ballatt, and Jill Maben all emphasise the impact of supportive relationships amongst colleagues on a nurse's ability to

¹³⁰ Morris, *A Very Private Diary*, 149.

¹³¹ Morris, *A Very Private Diary*, 152.

¹³² Luker, 22 January 1941.

¹³³ Murgatroyd, 31 August 1944, 2.

¹³⁴ Morgan, 'SWTL', 304.

provide compassionate care. Both Seager and Ballatt argue that a nurse's ability to emotionally engage with and support her patients is often reflective of the degree to which she is supported by her colleagues.¹³⁵ In fact, Ballatt and Maben maintain that a healthcare team whose members 'spend time together, get to know each other and even "play" together are more likely to be able to sustain compassion in their collective work'.¹³⁶ While Second World War QA's did not use terms like 'compassionate care' to describe their work, the close engagement and personal involvement with patients that was described earlier in this chapter indicates that QA's were called upon to deploy their emotional resources in a manner similar to that described in modern nursing's discussion of compassionate care. With this parallel in mind, modern nursing research suggests that the QA's increasingly collegial relationships with MO's may have served as a source of emotional support that helped the QA's perform their emotion work with their patients.¹³⁷

The shift in the relationship dynamic between QA's and MO's from colleagues separated by a strict hierarchy to friends can be seen in the gestures of care that they offered one another, especially in the form of gifts. In a November 1941 letter, Morgan made a point of highlighting that, while she was on night duty, members of staff, including MO's, would stop by to check in on her 'to see if I want anything or just to say good-night'.¹³⁸ While on the troopship heading for the Middle East, Luker wrote that, in return for doing alterations to his clothes, B.L.

¹³⁵ Ballatt, 'Healthcare Culture and Intelligent Kindness in Practice', 93; Seager, 'Who Cares for the Carers?', 44.

¹³⁶ Ballatt, 'Healthcare Culture and Intelligent Kindness in Practice', 99; Maben, 'Care, Compassion and Ideals', 128.

¹³⁷ It should be noted that, as these increasingly collegial relationships occurred near the front, the further a QA was posted from the frontline, the less likely it was that she would be able to have this kind of a supportive relationship with a MO.

¹³⁸ Morgan, 'SWTL', 43.

Williams lent her 'an aertex shirt to wear for mufti!'.¹³⁹ In her 15 September 1944 letter, Murgatroyd happily reported that her MO's had brought her three bottles of champagne as an early birthday present.¹⁴⁰

These gestures of care and service were especially evident when a QA or MO fell ill. Luker's diary entries for the 17, 18 and 19 March 1945 all concluded with the note that she had stopped in to visit her colleague, Colonel Muir, who was recovering from an appendectomy.¹⁴¹ During her own hospitalisation for hepatitis from February to May 1943, Luker noted that MO's from her hospital ship often stopped by to visit, usually bringing her get-well gifts.¹⁴² While invalided with rheumatism, Morgan alluded to similar visits from MO's when she assured her mother that her 'visitors are legion, and everybody, from the Col. down is out to spoil me!'.¹⁴³ In her description of the visits she received from MO's while ill with laryngitis, Morris captured the spectrum of positive relationships possible between QA's and their MO's. She wrote that 'Richard, Bill and Capt Knox came to visit me. They are all rather darlings and Richard kissed me for "old times' sake". Am lucky to have such lovely friends'.¹⁴⁴ The levelling of hospital hierarchy could produce collegial professional relationships such as that Morris appeared to have with Captain Knox, as indicated by the fact that she did not refer to him by his first name. It could produce friendships, such as the one that had developed between Morris and Bill, and it could produce romantic relationships, such as that which had existed between Morris and Richard. While Morris did not return Richard's affections to the same degree, the friendship, which had

¹³⁹ Luker, 14 August 1940. Mufti was slang for civilian dress.

¹⁴⁰ Murgatroyd, 15 September 1944, 4.

¹⁴¹ Luker, 17 March 1945, 18 March 1945, 19 March 1945.

¹⁴² Luker, 27 February 1943, 24 March 1943, 29 April 1943, 16 May 1943.

¹⁴³ Morgan, 'SWTL', 264.

¹⁴⁴ Morris, *A Very Private Diary*, 180.

preceded any romantic involvement, appeared to have been strong enough to survive Richard's romantic disappointment.

While wartime circumstances created more collegial relationships between QA's and MO's, clashes with MO's still had the potential to trigger profound feelings of anger and frustration. In a September 1943 letter describing the experience of finding herself suddenly in charge of a large and busy ward, Sister Morgan admitted that a key element contributing to her current feelings of being overwhelmed and harassed was the fact that 'I don't get on frightfully well with one of the two MO's'.¹⁴⁵ In her diaries, Luker often highlighted her frustration with MO's, whom she felt were not being helpful and were adding to the QA's workload. In her 1 November 1940 entry, she made her irritation with MO's making her work harder clear when she described trying to efficiently move three 'small' surgical cases through the operating theatre, 'but all the surgeons are falling over each other, and we get so cross!'.¹⁴⁶ Four days later Luker admitted that she and her fellow theatre nurse, Hazlett, 'are getting so fed up with Col. Ward — it's frightful!'.¹⁴⁷

A key factor that prompted QA's to feel anger and frustration towards MO's was conflict over patient treatment. In her 5 February 1941 entry, Luker described getting into an argument with MO's over the transfer of a patient with pneumonia, proudly reporting that 'I win and keep him, as I think he's too bad to be moved!'.¹⁴⁸ In her 28 June 1944 entry, Morris ruminated on her conflict with Colonel Cordwell over the diagnosis and treatment of a patient named Lieutenant Martin. Morris believed that Martin was suffering from profound shell-shock, which

¹⁴⁵ Morgan, 'SWTL', 220.

¹⁴⁶ Luker, 1 November 1940.

¹⁴⁷ Luker, 5 November 1940.

¹⁴⁸ Luker, 5 February 1941.

had rendered him mute, while Cordwell maintained that Martin was a malingerer faking his symptoms. In her diary, Morris castigated Cordwell for his response, noting that he had the capacity to be 'kind and competent in dealing with the physically injured', before wondering why he couldn't appreciate Martin's psychological injury.¹⁴⁹

Interestingly enough, Luker's most distressing exchange with an unhelpful MO contains the most limited description of the MO involved. In her 20 December 1940 entry, Luker recounted the experience of having one of her patients, Private Hugill, suffer a secondary haemorrhage during the night, and the difficulty that she and her colleague, Garland, encountered in getting the MO on call, Captain Robertson, to take the situation seriously:

I have great difficulty in calling Capt. Robertson and when he comes he's not very helpful. We give packets of morphia and pray hard. I got to Capt. R. twice more, but he doesn't think fit to get up and help us, so I do what I think is best. But Garland and I are simply shaking with anxiety...¹⁵⁰

While Luker concluded her account by acknowledging the emotional impact that this situation had on her and Garland, she did not apply any emotives to her description of Captain Robertson. This is an interesting absence as Luker was not shy about recording her opinions of others if she found them objectionable. Michael Roper argues that individuals can struggle with emotional honesty regarding the impact of distressing circumstances if they attempt to translate the experience into writing too soon after its occurrence, as they have not had the time to process their emotional response.¹⁵¹ Luker wrote about her experience with Captain

¹⁴⁹ Morris, *A Very Private Diary*, 123-124.

¹⁵⁰ Luker, 20 December 1940.

¹⁵¹ Roper, *The Secret Battle*, 34.

Robertson the same night that it transpired and it may be that she found Robertson's indifference to the situation so upsetting that the words to sufficiently capture her sentiments escaped her. Captain Robertson was never mentioned again in Luker's diary. In spite of Luker's unusual restraint in her account of her experiences with Robertson, it is clear that QA's did not feel the same pressure to modulate their expression when they found themselves in conflict with MO's as they did when they came into conflict with combatants. In fact, when they felt that an MO's actions were impeding their ability to enact their duty to care, QA's may have felt justified in the open expression of their displeasure.

In spite of these instances where MO's prompted feelings of anger and frustration, the overwhelming majority of the QA's interactions with MO's were narrated in a positive manner. Given the increasingly collegial nature of their working relationship and the isolation that frequently accompanied active service, MO's and QA's were often social companions. Throughout their personal narratives, QA's described going out to dinner and dancing with MO's, attending concerts and shows, and going on leave or excursions together. As was the case for most British combatants, the QA's were often the only social companions available for British medical officers. As Brooks argues, the monopoly that QA's had on acceptable social companionship provided them with a great deal of social power.¹⁵² In many ways, this social power also worked to flatten the hierarchy between QA's and MO's. MO's would have to behave in a more congenial and respectful manner towards nurses if they wanted to interact with them socially.¹⁵³ A key element of the QA's social power in their interactions with MO's was the fact that, unlike with British combatants, they were not subjected to intense pressure

¹⁵² Brooks, 'From Wars on the Wards to Harmonious Hospitals', 176.

¹⁵³ Brooks, 'From Wars on the Wards to Harmonious Hospitals', 175.

from public discourse to always agree to social encounters. MO's did not fall under their duty to care like combatants did and, therefore, QA's had much more space to refuse them their company. In her 29 December 1945 entry, Sister Morris openly complained about the demands that the MO's attached to her unit placed on the QA's, describing them as 'the type who are not amusing, but feel it is their natural right to be amused'.¹⁵⁴ This kind of open complaint and universal dismissal is almost never found in Morris' writings about her social interactions with British combatants. When British combatants made inappropriate demands on her social time, Morris specifically named those individuals, such as Lieutenant Gray, presenting them as the exception and not the norm. In contrast to this, Morris's condemnation of these MO's was applied to all of them equally.

The absence of the same duty to care as was present with combatants may have also enabled more emotionally equitable relationships between QA's and MO's. Much like combatants, MO's often approached QA's as sources of emotional comfort and support. During their time together in Normandy, Richard Kelvin, the same Richard who would give Morris a kiss for old time's sake when she was ill, confided in her about the anti-Semitism he was facing from some of their colleagues and his fears over the fate of his family in Germany.¹⁵⁵ In her 15 September 1944 letter, Sister Murgatroyd recounted the story told to her by one of her FDS's MO's, Hector, about his experience landing in Normandy on D-Day and the loss of three of his friends on the beach, one of whom died in his arms.¹⁵⁶ Murgatroyd's recitation of Hector's experience is the most explicit discussion of death found in her letters. While these emotional

¹⁵⁴ Morris, 'Private Papers', 293.

¹⁵⁵ Morris, *A Very Private Diary*, 141, 147-148.

¹⁵⁶ Murgatroyd, 15 September 1944, 6.

disclosures could sometimes be unwelcome - in her 5 March 1945 entry, Luker noted with some exasperation that Captain Muir had stopped by to have a 'lengthy heart to heart chat' in the midst of a very busy day on the ward - they were most often presented as elements of a reciprocal relationship.¹⁵⁷

While the QA's examined here never explicitly wrote about discussing unacceptable emotions such as anger or grief with MO's, they made allusions to such emotional disclosures. Just prior to her account of Hector's D-Day experience, Murgatroyd described her relationship with her MO's as one that allowed for mutual emotional release, writing that 'we all seemed to fit so well together, always found something to laugh about and yet could sort of talk to each other, and understand in more serious moments'.¹⁵⁸ While stationed with the BEF in France in 1940, Sister Luker formed a close relationship with a MO she referred to by his initials, A.F.. In her 23 February 1940 entry, she wrote that she and A.F. had gone out to dinner and 'rather unburdened ourselves to each other'.¹⁵⁹ In her 9 April 1945 entry, Morris described going out to dinner with a MO named Bill, with whom she had developed a close relationship, during which time they 'talked about the work we share and the whole stupid futility of this war'.¹⁶⁰ The strength of these relationships can be seen in the distress that QA's felt when new duty assignments resulted in their separation from these MO's. In the entry written just prior to the one describing her dinner with Bill, Morris wrote that Bill had learned that he was being posted back to the UK and was 'very unhappy about it. Feel upset too, I shall miss his friendship'.¹⁶¹ She

¹⁵⁷ Luker, 5 March 1945.

