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THE UNIVERSITY OF KENT

'A Very Haven of Peace': The Role of the Stately Home Hospital in First World War Britain

Being a Thesis submitted for the Degree of Doctor of Philosophy at the University of Kent

By

Jack M. Davies

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Abstract

This thesis examines the role of the stately home hospital during the First World War. It assesses the social and cultural importance of these institutions, as well as the place that they, and their patients, held within wartime society. It argues that the establishment of a hospital in a stately home communicated a high level of patient care, reminding people all over the Empire how much Britain valued the sacrifices of its wounded. However, some members of the soldiery misinterpreted the value bestowed upon them by their status as war heroes. Consequently, the stately home hospital became a site of physical and emotional clashes between the wounded and the medical authorities. By placing these medical establishments in their social, cultural, political, and imperial contexts, this thesis delineates the myriad of ways that the space of the stately home hospital affected the experience of wounding and how a number of different people interacted with the institution and utilised it for many different purposes.

The domestic nature of these private residences meant that they straddled the military and civilian spheres, which convoluted the position of the wounded soldier, the medical staff, and ancillary workers within. In addition, the space was home to a variety of non-military personnel who presented the wounded with a variety of different opportunities that transcended normal military spaces. This thesis explores these opportunities to discuss the important position stately home hospitals held within First World War Britain. Due to the historic role of the stately home in British social, cultural and political life, the experience of recovering within these walls was socially loaded. This thesis argues that the establishment of hospitals in these buildings was an important statement to the wounded and their families.

LIST OF ABBREVIATIONS

| | |
|--------|---|
| VAD | Voluntary Aid Detachment |
| CO | Commanding Officer |
| MO | Medical Officer |
| FGCM | Field General Courts Martial |
| RAMC | Royal Army Medical Corps |
| DORA | Defence of the Realm Act |
| ANZAC | Australian and New Zealand Army Corps |
| NCO | Non-Commissioned Officer |
| AIF | Australian Imperial Force |
| FANY | First Aid Nursing Yeomanry |
| QARANC | Queen Alexandria's Royal Army Nursing Corps |
| CCS | Casualty Clearing Station |
| WAAC | Women's Army Auxiliary Corps |
| WRNC | Women's Royal Navy Service |
| WRAF | Women's Royal Air Force |
| NWSC | National War Savings Committee |

Introduction

The First World War resulted in significant amounts of bodily destruction throughout the world. It was fought on an unprecedented scale both abroad and at home. Modern warfare brought with it the mass movement of armies, the migration of people from warzones, as well as the influx of individuals into ancillary and caregiving positions. Consequently, war significantly altered both military and social traditions in the Forces and in the lives of the civilians at home. With over three million wounded soldiers from the British Empire alone, the importance of medical provision and the chain of care that men progressed through was indisputable.¹ Significant numbers of wounded servicemen returned from the fronts to Britain to recover from their injuries.

The new types of weaponry that were developed prior to and during the war caused a range of severe wounds. Despite medical professional's best efforts to save them, many servicemen succumbed to their injuries, at the front and at certain points through their transportation down the line. However, significant numbers survived and arrived in Britain for treatment. Wounded men were distributed around the country to military hospitals and specialist centres where a variety of personnel cared for them. For the severely wounded, total recovery took a long time. Before a complete recovery was achieved the soldier had progressed through a range of different types of care. This thesis focuses on the role of the hospital in the process of curing the wounded. In particular, it concentrates on the specific locus of care, the stately home. These homes were provided by private citizens for the War Office's use, and were mostly administered by the British Red Cross. The stately home hospital has become a potent symbol of class cohesion

¹ A.G. Butler, *The Australian Army Medical Services in the War of 1914 – 1918: Volume 1* (Melbourne: Australian War Memorial, 1938), p. 881.

resulting from the upheaval of war, especially in the hundred year commemoration of the conflict which started in 2014.

Despite the image created in the past and perpetuated through historical commemoration, hospital care in the First World War was controversial. While the fact that eighty two per cent of men were restored to health and subsequently returned to the fighting fronts was considered a great success by the War Office, many of the wounded did not feel the same way.² Jeffrey Reznick and Ana Carden-Coyne have argued that men felt expendable, as if they were cogs in the military machine.³ To them, the care offered had more to do with military manpower than humanitarianism. Carden-Coyne suggests: 'Whether conscript or volunteer, officer or other ranks, British or colonial, the soldier was regarded as a national and imperial resource.'⁴ Men that returned to Britain for their hospital care remained in the Forces and as such, military rules and regulations applied to them. To the authorities, the wounded were obligated to recuperate efficiently and return to the front. However, many of the wounded saw recovery as their chance to escape the dangerous and frightening environment of the army. To challenge this attitude, military hospitals endeavoured to maintain the strict discipline experienced by soldiers in other military spaces. Yet as men recovered and progressed through the chain of care, many were sent to convalescent or auxiliary hospitals located in stately homes. The medical care provided in stately homes was inconsistent; it was difficult to standardise military discipline due to the presence of a grateful public and the recreational opportunities that they offered.

² Carden-Coyne, *The Politics of Wounds*, p. 2.

³ Jeffrey Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War* (Manchester: Manchester University Press, 2011), p. 3; Carden-Coyne, *The Politics of Wounds*, p. 2.

⁴ Carden-Coyne, *The Politics of Wounds*, p. 4.

To ensure rapid recoveries for wounded men, the War Office established a number of new hospitals within Britain. By October 1914, there were 20,000 beds in military hospitals and 12,000 in territorial hospitals.⁵ Territorial hospitals were created especially at the beginning of the First World War and were formed in buildings that were not military hospitals prior to the outbreak of the conflict. This number of hospitals was augmented by private dwellings offered to the War Office. Brian Abel-Smith suggests that organisations and individuals offered over 5,000 buildings but the War Office only accepted 1,600 of these.⁶ However, a report on the hospital care during the war claims that 1,400 hospitals were created in 'other buildings', roughly amassing to 126,000 beds.⁷ To avoid spending precious resources the War Office placed the British Red Cross in charge of sifting through submissions and inspecting suitable premises. Many hospitals were established through individual acts of charity and the necessary alterations were funded by individuals or through their local communities. The Central Fund, orchestrated by the British Red Cross, augmented this volunteerism. Hospitals were also aided by War Office capitation fees, which were paid according to how many patients were staying in the establishment.

The British population were instrumental in funding care for the wounded from Britain and all over the Empire. By the end of the war, the British Red Cross had amassed over 21 million pounds that it spent caring for the wounded, including funding the formation and running of hospitals in stately homes.⁸ Beyond financing a significant amount of medical care through subscriptions and donations, individuals donated their labour and material possessions. People

⁵ 'Territorial Hospitals: The Guiding Principles of the Scheme', *The Hospital*, Vol. LVII, No. 1477 (10 October 1914), p. 33 - 34.

⁶ Brian Abel-Smith, *The Hospital 1800 - 1948* (London: Heinemann, 1964), p. 253.

⁷ TNA - WO 222/1, 'Hospital Accommodation on Mobilisation 1914 - 1918 Arrangements for the Reception and Treatment of Sick and Wounded in Hospitals in the United Kingdom During The Great War', p. 20.

⁸ Abel-Smith, *The Hospital*, p. 43.

volunteered as members of the VAD (Voluntary Aid Detachment), others sewed and knitted for the wounded, some visited hospitals or took the men out on day trips to provide entertainment and comfort. This reliance on volunteerism was not limited to the British home front, rather it was representative of the requirements of all fronts during the First World War.

It was into this ad hoc system of care that the wounded from Britain and its Colonies and Dominions came to recover. Within this military hospital system for the war wounded was a venerable British institution – the stately home. This thesis focuses on the hospitals created within private residences in Britain. It explores the history of these hospitals by placing them within their cultural, imperial, and social contexts. It highlights the wounded soldiers' experiences and explores them through a variety of themes that delineate the role that stately home hospitals played in the restoration of men's bodies.

A key aim of this thesis is to show that different people used the stately home hospital in a myriad of ways, and that the interactions that occurred in the hospital space were dependent on factors such as age, race, and class. It pays particular attention to class, as the stately home was intrinsically tied up with the British class system, and these hospitals were no exception. In addition, it explores contemporary notions of gender. The domestic nature of the stately home hospital was juxtaposed with the violent realities of warfare, resulting in significant repercussions on contemporary notions of gender. Joan Scott argues that the use of the term gender allows historians to explore 'the entirely social creation of ideas about appropriate roles for women and men.'⁹ Sonya O. Rose agrees, and reminds her readers that the definitions of masculinity and femininity change depending on

⁹ Joan W. Scott, 'Gender: A Useful Category of Historical Analysis', *The American Historical Review*, Vol. 91, No. 5 (December, 1986), p. 1056.

their historical context.¹⁰ By analysing the changing societal expectations and representations of men and women, as well as the relationships formed between them in the hospital space, this thesis builds on this work to discover the ways that the First World War hospital affected gender relations, and how British society saw war-work as being defined by gender.

Another key component of this thesis is an understanding of the *space* of the stately home. Rather than being preoccupied with the physical space or location of the stately home hospital, this thesis examines the metaphorical space that houses of recovery held in British consciousness. In order to do this, this thesis utilises Edward Soja's thirdspace theory. Soja suggests that thirdspace is a term that captures the 'constantly shifting and changing milieu of ideas, events, appearances, and meanings.'¹¹ Though they occupied physical, tangible spaces, stately home hospitals varied considerably. Some housed fewer than 20 soldiers, but the majority sat somewhere between 20 and 50 beds. Many were located far away from major cities, chosen due to the contemporary notion of country or sea air as being good for health, but others were opened in London or other large metropolises. Due to the large amount of variation in physical shape, size, and surroundings of the stately home hospital, this thesis focuses on its representation, utilisation, and conceptualisation to and by the wider British public. Like Soja's thirdspace, it explores the varying ideas, events, and meanings that were spread through, and by, the stately home hospital, thereby delineating how the establishment of hospitals in stately homes affected British society during the First World War.

¹⁰ Sonya O. Rose, *What is Gender History?* (Cambridge: Polity, 2010), p. 4.

¹¹ Edward W. Soja, *Thirdspace: Journeys to Los Angeles and Other Real-and Imagined Places* (Oxford: Blackwell, 1996), p. 1.

Themes

A number of themes form the basis of this study, and many chapters touch upon similar concepts. In particular, the thesis explores the importance of gendered environments, relationships, class, and discipline. These themes were significant for the stately home hospital due to its spatial connotations. They were not merely hospitals or convalescent homes; rather, they were representative of Britain's social divide. Placing medical institutions in some of the most high-classed buildings in Britain resulted in a variety of different problems. Some of the wounded struggled with the lack of consistency of care in the stately home, caused by it being stranded somewhere between the military and domestic spheres. Similarly, others struggled with oppressive disciplinary regimes or the laxity or lack of adherence to military rules as a result of being surrounded by civilians. In stark contrast to conditions at the front, men were surrounded by women, and this offered them the opportunity to build relationships and engage on a social and intimate level. The space offered men the chance to foster relationships with each other, as well as with the communities that supported the hospitals, the medical staff, and the military more generally.

Military Environments

For many wounded soldiers, stately homes were an ideal destination after the rigours of treatment in busy military hospitals. The domestic setting hinted at excellent treatment, and for many it presented a way of life that was alien to them. However, stately homes were often locations for conflict amongst authorities and the individuals who managed the stately home hospital. Chapter Three explores the clashes between them. The War Office hoped to instil strict discipline in all hospitals and convalescent homes, and the stately home was expected to maintain

a military environment akin to training camps or deployment depots. It was hoped that the hospital enforced discipline similar to that of other military environments, and that these domestic homes would become spaces where authority was reasserted over the recovering bodies of wounded men.

In reality, however, the stately home hospital was not controlled by rules as the authorities wished. Discipline was undermined by those individuals who opened hospitals without reference to War Office and British Red Cross guidelines, something which is explored in Chapter Two. As a result of this, there was a lack of disciplinary uniformity in institutions in Britain. This lack of clarity led to clashes between patients and staff, patients and the authorities, between patients themselves, and the civilians that surrounded them.

The domestic nature of the stately home hospital ensured that civilians were able to trespass into the military domain. The presence of civilians in a military environment resulted in a variety of problems that this thesis explores throughout all of its chapters. They presented the wounded with a variety of different opportunities while recovering in hospitals and convalescent homes. While many of the larger stately homes in Britain were in rural and isolated areas, some that were donated as hospitals were in busy seaside towns or cities. This meant that stately home hospitals differed considerably from each other, but also from most other military environments that had very few non-military personnel within them. The presence of these civilians resulted in the creation of a variety of relationships with people outside of the armed forces – though not always positive interactions, they highlight the opportunities that men had to integrate beyond the military sphere and are explored in Chapters Three, Four, and Five.

Relationships

Soldiers had the chance to meet and mingle with a variety of different people while staying in the stately home hospital. Beyond other soldiers, there were caregivers, military personnel, domestic staff, ancillary staff, and those who chose to visit them. Some of these relationships were fraught at times, but others proved beneficial for the wounded and their acquaintances alike. Hospitals in these locations occupied a liminal space – they straddled the military and public spheres. Wounded men were still members of the army, yet they found themselves surrounded by civilians. The women who worked at the hospitals or came to visit men in these medical establishments posed new social opportunities for the wounded. They had escaped the male dominated military environment of the front, and instead found themselves the centre of attention back home in Britain.

This thesis examines the relationships men in these hospitals had with the authorities, their female carers, visitors, and comrades from all over the Empire. In exploring these relationships, the thesis highlights the position that the wounded held in British society, as well as the way that wounded men were able to interact with unfamiliar surroundings and individuals, and negotiate their new role as a representative of the war wounded to the civilians around them. Furthermore, it highlights the social expectations of both men and women, and the way that war significantly affected Britain's imperial relations.

Class

Stately homes in Britain have an unavoidable connection to the upper classes and were a physical manifestation of financial disparity. They were built as playgrounds for the elite; as spaces where the wealthy escaped the stresses and strains of city life and enjoyed pastimes unique to their social station. The

transition of these buildings into hospitals did not diminish these connotations. For many wounded soldiers, it was the first time they entered such palatial homes. Unless the wounded had worked in domestic service before the war, the setting was unfamiliar and alienating. Yet through wounding, the servicemen were reconfigured: instead of being unwelcome trespassers, they became honoured guests.

Class permeated the stately home hospital in a number of ways. After the introduction of conscription in 1916, and the high death rates of officers as the war progressed, the army was made up of men from all social classes. This meant that patients within the wards came from a variety of different backgrounds and thus had varying experiences of the stately home. Some may have felt uncomfortable in the surroundings, while others were more familiar and at ease in buildings with such grand histories. Similarly, the staff in these institutions came from across the social spectrum. Though ancillary workers were more often members of the working classes, only the middle and upper classes were able to volunteer or work as VADs and doctors. In addition to these upper class employees and volunteers, visitors flocked to stately home hospitals to provide comfort through visits and gifts for the wounded. Men were given the opportunity to associate with people from all socio-economic classes while recovering in some of the most lavish buildings in the country. This meant that the hospital space reflected a broad spectrum of the British population.

The experience recovering in a hospital in Britain, and being in the armed forces more generally, differed between the various socio-economic classes of the recruits or conscripts. Throughout all military establishments, the way when were represented, perceived, and treated depended on their class. Class dictated the ways that men interacted with hospital staff, with the civilians that visited them, as

well as the way that the British press and judiciary systems treated them. Consequently, class appears frequently throughout this thesis, most notably in Chapters Two, Three and Four.

Discipline

A further theme of this thesis is discipline and regulation. Though Chapter Three is dedicated to discipline and deviance within the hospital space, discipline and regulation is relevant to a variety of different chapters. The War Office was keen to emulate the environment of the front inside British hospitals. For them, wounding was to be an extension of time spent in other military environments. Consequently, some medical practitioners employed strict military discipline in their hospitals, while others did not. In particular, the disciplinary regime was inconsistent in stately homes because of the various backgrounds of the staff, as well as the social and geographical positions of the building.

The role of the stately home hospital meant that discipline was difficult to maintain. Ostensibly, they were military institutions, yet their location in domestic, private residences, meant that the establishments themselves, and the soldiers within them, were stranded between the military and civilian spheres. Additionally, the high-classed leisure background of these buildings and their luxurious reputations were in conflict with disciplinary regimes. The presence of predominately civilian personnel and visitors further complicated the position of the stately home hospital patient. As a consequence, the experiences of the soldiers housed within stately home hospitals varied throughout different establishments.

Expectations

Associated with issues surrounding discipline in stately home hospitals are the expectations of the hospital space. Expectations held by authorities and wounded soldiers were constantly in conflict with each other, and further undermined discipline in the hospitals. For the wounded, a 'Blighty' wound was a ticket away from the fighting fronts. For the War Office, however, it was a temporary condition that postponed, rather than prevented, men's return to the fighting. Beyond a reprieve from the fighting, some men viewed their wounds as an opportunity to return to their peacetime lives, or a chance to exploit their heroic reputation and gain some recompense from a country and population that they felt owed them. This is explored in greater detail in Chapters Three and Five, which focus on criminality and women in the hospital space respectively.

The variety of people as patients and workers inside stately home hospitals also led to numerous issues regarding expectations. Members of the public expected to be able to visit the wounded and provide them with comforts that they believed appropriate. Sometimes comforts were banned from the hospital space; in particular, many visitors were keen to provide the wounded with alcohol. This led to significant clashes between patients and hospital authorities as alcohol threatened to undermine military culture and to hinder soldiers' recoveries. Soldiers' expectations regarding freedom from military regulations are explored throughout the thesis, but most significantly in Chapter Three.

Conversely, many wounded men hoped for peace and quiet in the hospital space. Some soldiers resented the intrusion of visitors, many of whom forced patients to relive unpleasant memories. This frustrated the wounded and further isolated them from the British public, reminding them that only those who fought beside them could understand their horrific experiences. In a similar fashion,

nursing staff often found themselves struggling to control processions of visitors carrying gifts and contraband for the wounded men. These differing spatial expectations for patients, medical professionals, workers and civilians are explored throughout the thesis.

Throughout the Empire, citizens expected the British authorities to take care of their wounded. The involvement of armies from all across the British Empire meant that the hospital space was required to function as a propaganda tool. Chapter Five explores the nation specific hospitals created for Canadian, Australian, and Indian soldiers, and the expectations that people had for high levels of care for their wounded. These expectations led to clashes not only in Britain, but also throughout the Empire, all of which had severe political and imperial consequences for all of the nations involved.

These themes are used to delineate the position that the stately home hospital held, not only in British society, but throughout the Empire. They allow historians to recreate and understand the experience of wounding and recovery in these grand buildings, helping to build upon the historiography of the sociocultural history of medicine of the First World War.

Methodology and sources

Though this thesis examines a history of medicine topic, it does so with a sociocultural approach. As such, this thesis places the medical care of the First World War within its cultural context. The sociocultural approach to the history of medicine has become more popular in recent years; noteworthy scholars who have successfully utilised this methodology include Jeffrey Reznick, Ana Carden-Coyne,

and Julie Anderson.¹² This thesis identifies the place that the stately home hospital and medicine more generally held in First World War Britain, rather than the military medical care itself.

Though the recoveries, innovations, and pioneering provisions of the hospitals in this conflict are significant, this thesis illuminates the ways in which the wounded were treated emotionally and socially, as well as the ways they were represented to and conceptualised by the wider British public. It explores how British society reacted to the influx of wounded and the establishment of hospitals in stately homes during the conflict. In so doing, it delineates the position that First World War soldiers held in British society, and the ways in which the nation supported or undermined military authority in these institutions. This study goes beyond the medical treatment provided and examines what this care engendered in wartime Britain.

This methodology allows this thesis to reconstruct the different perspectives that were integral to the hospital space. As Roy Porter identified in 'The Patient's Perspective: Doing Medical History From Below', historians of medicine have traditionally approached their writing in a scientific manner, often focusing on the successes or failures of medicine and granting far more attention to the practitioner than anyone else.¹³ Due to the sheer number of people involved in treating the sick and wounded during the First World War it is important to apply a different methodology to this thesis. By studying the home front hospital through a socio-cultural gaze, this thesis offers various perspectives on First World War medical care. It explores the way the patients experienced recovery in Britain, studying the ways they represented and reflected on their time in auxiliary

¹² Reznick, *Culture of Caregiving*; Carden-Coyne, *The Politics of Wounds*; Julie Anderson, *War, Disability, and Rehabilitation: "Soul of a Nation"* (Manchester: Manchester University Press, 2011).

¹³ Roy Porter, 'The Patient's View: Doing Medical History From Below', *Theory and Society*, Vol. 14, No. 2 (March 1985), pp. 175 – 198.

hospitals and convalescent homes. It addresses the networks that men created amongst themselves, medical practitioners, and members of the public, giving a voice to hospital visitors, property donors, nursing volunteers, and professional caregivers. It recreates the social structures, both real and imagined, that dictated life in the hospital space. In so doing, it identifies the position that stately home hospitals held in the military domain, and in British society more widely.

Utilising a combination of cultural and social history approaches allows this thesis to challenge the predominant historiography of the history of medicine. Though this would be possible using only one of the methodologies, utilising a combination of them strengthens the argument and allows this thesis to fully recreate the context in which these hospitals operated. Without the social and cultural methods, this thesis would simply recreate the successes and failures of First World War medicine, a topic that has seen a large amount of scholarship. If it only applied a cultural methodology, it ran the risk of ignoring the structures that governed home front hospitals and soldiers while they were recovering, as well as the network of relationships that men created while hospitalised. However, a social approach had the potential of ignoring the flow of ideas and concepts, like national identity, racial stereotypes, myths and narratives that were shared and challenged in the hospital space. Together the socio-cultural history of medicine approach allows this thesis to explore themes of class, relationships, military environments, discipline, and expectations.

In order to do this, this thesis utilises a wide range of primary sources including official documentation, contemporary news and media, as well as private correspondence. Though there is a large body of work that exists that examines medical care in the army, few historians have examined the lives of the wounded once they reached Britain – and there has been little attention focused on the

institutions established within private residences. To rectify this, it relies heavily upon published newspaper articles from both the national and local press to explore the information circulated during the First World War. Through examining the ways the hospital space and the people working or recovering within its walls were represented in the press, this thesis reconstructs public opinion through an assessment of what information was transmitted to both British (and international) populations. In this assessment, it is interesting and useful to identify what was withheld from contemporary magazines and newspapers, thereby identifying the propagandistic potential of the hospital space. Similarly, medical journals including *The Hospital*, *The Lancet*, the *British Medical Journal*, and the *British Journal of Nursing* have proved fundamental to understanding medical discourse and discussions between practitioners.

In addition, archival research was undertaken in the University of Reading Special Collections (the Museum of Rural Life), the Imperial War Museum (IWM), the British Library (BL), the Wellcome Trust, the British Red Cross Archive (BRC), the National Archives (TNA), the London Metropolitan Archives (LMA) and other, smaller collections throughout the country. These have provided a wide variety of documents that demonstrate the ways that hospitals were established, how they operated, the patients within them, the individuals who donated the buildings, and the authorities who managed them.

In order to provide a more personal element, memoirs, diaries and correspondence are used extensively. These sources offer a different insight into the operation and management of the hospital space. By exploring the personal stories of those in the space, this thesis assesses how individuals interacted with, and benefitted from, the First World War hospital. Hospital magazines provide sources that can be used in similar ways, and a number of historians have utilised

these and trench journals, in order to reconstruct the attitudes of contemporaries. Soldiers, nurses, doctors, visitors, and ancillary workers wrote poems, prose, and essays for these publications. They provide insight into how the hospital functioned, and are indicative of the environment inside the establishment.

Though this thesis relies upon an extensive network of archives and primary sources, studying stately homes in Britain is often very difficult. Researching private properties creates a host of problems. Though many families turned their homes into hospitals in the First World War, a large proportion of stately homes and landed estates were sold off in the period following the conflict. It is uncommon for properties to be owned by the same families as they were in 1914. Many of them have been acquired by organisations like English Heritage and the National Trust, though some families have agreements that allow them to continue living in the space, many do not. Other families were forced to sell their properties and move elsewhere, and as a result, the papers, photographs, and other material culture that relate to stately home hospitals have been lost, sold, or forgotten. Consequently, this thesis rarely utilises this type of private paper, with the notable exception Nancy Astor's documents, which have been collated and catalogued in the Museum of Rural Life. In addition, research for this thesis was further complicated by the lack of organisation of the MH106 files in TNA. This contains the medical histories of First World War servicemen, however, it is difficult to navigate, so this thesis uses TNA files that relate to specific hospitals or Scotland Yard, rather than individuals. As this thesis utilises a large proportion of local and national newspapers to form its analysis, it is important to mention that some articles make no references to the hospitals where soldiers are recovering, perhaps to prevent the identification of individuals. As a result, some of the examples used do not relate to stately home hospitals. Instead it is possible that

soldiers were recovering other forms of institutions. This does not detract from the poignancy of some of the examples and still demonstrates the ways that wounded and sick soldiers were represented in the press and how the British public reacted to them.

Literature Review

There are relatively few historians who have examined the lives of the First World War wounded or sick after they have arrived in Britain to undergo hospital care. The most influential are Jeffrey Reznick, Ana Carden-Coyne, and Christine Hallett. Reznick's *Healing the Nation: Soldiers and the Culture of Caregiving in the Great War* uses a sociocultural approach to recapture the experience of men in two hospitals during the First World War. To do this, Reznick uses hospital magazines extensively. These were publications that soldiers, visitors, and members of staff contributed to. Though these magazines were censored (normally by the chief officer or the matron in particular wards), they provide insight into the hospital environment.¹⁴ They allow us to reconstruct the ward mentalities and the opinions of injured servicemen in Britain. Reznick has effectively utilised these to discover contemporary reactions to spectatorship in the hospital, the hospital blues, the food provided, and the entertainments that were arranged for the wounded. From analysing soldiers' reactions to these elements of their lives, Reznick recreates a wide spectrum of contemporary attitudes regarding masculinity, disability, and dependence, arguing that hospitals were an extension of the fighting fronts, and wounded bodies were cogs in the military machine. Reznick's work goes a long way to reconstruct what life was like within the constraints of a military hospital. However, by only discussing two hospitals he prevents us from drawing a

¹⁴ Reznick, *Healing the Nation*, p. 6.

precedent that can be taken as the truth for military hospitals as a collective. This thesis, unlike Reznick's work, examines the creation of auxiliary hospitals and convalesce homes in stately homes in Britain. It utilises a similar array of primary sources to those Reznick consulted, but focuses on a different element of the British military medical system.

Other prime examples of historians who have examined the hospital space are Christine Hallett, Ana Carden-Coyne, and Jay Winter. Hallett's book *Containing Trauma and Veiled Warriors: Allied Nursing of the First World War* focused on the work completed by professional nurses during the conflict.¹⁵ She utilises a large amount of correspondence between soldiers and nurses, as well as memoirs written in the aftermath of the war to reconstruct the physical and mental states of caregivers during the conflict. *Containing Trauma* breaks down the experiences of these women into their geographical positions to differentiate between the nurses who served at home, on the Western Front, and those who worked further afield. The crux of Hallett's argument is that nurses were undervalued and were critically important to the medical care provided to soldiers. Carden-Coyne's work *The Politics of Wounds: Military Patients and Medical Power during the First World War* also uses the hospital space for its analysis.¹⁶ Carden-Coyne spans a wide variety of different topics relating to the wounded during the First World War. For the sake of this thesis, the chapters that focus on sexual relationships or resistance to military authority within the hospital are the most relevant. However, Carden-Coyne's book covers so many different elements of hospital care during the First World War, that it is unable to provide enough detail or analysis on some key topics. Winter's comparative study on hospitals in Britain, Paris, and Berlin focuses

¹⁵ Hallett, *Containing Trauma*.

¹⁶ Ana Carden-Coyne, *The Politics of Wounds*.

heavily on the different ways shell shock patients were treated. It argues that hospitals were sites for the 'construction and re-construction of soldiers' bodies, minds, and identities', and that medical care became an important part of the metropolitan landscape.¹⁷ It is perhaps most useful when he discusses the importance of civilian morale and how 'visibility and invisibility... was central to life within and around Metropolitan hospitals.'¹⁸ Winter's ideas allow this thesis to transpose this analysis to the stately home hospital. These works provide a wealth of contextual information, inspiration for primary sources, and a framework for scholars studying the provision of medical care on the home fronts. While Reznick, Hallett, Carden-Coyne, and Winter have all studied the military hospital during the First World War, less attention has been placed upon the convalescent home or auxiliary hospitals within Britain. Even less has been paid to the *space* that these institutions held, both physically and ideologically, within British culture.

The majority of scholarship focusing on First World War military medicine concentrates on the medicine of the fighting fronts. The sheer numbers of soldiers wounded or ill during the conflict meant that historians have been fascinated by the way the military medical system. Mark Harrison has explored the medical provision of the Western Front in his monograph *The Medical War* where he demonstrates the growing importance of the Royal Army Medical Corps (RAMC) and the medical provision of the conflict more generally.¹⁹ Whitehead's *Doctors in the Great War* examines the recruitment and training of doctors, during the conflict, exploring the ways in which they provide medical care throughout the

¹⁷ Jay Murray Winter, 'Hospitals', in *Capital Cities at War Paris, London, Berlin 1914 - 1919: Volume Two A Cultural History*, ed. Jay Murray Winter and Jean-Louis Robert (Cambridge: Cambridge University Press, 2007), p. 382.

¹⁸ *Ibid.*, p. 357.

¹⁹ Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010).

fighting fronts and at home.²⁰ Mayhew's monologue *Wounded: From Battlefield to Blighty 1914 – 1918* offers the readers a different depiction of the military-medical system of the First World War. These works have informed this thesis about how the British military medical services functioned, the chain through which soldiers progressed en route to Britain, and what training members of the RAMC were exposed to. These factors all affected the way the soldiers experienced hospital care in Britain, and as such, the aforementioned works underpin the research necessitated by this thesis.

To fully understand the process of convalescence or recovery in a stately home hospital, it is necessary to understand the history of nursing of the First World War. As this thesis examines institutions in stately homes, this is even more integral. The majority of stately homes became auxiliary hospitals or convalescent homes, spaces where soldiers were prescribed care and relaxation rather than significant medical intervention. As a result, the nurse played an important role in the provision of medical care. Nurses, both volunteer and professional, were a significant element of First World War medical care in Britain and on the battlefields. Historians such as Henriette Donner and Janet S. K. Watson are prime examples. Donner's article entitled 'Why V.A.D.s Performed the Filthiest Task in the Dirtiest War: Red Cross Women Volunteers 1914 – 1918' focuses on the motivations of the women that volunteered to work as nurses in the First World War.²¹ Through her examination of women's correspondence and their memoirs, she concludes that it was women's' desire for moral sacrifice and service that attracted women to complete 'the filthiest tasks'.²² Watson argues that VADs and

²⁰ Ian Whitehead, *Doctors in the Great War* (London: Leo Cooper, 1999).

²¹ Henriette Donner, 'Under the Cross: Why V.A.D.s Performed the Filthiest Task in the Dirtiest War: Red Cross Women Volunteers 1914 – 1918', *Journal of Social History*, Vol. 30, No. 3 (Spring 1997), p. 688.

²² *Ibid.*, p. 700.

professional nurses clashed because of the different motivations for their service. Unlike Donner, she argues that VADs envisioned their place in hospitals as comparable to men in the trenches, while professional nurses hoped to demonstrate their skills and extensive training.²³ Sharon Ouditt has examined the extensive work of the VAD, utilising many literary sources to argue that they struggled with internal ideological divisions that prevented the amateur and professional nurses from working together to challenge the post-war patriarchy.²⁴ Brian Abel-Smith has also studied the history of nursing, devoting a considerable amount of attention to the friction between professional and volunteer nurses during the First World War.²⁵ The works discussed here are by no means an exhaustive list of historians who examine nursing in warfare, Anne Summers, Penny Starn and Lyn MacDonald are also examples of scholars working on the medical care that nurses provided to soldiers in various conflicts.²⁶ These works have influenced the creation of this thesis by providing contextual information on the important roles women fulfilled within the hospital space, both in Britain and abroad. In addition, they explore the ways that women's lives were dictated by contemporary constructions of gender, something that underpinned the caregiving positions that women held in British hospitals.

Soldiers underwent rehabilitation during and after their time in hospitals in Britain. This experience affected not only the experience of recovery, but it had severe repercussions on British society. With 41,000 British soldiers becoming amputees due to the hostilities and seven per cent of all British men between the ages of fifteen and forty-nine dying, it is unsurprising that its consequences were

²³ Janet S.K. Watson, 'War on the Wards: The Social Construction of Medical Work in First World War Britain', *Journal of British Studies*, Vol. 41, No. 1 (October 2002), pp. 484 - 510.

²⁴ *Ibid.*, p. 46.

²⁵ Brian Abel-Smith, *A History of the Nursing Profession* (London: Heinemann, 1975).

²⁶ Anne Summers, *Angels and Citizen: British Women as Military Nurses 1854 - 1914* (London: Routledge, 2000); Penny Starn, *Nurses at War: Women on the Frontline 1939 - 1945* (Sutton: Stroud, 2000); Lyn MacDonald, *The Roses of No Man's Land* (London: M. Joseph, 1980).

so widespread.²⁷ Joanna Bourke's *Dismembering the Male: Men's Bodies, Britain and the Great War* focuses on the changing nature of disability and the lives of disabled servicemen, arguing that by the 1920s the war wounded were removed from their heroic pedestal.²⁸ The public were keen to forget the problems of war, coupled with the economic depression of the 1920s, the high rates of unemployment and the theory of male domesticity, those wounded in the war soon found themselves transitioned from brave war heroes to useless burdens on society. Ana Carden-Coyne and Wendy Jane Gagen are also good examples for those interested in the relationship between disability and masculinity and the way the 'broken bodies' of the First World War forced British society to redefine this relationship. In *Reconstructing the Body*, Carden-Coyne explores the way men and society redefined notions of masculinity that surrounded the disabled First World War soldier.²⁹ Wendy Gagen, on the other hand, has explored one soldier's experience with amputation. Her examination of J. Middlebrook and his changing relationship with his stump delineates the ways in which wounded men renegotiated their relationship with masculinity.³⁰ Similarly, Jessica Meyer, in her book on masculinity in the conflict, discusses how soldiers viewed themselves and what behaviours were considered to be masculine.³¹ Julie Anderson has also written extensively on the problem disability posed for the nation and the way Britain dealt with its disabled servicemen throughout the twentieth century. Anderson studies the importance of both St. Dunstan's and the Star and Garter Home, two

²⁷ Suzannah Biernoff, 'The Rhetoric of Disfigurement in First World War Britain', *Social History of Medicine*, Vol. 24, Iss. 3 (24 December 2011), p. 666; Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion Books, 1996), p. 15.

²⁸ Bourke, *Dismembering the Male*, p. 70.

²⁹ See Ana Carden-Coyne, *Reconstructing the Body: Classicism, Modernism and the First World War* (Oxford: Oxford University Press, 2009).

³⁰ Wendy Jane Gagen, 'Remastering the Body, Renegotiating Gender: Physical Disability and Masculinity during the First World War, the Case of J. B. Middlebrook', *European Review of History - revue Européenne D'Histoire*, Vol. 4, No. 4 (2007), pp. 525 - 541.

³¹ Jessica Meyer, *Men of War: Masculinity and the First World War in Britain* (Basingstoke: Macmillan, 2009).

institutions delivering treatment and training to disabled servicemen. These studies remind us of the connection between masculinity, the armed forces, and wounding, as well as bringing these themes into the institutionalised setting of the rehabilitation centre after the First World War.³² They are perhaps most useful to this thesis when they discuss the ways that men came to terms with their wounds and disabilities, as well as how society reacted to the large number of newly disabled men.

Britain at War

Though this thesis examines the lives of those wounded during service in the First World War, more general works about military life have influenced its creation. Timothy Bowman's work on discipline and morale in Irish regiments during the conflict argues that discipline can be considered the army's form of social control.³³ David Englander and Edward Spiers agree and suggest that discipline was integral to the smooth running of the army.³⁴ Putkowski, Sykes, Corns and Hughes-Wilson provide more detail in to how discipline functioned in the armed forces, suggesting that it emulated Britain's class system.³⁵ Gary Sheffield argues that discipline in the armed forces was an expression of British paternalism.³⁶ Lesley Hall discusses the brutal discipline that soldiers were exposed to, arguing that the reputation of the professional soldier ensured that this was necessary. She

³² Anderson, *War, Disability and Rehabilitation*, p. 55.

³³ Timothy Bowman, *Irish Regiments in the Great War: Discipline and Morale* (Manchester: Manchester University Press, 2003).

³⁴ David Englander, 'Discipline and Morale in the British Army 1917 - 1918' in *State, Society and Mobilisation in Europe during the First World War*, ed. John Horne (Cambridge: Cambridge University Press, 1997); Edward Spiers, *The Army and Society 1815 - 1914* (London: Longman, 1980).

³⁵ Julian Putkowski and Julian Sykes, *Shot at Dawn: Executions in World War One by Authority of the British Army Act* (Barnsley: Wharncliffe, 1989); Cathryn Corns and John Hughes-Wilson, *Blindfold and Alone: British Military Executions in the Great War* (London: Weidenfield and Nicolson, 2001).

³⁶ Gary Sheffield, *Leadership in the Trenches: Officer-Man Relations, Morale and Discipline in the British Army in the Era of the First World War* (Basingstoke: Macmillan, 2000), p. 4.

describes them as the 'dustbin of the nation', which changed only when conscription was introduced in 1916.³⁷ These works have provided this thesis with the context relating to discipline on the fighting fronts. They allow this research to compare the way men were treated on the battlefields to the disciplinary regimes they found themselves in while recovering in British hospitals. In addition, the reputation of the soldiery impacted the way the wounded were treated by the military and judicial authorities, and British civilians more generally. This research has enabled this thesis to delineate the way society reacted to the influx of the wounded soldiers, thereby discovering the position that they held in British society.

David Silbey's *The British Working Class and Enthusiasm for War, 1914 – 1918* recreates a variety of examples of *why* men rushed to enlist in the beginning of the war, concluding that though each individual had their own reasons for joining the armed forces, they stemmed from their own understanding of social hierarchy.³⁸ Some enlisted for economic reasons; others were motivated by boredom, and some remember a strong desire to protect Britain or their family. Sibley's discussion on the limitations of source material is very insightful. He reminds his readers that discussions of war motivations were shaped by British society. It is important to question accounts of the war, as many were written with the benefit of hindsight, and authors may have been keen to self-aggrandise, and to reshape their own personal histories to demonstrate their patriotism and selflessness. This work has aided this thesis in his discussion of motivation. Though a number of the landed elite donated their properties to the war effort,

³⁷ Lesley A. Hall, "War Always Brings it on": War, STDs, the Military and the Civilian Population in Britain, 1850 - 1950' in *Medicine and Modern Warfare*, ed. Roger Cooter, Mark Harrison and Steve Sturdy (Amsterdam: Rodolpi, 2000), p. 207.

³⁸ David Silbey, *The British Working Class and Enthusiasm for War, 1914 – 1916* (London: Frank Cass, 2005) p. 130.

historians have not interrogated why this occurred. Silbey's work provides a framework for this thesis to work alongside, though very few sources exist where donors explicitly discussed their motivations for that action. *The Cambridge History of the First World War* series has been influential in the creation of this thesis, particularly volume 3, which explores similar themes, albeit beyond the scope of the hospital space. Though the first two volumes have made significant impacts to our understanding of the conflict of 1914 – 1918, volume three examines civil society instead of more military aspects of the conflict. Sections focus on person life, gender, populations, culture, and outcomes.³⁹

Scholars have examined the level of support for the conflict in Britain. Adrian Gregory and Catriona Pennell have argued that the appeal of the war differed throughout the country.⁴⁰ David Monger has continued this by exploring how the authorities and various charities promoted active engagement in patriotic rituals.⁴¹ These studies have provided information on how charitable subscriptions and support for the war varied in different localities, resulting in varying fundraising schemes and levels of income for hospitals around Britain. Studies that examine the presence of censorship in Britain have also aided this thesis by providing an understanding of what information was made available through national media. Deian Hopkin reminds his readers of the importance of morale during the conflict due to the high levels of civilian involvement in many aspects of the war, while Colin Lovelace, Michael L. Sanders and Philip M. Taylor have

³⁹ Jay Murray Winter (ed.), *The Cambridge History of the First World War: Volume Three* (Cambridge: Cambridge University Press, 2014).

⁴⁰ Adrian Gregory, 'British "War Enthusiasm" in 1914: A Reassessment', in *Evidence, History and the Great War: Historians and the Impact of 1914 – 1918*, ed. Gail Braybon (Oxford: Bergahn Books, 2005), pp. 67 – 85; Catriona Pennell, *A Kingdom United: Popular Responses to the Outbreak of the First World War in Britain and Ireland* (Oxford: Oxford University Press, 2012).

⁴¹ David Monger, 'Familiarity Breeds Consent? Patriotic Rituals in British First World War Propaganda', *Twentieth Century British History*, Vol. 26, No. 4 (October 2015), pp. 501 – 528.

discussed the effects that censorship had on the newspaper trade.⁴² This thesis utilises this information in its analysis of the information published that focused wounded and sick soldiers recovering in Britain.

Class and Paternalism in the First World War

Any work examining the importance of stately homes to British society and culture needs to have a good grounding in the historiography of the aristocracy in Britain. Histories that focus on the aristocracy are numerous, though many do not cover the war years. This literature review will only mention a few of the most influential authors and works to contextualise where this thesis fits in the surrounding literature.

David Cannadine's *The Rise and Fall of Class in Britain* explores the place of class in British society throughout a large period of British history, arguing that defining history as a class struggle is too simple, and that class was a constant element of British life.⁴³ F.M.L. Thompson's *English Landed Society in the Nineteenth Century* examines how the aristocracy changed and developed throughout the nineteenth century. It studies the various roles that members of the elite carved out for themselves in British social and political life, arguing convincingly that the aristocracy were masters of disguise.⁴⁴ J.F.C Harrison's agrees with Thompson. He argues that the aristocracy 'demonstrated great resilience and powers of survival in claiming to represent the national interest.'⁴⁵

⁴² Deian Hopkin, 'Domestic Censorship in the First World War', *Journal of Contemporary History*, Vol. 5, No. 4, (1970); Michael L. Sanders and Philip M. Taylor, *British Propaganda During the First World War 1914 - 1918* (London: Macmillan, 1982); Colin Lovelace, 'British Press Censorship during the First World War' in *Newspapers History from the Seventeenth Century to the Present Day*, ed. George Boyce, James Curran and Pauline Wingate (London: Constable, 1978), pp. 307 - 320.

⁴³ David Cannadine, *The Rise and Fall of Class in Britain* (New York: Columbia University Press, 1999).

⁴⁴ Francis Michael Longstreth Thompson, *English Landed Society in the Nineteenth Century* (Toronto, Routledge, 1963).

⁴⁵ John Fletcher Clews Harrison, *Late Victorian Britain* (Glasgow: Routledge, 1990), p. 29.

J.V. Beckett's work *The Aristocracy in England 1660 – 1914* discusses the declining political importance of the elite, but also agrees with Thompson, concluding in an examination of the aristocracy's modern and self appointed role as protectors and keepers of national heritage.⁴⁶ Like many others, Beckett ends his book at the beginning of the First World War, which leaves a significant gap in the historiography of the aristocracy.

Related to these monographs is the body of work that focuses on the social model of paternalism, a concept that underpinned the relationship between landowners and those they considered their social inferiors. David Roberts' *Paternalism in Early Victorian Britain* shows how paternalism benefitted and shaped British culture within Early Victorian England.⁴⁷ John Vincent Beckett has identified how members of the aristocracy considered themselves to be 'leaders' of their local communities.⁴⁸ Historians such as Pamela Horn and Keith Grieves have examined the ways that this translated to army recruitment.⁴⁹ Through works outlining the importance of social paternalism, this thesis has been able to continue this analysis into the interactions between different classes in the First World War hospital. The work of Horn is very influential in the creation of this thesis, as her research, unlike that of many others, continues into the war years.

Horn has written several monographs that examine the lives of aristocratic families throughout the First World War and the periods surrounding it. Horn examines rural life during the war, country house life after the war, women during (before and after) the war, as well as the social elite.⁵⁰ Horn's works that have been

⁴⁶ John Vincent Beckett, *The Aristocracy in England 1660 – 1914* (Oxford: Basil Blackwell, 1986).

⁴⁷ David Roberts, *Paternalism in Early Victorian England* (London: Croom Helm, 1979).

⁴⁸ Beckett, *The Aristocracy in England*, p. 21.

⁴⁹ Keith Grieves, "Lowther's Lambs': Rural Paternalism and Voluntary Recruitment in the First World War', *Rural History*, Vol. 4, No. 1 (1993), pp. 55 – 75.

⁵⁰ Pamela Horn, *Rural Life in England in the First World War* (Dublin: Gill & Macmillan, 1984); Pamela Horn, *Country House Society: The Private Lives of England's Upper Class after the First World War* (Stroud: Amberley, 2013); Pamela Horn, *Ladies of the Manor: Wives and Daughters in the*

the most useful for this thesis are her study of country house life in the aftermath of the war and rural life in the First World War. These books not only provide examples of where to find primary sources that relate to stately homes, but they also provided contextual information surrounding what life was like inside for the elite in this period. However, like most other historians, Horn makes very little reference to hospitals within stately homes during this period. Peter Mandler's *Rise and Fall of the Stately Home* has also helped shape this thesis by providing examples of sources and houses, however, his analysis does not extend to the use of stately homes as houses of recovery.⁵¹ He focuses on Britain's changing attitudes towards the elite and their homes from 1815 to the present day. Arguably the use of stately homes as hospitals would have affected the way Britain viewed the socially elite and their extravagant houses; the chapter devoted to 1914 – 1939 focuses almost entirely on the interwar period and the growing interest in the countryside as a recreational space. The First World War had such extensive effects on the British public, including class relations, that this chapter (and the book in general) would benefit from devoting more time to the role these homes played in the war. These works are significant for this project as they explore the relationships that the landed elite held with those they deemed socially inferior. By discussing the social structures that governed the relationship between the upper classes and those beneath them, they have helped to inform the analysis surrounding the relationships formed between the wounded men and those who volunteered or visited them in the hospital space.

Women at War

Country-House Society 1830 – 1918 (Stroud: Amberley, 1991); Pamela Horn, *High Society: The English Social Elite, 1880 – 1914* (Stroud: Amberley, 1992).

⁵¹ Peter Mandler, *The Rise and Fall of the Stately Home* (New Haven: Yale University Press, 1997).

This thesis relies on the large amount of scholarship written about women in the First World War to construct many of its arguments. As the majority of stately home owners who donated their homes were women, the way that the war affected them was very significant. In addition, a great number of the staff, volunteers, and visitors in the hospital space were women. Men were able to escape from the male dominated environments of the fighting, and found themselves in domestic spaces surrounded by women. The relationships that men formed with these women affected their experience of wounding and recovery.

Eminent scholars such as Lucy Noakes and Janet S.K. Watson are prime examples of historians who have examined how gender affected the wartime lives of women. Focusing on mobilised women in the Women's Army Auxiliary Corps (WAAC), Women's Royal Navy Service (WRNC), and Women's Royal Air Force (WRAF), both Watson and Noakes effectively explore how the lives of the women involved in both of these institutions were shaped by both their gender.⁵² Noakes follows the change in attitudes towards uniformed women 'from being the saviours of the nation' to being 'degraded in [the] public press' in the aftermath of the war; these women were considered to be 'ruthless self-seekers' when their new positions were perceived to threaten conservative gender roles.⁵³ Watson also looks at the lives of female workers and the way their employment undermined the gender roles of the time, resulting in both resentment and hostility towards women who were not willing to return to the domestic sphere.⁵⁴ Similarly, Watson makes reference to the anti-citizen rhetoric applied to women who spoke

⁵² Lucy Noakes, 'Demobilising the Military Woman: Constructions of Class and Gender in Britain after the First World War', *Gender & History*, Vol. 19, No. 1 (April 2007), pp. 143 – 162; Janet S.K. Watson, 'Khaki Girls, VADs, and Tommy's Sisters: Gender and Class in First World War Britain', *The International History Review*, Vol. 19, No. 1 (December 2010), pp. 32 – 51.

⁵³ Irene Clapham, *Towards Sex Freedom* (London: John Lane, 1935), p. 201 cited in Lucy Noakes, 'Demobilising the Military Woman: Constructions of Class and Gender in Britain after the First World War', *Gender & History*, Vol. 19, No. 1 (April 2007), p. 158.

⁵⁴ Watson, 'Khaki Girls', p. 51.

disparagingly of their wartime employment conditions.⁵⁵ In addition to these works, Janet Lee has also created a valuable comparison of two extraordinary women's lives and the different ways they negotiated the thin lines between gender, class, and warfare while acting as a volunteer nurse and a female soldier in Siberia.⁵⁶ Lee's work utilises two memoirs published in the wake of the First World War and lends itself more to the study of literature than that of history. Susan Grayzel has studied the new employment prospects available for in the First World War. She argues that to understand the position of women, it is imperative that we first understand the changing social and cultural positions they inhabited.⁵⁷ This is of particular importance in convalescent homes and auxiliary hospitals during the First World War because of the multiplicity of roles that women fulfilled in these spaces. This literature review has already addressed the research completed on nursing in the war, but women also worked or volunteered in the space as entertainers or ancillary workers. Gail Braybon argues that while women worked in a variety of different professions during the war, their position in the labour market remained unchanged post 1918.⁵⁸ These works address the changing attitudes towards women and female employment during the conflict. They have informed this thesis about how the social constructions of gender affected the roles that women were able to complete both in and outside of the hospital space.

Scholars have examined the way society reacted to women's relationships with the soldiery in their studies of 'khaki fever'. Angela Wollacott argues that contemporaries used this phrase as a way of discrediting those who associated

⁵⁵ Watson, 'War on the Wards', p. 486.

⁵⁶ Janet Lee, 'A Nurse and a Soldier: Gender, Class and National Identity in the First World War Adventures of Grace MacDougall and Flora Sandes', *Women's History Review*, Vol. 15, No. 1 (June 2006), pp. 83 – 103.

⁵⁷ Susan R. Grayzel, *Women and the First World War* (London: Longman, 2002); Susan R. Grayzel, *Women's Identities at War: Gender, Motherhood, and Politics in Britain and France during the First World War* (North Carolina: University of Northern Carolina Press, 1999).

⁵⁸ Gail Braybon, 'Women and the War' in *The First World War in British History*, ed. Stephen Constantine, Maurice W. Kirby, and Mary B. Rose (London: Edward Arnold, 1995), pp. 141 – 167.

with members of the soldiery, while Judith Walkowitz extends this and suggests that it was a form of social control.⁵⁹ Richard A. Voeltz has explored the creation of the British Girl Guides, which was formed in an attempt to discourage women and girls from creating relationships with men in the army through forms of moral education.⁶⁰ These works have aided this thesis in its understanding of men and women's relationships and the way society reacted to them. This thesis will extend their analyses into the hospital space and examine if this reaction differed when the soldiers were wounded.

The Empire at War

As this thesis examines the importance of nation specific hospitals established within Britain, it has drawn upon a large number of secondary sources that elucidate the role Australia, Canada, and India played in the First World War. Each of these different countries have been well explored by historians, however, there is very little research undertaken on the treatment of these men once they arrived in Britain. However, this literature review will mention some of the most influential texts that impacted the writing of this thesis.

Noteworthy scholars like Geoff Barr, Michael McKernan, Josh Robertson, Bill Gammage, and Alistair Thomson have all explored Australia's role in the conflict. Barr focuses on the so-called insubordination of the Australian soldiers and the ways that the authorities tried to control them.⁶¹ Peter Stanley has

⁵⁹ Angela Woollacott, 'Khaki Fever' and its Control: Gender, Class, Age and Sexual Morality on the Homefront in the First World War', *Journal of Contemporary History*, Vol. 29, No. 2 (April 1994), pp. 325 – 347; Judith Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Chicago: Chicago University Press, 1992).

⁶⁰ Richard A. Voeltz, 'The Antidote to 'Khaki Fever'? The Expansion of the British Girl Guides during the First World War', *Journal of Contemporary History*, Vol. 27, No. 4 (October 1992), pp. 627 – 638.

⁶¹ Geoff Barr, *Military Discipline: Policing the 1st Australian Imperial Force* (Canberra: National Library of Australia, 2008).

completed similar work.⁶² McKernan's work examines the Australian home front, and the way their society changed throughout the conflict.⁶³ Robertson and Thomson discuss the Anzac legend in great detail, and the way this impacted upon the birth of Australian nationalism.⁶⁴ While these works are influential and very helpful in the formation of this thesis, especially in their discussions of Australian behaviour and burgeoning nationalism, they do raise larger questions surrounding the treatment of Australian wounded in Britain, and the impact this had upon Australian identity.

Similarly, Canadian historians have also explored the way the war affected the emergence of Canadian nationalism and Canadian society at large. Some of the most famous are Tim Cook, Jeff Keshen, and Desmond Morton. Cook argues that through the experience of fighting in the First World War, Canadians formulated their own national identity, both a part of, and separate to, the British Empire.⁶⁵ Keshen agrees, suggesting that nationalistic sentiment was established in all Dominions after the war.⁶⁶ Morton's work explores the role of Canadian officials in Britain during the conflict, arguing that they had a significant impact on home politics and on Canada's relationship with Britain during the conflict.⁶⁷ Though studying a different topic and time period entirely, Cecelia Morgan's work on transatlantic tourism between 1870 and 1930 has helped to identify and track the changing relationship between Britain and Canada throughout the conflict. Sarah

⁶² Peter Stanley, *Bad Characters: Sex, Crime, Mutiny, Murder and the Australian Imperial Force* (New South Wales: Miller's Point, 2010).

⁶³ Michael McKernan, *The Australian People and The Great War* (West Melbourne: Nelson 1980).

⁶⁴ John Robertson, *Anzac and Empire* (London: Cooper, 1990); Alistair Thomson, *Anzac Memories: Living with the Legend* (Oxford: Oxford University Press, 1994).

⁶⁵ Tim Cook, *Clio's Warriors: Canadian Historians and the Writing of the World Wars* (Vancouver: UBC Press, 2006), p. 11.

⁶⁶ Jeff Keshen, 'The Great War Soldier as Nation Builder in Canada and Australia' in *Canada and The Great War: Western Front Association Papers*, ed. Briton C. Bush (London: McGill-Queen's University Press, 2003).

⁶⁷ Desmond Morton, *A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War* (Toronto: University of Toronto Press, 1982).

Cozzi's thesis examined the creation of Canadian only social clubs in London, arguing that these provided moral education and a safe space for Canadian men to discuss home.⁶⁸ These works have impacted the analysis of this work by providing the necessary contextual information that underpins the hospital in Britain. Their discussions of the formation of Canadian national identity during the First World War have influenced this analysis, which transcends the battlefields and places the wounded in their surroundings in Britain. Since very few scholars discuss the Canadian experience of hospital care or convalescence in Britain, these works have left a considerable gap in the historiography of Canada's First World War.

Comparatively, however, Indian soldiers in Britain have been the recipients of far more scholarly attention. Mark Harrison, Samuel Hyson, Alan Lester, and Tait Jarboe have studied the treatment of Indian wounded in Britain.⁶⁹ They argue that Indian hospitals were underpinned by contemporary racial and imperial discourses that necessitated a significant amount of regulation, discipline, and oppression. Alison Fell has explored the ways that Indian soldiers interacted with their female nurses in both British and French nursing memoirs.⁷⁰ In addition, more general works by Gordon Corrigan and Santanu Das explore the Indian army and their position in British and Indian societies.⁷¹ These works have influenced the formation of this thesis by providing useful contextual information and

⁶⁸ Sarah Cozzi, "When You're a Long, Long Way from Home": The Establishment of Canadian-Only Social Clubs for CEF Soldiers in London, 1915 - 1919', *Canadian Military History*, Vol. 20, Iss. 1 (April 2012), pp. 45 - 60.

