



An Equal Burden: The Men of the Royal Army Medical Corps in the First World War

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Introduction

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Abstract and Keywords

This chapter introduces the subject of the book, outlining the reasons why it is a significant subject for historical analysis. It summarizes the historiographic context of the study in relation to medical histories, gender histories, and social histories of the conflict. It identifies relevant gaps in the existing literature and appropriate approaches, in particular those that use patient voices and studies of specific categories of caregiver. It then outlines the methodological approach of gender history using close readings and reception analysis that is used in this volume. Finally, it outlines the structure of the book, summarizing the approach taken and argument to be made in each substantive chapter, before concluding with the statement of the overarching thesis that a study of the men of the RAMC in the First World War enables historians to further understand the complexity of gender and gender relations in British society in this period.

Keywords: context, historiography, methodology, gender history, medical history

In his memoir of service in the First World War, George Swindell, sometime Royal Army Medical Corps (RAMC) stretcher bearer, recalled that, after he had enlisted, 'the sergeant met me coming out, come here my lad, shake hands, you have joined one of the finest Corps in the British Army'. Swindell had, by his own admission, 'not the slightest idea what kind of work, or what duties of the Corps I had joined were',¹ yet, on the evidence of his narrative, he came to agree with the sergeant.

While Swindell, like many of his comrades in the RAMC during the war years, came to believe passionately in the utility of his contribution to the war effort and the value of a medical service to the military, this view was not necessarily one that was widely accepted in Britain during the war years. The Crimean War had left a legacy of disdain for male military medical caregivers² which continued to shape the status of the Army Medical Services (AMS) over the next half-century. Even after their embodiment as a Royal Corps in 1898, members of the Corps felt compelled to continuously articulate the value of their work well into the twentieth century. As late as 1947 the 'Hymn to the Fallen of the RAMC' addressed the unease which persisted around the war work of a unit that undertook military service unarmed and with the aim of saving rather than taking life. The explicit statement that the sacrifice made by the men of the Corps who had died was 'not less' than others, that these men were 'not least' of the fallen of war, points to the underlying anxiety that the Corps' work in bringing mercy, relieving wounds, and assuaging torment was not sufficient to lay claim to the full heroism associated with male military duty and sacrifice.³ Central to this sense of insufficiency was the explicit construction of the medical services as a non-combatant unit, a fact that, throughout the global wars of mass mobilization that shaped the first **(p.2)** half of the twentieth century, would profoundly influence its identity and that of the men who served in it.

The anxieties around the unarmed nature of military medical service had particular pertinence for men like George Swindell, who served in its ranks for the temporary period of wartime mobilization. Unlike the Corps officers, who were required to hold medical degrees, the men of the ranks were not professional medical men.⁴ Unlike servicemen in 'teeth' units, those which bore arms, they struggled to draw on the fictive kinship of the regimental system.⁵ As a result, across the four and a half years of the First World War, their service, whether as volunteers or conscripts, could be and was called into question by military authorities and British wartime society more broadly. In a conflict where manpower shortages entailed both increased demand for universal male service to the state centring on the figure of the combatant soldier,⁶ and the consequent increase in employment of women to free men for military service,⁷ the role and status of men whose unarmed service involved the preservation of life, including that of the foe, remained problematic. Yet as recognition of the importance of medicine to military success increased,⁸ these men were able to develop a sense of cohesive cohort identity which allowed them to lay claim to a significant form of military service and therefore social recognition. By the end of the war, the significance of the work of male military medical care providers, rankers as well as officers, was something which could be celebrated by both the state and the military as a key aspect of the Allied victory.⁹ This book examines how this change in status occurred, as well as the limits and ambiguities which persisted in relation to the social position of these men. In exploring how the work of the men of the ranks of the RAMC during the First World War was understood and

represented in British society, and how this shaped the status of military medicine as an appropriate form of masculine service in wartime, it demonstrates the complex impact of total war on medicine as a gendered practice.