¹⁵⁸ Murgatroyd, 15 September 1944, 5.

¹⁵⁹ Luker, 23 February 1940.

¹⁶⁰ Morris, *A Very Private Diary*, 190.

¹⁶¹ Morris, 'Private Papers', 180.

concluded her entry describing their farewell dinner by sadly observing that 'I always seem to be saying goodbye to men whom I might have loved had there been more time'.¹⁶² In her 16 April 1940 entry, upon learning that she was being posted away from A.F., Luker lamented 'we are rather sad. What shall I do now?'.¹⁶³ Upon returning to her original unit, away from her friends at the FDS, Murgatroyd wrote to Lilian that 'I did not want to return one bit... what a sad parting it all was. I was very down about it'.¹⁶⁴ These relationships provided great emotional comfort to the QA's and separation from them was, in turn, a source of emotional distress.

'Those Two Staunch Girls Managed to Keep Me Going': The Centrality of Nursing Friendships

Throughout their personal narratives, QA's were often the most emotionally honest and expressive when discussing their relationships with other nurses. The pressure to modulate their speech and emotional expression, which was present to varying degrees in their relationships with combatants and MOs, was absent from their relationships with other nurses. Their emotional honesty was particularly evident in the ease with which they recorded emotions such as anger or frustration, which were generally viewed as unacceptable sentiments within their emotional community. While Sister Luker usually confined her criticisms of combatants and MOs to comments on how they were 'difficult' or a 'nuisance', in her 15 March 1944 entry, she openly described Sister Marsh as 'a little terror!'.¹⁶⁵ In her 14 July 1945 entry, she frankly noted that, over the course of her evening on duty, Sister McKenna 'annoys

¹⁶² Morris, *A Very Private Diary*, 190.

¹⁶³ Luker, 16 April 1940.

¹⁶⁴ Murgatroyd, 12 September 1944, 2.

¹⁶⁵ Luker, 15 March 1944.

me intensely'.¹⁶⁶ Sister Murgatroyd showed a similar level of emotional candour in her 31 August 1944 letter in which she wrote 'I don't like Stewart, she is a very funny girl, bad tempered, always grumbling, and miserable...'¹⁶⁷

While these criticisms indicate a reduction in the degree of emotional constraint, they also demonstrate that QA's still had expectations regarding the emotional expression of their peers. In fact, many of the criticisms that the QA's examined here levelled at their compatriots were related to emotional conduct that they considered unacceptable, demonstrating how members of an emotional community can police the emotional expression of others.¹⁶⁸ As the examples above indicate, QA's readily critiqued nurses whom they viewed as being bad-tempered or unpleasant to interact with. Clearly, many QA's expected that their peers would modulate their emotional expression to be, if not cheerful, then at least pleasant. If they failed to do so, a QA's anger or frustration was justified because it was in response to another's violation of the emotional community's feelings rules.

QA's also readily critiqued behaviour from their peers that they viewed as lacking in emotional control, another key requirement of their emotional community, such as excessive worrying or complaining. In her 21 July 1945 entry, Sister Morris complained that the QA she was working with was 'a frightfully fussy old hen. She is about 40 years old and worries incessantly about everything and nothing in particular'. Morris marvelled that this woman had 'reached that stage of life without having developed any poise or calmness'.¹⁶⁹ Five months

¹⁶⁶ Luker, 14 July 1945.

¹⁶⁷ Murgatroyd, 31 August 1944, 3.

¹⁶⁸ Barbara Rosenwein, 'Worrying about Emotions in History.' *The American Historical Review* 107.3 (2002), 842.

¹⁶⁹ Morris, *A Very Private Diary*, 230.

later, Morris found herself confronted with another such nurse, whom she lamented ‘drives me crazy by worrying and nattering all day, both on and off duty’.¹⁷⁰ In her 15 July 1945 entry, Luker expressed a similar sense of frustration at what she viewed as other nurses’ baseless and unearned complaints, writing ‘it all makes me so angry. I’m sick to death of these natterers, doing nothing but complain — their wards packed up’.¹⁷¹ This entry was written in the week preceding the transfer of Luker’s unit from Trondheim to Oslo. Clearly, Luker found other QA’s, whose wards had already been evacuated, complaining to her, while she was still caring for patients, to be a violation of her understanding of the feelings rules regarding the circumstances under which complaints and concerns could be voiced and to whom. But if certain nurses annoyed her, it was to her nursing friends that she turned to mitigate this frustration. Luker concluded her entry by writing that coffee with two of her friends, Winkle and Bernice, ‘cheers me up’.¹⁷²

On a similar note, Morris concluded her 21 December 1945 entry, in which she described her struggles with an overly anxious QA, by turning to her memories of working with her friend Gee, writing that ‘I miss all the fun and laughter we had together regardless of how hard we had to work’.¹⁷³ As these examples demonstrate, while their relationships with other nurses were often the ones where QA’s felt most at liberty to give voice to negative feelings, they were also the ones that provided the QA’s with the most emotional comfort and support.¹⁷⁴ When QA’s engaged in entertainment and leisure activities, they most consistently

¹⁷⁰ Morris, *A Very Private Diary*, 273.

¹⁷¹ Luker, 15 July 1945.

¹⁷² Luker, 17 July 1945.

¹⁷³ Morris, *A Very Private Diary*, 273.

¹⁷⁴ Keown, “‘I Think I Was More Pleased to See Her than Any One’”, 159; Carol Acton, “‘Stepping

did so with other QA's. While stationed aboard the HMHS *Dorsetshire*, Luker recounted going off from the larger hospital group and having a picnic with her close friend, Mary Mackay, describing the experience as 'Most lovely and we thoroughly enjoy it'.¹⁷⁵ Throughout her diary, Morris cheerfully described attending shows, going boating in the summer, and tobogganing in the winter, all with her fellow QA's.¹⁷⁶ This close involvement with other QA's was especially the case when it came to going on leave, as QA's often went on leave with friends from their unit or would take the opportunity leave presented of meeting up with friends assigned to other hospitals. In her 14 May 1945 entry, Luker described going on a short leave in Bruges with other QA's from her unit in Brussels, concluding her account with a thrilled 'am I enjoying myself?!'.¹⁷⁷ In an April 1944 letter, Sister Morgan wrote to her parents about going on leave to the Italian coast, noting that her friend J. had been able to join her halfway through and that they had 'a marvellous time together'.¹⁷⁸

Set entertainment or leisure activities were not required for QA's to find pleasure and fun in each other's company. Morgan happily reported on the enjoyment she derived from working on *The Times* crossword with her friends, J. and J.P..¹⁷⁹ In her entries written just after her unit's arrival in Trondheim, Luker highlighted the pleasant time she spent with her fellow QA's exploring the area and settling in to their new hospital, concluding her 13 June 1945 entry with '7:30 supper — more champagne after and then my "flatmates" play with my hair!!! We're

into History": Reading the Second World War through Irish Women's Diaries.' *Irish Studies Review* 18.1 (2010), 48.

¹⁷⁵ Luker, 9 September 1942.

¹⁷⁶ Morris, *A Very Private Diary*, 133; Morris, 'Private Papers', 201, 321.

¹⁷⁷ Luker, 14 May 1945.

¹⁷⁸ Morgan, 'SWTL', 272.

¹⁷⁹ Morgan, 'SWTL', 135.

most hilarious!'.¹⁸⁰ Two months later, as she prepared to leave Norway in order to return to the UK for demobilisation, Luker wrote that her roommate, Tomlinson, ensured that she had a proper send-off, producing 'her NZ tins and we have a party in our room! Whoopee!'.¹⁸¹

The comfort that QA's derived from their friends' company can be seen in the tonal transition between Luker's 9 December and 10 December 1944 entries. In her 9 December entry, Luker wrote that, upon arriving at the 108th BGH in Brussels, she found herself feeling 'v lonely'.¹⁸² The next day, however, she gleefully noted that her friend Freeman was also assigned to the 108. Luker and Freeman spent the day sight-seeing and Luker made no further comments regarding her loneliness.¹⁸³ Morgan attended three weddings of QA friends over the course of her deployment and noted that she and her fellow QA's acted as sources of familial comfort and support for the brides, in place of their absent families.¹⁸⁴ Upon getting engaged herself, Morris wrote in her diary that her friend, Wally, who was one of the few who knew of her engagement, was 'a great comfort'.¹⁸⁵

The comfort and support that QA's derived from each other was especially evident in the gestures of care that they extended towards one another. In her work on nurses' experiences during the First World War, Bridget Keown argues that military nurses worked 'together to create spaces of peace, comfort, and solidarity in the midst of the masculine environment of war', thereby providing each other with a key source of 'solace and support'.¹⁸⁶

¹⁸⁰ Luker, 13 June 1945.

¹⁸¹ Luker, 10 August 1945. NZ stands for New Zealand.

¹⁸² Luker 9 December 1944.

¹⁸³ Luker, 10 December 1944.

¹⁸⁴ Morgan, 'SWTL', 60-61.

¹⁸⁵ Morris, *A Very Private Diary*, 193.

¹⁸⁶ Keown, "'I Think I Was More Pleased to See Her than Any One'", 151.

This process clearly carried over from the First World War to the Second. When the lorry Morgan was traveling in broke down and got lost in the Italian countryside, her two closest friends, J. and J.P., stayed up waiting for her in order to ensure that she arrived safely and had something to eat once she did.¹⁸⁷ In her 7 April 1945 entry, Morris recounted hiding in a women's bathroom to get away from an intoxicated and harassing date and being saved by her friend, Wally, who found her and 'decided to rescue my ruined evening' by sneaking her out of the bathroom and away to an upstairs ballroom.¹⁸⁸

The QA's gestures of care towards each other were particularly evident in the event of illness. In February 1941, Luker found herself grappling with an infected cut on her hand and wrote that her friend, Garland, 'is an absolute marvel... and ministers to my needs, smuggling me up little snacks!'.¹⁸⁹ The comfort that Luker took from the care offered by her friends when she was ill was especially clear in her 13 April 1943 entry, describing her response to a visit from her friend, Bella, while she was recovering from hepatitis in hospital in Alexandria:

At about 5pm in walks Bella! on a night off all the way from Cairo — isn't she a one? Oh but it is lovely to see her, and I feel a new woman. She stays till nearly 7, dear thing, and looks terribly tired. Aren't I a spoilt wretch?¹⁹⁰

Bella's care and consideration for Luker were evident in the distance she had travelled to see her, an effort that Luker deeply appreciated. Luker's excitement and happiness at seeing Bella was clearly demonstrated through her effusive tone and frequent use of underlining, making this entry her most expressive since contracting her illness.

¹⁸⁷ Morgan, 'SWTL', 218.

¹⁸⁸ Morris, *A Very Private Diary*, 189.

¹⁸⁹ Luker, 7 February 1941.

¹⁹⁰ Luker, 13 April 1943.