⁶⁹ Mark Harrison, 'Disease, Discipline and Dissent the Indian Army in France and England, 1914 - 1915' in *Medicine and Modern Warfare*, ed. Roger Cooter, Mark Harrison and Steve Sturdy (Amsterdam, Rodopi, 1999), pp. 185 - 203; Samuel Hyson and Alan Lester, "British India on Trial": Brighton Military Hospitals and the Politics of Empire in World War I', *Journal of Historical Geography*, Vol. 38 (2012), pp. 18 - 34; Andrew Tait Jarboe, 'Healing the Empire: Indian Hospitals in Britain and France During the First World War', *Twentieth Century British History*, Vol. 26, No. 3 (2015), pp. 347 - 369.

⁷⁰ Alison S. Fell, 'Nursing the Other: the Representation of Colonial Troops in French and British First World War Nursing Memoirs' in *Race, Empire and First World War Writing*, ed. Santanu Das (Cambridge: Cambridge University Press, 2011), pp. 158 - 174.

⁷¹ Gordon Corrigan, *Sepoys in the Trenches: The Indian Corps on the Western Front 1914 - 1915* (Stroud: Spellmount Limited, 2006); Santanu Das, *Indian Troops in Europe 1914 - 1918* (Ellisbridge: Mapin Publishing, 2015).

examples of how medical history connects closely with its surrounding imperial and political contexts.

This thesis draws upon all of these different strands of imperial history to delineate the position that Colonial and Dominion wounded held within British society. It fills a gap in the historiography by exploring the experience of hospital care and convalescence in Britain as soldiers from Australia, Canada, and India experienced it. It delineates the political importance of the hospital space in Britain, examines the ways that the institutions of care were represented both nationally and internationally. In addition, this literature has explored war as a tool for patriotism and nationalism, and this thesis extends this analysis into the hospital space in Britain.

Research questions

This literature review has highlighted the excellent work that has examined various elements of the First World War. However, it has also identified the lack of scholarly writing on wartime hospitals within Britain, especially those in the stately home. It has reflected upon the general history of the First World War, its medical history, imperial contexts, as well as the importance of class and gender. In addition, it has explored the written works available on the history of hospitals and stately homes. This project studies these themes within the confines of the stately home. Through utilising a wide variety of primary sources, this thesis will contextualise the importance of these hospitals and recreate the experience of wounded men and the caregivers inside stately home hospitals.

The literature review has raised a large number of unanswered questions that this thesis will address. Notably, it has raised a significant omission in the history of First World War medicine. Very few scholars explore the creation of

hospitals in stately homes in any depth, instead, they make fleeting references and over-arching statements with little or no analysis. This thesis addresses this by discussing the way that stately home hospitals were utilised by a variety of different individuals. It explores the benefits of donation for the homeowner, and the structures and organisations that governed the transition and the running of these establishments. How men interacted with the military authorities while recovering from their wounds or illnesses in Britain, and how the liminal space between the military domain and the civilian sphere impacted upon soldiers' recoveries and relationships with each other and the wider British public. Though scholars have examined the ways that discipline was integral to the smooth running of the army on the fighting fronts, there is a lack of research on how this translated into military environments in Britain. As such, this thesis investigates the way military authority was enforced in British hospitals, and how the space of the stately home institution, as both a part of, and apart from the British military, affected the maintenance of discipline. While historians have studied many the many ways that the First World War impacted the lives of women, broader questions remain about how they interacted with the significant number of wounded servicemen who came to Britain in the conflict. This thesis adds to this historiography by examining the different relationships that men formed with women in the stately home hospital, as well as how British society responded to these relationships in both a local and national context. Though a multitude of historians have studied how the war affected the British Empire, how the experiences of Colonial and Dominion wounded in Britain differed from their British counterparts remains unanswered. This thesis will analyse the way that hospital spaces for men from different parts of the Empire differed, and how this impacted on their experience of Britain and British people. In so doing, it

delineates the way that hospital spaces were utilised to create or consolidate distinct national identities.

By applying a socio-cultural methodology to the history of medicine, this thesis placed these stately homes into their social, political, cultural, and imperial contexts. Broadly, this thesis discovers how hospitals operated in stately homes and how the British public responded to the significant number of wounded men who came to Britain during the war. It addresses the idea of criminality, relationships, expectations, as well as gender, class, and race. By doing this it contributes to a variety of different historiographical strands and improves our understanding of how the First World War affected British society.

Structure and Chapter Outline

Chapter One – *Setting the Scene* – explores the chain of care that soldiers travelled through on their way to stately home hospitals in Britain. It examines improvements to medical care and weaponry in the period preceding the war, to contextualise the significant number of wounded travelling to Britain throughout the conflict. In utilising the experiences of the wounded throughout their transport to hospitals on the home front it investigates the spatiality of the wounded's journey, surveying the various different methods of transportation and the changing levels of care provided at different parts of the military medical system. In addition, this chapter examines how these newly created hospitals in stately homes in Britain were established, funded, organised, and operated; from financing to administration, the chapter offers an overview of the stately home hospital and its place in British society. This chapter acts as a contextual backdrop to the rest of the thesis, and argues that the military medical sphere during the

First World War was transient in nature, and relied extensively on non-purpose built buildings and non-professional caregivers.

Chapter Two – *The Donors* – studies the motivations of the individuals who donated their homes to the war effort through the British Red Cross. It offers an alternative narrative to the commonly cited motivation of patriotism. Instead of relying on a combination of patriotism and charity, this chapter suggests there were a number of complex reasons behind these substantial acts of charity. In utilising the cultural, social, and political histories of stately homes and their owners, the chapter delineates the variety of benefits that owners gained from donating houses to the war effort. By placing these charitable gifts in their surrounding context, it becomes apparent that these acts of generosity were not unprecedented and had some self-serving motivation. This provides a more nuanced argument and adds a level of complexity to the established narrative. In order to do this, the chapter focuses on examples of anti-patriotic sentiments from the upper classes, and illuminates the ways in which donation benefitted the homeowner socially and financially – especially for those families whose fortunes were affected by the number of family members who had left to fight.

Chapter Three – *'For the Benefit of England': Deviance and Discipline in the Hospital Space* – explores the different spatial expectations of the hospital space. It examines the presence of discipline in other military environments, in order to create a comparison between other military institutions and stately home hospitals. It explores the ways in which men were able to subvert the disciplinary standards of their hospitals through pranks and jokes. It studies cases of drunkenness, physical assaults, murder, and suicide to compare the reality of the

War Office's disciplinary plans with actual occurrences of criminality in hospitals. It reconstructs the disciplinary environment of the hospital, and examines how the reliance on volunteerism challenged the prescribed regime of the War Office. Through studying the written works of soldiers who lived under these strict conditions, the practitioners who enforced them and newspaper articles that reported on them, this chapter compares the reality of the hospital with official expectations. In addition, it examines the ways that offenders were presented in the British press to incite sympathy or increase animosity towards the enemy, and how soldiers were treated by the British judiciary system. In so doing, it challenges one of the predominant narratives of the First World War. It exposes the reality and the criminality of some members of the British army.

Chapter Four – *'The Girls Who Work and Strain': Women in the Hospital Space* – examines the environments that women created within the stately home hospital. This chapter avoids creating a singular assessment of the jobs that women undertook inside medical institutions in Britain by exploring the different relationships women formed with wounded men. By examining women in a variety of guises – as the mother, the lover, the homeowner, the disciplinarian, and the visitor – this chapter investigates how women of a variety of social classes interacted with wounded soldiers. It argues that some women were welcome in the hospital space, while others were alienated and vilified through their relationships with soldiers. Through comparing the reality of propaganda representations of the hospital and the people inside them, the chapter investigates the way British society responded to the different relationships formed between women and patients. In addition, it explores a variety of sexual

crimes committed by the wounded, and the ways in which British society and the British judiciary system treated the victims and the perpetrators.

Chapter Five – *'Bond of Brotherhood': Racial Representations and Imperial Identities* – explores the creation of nation specific hospitals in Britain. It examines hospitals created for Australian, Canadian, and Indian wounded, investigating the ways nationality and race affected the experience of wounding. It investigates the different ways that those from the Dominions were able to exert their agency and create their own distinct identities inside the hospital. Through studying soldiers' contributions to hospital magazines, the chapter explores how soldiers juxtaposed their home nations with Britain to educate and entertain those around them. Additionally, through examining contributions made by British hospital staff, it is possible to track the way Colonial and Dominion wounded were conceptualised by their contemporaries. The chapter elucidates the importance of Anzac identities, as well as the divergent French/British Canadian identities, and how these affected men's relationships and their experience of wounding. Conversely, this chapter investigates the ways in which Indian soldiers were bound by the racial and imperial discourses that surrounded them. It argues that medical institutions became a 'front' for imperial relations, and that they became tools to maintain morale, and indeed control, throughout the Empire. By placing these hospitals in their political, cultural, and social contexts, it compares the War Office's propagandistic images of imperial brotherhood with the often violent and oppressive realities of segregated hospitals.

This thesis lies at the intersection of a variety of different scholarly fields. It adds to our understanding of life in First World War Britain by delineating the position that hospitals held in British society, as well as the way the British

population reacted to the influx of so many wounded men. By challenging the predominate narrative surrounding the establishment of hospitals in private residences, it improves our comprehension of the British class system during the conflict of 1914 – 1918. Furthermore, it supports the many histories written on the British aristocracy by studying the way they interacted with members of the lower classes in hospitals. Through studying elements of criminality and deviance in the hospital space it challenges a long-standing myth of the First World War. In its exploration of socially constructed masculinity and femininity, as well as the multitude of relationships formed between men and women in the hospital space it compliments the work of gender historians who have studied this period. By exploring the ways in which Britain and her Colonies and Dominions interacted both inside and outside of the hospital, it improves our understanding of war's impact on imperial relations. In addition, it contributes to the history of military medicine and the military history of Britain more generally.

Chapter 1

Setting the Scene

The use of alternative spaces in the First World War was borne from necessity. Non-purpose built buildings, spaces, and transport were re-purposed for wartime use: from hospital ships and trains, to munitions factories, recruitment centres, training encampments and aircraft hangars - alternative spaces were used throughout Britain and the fighting fronts. Specifically, spaces for medical care were derived from a wide range of buildings and places. In order to cope with the influx of wounded soldiers and sailors, hospitals in Britain were created in town halls, local churches, schools, university buildings, as well as private residences. Each of these buildings were adapted and equipped to meet the necessary standards set out by the British Red Cross and the War Office.

This chapter explores the creation of hospitals mainly within stately homes in Britain. Furthermore, it examines the journey of the wounded to these alternate places of care. It tracks the procedures and organisations involved in the creation of these institutions and way that hospitals were administrated and funded. Finally, it investigates the meanings embodied in the stately home for British society. Overall, it acts as a contextual chapter to the thesis and introduces some of the key concepts that underpin the changing conception of the hospital space in wartime.

The destructive capabilities of new forms of weaponry led to significant numbers of casualties. Many soldiers and sailors required prolonged periods of medical treatment and convalescence before they were discharged or reintegrated into the Forces. As a result of the sheer number of men requiring treatment, the War Office relied on alternative spaces and the volunteers who established them to

provide for the wounded. Prior to the war, these buildings were used for a wide range of purposes. They were

not too beautiful village halls, public buildings, empty black-windowed houses, forlorn in the centre of wintry gardens. Church rooms and village clubs. To-day bright somehow sunlit palaces, cheery all through, properly equipped – looking as though they had been nature’s rest houses all their days.⁷²

The need for alternative medical spaces was so great that by the end of the war there were 1,400 hospitals in ‘other buildings’, which amassed to 126,000 beds.⁷³ With so many patients recovering in non-purpose built buildings, these spaces, and the soldiers and sailors experiences within them, form an integral element of the medical history of the First World War.

In particular, stately homes as hospitals hold an interesting place in the cultural memory of the conflict. Recently the hospital space, both home and abroad, has captured the imagination of the British population. It has been the subject of recent television adaptations such as in *Downton Abbey* (2010 – 2015) and *The Crimson Field* (2014), both of which explored the use of non-purpose built spaces for medical care. *Downton Abbey* was a dramatisation of aristocratic life, the second series focused on the space’s transition into a hospital. In reality, the filming location, Highclere Castle, became a hospital during the conflict. The property was donated in 1914 by Almina the Fifth Countess of Carnarvon and

⁷² Paul Creswick, G. Stanley Pond, and P.H. Ashton, *Kent’s Care for the Wounded* (London: Hodder & Stoughton, 1915), p. 21.

⁷³ TNA - WO 222/1 ‘Hospital Accommodation on Mobilisation 1914 – 1918 Arrangements for the Reception and Treatment of Sick and Wounded in Hospitals In the United Kingdom During The Great War’, p. 10.

immediately received men from the fighting fronts.⁷⁴ Conversely, *The Crimson Field* was set in a fictional field hospital in France during the war. The creation of these television shows and their related literary works, demonstrate public interest in the medical history of the First World War - particularly histories focusing on the use of alternative spaces supplying medical care.

This interest has only intensified since the beginning of the centenary of the conflict in 2014. The stately home as a hospital has a dual appeal: not only are people interested in the stately home as a backdrop to the lives of the richest and most powerful families in Britain, but many are fascinated by their provision of medical care during the First World War. This contemporary interest reflects the opinions of a wide range of people in wartime Britain. Due to the stately home being an integral part of British social and political life, it had been a tourist attraction since the seventeenth century. During the hostilities, visiting the wounded and spending time inside hospitals became a socially important pastime, and hospitals in stately homes offered visitors not only an insight into the experience of the wounded, but to the lives of some of the richest and most powerful men and women in Britain.

These institutions provided donors the opportunity to demonstrate their generosity, patriotism, and benevolence; but beyond that, hospitals were sites where local individuals satisfied their curiosity: hospitals connected the fighting fronts to the home front. By visiting patients in hospitals, members of the public were able to probe them about their wartime experiences and inform themselves about enlisted family members or friends. Consequently, hospital spaces were important social and cultural institutions. They formed a liminal space between

⁷⁴ See Fiona Herbert, *Lady Almina and the Real Downton Abbey: The Lost Legacy of Highclere Castle* (London: Hodder & Stoughton, 2012).

the fighting and home fronts as and sites of interaction between civilians and soldiers.

The stately home was mostly used as a convalescent institution during the conflict due to the significant alterations or adaptations necessary to make them suitable to accommodate the wounded. It was far easier and cheaper to create a convalescent home or an auxiliary hospital than a military hospital, as convalescents required far less specialised medical care and equipment. However, before arriving in these stately homes, the wounded progressed through the army's chain of care on the fighting fronts. Their experience of transportation and hospitalisation during the First World War was highlighted by a sense of the temporary nature of the spaces devoted to all aspects of medical care.

The Spatial Journey of the Wounded Soldier

The trip from the front to a hospital in Britain required the soldier to travel through a number of different stages. These diverse areas of medical care were located in a variety of spaces that were manned by separate members of staff, and they all fulfilled distinctive functions. This chain of care evolved from previous military medical experiences and developed throughout the conflict. The existing medical structure was forced to adapt in response to the new forms of wounding introduced through improvements to armaments in the First World War.

Initially, Regimental Medical Officers treated those wounded in the field at a Regimental Aid Post. These posts dealt with minor injuries and sent soldiers back to the front immediately, or, if necessary, they moved them away from the fighting towards the next stage in the chain. If a wound was severe, the soldier progressed to an Advanced Dressing Station and was treated by members of the Royal Army Medical Corps (RAMC). If the wound was very serious, the soldier was moved

further away from the hostilities and to a Casualty Clearing Station (CCS). These were often tented camps or buildings situated a safe distance from the fighting. This distance from the front meant the medical staff had time to deal with more serious illnesses and wounds without the threat of bombardment. A large number of churches, abbeys, farmhouses, and large country homes were utilised as CCS during the First World War. If further treatment was needed the injured soldier was transported to a Base Hospital, situated at an even greater distance from the fighting. These hospitals dealt with significant wounds and severe cases, and consequently they were more specialised than the stages that preceded them. Base Hospitals were often set up in alternative spaces, like the casino in Boulogne, and had specialised technological equipment; the casino had its own X-ray laboratories and a dental department.⁷⁵ The use of alternate spaces in the army's chain of care on the Western Front demonstrates the British authority's lack of preparedness for such a large-scale conflict. As a result, the British army, and many other armies involved in the First World War relied upon the use of stately homes as hospitals to supply the best possible medical care.

Injured soldiers returning to Britain navigated this complicated medical bureaucracy, potentially waiting for hours before being transferred between each station. The methods of transport used by the British army reflected the unprepared nature of the authorities. Men were moved to different medical stations in vehicles not designed for medical care. Much like the buildings that housed hospitals and stately homes, transportation methods were temporary in nature, and the conditions in which men travelled had significant repercussions for their physical and mental wellbeing.

⁷⁵ 'British Wounded in France', *The Times* (14 November 1914), p. 7.

Transportation between the different locales of medical care was dangerous. Many patients succumbed to infection whilst being moved from one part of the chain to another. One newspaper article reminded its readers that: 'the transport from the front... is the most trying and critical stage for many of the wounded'.⁷⁶ Before the introduction of mechanised ambulances in the early stages of the First World War, the rickety motion of horse-drawn carriages had the potential to exacerbate the pain and severity of wounds or, in some cases, cause further injuries. In the early stages of the war, motorcars were reserved for the most severe cases – those who would die without immediate attention were rushed between different parts of the chain.⁷⁷ These cars were not specifically created ambulances. Instead, benevolent benefactors donated them – or had their cars requisitioned by the authorities - thereby making these makeshift ambulances alternative sites of medical transport.⁷⁸

Similarly, passenger carriages and rolling stock were utilised to ensure a ready supply of ambulance trains. Soldiers who were not severely wounded, yet required further treatment, were forced to wait. These trains shared the same railway lines as those that delivered armaments and supplies to the front, and were often delayed due to congestion.⁷⁹ The reliance on non-purpose built ambulances and buildings within the First World War demonstrated how unprepared the British authorities were for modern conflict. It quickly became apparent that the number of hospital trains, ambulances, medical staff, and military hospitals was insufficient for the needs of such a significant number of

⁷⁶ 'Our Wounded in France', *The Times* (14 November 1914), p. 9.

⁷⁷ 'The Wounded at the Front', *The Times* (13 October 1914), p. 4.

⁷⁸ 'The War – Items of Local Interest', *Margate, Ramsgate and Isle of Thanet Gazette* (8 August 1914), p. 2.

⁷⁹ 'Our Wounded in France', *The Times* (14 November 1914), p. 9.

wounded. As a result, the War Office required a number of alternative spaces to provide adequate medical care at the front.

The Journey to Britain

Beyond the fighting fronts, the reliance on non-purpose built methods of transportation continued. Soldiers who required surgery, rehabilitation, or long periods of convalescence were returned to Britain via hospital ship. The military had used ships to evacuate casualties since the Crimean War, but there were an insufficient number for the wounded in the First World War. The significant number of men travelling to Britain for treatment ensured that the ports on either side of the channel were consistently busy with bodies, as well as supplies and armaments. Ships, along with trains, were alternative sites of medical care in themselves: borne from necessity, they were mobilised units that provided treatment and prevented loss of manpower.

Operating hospital ships was expensive. In 1908 it was estimated that hospital ships cost £300,000 to equip, and a further £400 daily to run.⁸⁰ Realistically, due to the numbers of wounded in the First World War, the average day-to-day running costs of hospital ships was much higher than £400. As they varied in size, quality, equipment, and staff, the running costs differed between vessels. Due to this disparity of design, soldiers had a variety of different experiences while travelling to Britain. Hospital ships and trains were expected to reflect the highly classed nature of the British army. In 1908, hospital ships had separate wards for the officer class and for the rank and file. Officers were given single rooms, while the lower ranks were confined in two main wards. There were

⁸⁰ Wellcome - DSC 19.7.08, 'Transactions of United Services Medical Society' (May 1908), p. 9.

separate cabins for 'insane' patients and those suffering from infectious diseases.⁸¹ However, hospital ships during the First World War, like the military hospitals the men were destined for, were not designed for the sheer numbers of wounded. As a result many of them were overcrowded and these standards were not maintained, resulting in a lack of distinction between the different classes of patient. Many ships were understaffed – meaning the level of care distributed in hospital ships varied considerably. As a result, the experience of the wounded changed depending upon its wartime context. To maintain the safety of the hospital ships, and prevent attacks from enemy forces, they were marked as non-hostile with specific flags and paint colours. The 1864 Geneva Convention noted that hospital ships 'shall be free from capture, provided their names have been communicated to the belligerent powers'.⁸² This agreement demonstrated the symbolic and practical importance of caring for wounded soldiers.

After travelling on a hospital ship soldiers were transported around Britain on ambulance trains. As Gregory keenly observes in his comparative study on railway stations in Paris, Berlin, and London, the railway station is the site where war and the city met.⁸³ Soldiers travelled through these spaces when they were leaving for the fronts, when they were on leave, and when they returned to Britain to recover from their wounds. Stations became sites of interaction between soldiers and civilians, and as a result, the population played out episodes of 'private emotion in public'.⁸⁴ Large crowds often greeted wounded soldiers arriving in Britain with hot drinks, cigarettes, and other tokens of their appreciation, so train stations became sites of charitable giving as well as spaces

⁸¹ Wellcome - DSC 19.7.08, 'Transactions of United Services Medical Society' (May 1908), p. 8.

⁸² Ibid., p. 5.

⁸³ Adrian Gregory, 'Railway Stations: Gateways and Termini' in *Capital Cities at War Paris, London, Berlin 1914 - 1919: Volume Two A Cultural History*, ed. Jay Murray Winter and Jean-Louis Robert (Cambridge: Cambridge University Press, 2007), p. 23.

⁸⁴ Ibid., p. 44.

that the public were able to interact with soldiers.⁸⁵ After arriving at the closest train station soldiers were taken to their hospital, normally by requisitioned or donated motor vehicles.⁸⁶

By the time the wounded soldier arrived at a hospital in Britain, he had undergone many different stages of medical care. He had passed through the hands of a variety of medical personnel and endured horrors from his experience of wounding and the journey back to Britain. He was exposed to a variety of different medical sites and spaces; many of which were not built for medical care, although one could argue that the temporary CCS became more permanent and better equipped as the war progressed. Once wounded soldiers arrived in Britain, they were transferred from their hospital ships to a variety of different institutions around the country.

Creating hospitals

Britain's existing military medical structure was unable to care for the vast number of casualties of the First World War. In order to administer and provide the best possible care to soldiers in a variety of physical conditions, hospitals in Britain were divided into three distinct categories: military, auxiliary, and convalescent hospitals. Military hospitals were equipped and staffed to deal with soldiers suffering from serious wounds. The majority of those who returned wounded from the fighting front were sent directly to a military hospital. After receiving the necessary treatment to treat and stabilise their conditions, soldiers moved to either auxiliary or convalescent hospitals. British military policy dictated that as many beds as possible should be kept empty in military hospitals, to better

⁸⁵ 'Wounded Soldiers: Arrivals and Departures at Margate', *Margate, Ramsgate and Isle of Thanet Gazette* (8 August 1914), p. 8.

⁸⁶ 'Motors and Petrol', *Margate, Ramsgate and Isle of Thanet Gazette* (8 August 1914), p. 2.

accommodate any sudden influxes of wounded.⁸⁷ As soon as soldiers were sufficiently recovered they were transported from military hospitals into surrounding auxiliaries and convalescent homes. Auxiliary hospitals were smaller, less specialised institutions that relied on their larger military counterparts for medical assistance and administrative guidance. They were divided into categories 'A' and 'B': the former were larger, while the latter were more akin to private convalescent hospitals.⁸⁸ Convalescent homes were usually situated in the countryside, though some were in urban areas, and it was in these hospitals that soldiers continued their physical and emotional recoveries. At the beginning of the war, hospitals were only intended to house British soldiers. However, with the influx of Canadian, Australian, Indian, and Belgian soldiers, amongst others, it soon became apparent that Britain needed to expand its hospital provision to treat the large numbers of wounded from the colonies and Dominions.

At the outbreak of the war, the War Office judged the 50,000 beds in military, territorial, and voluntary hospitals 'to be ample'.⁸⁹ However, this number proved to be insufficient when 73,000 wounded men had arrived in Britain by the end of 1914.⁹⁰ The realisation that hospital provision was inadequate became clear relatively quickly, and a plan to procure extra beds was made. At the outbreak of the war there were 230 military hospitals, totalling 9,242 beds. They were allocated according to rank; 81 of them were assigned to the officer class; 8,869 for the rank and file; 11 for sick nurses and 281 for wives and children.⁹¹ Hospital size varied considerably: only two of them had more than 500 beds, and the smallest

⁸⁷ TNA - WO 222/1, 'Hospital Accommodation on Mobilisation 1914 - 1918', p. 4.

⁸⁸ *Ibid.*, p. 11.

⁸⁹ 'Territorial Hospitals: The Guiding Principles of the Scheme', *The Hospital*, Vol. LVII, No. 1477 (10 October 1914), p. 33.

⁹⁰ Brian Abel-Smith, *The Hospitals: 1800 - 1948* (London: Heinemann, 1964), p. 259.

⁹¹ TNA - WO 222/1, 'Hospital Accommodation on Mobilisation 1914 - 1918', p. 1.

had fewer than 20 beds, but the vast majority had between 50 and 20.⁹² More space was needed, so a further 12,000 beds were utilised in the territorial force general hospitals – these establishments were created especially for the war and were placed in existing medical institutions.⁹³ Extra beds were appropriated from civilian hospitals, Poor Law institutions, and from public buildings. This meant that soldiers were housed in a disparate group of small hospitals, which complicated the medical military bureaucracy.

These small hospitals came from a variety of sources, and the provenance of the institutions affected the experience of the wounded. Some were imbued with meaning and social stigma. In the desperate efforts to find the necessary space, soldiers were placed in Poor Law infirmaries or mental asylums. As both of these institutions were highly controversial spaces, often associated with punitive treatment, the vulnerable wounded did not find their accommodation commensurate with their war sacrifice. Moreover, the military acquisition of these buildings created a new dilemma of what to do with those who had previously inhabited these spaces. Asylum patients were often sent back to their underprepared families, while paupers in Brighton housed at the Poor Law Infirmary were controversially evacuated to ‘well-appointed hotels’.⁹⁴ The majority of these civilians, however, were sent to test-houses, mental wards, workhouses or housed in other commandeered alternative spaces.⁹⁵ For more fortunate wounded soldiers, spaces were found in stately homes.

Stately homes were considered a more fitting space for the wounded heroes returning from the fighting, but not all stately homes were suitable for conversion. Yet significant numbers of houses were required, and the more offers the War

⁹² TNA - WO 222/1, ‘Hospital Accommodation on Mobilisation 1914 – 1918’, p. 1.

⁹³ Abel-Smith, *The Hospitals*, p. 253.

⁹⁴ *Ibid.*, p. 259.

⁹⁵ *Ibid.*

Office received, the better it was able to select the most suitable of spaces. To encourage the donation of houses, the British Red Cross utilised the press. An article was published in *The Times* on 13 August, just a few days into the war, asking for the donation of houses that were 'fully equipped for the purpose'.⁹⁶ In this endeavour, the upper classes did not disappoint. Even before the article was published, over 250 houses had been donated.⁹⁷ The response was so overwhelming that a further article was published on 22 August declaring that a 'great bulk of their offers cannot be used, and money spent in preparations which are little likely to be required could very much more profitably take the form of a subscription to the Central Fund'.⁹⁸ Evidently, in 1914 there was no lack of willing donors: the upper classes had been successfully recruited to support the war effort, and effectively mobilised.

As the war progressed, more offers of houses were received. By December 1915, there had already been over 4,000 offers of buildings to house hospitals. The War Office gave the British Red Cross the responsibility 'to oversee... the arduous duty of sifting the offers and inspecting premises' that were offered in the hope of becoming hospitals.⁹⁹ A large proportion of these propositions were rejected, but 987 were accepted, which created an additional 35,000 beds by December 1915.¹⁰⁰ The establishment of hospitals in stately homes was dependent on certain factors, including their locality, their facilities, and the layout of the property. Buildings were rejected if they were considered surplus to requirements or too difficult to convert - balancing the number of hospitals required for the wounded was difficult. Too few hospitals and soldiers received inadequate care and their

⁹⁶ 'Care of the Wounded', *The Times* (13 August 1914), p. 3.

⁹⁷ *Ibid.*

⁹⁸ 'The Red Cross', *The Times* (22 August 1914), p. 7.

⁹⁹ Anonymous, *What Are They Doing To-day for Sick and Wounded Sailors and Soldiers* (London: The British Red Cross Society and The Order of St. John of Jerusalem in England, 1915), p. 1.

¹⁰⁰ *Ibid.*

recovery times would be affected; too many hospitals drained both private and public resources. In August 1914, an article in *The Hospital* declared:

The number of offers by private individuals to place their land, houses, and buildings at the disposal of the Government or the Red Cross Society for convalescent institutions or hospitals threatens to become embarrassing.... [The Red Cross] has been compelled to announce that the offers of hospital accommodation from private sources are likely to be far in excess of the anticipated demand; and that, in fact, gifts of money and subscriptions would be far more useful than any offers in kind at the present time.¹⁰¹

The number of people altering their homes 'without consideration for any organised scheme or their geographic position' was troubling to the authorities.¹⁰² This issue concerned the War Office and the British Red Cross as it meant that treatment was not standardised throughout Britain. This increased the risk that soldiers might be sent to hospitals where care was inadequate, as those who created hospitals without the guidance of the British Red Cross or the War Office were not subject to the same rules and regulations that the authorities instilled in their hospitals.

As the numbers of wounded grew, more hospitals were required, but suitability was at the forefront of the decision making process. By January 1915 the War Office once again appealed for help. An article declared 'that the supply of private accommodation has proved insufficient... the obvious remedy [to which] is

¹⁰¹ 'Panic offers of Private Houses', *The Hospital*, Vol. LVI, No. 1439 (15 August 1914), p. 539.

¹⁰² 'Red Cross and Voluntary Aid Detachments' Work', *The Lancet*, Vol. 184, No. 4747 (22 August 1914), p. 527.

the provision of further privately offered accommodation'.¹⁰³ Appeals for more properties coincided with large offensives or significant battles in which the casualty rate was high. In May 1915, following the Second Battle of Ypres and the Gallipoli Campaign, the supply of proper accommodation for the wounded became 'critical'.¹⁰⁴ The influx of wounded soldiers outstripped the number of available beds, so the War Office pushed for more donations. In October 1915, hospitals were asked to expand to provide more beds. Furthermore, military hospitals were reminded to remove patients to auxiliaries and convalescent homes as soon as possible to ensure space for new patients who required acute care.¹⁰⁵ The authorities were forced to ask for people to donate spaces in March 1917, November 1917 (following the Battle of Cambrai), and the autumn of 1918.¹⁰⁶ This led to the establishment of temporary or tented structures in the grounds of existing hospitals. The pleas that occurred in the latter years of the war were met with a remarkably different response than those from 1914 or 1915. Many homeowners had already donated their properties, others had lost heirs or husbands, while the financial concerns of some were exacerbated by increased taxation and the rising costs of domestic servants. Though a willingness to donate may not have been changed, the feasibility certainly might have. It is difficult to ascertain an exact number of how many stately homes became hospitals in the First World War as War Office reports did not distinguish between private residences 'other buildings'. By the end of the war there were 1,400 hospitals created in 'other buildings', creating an extra 126,000 beds for the authorities. Most of the hospitals created in private residences were based in the south of

¹⁰³ 'The Condition of Convalescent Soldiers', *The Hospital*, Vol. LVII, No. 1493 (30 January 1915), p. 395.

¹⁰⁴ TNA - WO 222/1, 'Hospital Accommodation on Mobilisation 1914 - 1918', p. 7.

¹⁰⁵ *Ibid.*

¹⁰⁶ *Ibid.*

England, due to its close proximity to Netley and the fighting fronts. However, hospitals were created throughout all of Britain. Hospitals in stately homes were more likely to appear in affluent areas that had a high density of aristocratic families, the reasons for which are explored in more detail in Chapter Two.

Provision of a sufficient number of suitable buildings remained an issue, but for those stately homes considered appropriate, many alterations and changes were undertaken to ensure the space was fitting. When a stately home was considered suitable for a hospital, the owner was expected to fund and implement the necessary changes. The Duke of Sutherland arranged 'experts' in the conversion of homes into hospitals to talk to those considering the transition, and to advise them on how to pass the inspection.¹⁰⁷ Many houses were donated free of cost: the Surrey Red Cross Branch reported that a great many private residences in its jurisdiction were donated rent-free, and in other cases the entire rent was paid by one or two donors.¹⁰⁸ Owners of some houses relied upon the local community and funds collected by local divisions of the British Red Cross Society to fund the conversion of homes and existing hospitals. The people of Caterham financed Burntwood Auxiliary Hospital's extension, while the Limpsfield division reported relying extensively on the local community as government grants were 'inadequate'.¹⁰⁹ In order to procure this assistance, adverts were published in the press requesting resources from people in the local area. For example, one advert asked for nearby plumbers to help bring the facilities to an acceptable standard in a mansion in Kent.¹¹⁰

¹⁰⁷ 'Hospital Advice on the Conversion of Houses', *The Hospital*, Vol. LVI, No. 1439 (15 August 1914), p. 540.

¹⁰⁸ RCB -173/5, 'British Red Cross Society Surrey Branch: Fifth Annual Report' (1917), p. 9.

¹⁰⁹ *Ibid.*, p. 81.

¹¹⁰ 'The Medical Profession and the War', *The Lancet*, Vol. 184, No. 4646 (15 August 1914), p. 458.

Newspaper articles like this encouraged involvement from the surrounding areas. Local community members were often used to staff hospitals. They worked in a variety of different roles including caregiving and ancillary positions including cooking or washing linen and clothes.¹¹¹ Individuals who lived in close proximity to stately home hospitals supplied revenue, labour, and equipment. Communities were willing to provide such extensive support as the creation of a convalescent home or hospital in the vicinity was a source of pride, it boasted of the precinct's patriotism and generosity, while demonstrating their dedication to the war, which will be further explored in Chapter Two. In addition to helping individuals adapt their properties and set up hospitals, the general public donated a variety of different objects in order to provide comfort for the wounded. These ranged from small items such as socks and slippers knitted by local people, to forms of entertainment like gramophones and books.¹¹²

Hospital administration

After a stately home had been offered, accepted, and converted, it became part of a complex military bureaucracy. The staffing and administration of such a large network of disparate hospitals and convalescent homes was difficult to standardise and presented a number of challenges to the authorities. This section explores the complicated administrative processes that surrounded hospitalisation, as well as the role of the stately home in the hospital network.

Following disembarkation at ports such as Southampton, the wounded were distributed according to the severity of their wounds and where beds were currently available – the most seriously wounded were housed at Netley, a hospital

¹¹¹ 'The Wounded at Portsmouth', *The Lancet*, Vol. 184, No. 4761 (28 November 1914), pp. 1278 – 1279.

¹¹² 'Help for the Hospitals', *The Lancet*, Vol. 185, No. 4780 (10 April 1915), p. 779; 'Gramophones for Military Hospitals', *The Lancet*, Vol. 186, No. 4793 (10 July 1915), p. 101.

that was located close to Southampton and was established by Queen Victoria.¹¹³ After soldiers arrived at their hospital, the institution had a twenty-four hour period to alert the War Office had to be notified of their arrival.¹¹⁴ After this an official postcard was dispatched to the soldier's relatives or next of kin and the hospital sent for his medical history and his pay books. The War Office was kept apprised of these individual patients, so they could deduce how many empty beds were available in each hospital.¹¹⁵ Constant contact with the War Office was required across all levels of the hospital system. Hospitals completed monthly reports that informed the authorities of how long each patient had remained in their care.¹¹⁶ Smaller hospitals relied on their affiliated military or general hospital to do this for them. Any breakdown in communication resulted in a loss of income for smaller hospitals as their capitation fees depended on this information. Capitation fees were paid to each establishment depending on how many soldiers they housed and the nights that they were accommodated for. Fees varied throughout institutions and at different times of the war. Some convalescent homes, like Sulhampstead House in Theale, received no capitation fees. Others like Guards Hospital in Basildon Park were paid three shillings per head, which was standard in the early years of the war.¹¹⁷ By 1918, the War Office increased the capitation fee and paid up to four shillings and nine pence per soldier, with an additional six pence per unoccupied bed.¹¹⁸ However, many hospitals or convalescent homes found this income insufficient. One VAD hospital claimed that capitation fees only paid for half of their running costs, and that the rest had to be

¹¹³ 'The Treatment of the Wounded in this Country', *The Lancet*, Vol. 184, No. 4753 (3 October 1914), p. 873.

¹¹⁴ TNA - WO 222/1, 'Hospital Accommodation on Mobilisation 1914 - 1918', p. 12.

¹¹⁵ *Ibid.*

¹¹⁶ *Ibid.*

¹¹⁷ *County Branches; their Organisation and Work During the First Months of the War: 1914 - 1915*, (London: The British Red Cross Society, 1917), p. 10.

¹¹⁸ 'Treatment of Soldiers in Voluntary Hospitals: Increase in War Office Capitation Grant', *The Lancet*, Vol. 23, No. 4930 (23 February 1918), p. 313.

supplemented through public donation.¹¹⁹ Hospitals in alternate locations such as stately homes relied heavily on donations of money and labour in order to function successfully.

Hospital Staff

Staffing of hospitals in Britain during the First World War varied between institutions. A Medical Officer (MO) oversaw all hospitals and convalescent homes, but the range of staff varied depending on the size and location of the institution. Some hospitals had a variety of fully trained doctors, but some of the privately owned homes or VAD hospitals had few medical staff. Many smaller hospitals or convalescent homes struggled to recruit as the numbers of doctors caring for civilian patients was stretched. Many VAD hospitals were unable to find full time MOs as so many doctors were working on the fighting fronts. Some institutions relied on local, retired doctors, or others who worked on a part-time basis, while trying to care for their civilian patients. As many civilian doctors were unaware that they were eligible for financial remuneration, hospitals in alternate spaces did not have adequate medical supervision. In 1917 the government were criticised for not making the payment of MOs in VAD hospitals common knowledge. Medical journals claimed that when some doctors were paid, it was 'construed as a private transaction', rather than a salary.¹²⁰ This typified the problems caused by relying on volunteers, and these issues extended to all levels of staff. The fluctuating ratios of medical personnel to patients affected the standardisation of medical care in these hospitals.

¹¹⁹ 'The Feeding of Wounded Soldiers', *The Institutional Worker: Being a Special Supplement to 'The Hospital'* (30 December 1916), p. 1.

¹²⁰ 'The War', *The Lancet*, Vol. 59, No. 4895 (23 June 1917), p. 966.

Furthermore, staffing issues impacted on nursing care. Stately home hospitals and convalescent institutions relied upon a combination of professional and volunteer nurses. While professional nurses had been used in a military capacity prior to the First World War, the mobilisation of so many voluntary nurses was unprecedented. Middle and upper class women and men swelled the ranks of the VAD to care for and provide comfort to the wounded. In August 1914, there were 9,000 members of the VAD nursing soldiers by 1918 there were 23,000 and an additional 18,000 nursing orderlies.¹²¹ Lyn Macdonald famously notes that women came 'straight out of Edwardian drawing rooms into the manifold horrors of the First World War'.¹²² Here Macdonald is referencing the upper class nature of VAD nursing: applications were expected to fund their own training and buy their own uniforms – thus limiting involvement to those who could afford it.¹²³ It was believed that patriotism and pride in war work should be its own remuneration, and consequently, VADs were compensated less than most domestic servants.¹²⁴ However, especially for women serving on the fighting fronts, their lack of training and experience meant that they were unprepared for the sight of gruesome wounds or the emotions that war and suffering engendered. Problems were similar on the home front. The reliance on these volunteer caregivers created a variety of problems in stately home hospitals, including the relationship between VAD and professional nurses.

The trained career nurses had different expectations of their wartime service. Janet Watson argues that in comparison to VADs, professional nurses saw

¹²¹ Neil Storey and Molly Housego, *Women in the First World War* (Oxford: Shire Publications, 2010), p. 17.

¹²² Lyn Macdonald, *The Roses of No Man's Land* (London: Michael Joseph, 1980), p. 11.

¹²³ Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994), p. 11.

¹²⁴ *Ibid.*, p. 15.

the conflict as an opportunity to prove their skill and professionalism in the hope of gaining more respect.¹²⁵ She argues,

Medical women [including both doctors and nurses] had to prove their competence in a male-dominated field to a gender-divided society and ironically found an opportunity to do so in a period dominated by images of masculinity.¹²⁶

Due to this drive for recognition, professional nurses clashed regularly with VADs. These clashes have become legendary, and often centred around issues such as class privilege. The *British Journal of Nursing* reported that professionals and soldiers alike had, 'suffered many things at the hands of incompetent committees and super society matrons who assume control of professional work, because of the accident of their wealth, or social status'.¹²⁷ Career nurses felt undermined by the presence of untrained, upper class women, a problem exacerbated by wounded soldiers who were either unaware or indifferent when it came to differentiating between VADs and professional nurses. The battle for recognition between these two different groups extended beyond the fighting fronts. In stately home hospitals or convalescent institutions, soldiers required far less care than those in military hospitals. Consequently, VAD and professional nurses completed similar tasks when stationed in convalescent homes, which increased competition. Watson notes that in London, this rivalry was infamous.¹²⁸

¹²⁵ Janet S.K. Watson, 'War on the Wards: The Social Construction of Medical Work in First World War Britain', *Journal of British Studies*, Vol. 41, No. 4 (October 2002), p. 509.

¹²⁶ *Ibid.*, p. 489.

¹²⁷ 'Protection for Nurses in Military Auxiliary Hospitals', *British Journal of Nursing*, Vol. LV (23 October 1915), p. 325

¹²⁸ Watson, 'War on the Wards', p. 501.

Staffed with a mixture of medical professionals and volunteer caregivers, the care offered in stately home hospitals varied considerably. While some had highly qualified and experienced members of staff, others relied on volunteers to provide the necessary care for the wounded. As such, it was impossible to standardise the experiences of the wounded in Britain.

Voluntary Funding

Though the War Office funded hospitals, government capital was augmented with voluntary assistance through donations of money, labour, and gifts. As already discussed, individuals donated their properties and paid for the necessary adaptations to create hospitals in their homes. Sometimes hospitals in stately homes relied on funds raised, organised, and distributed by the British Red Cross. After local hospitals were set up they continued to rely on volunteer fundraising to supplement and support their work.

In order to inspire acts of charity, local and national newspapers ran numerous campaigns to remind readers of the presence of the Central Fund. This was established by the British Red Cross to alleviate the sufferings of soldiers both home and abroad. *The Times* gave the British Red Cross free advertising, and started their own collection fund. By 11 December 1914 they had raised £725,837 5s and 4d – not including the £119,000 of motor vehicles donated to aid the cause.¹²⁹ By the end of the conflict, this fund stood at £16,510,023 6s and 5d.¹³⁰ Other groups organised their own separate Red Cross funds, including the British Farmer's Red Cross Fund which by September 1918 had raised £969,745 19s and

¹²⁹ 'The Times Red Cross Fund', *The Times* (11 December 1914), p. 11.

¹³⁰ *Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid rendered to the sick and wounded at Home and Abroad and to British Prisoners of War 1914 – 1919* (London: His Majesty's Stationary Office, 1921), p. 2.

8d.¹³¹ Newspapers often published the names of benefactors subscribing to certain funds.¹³² This publicity was a way to reward the generous while simultaneously applying social pressure to readers to donate.

Newspapers also published adverts of upcoming hospital fundraising events. Local hospitals organised Flag Days, smoking concerts, and sports days to augment hospital funds. Stately homes were often chosen for these events as they were surrounded by parkland or gardens, which provided an attractive backdrop for these activities. The Surrey Branch of the British Red Cross organised a Flag Day where they recreated the battlefronts in order to demonstrate the crucial work of the association.¹³³ The British Red Cross also arranged public lectures and meetings to share its message with the public.¹³⁴ Large stately homes contained spaces sufficiently large for lectures, meetings, dances or performances to take place. The Star and Garter home, a hospital for disabled soldiers, hosted on a matinée performance by Lillah McCarthy.¹³⁵ These events were supported through the sale of items such as postcards, photographs, and hospital magazines. These objects demonstrate not only the interest that the wounded engendered within the British public, but also the public's desire to contribute in some small way to care of injured servicemen.

Beyond buying tickets to events or contributing to funds, members of the public donated personal property. The Red Cross accepted cars that they upgraded to the necessary ambulance specifications at a cost of £400 per vehicle.¹³⁶ People

¹³¹ 'British Farmers' Red Cross Fund', *Jarrow Express* (20 September 1918), p. 2.

¹³² 'A War Appeal', *The Times* (6 March 1915), p. 6.

¹³³ Wellcome Library - MS.7936/15, 'Programme of British Red Cross Society Surrey Branch, Chertsey Division, Field Display, Brooklands Race Course, Weybridge, (in the presence of H.M. Queen Alexandra and H.I.M. the Empress Marie Feodorovna of Russia) (14 June 1914)'.

¹³⁴ 'The British Red Cross and the St. John Ambulance Association', *The Lancet*, Vol. 185, No. 4789 (12 June 1915), p. 1267.

¹³⁵ Wellcome Library - SA/NFN/A.8, 'Programme of Matinée in aid of the Star and Garter Building Fund' (9 June 1916).

¹³⁶ 'The Times Fund', *The Times* (2 October 1914), p. 12.

donated caravans as forms of temporary accommodation for nurses in hospitals.¹³⁷ As such, hospitals in stately homes – and indeed those in other buildings - relied extensively upon gifts to continue to function. This led to a confusing state of affairs where hospitals were unable to depend on funding, as the money, support, and material possessions that were voluntarily given were not guaranteed. Money was used to pay for adaptations to buildings, medical supplies, and staff wages, but also to provide comfort to the wounded. Men were taken on day trips and given games, cigarettes, and books. During the holidays they received gifts and were treated to Christmas dinners – and all of these events required money. It is important to note it may have become harder to fundraise as the war continued. The establishment of more hospitals in Britain, owing to the large number of wounded, meant that local Red Cross groups supported numerous institutions and that individuals were pressed by a large number of charitable subscriptions. Coupled with the introduction of rationing and the conscription of all able-bodied men, many families were unable to donate as much as they had earlier in the war.

These events occurred throughout the war as they normalised and romanticised the hospital, thereby making it a more assuaging space for British civilians. They also reminded the wounded that their service was appreciated, and that the British government and the public alike appreciated their sacrifices. These rituals and rewards hinted at the longevity of peacetime norms, and eased the public's concerns by reminding them that the war had not completely disrupted the maintenance of social and cultural life.

Space of the Stately Home

As privately owned buildings functioning as part of the military medical system, the stately home hospital was placed between civilian and military spheres. In his

¹³⁷ 'The War', *The Lancet*, Vol. 184, No. 4746 (15 August 1914), p. 466.

study of Ash VAD hospital in Kent, Paul Ketley argues that these ‘were spaces of care as well as spaces of cure, and spaces where beneficent charitable endeavour competed with destructive military objectives.’¹³⁸ He suggests that the healing space of the hospital counteracted the dangerous environment of the front. Though still subject to military rules, hospitals and convalescent homes circumvented military rules and regulations. Soldiers had opportunities to meet and mingle with civilians inside and outside of the hospital space. The presence of these individuals further complicated the position of the wounded soldier – though he remained a member of the army and was theoretically kept under strict regulation, he was surrounded by civilians in a domestic setting.

The domestic, and often rural, surroundings of the stately home were believed to be beneficial for the physical and mental health of patients. Institutions within stately homes were often, (but not always) isolated from the rest of the population by their rural setting, which was in part one of the reasons why they were chosen for hospitals. The English countryside, it was believed, helped soldiers to forget about the chaos and horrors of the fighting fronts. This was not an original notion during the First World War. From the late eighteenth-century, hospital surroundings became of paramount importance and medical practitioners believed in the health-giving properties of the sun.¹³⁹ Due to this, many stately homes were adapted by their owners to ensure a steady supply of sunlight in each room. Where possible owners added ‘big windows of uniform size and shape... and, where it was practicable, French windows allowed people to step straight

¹³⁸ Paul Ketley, “‘A Place for Every Thing and Every Thing in its Place’: The Transitional Nature of Voluntary Aid Detachment Hospitals in the First World War’ (Unpublished Master of Arts Thesis, University of Kent, 2014), p. 14.

¹³⁹ Andrew Scull, “A Convenient Place to Get Rid of Inconvenient People,” in *Buildings and Society: Essays on the Social Development of the Built Environment*, ed. Anthony. D. King (London: Routledge, 1980), pp. 44 - 45.

from the rooms into the garden'.¹⁴⁰ One article published in *The Hospital* suggested that 'fresh air and sunlight' was the principal requirement for successful convalescence.¹⁴¹ As such, soldiers found themselves in open-air wards, exposed to both light and air. Newspaper articles stressed the stately home hospital's healthy environment, surroundings, and domesticity to reassure the general public that their relatives were well cared for in a normalized, home-like setting.

However, the domestic and isolated nature of stately home hospitals was a concern for the authorities. The War Office was suspicious of the purpose of many hospitals due to the capitation fee system, especially some of the smaller convalescent homes. It was thought that they kept men in their care for longer than was necessary to maximise their funding. These convalescent homes came under attack as the British Red Cross, not the War Office, managed them. The hospitals in stately homes were often isolated and geographically removed from the central authorities, which solidified suspicions that they were not caring for their patients sufficiently, or that they were trying to increase their revenue from the War Office. It was believed that sending soldiers:

to small private convalescent homes scattered all over the United Kingdom was... uneconomical it being impossible to keep the men under efficient control resulting in several being lost sight of for long periods and all of them becoming more "soft" and consequently less fit to return to the firing line.¹⁴²

¹⁴⁰ Jill Franklin, *The Gentleman's Country House and its Plan 1835 – 1914* (London: Routledge, 1981), pp. 22 – 23.

¹⁴¹ 'The Hospital Life of the Wounded: Comradeship, Cheerfulness and Cigarette-Smoking', *The Hospital*, Vol. LVIII, No. 1512 (12 June 1915), pp. 227 – 228.

¹⁴² TNA - WO 222/1, 'Hospital Accommodation on Mobilisation 1914 – 1918', p. 33.

To combat this, in March 1915 the War Office decided to create larger-scale convalescent homes which accommodated between 3,000 and 4,000 men, and were placed under strict military conditions.¹⁴³ However, the privately managed hospitals in stately homes continued to operate. In 1916 it was reported that, 'it says much for the private generosity of the Englishmen on the one hand, and for the English hatred of official regulations on the other, that such privately run hospitals still continue in the third year of the war.'¹⁴⁴ Whilst controversial, these small, private, hospitals in stately homes were utilised until the end of the conflict.

The idea that the domestic setting of these convalescent homes had a negative impact on the masculinity and thus the fighting abilities of the wounded, correlated with Edwardian social values and strict gender roles. In this period, wounding and disablement, however temporary, was considered to be emasculating as it robbed men of their economic and sometimes their emotional independence.¹⁴⁵ Men were expected to defend the nation, but the wounded in stately homes were trapped in the domestic sphere, for the most part they were controlled by women and dependent on the medical and nursing assistance of others. In this way, they were perceived to be further emasculated than those recovering in military hospitals, which constantly reminded its patients of the soldiers' role in the conflict. The confinement of men to these houses of healing – regardless of how grand they were - brought up questions surrounding the maintenance of masculinity.

The grandiose nature and unfamiliar surroundings of the stately home hospital posed different problems for the soldiers recovering there. Though soldiers considered themselves lucky if they received a Blighty wound, it was 'a

¹⁴³ TNA - WO 222/1, 'Hospital Accommodation on Mobilisation 1914 - 1918', p. 33.

¹⁴⁴ 'The Small Military Hospital', *The Hospital*, Vol. LXI, No. 1585 (21 October 1916), p. 39.

¹⁴⁵ Julie Anderson, *War Disability and Rehabilitation in Britain: Soul of a Nation* (Manchester: Manchester University Press, 2011), p. 56.

matter of luck what sort of reception the convalescent soldier meets with' – and some felt uncomfortable in these surroundings.¹⁴⁶ Stately homes were intrinsically linked to the environment of the upper class and entrenched social hierarchy. Though some donors specified which ranks recovered within their walls, many were satisfied to take any wounded soldiers. Consequently, there were a significant number of working class soldiers and sailors recovering within stately homes throughout Britain. These men had never entered such lavish environments prior to wounding – unless they worked in domestic service. Being wounded gave them access to a variety of some of the most extravagant estates in the country. For many, this was a daunting experience, which was a source of awkwardness for the entirety of their convalescence. The *Daily Mirror* published a series of humorous cartoons called 'The Trials of the Wounded Tommy'. One of these depicted two wounded Tommys, dressed in their hospital blues, walking across the room in a stately home hospital.¹⁴⁷ (Figure 1) The men struggled to cross the finely polished floor and eventually tripped on the various animal laid there. The publication of this cartoon, and others, suggests an awareness of the awkward position many working class wounded soldiers found themselves in while recovering in stately home hospitals. After being wounded in the service of their country, they found themselves in expensive homes, being cared for by upper class women VADs. The levelling of class differences through the employment of stately homes as hospitals for all classes, coupled with the environmental connotations associated with them, 'proved' to what extent the British took care of their wounded. These buildings were sites and signs of British heritage, culture, and class, and their availability to

¹⁴⁶ 'The Condition of Convalescent Soldiers', *The Hospital*, Vol. LVII, No. 1493 (30 January 1915), p. 395.

¹⁴⁷ W.K. Heselden, 'Trials of the Wounded Tommy', *Daily Mirror* (16 November 1916), p. 5.

the nation to house the wounded reflected the value attached to war service.¹⁴⁸ Similar to the British countryside that inspired national pride, the stately home hospital embodied British tradition and stood as a testament to a way of life worth fighting and dying for.

Conclusion

Much of the environment of medical care during the conflict was categorised by a sense that it was temporary in nature. The progression of the wounded through a series of temporary loci of care, followed by transport on ill equipped trains and ships, to hospitals in non-purpose built buildings formed the experience of many of the wounded. The stately home hospital was also a temporary measure that became established as the war progressed. Many individuals offered their homes for conversion to hospitals after requests were published in the press, yet the British Red Cross found only a certain percentage were suitable. The domestic setting and the rural environment of the stately home gave soldiers a respite from the horrors of the front; however, it also raised issues of tension between classes, professional nurses and VADs, impacted on war readiness and the maintenance of masculinity, and the relationship between the British Red Cross and the War Office. The stately home as a hospital and convalescent home has become a significant part of the commemoration of the war. Many of them still remain, which demonstrates their enduring quality as part of British social and cultural life.

¹⁴⁸ Mary Miers, *The English Country House* (New York: Rizzoli International Publishers, 2009), p. 7.

Chapter 2

Patriotic Philanthropists or Pompous Patricians: Reassessing the Motives for the Donation of Private Residences During the First World War

The First World War necessitated the establishment of hospitals in alternative spaces. A great many were set up in the private residences of the British social elite, which was, and still is, remembered as a selfless act by the upper classes for the benefit of the nation. The gift of private spaces was perceived as a rare occurrence of class cohesion and a time of togetherness in the face of adversity. This chapter investigates the involvement of the upper classes in the preparation, organisation, and donation of their homes, while examining their motives for this course of action. It questions whether the act of donating homes to the war effort was as selfless as contemporaries believed. Though establishing a hospital in stately homes was perceived as a benevolent act of charity, this chapter argues that an individuals' motives for their donations were often more subtle, multifaceted, and complex.

These charitable endeavours did not exist in isolation. Instead, they remained a part of the social, cultural, and political histories of the aristocracy. This chapter argues that the reality of the gift of private spaces was far more nuanced than contemporaries conceived. It explores the role of patriotism, paternalism, popularity, the spatial relevance of the stately home, challenges from the rising middle classes, and the financial situation of the elite, to provide the surrounding context of residential donations. This chapter will re-examine the establishment of hospitals within private residences to gain a broader contextual understanding of the social role of the upper classes in relation to the gift of private spaces.