(p.3) Military medicine during the First World War currently forms a dynamic field of study, particularly at the intersections of social history and the history of medicine. Indeed, the early histories of medicine during the war were crucial, as Mark Harrison notes, in 'establishing the history of medicine as a specialism in its own right', particularly through the exploration of the development of specific medical fields such as venereal disease, war neurosis, and 'imperial' medicine.¹⁰ Such studies continue to thrive and play an important role in developing our understandings of the complex interplay between medicine and the military in the context of total war.¹¹ In doing so, they help to demonstrate 'how the dynamics of modern capitalism and modern militarism were inextricably bound together. More than this, it allows to be seen how modern physiological medicine as it emerged during the late nineteenth century was constitutive with, or part and parcel of, those same dynamics.'¹²

While historians of physiological medicine have long incorporated the war into their analyses, the military as a space in which medicine was developed as social as much as scientific practice has, until more recently, been less well explored.¹³ Over the past twenty years, however, an increasing range of scholarly studies have begun to emerge, examining how the competing interests of the military services and medical practitioners have shaped patient experience in modern conflicts, as well as the impact of war on civilian medicine.¹⁴ While these have disputed whether changes in medical policy were the direct results of modern conflicts or 'part of much larger and long-term international process, whereby health care became collectivized as part of the State's response to the problems of mass industrial society',¹⁵ as with the medical histories of war such works have tended to view the relationship between war and medicine as one of **(p.4)** both disciplinary and social progress. In relation to the First World War, for example, the fact that wounds overtook disease as the cause of death among military servicemen has been held up as evidence of the improvement of social awareness of sanitation, as well as medical knowledge in the military context.¹⁶

The concept of progress has thus tended to shape analyses of the relationship between medicine and the military. These have, in turn, been positioned as part of the development of modernity, defined by Roger Cooter and Steve Sturdy as 'a constellation of social processes and forms ... includ[ing] growth, differentiation and integration of bureaucracy and other organizational and managerial systems; the standardization and routinization of administrative action; and the employment of experts to define and order such systems.'¹⁷ Michael Brown has argued that constructions of medicine as progressive and modern form part of historic trends in medical writing, in which heroic narratives were developed

around individual doctors and areas of medical practice during the nineteenth century.¹⁸ While Brown suggests that the ‘military paradigm’ of medical representation ‘shaped an active, public, and overtly masculine identity’ for the discipline, it is worth noting the part such narratives also played in aligning medicine with contemporary understandings of progress and modernity, understandings in which the British military played an important part. As Cooter and Sturdy note, ‘medicine’s involvement in war, in particular, provided a crucial moment for the emergence of many of the material and social technologies that we now see as quintessentially modern.’¹⁹

The tendency of medical histories of the First World War to adopt narratives of heroic progress in depictions of wartime developments has meant that the ‘modernity’ of developing practice in this period was, until recently, ‘rarely questioned; often it is assumed to be historically and sociologically unproblematic—a culturally and politically undifferentiated phase of cultural evolution, or even a material force equivalent to “industrialization”’.²⁰ Such narratives are, however, increasingly being problematized, particularly the domination of the literature ‘by **(p.5)** practitioner-centred accounts of how medicine has benefited from and been advanced by war ... [creating] triumphalist reckonings [which] are as implicitly militarist as they are naively positivist and partial’.²¹ Indeed, recent medical histories of the war, such as Leo van Bergen’s *Before My Helpless Sight* (2009), have suggested that, far from being progressive, medical care in the First World War was inadequate, with ‘too few doctors, nurses, hospitals, operating theatres, drugs and instruments, and too many sick and wounded.’ As a result, ‘many died who would have lived had it been possible to treat them in time.’²² Further, van Bergen suggests that wartime caregivers themselves were brutalized by their experiences of military care, resulting in medical and technological progress constructed on a foundation that included the mistreatment of patients.²³