In a June 1943 letter, Morgan recounted coming down with dysentery while on a hospital ship, moving with her unit from Benghazi to Tripoli, and being cared for by her friends:

Well, the next morning (I won't describe the night — but I have good friends, and their motto was the same as mine, 'stick it out, you can't be left behind!') we 'docked' early, and with the aid of my faithful friends made the shore without too much trouble — my knees like jelly!¹⁹¹

In this instance, Morgan's friends acted not only as sources of nursing care and emotional comfort but also as fonts of resilience. It was Morgan's relationships with these women and her desire to preserve them by avoiding a separation that provided her with the mental fortitude to carry on in spite of her illness.

The significance of the QA's friendships can often be seen in the lengths that they went to remain with their friends. In a piece of writing composed after the war, Morgan wrote that it was the friendship and support of 'those two staunch girls', J. and J.P., that enabled her to work through her rheumatism for as long as she did.¹⁹² In this piece, Morgan explained that, while ill with her first attack of rheumatism, 'I lay dreading the thought of "moving" — their moving without me, me moving without them. To be bereft one's dearest friends and familiar things in an alien world, this was our biggest dread — to move!'.¹⁹³ In fact, Morgan was only invalided home after both J.P. and J. had left her unit. As Carol Acton argues, nurses' friendships proved to be crucial sources of 'emotional survival and support' during the Second World War.¹⁹⁴ The

¹⁹¹ Morgan, 'SWTL', 181.

¹⁹² Agnes Kathleen Dunbar Morgan, 'Private Papers of Miss A.K.D. Morgan - Three Volcanoes', Imperial War Museum, Documents.16866, 4.

¹⁹³ Morgan, 'Three Volcanoes', 5.

¹⁹⁴ Acton, "Stepping into History", 48.

critical nature of these relationships to QA's emotional wellbeing can be clearly seen within their personal narratives. Without the support provided by close friends like J. and J.P., Morgan's emotional and physical reserves were quickly depleted, sapping her of the willingness and energy to fight to remain deployed on active service.

Separation from their friends, therefore, served as a key source of emotional distress for the QA's.¹⁹⁵ In an August 1944 letter, Morgan wrote that J.P.'s eminent departure was 'a terrific wrench... we have all three been together through thick and thin for more than 2 1/2 years'.¹⁹⁶ Luker used the verb 'shatter' to convey exceptionally distressing experiences, only writing it seven times throughout all six years of her wartime diaries. Five out of the seven uses of the word 'shatter' were related to separation from her unit and friends. The other two instances captured Luker's response to a death, the first being the sudden death of a young patient, and the second being Luker's response to receiving news that her friend, Mary Mackay, had succumbed to an unnamed illness contracted on active service. Luker wrote 'I hear Mary Mackay died in Haifa on Aug. 12th — am fearfully shattered'.¹⁹⁷ By the time Luker received this news, Mackay had been dead for over a month. Luker mentioned receiving letters from friends from their old unit about Mackay on two occasions in September 1944 and then never mentioned Mary in her diaries again. Luker and Mary Mackay had been very close friends in the two years that they served together aboard the *Dorsetshire*. In fact, Luker had responded to Mackay's transfer away from the ship with a staggered exclamation of 'what a bombshell'.¹⁹⁸ The depth of this relationship suggests that Mackay's absence from Luker's entries following

¹⁹⁵ Acton, "Stepping into History", 48.

¹⁹⁶ Morgan, 'SWTL', 308.

¹⁹⁷ Luker, 18 September 1944.

¹⁹⁸ Luker, 18 January 1943.

her death resulted from the profound pain that Luker felt at the loss of her friend. As Michael Roper argues, writing can be a profoundly psychological activity, one that encourages introspection, and the narration of an event can resurrect within the author the emotions that characterised that experience.¹⁹⁹ This aspect of writing may help to explain Luker's avoidance of the topic of Mackay's death. It hurt too much to ruminate on her friend's passing so Luker instead chose to remain silent.

A key factor that fed into the emotional distress that QA's felt when separated from their friends was the fact that these relationships appeared to be critical sources of mutual emotional release. Keown argues that First World War nurses' friendships with their peers provided them with 'outlets for emotions that women were not permitted to display during their interactions with their patients'.²⁰⁰ The critical role that emotional honesty and openness continued to play in nurses' friendships during the Second World War can be seen throughout the QA's personal narratives. While QA's made allusions to engaging in mutual emotional disclosures with MO's, whom they considered to be close friends, they explicitly acknowledged making such disclosures to their fellow QA's. In her 8 April 1944 entry, Luker openly admitted that, after a hectic and exhausting day on the ward, she went to visit her friend Perkins and 'dissolve into tears'.²⁰¹ Morris had two close friends deployed to Bergen-Belsen following its liberation who openly spoke to her about their struggles with the work there. In her 1 July 1945 entry, Morris wrote that she and her friend Connie 'talked and drank coffee until 3 a.m. Her temporary posting to Belsen was a most traumatic experience. She has changed, much quieter,

¹⁹⁹ Michael Roper, 'Splitting in Unsent Letters: Writing as a Social Practice and a Psychological Activity.' *Social History* 26.3 (2001), 319; Roper, *The Secret Battle*, 66.

²⁰⁰ Keown, "I Think I Was More Pleased to See Her than Any One", 152.

²⁰¹ Luker, 8 April 1944.

less ebullient'.²⁰² She went on to write that her friend Wally also 'had some very hard experiences in Belsen'.²⁰³ Clearly both Connie and Wally felt that Morris was someone in whom they could confide their difficulties.

Connie and Wally's openness provides an interesting contrast to Sister Murgatroyd's reticence in her narration of her own experience at Belsen in her 19 April 1945 letter to her friend, Lilian. As was discussed in Chapter 3, Murgatroyd's silence around her experience may have resulted from its traumatic and alien nature.²⁰⁴ While keeping in mind the fact that there is no universal response to trauma, it is interesting to note that, although both Connie and Wally found their experiences at Belsen to be deeply distressing, their distress did not silence them; they still attempted to discuss their experiences with Morris. Connie and Wally's willingness to try to describe the experience of nursing at Belsen may be a result of the fact that, as a fellow active duty QA, Morris had some experiential basis for beginning to understand their stories. Unlike Murgatroyd's friend, Lilian, who was a non-nursing civilian, Morris had both seen the horrors that industrial warfare could inflict on human beings and been confronted with the responsibility of trying to mend those wounds. While these experiences did not allow Morris to fully comprehend what her friends had faced at Bergen-Belsen, they provided her with a basic foundational understanding that her friends could draw upon to try and convey their experiences in a coherent manner.²⁰⁵ These moments of exchange and emotional release

²⁰² Morris, *A Very Private Diary*, 221.

²⁰³ Morris, *A Very Private Diary*, 222.

²⁰⁴ Henry Greenspan, 'The Unsaid, the Incommunicable, the Unbearable, and the Irretrievable.' *The Oral History Review* 41.2 (2014), 235, 237.

²⁰⁵ Lynn Abrams, 'Liberating the Female Self: Epiphanies, Conflict and Coherence in the Life Stories of Post-War British Women.' *Social History* 39.1 (2014), 21; Summerfield, 'Culture and Composure', 69.

between Morris and her friends point to another key factor of nurses' friendships that they drew on as a source of emotional support: their shared wartime experience.²⁰⁶

The mutual emotional release and support exchanged between QA's can be most clearly seen in Morgan's discussion of her relationship with her close friend, J.P.. In a June 1943 letter, it is made apparent that J.P. turned to Morgan for support just as readily as Morgan turned to her. In her letter, Morgan disclosed J.P.'s struggles with anxiety, writing that 'Life is not easy for her — the big things are almost too big and the small things are too worrying for her, which altogether makes it rather a serious business!'.²⁰⁷ J.P. had clearly confided her worries and concerns to Morgan, who, while acknowledging their outsized nature, did not put forward the kind of judgements that were seen from Morris and Luker earlier in the chapter. In a letter sent in August 1944, it appeared that J.P.'s burdens had finally become too much for her as Morgan wrote of her sadness at J.P.'s eminent departure from the military. However, Morgan's consideration for J.P.'s emotional well-being took precedence over her own sorrow at losing her friend's company as she celebrated the fact that once J.P. 'gets home things will straighten out and she will be happy again!'.²⁰⁸ Morgan was clearly intimately familiar with the full extent of J.P.'s emotional experience, regardless of whether or not those emotions were considered acceptable by their shared emotional community, and offered support to her friend, especially when J.P. found herself wrestling with taboo emotions such as anxiety and fear. It is possible that her friendship with Morgan provided J.P. with the critical source of 'emotional survival and support' that enabled her to continue to push through the emotional strain of her anxiety for

²⁰⁶ Keown, "I Think I Was More Pleased to See Her than Any One", 152.

²⁰⁷ Morgan, 'SWTL', 190-191.

²⁰⁸ Morgan, 'SWTL', 308.

the two and a half years that they served together.²⁰⁹

Much like their wartime experience as a whole, QA's relationships with others on active service could encompass the full spectrum of emotion. They could be sources of both extreme emotional distress as well as profound emotional comfort, the best and worst of their emotional lives. While their relationships with combatants and MO's offered a great deal of meaning and enjoyment to the QA's, what is clear from the personal narratives examined here is that the relationships that offered QA's the greatest amount of emotional freedom and release were those that they had with each other. Amongst other nurses, the duty to care could be equally shared and a nurse could just as easily be a recipient of care as well as its provider. When the need arose for the kind of emotional unburdening that they consistently offered their patients, QA's most often had to turn to their peers, once again demonstrating how these women carried amongst themselves the burden of the overwhelming majority of the emotional labour performed on active service.

²⁰⁹ Acton, "Stepping into History", 48; Keown, "I Think I Was More Pleased to See Her than Any One", 151.

Conclusion

At the centre of the heart of nursing lies a foundational responsibility: a duty to provide care. This duty goes beyond an expectation to meet a patient's physical needs. It demands an extended and intensive expression of emotional labour from the nurse, delivered in a manner that meets the patient's expectations. During the Second World War, these expectations were structured by a stringent wartime emotional regime that established a narrow set of acceptable emotional expressions. Popular discourse encouraged compliance with these emotional expectations by presenting an individual's failure to meet them as evidence of selfishness, at best, and emotional treason, at worst.

As the thesis demonstrates, the wartime emotional regime structured nurses' understanding of the appropriate expression of their duty to care, which, in turn, impacted how they sought to successfully express care in their work, through their bodies, and in their relationships. Drawing on research by authors such as Phil Goodman, Patricia Jalland, Lucy Noakes, Sonya Rose, and Penny Summerfield, and structuring that research within Barbara Rosenwein's concept of the 'emotional community', this thesis has highlighted the expectations that undergirded the dominant emotional community within wartime Britain.¹ Community

¹ Phil Goodman, "'Patriotic Femininity': Women's Morals and Men's Morale During the Second World War.' *Gender & History* 10.2 (1998): 278–93; Patricia Jalland, 'A Culture of Silent Grief: The Transformation of Bereavement Care in 20th Century England.' *Bereavement Care* 32.1 (2013); Lucy Noakes, 'Gender, Grief, and Bereavement in Second World War Britain.' *Journal of War & Culture Studies* 8.1 (2015); Michael Paris, *Warrior Nation: Images of War in British Popular Culture, 1850-2000*. London: Reaktion, (2000); Sonya Rose, *Which People's War? National Identity and Citizenship in Wartime Britain 1939-1945*. Oxford, England: Oxford University Press, (2003); Barbara Rosenwein, 'Worrying about Emotions in History.' *The American Historical Review* 107.3 (2002); Penny Summerfield, *Reconstructing Women's Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War*. Manchester: University Press, (1998); Alison Twells, 'Sex, Gender, and Romantic Intimacy in

members were expected to adopt an emotional state of cheerful fortitude and to view the open display of negative emotions as socially unacceptable. Austerity was presented as a key civic virtue and the expression of any distress over wartime hardships was rendered taboo. Emotional restraint was expected and rewarded within the community, which cohered with wider expectations for combatants to perform heroically, with bravery and calm, controlling any emotional response to danger. The thesis argues that the emotional community, through this push for emotional control and the adoption of cheerful fortitude, was coercive in how it encouraged community members to repress their feelings of fear, anger, and grief. Additionally, the emotional community called for the veneration and celebration of the British combatant. Community members were encouraged to respond favourably to these men and expressing a negative emotion in response to a British combatant became socially unacceptable. Furthermore, British women were encouraged to pair their cheerful attitude with an attractive physical presentation and emotional generosity in order to provide solace to combatant men.