Patriotism in Private Properties

A number of historians have explored a variety of different forms of patriotism that existed during the First World War. David Silbey has studied the motivations of military volunteers, suggesting that though patriotism was mentioned, there were a multitude of reasons for enlisting.¹⁴⁹ Adrian Gregory and Catriona Pennell have examined the presence of war enthusiasm and patriotism at the outbreak of the conflict, concluding that it was more complicated than mere zeal and that the war's appeal varied between localities.¹⁵⁰ David Monger has considered the rituals present in propaganda and patriotism, arguing that it was not enough to feel patriotic – instead propagandists pushed for active engagement through the establishment of rituals which proved individuals' patriotic sentiment.¹⁵¹ Paul Ward has examined women's patriotism in the conflict, arguing that a large proportion of women felt keenly connected to Britain, which manifested itself in them completing a variety of different charitable acts.¹⁵² Though these scholars do not directly address the donation of stately homes as hospitals in the First World War, their research demonstrates the challenges in assessing motives and exploring the fluid and complex emotions that were connected to patriotism in war.

As these historians have established, patriotism was a multifaceted and complicated emotional and social concept. Similarly, the gift of a private space was imbued with a range of meanings. However, contemporaries associated this act of

¹⁴⁹ David Silbey, *The British Working Class and Enthusiasm for War, 1914 – 1916* (London: Routledge, 2005).

¹⁵⁰ Adrian Gregory, 'British "War Enthusiasm" in 1914: A Reassessment', in *Evidence, History and the Great War: Historians and the Impact of 1914 – 1918*, ed. Gail Braybon (Oxford: Bergahn Books, 2005), pp. 67 – 85; Catriona Pennell, *A Kingdom United: Popular Responses to the Outbreak of the First World War in Britain and Ireland* (Oxford: Oxford University Press, 2012).

¹⁵¹ David Monger, 'Familiarity Breeds Consent? Patriotic Rituals in British First World War Propaganda', *Twentieth Century British History*, Vol. 26, No. 4 (October 2015), pp. 501 – 528.

¹⁵² Paul Ward, "Women of Britain Say Go': Women's Patriotism in the First World War", *Twentieth Century History*, Vol. 12, No. 1 (2001), p. 28.

charity with good citizenship and patriotism.¹⁵³ Building on the complex nature of patriotism outlined by historians working in this area, this chapter argues that the concept of 'patriotism' alone lacks sufficient complexity to explain the charitable donation of the stately home. Yet, this relatively simple conception remains the most prominent and widespread explanation for the gift of stately homes during the First World War. This idea has become ubiquitous as it appeals to British sensibilities. It is perpetuated by organisations like the National Trust, English Heritage, and independent stately homes established as tourist attractions. While genuine patriotism and a desire to assist injured servicemen drove some families to offer their homes to the war effort, the reality is far more nuanced. To fully understand this relationship between the upper classes and their spaces, this chapter will take into account the contextual histories of the British class system in the late nineteenth and early twentieth centuries.

Evidence of strong patriotic sentiments throughout the upper classes does exist, and it is possible that this manifested itself in the donation of private residences. Though historians debate the level of enthusiasm for war, the 'values of militarism, imperialism, monarchism, and patriotism were, if not endemic, then certainly widespread, especially among the middle class and aristocracy.'¹⁵⁴ This resulted in the large number of houses donated as hospitals in the beginning of the conflict. Offers rushed in following pleas in the press for suitable buildings. By 22 August 1914, *The Times* informed its readers that there were already too many offers of homes, and by December 1915 there had been over 4,000 submissions in total.¹⁵⁵ In 1916 another article was published in *The Times* that told its readers that 'it says much for the private generosity of the Englishmen on the one hand,

¹⁵³ Pamela Horn, *Rural Life in England in the First World War* (Dublin: Gill & Macmillan, 1984), p. 27.

¹⁵⁴ Ward, 'Women of Britain Say Go', p. 28.

¹⁵⁵ 'The Red Cross', *The Times* (22 August 1914), p. 7.

and for the English hatred of official regulations on the other, that such privately run hospitals still continue in the third year of the war.'¹⁵⁶ In 1916 the authorities banned the establishment of convalescent homes with fewer than 50 beds.

However, it is clear that individuals continued to establish hospitals in their homes regardless of this injunction. This article mentions the 'private generosity' of citizens, but does not provide any other reasons for those who chose to donate their homes to the war effort. It also demonstrates that the upper classes circumvented the rules, establishing hospitals in their own homes if they chose to, and did adhere to the advice and regulations set out by the War Office.

Many of these homes were donated by women whose husbands and sons had enlisted in the war. Women did this to complete their patriotic duty and emulate the sacrifices of their male family members. As they were unable to enlist and fight in the army, their options for contributing to the conflict were limited. The social standing of upper class women meant they were unable to work as nurses and were prevented from taking advantage of the new employment opportunities that the war created. They did not have to work to earn their living, so were untrained and often unwilling to take up paid employment.¹⁵⁷ However, younger upper class women, inspired by stories of Florence Nightingale, volunteered as members of the VAD. For a myriad of reasons, often relating to age and social status, some women did not volunteer as part of the VAD. Many volunteers were unused to unfamiliar environments not inhabited by their own class. Consequently, some women found a different way to express a sense of patriotism and demonstrate their national duty. Well-known socialite Nancy Astor donated her home owing to her belief in 'duty'. Sylvia Pankhurst recalled Astor

¹⁵⁶ 'The Small Military Hospital', *The Hospital*, Vol. LXI, No. 1585 (21 October 1916), p. 39.

¹⁵⁷ Anonymous, *What Are They Doing To-day for Sick and Wounded Sailors and Soldiers* (London: The British Red Cross Society and The Order of St. John of Jerusalem in England, 1915), p. 1.

repeatedly talking about her 'duty' at a party at Astor's home during the conflict. In her book, Pankhurst noted that 'duty was obviously a favourite theme with her.'¹⁵⁸ Astor demonstrated that giving up one's home for a hospital was not merely a result of patriotism, it was a duty, or an obligation that the upper classes fulfilled as part of their place in the social fabric of Britain.

Though considered acts of individual patriotism or duty, donations of homes affected the local community. Creating a hospital within a stately home or country residence reflected well on the local population, particularly, if as mentioned in Chapter One, local residents helped to fund, outfit, or manage the hospital. This installed a sense of pride in local achievements and the donated space afforded a vehicle for communities to demonstrate their commitment to the war. David Monger identifies this as one of the techniques of the National War Savings Committee (NWSC). He demonstrates that the NWSC aimed most of its appeals at the wealthier classes as they had more expendable income. Yet they also engaged with working class people by inspiring competition between local villages.¹⁵⁹ 'War Weapons Week' spread throughout the nation and different villages had their own drives to make as much as money as possible, if they reached a certain amount, a new tank would be named after the village.¹⁶⁰ In offering this reward for charitable giving and directly comparing the amounts raised by a variety of different villages, the NWSC inspired acts of local patriotism that benefitted the nation. This was augmented by the publications of their weekly bulletins which allowed residents to either 'bask in their demonstrated, participatory patriotism', or wallow in failing to reach targets.¹⁶¹

¹⁵⁸ E. Sylvia Pankhurst, *The Home Front: A Mirror to Life in England During the World War* (London: Hutchinson & Co., 1932), p. 142.

¹⁵⁹ Monger, 'Familiarity Breeds Consent', pp. 519 – 521.

¹⁶⁰ *Ibid.*, p. 520.

¹⁶¹ *Ibid.*, p. 522.

In a similar fashion, the British Red Cross aimed their campaigns at the wealthy when they appealed for properties, motorcars, or expensive luxuries. They published records of large donations, and newspapers and journals celebrated the opening of new hospitals in stately homes and local communities. The British Red Cross, like the NWSC, also looked to the community to provide funds, staff hospitals, and support operations at a local level. The opening of a new war hospital at Ramsgate was celebrated in *The Lancet*; readers were told that 'owing to the generosity of Ramsgate public it is practically free from debt, and only £100 are needed to entirely clear it.'¹⁶² By reminding readers that they only needed £100 more, they inspired competitive patriotism between British citizens and promoted further giving to support the medical care of the wounded.

This same competitive spirit was present amongst VAD detachments during the First World War. A letter from a VAD published in *The Lancet* in 1914, stated that:

In the case of the voluntary aid detachments it is to be feared that their zeal outruns their performance. The detachments vie with each other in providing accommodation to an extent which will neither be required nor could be maintained from private subscription if it was required.¹⁶³

Publications that focused on particular detachments, or British Red Cross reports that compared the endeavours of different communities, helped to inspire further support and charity. Yet, as this letter demonstrates, enthusiasm for establishing

¹⁶² 'New War Hospital at Ramsgate', *The Lancet*, Vol. 186, No. 4799 (21 August 1915), p. 421.

¹⁶³ 'Red Cross and Voluntary Aid Detachments' Work', *The Lancet*, Vol. 184, No. 4747 (22 August 1914), p. 527.

hospitals at a local level resulted in issues with staffing, funding, and standards while not always being indicative of high levels of patriotism.

Rousing competition between localities was so successful that potential donors did not take the suitability of their buildings into account. *The Hospital* reported that enthusiasm for establishing an institution often outweighed the practical considerations for suitable environments for medical care. In one article it was noted 'that these considerations are not present in the minds of several men in responsible positions, who are doing their best to secure for the locality in which they reside an adequate hospital provision'.¹⁶⁴ In some instances, the prestige of hospitals in local areas was a key motivation for the loan of a house. It demonstrated the benevolence of the individual and the community at large, something that was important to the upper classes who considered themselves the leaders of their local communities. As such, a range of reasons including local and national patriotism, and a sense of competition led wealthy people to donate their homes to the war effort.

In theory, the War Office, and later the British Red Cross, rejected offers from those whose homes were deemed unsuitable for conversion. One article published in *The Hospital* reported that, 'The War Office by its refusals has shown good judgement, and so saved the reputation of ambitious people associated with the management of institutions offering beds under the faulty conditions we refer to.'¹⁶⁵ The publication of this article and the use of word 'ambitious' to describe potential donors hints at a contemporary understanding of less patriotic, and more self-serving motivations behind these donations. Another article in *The Lancet* suggested that the level of care provided by hospitals in private homes was of a

¹⁶⁴ 'Temporary Hospital Provision in War-Time', *The Hospital*, Vol. LVI, No. 1471 (29 August 1914), p. 586.

¹⁶⁵ 'Some Smaller Hospitals and the Wounded', *The Hospital*, Vol. LVII, No. 1484 (28 November 1914), p. 194.

low standard, and that mere compassion for the wounded was not a basis for decent standards of care.

Early in the war a wave of pity led many to prepare to do their best for wounded soldiers. Throughout the kingdom in private dwelling preparations were made for the reception of small numbers of men, in pathetic ignorance of the difficulties that might be encountered if they ever arrived.¹⁶⁶

These articles suggested that some members of the British public were willing to provide unsatisfactory hospital care for soldiers to bolster their own reputation or credentials, or were driven by an emotional response to establish unsuitable accommodation.

Though some members of the upper class were willing to establish unsuitable hospitals to boost their reputations, there is other evidence that demonstrates the frustration felt by members of the elite when the war encroached on the maintenance of their lifestyles and activities. In particular, when Epsom Downs Racecourse became Epsom and Ewell War Hospital, some visitors complained that the restaurant had been turned into a hospital.¹⁶⁷ The subsequent debate about the maintenance of leisure spaces was so serious that it was discussed in the daily press and in parliament. Eventually, a compromise was made, and one floor of the building was returned to the Grand Stand Association.¹⁶⁸ In another instance, L.A. Selby-Bigge sent General Macpherson letters complaining about the proposed use of Queen Alexandra's House as a

¹⁶⁶ 'Convalescence and Sick leave in the Army', *The Lancet*, Vol. 185, No. 4780 (10 April 1915), p. 760.

¹⁶⁷ 'The Epsom and Ewell War Hospital', *The Lancet*, Vol. 185, No. 4774 (17 August 1915), p. 470.

¹⁶⁸ *Ibid.*

hospital for invalided nurses. At the time the establishment was used as a school, and Selby-Bigge suggested that instead of taking over the building, the War Office should use the homes of benevolent Londoners to house recovering nurses.¹⁶⁹

Though these examples do not relate to stately homes as hospitals, they demonstrate that not all those in the upper classes were possessed of a patriotic spirit or sense of duty to provide buildings for wounded soldiers and sailors.

It is clear that though many of donations were made in the name of patriotism, the lack of care or attention given to detail hints that some benefactors were less patriotic than they appeared. Some of these articles suggest that the motivations for donating properties to the war effort were more nuanced, and relied on a range of emotions, social obligations, competition, and a sense of community leadership. Yet, acceptance and support for hospitals in alternate spaces was contingent on factors such as convenience and lifestyle maintenance. With that in mind, this chapter will examine the variety of other benefits the donation of a home meant for the upper classes.

Ruling, Guiding, and Helping: Paternalism through the First World War Hospital

Any attempt to understand the role of the upper classes and the gift of their homes as hospitals during the First World War requires an exploration of the concept of paternalism. Noteworthy historians such as David Cannadine, Francis Michael Longstreth Thompson, David Roberts and George Macaulay Trevelyan, among others, have researched the role of paternalism and the landed elite in British society.¹⁷⁰ However, there are few studies that examine paternalism in the context

¹⁶⁹ TNA - ED 24/1623, 'Proposed Use of Queen Alexandra's House as Military Hospital: Correspondence from L.A. Selby-Bigge to General MacPherson' (1 September 1914).

¹⁷⁰ See David Cannadine, *The Rise and Fall of Class in Britain* (New York: Columbia University Press, 1999); Francis Michael Longstreth Thompson, *English Landed Society in the Nineteenth Century*

of the First World War. Pamela Horn has written a variety of monographs that include chapters on the conflict, and within them, she makes references to the paternalistic nature of the upper class.¹⁷¹ Horn attributes the creation of hospitals in private homes during the war to patriotic enthusiasm, which downplays the paternalistic precedent.¹⁷² This section will explore the relationship between the gift of space and paternalism in the context of the First World War hospitals in stately homes.

The possession of property necessitated responsibility for others. Landowners were expected to aid those who were less fortunate and lower down the social hierarchy than themselves. Thompson suggests that 'honour, dignity, integrity, considerateness, courtesy and chivalry were all virtues essential to the character of a gentleman', arguing that this 'was an essential element in the structure of the deference of society.'¹⁷³ David Roberts agrees, contending that ruling, guiding, and helping were all duties attached to property ownership.¹⁷⁴

While the nature of these obligations altered significantly, paternalism was present during the First World War in a number of guises. The concept had its roots in medieval England, where local rulers relied extensively on those who surrounded him. In exchange, the landed elite provided protection and assistance to those lower down in society. In the Tudor period, the elite transitioned into Justices of the Peace who ensured adequate poor relief. This role allowed the upper classes considerable control over the local poor. While the functions and the obligations of the upper class had changed by the Edwardian period, many

(London: Routledge, 1963); David Roberts, *Paternalism in Early Victorian England* (London: Croom Helm, 1979); George Macaulay Trevelyan, *British History in the Nineteenth Century and After, 1782 – 1919* (London: Longmans & Co. 1937).

¹⁷¹ Pamela Horn, *Country House Society: The Private Lives of England's Upper Class after the First World War* (Stroud: Amberley, 2013) p. 16; Pamela Horn, *Ladies of the Manor: Wives and Daughters in the Country-House Society 1830 – 1918* (Stroud: Amberley, 1991).

¹⁷² Horn, *Rural Life*, p. 27.

¹⁷³ Thompson, *English Landed Society*, pp. 16 – 17.

¹⁷⁴ Roberts, *Paternalism*, p. 5.

members of the aristocracy looked backwards with nostalgia and longed for what they considered to be social simplicity.¹⁷⁵

While paternalism as a concept appears to be philanthropic in nature, its expression in Victorian and Edwardian Britain was a reactionary response to the social and political changes of the time. Set to the backdrop of revolutionary France, the Corn Laws, trade unionism, the rise of the Chartists, fears of moral degradation within the working classes, along with agricultural and urban unrest, Victorian paternalism focused on social control and moral guidance.¹⁷⁶ Its importance continued to rise after the Parliamentary Reform Acts of 1832, 1867 and 1884, which expanded the size of the electorate and increased the political power of the middle, and to some extent, the working classes. Regardless of the significant social changes by 1914, paternalism remained a fundamental part of Britain's social structure. While the position of the upper classes underwent numerous changes before the First World War, members of their exclusive social circle maintained their certainty regarding their social responsibilities and the importance of leadership. Indeed, at the commencement of hostilities, the British upper classes led by example, and significant numbers of aristocratic young men volunteered for the war, setting an exemplar for those below them in the social hierarchy.

Their ownership and domination of most of the private and public spaces in Britain meant that the upper classes could share them with select, deserving groups. Wounded soldiers and sailors were one such group. The donation of their homes as hospitals during the conflict was a continuation of their paternalistic and philanthropic duties. Members of the British aristocracy expanded their peacetime philanthropic tasks, such as giving time to establish, oversee, and organise events

¹⁷⁵ Roberts, *Paternalism*, p. 6.

¹⁷⁶ *Ibid.*, p. 275.

and activities for the less fortunate. Hospitals in spaces they controlled provided the upper classes with new ways to demonstrate their benevolence to their contemporaries. It enabled them to undertake patriotic and philanthropic acts simultaneously. The war afforded the elite the opportunity to donate their homes and to care for the wounded, but perhaps most importantly, it allowed them to do it publically, which helped to maintain their positions as leaders of society, and set an example to their social inferiors.

These altruistic acts were communicated widely. The gift of private spaces was advertised through a variety of different mediums that emphasized the aristocracy's kindness, generosity, and benevolence. National and local newspapers, medical journals, soldier's magazines, newsreels, and illustrated broadsheets discussed the involvement of the aristocracy with hospitals within Britain. These different forms of media ensured that the majority of the British public, regardless of locality, education, or social class, were aware of the sacrifices of their social leaders. Many individuals probably had very little conception of how many properties the wealthy individuals owned, and were instructed to be grateful that access to spaces previously denied to them were opened to wounded soldiers and sailors, to whom they may have been related. These representations worked to improve the reputation of the aristocracy and the landed elite throughout Britain. The hospital space provided the potential for mixing with the elite. Historically, members of the British royalty have often used hospitals as a space to engage with the public. Following this royal example, members of the upper classes flocked to hospitals and newspapers reported significant numbers of aristocratic or royal visits, while the opening of new institutions was shared with

the public through both the local and national press.¹⁷⁷ The publication of these articles reminded readers of the upper classes' charitable nature, and how they were shouldering their fair share of war tribulations. These visits were so significant that numerous film reels were made depicting high ranked officials and members of the royal family visiting hospitals.¹⁷⁸ Members of the upper classes who were less influential or popular, visited to emulate these occasions and to copy the examples laid down by their social superiors. To do this, the elite ensured that there was 'as much theatre and gesture as effective responsibility' in these acts of charity.¹⁷⁹ For example, Lady Byron donated 100,000 boxes of matches to soldiers in France, each was inscribed with 'A match for our matchless troops, from Lady Byron' with the intention of reminding the men how generous Byron was.¹⁸⁰ The range of philanthropic acts, from visiting to gifts, were publicised to show the public that the upper classes were doing their bit and making a contribution to the war effort.

Viewed in the context of the history of the upper classes in Britain, the donation of houses was part of a wider philanthropic pageantry. Publicly undertaking charitable work was fundamental to the upper classes during, before, and after the First World War. The homecoming of significant numbers of severely injured male servicemen offered a new outlet for the elite's charitable instincts, and it also gave them the opportunity to influence others. This philanthropic pageantry, the elite hoped, would stimulate further donations to the war effort

¹⁷⁷'The Prince in Wales: Opening of Hospital in Cardiff', *The Times* (21 February 1918), p. 6; 'Rock House Hospital Annexe Opening', *Bath Chronicle and Weekly Gazette* (22 June 1918), p. 16; 'Re-opening of Ravenhill V.A.D. Hospital', *Lichfield Mercury* (31 August 1917), p. 3.

¹⁷⁸'Duke of Connaught at Woodcote Military Hospital 1914 - 1918' <

<http://www.britishpathe.com/video/duke-of-connaught-at-woodcote-military-hospital>> [accessed on 1 May 2015]

'King and Queen visit Military Hospital' (1917) <<http://www.britishpathe.com/video/king-queen-visit-military-hospital>> [accessed on 1 May 2015]

¹⁷⁹ Roberts, *Paternalism*, p. 18.

¹⁸⁰ Ward, 'Women of Britain Say Go', p. 32.

from all levels of British society. As noted previously, as part of their paternal duties those in the upper classes considered it their obligation to set examples for others, so by donating their homes they demonstrated what others, relative to their wealth, could do. The announcements of charitable undertakings within local and national newspapers were intended to inspire similar acts of generosity from the British public. It was hoped that if the rich donated what they could – large sums of money and their homes - then the poor would emulate their actions and give within their means.

Furthermore, this leadership or social guidance extended to the recruitment of British soldiers. Horn has identified attempts by the landed elite to coerce their staff into joining the armed forces. While some gently encouraged their staff to follow them into the army, others resorted to more underhand methods of recruitment - offering either incentives or punishments to those who refused to enlist.¹⁸¹ These incentives included job security in the aftermath of the war, or financial assistance for the volunteer's dependents. As wealthy employers provided many employees with accommodation, the consequences of not enlisting when encouraged could be dire for both themselves and their families. Individuals who refused to join the army faced unemployment or eviction.

While the methods of the landed elite depended upon their individual dispositions, their ideologies remained the same. They considered it their duty to set good examples for those below them in the social order. At the time of the First World War, many retained the belief in the hereditary right of the aristocracy and considered themselves as a 'governing class', as 'rulers' or 'leaders' in their communities.¹⁸² Through encouragement, punishment, bribery or cajoling, many

¹⁸¹ Horn, *Country House Society*, p. 16.

¹⁸² John Vincent Beckett, *The Aristocracy in England, 1660 - 1914* (Oxford: Basil Blackwell, 1986), p. 21.

members of the landed elite sought to increase levels of recruitment for the British army through virtue of their position. The donation of their homes as hospitals was very similar. In completing their patriotic and paternalistic duties, the upper classes encouraged all members of British society to give what they were able to.

The creation of a new hospital in a stately home in England was a further expression of the aristocracy's long-term paternalistic role. Through adhering to their code of gentry, playing their part in philanthropic pageantry, and encouraging further involvement of their employees in the war effort, it is clear that the upper classes used war work to express their paternalism. The donation of their houses demonstrated that they understood that provision for those less fortunate than themselves – in this case wounded soldiers – was vital to their function as exemplars in the community.

Repairing Reputations through Reparations

Throughout the nineteenth and early twentieth centuries the reputation of the landed elite underwent significant changes, particularly in their relationship and influence over spaces. Due to difficult financial circumstances, many members of the upper classes were forced to levy increasingly higher rates of rent for smallholdings on their estates, significantly decreasing their popularity with their tenants. The upper classes' financial situation worsened with the introduction of new Death Duties in 1894.¹⁸³ Later, the Holdings Acts between 1906 and 1914 increased tenants' rights to compensation for inadequate soil, buildings, or damage incurred to crops by game.¹⁸⁴ The People's Budget of 1909 applied more taxes to the rich to help finance the Liberal Party's social reforms. These new forms of taxation placed considerable financial pressure onto the aristocracy and landed

¹⁸³ Cannadine, *Aspects of Aristocracy*, p. 50.

¹⁸⁴ Horn, *Rural Life*, p. 3.

elite, which they then passed on to their tenants. In addition, bad harvests in the period preceding the outbreak of the First World War exacerbated their financial concerns, resulting in higher rents for smallholdings, and damaging the paternal image of the upper class.¹⁸⁵

The aristocracy had grown more concerned with their reputation since the French Revolution in 1788-89. Many feared for their safety, or were concerned about being displaced in British social and political life, and with the enfranchisement of men throughout the country and the removal of rotten boroughs, as well the Secret Ballot Act, these worries seemed to come to fruition.¹⁸⁶ This intensified when social reformers, politicians and intellectuals campaigned about growing social inequality in Britain throughout the nineteenth century. Instead of deference, some contemporaries reimagined the rich as tyrants preying on social inequality. An article in *Country Life* expressed the concerns of the upper class, noting, 'Landowners... had become disheartened by those who declaimed against property' and 'had got it into their heads that they [were] not popular with the majority.'¹⁸⁷ Consequently, the donation of some of these homes to become hospitals was an attempt to restore the popularity of the upper classes, and demonstrate through their generosity that they too had made sacrifices for the war effort.

The significant media attention surrounding these donations helped to reshape the representation of the upper classes. By demonstrating them taking part in the war effort and shouldering their own fair share of wartime tribulations, they reminded the rest of the population that the war affected all levels of society and that they were all in it together. Stories that promoted the aristocracy's

¹⁸⁵ Thompson, *English Landed Society*, p. 308.

¹⁸⁶ Beckett, *The Aristocracy*, p. 13.

¹⁸⁷ *Country Life* (7 June, 1919) cited in Horn, *Country House Society*, p. 74.

charitable giving humanised them; and intimate spaces such as that of the hospital in their own home were used as a way to negate the poor reputation of the upper class that social inequality had fostered. Though these acts of generosity were often attributed to patriotism, these donations were 'calculated to receive a return in deference quite disproportionate to the outlay'.¹⁸⁸ As such, the gift of the country house to the war effort can be seen as an attempt to utilise the conditions brought on by the war to repair the damaged reputation of the elite and to bridge the significant divides in British society.

In addition to donating their homes to establish hospitals, scores of aristocratic and upper class women chose to visit wounded soldiers and sailors in hospital. They also volunteered to take disabled and injured servicemen on day trips. The upper classes assisted the war wounded through visits and events, taking their support for the less fortunate out of the private space of a hospital in the country, to hospitals in more populated areas. All of the visiting and hosting was undertaken in a very public fashion to project a charitable image of the elite to the rest of the British population. These positive depictions of the activities of the upper classes were another way that the elite tried to fix their reputation and maintain their popularity. By creating charitable images of themselves through displays of philanthropic pageantry they were able to use the war to influence public opinion and repair their damaged reputations.

The Cult of Florence Nightingale

The work done by many upper class women in hospitals and at the front was in part, due to Florence Nightingale's reputation. Her involvement in the Crimean

¹⁸⁸ Edward Palmer Thompson, 'Patrician Society, Plebian Culture', *Journal of Social History*, Vol. 7, No. 4 (Summer 1974), p. 390.

War, and subsequent establishment of her nurse training scheme at St. Thomas Hospital in London, enabled working women to undertake nursing roles in military hospitals. Prior to the Crimean War, the role of women in combat zones was limited to camp followers, travelling wives, and prostitutes. Though the military had nurses, they were often men with very little medical experience.¹⁸⁹ However, Nightingale's work not only saved numerous lives during the Crimean War, the portrayal of her as the lady with the lamp became the 'very image of heroic womanhood.'¹⁹⁰ She was the epitome of the woman at war, and this caring image was shared through both newspaper and pictorial representations.¹⁹¹ Though Nightingale's work was traditional in nature and focused on basic nursing, she created a war heroine.¹⁹² The cult of Florence Nightingale and the celebrity status she engendered provided an example of a woman who succeeded within the military medical sphere. The numbers of women working as nurses increased during the South African Conflict, or Boer War. The establishment of the Queen Alexandra Imperial Nursing Service in 1902 provided an official role for women to work as military nurses. The caring roles filled by women within the armed forces ensured that they were able to work within the military environment. Florence Nightingale and the women who had nursed soldiers in previous conflicts served as reminders of how successful and memorable women in this sphere could become, and set a precedent for women's further involvement. This legacy inspired working women during the First World War to take up employment as nurses, and from 1909, had inspired upper class women to volunteer as VADs, and for some, to donate their homes as hospitals.

¹⁸⁹ Anne Summers, 'Pride and Prejudice: Ladies and Nurses in the Crimean War', *History Workshop*, Vol. 16, No. 1 (Autumn 1983), p. 34.

¹⁹⁰ David Stanley, 'Lights in the Shadows: Florence Nightingale and others who made their mark', *Contemporary Nurse*, Vol. 24, No. 1 (February 2007), p. 50.

¹⁹¹ 'Who is Mrs. Nightingale?', *The Standard* (30 October 1854), p. 3.

'The Nursing Mother of the British Army', *The Belfast News* (1 November 1854), p. 1.

¹⁹² Summers, 'Pride and Prejudice', p. 50.

Recycling the Stately Home

Though the stately home had been used as the centre of aristocratic life for centuries, by the outbreak of the First World War country house living was on the decline. This lifestyle was a trademark of the aristocratic routine, and consisted of touring homes of other wealthy individuals, enjoying parties, dinners, and hunting.¹⁹³ These activities, and the upper classes more generally, came under attack in the House of Commons and through the newly enfranchised population throughout the nineteenth century. In 1869 (two years after the Second Parliamentary Reform Act, which gave the vote to men who paid over £10 per annum in rent) came the first attack on fox hunting.¹⁹⁴ Known to be an activity of the upper classes, this was a direct assault against upper class lifestyles. With the political power increasingly lying with the growing middle classes, instead of displays of wealth and power, stately homes became symbols of social inequality.

In addition, journeys to stately homes were rendered less inconvenient by improvements to modern transport.¹⁹⁵ Prior to the spread of the motorcar, wealthy families visited friends and spent long periods on their estates as it took a long time to travel by carriage, and trains were not always convenient to transport the sheer amount of luggage needed by a family and their staff. However, the development and eventual spread of the motorcar meant that it was possible to travel to and from different homes relatively quickly. This meant that it became unnecessary for families and guests to stay for long periods of time.¹⁹⁶ Due to their size and consequent high running costs, these houses were built as forms of entertainment rather than permanent residences. However, by the outbreak of the

¹⁹³ Horn, *Rural Life*, p. 3.

¹⁹⁴ Beckett, *The Aristocracy*, p. 13.

¹⁹⁵ Cannadine, *The Rise and Fall*, p. 67.

¹⁹⁶ David Cannadine, *Aspects of Aristocracy: Grandeur and Decline in Modern Britain* (London: Yale University Press, 1994), p. 63.

war their primary function as a long stay environment had been reduced by developments in transportation. So for considerable parts of the year, the houses were empty, and they became useless, excessive monuments to the values of past society.

Moreover, after the war started, these houses became even more difficult to maintain. With the rush to colours from 1914, and conscription from 1916, the men who used to work in these homes were gone. This was problematic as the houses required significant numbers of servants for them to function. Lady Sackville West wrote a letter to Lord Kitchener stating: 'I think perhaps you do not realise, my dear Lord K, that we employ five carpenters and four painters and two blacksmiths and two footmen, and you are taking them all away from us!'¹⁹⁷ In addition to the reduction in numbers of male servants as a result of their enlistment, the war opened a variety of different employment opportunities for women, which lessened the numbers of female servants. Without the necessary manpower to keep these buildings functioning, they became increasingly difficult to manage and maintain.

The First World War offered the aristocracy an opportunity to utilise the space to their own advantage. These buildings were no longer needed for entertainment, and as the link between land and power had altered throughout the nineteenth century, the stately home became increasingly problematic. During the war, after domestic servants left for better-paid work or enlisted in the army, the houses became virtually impossible to maintain. They became expensive, uninhabited testimonies to social inequality.¹⁹⁸ Reduced in their position as aristocratic playgrounds, they became expensive and unnecessary luxuries to their

¹⁹⁷ Robert Sackville-West, *Inheritance: The Story of Knole and the Sackvilles* (London: Bloomsbury, 2011), p. 221.

¹⁹⁸ Peter Mandler, *The Rise and Fall of the Stately Home* (New Haven: Yale University Press, 1997), p. 3.

owners. The need for hospitals to house the wounded from the First World War provided a unique way to reconceptualise the stately home as a useful space that worked for the benefit of everybody. Consequently, their owners donated them to the war effort in order to help the restoration and recuperation of British soldiers, but also to restore the relevance of the stately home and reuse the space.

Manners but no Manors: Hospitals as Class Indicators

The donation of homes as hospitals, and the subsequent press attention that followed, demonstrated the power, wealth, and benevolence of the owners. It ensured that they stood out as one of the most charitable individuals in Britain, and proved their support for the war. Only those with numerous estates or considerable wealth could afford to give up their homes in such a generous way. Due to this influence as owners of significant amounts of land in Britain, donors were able to use the gift of a house for hospital space as a way to distance themselves from the rising middle class.

The industrialisation of Britain in the nineteenth century facilitated the rise of wealthy mercantile individuals. These families formed the widely varying middle class. Throughout the political reforms of the nineteenth century, the middle classes had taken over the House of Commons and after the Parliament Act of 1911, they had neutralised the threat from the House of Lords. In response to this political demotion, the upper class were unwilling to give up their role as leaders of their local communities and society more generally.

The donation of stately homes can be seen as a way of differentiating the upper class from the rising middle classes, and maintain the aristocracy's social superiority. It was a chance for the upper classes to flaunt the major assets that those in the middle class lacked: land and the historical lineage that was associated

with them. Many of the bourgeois class had amassed considerable wealth, but were without the estates that cemented their position in aristocratic social circles. As David Cannadine has argued:

there was growing condemnation and ridicule of awkward, ill-mannered, under bred, middle-class upstarts who had made their money in business or trade, were obsessed with fashion and luxury, and bought their way into land in the vain hope of acquiring high social standing.¹⁹⁹

This demeaning attitude towards the middle class was typified when Lady Warwick declared that they: 'have an air! The middle cases may have manners but they have no manner.'²⁰⁰ Due to the negative attitudes towards those with upper class aspirations, donating one's home as a hospital offered the donor a way to distance themselves from those individuals who lacked historical connections with the aristocracy. It allowed the elite to differentiate themselves from members of the middle class who had insufficient property or capital to fund the transition, and thus were unable to match the offers of homes made by the upper classes. As a result, the donation of these homes can be seen as a way for the highest in British society, the landed elite, rich in property, but not necessarily in funds, to distance themselves from the up and coming bourgeoisie. As a happy by-product of completing their patriotic and paternal duties, these hospitals reminded the new middle classes of the continuing importance of hierarchical society and the role of the aristocracy.

¹⁹⁹ Cannadine, *The Rise and Fall*, p. 73.

²⁰⁰ John Fletcher Clews Harrison, *Late Victorian Britain* (Glasgow: Routledge, 1990), p. 42.

Though the role and position of the aristocracy in British society had changed extensively throughout the centuries, the donation of one's home as a hospital in the First World War can be viewed as an attempt to adapt to a changing Britain, while maintaining levels of pre-war deference, and reminding others that the aristocracy were still powerful influences in society. The social motives of individuals are difficult to recreate. Though many families established hospitals in their homes in order to care for soldiers, it seems that patriotism, paternalism, guidance, showmanship, competition, and a desire to reuse the space, were motives, or at least happy outcomes of the adaptation. Social elements, however, do not recreate the full picture surrounding the lives of the British aristocracy in wartime Britain. We must turn to the fiscal situations of the upper classes in both the nineteenth and twentieth centuries to fully understand the migration of the landed elite from their large estates.

'The Down-Trodden Poor': The Financial Context

While the donation of these houses was socially beneficial for landowners and the aristocratic elite, their contextual financial situations underpinned the charitable acts. The hospitals established in homes did not provide financial support to the homeowners. However, that is not to suggest that there were not financial benefits for those who sacrificed their homes to the war effort.

The financial troubles of the aristocratic elite in the early twentieth century intensified during the First World War when many families lost patriarchs or heirs, who traditionally headed the family, made financial decisions, and overseen the estates and landholdings. As Horn suggests, these changes 'shook confidence in the security of land as a long term investment', and rendered the stately home and its surrounding parks and farms far less profitable or lucrative than they used to

be.²⁰¹ These factors had significant repercussions on the financial prospects of many aristocratic families, and they worsened as the twentieth century progressed.

The effects of taxes are evident in the period prior to the war. Between 1909 and 1914, 800,000 acres of land changed hands.²⁰² It is clear that this financial situation was exacerbated after the outbreak of war. An examination of the Nancy Astor papers provides evidence of how new taxes and the costs of multiple properties affected the upper class on a more personal level. In one letter she apologised for being: 'Unable to subscribe. I think you will have to apply to some of the new rich, for the old rich are now the new poor!!'²⁰³ In this example, when she refers to the 'new rich', she means the middle class who had risen to prominence in the nineteenth century. Astor was forced to 'to make a rule not to lend money to anyone... owing to the endless calls upon me from my constituency, and to the very heavy taxes now'.²⁰⁴ However, this rule was seemingly very personal and may have had more to do with the to the social-class of the person applying for the loan and Astor's own prejudices as she lent £1 to the old Staff-Surgeon of the hospital at Cliveden so that he could pay the deposit for a perambulator, but refused to help many working class ex-patients.²⁰⁵ In another letter written to an ex-soldier who recovered at Cliveden, Astor wrote, 'Good to you with your inventions, and when you are a millionaire I hope you will come over and call on me at Cliveden. Only by that time you will be the idle rich, and I

²⁰¹ Horn, *Rural Life*, p. 3.

²⁰² Thompson, *English Landed Society*, p. 321.

²⁰³ University of Reading Special Collections - MS 1416/1/2/670 - First World War Soldiers R. 1914, 'Correspondence from Nancy Astor to Mr. Fallis' (18 August 1920).

²⁰⁴ University of Reading Special Collections - MS1416/1/2/654 - First World War Soldiers C. 1 1914 - 1922, 'Correspondence from Nancy Astor to Earnest Crawley' (4 January 1921).

²⁰⁵ University of Reading Special Collections - MS1416/1/2/654 - First World War Soldiers C. 1 1914 - 1922, 'Correspondence from Mr. Reynolds to Nancy Astor' (29 January 1920); University of Reading Special Collections - MS 1416/1/2/671 - First World War Soldiers R. 2, 'Correspondence from Nancy Astor to Mr. Reynolds' (3 February 1920).

will belong to the down-trodden poor!²⁰⁶ Her use of the word *idle* suggests an awareness of contemporary attitudes towards the landed elite, and it was this idea that the Astors (and many other aristocratic families) were keen to challenge by creating hospitals in their homes. The letter makes references to the difficult financial situation that many members of the upper class found themselves in. The high levels of taxation levied at the rich in the period before and during the First World War had significant repercussions on the lifestyles of those in the higher levels of society. Sylvia Pankhurst discusses a party at Cliveden in her memoirs of the war. She remembers Astor saying, "I am going to be austere !" she shouted, eyeing us all with a glance of a challenge. "I am not going to increase the poor man's burden !" ²⁰⁷ Despite this, Pankhurst reported that the guests, 'swarmed to a buffet laden with glittering delicacies, consuming or discarding with a nibble, over the teacups, heedless of that austerity preached.'²⁰⁸ While Astor ostensibly attempted to act with financial prudence when it came to dealing with ex-servicemen's requests, it appears that during the war she was less thrifty. It is important to note that the Astors were incredibly wealthy, and as a result, it is possible that the financial strains alluded to by Astor did not affect her family in the same way as their peers.

The outbreak of the First World War meant that staffing and maintenance costs of properties rose. Inflation affected the price of food, especially after the bad harvest of 1916. This was coupled with German U-boats preying on ships carrying imports and the introduction of rationing in 1918. Consequently, paying to feed staff and guests was incredibly expensive. Significantly fewer available staff, as mentioned previously, meant that the owners of estates had to offer competitive

²⁰⁶ University of Reading Special Collections - MS14/1/2/657 - in First World War E 1914 – 1921, 'Correspondence from Nancy Astor to Mr. George. F Eeles' (27 July 1920).

²⁰⁷ Pankhurst, *The Home Front*, p. 142.

²⁰⁸ *Ibid.*, p. 144.

wages or incentives to ensure an adequate number of staff remained. Horn suggests that though some aristocratic families let their domestic staff go on patriotic grounds, in reality, they simply could not afford to pay them.²⁰⁹ Even the most affluent members of society found it difficult to find staff.²¹⁰ This, combined with the other financial pressures placed upon the upper classes in the twentieth century, caused some families to take action.

In order to survive these trying times, many families sold their assets. This was particularly important for the families whose patriarchs, or primary income earners, had enlisted or been conscripted into the British armed forces. Many made convenient marriages with the rising bourgeoisie; others sold their services as chaperones, or pawned their jewellery.²¹¹ Some, however, used the opportunity to create a hospital in their home. For these, the donation was a way to enable the home to continue to function. The military medical system relied upon a system of capitation fees. Each hospital was awarded a set amount depending on its number of patients. These fees covered the wages of the staff, the supplies of the hospital, and the general upkeep of the area. This presented a unique opportunity for those who owned stately homes and estates to minimise their outgoings for the duration of its time as a hospital. Upper class families were able to relinquish their properties to the authorities and move into a smaller, cheaper, property, safe in the knowledge that capitation fees maintained their home. Though the initial adaptations may have required a down payment before the house would be considered suitable by the Red Cross, this allowed the families to get their finances in order, and pave a different path for themselves within the changed political and social scene of the twentieth century.

²⁰⁹ Horn, *Ladies of the Manor*, p. 202.

²¹⁰ Horn, *Country House Society*, p. 25.

²¹¹ *Ibid.*, pp. 47 – 49.

The end of the First World War and the interwar period saw a time of considerable destruction of Britain's country homes. The death duties on estates worth over two million pounds increased from fifteen per cent to forty per cent by 1919.²¹² As a result, people sold their homes to avoid paying death duties. The *Estates Gazette* predicted that between 1917 and 1921 nearly one quarter of all British land passed on to new owners.²¹³ During the interwar period, many estates were broken up and their houses destroyed if buyers could not be found.²¹⁴ The conflict of 1914 – 1918 allowed contemporaries the opportunity to donate these impractical and expensive beacons of disparity, all under the guise of patriotism and national duty. By the beginning of the war these houses were not only socially irrelevant sources of financial ruin, but they had lost the political power that they had once possessed.

Conclusion

This chapter has offered an alternative narrative to the commonly accepted 'patriotic' motivation of the landed elite during the First World War. The umbrella reasoning of patriotism is a result of viewing these acts in isolation, rather than as a chapter in the history of the aristocracy. While it is impossible to discern the individual motivations of a large group of people, this chapter has demonstrated that the donation of one's home or estate as a hospital proved beneficial in a variety of different ways.

Socially, it demonstrated an individual's patriotism and paternalism, while inspiring others to donate readily to the war. It differentiated the landed elite from their middle class competitors, and it remedied their damaged reputations.

²¹² Horn, *Country House Society*, pp. 47 – 49.

²¹³ Thompson, *English Landed Society*, p. 332.

²¹⁴ Beckett, *The Aristocracy*, p. 479.

Financially, the donation of these houses removed the pressure created by the increased taxation in the period before the war. The increase in taxes, the high costs of staff and food, as well as maintenance of the building meant that many had to seek new methods to keep their estates afloat. The system of capitation fees from the War Office offered a way for the aristocracy to regroup and plan for a different future. As a result, the elite's involvement in the restoration and recuperation of British soldier's healed broken bodies, damaged reputations, and for some, staved off financial hardship.

Chapter 3

'For the Benefit of England': Deviance and Discipline in the Hospital Space

Although the hospital space differed significantly from other military environments, the British authorities sought to create similar disciplinary regimes throughout the trenches, the barracks, and the hospital. Sites of care and recovery were important elements of the military machine as they maintained the necessary manpower at the fighting fronts. They were significant for the soldiers too, as these spaces offered them the opportunities to redefine their relationships with military and civilian laws. Through interacting with hospital staff and the general public, the wounded were able to challenge the rules of the army and well-established societal norms. This chapter explores the ways the hospital environment retained traits of the fighting fronts and analyses the different ways discipline was enforced within hospitals in Britain. In addition, it studies how soldiers interacted with those responsible for maintaining discipline, thereby highlighting the different spatial expectations of the hospital held by both the wounded and the British authorities. It continues to study the position that the wounded held within British society, and how those soldiers who were found to be drunk, violent, or suicidal were represented within the national and local press.

The levels of discipline present in institutions can be explored through a variety of different sources. This chapter utilises medical journals, national and local newspapers, memoirs of soldiers and staff, hospital magazines, correspondence from the Astor archive and official hospital diaries to clarify the organisation of disciplinary structures within the stately home hospitals of Britain. When studying crime and deviance it is important to note that press sources were censored. The importance of censorship rose after the introduction of conscription

in 1916. In addition, the increased civilian involvement in wartime industries including armaments, medical supplies, and charitable subscriptions, ensured that the need to maintain morale became more important than ever. Consequently, the spread of information to the public was limited, especially information that related to deviant or criminal members of the British army. However, news sources still provide insight into many misdemeanours and crimes committed by wounded soldiers, allowing historians to examine deviant behaviour in hospitals.

Discipline in the Armed Forces

The primary function of military law was to instil discipline and order within regiments. Military discipline in the First World War has received considerably scholarly attention: Timothy Bowman and David Englander in particular have successfully studied importance of discipline in the British armed forces arguing that discipline can be considered the army's form of social control.²¹⁵ In this way, discipline can be considered to be the army's form of social control. However, discipline also served as a way of regulating morale. The presence of rules ensured uniformity of behaviour between soldiers, which in turn fostered a sense of community amongst the men. Often referred to as the 'esprit de corps', morale was 'deemed the essence of military efficiency.'²¹⁶ Thus, discipline was integral to the strength of the army. To maintain this strength, the army retained a hierarchical structure, in which upper and low ranks fulfilled distinctive roles. Traditionally, the composition of the army mirrored that of British society; the positions that men held in the armed forces reflected their socioeconomic class. However, the

²¹⁵ Timothy Bowman, *Irish Regiments in the Great War: Discipline and Morale* (Manchester: Manchester University Press, 2003), p. 12; David Englander, 'Discipline and Morale in the British Army, 1917-1918' in *State, Society and Mobilization in Europe during the First World War*, ed. John Horne (Cambridge: Cambridge University Press, 1997).

²¹⁶ Edward Spiers, *The Army and Society 1815 - 1914* (London: Longman, 1980), p. 2.

flood of volunteers and conscripts during the First World War challenged this structure.

Conscription changed the social composition of the British army. Prior to the Military Service Act of 1916, the majority of the lower ranks were from the lower classes. Lesley Hall refers to these professional soldiers as the 'dustbin of the nation', and argues that they were subjected to brutal discipline and terrible working conditions.²¹⁷ For the majority of men, joining the army was a last resort. It was considered slightly more desirable than incarceration within a workhouse. Although though outdoor relief was available, changes to the Poor Laws in 1832, 1864, and 1886 had rendered this less likely for the chronically unemployed. As a result, many elected to join the army and become career soldiers. This standard of recruit ensured that the stigma of poor quality remained until 1916.

This was challenged by the introduction of conscription. By drafting men of all social classes into the armed forces, conscription tested military protocol. Conventionally, the higher ranks of the army were filled with the upper classes whose role was to control and lead the rank and file. This echoed their place within British society, and as Chapter Two demonstrated, many of these men considered it their duty to lead by example. Similar to many social interactions involving the upper and lower classes, military discipline was an expression of British paternalism. Sheffield argues that the relationship between officers and their men emulated that of the country house lord and his tenant, suggesting that loyalty and deference were the underlying principles within regiments.²¹⁸ This paternalistic relationship meant that men considered their Commanding Officers (CO) their

²¹⁷ Lesley A. Hall, "War Always Brings it on": War, STDs, the Military and the Civilian Population in Britain, 1850 - 1950' in *Medicine and Modern Warfare*, ed. Roger Cooter, Mark Harrison and Steve Sturdy (Amsterdam: Rodolpi, 2000), p. 207.

²¹⁸ Gary Sheffield, *Leadership in the Trenches: Officer-Man Relations, Morale and Discipline in the British Army in the Era of the First World War* (Basingstoke: Macmillan, 2000), p. 4.

social betters – resulting in a working relationship that echoed their positions within British society.

The pervasiveness of the stigma attached to the soldiery meant that discipline remained integral to the running of the armed forces, and these traditional and hierarchical officer-soldier relationships helped to maintain order. The lower ranked members of the army, those who were considered to be morally bankrupt, were controlled by strict disciplinary regimes enacted by their social superiors. By the turn of the century, entrenched fears surrounding the physical and moral degradation of soldiers ensured this remained unchallenged. Though the reputation of the soldier did change after the introduction of conscription in 1916, discipline remained highly important.

New conscripts were poorly trained, inexperienced in conflict, and unprepared for the monotony of army life, thereby increasing the importance of rules in the maintenance of order. Through strict regimes and harsh punishments the authorities intended to maximise the efficiency of the untrained men. This became more important in the First World War due to the conditions in which many men served. The horrors of trench warfare are well documented and the dirty and dangerous environment helped to foster misdemeanours, crime, and desertion. As a result, discipline and rules were strictly enforced on both a regimental and institutional level to retain the necessary manpower on the fighting fronts.

The CO was in charge of enacting strict regimes on the battlefields. They were able to confine soldiers to the barracks for up to 28 days, tie soldiers to stationary objects, assign monotonous duties, or refuse them food.²¹⁹ These punishments were utilised for minor infractions such as inadequate uniform,

²¹⁹ Peter Burroughs, 'Crime and Punishment in the British Army, 1815 - 1870', *The English Historical Review*, Vol. 100, No. 396 (July 1985), p. 557.

unsuccessful drills, bad march discipline, or failing to salute a senior officer. Some men managed to escape being reprimanded for these relatively minor misdemeanours because of the inexperience of their CO.²²⁰ The deaths of COs and the eventual exhaustion of the officer class meant that soldiers from non-traditional backgrounds were often promoted.²²¹ As a result, some of these temporary officers were more lenient and forgiving than their predecessors, as they, unlike traditional officers, had first-hand experience of strict military discipline.²²² The appointment of these inexperienced members of staff not only challenged British military conventions, but also led to a confusing state of discipline within regiments.

The promotion of those from the lower classes to the position of CO, and the conscription of single men aged 18 to 41 challenged the hierarchy of the British army. All new officers were trained in the importance of their disciplinary function and the traditional paternalistic code to maintain the efficiency of the army.²²³ It was hoped that by training COs on the importance of paternalism, their soldiers would remain respectful and deferential, regardless of their social status outside of the army. Through their new positions these COs were able to distribute informal and low level discipline, effectively temporarily renegotiating their position within British society.

Discipline enacted within the British army varied from minor punishments such as cleaning and confinement, to the death penalty.²²⁴ For the more severe disciplinary procedures, the CO had to seek assistance. Soldiers who were repeat offenders or had committed serious crimes faced military tribunals and they could

²²⁰ Bowman, *Irish Regiments*, p. 17

²²¹ J.G. Fuller, *Troop Morale and Popular Culture in the British and Dominion Armies 1914 – 1918* (Oxford: Clarendon, 2006), p. 60.

²²² Sheffield, *Leadership in the Trenches*, pp. 74 - 75.

²²³ *Ibid.*, p. 178.

²²⁴ Statistics on how many members of the British army were executed during the First World War varies considerably. See Sheffield, *Leadership in the Trenches*, p. 63.

be sentenced to imprisonment, hard labour, pay or leave reductions, or death.²²⁵ These punishments served to unify regiments and maintain the 'esprit de corps' between the soldiers. It was thought that ensuring uniformity helped to create shared experiences and emotions, aiding to form strong military relationships that transcended social boundaries. This was particularly important as the British army's traditional structure was challenged by significant losses in the conflict, and after 1916, it spanned numerous social classes.

Historians such as Julian Putkowski and Julian Sykes argue that the presence of individuals from each echelon of British society ensured that serious disciplinary procedures were characterised by 'flawed judgements, inconsistent decisions and class bias.'²²⁶ They argue that the role of the upper-class officer as judges in the courts-martial demonstrated a form of class antagonism and oppression. Other scholars such as Cathryn Corns and John Hughes-Wilson, disagree. They suggest that military discipline was not a form of social control or an opportunity for the upper classes to oppress those beneath them.²²⁷ Rather, they suggest that courts-martial, when viewed in the context of Edwardian Britain, form part of the larger paternalistic society that underpinned the British army.

The promotion of new officers posed a significant challenge to the military courts-martial. As the penal system was traditional and paternalistic in nature, it required members of the upper classes with knowledge and understanding of military discipline to judge and sentence their social inferiors. The promotion of lower class men to the rank of officer had the potential to disrupt the military disciplinary procedures by challenging social hierarchy. However, these

²²⁵ Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914 – 1918* (Cambridge: Cambridge University Press, 2008), p. 58.

²²⁶ Julian Putkowski and Julian Sykes, *Shot at Dawn: Executions in World War One by Authority of the British Army Act* (Barnsley: Wharncliffe, 1989), p. 11.

²²⁷ Cathryn Corns and John Hughes-Wilson, *Blindfold and Alone: British Military Executions in the Great War* (London: Weidenfield and Nicolson, 2001), p. 22.

'temporary gentlemen', Putkowski and Sykes argue, actively avoided leniency to prove and maintain their superior status.²²⁸ The lack of experience and training of new officers meant that many had to learn the fundamentals of their position on the job. Discipline within the army was not without elements of class awareness or bias, and much like the justice system within England it was inevitably tied up with the social and economic statuses of those involved, especially when it came to the Field General Courts Martial (FGCM).

The FGCMs had the power to deliver a variety of sentences, the most serious of which was the death penalty. This decision had to be made unanimously by all officers on the disciplinary committee, but the final decision lay with the Commander-in-Chief of the British army. Although the official statistic is dubious, it is believed that around 312 British soldiers were executed during the First World War, despite the fact that 3080 men had been sentenced to death by the end of 1920.²²⁹ Around 90 per cent of those sentenced were commuted and instead faced alternative forms of punishment.²³⁰ Some of this number had been convicted of particularly serious crimes - some had been found guilty of murder. While the majority of the death penalties were not carried out, their sentencing was effectively used to prevent further crimes from occurring on the fighting fronts.

The announcement of death penalties occurred during parades.²³¹ This ensured that soldiers were aware of the severe repercussions of challenging military authority. It was believed that these parades encouraged cohesion, uniformity, and discipline within battalions and deterred would be offenders. Public punishments were utilised so soldiers could see the result of their rule

²²⁸ Putkowski and Sykes, *Shot at Dawn*, p. 16.

²²⁹ *Ibid.*, p. 11.

²³⁰ *Ibid.*

²³¹ Anthony Babington, *For the Sake of Example: Capital Courts Martial 1914 - 1918: The Truth* (London: Leo Cooper, 1985), p. 21.

breaking, for example the ceremonial 'crucifying' of soldiers to inanimate objects such as wheels or fences. These soldiers became visual reminders of the consequences of questioning the authority of their superiors: the British army used discipline to maintain conformity. Court proceedings were normally kept behind closed doors, yet promulgation parades and public punishments (including the firing squad) were conducted, helping to uphold the overall efficiency of the army through the maintenance of discipline.

Discipline for the Wounded

Discipline was maintained even when soldiers returned to Britain. Soldiers were placed in general hospitals, auxiliary hospitals, or convalescent homes dependent on the severity of their conditions. These institutions, much like the front line, had their own methods of discipline and punishment.

Historians such as Jeffrey Reznick, Ana Carden-Coyne, and Christine Hallett have examined discipline within medical establishments in Britain, discussing the myriad of ways discipline was maintained. Reznick argues that the blue hospital uniform that soldiers wore maintained uniformity and discipline by making soldiers easily identifiable and preventing anonymity in public.²³² Carden-Coyne goes further and explores disciplinary measures taken against both patients and staff, reminding her readers that the hospital's primary functions were efficiency, economy, and discipline. She argues that military hospitals served as 'an emotional, familial space' that remained 'accountable to military rule and shaped by its disciplinary culture.'²³³ Hallett, in her study of nursing during the First World War, argues that the wounded appreciated the discipline and boundaries provided

²³² Jeffrey Reznick, *Healing the Nation: Culture of Caregiving* (Manchester: Manchester University Press, 2012), p. 6.