Ana Carden-Coyne has similarly argued that the rationalization of care provision which developed over the course of war had the effect of politicizing patients and their pain through the harsh implementation of systems of power and authority. ‘[P]atients’, she argues, ‘saw their time in hospital as brutalizing and disempowering, implicating doctors and nurses in the war machine’, while ‘Surgeons found they had no effective political or institutional tools with which to resolve the intense crisis of humanity that the war and militarization brought about.’²⁴ She goes on to note, however, that patients continued to find agency, mitigating their anxiety through both rebellion and subversion. Doctors were as likely to be ‘thoroughly engaged with the technical and medical problems they encountered as they worked to provide the best wound treatment’ as they were to be dehumanized by their encounter with the brutality of industrialized war. Indeed, for Carden-Coyne the progressive nature of medical care in the war was, ultimately, epitomized by ‘The transition of the moribund ward to the resuscitation tent ... [which] symbolized not just medical innovation and a new

understanding of the identification and treatment of wound shock, but, crucially for the history of society and warfare, a much greater emphasis on the value of the patient, even when his life-saving treatment was challenging and required more time and resources.'²⁵ This perspective on medical developments in wartime is echoed more recently by Fiona Reid, who argues that:

What is most clear from the collective experience of war and medicine in the years 1914–1918 is that the men who had stayed alive during the war years **(p.6)** had developed a clear conception of the moral links between war and medicine. Men of all nationalities came out of the trenches with the firm belief that because they had gone to war they deserved good state-funded medical and social care, not just during the conflict but afterwards too.²⁶

Both Carden-Coyne and Reid build on Roy Porter's call for the incorporation of patient perspectives into the writing of medical history, in combination with readings of official documentation, both military and medical, to demonstrate how 'During the First World War ... the military used medicine as an institution of state power'²⁷ for both good and ill. This, in turn, sheds light on the relationships between both the state and providers of care, and patients and their carers in the context of a society at war. This combined methodology has also been used by Mark Harrison in his pivotal volume, *The Medical War* (2010), which examines the full sweep of military medical development in the British Army between 1914 and 1918, including examinations of medicine beyond the Western Front and the place of sanitation in the development of military medicine. This work, as Harrison himself notes, is in part a synthesis of an existing body of literature which has explored systemic developments in military medicine within specific campaigns.²⁸ By integrating official histories and military narratives with patient and practitioner perspectives, Harrison illuminates the wider social significance of military medicine. In demonstrating how medicine 'was an essential effort of *military* operations and of wartime experience' (my emphasis), he shows how 'Medical care ... was widely recognized as an important factor in morale',²⁹ something also demonstrated by Carden-Coyne from the perspective of patients negotiating the pain of wounds, treatment, and convalescence.³⁰ Where Harrison and Carden-Coyne focus on British, Dominion, and Imperial troops in their analysis, Reid takes her cue from van Bergen to extend this approach to European comparisons, looking at the medical services of Britain, France, and Germany. All these studies, therefore, tie the history of military medicine into the broader trend in the social history of warfare in the First World War, in which studies of **(p.7)** military morale have become an important fulcrum for understanding both the conflict's trajectory and its wider social significance.³¹

While studies of wartime morale have become an important element of transnational and comparative histories of the war, particularly in relation to strategic and operational histories,³² the social history of military medicine is currently dominated by single-state studies, many of which focus on the histories of British and Dominion forces. The comparative approach taken by van Bergen and Reid is the exception rather than the rule, reflecting more limited historiographies of military medicine in relation to other belligerent nations. While notable histories of medicine in the war do exist,³³ the equivalent of the sheer range of literature produced in relation to the British, Australian, and Canadian war effort has not, as van Bergen notes, yet been produced.³⁴ In taking a social history of military medicine approach to the question of the role and experiences of medical rankers during the war, therefore, this book concentrates on the anglophone literature. It does so, however, in the full acknowledgement that this category of men was in no way unique to the British armed forces and that there is potential for such analysis in relation to the non-combatant male caregivers of other belligerent forces during the war.³⁵