The thesis contends that the majority of the expectations of the wartime emotional community were not new to British nurses but, in fact, had been foundational elements in the emotional community of pre-war nursing. Only the explicit call for physical attractiveness as a form of care would have presented a new demand for these women. Overall, the emotional community of wartime Britain expanded the emotional expectations of the nurse's professional life to govern her private life as well, in many ways making it impossible for these women to ever stop being a 'nurse'. Britain's wartime emotional community eliminated the boundary that kept the nurse's duty to care restrained to her working hours and expanded that duty to

Servicemen's Letters During the Second World War.' *The Historical Journal* 63.3 (2020).

encompass her private life as well. On the ward and off, the emotional community's expectation for British nurses always returned to the demand that they needed to care, to take on the emotional burden of others and provide them with an emotional balm. This expectation, in many ways, became the critical factor that structured QA's emotional experience and its influence can be seen in the silences and narrative strategies, most especially the cycle of disclosure and concealment, that characterised QA's discussion of unacceptable emotions within their personal narratives. The identification of this expansion of nurses' professional emotional expectations into the wider emotional community makes a particular contribution to the field of nursing history by identifying the means by which British nurses were increasingly pushed to constantly emotionally labour on behalf of the war effort.

This thesis does not argue that British nurses' experiences on active service during the Second World War were solely characterised by emotional exploitation driven by this duty to care. As Chapters 2 and 4 have demonstrated, the QA's wartime experiences could be highly enjoyable and deeply fulfilling. Jane Brooks argues that many nurses later saw their military service as the most significant and exciting part of their careers.² Building on her work, this thesis has shown how military service offered nurses the opportunity to engage in work that provided them with a profound sense of meaning and satisfaction, to experience fun and adventure overseas, and to establish deep and rewarding relationships with others. However, it has also argued that a critical element that must be acknowledged in order to gain an accurate understanding of nurses' wartime experiences was the massive emotional burden that their duty to care called for them to shoulder. While the data in Chapter 2 demonstrates that nurses

² Jane Brooks, *Negotiating Nursing: British Army Sisters and Soldiers in the Second World War*. Manchester: University Press, (2018), 11.

found satisfaction and meaning in nursing work that was intellectually stimulating and that resulted in an ordered end result, the third key source of meaning and satisfaction was derived from work that prominently featured patient engagement. In order to achieve the sense that their patient engagement was successful, nurses needed to meet their patients' expectations for care, and those expectations were structured by the rules of their emotional community. Therefore, to gain the emotional rewards of a sense of satisfaction and meaning, QA's needed to meet and enact the duty to care and its attendant emotional performance.

As Chapter 3 demonstrates, any emotional performance has an accompanying physical component. In her articles for the *Nursing Times*, Dame Katharine Jones praised QA's for experiencing physical hardship without complaint and QA's on active service found that such praise was not limited to their Matron-in-Chief.³ Patients responded positively when nurses appeared unaffected by the physical trials of military deployment. However, as I argue, the 'unaffected' nurse was not solely uncomplaining. She was actively cheerful and physically attractive. If QA's wanted to feel that they had sufficiently met their duty to care by ensuring their physical presence provided the most emotional comfort possible to their patients, they often had to reject or silence the emotions their own embodied experience generated. This thesis demonstrates that, within the adverse environments of wartime service, QA's often found themselves at odds with their own bodies. In their work on First and Second World War nursing, both Christine Hallett and Jane Brooks address the ways in which military nurses used their embodied presence as a source of therapeutic care for their patients.⁴ This thesis shifts

³ Katharine Jones, 'On Active Service with the Army.' *Nursing Times*, 25 September 1943, 719, 727.

⁴ Jane Brooks, 'Nurses as Therapeutic Agents in the Extreme Environment of the Desert War,

this perspective in order to highlight both the impact that the emotional community's expectations had on the manner in which nurses' therapeutic use of self was presented and the emotional labour that had to be expended by nurses in order to overcome their own emotions and embodied experiences in order to deliver the expected care.

In her analysis of militarisation, Cynthia Enloe emphasises the importance of women's labour, arguing that militaries are fundamentally dependent on it in order to function, although that labour must be either made invisible or presented as marginal in order to preserve the military's legitimacy as a solely masculine enterprise.⁵ Enloe touches on military nurses' use of emotional labour in her discussion of the strain that militaries place upon them by denying both their presence in, or near, combat and the resulting similarity between the psychological trauma inflicted on nurses and that inflicted on soldiers.⁶ Enloe argues that nurses have historically struggled with the invisibility foisted upon them by the military, especially as the feminised construction of their profession prevented them from engaging in the forms of emotional release used by soldiers, such as outbursts of rage.⁷ This thesis expands upon Enloe's work by connecting the limitation of nurses' emotional expression to their emotional community and its impact on their understanding of their duty to care. The British wartime

1940–44.' *Journal of Advanced Nursing* 71/11 (2015): 2520–28; Brooks, *Negotiating Nursing*; Jane Brooks, "'Not Only with Thy Hands, But Also with Thy Minds": Salvaging Psychologically Damaged Soldiers in the Second World War.' *Nursing History Review* 27 (2019): 29–56; Christine Hallett, 'Emotional Containment: Nurses and Resilience.' In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020); Christine Hallett, *Containing Trauma: Nursing Work in the First World War*. Manchester: University Press, (2010).

⁵ Cynthia Enloe, *Does Khaki Become You?: The Militarisation of Women's Lives*. London: Pluto Press, (1983), 6; Cynthia Enloe, *Maneuvers: The International Politics of Militarizing Women's Lives*. Berkeley, Calif: University of California Press, (2000), 218-219.

⁶ Enloe, *Does Khaki Become You?*, 116; Enloe, *Maneuvers*, 223.

⁷ Enloe, *Does Khaki Become You?*, 110.

emotional community, with its emphasis on cheerful fortitude, austerity, and patriotic devotion to duty, profoundly compounded the emotional burden that military nurses took on by severely curtailing their ability to share that burden or release the pressure created by its weight. As Chapter 4 demonstrates, while QA's may have found comfort and escapism in their relationships with combatants and medical officers, it was primarily with each other that they found the space for emotional release, containing the emotional burden of the war within their own ranks. In spite of the increased collegiality and fraternisation that marked Second World War nurses' relationships with MO's and combatants, when it came to the expression of socially unacceptable emotions, nurses still primarily relied on each other, demonstrating a continuation of the centrality of nurses' friendships to their resilience that Bridget Keown highlighted during the First World War.⁸

In many ways, British nurses' emotional community encouraged their compliance by connecting appropriate emotional display to their duty to care. This thesis integrates the feelings rules of the emotional community into the understanding of care in order to argue that failing to meet the expectations of one's emotional community came to be understood as failing to meet one's patient's needs and, in a way, to inflict harm upon them. Within a professional community that placed that duty to care at its moral centre, such a failure offered a deeply negative commentary about that nurse as a professional, as a woman, and as a citizen. Acton and Potter argue that nurses drew on their sense that they were offering successful care

⁸ Bridget Keown, "I Think I Was More Pleased to See Her than Any One 'Cos She's so Fine: Nurses' Friendships, Trauma, and Resiliency during the First World War." *Family & Community History* 21.3 (2018), 152.

as a form of ‘psychological survival’ within the trials of wartime service.⁹ When the feelings rules of the emotional community were integrated into the understanding of successful care, a failure to adhere to those rules could deprive QA’s of the emotional resilience that successful care provided them. The thesis demonstrates that, between the military’s resistance to acknowledging their proximity to combat and their emotional community’s pressure to silence any emotions that fell outside of a limited acceptable range, British military nurses were left very much alone in their efforts to support the emotional well-being of practically the entire military machine.

Overall, this thesis provides a unique contribution to the field as it is the first to analyse nurses’ wartime experience within the context of their emotional community and its attendant feelings rules. While previous works addressing wartime nursing, such as Hallett’s *Containing Trauma*, Brooks’ *Negotiating Nursing*, and Acton and Potter’s *Working in a World of Hurt*, have touched upon nurses’ emotional experience providing care, these have generally focused on nurses’ struggles with trauma and their search for sources of resilience and have not included within their analysis consideration for the impact of their emotional community.¹⁰ While

⁹ Carol Acton and Jane Potter. “‘Sticking It’”: Resilience in the Life-Writing of Medical Personnel in the First World War.’ In *The First World War and Health: Rethinking Resilience*, edited by Leo van Bergen and Eric Vermetten. Leiden ; Brill, (2020), 353.

¹⁰ Carol Acton, *Grief in Wartime: Private Pain, Public Discourse*. Basingstoke ; New York: Palgrave Macmillan, (2007); Carol Acton, ‘Negotiating Injury and Masculinity in the First World War Nurses’ Writing.’ In *First World War Nursing: New Perspectives*, edited by Alison Fell and Christine Hallett. New York: Routledge, (2013); Carol Acton and Jane Potter. *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in Warzones*. Manchester: University Press, (2015); Brooks, *Negotiating Nursing*; Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*. Oxford: University Press, (2014); Santanu Das, *Touch and Intimacy in First World War Literature*. Cambridge: University Press, (2005); Hallett, *Containing Trauma*; Kirsty Harris, “‘All for the Boys’”: The Nurse-Patient Relationship of Australian Army Nurses in the First World War.’ In

modern nursing research has produced work discussing nurses' use of emotional labour in clinical practice as well as analysis of the cost of that labour on the nurse herself, research that directly addresses nurses' use of their emotional labour has been lacking within historical scholarship.¹¹ This thesis's novel contribution to the history of nursing is that it integrates work from modern nursing, addressing the role of emotional labour within nursing practice, into the historical analysis of military nursing during the Second World War in order to provide a more in-depth portrait of the nature of the work performed by these women.

There are naturally limitations to the work presented here, as were briefly discussed in the Introduction's Methodology section. The constraints placed on this work by its word limit have made it so that some compelling lines of inquiry have had to be cut, the most important of which would be an examination of the impact of race and ethnicity. While this topic was briefly touched upon in Chapters 1 and 4 in discussions of the QA's responses to patients from different ethnic or racial backgrounds, the history of nursing's racialised identity and the profession's participation in the imperial project demands a much more extensive examination

First World War Nursing: New Perspectives, edited by Alison Fell and Christine Hallett. London, United Kingdom: Taylor & Francis Group, (2013).