²³³ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014), p. 309.

by the hospital, suggesting that it helped men 'contain' their emotions within unfamiliar surroundings.²³⁴ Mark Harrison, Alan Lester, and Samuel Hyson have examined the maintenance of discipline within hospitals created specifically for the Indian wounded, arguing that in these spaces, order and regulation were intrinsically tied to colonial relations.²³⁵ Other historians have examined discipline for the wounded: Roger Cooter has studied the disciplinary function of MOs when it came to differentiating between the genuinely sick and malingerers.²³⁶ Harrison explored the medical provision of the Western Front in his monograph *The Medical War* in which he demonstrates the growing importance of the Royal Army Medical Corps (RAMC) as disciplinarians, and the medical provision of the conflict more generally.²³⁷ Whitehead's *Doctors in the Great War* examines the recruitment and training of doctors, including the problems many female doctors faced in gaining recognition and maintaining discipline.²³⁸ However, questions remain regarding the problems posed by criminality within and around the hospital space.

The primary function of discipline within hospitals in Britain was to remind soldiers that they remained a part of the armed forces; that they were still subject to military rules and would face the brunt of the military judiciary system if they contravened regulations. Rules were enforced to maintain levels of efficiency and uphold the strength of the British army. It was believed that strong discipline encouraged the wounded to heal quickly and thus return to the fighting fronts.

²³⁴ Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2011).

²³⁵ Mark Harrison, 'Disease, Discipline and Dissent the Indian Army in France and England, 1914 – 1915' in *Medicine and Modern Warfare*, ed. Roger Cooter, Mark Harrison and Steve Sturdy (Amsterdam, Rodopi, 1999), pp. 185 - 203; Alan Lester and Samuel Hyson, 'British India on Trial: Brighton Military Hospitals and the Politics of Empire in World War I', *Journal of Historical Geography*, Vol. 38, No. 1 (2012), pp. 18 – 34.

²³⁶ Roger Cooter, 'Malingering in Modernity: Psychological Scripts and Adversarial Encounters During the First World War' in *War, Medicine and Modernity*, ed. Roger Cooter, Mark Harrison and Steve Sturdy (Gloucestershire: Sutton Publishing, 1998), pp. 125 – 149.

²³⁷ Mark Harrison, *The Medical War* (Oxford: Oxford University Press, 2010).

²³⁸ Ian R. Whitehead, *Doctors in the Great War* (Leo Cooper: Yorkshire, 1999).

While the War Office hoped for a consistent level of regulation throughout all of their hospitals, their instructions regarding the maintenance of discipline were very vague. A report written in 1919 stated that 'permission was given for the ordinary hospital restrictions to be somewhat relaxed in the case of wounded soldiers provided such relaxation did not delay convalescence or lead to laxity of behaviour or discipline.'²³⁹ The lack of specificity in these instructions led to inconsistency in discipline regimes. Although the disciplinary structures in place were supposed to be similar to other military environments, hospitals employed varying levels of discipline.

The MO was expected to lead the disciplinary regime within the institution. Colonel J. Edward Squire wrote a handbook for newly promoted MOs. This declared that soldiers 'become accustomed to discipline as part of their everyday life and, like boys at school they feel 'all at sea' if for any reason the restraint of discipline is temporarily withdrawn or relaxed.'²⁴⁰ In fact, Squire argued that the only reason MOs received their military rank was due to their position as disciplinarians within hospitals.²⁴¹ This suggests that the position of the MO combined a strong disciplinary focus with their medical duties. By including an entire chapter on the disciplinary role of the MO, Squire's handbook demonstrates the importance of rules within medical institutions.

Military authorities hoped that hospitals would employ the same strict level of regulation and surveillance as on the fighting fronts. This meant that wounded soldiers continued to be punished for minor infractions such as poor uniform, failing to salute or stand when doctors entered the room, or talking when the lights

²³⁹ TNA - WO 222/1, 'Hospital Accommodation on Mobilisation 1914 - 1918 Arrangements for the Reception and Treatment of Sick and Wounded', p. 26.

²⁴⁰ Colonel J. Edward Squire RAMC, *Medical Hints For the Use of Medical Officers Temporarily Employed with Troops* (London: Joint Committee of Henry Frowde and Hodder & Stoughton, 1915), p. 123.

²⁴¹ *Ibid.*, p. 123.

were turned off at night.²⁴² Instead of the COs distributing punishments and maintaining discipline as on the fighting fronts, distributing discipling fell to the MO. Similar to the rushed promotion of COs on fighting fronts, new MOs were often underprepared for their position.

Due to high levels of wounding, disease, and illness, civilian doctors were drafted into the forces throughout the war. This was part of a wider trend of the military's needs subsuming the needs of civilians' during the First World War.²⁴³ As a result, many civilian medical practitioners began to serve as MOs, both on the home front and on the battlefields. The presence of these civilians within military medical institutions undermined military discipline. Many new members of staff were unaware of the strict rules expected by the army, while others were merely unwilling to enact them.

The danger of relying on civilians was well understood by experienced military personnel. In his guide for temporary MOs, Squire argued that the 'old soldier is often ready to take advantage of the inexperienced in army ways or the 'civilian attached' or of the officer with temporary commission – especially the medical officer.'²⁴⁴ The lack of training for the 'civilian attached' meant that they were more susceptible to the exploitative soldier. Though temporary MOs were trained in the delivery of discipline, the persistence of their civilian mentality meant that the levels of discipline enforced varied considerably.

Some MOs chose to wield their punitive powers sparingly – to use what Squire referred to as the 'discipline of esteem'. This, he argued, was 'a discipline which is voluntarily offered out of respect and esteem for the officers rather than

²⁴² Carden-Coyne, *The Politics of Wounds*, pp. 300 – 302.

²⁴³ For implications on civilian medicine see Jay Murray Winter, *The Great War and the British People* (Basingstoke: Macmillan, 2003) and Jay Murray Winter, 'The Impact of the First World War on Civilian Health in Britain', *The Economic History Review*, Vol. 30, Iss. 3 (11 February 2008), pp. 487 – 503.

²⁴⁴ Squire, *Medical Hints*, p. 126.

from the fear of regulations'.²⁴⁵ Other members of staff were more concerned with enforcing the rules of hospital life and focusing on recreating the strict atmosphere of the combat zones. This meant that the personal views of the medical staff and the MO within stately home hospitals in the UK ensured that the disciplinary regimes were inconsistent.

Similarly, the type of staff within these hospitals had an impact on the levels of discipline applied. Unlike other military institutions, women were relied upon to perform functions in the hospital. Whether as nurses, VADs, homeowners, visitors, or entertainers, hospitals allowed men to interact with a variety of different women. Many female members of staff were inexperienced with army discipline, and some were unwilling to enact the harsh punishments preferred by the army. An article in *The Lancet* referred to a discussion in the House of Commons between Sir Clement Kinloch and Harold Tennant, the Under Secretary for War. Kinloch asked if there were any issues with VAD hospitals and Tennant recalled complaints regarding discipline within these institutions. For some, it was too lax, and for others, too severe. Tennant concluded by stating that the new regulations 'giving reasonable liberty to patients' have been 'fully realised.'²⁴⁶ This discussion was specifically aimed at VAD hospitals demonstrating that the reliance on women and civilians caused a number of disciplinary problems.

The representation of the wounded Tommy within the national press helped to foster sympathetic attitudes towards the disabled and the impaired. As Ana Carden-Coyne has detailed, soldiers were represented cheerfully while recovering in hospitals to inspire pity, charity, and gratitude to those who

²⁴⁵ Squire, *Medical Hints*, p. 124.

²⁴⁶ 'Parliamentary Intelligence House of Commons', *The Lancet*, Vol. 187, No. 4829 (18 March 1916), p. 651.

surrounded them.²⁴⁷ Newspaper articles called for the donation of the public's time, money, labour, and personal effects to help those fighting or wounded in the conflict. Many of these detailed sympathetic cases, for example, one soldier remained 'cheerful' in spite of receiving 119 bullet wounds. Another was described as having 'not a vestige of that sort of selfish apprehension that is characteristic to most of us'.²⁴⁸ These representations of injured Tommies inspired the public to aid the wounded and contribute to the war effort, but this positive portrayal of the wounded soldier created unforeseen problems within the hospital space.

These wholly positive representations of soldiers were so effective in inspiring charity and gratitude amongst the population that they severely undermined the disciplinary regimes of the hospital space. In 1917, the hospital magazine of the 3rd Southern General Hospital reported that soldiers were 'petted and fondled... set upon a pedestal and granted an "Open Sesame", to the world of their heart's desires. An infatuated nation stood them on its highest pinnacles and bade them take whatever found favour in their sight.'²⁴⁹ This attitude affected some of the medical staff as well, and some assisted soldiers in contravening the hospital rules. Olive Millard, a masseuse working in the British Red Cross Hospital Auxiliary Hospital for Officers in Brighton, recalls soldiers saying

oh, Sister Millard is a good sport. She won't tell,' She continued... 'But I think one night-sister was even a bigger sport. Lightly wounded and arm cases were able to have evening leave. So in going through the locking-up

²⁴⁷ Carden-Coyne, *The Politics of Wounds*, pp. 276 – 278.

²⁴⁸ '119 wounds yet cheerful', *Western Times* (11 February 1916), p. 6; 'The Cheerful Wounded', *Newcastle Journal* (24 August 1916), p. 4.

²⁴⁹ 'Editorial' in *The Rattler: Somerville Hospital (3rd S.G.H.)*, Vol. 1, No. 1 (1 November 1917), p. 3.

business, the doors were locked and bolted – but not quite shut, thus enabling late boys to get in unreported.²⁵⁰

After discussing one soldier's evasion of military rules to spend the night with his wife, she asked of the reader, 'Who could blame a newly married man for getting the better of the stiff hospital rules?' again demonstrating her ability to ignore misdemeanours.²⁵¹ In a similar example, one soldier declared that he had the

time of my life at Rochdale. It was a civilian hospital, under the Second General at Manchester. When we were convalescing we used to go down in the town of an evening [sic]. We weren't supposed to, we were meant to be in at four, but the nurses never said a word when you came in late, just 'Naughty boy' or 'Get to bed.'²⁵²

Even the Matron in Nielka Convalescent Hospital, in Streatham, London, allowed a certain amount of leeway around the hospital's curfew. When Betty Hope arranged an evening of entertainment for injured soldiers, she recalled having 'to cut the programme a bit short, as I heard that I'd transgressed the Hospital rule, and was keeping the men up late. However, Matron was very kind, and allowed us a few more minutes.'²⁵³ These examples demonstrate the potential problems of employing civilians to work within military hospitals. Contemporary considered wounded soldiers to be sympathetic heroes worthy of attention, help, and special treatment, rather than soldier's requiring regulation, discipline, and punishments. This complicated the position of medical professionals within the hospital. Their

²⁵⁰ Olive Millard, *Under My Thumb* (London: Christopher Johnson, 1952), p. 59.

²⁵¹ *Ibid.*, p. 63.

²⁵² Max Arthur, *Forgotten Voices of the First World War* (London: Oberon, 2002), p. 168.

²⁵³ LMA - H01/ST/Y41/10, *5th London General Soldier's Magazine*, Vol. 1, No. 10 (1917), p. 303.

roles as caregivers gave them the opportunity to help soldiers to escape their militaristic surroundings and provide a high level of emotional care, but this was counterintuitive to their disciplinary function.

Instructions surrounding discipline within the hospital space were remarkably vague. Yet, some forms of discipline were maintained. Soldiers might have been punished for minor infractions and faced more serious repercussions for significant rule breaking. The hospital environment sought to replicate the atmosphere of the front line in order to maintain the order and efficiency of the armed forces. In reality, however, the hospital was too far removed from the front line to be an accurate replica. The reliance on civilian practitioners and the presence of inexperienced MOs meant that the level of discipline expected by the War Office was not always accomplished.

‘Cheerful’ Masculinity and Playful Pranks: Subverting Discipline in the Hospital Space

Soldiers were expected to be stoic, brave, and quietly accepting of the wounds they sustained through serving their country. This was regarded as quintessentially masculine: historians such as Ana Carden-Coyne and Wendy Gagen have explored concepts of masculinity and the wounded. Carden-Coyne argues that men challenged the disciplinary structures that governed them to defy military authority and prove their masculinity.²⁵⁴ Coyne continues to suggest that cheerful patients were praised within the hospital, while those who complained were chastised and considered less masculine than their stoic comrades.²⁵⁵ Gagen has examined the relationship between a soldier named Middlebrook and his stump, demonstrating how severely wounded men renegotiated their positions within

²⁵⁴ See Ana Carden-Coyne, *Reconstructing the Body: Classicism, Modernism and the First World War* (Oxford: Oxford University Press, 2009).

²⁵⁵ Carden-Coyne, *Politics of Wounds*, p. 278.

society and challenged the emasculating narrative that surrounded disability.²⁵⁶ In so doing, she highlights the expectations that hospital staff held for the wounded, and arguing convincingly that the soldiers acted while recovering influenced the way medical staff treated them.²⁵⁷ Within Edwardian Britain disability was seen as the antithesis of masculinity. Physical impairments robbed men of their ability to remain economically independent and to contribute to the wider community, thus rendering them less masculine than their able-bodied comrades. Consequently disabled people were viewed with a mixture of pity and resentment. To challenge this, hospital space became a site where men could rebuild their 'masculinity' (or at least social constructions of masculinity) through physical and emotional rehabilitation.

Newspapers and hospital magazines challenged the helpless depiction of the wounded by reminding their readership of the eternally positive soldier. A hospital magazine article described 'The Wounded Soldier as an expert in the art of cheerfulness.'²⁵⁸ Another article featured an interview with a soldier who had been wounded twice in his leg, yet was still quoted as saying 'But never mind, keep your heart up, they haven't killed me yet... The people are giving us all sorts, and we can get anything we want at the hospital.'²⁵⁹ Another soldier had 'just arrived at Ipswich to go into the hospital. I got shot in the mouth. It broke my jaw and knocked all my teeth out. I cannot speak or eat anything, but I hope to be alright shortly. I must not grumble, as I have had a good innings.'²⁶⁰ These representations fulfilled a variety of functions. It reminded readers of the support and care that the wounded soldiers were receiving, while presenting these men as heroes deserving

²⁵⁶ Wendy J. Gagen, 'Remastering the Body, Renegotiating Gender: Physical Disability and Masculinity during the First World War the Case of J.B. Middlebrook', *European Review of History*, Vol. 14, Iss. 4 (December 2007), pp. 525 – 541.

²⁵⁷ *Ibid.*, pp. 529 – 530.

²⁵⁸ *The Ration: The Magazine of Reading War Hospitals*, Vol. 1, No. 5 (May 1916), p. 88.

²⁵⁹ 'Wounded, but Cheerful', *Sunderland Daily Echo and Shipping Gazette* (4 December 1914), p. 6.

²⁶⁰ 'Wounded, but Cheerful', *Liverpool Echo* (18 November 1914), p. 6.

of charitable donations. However, to the soldiers in question it implied that in order to be considered a good or 'masculine' patient, they must be stoic, brave, and cheerful. The fact that these articles were published in both newspapers and hospital magazines is interesting. Hospital magazines were sold to the public, and were extensively read throughout military hospitals within Britain. The publication of these articles created an interesting dichotomy between the patients and the hospital: they idolised the soldier, but also pressured him into conforming to the hospital's notion of masculinity. It is worth noting that this 'masculine' patient made life easier for hospital staff. Patients who complained or cried had the potential to damage the morale of other wounded soldiers and hospital staff. Instead, the stoic and quiet soldier was far easier to deal with. British hospitals, and the staff within them, used literary mediums to force the wounded to act in a particular way. They created social pressure through contributions to hospital magazines that helped to regulate wounded's behaviour. In short, they helped to force the soldier to heal up, and heal quickly. Despite their wide readership and popular appeal, these articles were not without their critics.

In particular, Ward Muir, an orderly in the 3rd General Hospital London, condemned the perpetually positive outlook of Tommy Atkins:

One reads in the popular Press tales of the joviality of Tommy Atkins; and the rather stupid photographs which depict him grinning or waving his cap with an extreme camera-consciousness visible upon his face make one begin to cherish dark suspicions about the legend. It is possible to resent

the over-stressing of that legend and at the same time to bear witness to its fundamental truth.²⁶¹

In this example, Muir was simultaneously challenging the carefully constructed reputation of the wounded soldier, while underlining its truthfulness. However, in the memoir of his time serving as an orderly he wrote that:

War-Hospital patients are of many sorts. It is a common mistake of the arm-chair newspaper devourer to lump all soldiers together as quaint, bibulous, aitch-dropping, innocents, lamblike and gauche in drawing-rooms, fierce and picturesque on the field, who (to judge by their published photographs) are continually on the grin and continually shaking hands wither with each other or with equally grinsome [sic] French peasant woman at cottage doors or with the local mayor who congratulates them on the glorious V.C. ... He is not a type. Discipline and training have given him some veneer of generalised similarities. Beneath these, Tommy Atkins is simply the man in the street – any man in any street.²⁶²

It appears that Muir disliked the fictional and one-dimensional representation of the wounded soldier. Instead, he reminded his readers that these soldiers were as varied as the civilians on the street – he restored the individuality that the press had removed from the wounded when they referred to them as a ‘cheerful’ collective. The reputation of the wounded soldier that the British press

²⁶¹ Ward Muir, ‘Life in a Military Hospital’, *Country Life*, Vol. 42, No. 1094 (22 December 1917), p. 564.

²⁶² Ward Muir, *Observations of an Orderly: Some Glimpses of Life and Work in an English War Hospital* (London: Simpkin, Marshall, Hamilton, Kent & Co., 1917), p. 108.

perpetuated cast these men as brave, grateful, and stoic characters and refused to acknowledge the variety of personalities represented within the soldiery.

Soldiers challenged this narrative themselves when they defied the disciplinary regimes of the hospital space, and men were encouraged to do this by the members of staff who often turned a blind eye to their pranks. As Ana Carden-Coyne has demonstrated, a certain level of defiance was allowed as: 'masculine resistance in [the form of] boyish pranks had a psychological value in encouraging the spirit of recovery and subtly preparing recovered soldiers to return to active service.'²⁶³ It appears these jokes occurred reasonably often: one hospital memoir recalled patients escaping the precincts and clothing a statue in a cape and filling her mouth with cigarettes. The wounded men got lost en-route and trampled the flowerbeds in the hospital gardens.²⁶⁴ Memoirs like this were published to raise funds for their hospitals and these amusing anecdotes reminded readers that though the war may have physically altered combatants, it had not affected their personalities. Stories like this proved that their boyish and playful natures had remained unchanged. Occasionally, other people who shared the hospital space played a part in the practical jokes. One soldier recalled an incident involving Nancy Astor in the gardens of Cliveden:

when you played the part of an old lady visiting... to lecture a young Canadian soldier for paying too much attention to her daughter – I can see it all now, how you arrived at the ward in the company of the matron and how you pleaded with the young soldier 't leave the girl well alone, and how the poor boy really took you to be serious – and I can well remember that

²⁶³ Carden-Coyne, *The Politics of Wounds*, p. 219.

²⁶⁴ Comyns Berkeley and Victor Bonney, *The Middlesex Hospital at Clacton-on-Sea, During the Great War, 1914 – 1919* (London: W.J. Clarke and Co., 1921), p. 82.

having considered we had carried this little affair far enough, we let the boy in to the joke, which all had enjoyed and everybody finished up quite happy.²⁶⁵

This demonstrates that in some cases jokes were an accepted part of hospital life. Astor was a prominent member of British society and a key part of life within Cliveden hospital. Her joining in on pranks suggests that these sorts of incidents were encouraged, or at least tolerated, within the hospital.

In some cases members of staff were less aware of the jokes:

two Welsh officers... dressed themselves up to represent Sir Frances and the matron, and carried out an inspection of the wards... One of these lads, having borrowed a nurse's costume, teased out a piece of rope to represent her hair, and with a pillow as his bosom made a remarkably good impersonation... and in walked in the real matron and Sir Francis. They stopped dead. The matron gasped and went red in the face. Sir Francis, looking furious exclaimed, 'What's this! What's this' then turned on his heel and hurried out... It was a wonderful climax to a good joke, fully appreciated by all except the masqueraders [sic], and even they saw the humour of it when they recovered from the shock.²⁶⁶

However, even in this example the soldiers were not punished, again suggesting that hospital staff tolerated pranks as they were considered to be beneficial for the

²⁶⁵ University of Reading Special Collection - MS 1416/1/2/693 - Cliveden Hospital Both Wars, 'Correspondence from Albut L. Pope to Nancy Astor' (9 October, 1952).

²⁶⁶ John Charles Barrie, *Memoirs of an Anzac: A First-hand Account by an AIF Officer in the First World War* introduced and annotated by Ross Macmullin (Victoria: Scribe Publications, 2015), pp. 261 – 262.

morale and camaraderie of recovering soldiers. By allowing a small level of subversion, it was hoped that soldiers would respect the freedom they had been given and avoid committing more serious crimes. Subverting disciplinary regimes and playing pranks on medical practitioners also helped to foster the camaraderie between patients that the authorities were keen to create.

This subversion of the rules continued in soldier's literary contributions to hospital magazines. In one example, soldier's challenged the disciplinary routine of the hospital by discussing the rules that 'will shorten your stay here – if not they will shorten your life. Suicide is optional.'

- o (1). Give all your valuables to the Orderlies it saves them the trouble of going through your Kit Bags.
- o (2). Men expecting letters from France are requested to communicate with the Old Age Pension's Office.
- o (3). Intending Suicides must bathe and shave before doing so, thereby facilitating the work of the Orderlies.
- o (4). Legless men will be severely punished for any attempt to Tango or Turkey-Trot with their respective Ward Sisters.
- o (7). Only men fit to die in their own homes will be sent to Australia. All men fit to work (or with any other complaint) will be kept here.²⁶⁷

In examples like this, soldiers used humour to challenge the expectations and environment of the hospital authorities. This article suggests that the atmosphere and rules of the hospital were designed to suit the army officials, rather than the

²⁶⁷ 'Hospital Rules', *The Boomerang*, Vol. 1, No. 8 (4 April 1917), p. 4.

wounded. It was a satirical comment on the level of discipline enacted within the hospital space, and a clear example of soldier's utilising their literary outputs to regain their own agency.

It is clear that the level of discipline enacted within hospitals was largely dependent on the personality of the staff. The reliance on civilians who had been exposed to extensive levels of propaganda elicited sympathy and gratitude from them, which meant that the disciplinary procedures of the hospital were often undermined by feelings of sympathy or gratitude. Patients were expected to be cheerful and brave – but they were allowed to subvert this disciplinary culture in the form of playful pranks or satirical articles. These were believed to be beneficial for the morale and unity of the hospital patients. However, the authorities were not always this lenient when it came to soldiers breaking other established rules.

What will we do with a Drunken Soldier?

Drunkenness was a considerable problem for the British armed forces. The authorities were accustomed to dealing with drunken soldiers due to the social and economic backgrounds of the recruits. Many actually enlisted whilst intoxicated – setting a worrying precedent for life within the army. As recruiting sergeants were often paid per recruit, pubs were an excellent location to bolster their rosters and to make profit for themselves.²⁶⁸ Once enlisted and on service, soldiers were provided with alcohol via the rum ration. However, this did not give men license to get drunk, and from 1868 those found to be drunk on duty were fined.²⁶⁹ The army continued to use pecuniary punishments throughout the First

²⁶⁸ Burroughs, 'Crime and Punishment', p. 548.

²⁶⁹ Ibid.

World War. Though soldiers were not provided with as much alcohol as they had been previously, the rum ration was reinstated for the conflict of 1914 - 1918.²⁷⁰

Although soldiers were offered alcohol as part of their military rations, Lord Kitchener, David Lloyd George, and George V implored soldiers to avoid intoxication. High levels of drunkenness were detrimental to the efficiency of the soldier, but also had potential consequences for the morale of those surrounding him. Those who were inebriated were far more likely to commit disruptive or violent crimes. Over-reliance on alcohol or high levels of drunkenness not only lowered the efficiency of the British army, but also challenged the underpinning unity or cohesion within regiments and the army as a whole.

On the fighting front, drunkenness led to higher numbers of wounded. 'Dutch courage' helped soldiers to act in irrational ways, resulting in injuries from the enemy's snipers. It also led to accidents and arguments between soldiers, again decreasing the efficiency and strength of the army at large. The monotonous nature of trench warfare meant that some soldiers were keen to accept their rum rations and to drink at any opportunity. Equally, as soldiers were serving in horrific and terrifying conditions, many men resorted to alcohol as a form of escapism.

Tearing up the Ward: Boozers in Blue

Although the hospital environment was different to the front line, many wounded soldiers continued to drink to escape their situations or alleviate physical and emotional pain. Many found their time in hospitals boring due to long periods of confinement. Prior to the discovery of penicillin in 1928 (though not mass produced until the 1940s), simple infections needed months to heal fully and many

²⁷⁰ Sara Haslam, 'A Literary Intervention: Writing Alcohol in British Literature 1915 - 1930', *First World War Studies*, Vol. 4, No. 2 (August 2013), p. 221.

soldiers were bedridden. Even those who were not permanently disabled were rarely allowed to leave the boundaries of their hospital or convalescent homes. Boredom often led to drunkenness, which had the potential to undermine the camaraderie that the army hoped to foster within these institutions. By lowering the ability of the inebriated soldier to heal as efficiently as he could, it affected not only his physical condition but his emotional state. Alcohol functioned as a depressant, and its consumption often provoked arguments and hostility between patients. Drunken soldiers had the potential to challenge the levels of peace and relaxation within the wards and the sense of community between the wounded, and to slow not only the individual's recovery, but those surrounding them too.

In order to challenge high levels of boredom and the resultant drunkenness, *The Hospital* asked its readers how best to achieve:

relative immunity from those temptations to drink and other things which frequently beset the no longer disabled but not yet entirely recovered soldier, who in many cases falls a [sic] prey to them more out of sheer boredom and loneliness than out of any inherent viciousness.²⁷¹

The inclusion of instructions on how to avoid drunkenness within the ward demonstrates how significant the problem of inebriated soldiers was during the First World War – especially for soldiers undergoing convalescence. The topic of boredom within hospitals was well discussed within medical journals at the time, and it appeared that many believed hospitals required stricter discipline or new forms of recreation in order to challenge this problem.

²⁷¹ 'Work for Convalescent Soldiers', *The Hospital*, Vol. LXI, No. 1595 (30 December 1916), p. 257.

Due to the dangerous potential of wounded men becoming reliant on alcohol, military hospitals and convalescent homes implemented strict no alcohol policies. This military policy was buttressed by the passing of the Defence of the Realm Act (DORA) in 1914, which banned soldiers recovering in hospitals from purchasing alcohol.²⁷² As Jeffrey Reznick has discussed in great detail, the hospital blues that soldiers wore effectively controlled their lives. They ensured that the wounded were easily identifiable, and crucially, they lacked pockets, thereby preventing soldiers from carrying money or smuggling contraband into the hospital space.²⁷³ DORA not only affected wounded soldiers, but it reduced the strength and availability of alcohol across the entirety of Britain. This restriction was particularly unpopular. One soldier who was arrested for drunkenness had consumed eau du cologne and declared that many other soldiers were doing the same for want of alcohol.²⁷⁴ *The Lancet* published an article declaring that soldiers had turned to consuming large quantities of cocaine as a replacement for alcohol.²⁷⁵ Theoretically, the hospital blues, DORA, and the strict rules enforced in hospitals reduced soldiers' ability to access alcohol, however, as these examples demonstrate, many wounded men went to great lengths to access narcotics.

Conversely, wounded officers were able to gain easier access to drugs and alcohol. They had their own clothing allowance that facilitated their entry into public houses and bars. Many hospitals also allowed officers access to alcohol, which reaffirmed the traditional hierarchy of the forces. In Ward Muir's recollections of his time working as an orderly in the 3rd London General Hospital, he recalls that 'some of my patients were allowed wine, beer, or spirits, and some

²⁷² 'Soldiers and Intoxicants', *Gloucestershire Echo* (23 December 1915), p. 4.

²⁷³ Reznick, *Healing the Nation*, p. 103.

²⁷⁴ 'No title', *Kent Messenger* (11 March 1916), p. 5.

²⁷⁵ 'The Cocaine Habit', *The Lancet*, Vol. 188, No. 484 (29 July 1916), p. 196.

were not.'²⁷⁶ Although the varying treatments for different ranks demonstrate the British class system and social values, it also created opportunities for inadvertent or deliberate abuse. Since drunkenness remained a serious military offence, officers were expected to exercise moderation despite having access to alcohol.

Wounded soldiers and officers found drunk were subject to fiscal penalties or had their furloughs cancelled, but in reality many were just cautioned.²⁷⁷ This kind of freedom within the hospital space led to more serious disciplinary problems, as drunken soldiers were far more likely to be involved in dangerous or unethical activities and were prone to fighting both amongst themselves and with the public. These incidents reflected poorly upon the army and the war effort at large, thereby endangering the nation's enthusiasm for the conflict, and people's willingness to donate their belongings, money, and time.

Though soldiers were technically unable to source their own, many still gained access to alcohol. A newspaper article from the *Reading Mercury* declared that:

while there was no evidence to show that drink had been served to wounded soldiers by licensed holders, yet in a few cases complaints had been received from hospitals that soldiers had returned to these institutions while under the influence of drink.²⁷⁸

This article reveals that while soldiers were not allowed to visit pubs and bars or drink alcohol, some hospitals still faced problems with inebriated soldiers. In their annals, Clacton-on-Sea hospital in Middlesex referred to their no alcohol policy but

²⁷⁶ Muir, *Observations of an Orderly*, p. 28.

²⁷⁷ 'Treating Wounded Soldiers', *Dorking and Leatherhead Advertiser* (19 December 1914), p. 3.

²⁷⁸ 'Reading County Licensing Sessions: The Serving of Wounded', *Reading Mercury* (16 February 1918), p. 6.

referenced an incident when a soldier was found with contraband: 'one night, when a tremendous bang was heard... a bottle was found to have been accidentally dropped from the top landing and lay in atoms in the hall with a dark red liquid trickling away, which smelt... just like port!'²⁷⁹ The popular construction of soldiers as deserving the appreciation of the wider public ensured that alcohol remained a problem for hospital staff, regardless of their rules and legislative action. Many hospital visitors and relatives of patients gave gifts to soldiers in order to show their appreciation for the men's sacrifices. The same book from Clacton-on-Sea reported that a plethora of gifts were being thrown over the fence of the hospital. The soldiers were said to become: 'so replete that they did not trouble to fetch such delicacies' so much so that 'the lawn in front of the railings was soon besprinkled, the men not even expressing appreciation.'²⁸⁰ Through anecdotes like this, it is apparent that soldiers were able to gain access to food and alcohol through the appreciation of the British public. It is evident that the representation of injured soldiers as deserving of public appreciation helped to exacerbate the problems that alcohol posed for the army and the MO of these establishments. Convinced by the government-endorsed depictions of soldiers as heroes, visitors gave soldiers the opportunity to act in deviant ways. The gratitude of the public provided soldiers with the means to break military rules and facilitated drunkenness amongst the wounded.

While Clacton-on-Sea claimed to have had very few difficulties with drunken soldiers, other hospitals were not so fortunate. Endell Street Hospital in London was founded in 1915 and run exclusively by women, reported that drunk men 'put their feet through the panels of the door, and others their heads through the window-panes; and the peace of the hospital was so often disturbed that the

²⁷⁹ Berkeley and Bonney, *The Annals of The Middlesex Hospital*, p. 79.

²⁸⁰ *Ibid.*, p. 78.

Doctor-in-Charge finally reported the matter to the command.²⁸¹ The severity of this situation may be explained by the different locations of these two hospitals. As Endell Street's position in London meant that there were more civilians surrounding the wounded than in Clacton-on-Sea. Additionally, the gender of the staff working in Endell Street may have allowed patients to transgress rules and British laws more readily. These women had no experience in military environments and were not used to disciplining men. It is clear that soldiers were able to gain access to alcohol while recovering in British hospitals, and the facilitators of drunkenness were condemned in an article published in *The Hospital*: 'the number of thoughtless people whose idea of honouring the country's wounded heroes is to supply them with large quantities of intoxicants and other deleterious substances'.²⁸² These people were adhering to their 'natural desire to do something for those who have been wounded in the public service', but it often expressed itself in:

highly undesirable ways. Alcoholic liquors are smuggled into the hospital, and the situation of the building with its boundaries abutting on public thoroughfares often renders this easy, and difficult of detection, especially when a large proportion of the inmates are able to be up and in the grounds.²⁸³

As this demonstrates, soldiers and officers rarely struggled to gain possession of alcohol as government propaganda represented them as wounded heroes, deserving of gifts and appreciation from the British public.

²⁸¹ Flora Murray, *Women as Army Surgeons* (London: Hodder & Stoughton, 1920), p. 222.

²⁸² 'The Discipline of Patients within Military Hospital', *The Hospital*, Vol. 1553, No. LIX (18 March 1916), p. 539.

²⁸³ *Ibid.*

Pissed in Public: Drunken Soldiers in the Popular Press

Contemporary newspaper reports often discussed the cases of wounded soldiers charged with being drunk and disorderly, surprisingly publicising the lack of consistent punishments for drunk soldiers. Leonard Watson had been wounded for a second time when he was arrested for being drunk; he was discharged with only a caution. Similarly, another soldier who had been wounded four times also managed to avoid punishment after he was caught drunk in public.²⁸⁴ However, a soldier from Cliveden Hospital was fined 7s. and 6d. when he was charged with drunkenness.²⁸⁵ As these cases demonstrate, wounded soldiers were treated differently when faced with similar charges. In these cases, character witnesses, previous civil convictions, and levels of wounding were used to determine the appropriate punishment. This meant that sentencing soldiers was very subjective – it was dependent on not only the soldier and his past, but the character of the Magistrate, the tenacity of the police force, or the influence and willingness of the hospital or military staff to intervene. The sentencing of drunken soldiers was also dependent on their race. For non-white soldiers and army followers, the punishments were far more severe. Three auxiliary staff within the Lord Kitchener Hospital for Indian Soldiers in Brighton were charged with drunkenness and fined 21 days worth of pay, as well as receiving 12 strikes.²⁸⁶ The subjective nature of disciplinary procedures within hospitals and British society challenged the uniformity of discipline and undermining the army's attempts at homogeneity.

The publication of cases of drunkenness was intended to control soldiers and members of the public alike by reminding them of the dangers of breaking

²⁸⁴ 'Soldier Charged', *Hastings and St Leonards Observer* (1 March 1919), p. 6; 'The Police Court', *Portsmouth Evening News* (4 October 1915), p. 3.

²⁸⁵ 'Maidenhead Borough Police', *Reading Mercury* (27 April 1918), p. 4.

²⁸⁶ TNA - WO 95/5465, 'War Diary of Kitchener Indian Hospital Brighton from 1st to 31st July 1915'.

DORA. In East Grinstead, two soldiers who went missing from Balcombe Hospital were found drunk outside the Cowdray Arms.²⁸⁷ The soldiers were both returned to the hospital inebriated, and though one was described as ‘pugilistic’, they were not punished. The owner of the Cowdray Arms, however, was taken to court for serving wounded soldiers. Though he managed to avoid punishment due to the soldier’s lack of obvious wounds, this article warned other publicans in the area.²⁸⁸ In a similar case, a man was tried in Brighton court and imprisoned for six days after supplying a member of the Kitchener Indian Hospital staff with alcohol.²⁸⁹ The publication of stories that focused on the punishments of both soldiers and the civilians who assisted them made an example of those deemed to be working against military efficiency by providing the wounded with alcohol.

However, soldiers utilised hospital magazines in order to defend their actions:

When you’ve fought in France and had your cut of war,

The mixture of emotions for you I will record,

You may have felt like this yourself before.

Fed up, and low in spirits, I don’t ask you to excuse,

But condemn before you know the facts.

A chap to ease the mental strain, say, takes a drop of booze²⁹⁰

²⁸⁷ East Grinstead’, *Sussex Agricultural Express* (1 October 1915), p. 3.

²⁸⁸ *Ibid.*

²⁸⁹ TNA - WO 95/5465, ‘War Diary of Kitchener Indian Hospital Brighton from 1st to 30th June 1915’.

²⁹⁰ ‘A Drop of Booze’, *Harefield Park Boomerang*, Vol. 2, No. 8 (August 1918), p. 155.

Contributions such as this demonstrate that the wounded had different expectations than the military authorities. They viewed wounds as a reprieve from their lives at the front, while the authorities saw the hospital as an extension of the battlefield. Many men thought that when they returned to Britain they would be treated heroically and not be restricted or regulated, but life within the hospital did not meet such expectations. Instead, soldiers were forced to utilise civilians to subvert their situation, regain some agency and to gain access to alcohol.

Though some citizens were seen to be aiding soldiers' drunkenness, others were victims of it. Inebriated soldiers were more likely to be public nuisances and commit petty crimes. In one reported case, a drunken corporal and private had stolen eight fowls worth twenty-eight shillings. Though they were only fined, the chairman of the bench reminded the charged that 'had they not been soldiers they would have been sent to prison.'²⁹¹ The status afforded to these soldiers, even though criminals, ensured that they were able to avoid civilian standards of justice. Representations of the wounded as worthy of respect and assistance ensured that they were treated leniently by the British judiciary system. Conversely, an article in *The Daily Sketch* entitled 'Wounds No Excuse for Crime' reported that three wounded soldiers who had broken into a warehouse were sent to gaol. The article ended with the judge saying 'though the men had served with credit, no distinction could be made when it came to a question of crime.'²⁹² The levels of civilian discipline that wounded soldiers faced was subjective; while some soldiers were punished severely for non-violent crimes, others simply faced fines, and others were not punished at all. The lack of consistency across the treatment of soldiers ensured that these forms of deviant behaviour continued throughout the war.

²⁹¹ 'Wounded Soldier's Bad Records', *Whitstable Times and Tankerton* (22 January 1916), p. 6.

²⁹² 'Wounds No Excuse for Crime', *The Daily Sketch* (27 February 1920), p. 2.

While their position as soldiers afforded some individuals protection from the law, others whose crimes were considered more serious were unable to hide behind their soldier status.

The Violent Hero: Antithetical Representations of the Wounded

Some soldiers who returned to Britain to recover from their wounds committed violent crimes. However, these acts were not published as often as depictions of drunkenness. The circulation of these news stories were significant because they challenged the positive construction of the soldier and reflected badly on the hospital and the armed forces more generally. Deviant and law breaking individuals could not be reconciled with the press' consistent representation of the noble, wounded, and heroic Tommy. When articles were published, they made examples out of the soldiers who had broken both civil and military law. By providing examples of what happened to soldiers who ran afoul of the law, the national press was harnessed to identify those who had failed in their duty to Britain.

The reports of violent assaults do not appear as often in national newspapers as they do in local publications. It was commonplace for journalists to report on court cases that had occurred locally, and as such, articles featuring details of these dangerous altercations between wounded soldiers and members of the public were published throughout the war. Considering the necessity for the British government to censor both national and regional papers, it is unsurprising that stories focusing on serious crimes were far less publicised than those on drunkenness. War psychology and the morale of the public became crucial to the

success of the campaign, resulting in a high level of censorship.²⁹³ The passing of DORA in 1914 made it illegal to publish any information that would be beneficial to the enemy, or was 'likely to cause dissatisfaction' within Britain. Editors were invited to send any of their work to the Official Press Bureau that they thought would contravene DORA.²⁹⁴ By sending in articles, editors invited criticism and ran the risk of being prosecuted. It is unsurprising that local newspapers were more willing than national papers to publish stories focusing on violent soldiers. The smaller readership of local newspapers meant that they were far less likely to be caught and prosecuted by the government. Those who were caught were rarely severely punished.²⁹⁵ The voluntary nature of this censorship led some newspapers to publish reports that others may have shied away from – including the publication of violent crimes committed by soldiers. These crimes were far less frequent than misdemeanours and drunkenness, and thus soldier's punishments were far more severe. In many instances, however, alcohol and violence were connected.

Violence occurred inside and outside of the hospital space. One soldier in Dover was arrested for attacking two policemen after being taken out of hospital by his father and brother. The policemen in question noticed the drunken soldier and attempted to detain him, and the defendant asked 'who the --- are you?' before punching one of the officers in the chest. The chairman reminded the accused that he was going 'directly against the orders of the Commander-in-Chief, [as] he told you to keep away from the drink.' The wounded soldier was fined £1.²⁹⁶ Other

²⁹³ Deian Hopkin, 'Domestic Censorship in the First World War', *Journal of Contemporary History*, Vol. 5, No. 4 (1970), p. 152.

²⁹⁴ Michael L. Sanders and Philip M. Taylor, *British Propaganda During the First World War 1914 – 1918* (London: Macmillan, 1982), p. 9.

²⁹⁵ Colin Lovelace, 'British Press Censorship During the First World War' in *Newspapers History from the Seventeenth Century to the Present Day*, ed. George Boyce, James Curran and Pauline Wingate (London: Constable, 1978), p. 312.

²⁹⁶ 'Wounded Soldier's Lapse', *Dover Express* (13 November 1914), p. 5.

soldiers were treated more severely. James Thomas Kelly returned to his hospital intoxicated and attacked an officer with a razor blade, he was charged with causing grievous bodily harm and sentenced to three months hard labour.²⁹⁷ In this case, the social standing of the victim ensured that his crime had to be treated severely: Kelly committed his assault against a member of the officer class. In 1914, this was a crime punishable by death. However he was able to hide behind his status as a wounded soldier and his location on the home front; had he committed this crime on one of the fighting fronts, the consequences would have been far more severe. Similarly, Daisy Spickett recalled an occasion where two soldiers returned to Bagthorpe Military Hospital drunk. When she scolded them for returning home late, they began to physically assault each other. Eventually, both soldiers were shown to the colonel and the following morning they were sent to the depot without leave.²⁹⁸ Spickett remembered weeping over the sentencing of her two charges, but reminded her interviewer that 'crime in hospital was one of the worst things that could be done.'²⁹⁹ A similar case occurred in Croydon General Hospital, where Grace Pulvertaft, a VAD, witnessed two soldiers in an altercation, resulting in one of the men being removed to Woolwich, presumably to be punished at the Royal Military Academy.³⁰⁰

Though the gravity of punishment varied between the victim and location of the crime, it was also dependent on the 'character' of the soldier. Frederick Harwood was discharged from the No. 3 War Hospital in Reading and was on his way to his designated convalescent home when he assaulted the railway inspector, resulting in broken dentures and facial wounds. However, due to Harwood's status

²⁹⁷ 'Trials with Prisoners: Orpington Violent Assaults', *Kent & Sussex Courier* (12 April 1918), p. 7.

²⁹⁸ IWM – 514, Daisy Colnett Spickett, Imperial War Museum Interview (12 September 1974) <<http://www.iwm.org.uk/collections/item/object/80000510>> [accessed on 10 May 2016].

²⁹⁹ IWM – 514, Daisy Colnett Spickett, Imperial War Museum Interview (12 September 1974) <<http://www.iwm.org.uk/collections/item/object/80000510>> [accessed on 10 May 2016].

³⁰⁰ Grace Pulvertaft, *Reminisces of a V.A.D.* (Great Britain: John Brunson, 2014), p. 9.

as a wounded soldier and his two good conduct badges, he was only fined 30s. The court did, however, place £10 recognisances on the maintenance of this 'good behaviour' for the next year.³⁰¹ Another soldier who 'struck a powerful blow to the forehead' of his female companion after being invalided out of the army, managed to escape with only a fine, due to his 'irreproachable' character – he was described as not being the 'type of man who would be guilty of any type of cowardly assault.'³⁰² Interestingly, in this case, the chairman sought not only to vindicate the soldier for his wrongdoings, but also to vilify the female victim. He declared that it was a:

sample of cases which were rather common nowadays... Young women went about and talked to soldiers they had not seen before, and enticed them to 'keep company' with them; and then, when the man went further than he intended, ran away, and perhaps got some slight damage.³⁰³

This can be considered as part of a larger trend of blaming women for crimes committed against them, rather than men from the armed forces, something which is explored further in chapter four. This is further evidenced by the army and the government's venereal disease policies of the nineteenth and twentieth centuries.³⁰⁴ As these cases demonstrate, soldiers were able to hide behind their 'good characters' and their status as part of the soldiery when it came to facing civilian justice.

³⁰¹ 'Assault on Railway Inspector', *Reading Mercury* (7 October 1916), p. 9.

³⁰² 'Soldier Charged with Assault', *Reading Mercury* (14 August 1915), p. 5.

³⁰³ *Ibid.*

³⁰⁴ See Judith Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Chicago: Chicago University Press, 1992) and Hall, 'War Always Brings it on', pp. 205 – 223.

The usefulness of wounds in a soldier's defence was well understood by their legal advisors. When William Aristhorpe was accused of assaulting Mary Fisher just two weeks after being allowed to leave hospital, the defence told the chairman and the court of the soldier's history:

In his endeavour to serve his country he had sustained an injury, and that was the root cause of the whole trouble. He understood that there was nothing else against the defendant, and if his lordship could view it in a lenient manner the defendant would very shortly be going back again to the front. He suggested that he might suspend sentence until after he had served his country, and then take into account his conduct in the interval.³⁰⁵

In this case, the defence used the soldier's wounds as an excuse for his deviant behaviour. Aristhorpe's legal assistance represented him as a victim rather than a perpetrator. He implored the chairman for a lenient sentence because the defendant had been wounded. The fact that the majority of Aristhorpe's defence revolved around his war service and subsequent injuries, demonstrates a contemporary awareness of the usefulness of wounds in shielding men from justice. This case proves that soldiers and their legal aids tried to utilise war service to receive more lenient punishments. Soldiers were not only able to use their wounded status as a way to circumvent military discipline within the hospital, but to also avoid or lessen the brunt of civilian justice.

Cases of violence that occurred in or around the hospital space were significant as they undermined the state endorsed narrative of hospitals as places of healing, rest, and relaxation. The positive representation of the hospital was

³⁰⁵ 'The Assault Case at Bury. Soldier Sent to Prison', *Bury Free Press* (29 May 1915), p. 5.

necessary to maintain morale within Britain, to promote charitable giving, and to continue the culture of volunteerism on which they relied. It is evident that soldiers committed violent crimes in and around the hospital space, which challenged the popular construction of the hospital and threatened to undermine the propagandistic function of these institutions.

Through the combined efforts of 'good character', recognisances, and the excuse of being a wounded soldier, some members of the armed forces were able to escape civilian justice and receive lenient punishments, as juries and judges viewed their cases sympathetically. Government driven initiatives attempting to spread goodwill and appreciation to soldiers not only gave them the freedom to commit crimes within hospitals, but also allowed men to avoid peacetime standards of justice. One magistrate involved in a case of absenteeism went as far as to explicitly declare that 'every consideration ought to be shown to wounded soldiers'.³⁰⁶ While this soldier was still sentenced in accordance with military guidelines, he was allowed to go home and wait for a military escort. Though wounded soldiers were expected to adhere to the rules and discipline of the fighting fronts, they were treated sympathetically by the British judiciary system. However, even this leniency had its limits.

'A Bit of Murder': Wounded Assailants and British Society

Though soldiers were expected to kill the enemy on the battlefields, killing fellow citizens was not only illegal; it also undermined the carefully constructed reputation of the British soldier. Moreover, it lowered the morale of the country and damaged the war effort at large. These crimes were less frequent than drunkenness or assaults, and reports that detailed murders were less widely

³⁰⁶ 'Twice Wounded in Mons retreat: A Youthful Soldier's Arrest', *The Manchester Guardian* (11 January 1915), p. 2.

circulated. When these crimes were reported in both local and national news, shell shock was represented as the principal identified cause, rather than the environment of the hospital.

In some cases, the desire to help the soldier or officer gave them a license to commit murder. Lieutenant Sidney Stewart Hume was a patient at Latchmere House in London, which was a hospital specifically created to treat shell shocked officers. On the 30 November 1918, Hume escaped from Latchmere after shooting and killing Private Robert Aldridge.³⁰⁷ He was later caught and detained by police officers, and after investigation, was sent to Broadmoor Lunatic Asylum for forty-nine years. He was described as being 'rather a difficult patient – rather solitary; he had delusions' - something that was not uncommon for those suffering from shell shock.³⁰⁸ As Latchmere housed officers, the treatment differed significantly from those that were used to treat the rank and file. Officers were given more sympathetic treatment due to the belief that leading men was more stressful than being a part of the soldiery. Shell shocked officers were 'shielded [from] more than exposed to the taint of dishonour, cowardice and insanity; treated more than disciplined; viewed more with sympathy than suspicion.'³⁰⁹ As a result, the reputation of wounded officers meant that they were more likely to receive the freedom to evade military rules.

At the inquest following Hume's arrest, Captain Harvey Baird of the RAMC (third witness to the case) was quoted as saying 'it is a feature of the treatment of such cases in these days to allow a certain amount of liberty when we consider it

³⁰⁷ TNA - MEPO 3/258, 'Lieutenant Sidney Stewart Hume (RAF) murdered Private Robert Aldridge (an Orderly) in Latchmere on 30/11 1918', p. 2.

³⁰⁸ TNA - MEPO 3/258, 'Wandsworth police station, V Division, 6th December; 1918 'Transcript of shorthand notes taken by P.C. Carroll C.I.D. "V" at the Inquest on the body of Private Robert Aldridge, held on 6th December, 1918, before Dr. M.H. Taylor, Coroner, at the Coroner's Court, Kingston-on-Thames, Surrey.' p. 5.

³⁰⁹ Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (Macmillan: Basingstoke, 2014), p. 103.

can be done without danger to themselves or others.’³¹⁰ It is clear that the treatment regimens for some officers and soldiers within hospitals involved elements of freedom, and it was this liberty that allowed them to transcend military boundaries and act in deviant ways. Hume was permitted to leave the hospital unsupervised three times to visit his mother and his sister, and it was on one of these occasions that he was able to regain possession of his revolver and smuggle the weapon back into the hospital. As Hume’s mother discovered when she tried to use scissors at his bedside, weapons were forbidden at all military hospitals in Britain. While the hospital staff did search through Hume’s belongings the week before the murder, they were unable to locate any contraband. In this example the desire to help patients through their wounds ensured that medical ‘liberty’ became a part of the treatment of shell shocked officers. Ironically, it was this freedom that led to the murder that incarcerated Hume.

By the time Hume had murdered Aldridge the war was over. The pressure to provide short-term remedies to shell shocked men in order to satisfy manpower requirements had dissipated. As a result, it is possible that when Baird discussed the liberty in treatment ‘these days’, he may have been referring to the post-war period. Regardless, the leniency applied to officers from staff within Latchmere Hospital enabled Hume to avoid military regulations, to equip himself with his revolver, and to murder a member of staff while escaping.

Further investigation of the police reports reveal that in the aftermath of the war Latchmere was suffering from a shortage of staff, in part to the influenza epidemic of 1918. As a result, ‘some of the attendants... had to work during the day

³¹⁰ TNA - MEPO 3/258, ‘Wandsworth Police Station, V Division, 6th December; 1918 “Transcript of shorthand notes taken by P.C. Carroll C.I.D. “V” at the Inquest on the body of Private Robert Aldridge, held on 6th December, 1918, before Dr. M.H. Taylor, Coroner, at the Coroner’s Court, Kingston-on-Thames, Surrey.’

and part of the night.’³¹¹ In Hume’s case the reliance on overworked staff may account for why the revolver was not discovered. Staff within hospitals during the First World War may have been willing to ignore misdemeanours that occurred onsite, but it is unlikely that they would allow a shell shocked officer to carry a weapon. Instead, it is far more likely that the lack of staff to enforce adequate discipline and regulation allowed Hume to murder Aldridge and subsequently escape from Latchmere House.

Hume’s story was widely reported across the country. However, newspaper articles do not mention Hume’s protestation. He declared that he would not go:

back to Latchmere House before going to make my statement at Scotland Yard. I am not mad. I did it for reasons so important that I have put myself in this position. I did it for the reason that my statement could not be suppressed: it was for the benefit of England.³¹²

Newspaper reports also did not include Hume’s accusations of experimental medicine occurring within the hospital walls. Arguably, this was either kept from the press or omitted in newspaper reports to prevent suspicion from spreading through the British population. Though the war was over, newspapers continued to vilify the German nation and blamed the murder on Hume’s mistreatment as a prisoner of war. A *Derby Daily Telegraph*’s article reported ‘Declared Insane: Sad Sequel To Ill-Treatment in Germany’, and declared that ‘entirely owing to

³¹¹ TNA - MEPO 3/258, ‘Statement of Major Normal Oliver, M.C.R.S, L.R.C.P, 1-12-18 (in charge of hospital)’.

³¹² TNA - MEPO 3/258, ‘Lieutenant Sidney Stewart Hume (RAF) murdered Private Robert Aldridge (an Orderly) in Latchmere on 30/11 1918’.

treatment by the Germans as a prisoner of war, [Hume] became insane'.³¹³ *The Hull Daily Mail* coverage was entitled 'Driven Mad in Prison Camp' and again it declared that Hume 'became insane owing to the bad treatment in a prison camp in Germany'.³¹⁴ Similar to the attempts of the press and the chairmen of the courts to blame the female victims of assaults, Hume became both a victim of the enemy and a casualty of war. As Harold D. Lasswell argued in 1927 'by far the most potent role of propaganda is to mobilize the animosity of the community against the enemy'.³¹⁵ Even after the war, the German nation was vilified to justify British losses in the conflict. Owing to this, far less attention was placed on Robert Aldridge, the man Hume murdered. Instead, the press focused on the plight of the war wounded and those incarcerated in German prisoner of war camps.

A similar murder case was presented in the *Daily Express*, which told of a soldier who fatally stabbed his uncle in a revenge attack following an assault on his mother. This article focused on the mental state of the perpetrator, declaring that he claimed to see Germans all around him, even when back in England.³¹⁶ Although the cases were similar, the press representation of these two figures was remarkably different. Though this murder was reported in both regional and national newspapers, journalists were far more sympathetic to Lieutenant Hume than they were to Private Leach. Leach was reported as being 'the worse for drink' at the time of the murder, and represented negatively within the press.³¹⁷ The different treatment of these two men reflected their social status and ranks within the army. As mentioned, shell shocked officers were often viewed with sympathy,

³¹³ 'Declared Insane: Sad Sequel to Ill-Treatment in Germany', *Derby Daily Telegraph* (1 March 1919), p. 3.

³¹⁴ 'Driven Mad in Prison Camp', *Hull Daily Mail* (3 March 1919), p. 3.

³¹⁵ Harold D. Lasswell, *Propaganda Technique in the First World War* (London: M.I.T. Press, 1927), p. 10.

³¹⁶ 'The Tragic Side of Christmas: Alleged Murder by Wounded Soldier', *Daily Express* (28 December 1915), p. 7.

³¹⁷ 'A Bit of Murder', *The Times* (3 January 1916), p. 7.

while shell shocked soldiers were considered to be weak and ineffective. As a result, society's prejudices were evident in contemporary journalism.

The socio-economic class system of Edwardian Britain was reflected in the military, medical, and judiciary systems, as well as the British press. Hume was considered a victim of war, while Leach was presented as a drunken assailant, owing partially to their different socio-economic groups. In addition, Hume was still a patient at Latchmere Hospital while Leach, though wounded, was at home on leave. The different medical, spatial, and social statuses of these men meant that Hume was afforded far more sympathy by Edwardian society.

Though murders committed by wounded soldiers were less common than assaults and drunkenness, as these cases demonstrate, they did occur. These crimes were attributed to shell shock or temporary insanity, as the idea of a sane member of the armed forces committing violent crimes undermined the reputation of the soldiery. More often than not, these murders were attributed to the violent mistreatment of British soldiers at the hands of the Germans to justify Britain's part in the war. This was particularly important in cases that occurred in the aftermath of the war. They reminded readers of the atrocities committed by Germany and silenced the war's critics. Once the demobilisation of soldiers had begun, the true reality of the injured, the missing, and the dead became apparent and war disillusionment spread throughout Britain. The continued vilification of Germany fulfilled one of the functions of propaganda by mobilising 'the animosity of the community against the enemy which in turn, helped to prevent both war fatigue and disillusionment with the British government.'³¹⁸

³¹⁸ Lasswell, *Propaganda Technique*, p. 10

Sinful Suicides: Self-Murder in Britain

Many wounded soldiers who returned to Britain to recuperate within hospitals suffered physically and emotionally. The First World War was a brutal, and for many, disturbing conflict. A significant number of soldiers suffered from shell shock and physical disabilities, both of which had significant repercussions on contemporary notions of masculinity. These wounds affected the soldier's ability to complete his 'manly' duties, specifically, to create and provide for a family.³¹⁹ Moreover, these ailments directly challenged the soldier's given position within Edwardian society; rather than face life as a 'cripple', many considered suicide preferable to burdening their families, or after the creation of the Ministry of Pensions in 1917, the state.