Another important approach taken by more recent histories of medicine in the British armed forces during the war has centred neither on official narratives nor the voices of patients but rather on those of practitioners. Ian Whitehead's *Doctors in the Great War*, for example, looks at the recruitment, training, and practice of British medical officers, and the conflicts between the British Medical Association and the British military (p.8) over the status of these men (and a small number of women³⁶) in relation to both medical practice and military service in wartime. Importantly, Whitehead's work reflects not only the way in which the war shaped medical treatment of soldiers, but also its impact on civil medicine through the recruitment of practitioners away from positions such as public officers of health, as well as from private practice.³⁷ In doing so, he addresses the debates over the relationship between war, modernity, and progress, while illuminating the social histories of a particular category of individuals caught up in the historical moment.

In a similar vein, Christine Hallett's studies of the British women engaged in wartime nursing practices, *Containing Trauma* (2009) and *Veiled Warriors* (2014), show how the work undertaken by both Voluntary Aid Detachment (VAD) volunteers and trained military nurses had ramifications for the status and practice of nursing in civil society.³⁸ Her argument, like that of Janet Watson,³⁹ serves to nuance discussion of the role of trained and volunteer nurses in influencing the broader changes to women's place in British society. The nature of such change has been the subject of much historiographic debate in histories of women in the war since Arthur Marwick's assertion in 1965 that, as a result of the war, 'women of all classes shared in a similar kind of emancipation'.⁴⁰ In distinguishing between the different kinds of nursing service undertaken by women, including that of women doctors, both Hallett and Watson show the complexity of such service for women's subjectivities and identities, in terms of

class, national identity, and age, within this particular category of women war-workers. Like Whitehead, their work complicates the categorization of medical services by giving voice to a range of practitioners. Building on the textual studies of nurses' writing **(p.9)** by scholars such as Margaret R. Higonnet, Angela K. Smith, and Hazel Hutchinson,⁴¹ Hallett's and Watson's work demonstrates how both the medical and cultural labour of nursing had not only social implications for British society but also emotional ones for the women themselves and the patients they cared for.

This emotional facet of medical caregiving has, in turn, formed the subject of Carol Acton and Jane Potter's *Working in a World of Hurt* (2015), which explores the trauma and resilience of military medical caregivers in Britain and America across the major conflicts of the twentieth century. In locating the work and experience of medical caregiving within psychological theories of trauma and resilience, Acton and Potter again extend the methodologies used by literary scholars in their reading of nurses' narrative to encompass a wider range of wartime medical practitioners. They thus expose some of the tensions between maintaining morale and bearing witness to the horrors of war which Samuel Hynes has identified as central to the narratives of combatant servicemen.⁴² In doing so, they demonstrate the important continuities and emotional linkages between patient and caregiver in the practice and experience of military medicine which Santanu Das explored in his literary analysis of touch in wartime.⁴³

Underpinning many of these cultural analyses of medical caregiving is the understanding of wartime caring, like wartime violence, as a fundamentally gendered practice.⁴⁴ The ambivalence over military medical practice which, Harrison speculates, makes '[m]edicine ... such a compelling subject, perhaps, because it exemplified the uneasy compromises that many people were forced to make in wartime; it represented a semblance of humanity amidst remorseless destruction'⁴⁵ has, in Britain, long been **(p.10)** constructed in gendered terms as one way of eliding these inherent contradictions. It was, after all, Florence Nightingale who declared in her *Notes on Nursing* that 'Every woman is a nurse'.⁴⁶ This was in stark contrast to the understanding at the time that no woman could be a soldier and, by implication, a state-authorized killer.⁴⁷