¹¹ In historical scholarship, Liz Byrski's work is a notable exception and structures its argument around the notion of emotional labour. Liz Byrski, 'Emotional Labour as War Work: Women up Close and Personal with McIndoe's Guinea Pigs.' *Women's History Review* 21.3 (2012). John Ballatt, 'Healthcare Culture and Intelligent Kindness in Practice.' In *Compassion in Nursing: Theory, Evidence and Practice*, edited by Alistair Hewison and Yvonne Sawbridge. London: Palgrave, (2016); Sharon Bolton, 'Changing Faces: Nurses as Emotional Jugglers.' *Sociology of Health & Illness* 23.1 (2001); Martin Seager, 'Who Cares for the Carers? Keeping Compassion Alive in Care Systems, Cultures and Environments: A Psychologically Minded Approach.' In *Providing Compassionate Health Care: Challenges in Policy and Practice*, edited by Sue Shea, Robin Wynyard, and Christos Lionis. London: Routledge, (2014); Pam Smith, *The Emotional Labour of Nursing Revisited: Can Nurses Still Care?* Basingstoke: Palgrave Macmillan, (2012); Catherine Theodosius, *Emotional Labour in Health Care: The Unmanaged Heart of Nursing*. London: Routledge, (2008).

of the impact of race and ethnicity on Second World War QA's.

QA's entered into interactions with people of different races and ethnicities within a social and cultural context that positioned the white British nurse abroad as an agent of the empire, responsible for demonstrating its moral and medical superiority.¹² As was addressed in Chapter 4, part of the role that white nurses overseas were supposed to perform was to serve as a disincentive to miscegenation.¹³ While British QA's worked alongside Indian nurses in Indian Military Hospitals from 1941, these women were not considered Sisters and equals to the QA's.¹⁴ A continuing critical factor in the construction of the western military nurse was the alignment between her race and her respectability. Therefore, a separation needed to be maintained between white QA's and non-white nurses because it was presumed that the integration of non-white women into the QA's ranks would 'jeopardise the military nurse's safe social status'.¹⁵ Given the potent role that race played in the QA's power and position, its impact on their perception of their duty to care and their emotional experience stands as a significant line of inquiry and an important area of future study.

I made a very conscious choice while selecting the personal narratives that would be the focus of my analysis to only choose narratives written during the war. I believe this is one of the key strengths of this thesis. The emotions that these women recorded in their diaries and letters are untouched by nostalgia or the popular narrative that has developed around the

¹² Anne Marie Rafferty, 'The Seductions of History and the Nursing Diaspora.' *Health and History* 7.2 (2005), 5, 6.

¹³ Roland Sintos Coloma, 'White Gazes, Brown Breasts: Imperial Feminism and Disciplining Desires and Bodies in Colonial Encounters.' *Paedagogica Historica* 48.2 (2012), 245; Yasmin Khan, 'Sex in an Imperial War Zone: Transnational Encounters in Second World War India.' *History Workshop Journal* 73.1 (2012), 250, 256

¹⁴ Khan, 'Sex in an Imperial War Zone', 242.

¹⁵ Enloe, *Does Khaki Become You?*, 102.

memory of the Second World War in intervening years. These women wrote their personal narratives with no knowledge of how the war would end, which makes the strategies that they deployed to record emotions of grief, anger, or fear particularly interesting. These women did not have the comfort of knowing that their nation would emerge victorious, that their loved ones would be spared, that they themselves would survive their deployment, and yet their fear, anger, and grief remained muted, often concealed behind a wry tone or casual dismissal, speaking to the influence of their emotional community's rules.

This thesis has also benefited from the fact that, unlike many authors within the field of nursing history, I am not a nurse. This has provided me with an outsider's perspective that allows me to notice and question elements of these women's working lives that another nurse may have passed over as common practice. This has been particularly useful in the examination of emotional labour and the influence of an emotional community. In many ways, some of the key feelings rules that structured the emotional lives of Second World War QA's are still present in the lives of nurses working today. My position outside of the profession has ensured that I was never inclined to view instances of extensive emotional labour as unremarkable due to my own exposure to similar demands performed under similar limitations on emotional expression. As an outsider, I could still be shocked by what was asked of nurses. This, in many ways, is the aim of this thesis: to shine a bright light on the emotional burden nurses were asked to shoulder and to allow readers to be shocked, if they are not nurses, by the extent of the weight, and if they are nurses, by how little that weight has diminished in the intervening eighty-odd years.

In modern nursing, emotional labour still remains an unseen element of nursing

practice, chronically under-appreciated and insufficiently compensated.¹⁶ In many ways, the COVID-19 pandemic has worked to pull back the veil on the emotional labour of nursing, as nurses stepped forward to serve as the primary sources of emotional support for their patients. While this new insight into nursing has generated increased appreciation for nurses, many in nursing have highlighted that this appreciation often presented nurses as ‘heroes’ or ‘angels’, images that, while intended to be complimentary, placed undue burden on nurses and could undermine the skill and knowledge necessary for nursing work.¹⁷ The emotional expectations behind such designations - bravery, calmness, gentleness, selflessness - are all too similar to those that structured Second World War QA’s emotional community and hearken back to the QA’s driving ethos: the duty to care above all else.

Today, it remains to be seen if the public’s appreciation will translate into increased pay, better working conditions, and sufficient emotional and psychological support. When appropriate compensation and support remains elusive today, it is not surprising that, during the Second World War, there was little consideration for the great emotional weight that the British military and British society were asking its nurses to take upon themselves. In many ways, the expectations of the wartime emotional community actively contributed to ensuring that this element of nurses’ work and the difficulty involved in its performance remained unspoken. The duty to care was so profoundly written into the QA’s professional identities as

¹⁶ Sharon Bolton, ‘Who Cares? Offering Emotion Work as a “Gift” in the Nursing Labour Process.’ *Journal of Advanced Nursing* 32.3 (2000), 581, 585; Smith, *The Emotional Labour of Nursing Revisited*, 3; Theodosius, *Emotional Labour in Health Care*, 25.

¹⁷ Clare Bennett, Alison James, and Daniel Kelly. ‘Beyond Tropes: Towards a New Image of Nursing in the Wake of COVID-19.’ *Journal of Clinical Nursing* 29.15–16 (2020): 2753–55; Jessica Stokes-Parish, Rosalind Elliott, Kaye Rolls, and Debbie Massey. ‘Angels and Heroes: The Unintended Consequence of the Hero Narrative.’ *Journal of Nursing Scholarship* 52.5 (2020): 462–66.

nurses, as well as their personal identities as women, that its manifestation was expected to be as natural as breathing. Any struggle that the individual nurse experienced in enacting this duty was conceived of as a personal failing. The silence around Second World War nurses' use of emotional labour is only just beginning to be considered by historical scholarship and this thesis aims to expand the knowledge and appreciation of this particularly difficult aspect of nurses' wartime service and, hopefully, to raise questions about what we are still asking of nurses today.

Bibliography

Archives

- British Library
- Imperial War Museum
- Museum of Military Medicine
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Appendix I: Chapter 1 Images

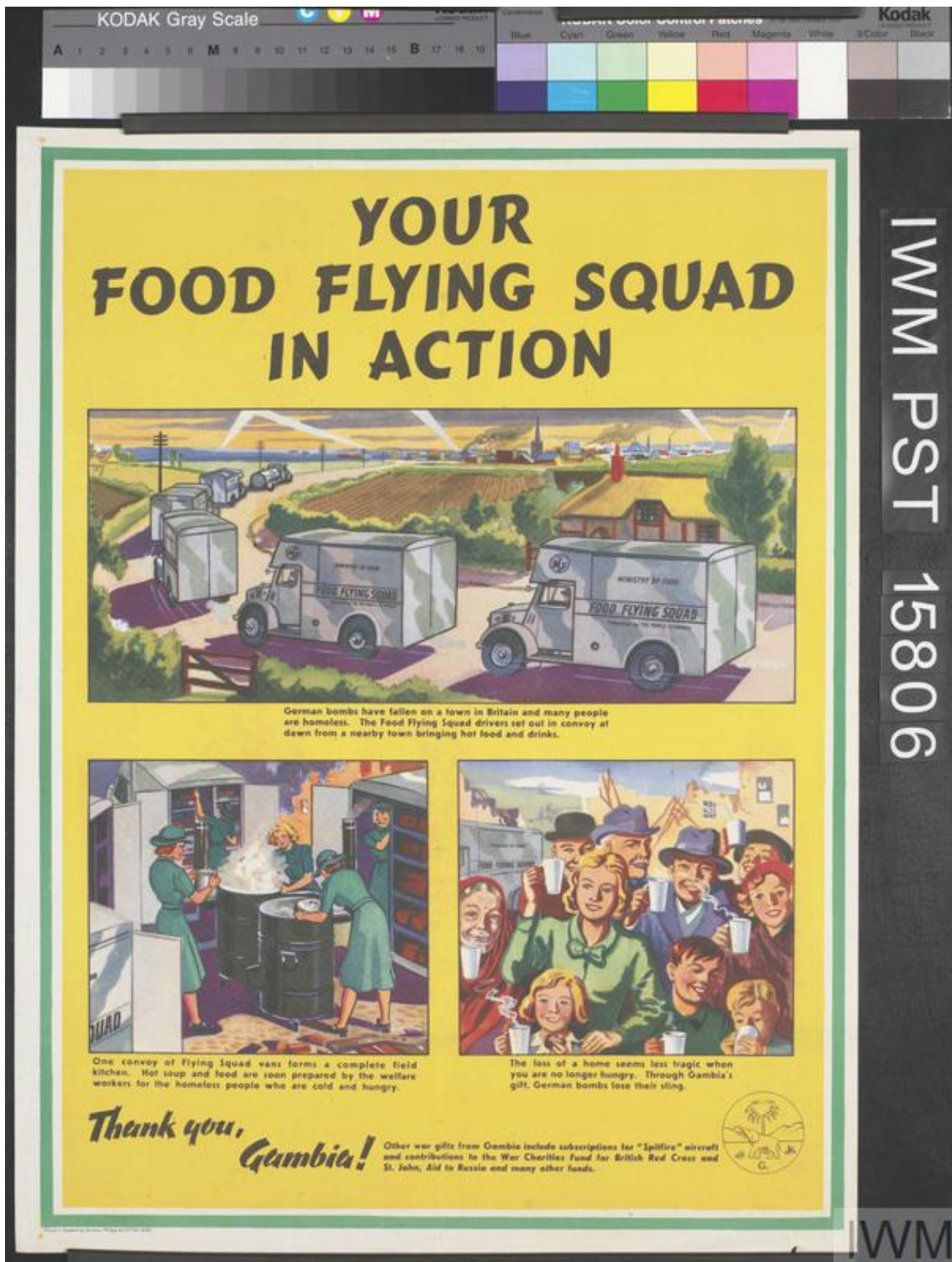


Figure 1: Propaganda poster from the Ministry of Food demonstrating the uses of the Food Flying Squads © IWM Art.IWM PST 15806.