Attitudes towards suicide in this period were unforgiving. It continued to be classed as a crime until 1961. According to an article published in *The Hospital*, those who committed suicide were 'rash and foolish and lackadaisical persons'.³²⁰ The publication of these statements fostered the negative attitudes that surrounded suicide within Britain. In the nineteenth century the stigma associated with suicide was so strong that many bodies were desecrated. Cadavers were dragged through the streets and hung on gibbets, while some corpses were buried in consecrated ground with stakes through their heart – this was not outlawed until 1823.³²¹ Those who committed suicide rarely received religious funerals. In 1903, William Harris, an ex-soldier who committed suicide after attempting to murder a woman, 'was buried in a remote corner of the churchyard' while 'the

³¹⁹ For masculinity during the First World War see Julie Anderson, *War, Disability and Rehabilitation* (Manchester: University of Manchester Press, 2011), Jessica Meyer, *Masculinity and the First World War in Britain* (Basingstoke: Macmillan, 2009) and Joanna Burke, *Dismembering the Male: Men's Bodies, Britain and The Great War* (London: Reaktion Books, 1996).

³²⁰ 'Suicide Made Easy', *The Hospital*, Vol. LVIII, No. 1517 (10 July 1915), p. 302.

³²¹ Robert Allen Houston, *Punishing the Dead?: Suicide, Lordship and Community in Britain 1500 – 1830* (Oxford: Oxford University Press, 2010), p. 5.

vicar... implored the Almighty to look with compassion upon the sinful man'.³²²

Though society was becoming more secular, the connection between religion and suicide remained a part of British culture.

Owing to this stigma, newspaper articles and police courts dealing with civilians who were unsuccessful in their suicidal endeavours were far from sympathetic. In 1904, when forty-year-old pensioner Robert Frederick Webster was found after attempting to commit suicide, the local courts sentenced him 'as usual... to the quietude of the prison for a week'.³²³ Robert Allen was also 'remanded for a week, to perceive the ministrations of the chaplain and be placed under the observation of the medical officer.'³²⁴ The majority of cases were considered to have been cases of 'suicide whilst temporarily insane'; as such, men like Allen were forced to receive rudimentary medical care and were exposed to religious education in attempts to save both his soul and his life. Civilians in the early twentieth century would often be placed under bounds in order to return to court, be sentenced to a short spell in prison, or be returned to the care of their family and friends.³²⁵ Though these cases all took place in the period before the war, representations of civilian suicide during the hostilities were remarkably similar.

Newspapers went to great lengths to avoid readers associating the war with civilian suicides. One article declared that the Surrey Court had never received such a number of suicide cases as it did in the latter half of 1914, but comforted its readers by suggesting that: 'there did not seem to be any reason for it; it was not in any way connected to the war or the crisis; but the people seem to

³²² 'Grave of a Suicide', *Buckingham Advertiser and Free Press* (3 January 1903), p. 3.

³²³ 'A Rudmore Sensation: Pensioner Charged with Attempted Suicide', *Portsmouth Evening News* (25 January 1904), p. 6.

³²⁴ 'Attempted Suicide: Labourer Takes Poison at Southsea', *Portsmouth Evening News* (27 February 1900), p. 3.

³²⁵ 'From Real Life Incidents on the Dark Side: Enough Morphia to Kill', *Portsmouth Evening News* (3 October 1904), p. 3.

have simply gone and tried to commit suicide.³²⁶ Reporters also turned suicide cases into morality tales. The report of Thomas John Ellis' suicide case quickly turned into an advert for sobriety. Reporting that the chairman declared the defendant 'can go away, but remember this is all through your getting drunk' culminating in Ellis being told 'you owe something both to the Magistrate and to your wife and family. Will you give up the drink entirely?'³²⁷ Reporters during the war maintained their propagandist function and avoided associating suicides with the conflict; instead they reinforced the 'sinful' aspects of suicide to create moral lessons. However, civilian suicides during wartime were far easier to disconnect from the conflict than suicides of wounded or disabled soldiers.

Wilful Damage and the Wounded: Soldiers' Suicides in Britain

Many disabled and injured men within hospitals struggled to come to terms with their newfound disabilities and their changed positions in a highly gendered society. Frederick Francis Cottrell, a gunner in the Royal Field Artillery, was wounded three times within fifteen months. He suffered from paralysis of both of his legs as well as his left arm. Cottrell eventually committed suicide in May 1918.³²⁸ Enoch Reynolds also struggled to acclimatise to his wounds. He was removed from his hospital after his first suicide attempt and taken to Shorncliffe military camp. It was here that he was able to slit his own throat and end his life.³²⁹ These suicides were reported to the public in a similar fashion to those of non-army personnel, they were described as cases of: 'suicide whilst temporarily insane.' The press and the justice system alike blamed 'temporary insanity' rather

³²⁶ 'Surrey Quarter Sessions: The Grand Jury', *Dorking and Leatherhead Advisor* (24 October 1914), p. 5.

³²⁷ 'Drink & Attempted Suicide', *Dover Express* (30 April 1915), p. 3.

³²⁸ HC Deb - Vol. 123 c. 1244, 'Soldier's Suicide, Norwich' (28 December 1919).

³²⁹ 'Soldier's Derangement', *Folkestone, Hythe, Sandgate & Cheriton Herald* (12 May 1917), p. 5.

than admit that the armed forces or the government were failing its soldiers. Exacerbated by a highly emotive and horrific conflict, injured and wounded men attempted to escape the hospital environment and the armed forces through suicide, and unlike newspaper representations of civilian suicides, it was difficult to distance the self-murder of an ex-soldier from the war effort.

Soldiers who tried to commit suicide while recovering in hospitals in Britain faced the British justice system and military discipline. The majority of soldiers arrested for their attempted suicide were normally pardoned upon returning to the fighting front, and much like other crimes, they were rescued from civilian justice because of their status as soldiers. Members of the armed forces would more likely be placed under escort and face military punishment than be detained by the state. Private Joseph Roberts attempted to commit suicide after being wounded at the Dardanelles, he was remanded in custody to await an escort before he could be released from police custody.³³⁰ In some cases the soldier might be sent back to the fighting fronts more quickly than was initially intended. Australian soldier Claud Leo Slappoffshi was 'to be sent out with the next contingent', though the reporting newspaper did declare that there 'was not the slightest reason to suppose that he attempted suicide to avoid the front.'³³¹ Removing soldiers from Britain and sending them back to the fighting fronts hid suicidal members of the army from public view. It was hoped that these men would die quietly, away from Britain, in circumstances that were not so detrimental to the war effort. It was far easier for soldiers to commit suicide within the trenches than in the home front hospital, or in Britain more generally. Men were able to position themselves as easy targets for enemy snipers. As a result, returning suicidal soldiers to the front was an efficient way of both hiding soldiers

³³⁰ 'A Soldier's Attempted Suicide', *Rochdale Observer* (1 December 1915), p. 7.

³³¹ 'Attempted Suicide of Soldier at Taunton', *Western Times* (26 April 1916), p. 2.

and eliminating the problem they posed. It was virtually impossible to prove which soldiers deliberately ended their lives in the trenches, thus these once 'sinful' and suicidal men were transformed into casualties and heroes of the war. Returning suicidal soldiers to the fighting fronts was done to maintain morale and support for the conflict as publications that exposed stories of suicidal and depressed soldiers negatively affected the morale of the civilian population. Many considered the lack of care for these men to be a poor recompense for the sacrifices they had made of their fathers, sons, and husbands. Though some soldiers were returned to the front to hide the problem they posed, it was not possible to conceal the suicidal men who had already been discharged from the armed forces.

After William George Rush was invalided out of the army in 1915, he was tried in court for attempting suicide and for causing wilful damage to personal property. Though Rush had to pay to compensate the victims of his crimes, he was ultimately returned to the care of his mother and did not face civilian standards of justice for his attempted suicide.³³² The production of his discharge notice from the army was mentioned within a contemporary newspaper article, and it suggests that this document persuaded the magistrate to view his case sympathetically. Though Rush's motivation for suicide was his infatuation with a local woman, other discharged and disabled ex-servicemen attempted suicide due to their financial positions after leaving the army.

Prior to the creation of the Ministry of Pensions in 1917, Britain had left the relief of wounded veterans to charities and philanthropists. Those who were unable to receive assistance were left to beg on the streets, to enter workhouses or to commit suicide. Though the Naval and Military War Pensions Act in 1915 did allow some public funds to help those discharged from the armed forces, the

³³² 'Hythe Man's Infatuation: Wilful Damage and Attempted Suicide', *Folkestone, Hythe, Sandgate & Cheriton Herald* (16 October 1915), p. 3.

majority continued to rely on the kindness of British society, either through organised charity or begging on the streets.³³³ As this thesis has demonstrated, volunteerism was a key element to the British war effort, and British society more generally. Deborah Cohen argues that the enthusiasm for volunteerism stemmed from the social conciliation that it provided for those the war left behind.³³⁴ The ability to help soldiers who fought for Britain's success in the war was a way of alleviating war guilt, something that is discussed in more detail in Chapter Two. As the number of disabled and injured soldiers grew, they came to be a stark reminder of the realities of modern war. As a result, the population called for increased government responsibility for these individuals, especially as some of these soldiers were conscripts rather than volunteers. This can be seen as not only a consequence of the First World War, but as part of a larger trend of the nineteenth and twentieth centuries and the shift away from the laissez-faire style of government. The Liberal welfare reforms prior to the outbreak of the war were significant breaks from tradition, resulting in increased government intervention in British public life, and as such, expectations of the government and their responsibilities rose. The 1916 Naval and Military Pensions Act unified the pension authorities under one body, which further convinced the British population that provision for disabled soldiers remained a government responsibility.

Though the Ministry of Pensions was created in 1916, pensions were by no means easily accessible, exacerbating the difficult situations in which many ex-soldiers found themselves. There were far too many applications to process them efficiently, leaving men without help for extended periods of time. *The Times* reported on John Blake's suicide in 1919, attributing the delay in his pension

³³³ Anne Borsay, *Disability and Social Policy in Britain Since 1750: A History of Exclusion* (Basingstoke: Macmillan, 2005), p. 159.

³³⁴ Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914 – 1939* (Berkeley: University of California Press, 2001), p. 8.

payments as the primary motive for his actions.³³⁵ Alfred John Cattermole, the Secretary of the North London branch of the Discharged Soldiers and Sailors Society reported that he knew of '150 cases of delay' from the Ministry of Pensions.³³⁶ For soldiers unable to claim their disability pensions, the state left little choice. They had to rely upon their families or organised charities, they had to beg in the streets, enter the workhouse, or commit suicide because they were unable to find adequately paid labour.

John Galsworthy's stint as the editor of *Reveille* challenged the sense of hopelessness soldiers felt by publishing inspiring stories and informative articles written by a number of famous authors. *Reveille* replaced *Recalled to Life*, a journal aimed at disabled soldiers and sailors. Galsworthy sought to expand its readership to include not only disabled ex-servicemen, but the general public as well.³³⁷ In one edition, the Ministry of Pensions' sliding scale of disability was published, showing how the hierarchy of disability correlated with the amount of money to which the wounded soldier was entitled.³³⁸ (Figure 2) The publication of this image ensured that those applying for pensions were more able to understand the system and thus, how much money they were owed from the state. Within the same issue, *Reveille* also published the official statistics of men and officers entitled to pensions from 1914 – 1918.³³⁹ (Figure 3) This increased exposure helped to raise the profile of disability and disabled soldiers within Britain, thereby generating aid and revenue from the philanthropic population. The inclusion of both of these tables reminded wounded and disabled soldiers that they were not alone. There were a considerable number of men trying to navigate the same

³³⁵ 'An Ex-Soldier's Suicide: Reply to Charge of Pension Delays', *The Times* (25 August 1919), p. 16.

³³⁶ *Ibid.*

³³⁷ Jeffrey Reznick, *John Galsworthy and Disabled Soldiers of The Great War* (Manchester: Manchester University Press, 2009), p. 64.

³³⁸ 'Scale of Pensions that May be Granted for Specific Injuries', *Reveille* (1 August 1918), p. 150.

³³⁹ 'Return of Officers and Men Pensioned for Disability from Outbreak of War 1914 – 1918', *Reveille* (1 August 1918), p. 158.

bureaucracy that applying for a pension entailed, and many of them faced similar physical and financial difficulties.

The emotive nature of the First World War led to a significant proportion of injured or discharged soldiers committing suicide to escape their confused and often desperate positions. Though some pension provision began as early as 1915, it was inadequate to help all of the wounded, and the application process was inaccessible and inefficient. Articles that focused on suicidal soldiers often blamed temporary insanity to maintain public morale. Suicidal soldiers were able to hide behind being a part of the soldiery and avoid prison sentences; instead the majority were returned back to the front or placed in the care of their families and friends.

Conclusion: 'The Virtuous Wounded' and the differing expectations of the Hospital Space

Discipline was an important part of life within the military sphere, and the hospital space was no exception. Soldiers were expected to behave as befitted their status as wounded heroes. However, as this chapter has demonstrated, deviant behaviour occurred in and around the stately home hospital within Britain. Wounded men broke military rules and British law when they sought solace in alcohol. Others struggled with the discipline of the hospital space and found themselves in violent altercations with members of the public, other soldiers, or members of staff. A few of these confrontations culminated in murder. Other soldiers struggled emotionally and physically and some attempted to escape their situations through suicide. The publication of newspaper articles that discussed these types of behaviours was detrimental to the war effort and the representation of the hospital that the government perpetuated. For these buildings to become sites of violence and antagonism was antithetical to their reputation as houses of rest and

recovery. The behaviours that this chapter has explored were all facilitated by the armed force's reliance on civilians and volunteerism.

Civilian practitioners were inexperienced with military regulations. Through the rushed promotion of civilian doctors to the position of MO, or the reliance on female members of staff who lacked experience in authoritative roles, wounded men were able to circumvent the intended disciplinary regimes of the hospital space. The exposure of civilians to propaganda that depicted men as virtuous, heroic, and worthy of special treatment ensured that many were willing to ignore misdemeanours and minor rule breaking. By considering soldiers as the wounded heroes that government propaganda represented them as, members of staff, civilians, and significantly, members of the British judiciary system felt indebted to these wounded men. Soldiers were able to break hospital regulations without punishment and those who committed crimes were able to avoid civilian justice because of their status as members of the soldiery. Some members of medical staff ensured that the expectations of the War Office and hospital authorities were often not realised.

Similarly, the soldier's expectations regarding the hospital space undermined its disciplinary environment. Many men considered wounding to be their ticket out of the army. They believed their time fighting was over, and they expected to be treated like the wounded hero that they were represented to be. Many hoped for some rest, relaxation, or a respite from the militaristic regimes that had surrounded them. Ward Muir suggests that upon wounding many soldiers considered themselves to be extremely lucky.³⁴⁰ Muir continued 'England ! Rest ! A holiday – perhaps a total reprieve – from the trenches; a surcease from incessant,

³⁴⁰ Ward Muir, 'In Hospital – And Out', *Country Life*, Vol. 44, No. 1144 (7 December 1918), p. 32.

nerve-wearing mental anxiety.’³⁴¹ As this suggests, a large proportion of soldiers returning to Britain were eager to escape the battlefields, their expectations of the hospital space were different from those held by the authorities. These varying expectations resulted in the disciplinary problems that this chapter has outlined. Many men felt that they had served sufficiently and anticipated care and support from their surroundings instead of strict rules and regulations. The problem was exacerbated after 1916 when conscription was introduced. Those men who were forced into the army already struggled with the highly disciplinary environment associated with military culture, and once again they found themselves steeped in it in the hospital. As a result, some soldiers struggled against their medical and military surroundings, resulting in conflict, violence, and drunkenness.

Officials within hospitals were aware of these feelings of resentment or entitlement. One hospital magazine published an article reminding soldiers that ‘being wounded conveys in itself no virtue, calls for no reward, nor removes the person concerned from... ordinary conventions.’³⁴² This article was intended to both chastise and educate the soldier. It reminded men recovering within these institutions that they were not removed from the military sphere, rather they remained a part of the armed forces and were expected to act in accordance with the strict disciplinary culture that surrounded them.

It is clear that wounded soldiers who returned to Britain had different expectations of the hospital space. Many hoped for a reprieve from their military surroundings, and instead, found themselves under strict moral guidance and regulation. Soldiers and medical authorities utilised hospital magazines to frame their individual perspectives. The staff used them to remind soldiers of how they

³⁴¹ Muir, ‘In Hospital – And Out’, p. 32.

³⁴² ‘Editorial’, *The Rattler: Somerville Hospital (3rd S.G.H.)*, Vol. 1, No. 1 (1 November 1917), p. 3.

were expected to behave, while the soldiers used their literary outputs to challenge these expectations and defend their behaviour.

Chapter 4

'The Girls Who Work and Strain': Women in the Hospital Space

Unlike most military institutions, hospitals in Britain had a significant female presence. Women completed a multiplicity of roles inside these spaces: some were actively involved in soldier's medical care, others donated their homes and money, some sought employment, and others spent their time visiting the wounded. Many of these women perceived their work in the hospital, whatever it may have been, to be an expression of their 'national duty'. This chapter examines the role of these women and how the wider public perceived their motivations and activities.

Many historians have examined the women who cared for the wounded during the First World War. Christine Hallett, Sharon Ouditt, and Alison Fell have all explored the significance of female nurses and members of the VAD during the war.³⁴³ Hallett argues that the work of women within the First World War 'restored and protected the patient's integrity', suggesting that the role that they fulfilled was more significant than doctors.³⁴⁴ Ouditt has explored the marginalised identity of these women – stating that they were simultaneously a part, and set apart, from the military.³⁴⁵ Fell utilises these women's first-hand accounts to expose the cultural myths that surrounded British and French nurses.³⁴⁶ In addition to these, Janet Lee has examined medical women outside of hospital space, instead focusing on the significance of the First Aid Nursing Yeomanry

³⁴³ Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009); Ann M. Mitchell, *Medical Women and the Medical Services of the First World War* (British Library: Pamphlet 1978); Anne Powell, *Women in the Warzone: Hospital Service in the First World War* (Stroud: The History Press, 2009); Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994).

³⁴⁴ Hallett, *Containing Trauma*, p. 225.

³⁴⁵ Ouditt, *Fighting Forces*, p. 9.

³⁴⁶ Alison Fell, 'Witness or Participant? British and French First World War Nursing Memoirs', *Knjiženstvo* (2015), <<http://www.knjizenstvo.rs/magazine.php?text=150>> [accessed on 1 July 2016].

(FANY), and their ability to transgress gender binaries.³⁴⁷ The vast majority of the historiography that examines women outside of the hospital space are social or cultural histories. These studies tend to focus on the newly found employment opportunities for women and the subsequent social freedoms found in the reduction of social conventions during the First World War. Susan Grayzel has studied the new employment prospects that women enjoyed during the conflict. She reminds her readers that in order to understand the position of women, it is imperative that we understand the changing social and cultural positions they inhabited.³⁴⁸ Gail Braybon argues that while women worked in a variety of different professions during the war, their position in the labour market remained unchanged post 1918.³⁴⁹ Beyond improvements to employment prospects, Tammy Proctor has examined the role of female espionage and Elisabeth Shipton has studied how women's lives on the fighting fronts changed throughout the conflict.³⁵⁰ However, as Jessica Meyer suggests, the 'symbolic spaces where men and women meet between the home and fighting fronts... is a subject that requires further investigation.'³⁵¹ As such, this chapter builds on this extensive historiography to offer an alternative examination of the relationships women formed with wounded men in the hospital space.

This chapter focuses, in turn, on the mother, the lover, the homeowner, and the visitor. By doing this it illuminates the ways in which the hospital was utilised

³⁴⁷ Janet Lee, *War Girls: The First Aid Nursing Yeomanry in the First World War* (Manchester: Manchester University Press, 2005).

³⁴⁸ Susan R. Grayzel, *Women and the First World War* (London: Longman, 2002); Susan R. Grayzel, *Women's Identities at War: Gender, Motherhood, and Politics in Britain and France during the First World War* (North Carolina: University of Northern Carolina Press, 1999).

³⁴⁹ Gail Braybon, 'Women and the War' in *The First World War in British History*, ed. Stephen Constantine, Maurice W. Kirby, and Mary B. Rose (London: Edward Arnold, 1995), pp. 141 - 167.

³⁵⁰ Tammy M. Proctor, *Female Intelligence: Women and Espionage in the First World War* (New York: New York University Press, 2003); Elisabeth Shipton, *Female Tommies: The Frontline Women of the First World War* (Stroud: The History Press, 2014).

³⁵¹ Jessica Meyer, *Men of War: Masculinity and the First World War in Britain* (Basingstoke: Palgrave Macmillan, 2009), p. 167.

differently by a variety of women during the war. It explores the ways soldiers reacted to and depicted these women in their contributions to hospital magazines. It compares the reality of the hospital and the relationships formed within them to the idealised state narrative perpetuated by government-endorsed propaganda. In order to study these relationships, the chapter utilises the personal correspondence of Nancy Astor, local and national newspapers, hospital magazines, medical journals, and memoirs from members of staff and visitors. The hospital space offered women various opportunities to interact with the wounded men who had returned from the front. The relationships that these women formed impacted the ways that they were discussed and viewed by the wider public, as well as having significant implications on gender relations during and in the aftermath of the war.

British (Working?) Women

Any examination of the wartime lives of British women requires an understanding of gender relations within the preceding period. Prior to the conflict, British society was markedly divided by gender. Women had to adhere to different societal expectations dictated by their class and age. The majority of historical research on women in this period focuses on suffrage, on the family unit, or on the poverty of working class women. This information is crucial as it underpins their wartime experiences and shaped the role that women played in the hospital space. The events of the past, the cultural expectations of these women, and their varying lifestyles directly affected their involvement in the hospital.

A key difference in the lifestyles of women was their employment prospects. The different classes worked (or in some cases, did not work) in very different ways. While women have always worked, the nature of their employment

had evolved in the decades before 1914. During the nineteenth and early twentieth centuries women from the working classes were employed as domestic servants or worked within their own homes. Those within rural areas worked within the agricultural industry, but the industrial revolution pushed more women into urban areas.³⁵² At the turn of the twentieth century, the lifestyles of working class women changed. Most young, unmarried women were expected to work outside of the constraints of their home to make their own money.³⁵³ These new employment prospects were a result of the educational reforms of the nineteenth century, which ensured increasing numbers of women were literate by 1900. Despite improvements to education, once working class women were married, they were expected to give up independent employment and focus on the family unit. Consequently, marriage resulted in a reduction of their expendable income and social freedoms. Amongst the working classes in particular, it was believed to be an insult to the husband's masculinity for wives to work outside of their home.³⁵⁴

Conversely, for upper class women, work was unnecessary. A lack of financial necessity ensured that their priorities were vastly different – many of them enjoyed their lives as 'political hostesses presiding over London dinner-parties and country-house week-ends'.³⁵⁵ A large number of upper class women were involved on some level charities. There were a variety of campaigns that required voluntary assistance during the nineteenth century, and contemporary political reforms ensured that the importance of volunteers continued to rise. As demonstrated in Chapter One, many in the upper tiers of society believed that leading and aiding those below them was their social obligation. As a result, a

³⁵² Jane Humphries, 'Women and Paid Work' in *Women's History in Britain, 1850 – 1945*, ed. June Purvis (London: UCL Press Limited, 1995), p. 87.

³⁵³ Peter N. Stearns, 'Working-Class Women in Britain 1890 – 1914' in *Suffer and Be Still: Women in the Victorian Age*, ed. Martha Vicinus (Indiana: Indiana University Press, 1973), p. 109.

³⁵⁴ *Ibid.*, p. 113.

³⁵⁵ Martin Pugh, *Women's Suffrage in Britain: 1867 – 1928* (London: The Historical Association, 1980), p. 12.

significant proportion of upper class women worked as benefactors and supported charitable organisations, however, the majority of this work could be completed from within their own homes.

The expectation for women to remain at home and be subservient to their husbands encompassed all British society. Working class women were expected to give up their newfound freedoms to take care of their children, husbands, and their home. Upper class women were expected to run their households, though this rarely involved more than giving orders to domestic staff. Unlike working class women, those in the upper and middle classes were involved in public life through their charity work. Regardless of class, women were expected to remain 'Angels of the House': to act as doting mothers and wives, and to remain within the domestic sphere. The pre-war expectations of these separate domains were challenged by the acceptance of women in new roles during the First World War.

The war ushered in a period of change for female employment. Though historians agree that these new opportunities were significant, they did not continue in the aftermath of the conflict. During the war, many working class women left domestic service and entered professions that were previously only open to men. Many of these jobs were completed at great personal risk – especially those in munitions factories.³⁵⁶ Though women were paid much more than they had been in peacetime, their wages remained far below their male counterparts. Female employment in male dominated industries was already a significant break from convention and equal pay remained a radical proposition for contemporaries. Local and national newspapers heralded these women as heroines doing their bit for the war effort. However, by the end of the conflict, this press representation changed. Instead of brave and selfless, they were accused of war profiteering and

³⁵⁶ Grayzel, *Women*, p. 29.

lesbianism and of taking jobs from returning ex-servicemen.³⁵⁷ Consequently, the inter-war period saw the reinstatement of an antifeminist rhetoric.

Unlike the jobs that saw women moving into the so-called 'masculine' domain, volunteer and professional nursing were seen as acceptable career choices for women. Women had worked as professional nurses since the nineteenth century. Following Florence Nightingale's exploits in the Crimean War, middle and upper class women had established themselves within the military domain. Their place was cemented via the establishment of Queen Alexandra's Imperial Military Nursing Service (QAIMNS) in the Boer War. These positions were appropriate for women as caregiving roles were considered to be an extension of the domestic sphere, as mothers, daughters and wives were expected to take care of men. These women were subservient to male doctors, thereby consolidating the established gender hierarchy. Unlike nurses, the introduction of female doctors into the military sphere was met with some resistance. The fact that these female doctors were not subservient to male counterparts ensured that they challenged contemporary gender discourses and subsequently struggled to gain acceptance in British society.³⁵⁸

The roles women carried out within the hospital was dependent on their financial resources and social class. The majority of the VAD were middle and upper-class women who had the time and money to put themselves through training and purchase the necessary uniform. As a result of this class bias, there was a large proportion of middle to upper class women working in home front hospitals. Members of the working classes were present in the hospital space, but they were professional nurses or ancillary workers. As the case of female employment during the period has demonstrated, Edwardian Britain was a highly

³⁵⁷ Gail Braybon, 'Women and the War', p. 164.

³⁵⁸ Grayzel, *Women*, p. 37.

gendered society. While women were able to temporarily transgress gender boundaries, their roles within the hospital space often reflected the contemporary discourses that surrounded them. This chapter examines some of the different roles women played within these restorative spaces and demonstrates the longevity of gender norms during wartime upheaval, and how the hospital space itself affected the way women were perceived by British society.

The Mother

The presence of women within the military-medical system did not always challenge the established patriarchy. Seemingly echoing these gender binaries, many women in the hospital space formed maternal or familial relationships with wounded soldiers. These relationships were deemed acceptable by contemporaries as they did not threaten the gender balance or expose wounded soldiers to immoral behaviour. Instead, they hinted at high levels of care and rendered the wounded as dependent on the charitable giving and care of others.

This maternal guise of the nurse featured heavily in government propaganda. This propaganda perpetuated gender stereotypes and consolidated the patriarchal nature of British society. These images emphasized the heroic, wounded soldier, and cast the female carer in a maternal or sisterly guise. As a result, the propaganda narrative around these women focused on normative gender roles: familial rather than provocative. These depictions propagated the idea of maternal relationships in lieu of romantic ones to deter sexual relationships from forming in the hospital space. By returning women to their hetero-normative roles, it challenged contemporary concerns that women had transgressed from their domestic positions. Ana Carden-Coyne has argued that the dissemination of the maternal trope was a conscious decision to prevent the idea that soldiers were

having sexual relationships with their nurses from spreading throughout Britain.³⁵⁹ Janet Lee goes further, and suggests that this familial relationship was perpetuated in an attempt to combat calls for female suffrage.³⁶⁰ Realistically, this narrative did both. It detracted from female suffrage by returning women to roles that were considered appropriate by contemporaries, while also preventing the spread of seditious information. However, it also encouraged further female participation in the war effort and ensured adequate medical care for the wounded. Presenting nurses as motherly suggested that the men were dependent on the care of others. This depiction encouraged more women to join organisations like the VAD. It implied that the men required the assistance of British society at large, thereby constructing wounded soldiers into more effective symbols of charity. Thus, the hospital space was used as a propaganda tool to placate concerns arising from female employment and to reinforce the normative gender roles that war had challenged.

Ana Carden-Coyne has demonstrated that patients expected women in their military family home to be 'sympathetic, maternal figures' and this image was one 'that the military promoted' to counteract any concerns regarding foul play between nurses and patients.³⁶¹ It is perhaps unsurprising that so many maternal bonds formed in the hospital space. Men suffering from physical or mental afflictions caused by the war were by their surroundings, resulting in the formation of maternal relationships. The strict regulations and constant supervision ensured that some hospitals had a school like atmosphere. As demonstrated in Chapter Three, some wounded soldiers resented these disciplinary policies and expected more freedom after escaping from the

³⁵⁹ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014), p. 198.

³⁶⁰ Lee, *War Girls*, p. 12.

³⁶¹ Carden-Coyne, *The Politics of Wounds*, p. 198.

dangerous trenches. However, it is evident that many succumbed to the maternal narrative, or found solace in maternal relationships with female carers.

The appreciation that men felt towards these pseudo mothers is evident throughout articles in hospital magazines. The wounded often wrote about the nursing sisters:

I'm only a poor, simply Tommy,
In a hospital tunic of blue,
But along with the other "Blue bottles"
I am eternally grateful to you...

You've been gentle and kind to us Tommies,
Patient, and tender, and grave;
And no matter what trouble we gave you,
You've always been cheerful and brave.³⁶²

This poem paid homage to a mother and framed the soldier as childlike and dependent on the kindness of others. It stressed the nurse's emotional support and the soldier's eternal gratitude. These magazines were sold as a form of fundraising inside and outside of the hospital, so the publication of poems such as this implied an exemplary level of medical and emotional caregiving that inspired further charitable contributions from the public.

The maternal element of women's war work was well documented through a variety of different mediums. In Mrs John Swift Joly's *Those Dash Amateurs*, Lady Margot dreams of wounded soldiers on the streets: 'the laddies looked sorely in

³⁶² 'Our Nurse: A Reminiscence', *The Fifth: The Magazine of the 5th London*, Vol. 1, No. 1 (December 1916), p. 10.

need of their mothers and – I always wanted lads !'³⁶³ The inclusion of this maternal trope within contemporary literature suggests an awareness of this caricature. The maternal relationship between soldiers and women within the hospital space is supported by the correspondence held in the Nancy Astor archive at the University of Reading. In letters she refers to '*my Canadians*' (my italics) when referring to the wounded recovering on her estate, the use of the possessive indicates a dominant maternal relationship.³⁶⁴ Ergo for some women, the hospital space gave them the opportunity reinforce gender expectations and to form maternal relationships with the wounded, which many interpreted as being a part of their national duty.

The persistence of this maternal caregiver trope can be attributed to state driven propaganda narratives that cast women in gender-appropriate roles. While propaganda was used to promote interest and charitable activities for the benefit of the war effort, the reality of this of motherly relationship is questionable. Not all interactions between men and women within the hospital space were wholesome or innocent; others were far more sexualised.

The Lover: Romantic Spaces, Marriage Material, and the Wounded Soldier

Although government narratives and propaganda suggest that many relationships created within the hospital space were entirely innocent, this was an unrealistic and idealistic image. Wounded men and the women they encountered did not merely form platonic bonds. The hospital space became a site where men were able to interact with women on an intimate level after being surrounded by men for long periods of time. The fighting fronts, with the exception of the base

³⁶³ Mrs John Swift Joly, *Those Dash Amateurs* (London: John Long, 1918), p. 14.

³⁶⁴ University of Reading Special Collections - MS.1416/1/2/694 – Canadian Letters of Sympathy, 'Correspondence from Nancy Astor to Dr. Cleveland,' (11 November 1952).

hospitals and CCS, were male dominated areas. The hyper masculine military environment, in conjunction with camaraderie, the emotional toil of war, fear of death, and the emasculating effects of disability, fed romantic or sexual relationships, real or imaginary, between men and women within the hospital.

For the wounded, the female lover took many guises. Perhaps the best known and most socially acceptable was the romantic attachment between nurse and patient. As Carden-Coyne has noted, even though there were 'rules against fraternizing between nurses and patients... the hospital's own culture of intimacy and playfulness, encouraged romance.'³⁶⁵ Stories of soldiers' romances were published to a variety of audiences. In the Bishops Knoll hospital magazine, stories of marriages between the wounded and their nurses were published in weekly articles entitled 'ward gossip'.³⁶⁶ Similar stories were published throughout the local and national presses.³⁶⁷ It is perhaps surprising that these romances were published so widely, but the dissemination of these news stories served a purpose. They demonstrated an extension of peacetime traditions by reassuring readers that the brutality of war had not changed all aspects of British life. Simultaneously, they implied a high standard of caregiving between nurses and patients and reconciled Edwardian gender roles. For the nurse to have transitioned from medical care to marital affection suggests a level of emotional and physical normalcy for the wounded – it proved the hospital space, the state's, and the individual's ability to socially rehabilitate soldiers by providing examples of wounded and disabled soldiers engaging in heteronormative relationships. In addition, these relationships had the dual benefit of demonstrating the hospital space's ability to work as an intermediary between the fighting fronts and civilian

³⁶⁵ Carden-Coyne, *The Politics of Wounds*, p. 242.

³⁶⁶ 'Ward Gossip', *Coo-eel: The Journal of the Bishop's Knoll Hospital Bristol*, Vol. 1, No. 2 (20 December 1916), p. 36.

³⁶⁷ 'A Wounded Soldier and his Nurse', *Hull Daily Mail* (19 April 1916), p. 3.

life. Soldiers were able to remain a part of the army – but were able to utilise their military status in order to reintegrate into peacetime society and cultural norms.

The publication of these love stories romanticised the hospital space. The public were not privy to the reality of these institutions; the wrecked bodies of the wounded, the emotional toil of war, and the mundane nature of hospital life were not depicted in contemporary news. Instead, propaganda romanticised the hospital. The articles that celebrated the unions of soldiers and their nurses were part of the wider glamorisation of the hospital space. They created wholly positive representations by normalising the wounded and hiding the brutal reality of their wounds. It is for this reason that there are so few published photographs of severely wounded or disabled soldiers within contemporary newspapers, instead positive depictions of activity and entertainment in a range of environments appeared in the press. Contemporary media was harnessed to create a pleasant, acceptable, and cheerful space, which worked to promote charitable giving and maintain the morale of the nation.

Romantic Rewards for the Boys in Blue

The British media, including magazines written by the wounded, often framed romance a reward for war service. In a photograph taken by R. Mount and submitted to *The Ration*, the hospital magazine for Reading, Berkshire, one soldier is being cared for by six nurses simultaneously (Figure 4).³⁶⁸ He is having his feet and hands rubbed, a nurse is reading to him, two are styling his hair and another is adjusting his flowers. While the image itself is not sexualised and is definitely staged to function as propaganda, the caption which read ‘who wouldn’t be a

³⁶⁸ ‘Who Wouldn’t be a Soldier?’, *The Ration: The Magazine of the Reading War Hospitals*, Vol. 1 No. 4 (April 1916), p. 66.

soldier?' hinted at a more illicit relationship.³⁶⁹ This image is significant as it is not only suggesting that romance was a possible reward for war service but it depicts a multiplicity of women pandering to the soldier's every need. In a submission to Brondesbury Park's hospital magazine, the description of the nurses once again challenged the familial relationship that the military and the government hoped to perpetuate:

She's our little ray of sunshine,

Warm-hearted, kind and true;

Fair as a golden lily,

Her eyes a tender blue.

In the early morn she greets us

With a sweet and charming smile;

It's worth it, to be wounded,

And be near her for a while...

And we thank her for the glimpse that we

Have had of Paradise.³⁷⁰

The description of this female member of staff at Brondesbury goes beyond the usual description of close family members. Instead, it pays homage to a lover. The same hospital magazine published an article entitled 'hospital life', in which an unidentified contributor declared that 'the V.A.D. costume is frightfully

³⁶⁹ 'Our Nurse: A Reminiscence', *The Fifth: Magazine of the 5th London*, Vol. 1, No. 1 (December 1916), p. 10.

³⁷⁰ 'Our Night Nurse', *With the Wounded: Official Organ of Brondesbury Park Military Hospital*, Vol. 2, No. 3 (November 1915), p. 13.

becoming'.³⁷¹ It appears that the physical attractiveness of female caregivers was considered an appropriate and popular commentary for those in hospital. This was so popular as it was a way of demonstrating the wounded's reignited masculinity and hinted at their social and emotional normalcy. It counteracted the concerns of disabled men and the public alike who were worried that these men were unable to compete with unwounded men economically or socially. Men were concerned that they would be unable to have, support, or raise a family. More broadly, many people were concerned that disabilities would be transmitted congenitally, so it was important for hospital magazines and national publications to try and challenge this notion:

Sir – There seems still to be an impression among some women that it would be inadvisable to marry a wounded soldier because the offspring might suffer. This, of course, is a delusion, and is cruel to our heroic wounded, who so need a woman's love and care.³⁷²

So representations of men's social and emotional rehabilitation suggested to audiences that they had overcome their war experiences. They had transitioned back into British society, were seeking romance, wives, and normal lives. These depictions reminded the public that the wounded were viable sexual and romantic candidates, suggesting that regardless of the war, lives were able to continue as before.

³⁷¹ 'Hospital Talk', *With the Wounded: Official Organ of Brondesbury Park Military Hospital*, Vol. 1, No. 1 (November 1915), p. 3.

³⁷² 'Marriage of the Wounded', *The Observer* (27 February 1916), p. 14.

One cover of *Newnes Illustrated* the national pictorial newspaper (Figure 5) also represented women's attention as a reward for war service.³⁷³ The caption reads 'The French Tommy enjoys an unlooked for pleasure. He little guessed a pretty nurse would manicure his nails in the trenches.' Although clearly intended to entertain rather than educate, the use of this image perpetuated the idea that romantic affection and female attention on a more intimate level was a reward for war service. Similarly, the same publication contained an image (Figure 6) that claimed to illustrate:

an actual incident at a big railway station where soldiers were entraining for the front. A pretty young girl threw her arms round the neck of one tall young soldier and kissed him heartily. Not content with this, she kissed six of his comrades in turn. Asked by an amused onlooker whether she knew all the men, she replied "Oh, no. But one simply must do something to help these splendid fellows."³⁷⁴

While the veracity of this story can be questioned, its publication suggests that the notion of romance and intimacy as rewards for war service was a popular depiction of women's behaviour. While it was not within the hospital space, it is clear that this notion of physical and emotional intimacy as a reward was prevalent in British society. These romantic portrayals of army life helped to increase volunteer rates. By 1916, the well of volunteers had almost ran dry, so images and articles that framed romance as a reward mustered support from men who were yet to enlist. The publication of these images in national newspapers and hospital

³⁷³ *Newnes Illustrated*, Vol. 1, No. 6 (26 June 1915).

³⁷⁴ 'A Pleasant Surprise for Seven Soldiers', *Newnes Illustrated*, Vol. 1, No. 8 (10 July 1915), p. 173.

magazines ensured that soldiers and other men within Britain were aware of the representations.

Relationships between the wounded and the women who surrounded them inside the hospital may have had as much to do with male camaraderie, bonding, and boasting than mutual affection. The hospital space provided opportunities for wounded soldiers to meet and flirt with their nurses and other caregivers. While these relationships were published and shared with the nation to socially rehabilitate the men and to provide the illusion of normalcy, other relationships were not so warmly welcomed.

Bold in Blue: 'Giddy Girls' and Wounded Men

The hospital space offered men the opportunity to meet and create a range of relationships with female caregivers, but also with the women who visited the hospital. These associations were often vilified rather than celebrated. The *Sheffield Independent* published a story in 1919 in which 'Mrs Hope denies that she formed an improper intimacy with a married soldier.'³⁷⁵ Instead, she suggested that she went to visit him to find out information about her husband who was reported missing. The publication of this newspaper article is interesting in itself – it contains no reference to a court case or judicial proceedings, yet it accused her of inappropriate behaviour, while levying no such complaint towards the soldier. This was not atypical; hospital staff and the British press more generally, were concerned about relationships between the wounded and their visitors. The *British Journal of Nursing* discussed the problems that female visitors posed to the smooth running of the hospital:

³⁷⁵ 'Visits to Hospital', *Sheffield Independent* (10 February 1919), p. 5.

visiting-day brings with it a procession of giddy, badly-behaved, flashily dressed women and girls – talking to every man they meet, and full of morbid, vulgar curiosity... We have often wondered what has become of the modesty and self-restraint of English girls since the War.³⁷⁶

It is evident that the hospital space posed an opportunity for women to meet wounded soldiers. While relationships between nurses and men were considered an extension of peacetime norms and reflected domestic normality, young female visitors challenged the status quo, supposedly providing evidence of British women's immorality.

Concerns with sexual relationships between soldiers and young women began earlier than the First World War and it was closely related to the standard of recruits that the British army relied upon prior to the introduction of conscription in 1916. Historically, those who joined the British army were poor and often considered to be morally bankrupt. As a result, women who surrounded them were also perceived to be morally destitute. This negative reputation of the British soldier and his female companion resulted in the term 'khaki fever', which was applied to women who sought relationships with men in military uniform. This likened their sexual interest in these men to a disease and stigmatized them in order to comment on, and control their sexuality. It was a social epidemic that reflected contemporary concerns surrounding working class women, sex, and feminism. Angela Woollacott argues that khaki fever was a clear progression from the 'scarlet fever' of the nineteenth century.³⁷⁷ Lucy Bland suggests that rather

³⁷⁶ 'Visiting-Day in a Military Hospital: Visitors Welcome or Otherwise', *British Journal of Nursing*, Vol. LVII (9 September 1916), p. 213.

³⁷⁷ Angela Woollacott, 'Khaki Fever' and its Control: Gender, Class, Age and Sexual Morality on the Homefront in the First World War', *Journal of Contemporary History*, Vol. 29, No. 2 (April 1994), pp. 325 – 347.

than being about the morality of British women, 'khaki fever' reflected state concerns surrounding health, social hygiene, and venereal disease.³⁷⁸ It is clear that the presence of 'khaki fever' embodied society's concerns surrounding young women and their potential intimate relations with the soldiery, and it became apparent that these worries did not abate when men returned home wounded. The hospital space offered wounded men the opportunity to meet and mingle with women who were impressed or appreciative of their blue hospital uniforms and their heroic status.

In her memoirs, Olive Millard discusses the many 'love affairs [that] were started in those car rides', when referring to the excursions that the wounded were taken on for their entertainment.³⁷⁹ Similarly, an article in *The Lady of the House* referred to the:

Condemned men, [who] in their death cells, receive proposals of marriage from women who have seen their pictures in the papers; one-legged soldiers returning from the war, if they escape a nurse, limp out of hospital into the waiting arms of a girl.³⁸⁰

This article satirises women who had relationships with wounded men. The use of 'escape' suggests women, both inside and outside of the hospital space, were actively seeking lovers from the soldiery. It appears then that the blue uniform of the wounded during the First World War had similar effects to the khaki of the soldiery, or at least, that the public imagined it did. Hospitals went to extreme

³⁷⁸ Lucy Bland "'Guardians of the Race', or 'Vampires upon the Nation's Health'?: Female Sexuality and its Regulation in Early Twentieth Century Britain' in *The Changing Experience of Women*, ed. Elizabeth Whitelegg et al (Oxford: Martin Robertson, 1984), pp. 373 - 388.

³⁷⁹ Olive Millard, *Under My Thumb* (London: Christopher Johnson, 1952), p. 61.

³⁸⁰ 'The Girls Who Wanted to Marry Me', *The Lady of the House* (15 February 1917), p. 3.

lengths to prevent illicit affairs forming. In Horton, visitor passes had to be approved by the MOs of particular wards.³⁸¹ These passes were imperative, as young women were known to turn up to the gates of hospital and declare that they were visiting a newly arrived soldier. Once having gained access, the woman found the nearest soldier, got a visitor's pass and sent it to their home address to ensure easy access for her next visit.³⁸² Policing visitors was a lot easier when hospitals had set visiting times. The Second Eastern General Hospital limited their visiting days to Wednesday and Sunday, and only allowed them in between 2.30pm and 4.30pm (Figure 7).³⁸³ Whether 'hospital blue fever' to actually existed is unclear, however, the caricature of women pursuing men within the hospital space was prevalent within First World War Britain.

One of the reasons for women's pursuit of men was the significant shortage of men of marriageable age. *Newnes Illustrated* represented this caricature through the satirical image: *Possession's 9/10ths of the Law* (Figure 8).³⁸⁴ This image depicts a child sitting on a major's knee, after a woman tells her to get off and calls her a 'naughty girl', the child replies 'Shan't! I got here first!' The image hints at the concerns many women had regarding the gender imbalance that war had created. The idea that women's lives would be significantly different to pre-war standards was widespread. One women's magazine stated that:

Marriage and that great joy and duty, motherhood, will be unknown to hundreds of girls now approaching womanhood. But this surely will make for good. The loneliness and bitterness of it all are almost certain to build

³⁸¹ Carden-Coyne, *The Politics of Wounds*, p. 223.

³⁸² 'Visiting-Day in a Military Hospital: Visitors Welcome or Otherwise', *British Journal of Nursing*, Vol. LVII (9 September 1916), p. 213.

³⁸³ The Keep - BH001916, '2nd Eastern General Hospital: Visiting Hours', *Brighton & Hove Grammar School As Military Hospital W.W.1*. Vol. III, (1916).

³⁸⁴ 'Possession's Nine Points of the Law', *Newnes Illustrated* (17 July 1915), p. 197.

up a race of women that has never been equalled for strength of mind and all that is best in human nature.³⁸⁵

The satirical image published within *Newnes Illustrated* not only maintained the notion that women were actively hunting for relationships with ex-soldiers, but also the idea that women (and children) were competing for the affections of the remaining men. In this image, the child was trying to rival the woman for the man's affections, thereby consolidating the humorous, yet all too real, representation of women seeking men of military standing.

The hospital provided the space for numerous amorous relationships to form between men and women. Relationships between soldiers and their nurses were celebrated in magazines and newspapers alike, while those between members of the public – especially younger women, were considered inappropriate. These different responses reflected the gendered nature of Edwardian society. Nursing and caregiving were closely connected to domestic roles and marital relationships. Relations between younger women and wounded soldiers garnered concerns about the morality of the British public, and were closely connected to fears of 'khaki fever', venereal disease, and social hygiene. These relationships suggested a lack of discipline, regulation, and protection of the wounded, especially if they resulted in cases of venereal disease. Transmissions of these diseases were considered a poor repayment for the sacrifice women had made of their sons, husbands, and other relatives. The reality of 'hospital blue fever' is questionable, however, the prevalence this caricature of women underpinned the hospital space, resulting in contemporary publications associating female visitors with prostitution, immorality, and venereal disease.

³⁸⁵ 'Woman's Life after the War', *The Lady of the House* (15 January 1918), p. 13.

Sexual Violence, Religious Reporting, and the Wounded Soldier

The contemporary connections between khaki fever and immorality even affected court proceedings in the cases of sexual assaults. A story published in the *Reading Mercury* on August 14 in 1915 reported the story of a soldier charged with assault after sitting on a wall with a young woman. 'She got up to go away, whereupon he struck with a powerful blow on the forehead with his fist, causing blood to flow.' The soldier was not imprisoned, and his CO paid his fine. This lenient punishment was attributed to the soldier's 'irreproachable' character. The chairman said that:

this was a sample of cases which were rather common nowadays. Young women went about and talked to soldiers they had not seen before, and enticed them to 'keep company' with them; and then, when the man went further than he intended, ran away, and perhaps got some slight damage.³⁸⁶

It is clear that the chairman was removing the blame from the wounded man and placing it upon the woman he assaulted. Similar cases were reported, with victims as young as 9 or 10.³⁸⁷ As demonstrated in Chapter Three, soldiers were treated leniently when they committed crimes due to their 'good characters' and status as ex-servicemen. Other incidents of a more intimate nature were treated differently. One Canadian soldier was found having sex with a woman on a beach in the Brighton area, he was fined five shillings, while she was fined 20 shillings. While both committed indecent exposure, the punishments enacted differed between both participants. This reflected the notion that regular sexual activity maintained

³⁸⁶ 'Soldier Charged with Assault', *Reading Mercury* (14 August 1915), p. 5.

³⁸⁷ 'Charge Against a Wounded Soldier', *Coventry Express* (8 January 1915), p. 7; 'Charge Against a Soldier', *Dover Express* (5 May 1916), p. 3.

a soldier's morale and coincided with concerns surrounding women's sex lives. Similarly, harsher punishments were applied to women accused of spreading venereal disease throughout the nineteenth century. Historians such as Judith Walkowitz and Lesley Hall have examined the importance of the Contagious Disease Acts, arguing that rather than being successful wartime measures, they were a gendered form of social control that only punished women.³⁸⁸ In the example on Brighton beach, the woman was punished far more severely in attempts to control women's sexual relations.

Similarly, in the cases of sexual violence, women were blamed for assaults committed against them to avoid accusations of a lack of discipline amongst British troops. The military and the British press levied suspicion against young women who associated with wounded soldiers, but these complaints were rarely aimed at older women whose interest in the men was assumed to be maternal. These cases demonstrate the gendered nature of justice within the early twentieth century, the double standards that surrounded the military and their relations with women, but also the leniency that soldiers were treated with.

Soldiers Strike Back Against 'Jeremiah Johnnies'

Reports within newspapers often invoked the language of religion in order to accuse the wounded of inappropriate behaviour. Some soldiers utilised literary forms to challenge these accusations. Gunner F. Jackson denounced those who maintained surveillance on the wounded, and defended some of the women who were often vilified:

³⁸⁸ Judith Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Chicago: University of Chicago Press, 1992); Lesley Hall, "War Always Brings it on': War, STDs, the Military and the Civilian Population in Britain, 1850 – 1950' in *Medicine and Modern Warfare*, ed. Roger Cooter, Mark Harrison and Steve Sturdy (Amsterdam: Rodopi, 1999), pp. 205 – 223.

Let these same girls give the glad eye to lonely fellows like me though, and there's columns in the papers by the Jeremiah Johnnies who don't seem to be doing much to win this war themselves. Look at all the stuff we read about the Flapper. Pretty rotten time some of us fellows would have had, I'm thinking, without her. Leave us to the tender mercies of the "Oh-my-poor-man" sort of female woman and not many of us would be troubling about week-end passes I guess.³⁸⁹

When Jackson refers to the 'stuff we read about the Flapper', he was pointing out the unjust associations between young women, promiscuity, and prostitution. Jackson's words demonstrate the appreciation that some men felt about the attention they received from women, as well as how both the wounded and their lovers felt victimised when their romantic affairs were discussed. In addition to this, Jackson applied an anti-citizen rhetoric to these commentators. By denouncing the author's lack of support or active contribution to the war effort, Jackson discredited their opinion. Similarly, he equated the 'tender mercies' of these women to vital war work, turning the state and hospital authority's campaign against youthful visitors on its head. Another soldier wrote to the *Yorkshire Evening Post* denouncing the clergy for 'spying' on soldiers.³⁹⁰ The author felt judged by the 'Jeremiah Johnnies': by the religious men and women of Britain. Similar concerns were reflected in discourses surrounding venereal disease throughout both the First and Second World Wars.³⁹¹ The soldier who commented in the *Yorkshire Evening Post* argued that whenever the soldier and girls question

³⁸⁹ Gunner F. Jackson, 'English Girls – God bless 'Em.', *Coo-ee: The Journal of Bishops' Knoll Hospital Bristol*, Vol. 1, No. 4 (20 February 1916), p. 26.

³⁹⁰ 'Wounded Soldier and the Leeds Girls: A Protest Against Spying', *Yorkshire Evening Post* (1 March 1915), p. 3.

³⁹¹ See Mark Harrison, 'The British Army and Venereal Disease during the First World War', *Medical History*, No. 39 (1995), pp. 133 – 158.

was bought up, it 'is always the soldiers who are blamed.'³⁹² This was at odds with the legal consequences soldiers faced for committing violent or sexual assaults against women, but it does suggest that the church and British wartime society judged both soldiers and the women they associated with.

In particular, it appears that religion was invoked in order to accuse the wounded of inappropriate relationships in or outside of the hospital. Hospital magazines gave men the opportunity to refute these accusations of immorality. However, many soldiers choose to give their own justifications for their sexual involvement with women and express their appreciation for the attention many women bestowed upon them.

Power over Men: Gender and Enforcement in the Hospital Space

The military medical disciplinary system in hospitals was complicated by the presence of many civilians, especially women. The maternal or caregiving narratives that surrounded these women were challenged by the disciplinary function required in the military hospital space. These sites required constant discipline and supervision, and as already identified, many civilians, including women, found these rules to be stifling and difficult to enforce. Nurses, VADs, female doctors, masseuses and other female caregivers were expected to uphold the militaristic environment anticipated within the hospital space.

The disciplinary relationship between women working in First World War hospitals and their wounded patients has received very little attention from scholars. While Ana Carden-Coyne has discussed the relationship between wounded soldiers and their female masseuses, and the way sexualised

³⁹² 'Wounded Soldier and the Leeds Girls: A Protest Against Spying', *Yorkshire Evening Post* (1 March 1915), p. 3.

relationships often occurred within the hospital, there are broader questions remaining regarding the attitude of these women and the men they cared for.³⁹³ British military authorities expected these women to adapt to their military surroundings. The hospital space was intended to be an extension of the military environment, including the rigorous discipline found on the fighting fronts. However, reliance on civilian women who had been exposed to government narratives worked to counteract these measures.

The propaganda that depicted men as deserving heroes, and the women as maternal carers, helped to undermine the military's prescribed disciplinary procedures. Images of women within war often cast them in traditionally feminine roles, this combined with the infantilisation of the wounded encouraged female caregivers to enforce the disciplinary standards that the military hoped for. In rendering the wounded as childlike and the women as maternal, the intention was they would enforce the rules and regulations as they would with their own children. However, many women chose instead to break or bend the rules of the hospital space in order to provide adequate emotional care. Olive Millard, a masseuse during the war, recalls in her autobiography *Under My Thumb* that 'one night-sister [who] was even *a bigger sport* [than herself]. [When] going through the locking-up business, the doors were locked and bolted – but not quite shut, thus enabling late boys to get in unreported.'³⁹⁴ Episodes like this not only demonstrate that soldiers were allowed to behave in ways that were antithetical to their military environment, but that women were willing to aid them in circumventing their restrictive surroundings. Millard's use of *bigger sport* invokes the idea of competition between female members of staff, thereby suggesting that

³⁹³ Ana Carden-Coyne, 'Painful Bodies and Brutal Women: Remedial Massage, Gender Relations and Cultural Agency in Military Hospitals, 1914 – 1918', *Journal of War and Cultural Studies*, Vol. 1, No. 2 (2008), pp. 139 – 158; Carden-Coyne, *The Politics of Wounds*, p. 233.

³⁹⁴ Millard, *Under My Thumb*, p. 59.

the hospital space became a site of rivalry for some women during the First World War. Women were competing in order to provide the best emotional care for their charges. In order to do this more effectively than the other members of staff, some women were willing to ignore and break military and hospital rules and traditions.