As Holly Furneaux has demonstrated, however, such an understanding was by no means universal in the nineteenth century, with the male military hospital orderly occupying an important, if increasingly contested, space in cultural definitions of the 'military man of feeling'.⁴⁸ Yet the ideological dominance of the nurse as both the appropriate caregiver and the appropriate role for women to occupy in time of war, which emerged from Nightingale's campaigning in the wake of the Crimean War, has continued to shape the historiography of gender and war. Gail Braybon pointed out in 2003 that 'women's wartime history was, and often still is, overlaid with myth', including the myth of the dedicated female

VAD volunteer as an emblematic figure.⁴⁹ As recently as 2012, however, Barton C. Hacker has argued that, far from being mythic,

Throughout the last half of the nineteenth century and into the early twentieth, by far the greatest military role for middle-class women was nursing and succoring the wounded, for which women were perceived to have a special talent. In taking on this service, they reasserted women's claim to nurse sick and wounded soldiers.⁵⁰

This perception of nursing as the most significant wartime role for women, particularly in the context of the total wars of the twentieth century, has been challenged by women's historians for many years, with histories of women's work in munitions factories, on the land, and in a range of civil auxiliary roles all serving to complicate monolithic narratives of the war as 'liberating' for women.⁵¹ More recently, histories **(p.11)** of wartime domesticity have added detail and nuance to social historians' points about the totality of the war's impact. These show how war shortages and bereavement, as well as changing patterns of employment opportunity for both men and women, shaped the domestic labour which continued to be the almost exclusive preserve of women.⁵² In doing so, they further elaborate the complexity of war as a gendered experience in Britain.

At the same time, historians of masculinity have increasingly used the war as a subject through which to take up the challenge of destabilizing the status of women as the 'carriers' of gender⁵³ by problematizing of the concepts of 'manliness' and 'masculinity' in the context of war. Building on works such as Joanna Bourke's *Dismembering the Male* (1996) and George Mosse's *The Image of Man* (1996), a generation of historians has helped to illuminate both the ways in which 'the military [serves] as a source of masculine authority and a privileged arena of male activity' and how 'the encounter of pre-war assumptions about the conduct of war with the reality of the industrialized battlefield ... destabilized the stereotypes of masculinity that had played an important part in mobilising the populations for war in 1914'.⁵⁴ Given the mass mobilization that total war entailed in Britain, such studies have often focused on combatant masculinities in the first instance, privileging the historic voice of 'the man **(p.12)** who was there'.⁵⁵ It is only more recently that studies of the men who didn't fight have started to unpick the specifically gendered challenges faced by men who experienced war as civilians or who challenged the association between dominant masculinities and military service through their status as conscientious objectors. Laura Ugolini, in her study of middle-class civilian men in Britain, has pointed to the ambivalence experienced by men in reserved occupations about their masculine status in wartime society. Their work aided the war effort but, by doing their duty out of uniform they laid themselves open to challenges to their masculine identity by a society which often judged appropriate war service by the wearing of a uniform.⁵⁶ By contrast,

for non-absolutist conscientious objectors to war, their non-combatant service, often in uniform, was perceived and represented as shaped by their principles rather than their labour. As these principles were, as Lois Bibbings has shown, the subject of extensive social criticism throughout the war, the result was numerous cultural constructions of these men's masculinity as problematic, suspect, and deviant.⁵⁷

Yet in spite of this growing range of analyses of British First World War masculinities, categories of men remain comparatively neglected as the subject of gender analysis. One of these is those who voluntarily enlisted for military service yet challenged the hegemonic masculinity of the combatant by serving in specifically non-combatant roles. For the men of the Labour Corps, the Army Service Corps, and, above all, the Army Medical Corps, who wore uniforms but did not carry (or manipulate) weapons, the disconnect between appearance and role in relation to their wartime service has yet to be fully explored in terms of the ways in which it shaped both their subjective masculine identity and its representation in British culture. For the men of the Medical Corps in particular, this disconnect was heightened by the dominance of the association between women and wartime medical care provision, presenting specific challenges that may not have been as relevant to non-combatant units whose work was more directly associated with either manual labour or mechanical and technological innovations that could be more clearly coded as male.