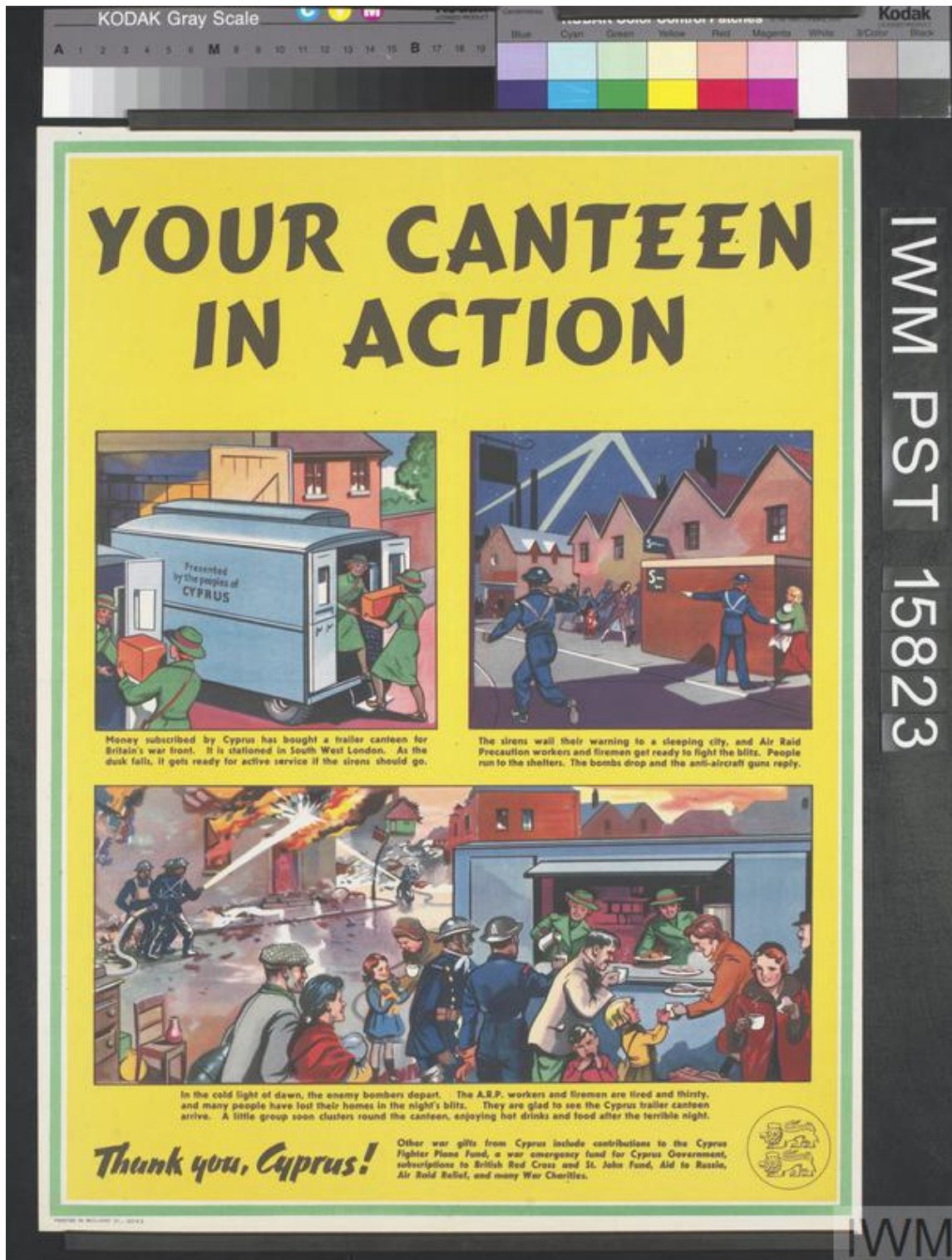


Figure 2: Propaganda poster demonstrating the use of mobile canteens © IWM Art.IWM PST 15823.



Figure 3: Propaganda poster from the National Savings Committee featuring the 'Squander Bug', intended to encourage British citizens to avoid 'excessive' spending © IWM Art.IWM PST 15457.



Figure 4: Propaganda poster encouraging the conservation of raw materials for the sake of the war effort © IWM Art.IWM PST 14672.

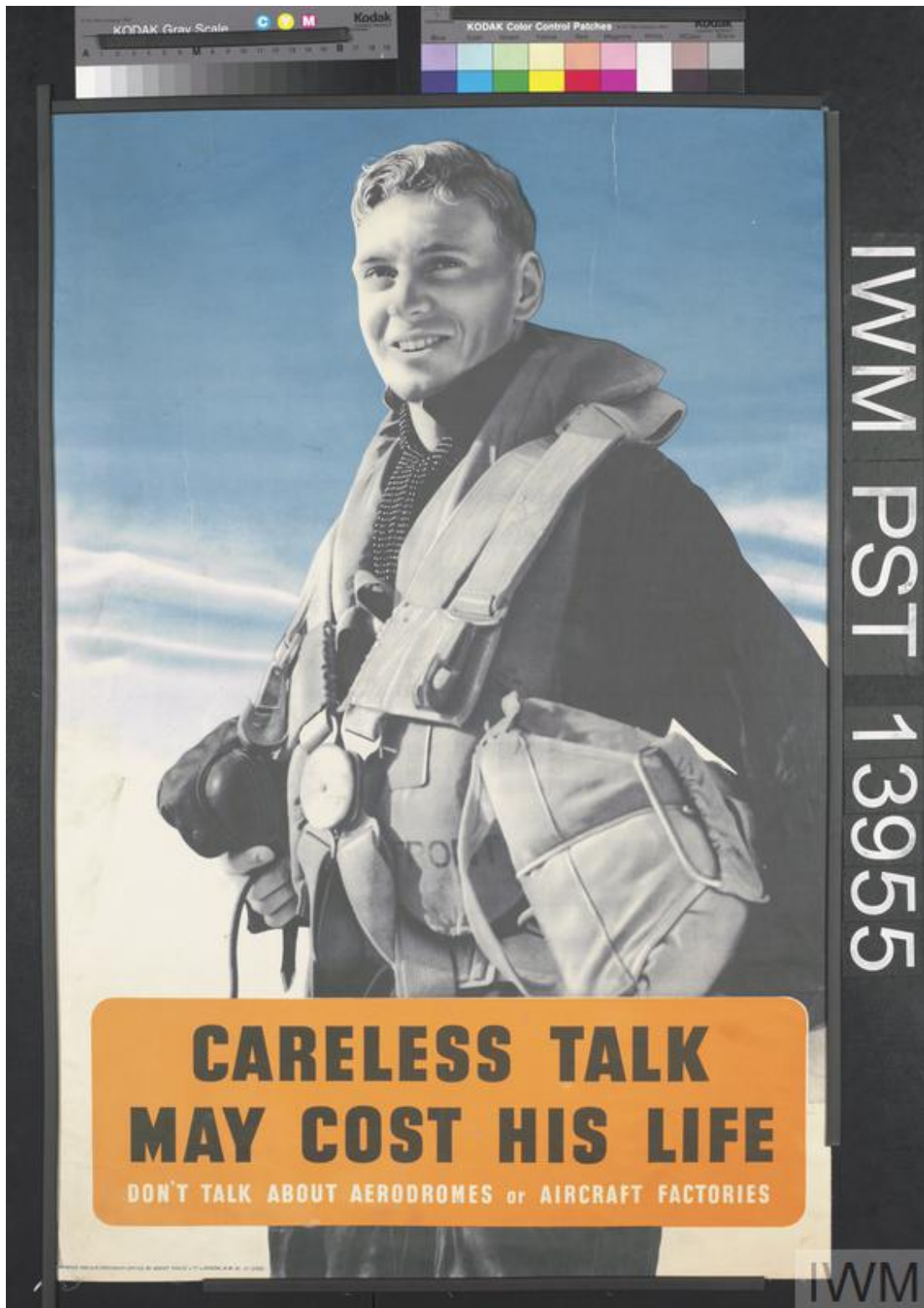


Figure 5: Propaganda poster drawing on the high social value of the British combatant in order to encourage British civilians to remain silent regarding the locations of areas significant to the war effort © IWM Art.IWM PST 13955.



Figure 6: National Savings Committee propaganda poster using the high social value of the British combatant in order to encourage British civilians to invest in war savings © IWM Art.IWM PST 16532.



*"I rely on
OVALTINE'
to keep Fit
and Cheerful"*

EVERY Nurse knows how much depends upon her own fitness and cheerfulness in all the difficult conditions she may meet. It is for this reason that so many nurses make 'Ovaltine' their regular daily beverage. They know they can rely upon it to build up and maintain an unflinching fund of energy and vitality.

There is no other food beverage which conveys such a wealth of nourishment so quickly to every cell and tissue of body, brain and nerves. Because of its supreme merit, 'Ovaltine' enjoys the complete confidence of the Medical and Nursing professions. And it is regularly used in the leading Hospitals throughout the world.

Remember that 'Ovaltine' is a **complete** food, scientifically prepared from eggs, milk and malt. Although eggs are a costly ingredient, they are liberally used because of their richness in lecithin (organic phosphorus) — a valuable nerve-building element. No tonic food beverage would be complete without this vital substance.

For all these reasons, 'Ovaltine' definitely stands in a class by itself for quality and value. There is nothing "just as good."

On receipt of her professional card a sufficient quantity for trial will be sent to any qualified nurse. Apply: A. Wander, Ltd., 184, Queen's Gate, London, S.W.7

N103

Figure 7: Ovaltine advertisement published in the August 1935 edition of the *British Journal of Nursing* © British Library Board LOU.LON 111 [1935] August, iv.



PIERCING winds . . . driving rain . . . No matter how severe the weather may be, a Nurse must answer the call of duty. It is essential, too, that she should be fit, vigorous and cheerful under the most adverse conditions.

To maintain this high standard of health and vitality, two things are essential—proper nourishment and proper sleep. The best way to ensure these is to make 'Ovaltine' the regular day-time and bed-time beverage.

Drink delicious 'Ovaltine' with meals, and whenever energy flags. It makes the dietary complete in the nutritive elements which build up body, brain, nerves and abundant vitality. Drink 'Ovaltine' at bed-time to make *sure* of a good night's sleep and ample energy for the work of the coming day.

But, it must be 'Ovaltine'—there is nothing "just as good." Because of its supreme health-giving properties, 'Ovaltine' is the food beverage most widely recommended by doctors. It is also regularly used in the leading Hospitals and Nursing Homes throughout the world.

*When the Weather's
at its worst*

'OVALTINE'
is your Best
Safeguard
of Health

Free Lectures and Films—The proprietors of 'Ovaltine' provide—free of cost—the services of Lecturer and the display of interesting cinematograph films to Nursing Institutes and Colleges—Write for details to "Lecturer," A. Wander Ltd., 184, Queen's Gate, London, S.W.7.

N.101

Figure 8: Ovaltine advertisement published in the December 1935 edition of the *British Journal of Nursing* © British Library Board LOU.LON 111 [1935] December, iv.

IWM PST 10858



The
GREATEST MOTHER
in the WORLD

The LORD MAYORS £1,000,000 RED CROSS APPEAL

WATERLOO BRICK & LAYTON LTD LONDON

REGISTERED UNDER THE WAR CHARITIES ACT 1916

IWM

Figure 9: First World War propaganda poster depicting a Red Cross nurse as a Madonna-like mother figure, cradling a wounded soldier in her arms © IWM Art.IWM PST 10858.

Appendix II: Nurse Biographies

Sister Joyce Ffoulkes Parry¹

Sister Joyce Ffoulkes Parry was born on 1 November 1908 in Caerwys, North Wales to Reverend Robert and Annie Ffoulkes Parry. She was the eldest of six siblings, preceding brothers Glyn, Ifor, Clwyd, and Wyn, and sister Mona. Joyce's family moved from Wales to Ballarat, Victoria, Australia in 1911 when Joyce was two years old. Joyce initially trained to be a teacher before changing careers and undergoing her nurse training at Geelong Hospital.