This posed an interesting dilemma for female workers within the hospital during the First World War. While maintaining the strict levels of discipline anticipated within these hospitals, they were expected to be caring and maternal and to treat their patients like heroes. Millard's description of soldiers being able to break curfew proves that many struggled to strike a balance between these two functions. She described another case where her emotions affected her ability to complete her military role as disciplinarian:

Even into the harsh realities of war, sentiment would sometimes intervene. One of my patients, a captain in the Welsh Guards, was about to become a father. To keep up my reputation of being a sport, I always managed to break down the scan of his gun-shot wound, middle-third leg, just before his Medical Board. In this way I kept him in 'Blighty' three months longer to enable him to see his son and heir.³⁹⁵

Millard prioritised her role as a caregiver over her disciplinary function. She actively breaks military rules by deceiving her patient's medical board in order to allow him to see his child. The hospital space thereby allowed women opportunities to circumvent military rules for themselves. They could reinterpret their role and challenge army regulations and the military authorities more generally. Therefore, hospitals provided women the means to simultaneously

³⁹⁵ Millard, *Under My Thumb*, pp. 62 – 63.

conform to societal constructions of women as caregivers, while challenging their subjugation to their military, masculine environment.

Other women, however, chose to uphold military rules and utilised the hospital space in order to transgress strict gendered boundaries. They were able to use their authority over men and the weakness of men's wounded bodies to challenge established social norms. At Endell Street Hospital, an institution run entirely by women, the female sergeant major was known to privately 'appeal to the feelings of the sinner', and was famous for being able to 'reduce them to tears'. One soldier was said to have been so upset that he returned to his bed, hid under the covers and only came out that evening 'when hunger drew him from his solitude.'³⁹⁶ Similarly, the women from Nielka Hospital also had their own way of dealing with misbehaving soldiers. An article published in their hospital magazine reported that the 'sisters and nurses have a particular way of their own in executing things without that strong military touch which agrees with everyone'.³⁹⁷ Though this submission from a wounded soldier suggests that the discipline enforced was not as militaristic as the authorities would have liked, the fact that women were able to punish and discipline fully grown men challenged gender roles. The majority of women had very little experience in disciplining grown men, and as a result the hospital space allowed women to use their newfound authority while conforming to the maternal and caregiving identity associated with femininity. Those willing to enact strict military discipline and enforce their authority over men were inadvertently utilising the hospital in order to challenge the patriarchal state of British society. It allowed for these women to transgress from typical gender binaries and act in unusual roles. Although professional nurses had experience in ward discipline, military hospitals were

³⁹⁶ Flora Murray, *Women as Army Surgeons* (London: Hodder & Stoughton, 1920), p. 157.

³⁹⁷ LMA - H01/ST/Y41/9, *5th London General Soldier's Magazine* Vol. 1 No. 9 (1917), p. 266.

more highly regulated than civilian ones and they were unable to discharge unruly patients. The hospital also gave women of varying classes the chance to distribute discipline amongst men from across all echelons of British society. As a result, the professional, familial, and romantic relationships created within institutions had the potential to transgress class boundaries. The hospital gave women of all social classes the chance to execute power over men, and as such, helped challenge conventional gender relations.

The hospital space therefore allowed women to either support or undermine gender expectations in the way they interacted with the wounded. Though some adhered to the state narrative and acted as adjunct mothers, others misinterpreted the authority's rules and saw their role as caregivers instead of maintainers of discipline. Some women allowed men to break military rules, or broke them themselves, in attempts to provide emotional and physical care for those whose bodies were damaged by the war. In some cases, the hospital became a site of competition, where women vied with each other to provide the best care.

Simultaneously, other women utilised the space to uphold military discipline, thereby defying government narratives and gender expectations. They employed their power over men in order to maintain the institution's rules. Some utilised gender expectations and delivered discipline akin to a maternal relationship, which was in keeping with their role as pseudo-mothers. Others broke with it entirely and utilised strict, military discipline, in order to demonstrate their abilities to follow orders in their military role.

Women Donors: Nancy Astor's Wounded Exhibition

The hospital provided different opportunities for wealthy and upper class women. Beyond volunteering as caregivers or visiting the wounded, these women were able to donate their own properties to house medical institutions. The majority of women who were in a position to create hospitals within their homes were middle aged and married. As a result of this, the hospital space allowed them to mix beyond their usual social circles; in particular, they were able to meet professional nurses, ancillary workers, and patients from socio-economic classes far below them.

The Nancy Astor archive at the University of Reading holds a significant amount of correspondence between Astor, her family and friends, and many of the wounded soldiers who were treated at Cliveden. These letters provide researchers with an insight into how the hospital space was run, as well as the role that the Astor herself played within the institution.

Letters from men who had stayed in the hospital span a significant time period, while some wrote immediately after being transferred from Cliveden to different hospitals; others contacted Astor after the death of her husband, Waldorf, in 1952: 'From an old patient in your hospitals – F.2 ward – during the 1914 war and who has never forgotten your kindness to myself, Guy, Stanley, and many others.'³⁹⁸ Letters like this indicate the gratitude that many soldiers felt towards Astor in the aftermath of the war, but others demonstrate the different relationships some felt that they had with her. Many men who were disabled struggled to find gainful employment in the aftermath of the war, some felt close enough to Astor to send letters imploring her for assistance. The sheer number of these requests ensured that Astor had to 'to make a rule not lend money to

³⁹⁸ University of Reading Special Collections - MS 1416/1/2/693 - Cliveden Hospital Both Wars, 'Correspondence from A. Mayer to Nancy Astor' (30 September 1952).

anyone.³⁹⁹ She later broke her own rule when the previous staff sergeant of the registrar's office at Cliveden hospital asked for £1 to buy a perambulator.⁴⁰⁰ On top of the letter was a note that declared 'sounds honest': it is possible that Astor's donation policies depended upon the social class of the recipient. It is clear through her correspondence with men from the lower classes that she was often sceptical about their motives, faith, or sobriety. She often made references to alcohol consumption, urging men to become teetotal, and sent Christian Science leaflets in place of the money that the soldiers asked for.⁴⁰¹ It is clear that Astor's time within the hospital made an impact upon the lives of the wounded, and effectively established Astor in their memory as a benevolent and philanthropic character. This was a continuation of her aristocratic duty – she felt compelled to lead and advise these men, both within and outside the hospital. As a result, the space gave her the opportunity to influence the attitudes and behaviours of the men that came through her estate, through distributing religious pamphlets and advocating teetotalism, Astor worked to share her beliefs with the wider public. In addition, for the duration and in the aftermath of the war, Astor utilised the hospital to create a positive and charitable image of herself, which benefitted her political career. In 1919 she became the first woman elected to the House of Commons.

Karen J. Musolf has examined Astor's political career, arguing that throughout the run up to the election, Astor deliberately created a variety of different caricatures that were designed to improve her appeal throughout

³⁹⁹ University of Reading Special Collections - MS1416/1/2/654 - First World War Soldiers C 1 1914 – 1922, 'Correspondence from Nancy Astor to Earnest Crawley' (4 January 1921).

⁴⁰⁰ University of Reading Special Collections - MS 1416/1/2/671 - First World War Soldiers R 2, 'Correspondence from Mr. Reynolds to Nancy Astor' (29 January 1920).

⁴⁰¹ University of Reading Special Collections - MS1416/1/2/655 - First War Soldiers C 2 1914 – 1922, 'Correspondence from Nancy Astor to Mr. Couchman' (19 August 1919); University of Reading Special Collections – MS 1416/1/2/670 – First World War Soldiers R. 1914 – 1922, 'Correspondence from Nancy Astor to Mr. Reddish' (11 January 1922).

Plymouth. In particular, Astor represented herself as maternal and as 'Lady Bountiful'. These ladies were 'goodly and godly women who had befriended the unfortunate... [they] nursed the sick, cheered the elderly, and visited the destitute.'⁴⁰² But conscious that the 'Lady Bountiful' character suggested an air of elitism, Astor emphasized her maternal instincts and her role as a mother to her own children, and to the soldiers of the Empire. Throughout the campaign she made reference to the Canadian Red Cross hospital that was created on Cliveden estate, and 'stressed her wartime service record to underscore her patriotism, dedication and compassion.'⁴⁰³ For Astor, the patriotism element was significant. Born to American parents and living in Britain after marrying into the British aristocracy, she utilised her generosity to demonstrate her dedication to Britain (and the Empire), in an attempt to nullify those who would question her allegiances. According to Musolf, nearly 30 per cent of the congratulatory letters sent to Astor after she had taken her seat in the House of Commons demonstrated that they were taken in by the 'Lady Bountiful' or maternal character that she worked to present to the electorate.⁴⁰⁴ This demonstrates that for Astor the hospital space had a variety of different benefits. It proved her patriotism and it ensured that she was able to take her seat in the House of Commons in 1919.

Further investigation into the correspondence between Astor and the wounded soldiers from Cliveden offers insight into how she created and perpetuated this philanthropic caricature. As explored in the first chapter of this thesis, the donation of one of their homes during the war was more than an act of patriotism; rather, it can be seen as an extension of the aristocratic desire to reinforce their social superiority. This did not change after the hospital was set up.

⁴⁰² Karen J. Musolf, *From Plymouth to Parliament: A Rhetorical History of Nancy Astor's 1919 Campaign* (Basingstoke: Macmillan, 1999), p. 10.

⁴⁰³ *Ibid.*, p. 28.

⁴⁰⁴ *Ibid.*, p. 145.

Motivated by a sense of duty, Astor's involvement in the hospital space and in the lives of the patients extended beyond the creation of the hospital itself. The letters sent between soldiers and herself indicate a variety of anecdotes which hinted at Astor's involvement within the soldiers' stay within the hospital:

It is a long way back to 1915 when I was a patient at the Canadian Red Cross Hospital at Taplow; on a fine afternoon, in late summer, quite a gathering of troops had converged on the riverside at the boathouse, including our hosts, when, almost without warning the weather changed and the rain fell heavily. The assembly quickly dispersed to seek shelter whilst without hesitation his Lordship peeled off his jacket, waving aside all protests, wrapped it around his wives [sic] shoulders and escorted her up to the House.⁴⁰⁵

Thus, the hospital space offered homeowners the opportunities to mingle with wounded soldiers and to socialise with men that they had only encountered previously as members of domestic staff. Similarly, it gave them further opportunities to fulfil their *noblesse oblige* and demonstrate their benevolent paternalism. For Astor in particular, the hospital established at Cliveden gave her the opportunity to wander through her house, reminding the soldiers of her inherent goodness through her presence. Astor's war effort extended beyond the walls of her own home: she provided a cup for a hospital billiard competition in Maidenhead, as well as hosting tea parties for wounded soldiers at the House of

⁴⁰⁵ University of Reading Special Collections – MS 1416/1/2/693 – Cliveden Hospital Both Wars, 'Correspondence from P.J.B to Nancy Astor' (30 September 1952).

Commons.⁴⁰⁶ These events demonstrate her devotion to creating a positive and charitable image to the wider public. By publically assisting these men, in and outside the boundaries of her own estate, Astor was demonstrating her own benevolence and dedication to British soldiers, effectively creating her a charitable character for herself - a depiction which was not just limited to her public life.

Astor worked tirelessly to present this side of herself to not only the wider public, but to her friends and family. Sylvia Pankhurst's memoirs, entitled *The Home Front*, allows researchers valuable insight into the life of an upper class pacifist, and a guest at one of Astor's famous parties. Parties for guests of equal social standing were regularly held at Cliveden. Pankhurst is best known for her involvement in the female suffrage movement, but unlike her sister and her mother, she did not support the war. On the day of Pankhurst's arrival at Cliveden, Astor was described as having 'discoursed volubly on the "slackers," who refused their share of war service: duty to one's country was obviously a favourite theme with her.'⁴⁰⁷ The use of *duty* is an interesting word for Pankhurst - while no record of Astor discussing her wartime duty is present in the correspondence archive, this suggests that Astor was a keen believer in patriotic and aristocratic duty. Pankhurst continues to sarcastically remind her readers that Astor's 'own husband, a major then, was by no means at the Front; but habited in perfect khaki [he] was keeping up appearances and setting a proper example to others.'⁴⁰⁸ Here, Pankhurst is mocking the *noblesse oblige* and the Astors' sense of duty. Her sarcasm continued when she discussed the reason she was there, when she spoke quietly:

⁴⁰⁶ University of Reading Special Collections - MS 1416/1/2/670 - First World War Soldiers R. 1914 - 1922, 'Correspondence from Mr Reeve to Nancy Astor' (18 February 1919); University of Reading Special Collections - MS1416/1/2/655 - First War Soldiers C 2 1914 - 1922, 'Correspondence from Nancy Astor to Mr Coachman' (17 June 1920).

⁴⁰⁷ E. Sylvia Pankhurst, *The Home Front: A Mirror to Life in England During the World War* (Hutchinson & Co.: London, 1932), p. 142.

⁴⁰⁸ *Ibid.*, p. 142.

of the hard, grey life in the East End; of the women and girls making toys in our little factory ; drudges, errand girls... I was well received ; many people enjoy having their hearts touched – then pass to the next sensation, quite unchanged. The collection taken, the crowd swarmed to a buffet laden with glittering delicacies, consuming, or discarding with a nibble, over the teacups, heedless of the austerity our hostess preached.⁴⁰⁹

It is clear from her autobiography that Pankhurst was not only anti-war, but she struggled to comprehend the reinforcement of social injustice that these aristocratic gatherings embodied. For her, the site of Cliveden House was a beacon of disparity. These lavish parties created a stark contrast between the lives of the working class women that she was campaigning for. The house engendered the inequality of British society and stood as a monument to class divisions within Britain.

These country house parties continued throughout the war, and when they occurred at Cliveden House, Nancy Astor was offered an opportunity to parade her generosity to a captive audience. Pankhurst wrote that in ‘the afternoon all were *bidden* (my italics) to visit the hospital for wounded soldiers in the grounds’.⁴¹⁰ The use of *bidden* suggests that this was not an optional activity for the party goers. She described how ‘the guests gathered at the door... eager to enter ; but the matron met them acidly ; her patients were at rest ; none might enter. Even Mrs. Astor could not question her decision.’⁴¹¹ Though Astor was keen to demonstrate her benevolence to her friends through showing them the hospital

⁴⁰⁹ Pankhurst, *The Home Front*, p. 145.

⁴¹⁰ *Ibid.*

⁴¹¹ *Ibid.*

space, the reputation of the matron inhibited her ability to do so. Pankhurst's inclusion of this suggests that Astor made an attempt to circumvent the matron's ruling. This demonstrates that though the hospital space worked as a way of exhibiting wealth and compassion, the rules of the institution and the authority of its medical staff prevailed. It is clear that the donation of Astor's house, while a considerably successful publicity stunt, was utilised on a smaller scale in order to inspire and boast to fellow aristocratic visitors. Pankhurst again highlights the irony of this situation when she discussed soldiers within the grounds:

Some stopped to have a word with them ; but the ladies found them less willing to be talked to than patients prostrate in bed. The gentlemen, in their well-cut clothes, adopted a humorous tone towards these curious working men, who had never been thought so interesting before the War.⁴¹²

What is especially interesting at Cliveden Hospital is that the wounded were kept within the grounds of the estate. The covered tennis court housed the bulk of the wounded, until new huts were erected in 1915.⁴¹³ As a result, the guests at Astor's parties were unlikely to bump into a wounded or convalescing soldier without intending to. Instead, led by Astor, these wealthy partygoers intruded into the hospital space and robbed the wounded of their agency. Pankhurst recalls one soldier who 'turned from us, resenting intrusion' - reminding her readers of the lack of agency that men had in Cliveden hospital.⁴¹⁴ The fact that the ladies struggled to engage these men in conversation, unless they were 'prostrate' in bed, demonstrates the lack of interest that many wounded had when it came to

⁴¹² Pankhurst, *The Home Front*, p. 145.

⁴¹³ 'The Duchess of Connaught Red Cross Hospital', *British Journal of Nursing*, Vol. 54 (17 April 1915), p. 320.

⁴¹⁴ Pankhurst, *The Home Front*, p. 121.

engaging with hospital visitors. This excerpt suggests that the wounded captivated their audience, transforming the hospital space into a site for performance and spectatorship that framed Nancy Astor as the charitable and benevolent star. These upper class men and women would have rarely interacted with the social classes represented in the British and Canadian soldiery, and Pankhurst could not hide her disdain for her own class when she surveys the interest that the wounded inspired.

The hospital space allowed the donor to come into contact with a different class of man. It exposed them to the horrors of warfare and allowed them to complete what they perceived as their aristocratic duty. The hospital became a scene for philanthropic pageants: a way to highlight the charitable gift of a house to the British public, for Astor, this helped bolster her political credentials by demonstrating her dedication to Britain. However, she also utilised her house to impress her friends and social equals. By forcing her guests to view, meet, and interact with wounded men in the grounds of Cliveden Estate, Astor differentiated herself from the other, wealthy elite who did not have hospitals within their homes.

Humour, Agency, and the Undesirable Visitor

The hospital space within Britain allowed men to engage with a variety of different women while they were recovering. The women who visited posed interesting questions around the treatment of the wounded. State endorsed media reinforced the need for British citizens to give up their time to visit patients, and these narratives were propagated and encouraged by newspapers which reminded readers of soldier's appreciation. However, the written works from soldiers themselves tell a different story. Instead of boundless gratitude, many felt trapped

by their wounds, angry at their lack of privacy, and frustrated by the incessant visits of well meaning, but ignorant civilians.

Visiting the sick and wounded within hospitals has a long history – people visited for a variety of different reasons. Some came to perform religious rites, others for entertainment, and some to complete charitable activities. During the First World War, newspaper articles shared the charitable endeavours of the royal family or members of the aristocracy to encourage hospital visitation. Publications declared that ‘visiting is one of the most practical ways to add to the comfort of the wounded’ in attempts to inspire further visitations.⁴¹⁵ While the military regulations generally limited visits ‘to relations or personal friends’ only, visits from strangers were allowed in some hospitals, depending on the ‘individual character of the patient.’⁴¹⁶ Due to the difficulties of locating the wounded in hospitals close to their homes, it became ‘seldom that a soldier’s visitors are his own relations.’⁴¹⁷ Instead, benevolent members of the public flocked to various hospitals on the home front in order to entertain and visit the wounded in acts that became associated with good-citizenship. As discussed in this chapter, young British women who tried to visit the wounded were sometimes met with an anti-citizen rhetoric: they were stigmatised by ‘khaki fever’ and accused of immoral conduct. However, newspaper reports continued to encourage people to visit the wounded in order to complete their national duty. For stately homes as hospitals in particular, visiting gave members of the public two benefits. Not only were they able to offer comfort to the wounded, but also they were able to gain personal access to some of the most lavish estates in the country. Some of these houses had been tourist attractions since the end of the eighteenth century, so they had long

⁴¹⁵ ‘Visits to the wounded’, *The Hospital*, Vol. LVIII, No. 1509 (22 May 1915), p. 161.

⁴¹⁶ *Ibid.*

⁴¹⁷ ‘Visiting-Day in a Military Hospital. Visitors Welcome or Otherwise’, *British Journal of Nursing*, Vol. 57 (9 September 1916), p. 213

drawn attention from members of the public.⁴¹⁸ As a result of this, the hospital space became a site of British citizenship; it was a place where acceptable visitors were able to demonstrate their appreciation, compassion, and admiration for the men wounded in the conflict.

In order to encourage relatives to visit, newspapers reported of the availability of reduced priced tickets for wounded soldier's families to travel and visit. Families were entitled to a return journey ticket for the price of a single.⁴¹⁹ These attempts at motivating family members to visit were created to support men's emotional wellbeing. Visitors reminded the wounded of what they were fighting for and how much their sacrifices meant to their families and their country. In addition, it was hoped that if soldiers were kept busy with visitors with whom they had genuine relationships, those women suffering from 'khaki fever' would present less of a problem to the authorities. As a result, the press attempted to turn the hospital space into a locale for family reunions – to motivate the soldiers and prevent the access of the young, unrelated female. Ironically, while the authorities were concerned with the younger visitors to the hospital space, it is evident through many soldiers' writings that they struggled to deal with a different visitor.

In particular, soldiers often complained about the 'lady visitor' or 'old girl' who came and sat beside their beds. Hospital magazines made numerous references to this character who was often represented as an elderly, nosy, busybody. The *Chronicles of the N.Z.E.F* article wrote that:

you certainly don't feel equal to the old girl who camps herself beside you
and sojourns there for an hour or two keeping up a flow of conversation,

⁴¹⁸ Lydia Greeves, *Houses of the National Trust* (London: The National Trust, 2008), p. 10.

⁴¹⁹ 'Facilities for Visiting the Wounded', *The Lancet*, Vol. 186, No. 4808 (23 October 1915), p. 949.

unmitigated rubbish, as often as not, asking innumerable and equally idiotic questions.⁴²⁰

It is clear that this soldier did not appreciate this intrusion of his privacy. He advised other soldiers in a similar situation to roll over and groan until a nurse comes to save you. Similar articles appeared in a variety of different hospital magazines: *The Blunderbuss: Being the Book of the 5th Officer Cadet Battalion* published 'A day in the life of a wounded soldier' which told the readers about the aptly named Mrs Boreham, who enters the ward 'like a shadow chasing sunlight'. In order to avoid being struck in conversation, all the patients immediately pretended to be asleep - the slowest to do so was stuck with her.⁴²¹ The idea that men would fall asleep in order to avoid having to socialise with undesirable visitors hints at their limited agency within the hospital space. Due to their powerlessness in the hospital, men were unable to simply ask them to leave or refuse to speak to these women; they were forced to subvert the situation in order to regain their own agency.

Soldiers utilised humour as a tool to reassert some agency in the hospital space. These magazines often featured these characters in jokes:

Lady Visitor : "Oh, poor fellow, and were you gassed ? "

Patient: "No, Madam. I was wounded in the Peninsula."

Lady Visitor : "Oh – how *very* painful ! "

(Patient is still wondering where she thought he was wounded).⁴²²

⁴²⁰ 'Visitors and their Treatment', *The Chronicles of the N.Z.E.F.: Records of Matters Concerning the Troops and Gazette of Patriotic Effort*, Vol. 1 No. 4 (16 October 1916), p. 90.

⁴²¹ 'A Day in the Life of a Wounded Soldier', *The Blunderbuss: Being the Book of the 5th Officer Cadet Battalion* (1 July 1916), p 7.

⁴²² *The Ration: The Magazine of the Reading War Hospitals*, Vol. 1 No. 3 (March 1916), p. 49.

This example demonstrates that the elderly female visitor was a common trope within soldier's literature. While hospital magazines make numerous positive references to the flapper or the young love interest, women within a certain age group were represented negatively. While the attention of an older woman may have been less appreciated from a romantic point of view, the negative impression evident in these magazines demonstrates a resentment of the interruption or intrusion of elderly women.

Many articles or comics often questioned the motivations of these visitors, and offered constructive criticism for how they could improve their bedside manner. One soldier wrote in *The Ration* that the time to visit the hospital:

is when one's spirits are buoyant and cheerful, when one is conscious of strength, and therefore, can create a bracing atmosphere... Again, the visitor who approaches a bedside, not from inclination, but because she feels it to be "sacred duty" is generally another failure. The fact is, the patient himself does not get enough consideration; his own point of view needs recognition.⁴²³

The idea that women were visiting the wounded for the wrong reasons had spread throughout hospitals for all nationalities, not just those for British soldiers. One contributor to *The Maple Leaf: The Magazine of the Canadian Expeditionary Force* went as far as to suggest that 'visitors should be required to pass an examination

⁴²³ 'The Lady Visitor', *The Ration: The Magazine of the Reading War Hospitals*, Vol. 1. No. 3 (March 1916), p. 49.

before admitted to military hospitals.’⁴²⁴ Some visitors were able to make the wounded feel uncomfortable, especially when they attempted to make men discuss the highly traumatic nature of the fighting fronts.

This stereotype was not only perpetuated in hospital magazines, but through war cartoonists in the mainstream media. W.K. Helsden’s illustrations for the *Daily Mirror* constantly invoked the older, female visitor. In *Trials of the Wounded No. 2* (Figure 9), a variety of upper class women, identifiable because of their clothes, are questioning Bill and Tom about their time at the front.⁴²⁵ They remarked: ‘You must have found Sir Douglas Haig a very charming man to work under!’ or ‘I hope you took the opportunity of learning French, Russian and Italian?’ The inclusion of this caricature within a series in the *Daily Mirror* suggests that this trope was ubiquitous during the First World War – this was not a character made solely for the entertainment of those within, or related to the hospital space, instead, it was disseminated widely throughout the country.

Through their desire to aid and visit the wounded, regardless of their motivations, many attempted to induce conversation about the men’s experiences, or compare their own civilian experiences to that of the trenches. *The Reading Ration* wrote that the wounded ‘must lead the conversation about war or his experiences himself’, urging visitors to instead ‘talk about the town, entertainment, anecdotes’.⁴²⁶ Similarly, the same hospital magazine published a story of a visitor comparing her experience with the zeppelin to man’s experience at the front:

⁴²⁴ ‘Hospital Visitors and their Ways’, *The Maple Leaf: The Magazine of the Canadian Expeditionary Force*, Vol. 3, No. 8 (1917), p. 35.

⁴²⁵ W.K. Haselden, ‘Trials of the Wounded No. 2’, *Daily Mirror* (9 November 1916), p. 5.

⁴²⁶ ‘The Lady Visitor’, *The Ration: The Magazine of the Reading War Hospitals*, Vol. 1. No. 3 (March 1916), p. 43.

Now did not we have a night of it?" asked Miss Smythe proudly, if somewhat breathlessly as she concluded her narrative. There was no answer. "Now, don't you think so?" she repeated. This time there came a grunt, and a glancing at the gallant Sergeant, she found he was fast asleep.⁴²⁷

Once again patients used comedy, humour, and sleep, as a way of regaining agency within the hospital space. It is evident that the men resented the intrusion of these older women into their medical institutions. These buildings were supposed to be places of rest, cure, and sympathetic treatment, and instead they were bothered, bored, and questioned by women they did not want to see. For many men, these women were not the ideal visitors: they were older, ignorant of their war experiences, and potentially less flirtatious than younger women whose company they preferred. Soldiers did not complain about the motivations or actions of the young, female visitor. Instead, references to them within hospital magazines focused on their amicability, attractiveness, and adoration of the wounded. This demonstrates the on-going conflicting expectations of the military authorities and the wounded soldier. While the men wanted attention from young women, the authorities preferred visitors to be middle-aged women of high social standing. This was because older women presented less sexual danger than their younger counterparts, and from a financial perspective, they had more expendable income to donate to the hospital.

Contrary to the soldier's testaments that have previously been explored, *The British Journal of Nursing* (BJN) reported that soldiers 'just love' the 'nice

⁴²⁷ 'The Lady Visitor', *The Ration: The Magazine of the Reading War Hospitals*, Vol. 1, No. 3 (March 1916), p. 43.

middle-aged or, old lady' who brings spiced loaves and gifts.⁴²⁸ The nurses were fond of women who brought gifts for soldiers, and in particular, those who obeyed the rules of the hospital space. However, some of these older women were much less liked by the nursing staff – especially those who undermined medical authority by giving out 'plums and pork pies into the willing grasp of an "abdominal," or... dirty-looking, unsavoury "polony"... [to] the persistent vomiters' [sic].⁴²⁹ In this way, the hospital space became a battleground between the patients, the authorities, and the visitors due to their different expectations. Patients expected to be treated heroically; authorities intended to maintain strict conditions that would reduce recovery times; and visitors wanted to express their patriotism and appreciation in the form of gifts that were often inappropriate for the patient's diets.

The hospital was visited by a variety of different women throughout the First World War. Women who choose to visit hospitals were often middle to upper class, married women, who had enough free time to attend these institutions. The hospital space for them was an opportunity to showcase good citizenship and to emulate the sacrifices that the wounded had made of their bodies. However, not all of these visitors were appreciated by the wounded.

Ultimately, the dispositions of the individual soldiers had a significant impact on the way the wounded treated their visitors. Many resented the intrusion of older, 'respectable', and boring women into their hospitals. Soldiers utilised humour in order regain their own agency; by framing these women in comedic anecdotes men were able to express their frustration through acceptable and entertaining magazine submissions. In this way, hospital magazines and the

⁴²⁸ 'Visiting-Day in a Military Hospital. Visitors Welcome or Otherwise', *British Journal of Nursing*, Vol. 57 (9 September 1916), p. 214.

⁴²⁹ *Ibid.*

institutions themselves, became sites of contest between the wounded and the authorities. Men struggled to reassert their own agency, regain privacy, and for many, to be left alone.

Conclusion

Women of different ages, classes, and occupations used hospital spaces in a variety of ways during the First World War. Many women working within these institutions struggled with the established state and military narratives that prescribed sympathetic and maternal treatment, along with strict regulation. Maternal relationships were encouraged between visitors, staff, and the wounded to reinforce normative gender roles. These relationships infantilised the wounded and rendered them more malleable to military discipline and more effective symbols of charity.

However, some women did not perceive themselves as replacement mothers, and instead found romance in the hospital space. Nurses who married their patients were immediately celebrated for doing their best to physically and emotionally rehabilitate the wounded. Other young women, however, were vilified for using the patients as a captive audience for their sexual desires. These women were believed to be suffering with a variant of 'khaki fever' and though the reality of this statement is questionable, it was widespread throughout British society. However, this caricature tells us more about contemporary attitudes towards women, sex, and social hygiene, than it does women's romantic affections.

In addition, wounding offered men a reprieve from public justice if found to be committing sexual assaults. In a similar fashion to the way young women were vilified for their relationships with soldiers, victims were often blamed for sexual crimes. Some men took to literary forms in order to combat these claims –

denouncing those that spied on the soldiery as anti-citizens, not doing their bit for the war effort.

Other women were able to utilise the space in order to break gender conventions and enact power over men. Through regulation and discipline within the hospital space, some women broke free of gender constraints and fulfilled their military function. Others, however, broke the rules in order to compete to be the best caregiver in their institution. In this way, the hospital space became a site of competition between the female members of staff.

The space offered different opportunities for other women. The homeowner, typified by Nancy Astor, was able to demonstrate her good citizenship and benevolent nature. It gave them the opportunity to showcase their homes and the wounded within them to the wider public via the national and local press, but also to those friends who visited her. The hospital space became an exhibition that demonstrated the patriotism and generosity of Nancy Astor.

Many women who visited the hospital space found themselves competing against the spatial expectations of the authorities and the soldiers. Though the wounded favoured visits undertaken by younger women, the staff much preferred the richer and less flirtatious older women. However, many soldiers struggled to interact with these women, whom they believed to be boring, ignorant, and nosy. Consequently, men pretended to be asleep and resorted to other subterfuge to avoid conversation and regain their agency. Similarly, the wounded represented these visitors negatively in hospital publications as a consequence of their lack of privacy and agency in the hospital space.

Chapter 5

'Bond of Brotherhood': Racial Representations and Imperial Identities

As parts of the British Empire, the Colonies and Dominions were legally embroiled in the conflict after the Declaration of War on 4 August 1914. Men came from all over the Empire, and those who were wounded were sent through the same chain of care as their British counterparts. Many travelled to Britain to undergo medical treatment and convalesce away from the fighting, while others went to hospitals within Egypt, Malta or on the Western Fronts. Unlike the majority of soldiers from the Empire, Canadians were given the opportunity to convalesce at home due to its relative proximity to the fighting fronts. Regardless of this, a significant number of these men went to Britain to recover from wounds. While some of these Colonial or Dominion soldiers had migrated to other countries, many more were second-generation and had never visited Britain. As a result, many men and women gained first hand experience of the centre of the Empire while recovering or working within British hospitals.

This chapter explores the nation-specific hospitals that were created within Britain. It focuses on hospitals established for Australian, Canadian, and Indian soldiers, as they contributed the most men of all countries in the British Empire.⁴³⁰ Similarly to hospitals created for British wounded, private residences were converted into hospitals to care for Australians and Canadians. Harefield House, on the outskirts of London was utilised as the No. 1 Australian Auxiliary Hospital for the duration of the war, while the Astor family donated Cliveden House in Taplow to the Canadian Red Cross. Though these hospitals did not exclusively house nationals from Australia and Canada, the majority of the funds and supplies came

⁴³⁰ Though this thesis examines Australian, Canadian, and Indian hospitals, these were not the only Dominions and Colonies to send soldiers to recover in Britain. Others included New Zealand hospitals at Brockenhurst, South African hospitals in Surrey.

from benefactors based abroad. Though not funded solely through public subscriptions, the Royal Pavilion in Brighton became a hospital for wounded Indian soldiers due, in part, to its 'oriental domes' and 'charming gardens'.⁴³¹

Dominion and Colonial hospitals were politically, culturally, and socially loaded spaces. The donation of one of England's iconic stately homes or past royal palaces like the Royal Pavilion demonstrated appreciation for imperial contributions, and provided reassurance that the wounded were well cared for. By maintaining the morale of soldiers and their families across the Empire, the hospital space ensured that each country was willing to contribute to the war effort. In addition, each country contained its own pool of medical and military men that were invaluable to the campaign. Through the provision of manpower, medical personnel, finances, and supplies, the contribution of the Empire was extensive. In creating hospitals in significant spaces, the War Office, the Red Cross, and philanthropic individuals reassured members of the Empire that they were partners rather than subordinate states; that their wounded were well looked after; and that their contributions were gratefully received. It was imperative to send this message to all corners of the Empire in order to maintain support for the war.

Much like at home, war was greeted with widespread enthusiasm throughout most of the British Empire.⁴³² One Australian newspaper declared: 'the excitement yesterday was astonishing and the rush to Geo. Hughes' toy shop for Daisy shot guns was simply marvellous... because the lads want to be prepared to be a good shot.'⁴³³ Many believed the war was an opportunity to showcase the

⁴³¹ BL - EUR/MSS/F143/1095, W. Lawrence, 'Arrangements made for the Sick and Wounded in England and France', (1916), p. 3.

⁴³² Mark David Sheftall, *Altered Memories of the Great War: Divergent Narratives of Britain, Australia, New Zealand and Canada* (London: I.B. Tauris, 2009), p. 49.

⁴³³ 'War', *Cairns Post* (4 August 1914), p. 4.

strength of their nations and their loyalty to Britain. It has been argued that the Dominions were eager to enter the fold as they saw it as an opportunity to improve their status and to demonstrate that instead of being dependent, they were partners within the Empire.⁴³⁴ This served a dual function for the Colonies and Dominions. By proving their ability to contribute to the protection of Britain and the Empire, they stood to gain more political recognition. Australia, New Zealand, and Canada were concerned about the threats posed by the burgeoning economies of Japan and the United States respectively. By gaining more political influence through supporting Britain in the conflict, they hoped to raise the importance of their domestic issues on British agendas.⁴³⁵

Associated with the notion of proving the Dominions strength was the widely prevalent ideas of romantic nationalism and Social Darwinism [that] presented the notion that nations could only be forged in the crucible of war, and that the performance of a 'race' in battle best proved their fitness for survival, the conception that they might be superior warriors could make a profound impression on a populace.⁴³⁶

Many in the Dominions were keen to demonstrate their commitment to defending the Empire. This was a response to the rumours of social degradation that had spread throughout the world in the aftermath of the Boer Wars. The idea that those resilient enough to live on the fringes of civilisation were tougher, stronger, and more able to survive was considerably popular within the Dominions at the turn of the twentieth century. This 'frontier man', as contemporaries understood

⁴³⁴ Bill Gammage, *The Broken Years: Australian Soldiers in The Great War* (Canberra: Australian National University Press, 1974), p. 2.

⁴³⁵ Sheftall, *Altered Memories*, p. 43.

⁴³⁶ *Ibid.*, p. 7.

him, became the epitome of men from the Dominions. This was buttressed by the fact that the men from the Dominions were often much larger, taller, and physically stronger than British men.⁴³⁷ It was argued that because their ancestors had survived 'the frigid wilderness of Canada, the arid Australian outback, or the temperate New Zealand bush', their fighting skills were superior to those of the British. Fighting alongside Britain gave the Dominions the opportunity to prove this.⁴³⁸ This 'frontier' caricature allowed men from the Dominions to create an identity that contrasted with life within Britain; this coincided with the spread of nationalism throughout the twentieth century. Consequently, the environmental conditions that had once been considered negative aspects of dominion life were reappraised and reframed as a reason for the strength and superiority of the population: the weather, climate, and inhospitable nature of their surroundings shaped the national identities of those living within the Empire.⁴³⁹ These differences in the constructions of national identities had significant repercussions for the way that soldiers and civilians interacted on both the fighting fronts and within hospitals in Britain.

The differences in national identities also significantly shaped the ways in which the war has been commemorated throughout the Empire. For the British, the majority of commemoration focused on mourning and remembering what was lost in the conflict. Rather than focus on the losses the war caused, however, Australia and New Zealand chose to celebrate what was gained as a result of the conflict. That is not to say that nations did not lose significant number of lives and capital during the conflict: Australia actually suffered the highest proportion of

⁴³⁷ Gammage, *The Broken Years*, p. 50.

⁴³⁸ Sheftall, *Altered Memories*, p. 52.

⁴³⁹ *Ibid.*, p. 57.

killed to enlisted men in the First World War.⁴⁴⁰ Rather, they celebrated the respect and political autonomy gained from fighting.

Utilising military manpower for political influence was not a new phenomenon. Many Colonial and Dominion troops fought in both the Sudan and the Boer Wars.⁴⁴¹ During the First World War the presence of Colonial and Dominion soldiers was even more significant with over 1,338,620 Indian soldiers, 331,781 Australian soldiers, and 422,405 Canadian soldiers.⁴⁴²

This chapter utilises a variety of sources in order to reconstruct the role of these nation specific hospitals in Britain. It examines hospital magazines, medical journals, national and local newspapers from Britain and the Dominions, War Office files and personal correspondence of wounded soldiers. This will examine the problems men from different parts of the Empire faced while recovering within hospitals in Britain. It situates these institutions within their social, cultural, and political context in order to examine the hospital's importance within wartime Britain. Though soldiers came from a variety of different parts of the Empire, this chapter focuses on Australia, Canada, and India, as they were the three nations that contributed the most men to the war effort. It explores each of these in turn, demonstrating that the hospital space became a new front for imperial relations. By the end of the war, the Colonial and Dominion wards became tools to influence and regulate morale on the home front and throughout the Empire. In utilising hospital publications, the press and newsreels, the British created a positive construction of the hospital space that was shared with the entirety of the Empire.

⁴⁴⁰ Colonel A.G. Butler, *The Australian Army Medical Services in the War of 1914 – 1918*, Vol. 1 (Melbourne: Australian Army Medical Services, 1938), p. 881.

⁴⁴¹ William Joseph Reader, *At Duty's Call: A Study in Obsolete Patriotism* (Manchester: Manchester University Press, 1988), p. 39.

⁴⁴² Butler, *The Australian Army*, p. 881.

Australia and the First World War

During the First World War, 331,781 Australian men fought with the British Empire, and a significant number of these were casualties: 64.81 per cent of these men were sick or wounded and 17.88 per cent of them died in the conflict.⁴⁴³ The wounded were transported and placed into hospitals in Egypt, Britain, and Malta. For many of those who were sent to Britain, it was the first time they had the chance to visit, and their time there gave them first hand experience of the 'old world'.

Australian experiences of the fighting fronts have been well documented by scholars. While historians have examined Australia's role in the First World War, there has been far less of attention paid to the treatment of the Australian wounded. Michael McKernan has examined life within Australia during the conflict, while Josh Robertson and Alistair Thomson have explored the role of the Anzac legend, arguing that the Anzac identity was a key component in the creation of Australian nationalism.⁴⁴⁴ Scholars Peter Stanley and Geoff Barr have focused on the reputation and supposed bad behaviour of the Australian forces while serving abroad.⁴⁴⁵ Marina Larsson has studied provision for disabled Australians who returned home after the war. Other academics have studied the different guises that commemoration took around the British Empire, including Australia: Mark David Sheftall argues the war was celebrated rather than mourned in the Dominions because of the formation of strong independent identities through involvements in key battles such as Gallipoli.⁴⁴⁶ While many historians make

⁴⁴³ Butler, *The Australian Army*, p. 881.

⁴⁴⁴ Michael McKernan, *The Australian People and The Great War* (West Melbourne: Nelson 1980); John Robertson, *Anzac and Empire* (London: Cooper, 1990); Alistair Thomson, *Anzac Memories: Living with the Legend* (Oxford: Oxford University Press, 1994).

⁴⁴⁵ Peter Stanley, *Bad Characters: Sex, Crime, Mutiny, Murder and the Australian Imperial force* (New South Wales: Miller's Point, 2010); Geoff Barr, *Military Discipline: Policing the 1st Australian Imperial Force* (Canberra: National Library of Australia, 2008).

⁴⁴⁶ Sheftall, *Altered Memories*, p. 4.

reference to the influx of wounded Australians into Britain during the conflict, further questions remain surrounding Australian soldier's experiences of hospitals in Britain.

With many wounded soldiers of all nationalities fighting, the existing military medical infrastructure within Britain was quickly overwhelmed. In order to accommodate the injured soldiers from the Empire, a great many alternative spaces were utilised as hospitals. Philanthropic Australians who owned property or lived within Britain donated their London houses, country manors, and stately homes as hospitals. The most well known Australian hospitals in stately homes were Bishop's Knoll in Bristol and Harefield House in London. In these spaces, Australian men had the opportunity to meet the British men and women who came to visit them, or those working in the hospitals, in addition Australians were able to visit historical sites, and experience British culture.

This section examines the construction of the wounded Australian within Britain and compares it to the 'frontier man' identity. This representation of themselves was central to Australian soldiers, and even in the hospital space, it was retained. By examining depictions of Australians in both British and Australian newspapers, hospital magazines, and medical journals, this chapter analyses the representation of wounded Australians to both a British and Dominion audience. It will also examine how the hospital space was utilised by Australians themselves in order to formulate and share an Australian national identity with people within Britain.

The Reputation of the Angry Anzacs

Australians posed a significant problem for military authorities because of their supposed bad behaviour. Both wounded Australians and those still at the fighting

fronts had problematic reputations. The lack of discipline amongst these troops was described in 1914, when Charles Bean, an Australian correspondent and historian of the war reported that 'matters were swiftly coming to a point when discipline in the A.I.F. must be either upheld or abandoned.'⁴⁴⁷ Unfortunately, disciplinary problems on the battlefield continued to escalate. In the Battle of Wassir in 1915, Australian soldiers were seen throwing prostitutes out of windows and starting fires in the streets of Cairo.⁴⁴⁸ An Irish officer reported that Australians would:

be considered 'impossible' by a home soldier... the men seem to do just as they please, in defiance of all orders! – and sometimes they please to do very dastardly things, in the way of rioting or smashing up shops... they have decided that the government has no right to charge them fares on the railway to Sydney – so they simply don't buy tickets: they laugh at the ticket-collectors and sometimes bundle them off the trains if the trains slow up passing a station!⁴⁴⁹

Stories of insubordination within the forces undermined the hierarchy of authority that the British military relied upon. Reports of these wrongdoings reached civilians within Australia. One newspaper received a letter to the editor attempting to discount these stories and present a different representation of Australian men in Egypt:

⁴⁴⁷ Charles Bean, *Official History*, p. 128.

⁴⁴⁸ Gammage, *The Broken Years*, p. 50.

⁴⁴⁹ Cited in Gammage, *The Broken Years*, p. 27.

the soldiers of the 14th Battalion, A.I.F., have become aware of these scandalous statements (concerning their conduct both and voyage and here in Egypt), which have been circulated in Australia... A few of these [men] became drunk and disorderly, creating a disturbance, which was certainly disgraceful... But when it is remembered that, around Cairo, over 75,000 troops are encamped... no fairminded [sic] person will be able to accuse the Australian troops in general, and the 14th Battalion in particular, of, behaviour discreditable to themselves and to Australia.⁴⁵⁰

These newspaper articles were written to maintain morale of those at home. These stories were particularly poignant for Australians who considered the war as a way of demonstrating the strength and tenacity of their country and people. Soldiers were expected to behave in a respectable manner to maintain white prestige when it came to dealing with locals in Egypt. Australian soldiers found to be acting in inappropriate ways, damaged white prestige and threatened to undermine ideas of white superiority. As a result of these stories, Australians gained a reputation for being unruly. In addition to these challenges, some Australian soldiers defied their officers and fought against military authority. These disciplinary problems were a result of a complex social and political exchange between Australia and Britain.

The reasons for the perceived insubordination of the Australian army have been well examined by historians. Geoff Barr argues that a lack of military tradition or notable war heroes within Australian history resulted in disrespect for authority.⁴⁵¹ Furthermore, Barr argues that class was not an important element of

⁴⁵⁰ 'Australian Soldiers in Egypt: Alleged Misconduct Denied: To the Editor', *Kyabram Guardian* (23 April 1915), p.4.

⁴⁵¹ Barr, *Military Discipline*, p. 177.

Australian society, thereby preventing the formation of the deferential relationships that military hierarchy relied upon.⁴⁵² In addition, the Australian army had very little field experience. Though a contingent was sent to fight in the Boer Wars, the majority of Australians fighting in the First World War had not been exposed to the brutalities of warfare or to the disciplinary culture surrounding the armed forces. As a result, many of these men found the rules that governed them to be stifling. Australian men challenged military authority due to the lack of war experience, but also because of their Australian identities.

Australia was also affected by the tide of nationalism that spread throughout Europe in the beginning the twentieth century. Many of these volunteers had been raised upon stories of the heroic 'frontier man' or 'bush man'. Gammage argues that the 'frontier man' theory was so popular that by the outbreak of the war many Australians believed their own military superiority over the British.⁴⁵³ Other historians suggest that Australian identity was not so well established at the beginning of the war. Dale Blair suggests that

a definite self-image already existed before the war of an idealised Australian man. He was a robust, resourceful individual engaged with the land, combating the perils of the bush as he care out a living. The outline was there, it remained only to be 'sketched in'.⁴⁵⁴

Australia's official correspondent for the war, Charles Bean, claimed that Australia's environment was responsible 'for the evolution of a breed of colonial

⁴⁵² Stanley, *Bad Characters*, p. 98.

⁴⁵³ Gammage, *The Broken Years*, p. 86.

⁴⁵⁴ Dale Blair, *Dinkum Diggers: An Australian Battalion at War* (Victoria: Melbourne University Press, 2001), p. 20.

humanity superior than that being produced in Great Britain.⁴⁵⁵ Regardless of whether this identity was well established by the outbreak of the war, the fact that it discussed in Bean's work suggests a contemporary awareness of the idea. The 'frontier man' theory complicated the disciplinary relationships between Australian soldiers and British officers. Many Australian soldiers were unwilling to take orders from their British superiors. Due to this breakdown in the military hierarchy, Australians were perceived to be ill disciplined, uncouth, and less refined than their British counterparts.

The poor discipline amongst Australian troops can also be accredited to their immunity against the more severe aspects of British army life. Unlike British soldiers and the other Colonies and Dominions, Australians were not subject to the death penalty; instead the discipline of their regiments remained under the jurisdiction of the Australian government.⁴⁵⁶ As a result of this, the most drastic punishment employed against them was dismissal.⁴⁵⁷ This political protection from the British disciplinary system encouraged Australian bad behaviour. Removing the most severe consequences of their actions and treating Australians differently to other soldiers significantly undermined the disciplinary culture of the British army. This presented problems not only on the fighting fronts, but also for the medical staff who were charged with helping wounded Australians to recover in Britain.

⁴⁵⁵ Sheftall, *Altered Memories*, p. 39.

⁴⁵⁶ Stanley, *Bad Characters*, p. 20.

⁴⁵⁷ Charles Bean, *Anzac to Amiens: A Shorter History of the Australian Fighting Services in the First World War* (Canberra: Australian War Memorial, 1952), p. 287.

“Backwoods Men” and Affectionate Australians: The Formation of Australian Identity

The reputation of Australian soldiers as undisciplined and unruly extended to their hospitalisation. An exploration of Australian hospital magazines demonstrates that members of medical staff within these establishments were well aware of their reputation. Hospital magazines consisted of both fiction and non-fiction works from a variety of different contributors – including staff, visitors, and patients. Due to their use as a form of fundraising, Australian soldier’s behaviours were reported differently to the stories from the fighting fronts. The foreword to the first edition of *Coo-ee: The Journal of the Bishop’s Knoll Hospital Bristol* testified to the:

patient courage and fine discipline of these Australian soldiers... Ninety-eight per cent of whom acquitted themselves like men... and at the same time were almost womanly in the tenderness they showed their more helpless companions.⁴⁵⁸

This description of the wounded Australian differs significantly from the fierce, obstinate, and defiant reputation of the fighting soldiers. In a further contribution to *Coo-ee!* Australian soldiers are discussed by an anonymous nurse, who writes that ‘they’re men of pluck and grit, they’re good and thoughtful too.’⁴⁵⁹ The hospital magazine effectively recast the boisterous Australian into a more sympathetic character in order to challenge the stories that came from the front, and encourage members of the public to support these soldiers through subscriptions or charitable donations.

⁴⁵⁸ *Coo-ee!: The Journal of the Bishop’s Knoll Hospital Bristol*, Vol. 1, No. 1 (20 November 1917), p. 7.

⁴⁵⁹ ‘Australians as Patients: the Sisters Point of View’, *Coo-ee!: The Journal of the Bishop’s Knoll Hospital Bristol*, Vol. 1, No. 3 (20 January 1917), p. 30.

Through reading these magazines, it is clear that the British population had heard of the Australians behaviour in Egypt and their unruly reputations. Sister Sylvia recounted that 'one has heard so many lurid tales of the fierce deeds of the "Backwoods-men!"⁴⁶⁰ She said that she 'never found them fierce, wild or woolly' and declared that 'they have already greatly improved since the Gallipoli days, when they suffered much from swelled head and used to try us English women much by implying that no could fight but the Anzacs.'⁴⁶¹ This demonstrates that the negative construction and fierce reputation of the Australian soldiers had reached British civilians, and that the stories of the self-aggrandizing 'Anzac legend' strained relations between Australian soldiers and the British public. The hospital space was the first place many British people had the opportunity to spend time with Australians, and thus it allowed them the chance to assess the reality of the 'Anzac' legend. Though in this example the men were not 'wild or woolly', they did arrogantly compare their fighting abilities to that of the British – once again demonstrating the pervasive nature of the Anzac legend.

Sister Sylvia continued to discuss the reasons for the supposed bad behaviour of the Australians. She reported their 'disdain of all N.C.O's and officers' and suggested that this was because 'they have no regimental traditions to look back on and to maintain'.⁴⁶² However, 'as patients they are considerate and grateful' but to rule them: 'with an iron rod is impossible, but when treated with a certain amount of leniency, no one could expect more kindness.'⁴⁶³ She then attributes this disdain of rules to their upbringing on the fringes of the British Empire: 'considering the free life to which most of our Colonials are accustomed, it

⁴⁶⁰ 'What I think of Australians', *Coo-ee! The Journal of the Bishop's Knoll Hospital Bristol*, Vol. 1, No. 2 (20 December 1916), p. 21.

⁴⁶¹ *Ibid.*

⁴⁶² *Ibid.*

⁴⁶³ *Ibid.*

is marvellous how well they conform' to the hospital environment. Sister Sylvia was not only demonstrating Australian attitudes towards their militaristic surroundings, but she was also epitomising the patronising attitude many members of the British public and the military felt towards the Colonies and Dominions. She sounded surprised that these men from the outback were able to deal with the hospital rules at all.

In their own contributions to magazines, wounded soldiers were also keen to emphasise their geographical isolation on the fringes of the Empire. When asked to talk about English girls in hospital, Gunner F. Jackson reported that 'we ain't used to women folk around the parts I come from, and those we do see, well – you don't get duchesses straying around in the bush.'⁴⁶⁴ In this example, Jackson is emphasising the difference between British and Australian lifestyles. This suggests that the Australian soldier utilised the hospital space, and their respective magazines, to compare their lifestyles with those of the British, and to consolidate a distinctly Australian identity. In addition, Jackson's work hints at the class background of the women working or volunteering in his institution. His contribution suggests that he was unprepared to meet and mingle with women of such high social classes, and as such, he used humour in order to subvert the situation and turned it into a form of social commentary on Australian identity.

This Australian identity was a popular motif throughout a variety of different Australian hospital magazines, and was expressed through many mediums. One poem published in *The Harefield Boomerang* read:

I-tiddley-i-ty,

Tommie can have old Blighty;

⁴⁶⁴ 'English Girls – God Bless 'Em', *Coo-ee!: The Journal of the Bishop's Knoll Hospital Bristol*, Vol. 1, No. 4 (20 February 1917), p. 26.

We think it a failure-
Give us Young Australia.⁴⁶⁵

It is clear that the hospital space and its accompanying magazines gave soldiers the opportunity to present and print their nationalist and patriotic sentiments.

Soldiers were able to engage with the 'Anzac' legend, and discuss their love of Australia in a non-threatening environment – as they were 'wounded heroes' no one could accuse them of disloyalty to Britain. Historians have discussed the way that the First World War became a crucible for the Australian nation and how soldiers enjoyed and perpetuated the 'Anzac legend' themselves. Through contributions like this, it is clear that Australian soldiers were keen to express their nationalistic sentiments and identities while recovering within hospitals.

Australian soldiers continued to discuss a variety of differences between British and Australian ecosystems, and included references to Australian battalion's use of indigenous animals as mascots. This was done to further consolidate their national identity. One hospital magazine discussed Tommy Brown, the late mascot of the Motor Transport Section of a Supply Column of the Australian Field Force (Figure 10).⁴⁶⁶ The article stated that the 'Kaola' [sic] 'is indigenous to practically the whole continent'. Tommy Brown had a regimental number (11,778) and an identification disc suspended from his neck. It was not uncommon for Australian troops to have mascots: other battalions brought kangaroos with them to Britain.⁴⁶⁷ These animals were especially important to Australian men, as they were indigenous to their home country. The inclusion of

⁴⁶⁵ 'Whizz-Bangs', *The Harefield Park Boomerang*, Vol. 1, No. 8 (April 1917), p. 9.

⁴⁶⁶ Hugh C. Dellow, 'Tommy Brown – Now Defunct', *Coo-ee!: The Journal of the Bishop's Knoll Hospital Bristol*, Vol. 1, No. 3 (20 January 1917), p. 24.

⁴⁶⁷ 'The King Reviews Australian and New Zealand Troops on Salisbury Plain', *Daily Mirror* (29 September 1916), p.1.

these articles in the hospital magazine and British national press set the environment and wildlife of Australia apart from their current surroundings. It allowed the Australian soldiers to educate the British public about the differences between their lifestyles and their ecosystems, resulting in animals becoming an indicator of Australian identity. They were utilised in order to buttress the national identity of Australian regiments, to emphasize the dangerous and different environment that these men came from, and to further differentiate themselves from their British counterparts.

As Australian soldiers were largely isolated from their home nation and living within a foreign culture, many chose to write about home. These articles fostered a distinctly Australian community within hospitals, but also more broadly throughout Britain. Their visitors, doctors, nurses and ancillary workers had different upbringings and were products of different cultures. In order to maintain their separate and unique character, the hospital magazine became a way for Australian men to formulate, share, and consolidate their own national identity and create their own community within Britain. One poem emphasised the popularity and audacity of the Australian soldier in his relationships with women.

Who tease all the pretty girls,
and break their hearts – and steal their curls,
Who wonder out of bounds and try
To pass the M.P. on the sly,
And knowledge of his guilt deny?
Lads of the Rising Sun!

Who swear they never did before

Kiss any girl, 'til you they saw?
Who's heart is strong and courage true,
Who came across the waters blue
To save our Flag – and honour too?
Brave lads of the Rising Sun!⁴⁶⁸

In this case the author of the poem is keenly contributing to the maintenance of the Anzac legend. The 'lad of the rising sun' is defiant to authority and irresistible to women – but patriotic and honourable, risking life and limb for the Empire. By presenting themselves as the epitome of masculinity: brave, sexually attractive, and playful, this overwhelmingly positive depiction of the Australian soldier sought to consolidate and perpetuate the Anzac legend, while boosting levels of camaraderie between the Australians in Britain.

Other contributors to hospital magazines also employed to the idea that Australian soldiers were womanising while in Britain:

There's a chap they call the Anzac,
You can see him up in town
With his smartly fitting tunic
And his face of sunny brown;
And although he's but a stranger
He's as proud as any Earl,
If you leave him to his hobby –
Trotting round some pretty girl

⁴⁶⁸ 'Who?', *The Harefield Park Boomerang*, Vol. 1, No. 1 (December 1916), p. 18.

And he'll love her, *now* he'll love her!

While he's staying up in town

And perhaps a few days later,

Till his heart has settled down.⁴⁶⁹

Australians were keen to perpetuate a womanising identity, perhaps as a way to boost morale and camaraderie throughout the wards. This poem cast the Australian soldier as both virile and masculine despite being wounded, and challenged the prevalent idea that disability or wounding was an essentially emasculating experience. The fact that these men were attracting British women was integral to their identity too – it reinforced the notion that Australian men were stronger, bigger, and more appealing than their British comrades. This idea supports the research undertaken by Alistair Thomson for his book *Anzac Memories: Living with the Legend*. Within his interviews he indicates that veterans were unprepared to discuss their exploits within Egyptian brothels, but proudly discussed meeting British and French women.⁴⁷⁰ Though these attitudes were tied to contemporary racism and stigmas surrounding prostitution, it remains an interesting contrast that highlights the wounded Australian's attitudes towards themselves, their comrades, and British women. The hospital space in this instance then, was a place that Australians actively engaged with the 'Anzac legend'. They remoulded their reputation from the defiant rule breaker, to the heroic womaniser, but British women also perpetuated this new reputation.

Other contributions from staff within hospitals played with similar motifs - 'An English Girl' from ward 15 wrote:

⁴⁶⁹ 'The Anzac and his Girl', *The Harefield Park Boomerang*, Vol. 1, No. 2 (February 1917), p. 2.

⁴⁷⁰ Thomson, *Anzac Memories*, p. 31.

Our Khaki Boys, Our sailors,
We love them every one,
But we can't help giving a bit of love
To the Boys of the Rising Sun.

We don't want them for sweethearts,
But we like a little fun...

"They've "Girls" home in Australia,
We've "Boys" behind the gun,
So it's a change for us, and a change as well
For the Boys of the Rising Sun...

So until the War is over
And we've Victory o'er the Hun,
(We ask)
Is it wrong to give a little love
To the Boys of the Rising Sun?⁴⁷¹

This poem supported the fears of British soldiers serving abroad, many of whom were concerned about relationships developing between British women and the variety of foreign soldiers stationed at home. In an attempt to discredit the women who were romantically involved with the soldiery, British society associated them with 'khaki fever'.⁴⁷² As historians have noted, 'khaki fever' was a part of wider

⁴⁷¹ 'The Boys of the Rising Sun', *The Harefield Park Boomerang*, Vol. 1, No. 8 (April 1917), p. 5.

⁴⁷² See Angela Woollacott, 'Khaki Fever' and Its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War', *Journal of Contemporary History*, Vol. 29, No. 2 (April

efforts to control women's sexuality. These women were presented as frivolous and immoral war profiteers. The author of this poem challenged these criticisms and offered an alternative narrative by correlating affection between British women and Australian men as an act of Empire. By equating these relationships with military triumph, the author challenged the predominant narrative of sexual deviance that surrounded women and soldiers, especially non-British soldiers. Hospitals on the home front offered women the opportunity to meet and start relationships with men from all over the world. As this poem demonstrates, it provided British women with the chance to redefine their relationships with foreign soldiers, and these magazines gave them a place to discuss and defend their love affairs while challenging the narrative of 'khaki fever'.

The hospital magazine and the hospital space were places that Australian soldiers and their British comrades were able to discuss and challenge Australian identities and reputations. The poems, stories, and articles were carefully edited and censored to create a positive example of hospital life. To reach a larger audience and encourage charitable giving from abroad, soldiers were able to send copies of *The Boomerang* to Australia free of charge.⁴⁷³ It is clear that efforts such as these were successful, as by the end of 1919 Australia had given £12,131,872 to the war effort through the official channels. This statistic does not contain money raised by smaller charities.⁴⁷⁴ Australian hospital's publications counteracted the stories of insubordination and violence from the front, while encouraging financial gifts from across the Empire.

1994), pp. 325 – 347; Richard A. Voeltz, 'The Antidote to 'Khaki Fever'? The Expansion of the British Girl Guides during the First World War', *Journal of Contemporary History*, Vol. 27, No. 4 (October 1992), pp. 627 – 638; Gail Braybon and Penny Summerfield, *Out of the Cage: Women's Experiences in Two World Wars* (London: Routledge, 1987).

⁴⁷³ 'Editor's Letter', *The Harefield Park Boomerang*, Vol. 1, No. 9 (April 1918), p. 2.

⁴⁷⁴ Ernest Scott, *Official History of Australia in the War of 1914 – 1918, Vol. XI: Australia During the War* (Sydney: Angus & Robertson, 1936), p. 737.

Wounded Australians posed a significant challenge to the authority of the British army. The hospital space posed an opportunity for these wounded men to perpetuate the 'Anzac legend'. Though some Australians chose to maintain the legend in an attempt to foster and strengthen Australian national identity within the wards, others reconstructed and challenged the traditional narrative sounding Anzac soldiers. Similarly, British contributors to hospital magazines made reference to the 'Anzac' legend, and reported how surprised they were that men from Australia were able to follow the hospital rules. The hospital allowed British people to face their imperial prejudices and unified the British Empire by exposing them to their brothers in arms. The hospital was utilised as a political tool to influence people in Britain and further afield, and this function became even more important after the news of neglect and mistreatment of wounded Australian soldiers spread throughout the Empire.

Patriotism and Propaganda in the Australian Hospital

The importance of the hospital space as a site of propaganda peaked after news of spread of the mistreatment of Australian soldiers in Egypt. Men fighting in Egypt faced a two or three-day journey to Alexandria before they received any significant medical treatment, and when they arrived, the quality of care was poor.⁴⁷⁵ Britain and Australia's relationship was strained after stories leaked of men 'being treated as if they had committed a crime in being wounded' while recovering in Mustapha convalescent camp.⁴⁷⁶

Despite Australia's best efforts to operate militarily and medically independently from the British authorities, Britain refused to release its bureaucratic control. At the end of 1915, Australia recommended that Colonel

⁴⁷⁵ Robertson, *Anzac*, p. 192.

⁴⁷⁶ *Ibid.*, p. 202.

Williams be appointed Deputy Director of Medical Services of the Australian Imperial Force (AIF). The War Office, however, refused, and instead placed Williams under their own control in the hope of maintaining unity across all armies of the British Empire. By the end of the war, Neville Howse, who was in charge of the AIF's medical services, wrote that he

personally will recommend to my Government when this war is over, that under no conceivable conditions ought they ever to trust to the medical arrangements that may be made by Imperial authorities for the care of their sick and wounded.⁴⁷⁷

It is clear that cases of neglect or poor organisation in hospitals had serious consequences on Colonial relations and the war effort at large. In order to counteract these stories, the British press, international newspapers, and hospital magazines were utilised to create a positive representation of the lives of the wounded.

This representation was made in a variety of ways. The hospital magazines that were published contained articles focusing on the positive atmosphere and the recreational activities of the wounded. Soldiers were taken out on day trips to historic sites, had tea in lavish gardens, they were treated to gifts and cigarettes, took part in fancy dress competitions, and had parties on the wards. Magazines and national newspapers reported upon visits of famous aristocrats to Australian hospitals. *The Boomerang* and *The Daily Mail* paid special attention to the Duke of Connaught's visit. Connaught was the King's brother and the Governor-General of Canada. Due to this high-ranking position within the Dominions, his presence was

⁴⁷⁷ Howse - Cab 19/33 1511, Public Record Office London cited in Robertson, *Anzac and Empire*, p. 210.

particularly welcome. These stories and depictions of hospital life were removed from reality, but they were effective forms of fundraising that depicted a positive environment for wounded soldiers and brought peace of mind to their relatives thousands of miles away.⁴⁷⁸ In this way, the hospital, the press, and the hospital magazine controlled and influenced morale both at home and abroad. It was a tool that affected imperial relations: the hospital became a politically important space that helped to maintain Colonial and Dominion support for the war.

Wounded Canadians in Britain

While many scholars have examined Canada's role in the war, most monographs are military histories that focus on key conflicts, the battle for conscription, or the motivations behind those that chose to fight within the army. Desmond Morton examines the Canadian officials stationed abroad and the impact they had upon home politics.⁴⁷⁹ Sarah Cozzi has studied the creation of Canadian only social clubs within London, arguing that these institutions were a way to promote Canadian mixing and to prevent soldiers from committing morally questionable activities.⁴⁸⁰ Jeff Keshen argues that the First World War was responsible for building nationalist sentiment within both Canada and Australia.⁴⁸¹ Tim Cook makes a similar case, claiming that as 'the Canadians gained fighting confidence and skills,

⁴⁷⁸ F.C. Ross, 'Our trip to Berkeley Castle', *Coo-ee! The Journal of the Bishop's Knoll Hospital Bristol*, Vol. 1, No. 1 (November 1916), p. 11; 'The Chronicle', *The Harefield Park Boomerang*, Vol. 1, No. 2 (February 1917), pp. 4 – 6; 'Parlez-vous Francais?', *The Harefield Park Boomerang*, Vol. 1, No. 11 (May 1917), p. 7.

⁴⁷⁹ See Desmond Morton, *A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War* (Toronto: University of Toronto Press, 1982).

⁴⁸⁰ Sarah Cozzi, "When You're a Long, Long Way from Home": The Establishment of Canadian-Only Social Clubs for CEF Soldiers in London, 1915 - 1919', *Canadian Military History*, Vol. 20, Iss. 1 (April 2012), pp. 45 – 60.

⁴⁸¹ Jeff Keshen, 'The Great War Soldier as Nation Builder in Canada and Australia' in *Canada and The Great War: Western Front Association Papers*, ed. Briton C. Bush (London: McGill-Queen's University Press, 2003).

they began to develop an independent identity.⁴⁸² Terry Coop discusses the difference between French and English speaking Canadian's attitudes towards the war, concluding that the latter saw it as a momentous achievement that helped to forge a nation, whereas the former were almost unanimously against Canada's involvement in a conflict they believed, did not involve them.⁴⁸³ Less studied, however, is the number of wounded Canadians convalescing and recovering within Britain, and the importance of these hospital sites to both Canadian soldiers and citizens at home.

Although statistics vary, a significant number of Canadians were wounded in the fighting. The official history of the Canadian war effort stated that 144,606 Canadian soldiers were wounded within the conflict (though the official medical history of Australia states that this number was 149,732).⁴⁸⁴ Those who were seriously wounded progressed through the same process as their British counterparts, outlined in Chapter One. At that point, the wounded were distributed to hospitals within Britain

as the exigencies of the service demanded; Canadian convoy hospitals in England receiving patients from all the armies of the allied forces; and Canadian patients were in varying practice directed to Canadian hospitals. By final agreement with the War Office, arrangements were arrived at whereby Canadian patients, as soon as they were fit to moved comfortably from their first hospitals in England, were sent to Canadian general, special, and

⁴⁸² Tim Cook, *Clio's Warriors: Canadian Historians and the Writing of the World Wars* (Vancouver: UBC Press, 2006), p. 11.

⁴⁸³ Terry Copp, 'The Military Effort, 1914 - 1918' in *Canada and the First World War*, ed. David Mackenzie (Toronto: University of Toronto Press, 2005), pp. 35 - 61.

⁴⁸⁴ Andrew Macphail, *The Medical Services: Official History of the Canadian Forces in the Great War 1914 - 1919* (Ottawa: Fortescue Duquid, 1925), p. 393; Butler, *The Australian Army Medical Services*, p. 881.

convalescent hospitals, where they were treated to a finality or invalided home by Canadian, hospital ships.⁴⁸⁵

While hospitals existed for the benefit of Canadian soldiers, in reality, the severely wounded were placed in the most convenient hospital possible, regardless of their nationality. Theoretically, they were to be transferred to Canadian-specific institutions when they could be moved safely. The War Office charged Canada three shillings per head for soldiers within their hospitals, in response Canada implemented a similar charge for any non-Canadians recovering in their hospitals.⁴⁸⁶ On October 27 1916 there were 20,526 wounded Canadian men recovering within Britain.⁴⁸⁷ Though the number varied throughout the war, wounded Canadians had a significant presence throughout Britain, especially in areas such as Kent. Unlike the New Zealand or Australian forces, the relative geographic closeness of Canada meant that by 1915 the authorities planned the construction of convalescent camps within Canada. This removed the pressure on British institutions, but also allowed men to return home and convalesce in more familiar surroundings.⁴⁸⁸

Hospitals for Canadian wounded were created throughout Britain. One of the most well known was the Her Royal Highness Duchess of Connaught Red Cross Hospital, which was opened on the estate of Cliveden House in Taplow, Buckinghamshire. The Astors originally offered their home to the War Office in the hope of creating a hospital, but the British authorities rejected this proposal. Undeterred, Nancy and Waldorf Astor offered it instead to the Canadian Red Cross who refused the use of the house, but created a hospital on the covered tennis

⁴⁸⁵ Macphail, *The Medical Services*, p. 139.

⁴⁸⁶ *Ibid.*, p. 136.

⁴⁸⁷ *Ibid.*, p. 160.

⁴⁸⁸ 'Canadian Convalescent Homes', *The Hospital*, Vol. LVIII, No. 1522 (14 August 1915), p. 406.

courts within the gardens.⁴⁸⁹ This section of the chapter explores the significant role of the stately home hospital in maintaining good relations between Britain and Canada, to argue that the hospital space became an important political tool utilised to maintain faith in Empire. In addition, it explores the ways that Canadian men were able to assert a strongly Canadian identity while recovering in Britain.

Segregation and Separation: Sam Hughes' Report

As evident in the case of Australians, hospital care was a sensitive and significant issue that impacted on relations between Britain and its Colonial and Dominion allies. This section examines a controversial report published in 1916, in which Canada's Minister of Militia, Sam Hughes, criticised the British medical services. This significantly affected public support for the war within Canada. It highlights the political importance of hospitals in Britain by demonstrating their ability to significantly alter morale at home and abroad. In order to understand the significance of the report, this section draws upon the official medical history of Canada, British medical journals, newspapers, the personnel correspondence of Nancy Astor, and the hospital magazine created within Cliveden House.

Similar to the Australian situation, Canada had little experience with modern warfare when the conflict began in 1914. However, their brief involvement in the Boer Wars had convinced many Canadians that they were better suited to army life than the British. These feelings were reinforced by the news of moral and physical degradation of the urban population in Britain.⁴⁹⁰ Though the Canadians were not subject to their own 'Anzac' legend, expectations of the 'frontier men' were high. It was believed that 'Canadians would finally

⁴⁸⁹ B.M. Ansell, E.G.L. Bywaters, P.E. Spencer, J.P. Tyler, *Looking Back 1947 – 1985: The Canadian Red Cross Memorial Hospital Cliveden, Taplow, England* (Buckinghamshire: B.M. Ansell, 1997), p. 7.

⁴⁹⁰ Morton, *When Your Numbers Up*, p. 5.

demonstrate the loyalty, grit, and fortitude necessary to qualify the Dominion for more influence in deciding imperial affairs.⁴⁹¹ Unlike Australia, however, the Canadian population was divided into two distinct groups demarcated by religion and language. While the English speaking Canadians were drawn to war by their imperial attachments, the French speakers in Québec were less willing to participate.

The divide between the two different sections of Canada was not a new phenomenon. Writing in 1892, George R. Parkin argued that the separation was due to religion, rather than language.⁴⁹² Henri Bourassa in 1902 discussed why the French Canadian disliked the imperialism that the English speakers revelled in. He argued that:

constant immigration from the British Isles has kept the English-speaking Canadians in close contact with their motherland; so that even now they still speak of the “Old Country” as their “home,” thus keeping in their hearts a double allegiance.⁴⁹³

This is evident in the recruitment of Canada’s army in 1914. Though many English-speaking Canadians volunteered, only 62,000 of the 620,000 eligible French-speaking Canadians enlisted, and people in Québec rioted against conscription in

⁴⁹¹ Jeffrey A. Keshen, *Propaganda and Censorship During Canada’s Great War* (Edmonton: University of Alberta Press, 1996), p. 3.

⁴⁹² George R. Parkin, ‘The French-Canadian Question’ in *Imperialism and Nationalism, 1884 – 1914: Conflict in Canadian Thought*, ed. Carl Berger (Toronto: The Copp Clark Publishing Company, 1969), p. 32.

⁴⁹³ Henri Bourassa, ‘Why French Canadians Oppose Imperialism’ in *Imperialism and Nationalism, 1884 – 1914: Conflict in Canadian Thought*, ed. Carl Berger (Toronto: The Copp Clark Publishing Company, 1969), p. 67.

1916.⁴⁹⁴ Bourassa believed the lack of enthusiasm for imperialism was because the French-Canadian 'does not find in the glory of Empire a compensation and a solace for the losses suffered by Canada.'⁴⁹⁵ Bourassa believed that the sharing of Canadian territories with America in 1842, and economically important fisheries in 1872, had significant repercussions on relations between Québec and Britain.

The lack of enthusiasm or volunteers from the French speaking districts of Canada impacted the hospital space and the war effort more generally. It meant that the pool from which volunteers were drawn became increasingly smaller, and thus, the propagandistic function of the hospital space became more important. The hospital was a tool that reminded Canadians that the British government cared for their wounded and appreciated their sacrifices. Though the hospital space was important for maintaining morale for all of the countries involved in the war, for Canada the need for propagandistic representations of the hospital increased after 1916.

On July 31, 1916, the Minister of Militia in Ottawa, Sam Hughes, commissioned an inspection of all British hospitals that Canada helped to fund. Hughes was a popular politician and was often credited for the creation of the Canadian forces in 1914. However, as the human cost of the war became more apparent, his popularity waned. A keen believer in patronage politics, Hughes intentionally appointed numerous ministers with overlapping duties to work within Britain, thereby complicating the political procedures that governed Canadians away from home.⁴⁹⁶ Prior to January 1916, the War Office attempted to place Canadian soldiers within their national institutions; however, with the

⁴⁹⁴ Patrice A. Dutil. 'Against Isolationism: Napoléon Belcourt, French Canada, and 'La grande guerre' in *Canada and the First World War*, ed. David Mackenzie (Toronto: University of Toronto Press, 2005), p. 115.

⁴⁹⁵ Bourassa, 'Why French Canadians Oppose Imperialism', p. 29.

⁴⁹⁶ Cook, *Clio's Warriors*, p. 13.

sporadic and often unpredictable arrivals of the wounded, Canadians often found themselves in British hospitals. The report condemned this arrangement. It declared that VAD hospitals run by the British Red Cross were 'merely dwelling-houses, small, isolated, without standard equipment' manned 'by young ladies' and 'civilian practitioners of middle age'.⁴⁹⁷ These untrained women, the report declared, were more interested in finding a husband than they were with providing adequate medical care.⁴⁹⁸ Worryingly, the inspector discovered that some Canadian soldiers were missing after they had transferred through numerous hospitals, others, the inspector concluded, were trapped in convalescent homes when they should be in hospitals or were detained in Britain when they should have been invalided to Canada.⁴⁹⁹ The report also told of Canadian doctors being sent to battlefields devoid of Canadian soldiers and of drug and alcohol addiction amongst Canadian officers.⁵⁰⁰ The discussion of this report within parliament and its subsequent publication to the Canadian public had significant repercussions for the war effort.

Andrew Macphail discussed the consequences of this report in his *The Medical Services*, the official history of the Canadian Forces during the conflict:

In England the results were more marked. Discipline and loyalty in the part of the Canadian medical service installed in England were impaired; men became rivals who should have been friends; the reticence and silent devotion of the soldier gave place to murmurings and discontent. In Canada the results were deplorable... the public came to believe that to the

⁴⁹⁷ Macphail, *The Medical Services*, p. 162.

⁴⁹⁸ Morton, *When Your Numbers Up*, p. 203.

⁴⁹⁹ Macphail, *The Medical Services*, p. 162.

⁵⁰⁰ Morton, *A Peculiar Kind of Politics*, p. 95.

inevitable hardship of the soldier was added the cruelty of medical incompetence and neglect.⁵⁰¹

The report added to the popular notion that the War Office viewed the lives of the Dominion soldiers as inferior to those of British citizens.

A similar scandal emerged when Canadian soldiers complained of the conditions that met them at Salisbury Plain, the Canadian camp where men waited deployment to France.⁵⁰² In response, the British army moved Canadian soldiers into billets and the British into tents. Similarly when the inadequacy of Canada's weaponry and boots was discovered, the British army replaced the boots that dissolved in the mud, but were unable to offer replacements for their out-dated Ross Rifles.⁵⁰³ Although the British army supported Canadians, the lack of replacements for their Ross Rifles reinforced the idea that the British considered themselves superior and their lives more valuable than the men from the Dominions who volunteered for the Empire.

This attitude of superiority was not a new phenomenon. Cecilia Morgan has explored the condescending attitudes towards Canadians in her work on transatlantic tourism. Morgan described how Canadians were often conscious of being judged by the imperial centre. While the majority of the British public were not patronising about the Dominions, the idea that Canadians were 'lacking in the social niceties and culture of Britain' remained a stereotype that plagued the lives of Canadian subjects.⁵⁰⁴ In particular, 'many soldiers sensed a vague feeling of disapproval directed at them, an opinion that could be captured in a single word:

⁵⁰¹ Macphail, *The Medical Services*, p. 4.

⁵⁰² Morton, *When Your Numbers Up*, p. 27.

⁵⁰³ *Ibid.*, pp. 33 – 34.

⁵⁰⁴ Cecilia Morgan, *'A Happy Holiday': English Canadians and Transatlantic Tourism, 1870 – 1930* (Toronto: University of Toronto Press, 2008), p. 120.

colonials'.⁵⁰⁵ While people were aggressive towards them, some were patronising. This attitude was evident in Nancy Astor's personal correspondence. In one letter she wrote that 'I will never forget *my* [my italics] Canadians and somehow when trouble [sic] comes, I have a curious feeling that I want to see them.'⁵⁰⁶ The use of a personal pronoun indicated a paternalistic relationship between Astor and the men who recovered in the tents on her tennis court. It hints at the infant-like Canadian soldier, reliant upon the assistance and care of Astor herself. Her infantilisation of the wounded soldier can be connected to a wider social phenomenon that surrounded the wounded in Britain. Like their British counterparts, men from all over the Empire were infantilised by the hospital space. In many forms of media these individuals were represented as dependent upon British benevolence in order to bolster patriotic sentiment and promote charitable donations. The publication of the report in 1916 seemed to prove the sense of superiority felt by the British; it resulted in an outcry from members of the Canadian government, armed forces, and the public. In this way, Canadian soldiers were doubly infantilised, initially by the British perception of Canadians, and secondly by the hospital space itself. Consequently, calls for the segregation of Canadian soldiers were strongly supported in Canada.

Unsurprisingly, however, the demand for segregation and the report of 1916 were met with hostility from the British press. Many of the British population who were working tirelessly to care for wounded of all nationalities were offended by the report's criticisms. Instead of segregation, articles in the national press and medical journals recommended integration. *The Hospital* discussed the benefits of incorporating soldiers from all over the Empire in the same hospital: 'The Colonial,

⁵⁰⁵ Jonathan F. Vance, *Maple Leaf Empire: Canada, Britain and Two World Wars* (Ontario: Oxford University Press, 2012), p. 57.

⁵⁰⁶ University of Reading Special Collections - MS.1416/1/2/694 - Canadian Letters of Sympathy, 'Correspondence from Nancy Astor to Dr. Cleveland' (11 November 1952).

we are told... likes the opportunity of fraternising with us; of making new friends with us, of getting to know the relatives of his cousins over here.'⁵⁰⁷ Equally, those from the Empire taught British soldiers 'what the Empire means to him', thereby allowing the men to 'appreciate each other's points of view' and 'consolidate the Empire through its warriors.'⁵⁰⁸ In this way, the hospital space was once again used as a propaganda tool. It exemplified the strength and unity between the British Empire, and Canadian criticisms and calls for segregation were viewed as an attack against not only the War Office, but the ideology that underpinned the entire war effort.

The Hospital continued to discuss the issue in the period following the article's publication. It denounced the idea of 'anything like segregation, isolation, and detachment' as 'wholly repugnant to all sympathetic and patriotic citizens', declaring instead that the 'time for isolation and detachment is over, and all influences which encourage union and a sense of oneness stand with a strong patriotic defence.'⁵⁰⁹ By accusing the supporters of segregation of being unpatriotic, *The Hospital* hoped to prevent more voices lending their support to the cause. The press and medical magazines created an anti-imperialist ethos surrounding Hughes and the supporters of Canadian segregation; in so doing, they isolated them and framed them as enemies of the Empire. After Hughes' resignation, *The Hospital* declared that 'it seems to show that Canada either attaches no credence to Sir S. Hughes's wild talk, or regards him as actuated by unpatriotic motives' thereby exonerating Canada for her unpatriotic behaviour.⁵¹⁰ However, the issue did not go away and was brought up once more in January

⁵⁰⁷ 'Where to Treat our Colonial Wounded', *The Hospital*, Vol. LX, No. 1558 (22 April 1916), p. 78.

⁵⁰⁸ Ibid.; 'Bring the Men Together', *The Hospital*, Vol. IX, No. 1559 (29 April 1916), p. 96.

⁵⁰⁹ 'Suggested Isolation of Wounded Canadians', *The Hospital*, Vol. LXI, No. 1584 (14 October 1916), p. 20.

⁵¹⁰ 'Sir Sam Hughes's Allegations about the Treatment of Wounded Canadians', *The Hospital*, Vol. LXI, No. 1589 (18 November 1916), p. 131.

1917. The article argued that the plan was now 'defunct' due to it being too expensive, adding that segregation 'tends to undo the bond of brotherhood sealed in the face of the enemy.'⁵¹¹ In this way, the hospital space, and the men within it, were important political tools for maintaining support for the war in Canada. They became integral parts of the imperial bond that connected Britain with her Dominions. The hospital space was a way of promoting unity and support for the Empire, and thus those who pushed for segregation were framed with an anti-citizen rhetoric.

Cliveden, Canadians and Imperial Propaganda

This section explores the way in which Cliveden hospital was constructed and utilised as a form of propaganda for the public in Britain and the people at home in Canada. It examines newspaper articles, hospital magazines, and correspondence sent to Nancy Astor in the aftermath of the conflict to further reconstruct the propagandistic function of the hospital space.

To maintain a pro-Empire attitude and morale within Canada, hospitals in Britain were represented as hubs of cultural cohesion. A Canadian hospital magazine, *Stand Easy*, published photographs of royal and aristocratic visitors to the institution (Figure 11).⁵¹² The British press reported when Sir Robert Borden, King George V, Queen Mary, Bonar Law and Princess Mary visited Canadian hospitals.⁵¹³ Publishing these accounts was a deliberate attempt to create an atmosphere of appreciation. The visits of prominent politicians, aristocrats, and members of the Royal Family demonstrated a dedication to the war, the wounded,

⁵¹¹ 'The Segregation Scheme Denounced', *The Hospital*, Vol. LXI, No. 1596 (6 January 1917), p. 277.

⁵¹² *Stand Easy: Chronicles of Cliveden* (25 December 1917), p. 9.

⁵¹³ 'Sir R. Borden's Visit to Canadians in Beachborough Park', *The Times* (19 July 1915), p. 5; 'Court Circular: King and Queen Visit Canadians at Cliveden', *The Times* (21 July 1915), p. 9; 'Court Circular: Queen and Princess visit Cliveden', *The Times* (22 July 1915), p. 9; 'Canada in Arms: Bonar Law Visits Beachborough', *The Times* (5 August 1915), p. 8.

and to the Empire that transcended social barriers. It was proof that the higher echelons of society engaged in their patriotic duty, and that wounded men, regardless of where they came from, were treated with respect and dignity.

Similarly, the environment of hospitals such as Cliveden were publicised to emphasize their pleasant surroundings and exemplary treatment. An article in *The Canadian Churchmen* discussed the environment at Cliveden at great length, telling of the

Miles of delightful walks and drives, the trees often meeting overhead; gorgeous rhododendrons of various colours; sumptuous straggling shrubbery, fragrant with many perfumes, quaint old Roman seats and statues here and there which reminded one of nightly revels of gnomes and fairies; a handsome marble fountain vistas of the Thames flowing lazily past- all combined made an ideal location for a hospital.⁵¹⁴

These positive depictions of the First World War hospital visited by British aristocrats demonstrated to Canadian readers that wounded Dominion soldiers were cared for in an exemplary fashion, in an idyllic, and traditionally British environment. The emphasis on the 'quaint old Roman seats' demonstrates the history and prestige of the location, while the fictional 'gnomes and fairies' created a magical and comforting representation of their surroundings.

Comparable attempts to use the English landscape as a propaganda tool was evident in recruitment posters that asked potential British soldiers 'isn't this

⁵¹⁴ University of Reading Special Collections – MS 1416/1/2/656 – First World War Soldiers D 1914 – 1921, 'Glimpses in Hospital Life' in *The Canadian Churchmen* (30 August 1917), p. 559.

worth fighting for?' (Figure 12).⁵¹⁵ The space surrounding Cliveden was used in a similar way. The landscape was fundamental to the hospital and its representation to Canadian and British soldiers. The grounds of Cliveden estate were used to epitomise Britain, and remind the Canadian public of why the war was being fought, while demonstrating the benevolence of the British. The grandeur and pleasant surroundings of the hospital reflected the esteem in which soldiers were held.

Efforts to make the Canadian experience of recovering within Britain pleasant were remarkably successful. Letters sent to Nancy Astor after the conflict demonstrated a longing for the war years that is often forgotten. Private Brook wrote that 'I often wish I was wandering round your beautiful place again', while F.N. Burgers declared that he looks 'back with a great lot of pleasure upon the happy times I spent at Taplow.'⁵¹⁶ While Nancy Astor herself wrote 'We did have happy times at Cliveden, didn't we ? Sometimes I feel I would like the war all over again; just to get you all back!'⁵¹⁷ Other soldiers felt the same way, Private Carberry even went as far as to pen poems to Nancy Astor after the end of the war:

There comes a time
When happy memories will compose
And burst out into rhyme.
My happiest memories of all,
And those I'll think of ever

⁵¹⁵ 'Your Country's Call' (1915) <<http://www.iwm.org.uk/collections/item/object/27751>> [accessed on 4 April 2015].

⁵¹⁶ University of Reading Special Collections - MS1416/1/2/653 - First World War Soldiers B 2 1914 - 1921, 'Correspondence from Private Brook to Nancy Astor' (ND).
University of Reading Special Collections - MS1416/1/2/653 - First World War Soldiers B 2 1914 - 1921 'Correspondence from F.N. Burgers to Lady Astor' (April 23 1918).

⁵¹⁷ University of Reading Special Collections - MS 1416/1/2/659 - World War I correspondence: FII 'Correspondence from Nancy Astor to Mr. Fenner' (28 July 1920).

Are of the ladies that I met
At Cliveden near the river.⁵¹⁸

It is evident that the positive experience of the soldiers within hospitals had significant repercussions on the way they remembered their period of hospitalisation, and the war more generally. These experiences solidified the unity of imperial identity by demonstrating the sacrifices made by the British population: these stories and anecdotes implied that the British took good care of their Canadian comrades, and worked to counteract the controversy of 1916 by strengthening relations between Britain and Canada.

Repatriation and Restoration: the Forming of Canadian identity

While the hospital space was utilised to create a strong imperial identity by the British and the Canadians alike, Canadian soldiers utilised the space to create their own separate identity. Though Canadian soldiers were closer to home than their Australian or Indian comrades, many of them still struggled to find a place within British society, and instead created a distinctly Canadian identity in hospital.

There were clear attempts at creating a unique identity for Canadians within Britain. Sarah Cozzi has examined the use of Canadian-only social clubs in fostering patriotic and nationalist sentiment amongst Canadians within Britain. She argues that wealthy and philanthropic Canadians created these clubs out of a desire to provide moral forms of recreation.⁵¹⁹ These clubs were products of Empire, but they supported and perpetuated Canadian nationalism, and hospitals were used in a similar way. In Cliveden's hospital magazine, authors used images

⁵¹⁸ University of Reading Special Collections - MS1416/1/2/654 - First World War Soldiers C 1 1914 - 1922, 'Correspondence from Pte. J. Carberry to Nancy Astor' (ND).

⁵¹⁹ Cozzi, 'When You're a Long, Long Way from Home', pp. 45 - 60.

and Canadian dialect to construct a national identity that they could all share. (Figure 13) depicts two Canadian (boy) soldiers discussing the use of a captive bear as a mascot.⁵²⁰ 'Oi S'y 'e wouldn't 'alf make a mascot would 'e Bill?' The bear was chosen for this image as it was native to Canada. Its fearsome reputation hinted at the strength of the Canadian soldiers and it made for a similar (albeit more dangerous) mascot, comparable to Australia's use of kangaroos and koalas. Its inclusion demonstrated the Canadian people's power over the wilderness, and it reminded the audience of the 'frontier people' theory and their ability to thrive in inhospitable and dangerous environments. The illustrator also captioned the image in Canadian dialect, thereby sharing a distinctly Canadian identity with the readers. There were similar depictions within trench journals. Canadians wrote poetry about the prairies:

But the prairie breed were the men at need,
and they had back the captured guns
Their fame resounds to the Empire's bounds,
Lads of the grim Far West,
Who saved the day in that breathless fray
And bettered the foemen's best.⁵²¹

While not published within a hospital magazine, this trench journal employed similar tactics. The author reported fondly on the exploits of the 'prairie breed' and portrayed Canadians as the saviours of the Empire. Submissions like this were created to create a Canadian community and to challenge the feelings of isolation that many Canadians felt while serving abroad. The hospital and social clubs in

⁵²⁰ 'Aspirations', *Stand Easy: Chronicles of Cliveden* (25 December 1917), p. 8.

⁵²¹ 'Sons of the Prairie', *The Forty Niner*, Vol. 1, No. 1 (1915), p. 21.

Britain created cohesive Canadian spaces, where men could discuss home in a safe environment. In this way, the hospital space helped to alleviate assimilation issues by promoting involvement with British subjects and forming a Canadian society in British hospitals.

While some Canadians elected to stay in Britain at the end of the conflict, the majority preferred to return home. The experience of living away from home for so long was trying for many, but one soldier recounted that he felt 'like a duck out of water around Toronto, everything seems so different than in England, the war of course is the sole topic, & no one seems to know much about it.'⁵²² Canadian civilians were relatively isolated from the war and consequently, many repatriated soldiers struggled to reintegrate into society. This was a common experience. Scholars like Jeffrey Reznick and Ana Carden-Coyne have explored the isolation felt by wounded British soldiers upon returning to Britain, but the experience of men from the Dominions has received much less attention.⁵²³ It appears that the Canadian identity forged at home and in the hospital in Britain did not translate to an easy homecoming, and some Canadian soldiers still found their return home to be extremely difficult.

The hospital was used to repair the strength and health of the Canadian men injured in their duty to the Empire. It also served as a political tool for maintaining the unity and strength of the Empire. Hospitals provided evidence for the value Britain attached to its relationship with Canada, including visits by dignitaries and royalty. Conversely, the hospital and medical care was used to frame the promoters of segregation as enemies of Empire and unpatriotic citizens.

⁵²² University of Reading Special Collections - MS 1416/1/2/671 - First World War Soldiers R 2, 'Correspondence from Clarence Reed to Nancy Astor' (31 March 1918).

⁵²³ See Jeffrey Reznick, *Healing the Nation: A Culture of Caregiving in Britain 1914 - 1919* (Manchester: Manchester University Press, 2003); Ana Carden Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014).

Canadians themselves utilised the hospital institution to create and foster a distinctly Canadian identity within Britain in order to help soldiers recover from their wounds and to strengthen the sense of community between Canadians away from home. The Canadian hospital space was both a political tool for the British and a cultural comforter for the Canadian: it helped to pacify and consolidate imperial relations and worked to build a stronger 'brotherhood' of the British Empire.

India in the First World War

A significant number of Indians fought with the British Empire during the First World War. Similarly to other nations involved, India's peacetime army grew substantially, swelling from 240,000 men to nearly 1.5 million.⁵²⁴ While it is appropriate to discuss volunteers from Australia, Britain and Canada, the word 'volunteer' was not applicable to the Indian army as many were coerced or forced into fighting. While the original intention was to leave the Indian army out of Europe, many Indian soldiers were quickly dispatched to fight on the Western Front. Contemporaries were concerned with this arrangement: if sepoys were authorised to fight white (albeit German) men within Europe, what would stop them from challenging the power structures that governed them at home?

The British authorities hoped to keep Indian soldiers out of Britain by creating a hospital in Orleans. The French government, citing concerns of railway congestion, rejected this proposition. As a result, the War Office had no choice but to create Indian hospitals within Britain.⁵²⁵ It was decided that unlike the men from the Dominions, Indians should be treated in segregated hospitals. Many were

⁵²⁴ Gajendra Singh, 'India and the Great War: Colonial Fantasies, Anxieties and Discontent', *Studies in Ethnicity and Nationalism*, Vol. 14, No. 2 (2014), p. 343.

⁵²⁵ Samuel Hyson and Alan Lester, "British India on Trial": Brighton Military Hospitals and the Politics of Empire in World War I', *Journal of Historical Geography*, Vol. 38 (2012), p. 21.

sent to recover in Brighton, where a variety of buildings were requisitioned.

Perhaps most well known was the hospital created within the Royal Pavilion at Brighton, but other Indian soldiers were housed in Kitchener's Hospital in the Brighton workhouse and the hospital at York Place School. In addition to these, the Indian Relief Fund financed the Lady Hardinge Hospital in Brockenhurst.

In comparison to the wounded from the Dominions, Indian soldiers have been the recipients of more scholarly attention. Samuel Hyson, Alan Lester, and Andrew Tait Jarboe have examined the hospital space occupied by Indian soldiers in Britain. These historians have argued that the hospital space became a site of regulation and repression for the Indian patients, due to concerns surrounding the maintenance of white prestige. More common, however, are studies that examine racial discourses surrounding Empire and the First World War.⁵²⁶ Other, more general works surrounding India's involvement in the conflict have been produced by Hugh Tinker and Gordon Corrigan.⁵²⁷ In addition, Santanu Das has collated an edited collection surrounding the role of the British Empire in the First World War, within which, Alison Fell has examined the role of female nurses in the treatment of the Colonial wounded and Christian Koller has studied letters sent from Indian, African, and European soldiers.⁵²⁸ Both authors remind the reader that the events of the First World War cannot be viewed in isolation; rather, the war effort must be

⁵²⁶ See Hyson and Lester, 'British India on trial'; Andrew Tait Jarboe, 'Healing the Empire: Indian Hospitals in Britain and France During the First World War', *Twentieth Century British History*, Vol. 26, No. 3 (2015), pp. 347 – 369; Gregory Martin, 'The Influence of Racial Attitudes on British Policy towards India during the First World War', *The Journal of Imperial and Commonwealth History*, Vol. 14, No. 2 (1986), pp. 91 – 113; Singh, 'India and the Great War', p. 343.

⁵²⁷ Hugh Tinker, 'India in the First World War and After', *Journal of Contemporary History*, Vol. 3, No. 4 (October 1968) pp. 89 – 107; Gordon Corrigan, *Sepoys in the Trenches: The Indian Corps on the Western Front 1914 – 1915* (Stroud: Spellmount Limited, 2006).

⁵²⁸ Alison S. Fell, 'Nursing the Other: the Representation of Colonial Troops in French and British First World War Nursing Memoirs' in *Race, Empire and First World War Writing*, ed. Santanu Das (Cambridge: Cambridge University Press, 2011), pp. 158 – 174; Christian Koller, 'Representing Otherness: African, Indian and European Soldiers' Letters and Memoirs' in *Race, Empire and First World War Writing*, ed. Santanu Das (Cambridge: Cambridge University Press, 2011), pp. 127 – 142.

studied in tandem with contemporary social mores and attitudes surrounding race, masculinity, prestige, and Empire.

Racial Discourse and Displays of Difference

This section delineates the ways in which the hospital was presented to the British and Indian public and was utilised as a form of propaganda. Similar to Canadian and Australian hospitals, these sites became newspaper fodder; stories of Indian warriors, wounded sepoy, royal visits and hospital conditions were widespread within the British national and local press, in order to emphasise the strength of the British Empire. Conversely, the spread of information to India was censored. This section argues that in comparison to the hospitals created for the Dominions, Indian hospitals were not nationalistic tools that created distinct Indian identities; rather, they served to limit Indian nationalism, instead promoting the ideas of strength through Empire and dependence upon Britain. However, in order to do this, the British press had to reconstruct the reputation of the Indian soldier.

In the aftermath of the 1857 Indian Mutiny, Indians were not depicted positively in the British press. After the rebellion, there was an influx of media that focused on the events of 1857: novels, plays, histories, parliamentary debates and poetry all covered the topic.⁵²⁹ Most of these tended to focus on the joy and strength of Empire, on heroic Christianity, and the triumph of civilisation in order to justify imperial policies. Newspapers published extracts from some of the more dramatic retellings, reminding readers of the atrocities at Cawnpore: 'wretched multitudes of women and children crouched behind the boats, or waded out into deeper water... to lessen the probability of being shot.'⁵³⁰ Cawnpore stunned the

⁵²⁹ Gautam Chakravarty, *The Indian Mutiny and the British Imagination* (Cambridge: University of Cambridge, 2004), p. 2.

⁵³⁰ 'Incidents of the Siege of Cawnpore', *Luton Times and Advertiser* (25 June 1859), p. 2.

British public - it became a 'public symbol of... Indian atrocity', and it reminded those within Britain of the necessity of the Empire.⁵³¹ Articles such as these were published to reaffirm the public's belief in Britain's obligations as a civilised nation. The publication of reports or extracts such as these ensured that some members of the British population viewed Indians with suspicion or fear, well up to the First World War.

The racial discourse that surrounded the differences between India and Britain were articulated in the press throughout the nineteenth century. These articles focused on the physical and supposed mental differences between the British public and the Indian soldiers. Throughout the nineteenth century non-white people were displayed and exhibited for profit within the British metropolitan areas.⁵³² These performers were constructed in ways that emphasised their bodily differences and reflected contemporary notions of race, as well as current political events. Marlene Tromp argues that freakery was one of the 'many discourses that helped construct - as well as destabilise - the rhetoric of Empire'.⁵³³ Here Tromp argues that it impossible to distance these exhibitions and sideshows from their social, political, and cultural contexts. For example, when Mohammed Baux was exhibited in 1860, his carte de visite advertised him as the son of a sepoy, but he wore British military clothes in order to distance the exhibition from the violence of 1857.⁵³⁴ Those in charge of these exhibitions

⁵³¹ Lillian Nayder, 'Rebellious Sepoys and Bigamous Wives' in *Beyond Sensation: Mary Elizabeth Braddon in Context*, ed. Marlene Tromp, Pamela Gilbert, and Aeron Haynie (Albany: State University of New York Press, 2000), p. 38. Cited in Marlene Tromp, 'Empire and the Indian Freak: The Miniature Man from Cawnpore and the Marvelous Indian Boy on Tour in England' in *Victorian Freaks: The Social Construction of Freakery in Britain*, ed. Marlene Tromp (Ohio: Ohio State University Press, 2008), p. 164.

⁵³² For more information see Sadiyah Qureshi, *People's on Parade: Exhibitions, Empire, and Anthropology in Nineteenth-Century Britain* (London: University of Chicago Press, 2011); Douglas A. Lorimer, *Science, Race Relations and Resistance Britain, 1870 - 1914* (Manchester: Manchester University Press, 2013); Tromp, 'Empire and the Indian Freak'.

⁵³³ Tromp, 'Empire and the Indian Freak', p. 158.

⁵³⁴ *Ibid.*, p. 164.

constructed Indian performers in ways that pacified the British public's racial fears.

Similarly to the exhibition of Indian people within the entertainment industry in the nineteenth century, the hospital space was utilised as an educational and entertainment tool: the British were able to visit these men to gain a better understanding of racial difference. In order to challenge the dangerous narrative that surrounded Indian men, the hospital space was employed to positively reflect the differences of the men within. The architecture of the Royal Pavilion supposedly echoed that of India; the internal decoration 'projected scenes of Punjab life' to the British, thereby allowing visitors the opportunity to visit the Orient without having to undertake the perilous journey.⁵³⁵ These scenes were carefully chosen in order to emphasize the positive elements of life in India, in an attempt to forget the violent events of the past. The reputation of the soldier was not only reconstructed via visits to the hospital space, but also through newspaper articles that functioned as propaganda to alter British perceptions of their Indian visitors.

Pavilion Propaganda, Indian Hospitals within Britain

The arrival of the wounded Indians within Britain during the First World War ensured that it was important to challenge this established narrative to placate the British population's concerns.

For those that could not visit Brighton in person, newspapers published pictures and articles that countered the Indian's dangerous reputation and reinforced the faith of British citizens in the strength and benevolence of Empire. The press constructed a new image for the wounded sepoys in order to encourage

⁵³⁵ Jarboe, 'Healing the Empire', pp. 362 – 363.

this reappraisal of Indian men. Their violent reputation was reimagined and instead the press created a grateful, loyal, and dependent member of the British Empire.

This dependence was well documented throughout the national and local newspapers. Articles discussed the Indian men's arrival to Britain and the creation of their own specific hospitals; they examined life in the institutions and detailed the special requirements of the patients within.⁵³⁶ These editorials were carefully crafted to influence the opinions of the British citizen: they pandered to the supposed cultural superiority of the British by sharing stories of benevolent paternalism. To achieve this, newspaper articles represented the British as the necessary guardians of the wounded sepoys, framing the Indians as dependent inferiors rather than warriors of equal status. In one article it was reported that:

“men are children of a larger growth,” and this is particularly true of the simple-minded sons of Ind., who, before their enlistment, had little knowledge of the world beyond their mud-built villages. Like Dick Whittington they had heard of London, and may have imagined it a city paved with gold.⁵³⁷

By presenting Indian men as dependent on the benevolence of Britain, articles like this justified the British Raj to the British population. This was due, in part, to the racial and imperial discourses that surrounded British interpretations of India. Darwinian ideas helped to create ideas of racial inferiority and superiority that

⁵³⁶ ‘The Wounded Indians at Brighton’, *Western Daily Press* (29 December 1914), p. 2; ‘Wounded Indians at Brighton’, *The Times* (28 May 1915), p. 11.

⁵³⁷ Lt. Col. H R Woolbert, ‘What the Indian Soldiers Thought of Brighton’, *The Pavilion ‘Blues* (1 June 1916), pp. 4-5.

worked to justify European imperial policies throughout the world, and these were reflected within contemporary publications.

Other articles spoke about the physical size and strength of the Indian forces:

Out of doors I had an opportunity of seeing the different physical types.

Some are exceedingly handsome men with brilliant eyes and finely moulded features. Lots of them are of keen intelligence, well up in the history and causes of the war.⁵³⁸

They emphasized the Indian soldiers' ability to fight for the Empire and protect the British from enemy forces. They stressed their positive physical attributes and their 'keen intelligence' to challenge the dangerous, lustful, and savage reputation that was created in the wake of the 1857 Indian Mutiny. Simultaneously, articles worked to represent the Indian wounded as being dependent upon British paternalism, thereby nullifying any threat they posed to British people. This dependence 'proved' the need for British rule in India while combatting calls from Indian nationalists. The article continued:

Our Indian friends have their little vanities, and spend a lot of time combing and perfuming their luxurious raven locks, winding on their turbans, and smiling to themselves in their looking-glass. Gifts which pander to those little weaknesses, in the shape of combs, perfumes, and mirrors, are greatly

⁵³⁸ 'Our Indian Soldiers: Care of the Wounded', *Edinburgh Evening News* (21 August 1915), p. 9.

appreciated, and there is also a grateful acceptance of cigarettes (not all of them smoke, however), and the sweetest of sweetmeats.⁵³⁹

Though it praised the physical stature of the Indian men, it concluded with a description of their feminine attributes. It suggests an emotional immaturity or a childlike 'weakness' for material gifts, and lists their favourite presents – ones that were typically given to women. Another article described the excitement that photography could incite, which further suggested a childlike interest in Western technology, working to aggrandise Britain and infantilise the Indian. 'If they ever see a camera they love to be in front of it, and nothing pleases them better than to see their photos in a paper.'⁵⁴⁰ Another entitled 'Indians like magic' praised the conduct of the men as being 'like gentlemen' and described their enthusiasm for electrical treatment, reporting that they 'they regarded it as "jadu" or magic'.⁵⁴¹ In this way the British press worked tirelessly to alter British perceptions of the men from India. They were presented as dependent upon the benevolence of the British to challenge the reputation that had been created in 1857; Indian soldiers were infantilised and fetishized to stimulate charitable interest amongst the British population. These articles were carefully constructed to inspire sympathy and appreciation for India's sacrifices, and to placate concerns that many had about the arrival of Indian men within Britain. They also worked to maintain faith and belief in the benevolence of the Empire, which was underpinned by contemporary racial discourse.

These propagandistic representations of Indian hospitals were not limited to a British audience. The Indian soldiers of the Brighton hospitals created *Akhbar-*

⁵³⁹ 'Our Indian Soldiers: Care of the wounded', *Edinburgh Evening News* (21 August 1915), p. 9.

⁵⁴⁰ 'Appreciation from the Indian Wounded Soldiers', *Ballymena Observer* (2 July 1915), p. 4.

⁵⁴¹ 'Indians Like Magic', *Evening Dispatch* (30 October 1915), p. 5.

i-Jang, a hospital magazine, which was available in Urdu, Gurmukhi, and Hindi. These newspapers contained censored information about the war, examples of Indian bravery, and details about the hospitals. This magazine was part of a larger propaganda effort. The British Raj created a vast amount of propaganda throughout the war, including 4 million leaflets, 331,000 posters, 2,500,000 war journals and 275 communiqués, and the hospital space used in a similar way.⁵⁴² Soldiers had their photographs taken during royal visitations, on day trips, and articles told of the respectful ways the British were treating the different castes from the Indian army.⁵⁴³ In this way, the hospital space was utilised as a propaganda tool to maintain the popularity of Empire. This was very similar to the propaganda that focused on hospitals for Canadian or Australian wounded – however, the Indian hospitals underwent more stringent censorship and the wounded had far less agency when it came to depicting the reality of hospital life. The site of the hospital was constructed as a scene of imperial benevolence to support for the war throughout India, and as Hyson and Lester have demonstrated, the space ‘bolstered imperial governance through wonderment at English grandeur and manners and pride in fighting for King and Empire’.⁵⁴⁴

Racism, Violence, and Censorship: Life in the Indian Hospitals

If the hospital space was used to reinforce belief in Empire within Britain, it also hoped to do the same amongst civilians within India. By the end of September 1914 it was decided that Indian soldier’s postal correspondence needed to undergo censorship. While at first it was limited to inward mail, it was quickly

⁵⁴² Hyson and Lester, ‘British India on Trial’, p. 30.

⁵⁴³ *Ibid.*

⁵⁴⁴ *Ibid.*

extended to include letters being sent from both Britain and France. Soldiers were told not to write about the war as the authorities were concerned that:

they might conceivably [have] given information of military value to the enemy, and they certainly would have terrified their relatives and so caused considerable political danger by exaggerated or even accurate, accounts of the sufferings which they were required to endure.⁵⁴⁵

Arguably, this 'political danger' was the most pressing concern for the British government. Fears of further rebellion or a potential overthrow of the British Raj were prominent in the aftermath of 1857, and with the outbreak of war in 1914, it became apparent that the resources in India would be instrumental in the conflict. This made it imperative for Britain to maintain good relations with the Indian population. Consequently, negative representations of the British, or their medical system, were censored. It is evident that Indian soldiers were treated differently to their white counterparts: non-Indian hospitals underwent localised censorship, but it was only Indian men who came under centralised scrutiny. In this way, the information sent from the hospital spaces within Britain was inspected to avoid political inflammation, thereby ensuring the hospital was utilised effectively as a propaganda tool.

The censors stopped a wide variety of letters from reaching their destinations. The course of action taken by the censor differed depending on the severity of the content, while some had parts deleted, other letters were removed and destroyed entirely. The content that was deemed inappropriate varied from disparaging references to white women: 'The girls of this place are notorious and

⁵⁴⁵ BL - IOR/L/MIL/5/828 - *Military Dept. Censor of Indian Mail 1914 - 1918*, 'Report on the Twelve Months' Working of the Indian Mail Censorship, dated 7th November 1915', p. 1.

very fond of accosting Indians and fooling with them. They are ready for any purpose, and in truth they are no better than the girls of Adda Bazar of Indore', to those who criticised the medical care supplied by the British: 'In England we get nothing at all to eat. The wives of the European soldiers who have been killed in battle are wandering about starving, and the war is still going on.'⁵⁴⁶ The censorship of these two letters in particular sought to prevent the spread of negative attitudes towards both the war itself, and the British Raj. The censors worked tirelessly in order to prevent damaging impressions of the British from gaining a foothold in India, hoping instead to share the image of the benevolent, paternalistic Empire, fighting for both British and Indian freedom.

In stark contrast to the image that was constructed and shared with both the Indian and British public, some evidence suggests that these institutions were not sites of imperial cohesion. Rather, if an anonymous letter is to be believed, they were sites of racial antagonism, oppression, and violence:

I can tell you that one day a Colonel said to a patient "You are a malingerer." After saying this he went away to his quarters. After that one or two (?) accursed Christian ward orderlies beat that Indian soldier in such a fashion that blood ran from his fundament. After that a native officer of India brought the sepoy before the Colonel Commanding (and pointed out) that he had been thus unjustly beaten by the ward orderlies. The Colonel replied "Subedar Sahib, I cannot say anything to a white man on account of a sepoy." Now it is a time to reflect. We took no oath (to serve in) Europe. We

⁵⁴⁶ Correspondence from M.L. Tilhet (Hindustani Hindu) to Pyari Las Tilhet (Muzaffarnagar, UP) 21 February 1916, Indian Convalescent Home, New Milton, letter 251 – 155 in David Omissi, *Indian Voices of the Great War: Soldiers' Letters, 1914 – 1918* (Basingstoke: Macmillan Press LTD, 1999); BL - IOR/L/MIL/5/828 - *Military Dept. Censor of Indian Mail 1914 – 1918, Part 1* 'Correspondence from Ramanath Sing, Ward Orderley, Kitchener's Indian hospital, Brighton to Lumbada Balwant Singh, village Panthera, Patiala' (Hindi 14/7/15), folio 5.

have crossed the seven seas and left our homes and our dear ones and our parents and for the honour of such an unjust and false-promising king we have sacrificed our lives. And now this is the honour that we get in his Council. No doubt before them we are regarded as inarticulate animals, but who can say that to oppress and dishonour us is good.⁵⁴⁷

Unsurprisingly, this letter did not make it past the censors. The anonymous nature of the correspondence suggests an awareness of the presence and effectiveness of the British censors. This source contradicts the propaganda that was presented to both the British and Indian populations. Rather than being sites of imperial benevolence, guidance, and paternalism, at least in the case of the author, the hospital became a scene of violence and oppression.

Other censored letters hint that soldiers were unhappy with the highly regulated environment of the Indian hospitals. In attempts to maintain white prestige and the believed superiority of the British, wounded sepoys were controlled through strict disciplinary procedures. The Kitchener Hospital, surrounded by barbed wire and patrolled by military police, was widely considered to be the strictest of these institutions.⁵⁴⁸ The men were said to require a 'good deal of supervision' to prevent them accessing alcohol or leaving the hospital unsupervised.⁵⁴⁹ Eventually the maintenance of military discipline within the institution successfully 'converted a mob of bazaar coolies into an efficient body of men.'⁵⁵⁰ The inclusion of derogatory language in Seton's report is indicative of the racial and imperial discourses that dictated the need for such

⁵⁴⁷ BL - IOR/L/MIL/5/828 - *Military Department Censor of Indian Mail 1914 – 1918, PT. 1 FF. 1-202*, Withheld letter from Pavilion Hospital, Brighton, to Loe. Nk. Aman Khan, of Bhamo Battalion, 129th Baluchis (Urda, 19/1/16), folio 127.