Joyce returned to Wales in February 1937 and registered as a nurse in the UK on 16 December 1938. She joined up with the QA's in March 1940 and was initially deployed with her unit to Marseilles at the end of April 1940 with the intention of subsequently departing for Palestine; however, Allied military reversals with the fall of Norway, Holland, and Belgium to Nazi Germany and the German invasion of France resulted in Joyce's unit being evacuated back to the UK. Joyce and her unit were eventually deployed to the Middle East aboard the troopship, *Otranto*, arriving in Alexandria to work at the 2/5th General Hospital on 4 October 1940. Joyce remained at the 2/5th until 13 May 1941, when she was reassigned to the HMHS *Karapara*. While deployed on the *Karapara*, Joyce and her colleagues transported patients from Egypt, Yemen, Iraq, India, Sri Lanka, Indonesia, Sudan, and Eritrea. Joyce became engaged to Kenneth Hannan Stanley, an officer with the Indian Troop Transport Corps, on 14 July 1941. She remained with the *Karapara* until 20 August 1942, when she was reassigned to the No. 47 BGH in Calcutta. In September 1942, Joyce ended her engagement to Kenneth Stanley. In February 1943, she met a Welshman named David Herbert Davies and she and David were married in May. Joyce worked at the No. 47 BGH until 14 August 1943 and then briefly worked on an ambulance train running between Calcutta and Dehra Dun from 14 August to 26 August, before returning to work in hospital in Calcutta. Joyce remained in Calcutta until mid-January 1944, when she was briefly reassigned to work in Bombay while awaiting her demobilization orders. Joyce left India to return to the UK in late February 1944. She and David initially settled in Swansea before moving to Cardiff in 1955. Joyce and David had four children together: Rhiannon, Siân, Ifor, and Vaughan. Joyce and David divorced after twenty years of marriage and

¹ Joyce Ffoulkes Parry, *Joyce's War: The Second World War Journal of a Queen Alexandra Nurse*. Edited by Rhiannon Evans. Stroud: The History Press, 2015; Rhiannon Evans, 'Introduction.' In *Joyce's War: The Second World War Journal of a Queen Alexandra Nurse*, edited by Rhiannon Evans, 7–14. Stroud: The History Press, 2015; Rhiannon Evans, 'Postscript.' In *Joyce's War: The Second World War Journal of a Queen Alexandra Nurse*, edited by Rhiannon Evans, 248–250. Stroud: The History Press, 2015; 'Joyce Ffoulkes Parry - UK & Ireland, Nursing Registers, 1898–1968 - Ancestry.Co.Uk.' Accessed May 27, 2023. https://www.ancestry.co.uk/discoveryui-content/view/1221124:60423?tid=&pid=&queryid=6801187d376136957a82d8a5079141a2&_phsrc=Big612&_phstart=successSource; 'Joyce Ffoulkes Thomas - England & Wales, National Probate Calendar (Index of Wills and Administrations), 1858–1995 - Ancestry.Co.Uk.' Accessed May 27, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/24471933:1904>.

Joyce eventually got remarried to a professor at Cardiff University named Dewi-Prys Thomas. Joyce and Dewi travelled extensively together, with Joyce returning to Australia for the first time since 1937 in the late 1970s. Following Dewi's death in 1985, Joyce continued to travel and eventually moved in with her second daughter, Siân. Joyce passed away on 4 September 1992 in Birkenhead at the age of 83.

Sister Nell Jarrett²

Nell Jarrett was born on 20 May 1910 in Derby, Derbyshire, England, to Phillip James Jarrett and Nellie Jarrett. She was the eldest of five, with three brothers, Phillip, Frederick, and Frank, and one sister, Elsie. In the 1911 census, Jarrett's father's profession was listed as 'photographer'. In the 1939 Register, it was listed as 'Packer and Warehouseman at department store'.

Jarrett trained at the Lincoln County Hospital from 1932 to 1935 and achieved her nursing registration on 28 June 1935. According to the 1937 Nursing Register, she then returned to live and work in Derby. Sister Jarrett undertook her military service with the Territorial Auxiliary Nursing Service or TANS, which was amalgamated with the QA's at the beginning of the war. Jarrett departed the UK on 29 May 1942 and arrived in Egypt in July. Over the course of her diary, she served in Egypt from July to August 1942, Iraq from August to October 1942, at which point her unit was assigned to the No. 23 BGH, and Iran from October 1942 to January 1943. Her final entry was written on 13 January 1943 from Tehran. Following the completion of her military service, Jarrett returned to Derby where she lived until she passed away on 5 April 2013 at the age of 102.

Sister Vera Kathleen Jones³

² Nell Jarrett, Diary. By kind permission of Nell Jarrett's family. Personal archive of Jane Brooks. 'Derbyshire, England, Church of England Births and Baptisms, 1813-1916 - Ancestry.Co.Uk.' Accessed May 17, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/1118351:61408>; 'Philip James Jarrett - 1911 England Census - Ancestry.Co.Uk.' Accessed August 10, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/22102108:2352>; 'James Jarrett - 1939 England and Wales Register - Ancestry.Co.Uk.' Accessed May 19, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/29081723:61596>; 'Nell Jarrett - UK & Ireland, Nursing Registers, 1898-1968 - Ancestry.Co.Uk.' Accessed May 26, 2023. https://www.ancestry.co.uk/discoveryui-content/view/1482704:60423?tid=&pid=&queryId=16aece013c4484ffcce2cbc202654d2e&_phsrc=Big596&_phstart=successSource; Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps. Famous Regiments*. London: Cooper, 1975, 70; 'Nell Jarrett - UK & Ireland, Nursing Registers, 1898-1968 - Ancestry.Co.Uk.' Accessed May 26, 2023. https://www.ancestry.co.uk/discoveryui-content/view/1315975:60423?tid=&pid=&queryId=16aece013c4484ffcce2cbc202654d2e&_phsrc=Big595&_phstart=successSource; 'Tribute Page for JARRETT NELL.' Accessed May 26, 2023. <https://funeral-notices.co.uk/notice/jarrett+nell/2928758>.

³ Vera K. Jones, *A Time to Remember: A Record of Nursing Experiences, Impressions, and Travels*

Sister Vera Kathleen Jones was born on 16 December 1916 to Horace Jones, a clergyman in the Church of England, and his wife, Katie, in Essex. She had one sibling, an older sister named Muriel. Vera and her family moved to New Zealand when she was a child, where they remained for several years, only returning to England when Vera was a teenager. Vera began her nursing experience at 17, when she worked at a convalescent home in Brighton for sick children from low-income areas of London. Vera then underwent her general nurse training at King George Hospital in Ilford from 1935 to 1938 and received her registration on 17 March 1938.

At the time of the 1939 England and Wales Register, Vera was working as a district nurse at Plaistow Maternity Hospital in West Ham, Essex. She joined the QA's not long after the declaration of war and Vera and her unit left England on 17 December 1939. They travelled through France, from Cherbourg to Marseilles, where they boarded the troopship, *Neuralia*, and crossed the Mediterranean to Haifa, Palestine, arriving on 28 December 1939. From Haifa, Vera's unit travelled via train to the No. 12 British General Hospital in Sarafand, Palestine. Vera remained in Sarafand from 28 December 1939 until 19 June 1940, when her unit moved to Jerusalem and was re-designated the No. 60 BGH. Vera and her unit remained in Jerusalem from 19 June 1940 until 3 December 1941. They were then redeployed from the Middle East to Southeast Asia, arriving in Bombay on 24 December 1941, with the intent of carrying on from Bombay to Singapore. However, the subsequent Allied military reversals in the Asian theatre resulted in Vera's unit's deployment to Singapore to be cancelled and they were reassigned to serve in India. Vera's unit remained in Bombay from 24 December 1941 until late May 1942, at which point, they were deployed to Ahmednagar, India. Vera herself remained in Bombay as a patient, following an appendectomy, from 23 May to 3 July 1942, and then went on sick leave. She re-joined her unit in Ahmednagar on 1 August 1942. Vera remained at Ahmednagar from 1 August 1942 until 17 February 1943, during which time she contracted hepatitis and was in hospital from 28 October to 2 December 1942. Early in 1943, Vera was reassigned from the No. 60 BGH to the No. 5 India Base General Hospital in Deolali, arriving on 17 February. Vera remained assigned at the No. 5 IBGH in Deolali until 27 October 1943, during which time she had her third hospitalization for diphtheria. In October 1943, Vera was redeployed back to her old unit, the No. 60 BGH at Ahmednagar, arriving there on 28 October. Vera remained at Ahmednagar until the end of January 1944, when she received her final transfer and was deployed away from her unit to serve as the Assistant Matron at the No. 127 IBGH in

during World War II Contained in Letters Sent Home from the East. London: Athena Press, 2005; 'Vera K. Jones - 1939 England and Wales Register - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/12084154:61596>; 'Muriel Jones - 1939 England and Wales Register - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/15074985:61596>; 'Vera Kathleen Jones - UK & Ireland, Nursing Registers, 1898-1968 - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/1202976:60423>; 'Vera Kathleen Jones - West Sussex, England, Electoral Registers, 1832-1963 - Ancestry.Co.Uk.' Accessed May 27, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/5676541:62186>.

Secunderabad. This position was a serious elevation in status for Vera, who at the time was only 27 years old and, furthermore, was a QA reservist and not an Army Regular. Vera remained in this position with the No. 127 IBGH until her repatriation to England. She departed India sometime in either late January or early February 1945 and arrived home in late February. Following the war, Vera joined the QA's as a Regular Officer and eventually became a Registered Nurse Tutor. While working with the QA's in the post-war period, Vera was deployed to Egypt and Libya. Vera's father's ill health prompted her decision to leave the QA's and return to England in a civilian capacity. She continued to work as a nurse, even returning to work at her original training hospital, King George's in Ilford. Based off of the author's notes included in the published collection of her letters, Vera retired to Wales and was still living as of 2005.

Sister Helen Luker⁴

Esther Helen Audrey Luker, known as Helen, was born on 26 August 1905 to William and Florence Helen Luker. She grew up in Petersfield, Hampshire, and was the third of four children, following William Edward and Ursula, and preceding Betty Margaret. In the 1911 census, Luker's father's profession was listed as 'Brewer'. William Luker passed away in 1936. From Luker's diaries, it appears that her sisters, Ursula and Betty, both became involved in missionary work abroad. For the majority of the war, Ursula lived and worked with her family in Port Shepstone, South Africa, where Luker was able to visit her when her hospital ship made stops in Durban. Betty and her family were stationed in Singapore. Betty and her daughters were able to flee the island before its occupation by the Japanese, but unfortunately her husband, Reverend Victor Wardle, was captured and interned on Banka Island, where he died of malaria in January 1945.

Sister Luker began her training at St. Thomas's Hospital in the late 1920s. She was

⁴ Helen Luker, 'Private Papers of Miss E.H.A. Luker', Imperial War Museum, Documents.1274. 'Esther Helen Audrey Luker - 1911 England Census - Ancestry.Co.Uk.' Accessed May 26, 2023. https://www.ancestry.co.uk/discoveryui-content/view/43048955:2352?tid=&pid=&queryId=3cc529f5b65fc6cfa23fa3458f1f89c6&_phsrc=Big607&_phstart=successSource; 'William Luker - 1911 England Census - Ancestry.Co.Uk.' Accessed August 10, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/43048951:2352>; 'William Luker - England & Wales, Civil Registration Death Index, 1916-2007 - Ancestry.Co.Uk.' Accessed August 10, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/33515401:7579>. 'Esther Helen Audrey Luker - UK & Ireland, Nursing Registers, 1898-1968 - Ancestry.Co.Uk.' Accessed May 26, 2023. https://www.ancestry.co.uk/discoveryui-content/view/1208821:60423?tid=&pid=&queryId=3cc529f5b65fc6cfa23fa3458f1f89c6&_phsrc=Big609&_phstart=successSource; 'Esther Helen Audrey Luker - England & Wales, National Probate Calendar (Index of Wills and Administrations), 1858-1995 - Ancestry.Co.Uk.' Accessed May 26, 2023. https://www.ancestry.co.uk/discoveryui-content/view/15809449:1904?tid=&pid=&queryId=3cc529f5b65fc6cfa23fa3458f1f89c6&_phsrc=Big608&_phstart=successSource.

registered as a nurse on 10 March 1933 and volunteered to join the QAIMNS Reserves in 1935. Luker received her mobilization orders on 1 September 1939 and travelled from St. Thomas's Hospital to Netley in order to join the No. 4 British General Hospital. Her unit departed for France on 12 September 1939 and began their service at La Baule on 15 September. Luker served with the No. 4 BGH until 17 April 1940 when she was reassigned to the No. 12 Casualty Clearing Station at Bethune. She served with the No. 12 CCS until the unit was evacuated from France via Boulogne on 21 May 1940. Following her escape from France, Luker returned home to Petersfield where she waited to be reassigned to a new unit. She received her orders on 19 July 1940 and joined the No. 8 BGH. Her unit departed the UK on 5 August 1940 and arrived in Alexandria, Egypt on 19 September 1940. Luker served with the No. 8 BGH until 27 March 1941 when she was transferred to the HMHS *Dorsetshire*. She joined the *Dorsetshire* in Haifa, Palestine on 28 March 1941 and remained with this unit until she fell ill with amoebic hepatitis in February 1943. Over the course of her time with the *Dorsetshire*, Luker and her colleagues transported patients from Libya, Egypt, Yemen, Sudan, South Africa, Kenya, Eritrea, India, Somalia, and Madagascar. Luker spent the initial months of her recuperation from hepatitis in Alexandria, Egypt before being sent home on the HMHS *Llandoverly Castle* on 16 August 1943. Luker arrived back in the UK on 2 September 1943. She returned to nursing duty in November 1943 at Netley Military Hospital. Luker remained on home service until December 1944 when she was deployed to Belgium. There she joined the No. 111 BGH working in Brussels. Luker worked with the No. 111 until 20 May 1945 when she was reassigned to the No. 79 BGH and deployed to Eindhoven in the Netherlands. Luker and the No. 79 were deployed to Trondheim, Norway in June 1945 and on 22 July 1945, Luker underwent her final transfer, traveling from Trondheim to join the No. 75 BGH in Oslo. Luker received her demobilization orders and was sent home from Norway in August 1945, undergoing her official demobilization in London on 15 August 1945. She received the ARRC, or Associates of the Royal Red Cross, medal for exceptional service in military nursing in October 1945. Luker returned to nursing following her wartime service, working at St. Thomas's Hospital's preliminary training school in Godalming and then St. Thomas's country hospital at Hydestile. She served as the Matron of Haslemere and District Hospital for six years and then returned to Hydestile to serve as the Sister-in-Charge. In May 1957, Luker suffered a seizure and passed away on the 29th at the age of 51.

Sister Agnes Kathleen Dunbar Morgan⁵

⁵ Agnes Morgan, 'Private Papers of Miss A.K.D. Morgan: Still With the Lamp', Imperial War Museum, Documents.16686; 'Liverpool, England, Church of England Baptisms, 1813-1919 - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/4076846:2196>; '(Rev) Harold D. Morgan - 1939 England and Wales Register - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/23956200:61596>; 'Agnes Kathleen Dunbar Morgan - UK & Ireland, Nursing Registers, 1898-1968 - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/1215532:60423>; 'Agnes Kathleen

Agnes Kathleen Dunbar Morgan was born in Liverpool on 19 January 1915 to Reverend Harold Dunbar and Agnes Maude Morgan. Based off the signatures from her letters, she generally went by her second name, Kathleen, and used the nickname Kat. She was the fourth of five children, following Thomas, Ruth, and James, and preceding Margaret Joyce. James Dunbar Morgan trained as a doctor and served with the RAMC.

Morgan trained at the Liverpool Royal Infirmary from 1935 to 1939 and received her registration on 23 June 1939. She continued to work at the Liverpool Royal Infirmary following her registration and received her mobilization orders in January 1941. Morgan left the UK in March 1941, arriving in Egypt in May. Morgan and her unit were deployed at various locations throughout Egypt from May 1941 to March 1943, when they were transferred via hospital ship to Benghazi, Libya. Morgan's hospital worked in Benghazi from March to June 1943 and then was deployed to Tripoli from June to August 1943. From Tripoli, Morgan and her colleagues were deployed to Sicily, where they worked from August to November 1943, in order to support the Allied invasion of Italy. It was during this deployment in Sicily that Morgan was briefly reassigned from her original unit to a 1st Army CCS in August 1943, returning to her original unit in September. Morgan and her unit were then deployed to Italy, landing in Reggio Calabria, in November 1943. Morgan and her unit remained in Italy, steadily following the 8th Army north. Morgan stayed with her unit until they reached Perugia, the capital of Umbria, in December 1944, at which point she was invalided home due to her rheumatic disorder. Morgan returned to nursing following her military service, with the 1946 RCN register listing her as living in Eastham in Cheshire, placing her not far from her birthplace of Liverpool. Morgan died on 10 September 1978, in Chester at the age of 63.

Sister Mary Morris⁶

Sister Mary Ellen Morris [nee Mulry] was born 15 February 1921 to Michael Mulry, a farmer,

Dunbar Morgan - UK & Ireland, Nursing Registers, 1898-1968 - Ancestry.Co.Uk.' Accessed May 26, 2023. https://www.ancestry.co.uk/discoveryui-content/view/1333561:60423?tid=&pid=&queryId=37e9a14d8c4fdfe9663975dbad0aa33d&_phsrc=Big610&_phstart=successSource; 'Agnes Kathleen Dunbar Morgan - England & Wales, National Probate Calendar (Index of Wills and Administrations), 1858-1995 - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/20487096:1904>.

⁶ Mary Morris, *A Very Private Diary: A Nurse in Wartime*. Edited by Carol Acton. London: Weidenfeld & Nicolson, 2014; Mary Morris, 'Private Papers of Mrs. M. Morris', Imperial War Museum, Documents.4850; Carol Acton, 'Introduction.' In *A Very Private Diary: A Nurse in Wartime*, edited by Carol Acton. London: Weidenfeld & Nicolson, 2014; 'Web: Ireland, Census, 1911 - Ancestry.Co.Uk.' Accessed May 27, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/15458602:70564>; 'Mary Ellen Morris - England & Wales, Civil Registration Death Index, 1916-2007 - Ancestry.Co.Uk.' Accessed May 27, 2023. <https://search.ancestry.co.uk/cgi-bin/sse.dll?dbid=7579&h=2925296&indiv=try>.

and his wife, Ellen Gordon Mulry, in County Galway, Ireland. She was the youngest of six, with four older brothers, John, Tom Joe, Michael and Patrick. Sister Morris' mother died of puerperal sepsis when she was three weeks old and she was then raised primarily by her aunt.

Morris moved to England to begin her nurse training at Guy's Hospital in 1938. When war was declared in 1939, she was evacuated to the Kent and Sussex Hospital in Tunbridge Wells where she completed her training, gaining her registration on 27 June 1941. Morris undertook her specialist training in fever nursing at the Brook Hospital in Woolwich, beginning in February 1943. She took her State Fever examinations on 14 March 1944 and, having qualified, resigned from her position at Brook Hospital to sign up with the QA's, joining her unit, the No. 101 BGH, in early June 1944. Morris and her unit were deployed to Normandy on 18 June 1944 and established a field hospital near Bayeux. Morris and the No. 101 BGH worked in the Normandy field hospital from 19 June to 24 September 1944. The unit then moved on to Louvain, Belgium, near Brussels, where they set up a hospital in the Sacre Coeur Convent. Morris worked in Louvain from September 1944 to August 1945. It was during this time that she met Malcolm Morris, a British subaltern, who would become her husband. Morris remained in Belgium through the end of the war in Europe and briefly returned to work in the UK in August 1945 while she awaited reassignment. She returned to Belgium in late September 1945 to serve with the No. 108 British General Hospital as part of the British Liberation Army. Morris remained with the 108 BGH in Brussels until May 1946 when she was deployed to Münster, Germany with the No. 25 British General Hospital, allowing her to be slightly closer to her fiancée, Malcolm, who was stationed in Dusseldorf. Morris returned to the UK for her marriage leave on 22 September 1946 and she and Malcolm were married on 12 October 1946. Morris returned to duty in Münster on 28 October 1946 and was transferred to the No. 94 BGH in Hamburg on 1 November 1946, which finally allowed her to live in the same city as her husband. Morris remained deployed with the 94 BGH in Hamburg until she was demobilized on 27 June 1947. Mary Morris and Malcolm had four children together, Michael, Maureen, Jennifer, and Kathryn. Following Malcolm's demobilization, the family moved to Twyford, Berkshire, where they lived for several years before moving to Brighton. Mary and Malcolm eventually retired to a cottage in the Wye Valley in Herefordshire, where Morris passed away in June 1997 at the age of 76.

Sister Betty Murgatroyd⁷

⁷ Betty Murgatroyd, 'Private Papers of Miss B. Murgatroyd', Imperial War Museum, Documents.19944; 'Betty Murgatroyd - UK, British Army World War I Service Records, 1914-1920 - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://search.ancestry.co.uk/cgi-bin/sse.dll?dbid=1219&h=7799565&indiv=try>; 'Mabel Murgatroyd - 1939 England and Wales Register - Ancestry.Co.Uk.' Accessed May 26, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/20972097:61596>; 'Claude Murgatroyd - 1939 England and Wales Register - Ancestry.Co.Uk.' Accessed August 10, 2023. <https://www.ancestry.co.uk/discoveryui-content/view/20972096:61596>; 'Betty Murgatroyd - UK & Ireland, Nursing Registers, 1898-1968

Sister Betty Murgatroyd was born on 29 November 1916 to Claude and Mabel Murgatroyd in Leeds. She was the eldest of three children, preceding younger sisters Peggy and Joyce. In the 1939 Register, Murgatroyd's father's profession was listed as 'Racing Commission Agent'.

Sister Murgatroyd trained as a nurse at the Redhill County Hospital in Edgware from 1937 to 1940 and was registered as a nurse on 28 June 1940. Murgatroyd joined the QA's in September 1943 and was originally assigned to the No. 102 General Hospital, stationed in Ormskirk, Lancashire. She remained with this unit until April 1944, although she was sent to a military hospital in Abergale, North Wales, from October to December 1943 to receive training for work with a mobile surgical unit. In late April 1944, Murgatroyd was assigned to the No. 86 General Hospital where she remained until she joined the No. 32 CCS and was deployed to France, arriving on 15 June 1944. Murgatroyd worked in France from June through till late September 1944. Her unit then followed the advancing Allied armies into Belgium, where she worked from October to November 1944, and the Netherlands, where she was stationed from November 1944 to March 1945. The 32nd CCS entered Germany in March 1945 and was deployed to the recently liberated concentration camp, Bergen-Belsen, on 17 April 1945. Murgatroyd spent the majority of the month of June 1945 in Denmark, which served as a rest following her intensive work at Belsen. Murgatroyd was then reassigned from the No. 32 CCS to the No. 113 BGH and deployed to Ostend, Belgium. She was then permitted to go on home leave to the UK before being assigned to the SEAC [South East Asia Command]. The final piece of correspondence in her collection was a Christmas card sent from the No. 9 IBGH [India Base General Hospital] in Ranchi, Bihar, India.