⁵⁴⁸ BL - IOR/L/MIL/17/5/2016, Col. Bruce Seton, 'Report on the Kitchener Indian Hospital', p. 7.

⁵⁴⁹ *Ibid.*, p. 5.

⁵⁵⁰ *Ibid.*, p. 9.

discriminatory disciplinary policies. This highly regulated environment culminated in the attempted assassination of Colonel Bruce Seton by an Indian Sub-Assistant Surgeon. In his own report, Seton defines the crime as an act of “protest’ against the confinement of the personnel in the Hospital area’.⁵⁵¹ Though the hospital space was utilised as a way to spread belief in Empire and to create an impression of equality and respect towards the Indian wounded, some hospitals were unable to escape the racist discourses that surrounded them, resulting in highly repressive environments. These surroundings worked to counter the unifying construction that Britain presented to its home population, and the Indian people.

The Indian hospital spaces within Britain were employed to emphasize the strength of Empire and the unity of the war effort. Newspaper representations worked to recast the Indian sepoy as a brave and heroic warrior who was both dependent upon Britain’s kindness, and appreciative for the help that he received. These depictions aggrandised British imperial identity; they massaged notions of white superiority and appealed to the arrogance of the British population, while pacifying the deep-rooted fears that many felt as a result of the Indian Mutiny of 1857. Similarly, the space was employed to maintain a pro-Empire attitude within India. Through the creation of the hospital magazine, the guidebook, and photographic depictions of happy Indians, the hospital was a way to emphasize the sacrifices Britain made in order to help her colonial subjects. The censorship of ingoing and outgoing mail prevented the spread of any insidious information and maintained a united appearance. However, the use of censorship, surveillance, and restrictions resulted in feelings of isolation and incarceration, as well as racially motivated violence. For Britain and India, the hospital space became an integral tool for maintaining support for the war, and appreciation for the Empire.

⁵⁵¹ BL - IOR/L/MIL/17/5/2016, Col. Bruce Seton, ‘Report on the Kitchener Indian Hospital’, p. 7.

Conclusion

This chapter has demonstrated that aside from being a site of bodily reconstruction, the hospital space worked to maintain the strength of Empire during the First World War. Utilised as propaganda, the hospital used to demonstrate that the British Empire cared for all of its subjects regardless of their nationality or race. The hospital space was part of a larger cultural trend that worked to unify all corners of the British Empire. Propaganda posters shared the same ideas. Many portrayed the strength of Empire and unity of brotherhood as a way of bolstering recruitment (Figure 14), but similar motifs were used in the hospital space.⁵⁵² Depictions of wounded soldiers of all nationalities were reported in the national and local press within Britain, these attempted to recast and rebuild the reputation of men from the Colonies and the Dominions, creating instead, loyal and appreciative servants of the crown.

Soldiers themselves utilised and shared their hospital magazines to tell those at home of their treatment within Britain. These magazines told of royal visits, of hospital outings, of the conditions inside and outside of the institutions, but staff within the hospital carefully monitored submissions. As a result, these publications constructed a positive image of the British and their hospital system, hoping to promote further contribution from the Colonies and the Dominions, thereby strengthening the Empire and the war effort simultaneously.

The hospital site was also used as a way of isolating and removing those who opposed this unity. In the case of Canada's calls for segregation, those who supported the policy were represented as enemies of the war and were dogged with an anti-citizen rhetoric. Similarly, the Indian soldiers who dared speak out against their restrictive environment found themselves censored to prevent the

⁵⁵² Arthur Wardle, 'The Empire needs Men' (1915)

spread of any incendiary information throughout India. This stifling of the truth was conceived to maintain both white prestige and to prevent the growth of nationalism or separatism within India.

These hospitals were underpinned by racial, national, and imperial discourses. Though the press representations of Indian soldiers renegotiated their reputation within Britain, the Indian men within these hospitals did not have the opportunity to engage, mould, or promote their own national identity, due, in part, to the restrictive disciplinary regimes surrounding them. Conversely, however, the soldiers from the Dominions were able to assert their own identity through hyper-masculine caricatures that coincided with the frontier theory and the 'Anzac' legend. They utilised the space to create a distinctly 'Anzac' or Canadian identity within Britain, while the men from India were imprisoned within their hospitals and were unable to do the same. In this way, hospital space was utilised to bolster white prestige.

Far from being a space that solely worked on rebuilding the broken men of the Empire, these medical institutions were instead key components to British and imperial society. They were both a response to and a result of social, cultural, racial, and political discourses. The Dominion and Colonial hospitals within Britain were not only of national significance, but they became a new frontier for imperial relations. The care for the wounded within Britain had significant repercussions on relations throughout the Empire, and the hospital space gave Britain a new place to interact with her Dominions and Colonies.

Conclusion

During the First World War the military medical system in Britain was quickly overwhelmed. The sheer number of wounded servicemen ensured that the existing infrastructures were inadequate. This influx of wounded men from all over the Empire meant the establishment of hospitals in non-purpose built structures. The type of buildings used varied from asylums, town halls, schools, universities, hotels, and the stately home, which was donated to the cause by wealthy individuals.

The formation of hospitals inside some of the most lavish homes in Britain was reported widely in the national and local press. The domestic setting of these institutions suggested a concentration on comfort, it hinted at pleasant surroundings in which to recover, and was framed as a reward for the trauma of war service. The stately home hospital denoted a coming-together of all classes to support the war effort. Wounded soldiers from Britain and its Dominions and Colonies were welcomed into these unorthodox spaces. An article in the *British Journal of Nursing* reported the opening of the hospital for Canadians in Beachborough Park, Shorncliffe, Kent. It noted that:

There must have been a warmth of welcome to these tired heroes as they entered the beautiful hall, with its wide-set hearth, restful chairs, and harmonious colouring, a very haven of peace after the strenuous days and scenes of carnage in which they bore themselves so nobly.⁵⁵³

These portrayals stressed the high standard of care that the wounded received in these stately home hospitals, and juxtaposed the comfort of these establishments

⁵⁵³ 'The Queen's Canadian Military Hospital', *British Journal of Nursing*, Vol. 53 (24 October 1914), p. 326.

with the dangerous and violent fighting fronts. They framed the luxury of the stately home hospital as a reward for war service to remind readers from all over the Empire of the high-esteem that the authorities held the wounded in.

Unlike other military environments in Britain, such as military hospitals or training depots, stately home hospitals operated in a liminal space between the military and civilian spheres. They relied heavily upon local districts for labour, material, and financial subscriptions. This close association with communities provided opportunities for soldiers to meet and spend time with members of the British public. This blurring of the military/civilian boundaries in the stately home hospital created issues for the authorities, especially in soldiers' relationships with administrators, other patients, medical practitioners, and military discipline.

Rather than exploring the medical care provided to the wounded in home front hospitals, this thesis has examined the meanings central to the role of wounded soldiers and hospital spaces in British wartime society and culture. This sociocultural approach to the history of medicine has become more popular in recent years, and this thesis augments this research. Jeffrey Reznick and Ana Carden-Coyne have reconstructed the experience of the wounded in Britain during the First World War, but their studies, unlike this thesis, did not focus on the establishment of hospitals within specific spaces, such as the stately home.⁵⁵⁴

Beginning with wounding, Chapter One examined the British army's medical infrastructure on the fighting fronts to contextualise the arrival of the wounded into hospitals in Britain. It surveyed the chain of care from Regimental Aid Posts, all the way to the journey to Britain via hospital ship, and the eventual recovery within hospitals and convalescent homes. By doing this, it highlighted the

⁵⁵⁴ Jeffrey Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain during the Great War* (Manchester: Manchester University Press, 2011); Ana Carden-Coyne, *The Politics of Wounds* (Oxford: Oxford University Press, 2014).

journey of the wounded and the different sites appropriated for medical care, arguing that the British military medical system in the First World War was transient in nature. In addition, it investigated the establishment of hospitals within stately homes. It explored the administration, staffing, and funding of these institutions before turning to examine the role of the domestic setting in returning the wounded to duty. It argued that hospital authorities were keen to perpetuate the notion of domesticity and comfort to assuage public concerns, while struggling to strike a balance between domesticity and military control.

Chapter Two focused specifically on the donation of stately homes as hospitals. It challenged the established narrative of patriotism as the sole motivation for upper class individuals to donate their properties to the war effort. Instead, it argued that there were a variety of different benefits for those who followed this course of action. Rather than being simply acts of patriotism, this chapter demonstrated that there was a wide range of motivating factors. While recognising that local and national patriotism was an important element, evidence suggests that this patriotic sentiment did not impact on all the people who donated their stately homes to the war effort. Moreover, a more nuanced exploration of the evidence demonstrates the social, cultural, and financial histories behind the gift of their homes by the upper classes. This chapter argued that the donation of property was an extension of the landed elites' paternalistic duties. It gave them an opportunity to use these charitable acts to challenge the negative reputation that they had garnered throughout the nineteenth and early twentieth centuries. Women in particular donated their homes to emulate their male relatives or work of Florence Nightingale, one of the first British military heroines. Additionally, it provided owners the opportunity to recycle their properties – it found a new purpose for them after recent developments in modern technology had made

stately homes more of a financial and social burden. This chapter demonstrated how owners utilised the war as an opportunity to differentiate themselves from the rising middle classes via converting their homes into hospitals. Though motivations for a large group of people are difficult to assess, this chapter argued that the gift of a home was intended to remind the British public of the benevolence and relevance of the upper classes, and remedy their change in status that had occurred throughout the nineteenth century.

Financially, though the hospital did not make money for the owners, hospitals were self-sufficient and the upkeep of the property was often paid for out of capitation fees. This chapter does not intend to refute the charitable activities of the upper classes, rather it has added a further element for the reasons behind home donation. It is entirely possible that these motivations were secondary or even coincidental. However, this chapter placed these philanthropic gifts into a contextual history.

Chapter Three explored the different expectations of hospital care held by the wounded and the War Office. Though the authorities hoped to maintain the same strict discipline that underpinned other military environments, many of the soldiers expected their Blighty wounds to provide an escape from military service. Servicemen broke the rules, and this chapter utilised cases of drunkenness, violence, murder, and suicide to delineate the ways in which wounded men struggled against their highly regulated environments. Soldiers engaged with peacetime behaviours while in hospital, and often expected access to alcohol. Many local civilians, visitors, and members of staff were willing to facilitate drunkenness, despite it being illegal. This was due, in part, to the portrayal of men as wounded heroes in the press and propaganda. These depictions meant that members of staff were willing to ignore misdemeanours in the hospital space. The press and the

War Office perpetuated this image to inspire charitable giving and active engagement in the war effort. Yet it created issues with the maintenance of discipline in hospitals. Ignoring the rules resulted in more serious disciplinary problems, including violence between patient and members of the public. In exploring criminality as it was reported in the press, the chapter argues that reliance on volunteerism, civilian staff, and the domestic nature of the stately home hospital diluted established disciplinary practices. Moreover, Chapter Three demonstrated that men were able to some extent to circumvent military discipline and public justice by virtue of their wounds.

Civilian engagement with wounded soldiers was explored in Chapter Four, specifically the role of women in the home hospital. Though many scholars have studied the emergence of VADs and the on-going work of professional nurses in the conflict, this chapter focused on the myriad of relationships that women formed with wounded servicemen in home hospitals. Varying from the mother, the lover, the disciplinarian, the donor, and the visitor, the chapter investigated the ways that men interacted with women while recovering from their wounds.

War Office propaganda and British newspapers perpetuated the image of a maternal relationship between soldier and nurse. This simultaneously reinforced peacetime gender norms, while reassuring anxious relatives of a high standard of care inside medical institutions, similar to that of a mother. However, the reality of the relationships formed in hospitals was different to the propagandistic depictions of motherly angels taking care of husbands, sons, and brothers. A great many wounded men found solace in creating romantic affection (both real and imagined), between themselves and the women who surrounded them. The chapter discussed the ways in which relationships between soldiers and nurses were encouraged and reported on widely, as they implied a high level of

caregiving. In addition they demonstrated that wounded men remained attractive to women, thereby assuaging concerns held by the patients and the British public. These romantic rewards of chaste affection between women and wounded men were perpetuated throughout newspapers, hospital magazines, and illustrated journals. Certain romantic liaisons, however, were discouraged. Concerns surrounding 'khaki fever' spread, and hospital authorities were troubled by the arrival of young women into the hospital space. These young women were considered to pose sexual danger to the wounded, and as such, they were framed as enemies of the state. Different discourses were evident when discussing sexual violence committed by the wounded. Similarly to other disciplinary problems, soldiers were rarely vilified in the press as this implied a lack of discipline amongst the wounded, and therefore an absence of control by the authorities. Instead, the victims were blamed for the transgressions of the recovering soldier.

Women played a part in maintaining discipline in the hospital space, and though some opted for a highly gendered form of discipline that suited the maternal trope, others provided emotional support rather than strict discipline. Chapter Four continued to explore the appreciation (or lack thereof) that wounded soldiers felt towards women who visited them in stately home hospitals. Though many soldiers were appreciative of the attention of younger, more flirtatious women, they resented the intrusion of older women who pried into their frontline experiences, forcing them to remember unpleasant and traumatic incidences. In order to subvert this situation, some wounded men used humour to restore some form of agency. Chapter Four also indicated how the donors of the properties interacted with the wounded. This section drew heavily on the archive of socialite Nancy Astor, arguing that she turned the hospital in her home into a philanthropic

pageant to publicise her charitable endeavours. Later, Astor used her wartime experience to benefit her political career.

Chapter Five tracked a different form of relationship in the hospital space, the one established between Britain and her Dominions and Colonies through the broken bodies of wounded men. It examined the creation of nation specific hospitals for Australian, Canadian, and Indian soldiers, arguing that hospital spaces were dictated by racial and imperial discourses and were utilised as forms of propaganda to maintain support for the war throughout the world. For Australians, the hospital provided the chance to meet British people and challenge or perpetuate the myths that surrounded their national identity. Australian wounded used the hospital space and their in-house publications to establish a distinct character for themselves while recovering in British hospitals. This identity borrowed heavily from the 'frontier man' theory and presented Australian soldiers as bigger, stronger, and more desirable than their British counterparts. This was achieved via discussions and images of the Australian environment, carefully juxtaposed with life in Britain. In a similar fashion, wounded Canadians utilised hospital magazines to create a distinctly Canadian identity through animals and dialects. However, the propagandistic function of the Canadian hospital became even more significant after 1916 and the publication of Sam Hughes' report. This report criticised the care provided for Canadians in Britain, and called for the segregation of hospitals and convalescent homes caring for wounded Canadians. Subsequently, Canadians at home required placating and reminding that their wounded were well cared for, especially as very few French Canadians supported the war. To challenge these calls for segregation, the British press and medical journals emphasized the bond of brotherhood, and framed Hughes and his supporters as enemies of the Empire. As such, the hospital space

was used to maintain enthusiasm for the conflict in Canada and to demonstrate the appreciation and care applied to wounded.

The arrival of Indian soldiers in Britain presented the British authorities with different problems. Due to notions of white superiority, racist discourses, and fear of the other following the 1857 Indian Mutiny, the hospital space had to assuage the concerns of the British public. To do this, the British press portrayed Indians as juvenile, but loyal to the Empire – thereby recasting their violent reputation into childlike dependent representation of Indian men. However, this press representation did not make reference to the conditions in which Indian soldiers recovered. The hospital space continued to be underpinned by racial and imperial discourses, and as a result of this, wounded Indian soldiers found themselves heavily regulated and controlled. The hospitals in Brighton were famous for their strict military discipline and Indian soldiers became the victims of censorship and racially motivated violence. By censoring Indian letters, the authorities were able to present a positive depiction of hospital life to the Indian population and ensure that they continued to contribute money, goods, and manpower to the war effort.

This thesis has demonstrated that the stately home hospital space cannot be viewed in isolation. These buildings were a product of Britain's highly classed society, and as a result, they were subject to a wide variety of different connotations. The First World War hospital was intrinsically tied to its cultural and social context and underpinned by British mores. This thesis has explored the experience of wounding beyond the fighting fronts, and inside some of the most lavish homes in Britain. It has not reconstructed the medical provision within these buildings as most were used as convalescent homes, offering care and relaxation rather than cure. It has utilised a large array of archival sources, relying

heavily upon newspaper and magazine depictions of the hospital to reconstruct the information, narratives, and attitudes shared to and by the British public. Due to this, it has been possible to situate the stately home hospital in its surrounding context, investigating the place that it held in wartime society. The use of memoirs, diaries, and correspondence has added a personal element to the history of these institutions, exploring what these hospitals meant to individuals and rebuilding the experiences they shared while recovering in the stately home hospital.

In exploring the experience of the wounded in stately home hospitals, this thesis has examined what the implications of this particular space – the stately home - meant specifically. The stately home was imbued with a significant level of cultural meaning in British social life, and represented a space that few working class people frequented, although many thousands worked in and around them. The stately home was not merely understood in relation to cultural life by native British people; wounded servicemen from the Dominions and Colonies also understood the cultural meanings associated with the stately home. In having access to the stately home, soldiers were told that they were of value to others in Britain. People were prepared to give up their private space so that injured servicemen recovered and convalesced comfortably. Injured soldiers and sailors re-engaged with British civilians and negotiated new relationships and experienced new spaces. While issues were raised surrounding funding, the maintenance of discipline, and problematic levels of medical staffing, the stately home hospitals demonstrated that those fighting in the war were valued by the nation. The value attributed to the wounded, and the care given to them in stately home hospitals has taken root in British cultural memory from 1914 to the centenary of the First World War.

Appendices

Figure 1:

W.K. Heselden, 'Trials of the Wounded Tommy No. 5', *Daily Mirror* (16 November 1916), p. 5.

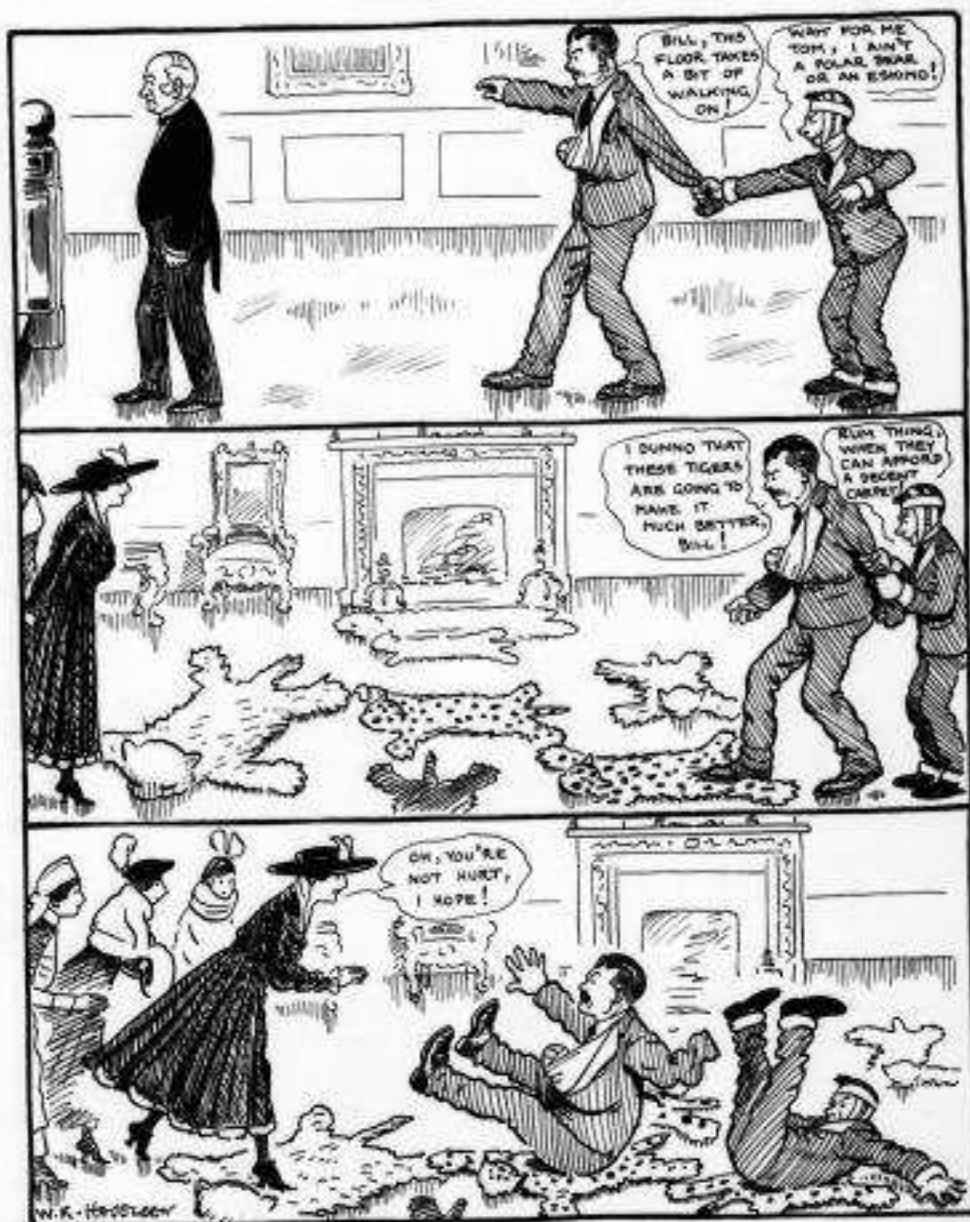


Figure 2:

'Scale of Pensions that May be Granted for Specific Injuries', *Reveille* (1 August 1918), p. 150

150 REVEILLE

SCALE OF PENSIONS THAT MAY BE GRANTED FOR SPECIFIC INJURIES.

| Degree of disablement | Specific injury | Proportion corresponding to degree of disablement | Disablement Pensions | | | | | | | | | | | | | |
|-----------------------|---|---|--------------------------------------|---|------------------------|-------------------------|------------------------|---|--|----|----|---|----|---|----|---|
| | | | If not entitled to a Service Pension | | | | | | If entitled to a Service Pension | | | | | | | |
| | | | Warrant Officer, Class I | Warrant Officer, Class II, or N.C. Officer, Class I | N.C. Officer, Class II | N.C. Officer, Class III | N.C. Officer, Class IV | Warrant or N.C. Officers entitled to Service Pensions | Private, &c. (Class V) irrespective of Service Pension to which entitled | | | | | | | |
| Per cent. | s. | d. | s. | d. | s. | d. | s. | d. | s. | d. | | | | | | |
| 1 | Loss of two or more limbs Loss of an arm and an eye Loss of a leg and an eye Loss of both hands or of all fingers and thumbs Loss of both feet Loss of a hand and a foot Total loss of sight Total paralysis Lunacy Wounds, injuries or disease resulting in disabled man being permanently bedridden Wounds of or injuries to internal, thoracic or abdominal organs, involving total permanent disabling effects ... Wounds of or injuries to head or brain involving total permanent disabling effects, or Jacksonian epilepsy ... Very severe facial disfigurement Advanced cases of incurable disease | 100 | 42 | 6 | 37 | 6 | 35 | 0 | 32 | 6 | 30 | 0 | 27 | 6 | 27 | 6 |
| 2 | Amputation of right arm at shoulder joint | 90 | 38 | 3 | 33 | 9 | 31 | 6 | 29 | 3 | 27 | 0 | 24 | 9 | 24 | 9 |
| 3 | Amputation of leg at hip or left arm at shoulder joint Severe facial disfigurement Total loss of speech | 80 | 34 | 0 | 30 | 0 | 28 | 0 | 26 | 0 | 24 | 0 | 22 | 0 | 22 | 0 |
| 4 | Short thigh amputation of leg or of right arm above or through elbow Total deafness | 70 | 29 | 9 | 26 | 3 | 24 | 6 | 22 | 9 | 21 | 0 | 19 | 3 | 19 | 3 |
| 5 | Amputation of leg above knee (other than 4) and through knee or of left arm above or through elbow, or of right arm below elbow | 60 | 25 | 6 | 22 | 6 | 21 | 0 | 19 | 6 | 18 | 0 | 16 | 6 | 16 | 6 |
| 6 | Amputation of leg below knee (including Symes' and Chopart's amputation) or of left arm below elbow Loss of vision of one eye | 50 | 21 | 3 | 18 | 9 | 17 | 6 | 16 | 3 | 15 | 0 | 13 | 9 | 13 | 9 |
| 7 | Loss of thumb or of four fingers of right hand | 40 | 17 | 0 | 15 | 0 | 14 | 0 | 13 | 0 | 12 | 0 | 11 | 0 | 11 | 0 |
| 8 | Loss of thumb or of four fingers of left hand, or of three fingers of right hand | 30 | 12 | 9 | 11 | 3 | 10 | 6 | 9 | 9 | 9 | 0 | 8 | 3 | 8 | 3 |
| 9 | Loss of two fingers of either hand | 20 | 8 | 6 | 7 | 6 | 7 | 0 | 6 | 6 | 6 | 0 | 5 | 6 | 5 | 6 |

NOTE.—In the case of left-handed men, certified to be such, the compensation in respect of the left arm, hand, &c., will be the same as for a right arm, hand, &c.

Figure 3

'Return of Officers and Men Pensioned for Disability from Outbreak of War 1914 - 1918', *Reveille* (1 August 1918), p. 158.

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TABLE A.
RETURN OF OFFICERS AND MEN PENSIONED FOR DISABILITY FROM OUTBREAK OF WAR TO MAY 31, 1918.

| | OFFICERS | | WARRANT OFFICERS, PETTY OFFICERS, NON-COMMISSIONED OFFICERS AND MEN | | Total |
|---|----------|------|--|--------|---------|
| | Army | Navy | Army | Navy | |
| Eyesight cases | 97 | 46 | 8,911 | 1,141 | 10,195 |
| Wounds and injuries to leg (necessitating amputation) | 101 | 4 | 9,120 | 223 | 9,448 |
| Wounds and injuries to arms (necessitating amputation) | 46 | 1 | 4,880 | 116 | 5,043 |
| Wounds and injuries to leg (not necessitating amputation) | 374 | 16 | 41,992 | 444 | 42,826 |
| Wounds and injuries to arms (not necessitating amputation) | 145 | 1 | 30,961 | 382 | 31,489 |
| Wounds and injuries to hands (not necessitating amputation) | 31 | 4 | 15,382 | 300 | 15,717 |
| Wounds and injuries to head | 178 | 7 | 13,447 | 558 | 14,190 |
| Hernia | 35 | 5 | 2,740 | 149 | 2,929 |
| Miscellaneous wounds and injuries | 392 | 6 | 19,007 | 581 | 19,986 |
| Chest complaints | 311 | 58 | 37,494 | 2,985 | 41,155 |
| Tuberculosis | 251 | 56 | | | |
| Rheumatism | 248 | 38 | 22,265 | 1,017 | 23,568 |
| Heart disease | 429 | 57 | 34,408 | 1,675 | 36,569 |
| Epilepsy | 57 | 6 | 3,403 | 231 | 3,697 |
| Nervous diseases— | | | | | |
| Shell-shock | 170 | 3 | 18,468 | 1,432 | 21,283 |
| Neurasthenia | 706 | 116 | | | |
| Miscellaneous | 308 | 80 | | | |
| Insanity | 107 | 26 | 2,107 | 576 | 2,816 |
| Deafness | 57 | 15 | 6,549 | 426 | 7,047 |
| Frost-bite (including cases of amputation of feet or legs) | 4 | — | 3,139 | — | 3,143 |
| Miscellaneous disabilities— | | | | | |
| Bright's disease | 101 | 20 | 62,959 | 2,245 | 66,351 |
| Debility | 201 | 6 | | | |
| Ulcer of stomach | 69 | 14 | | | |
| Varicocele | 41 | 3 | | | |
| Enteric and malaria | 217 | 22 | | | |
| Spinal | 29 | 13 | | | |
| Appendicitis | 55 | 4 | | | |
| Other disabilities | 283 | 69 | | | |
| Not classified (awards made by War Office and Admiralty which have lapsed or not come up for renewal by Ministry of Pensions) | 693 | 15 | — | — | 708 |
| | 5,736 | 711 | 337,232 | 14,481 | 358,160 |

From this table, which only comprises men and officers finally discharged and pensioned, some conception of the size of the task before us may be gained.—EDITOR.

Figure 4:

'Who Wouldn't be a Soldier?', *The Ration: The Magazine of the Reading War Hospitals*, Vol. 1 No. 4 (April 1916), p. 66.

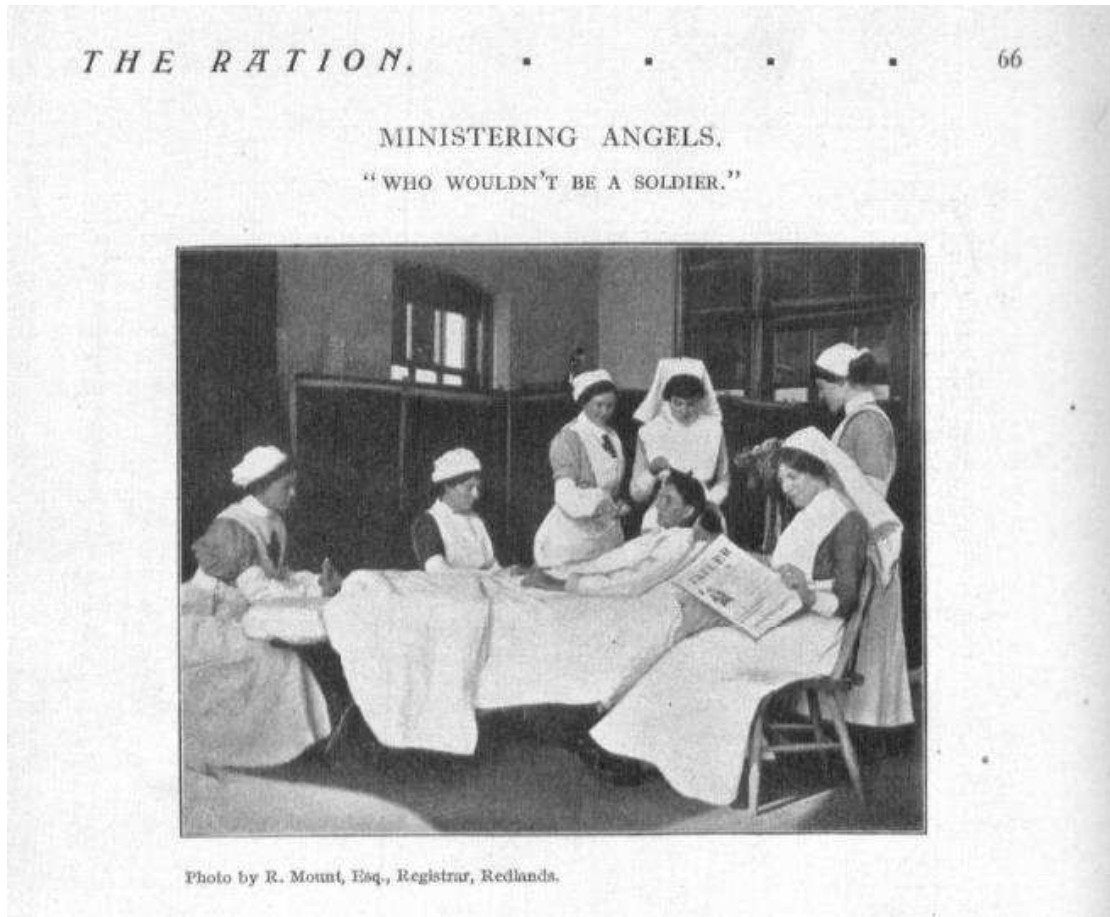


Figure 5:

Newnes Illustrated, Vol. 1, No. 6 (26 June 1915).

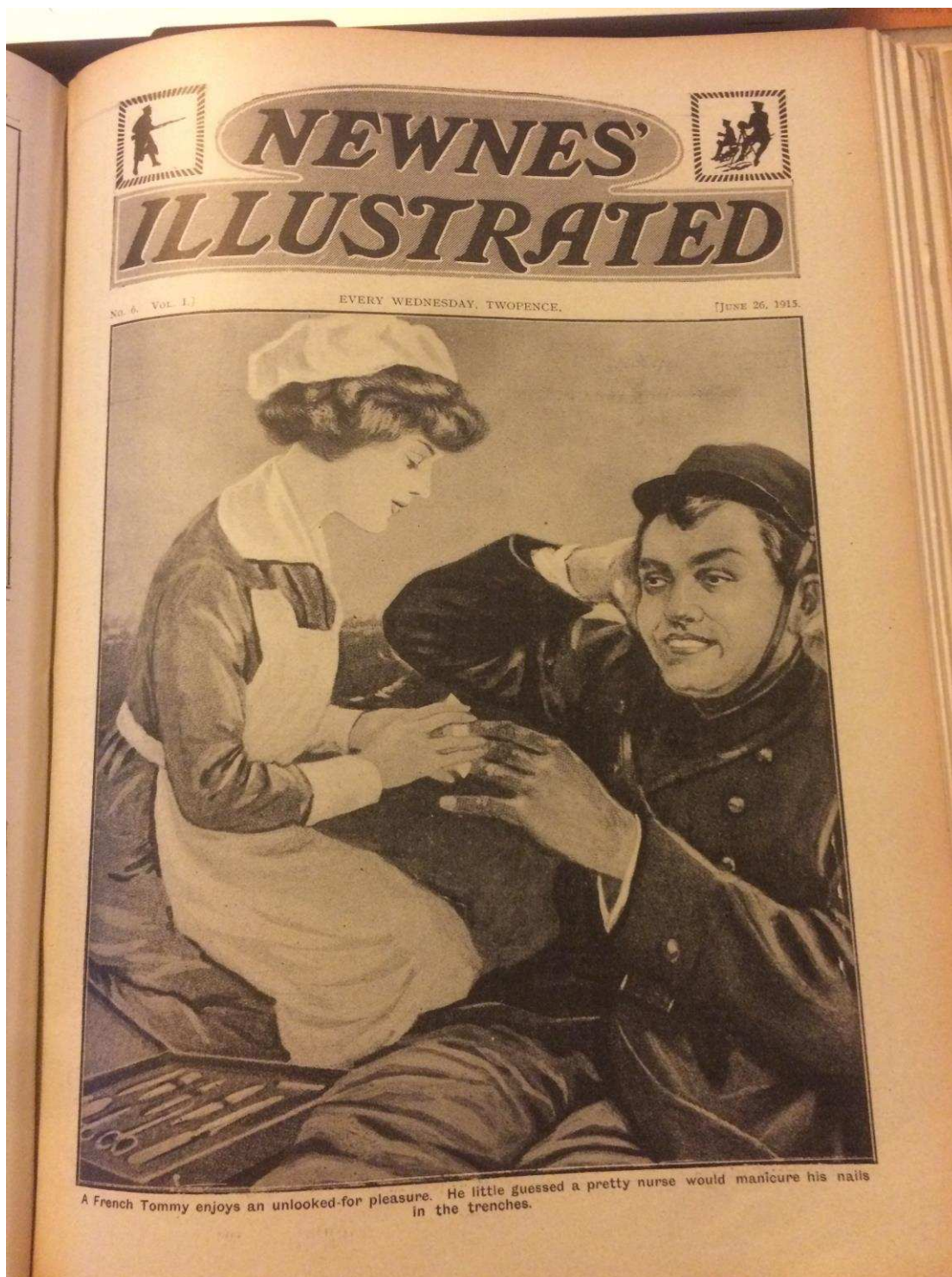


Figure 6:

'A Pleasant Surprise for Seven Soldiers', *Newnes Illustrated*, Vol. 1, No. 8 (10 July 1915), p. 173.



Figure 7:

The Keep - BH001916, '2nd Eastern General Hospital: Visiting Hours', *Brighton & Hove Grammar School As Military Hospital W.W.1. Vol. III, (1916).*

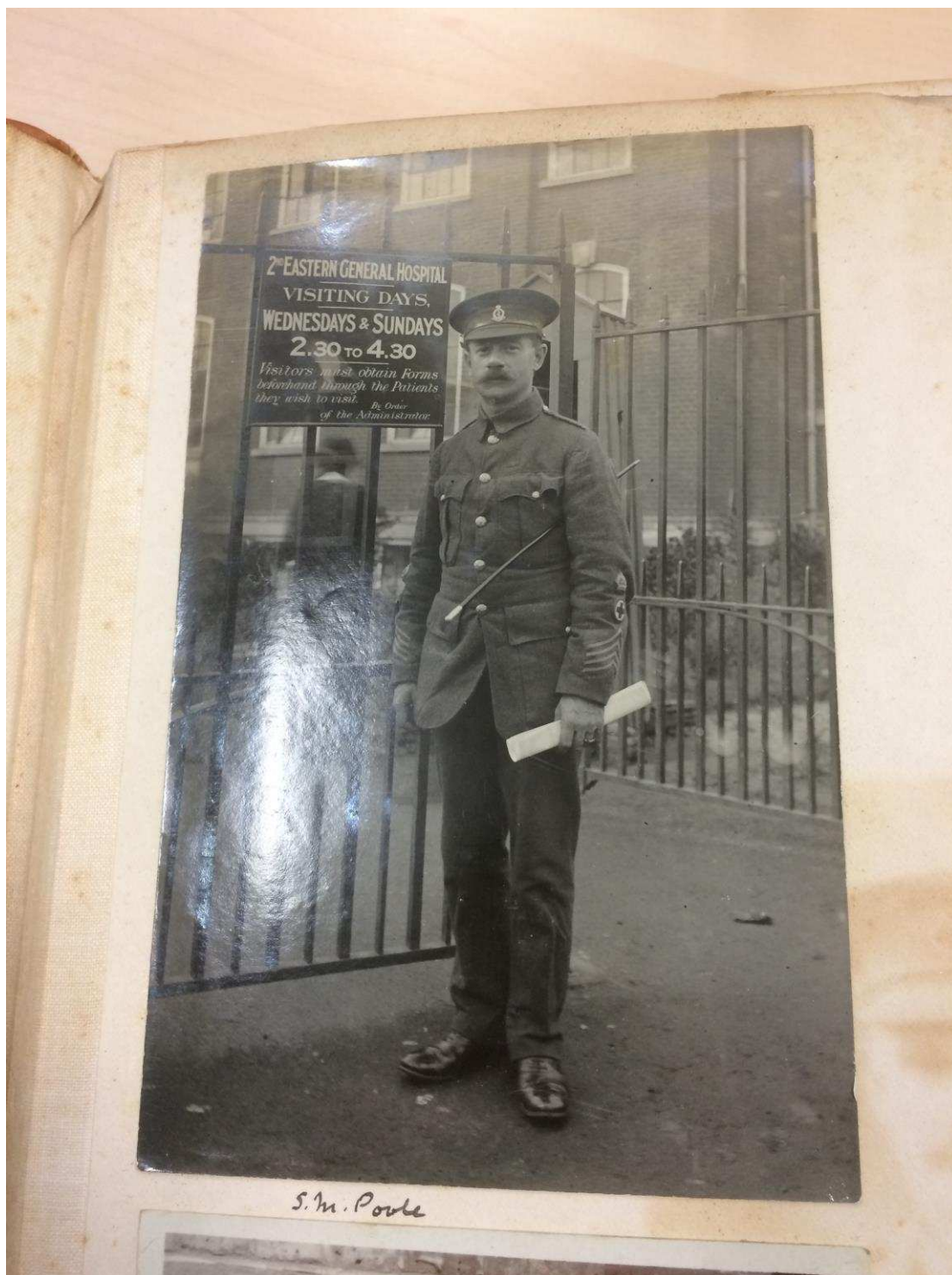


Figure 8:

'Possession's Nine Points of the Law', *Newnes Illustrated* (17 July 1915), p. 197.

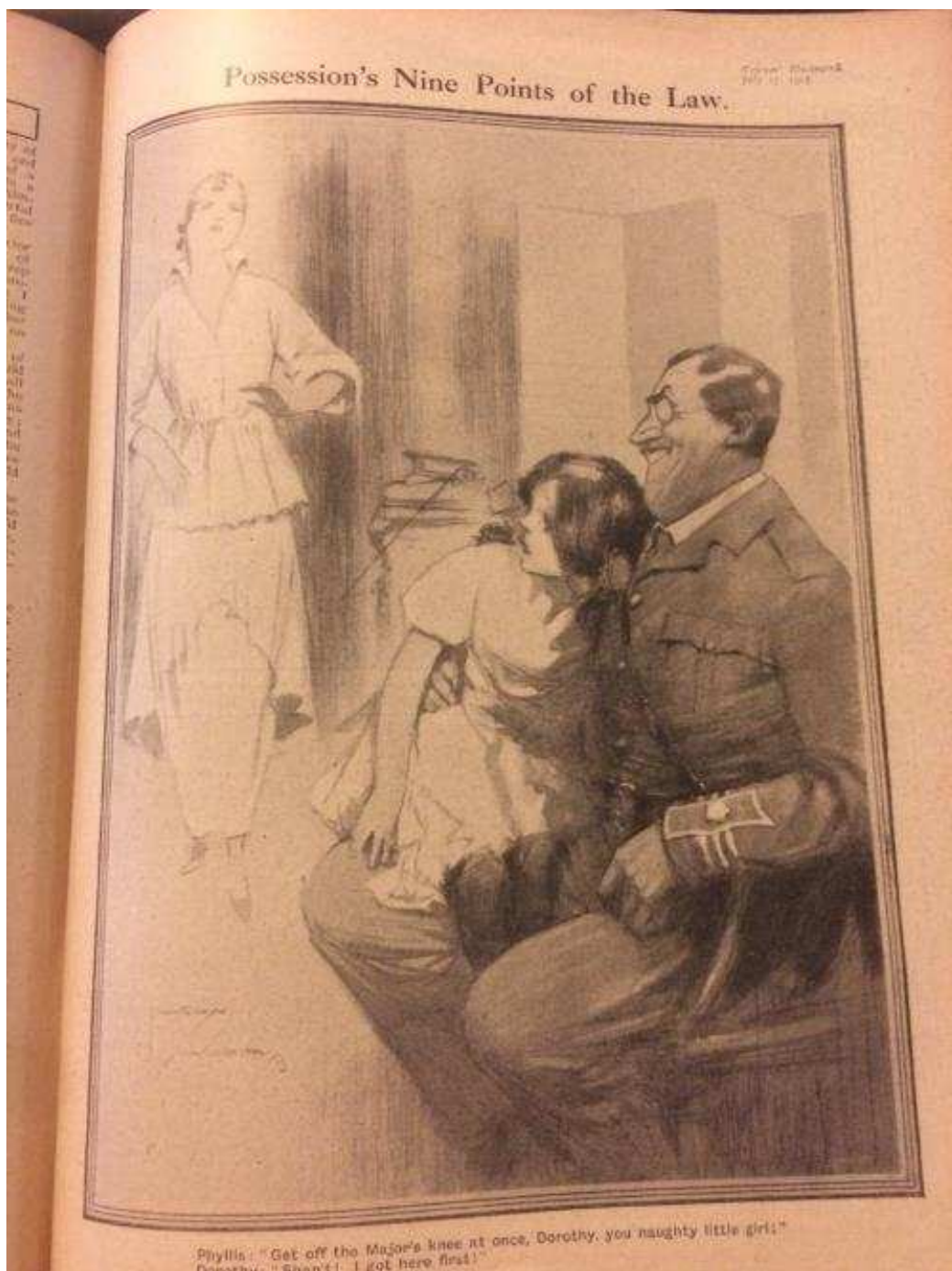


Figure 9:

W.K. Helsden, 'Trials of the Wounded No. 2', *Daily Mirror* (9 November 1916), p. 5



Figure 10:

Hugh C. Dellow, 'Tommy Brown – Now Defunct', *Coo-ee!: The Journal of the Bishop's Knoll Hospital Bristol*, Vol. 1, No. 3 (20 January 1917), p. 24.



Figure 11:

Stand Easy: Chronicles of Cliveden (25 December 1917), p. 9.

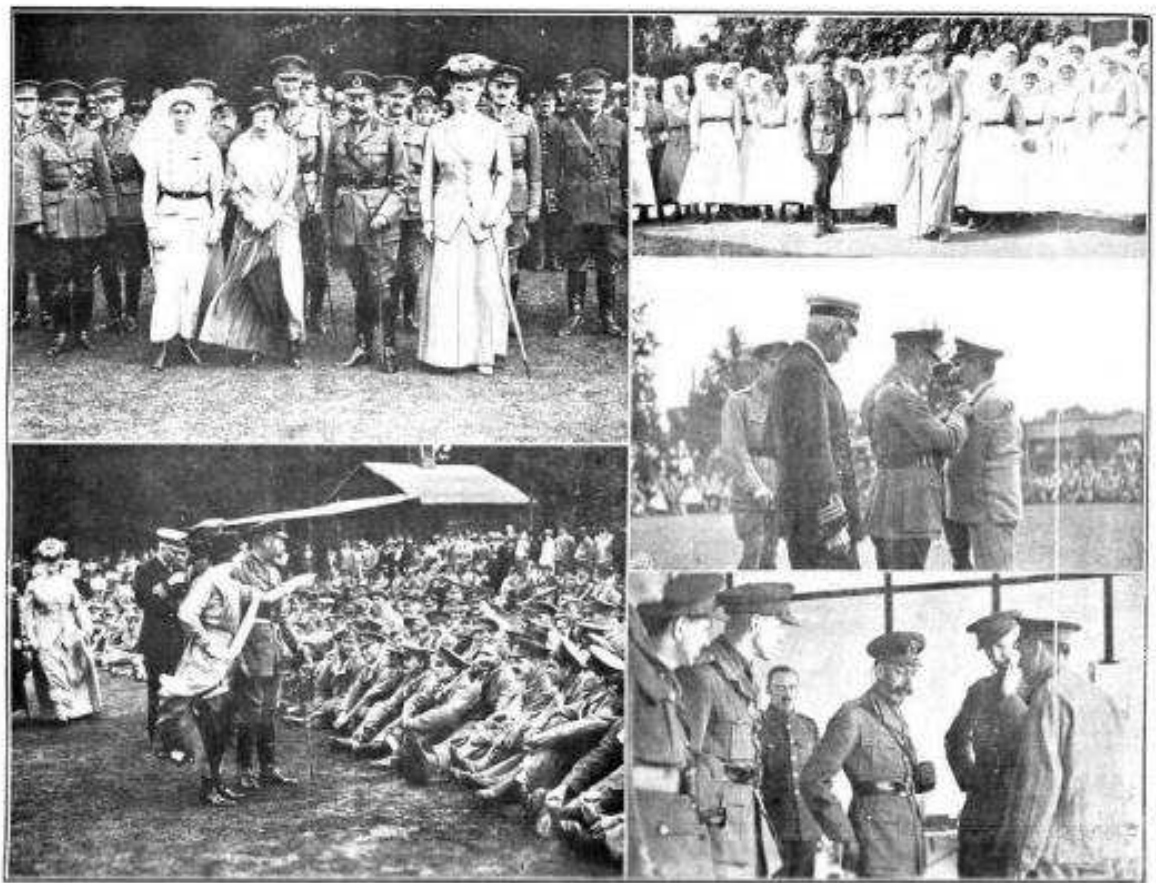


Figure 12:

'Your Country's Call' (1915)

<<http://www.iwm.org.uk/collections/item/object/27751>> [accessed on 4 April 2015).

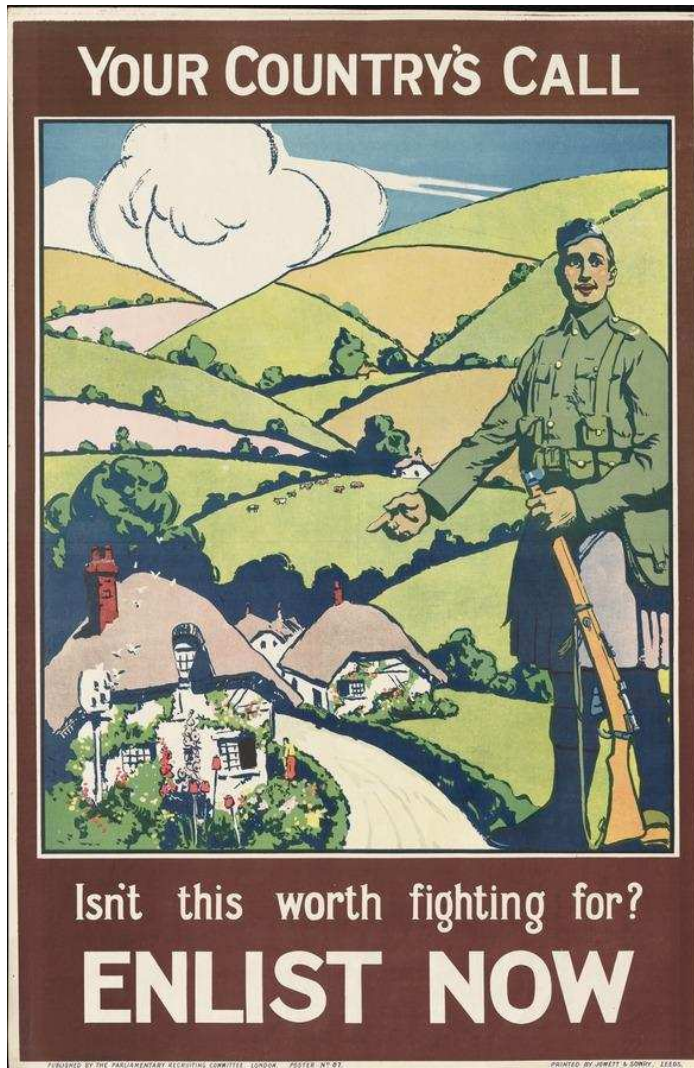


Figure 13:

'Aspirations', *Stand Easy: Chronicles of Cliveden* (25 December 1917), p. 8.

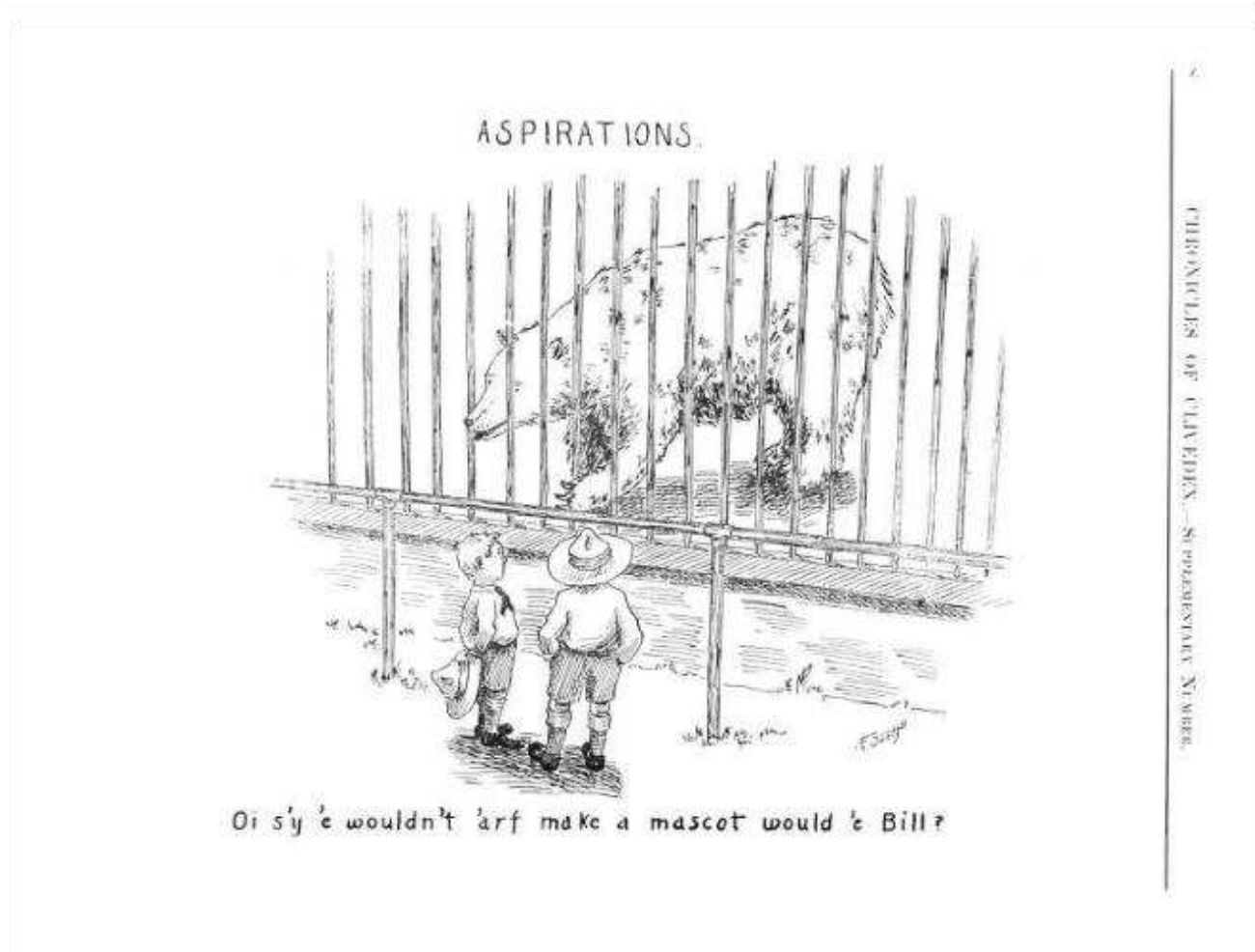
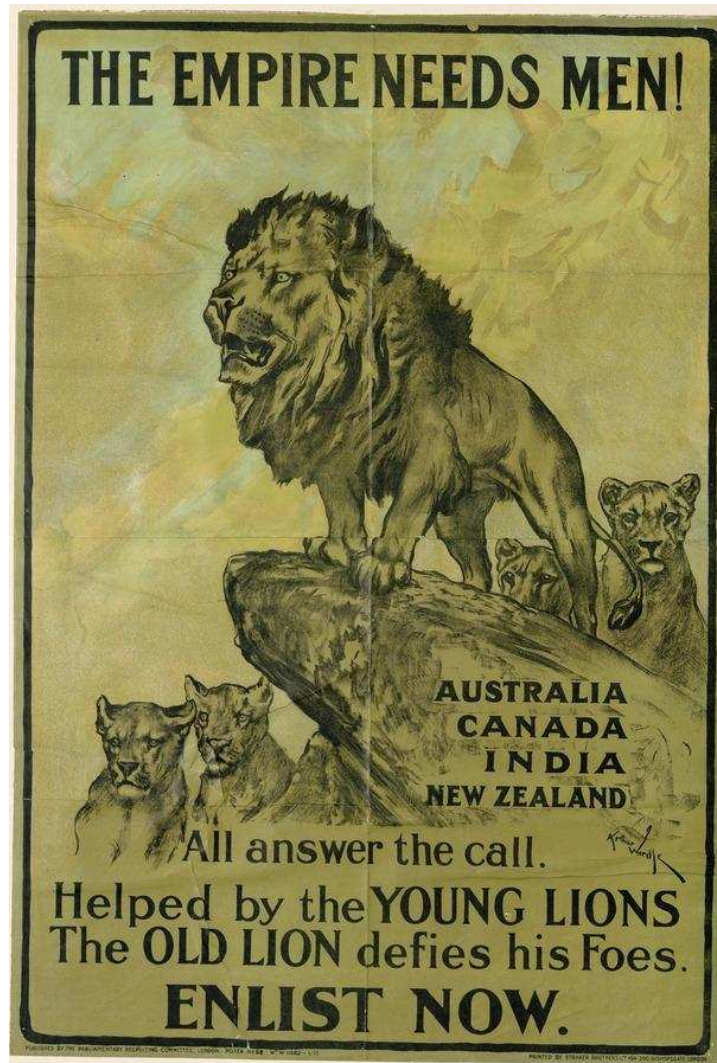


Figure 14:

Arthur Wardle, 'The Empire needs Men' (1915)



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MS 1416/1/2/655, World War 1 Correspondence CII File.

MS 1416/1/2/656, 'World War 1 Correspondence D File.

MS 1416/1/2/659, World War 1 Correspondence FII.

MS 1416/1/2/670, World War 1 Correspondence RI File.

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