(p.13) That an association with medical care had the potential to pose challenges to masculine identities in the context of mass industrialized war and its aftermath has, to a certain extent, been demonstrated by studies focusing on the perspectives of wartime patients and the post-war disabled which have explored the impact of wounds and impairment on gender and gender relations. Carden-Coyne's work, for example, demonstrates how the power relationships between patients and nurses in wartime military hospitals, which revolved around the physical pain of the former and its mitigation by the latter, were shaped by cultural understandings of gendered divisions of labour and appropriate gender relations.⁵⁸ Power relationships between patients and doctors in these spaces can also be read through a gendered lens to expose how masculinity in this period was structured by the 'othering' of age, rank, and race as well as sex.⁵⁹ Histories of disability, meanwhile, have contributed to understandings of masculinity as a subjective identity through explorations of the fears of emasculation which accompanied men's bodily encounters with medical care,⁶⁰ and the potential mitigation or exacerbation of such anxieties through state intervention.⁶¹

Focusing on doctors and patients as gendered actors has thus shown the significance of medical care as a site for the creation and reinforcement of male identity in wartime that deserves scholarly exploration equal to that of the study of nurses for the understanding of women's roles and gender relations in

wartime. Yet concentrating on those who held qualifications in care provision, the recipients of care, and the female nurses and medical volunteers of the VAD offers only partial insight. Men who provided medical care in a military context in the era of the First World War (**p.14**) remain underexamined, although, viewed through the lens of the gender disruption created by war,⁶² their roles and status gain in significance. On the one hand, they challenge narratives of the natural dominance of women in caring roles, while on the other they complicate patient engagement with medical care as emasculating through their non-patient, non-hegemonic male presence in spaces of care. Additionally, as uniformed servicemen who served at all points from the front-line trenches through to home hospitals without bearing arms, they posed important questions to cultural and individual definitions of wartime masculinity in a conflict where such definitions were profoundly challenged in a myriad of ways.⁶³

This book serves to fill this gap in both the gender and medical histories of Britain during the First World War through its examination of the work, experiences, perceptions, and representations of the men of the RAMC in the conflict. Using sources including official documents, personal narratives, material objects, and visual images, it deploys the tools of cultural history, particularly close reading and textual and object analysis, to explore what these men did, how they understood their labour as a facet of their subjectivities and status in wartime society, and how they and their role were perceived by those around them, including doctors, nurses, patients, military authorities, and civil society. By focusing on these men as male actors in a society mobilized to violence and caregiving along predominantly gendered lines,⁶⁴ it complicates histories of masculinity and the war which have tended to focus on narratives of combat to the exclusion of non-combatant labour. In doing so, it not only identifies the specific contribution that this category of men made to the history of the British war effort, it also expands historical understandings of what it meant to be a man and a serviceman in British society during the war years.

While gender forms the primary variable for this analysis, and cultural history provides the primary methodology, this approach does present some problems of scope, principally relating to the complex of identity markers, of which gender is only one. Race, class, and age all intersect with the lived experience of gender in ways which demand acknowledgement yet are beyond the scope of this study. In focusing on the work of the men (**p.15**) of the British Army Medical Services, it considers these men as a category encompassing a range of ages and social categories, although not races. It seeks to complement work currently being undertaken on medical provision in the First World War where race is foregrounded,⁶⁵ without necessarily analysing the regionality which underpinned the Corps' own racial identity as a British military establishment.⁶⁶

Class and age form more significant areas of analysis at different points in the discussion, reflecting the significance of these social parameters for British military masculine identity in this period,⁶⁷ and for the provision of medical treatment.⁶⁸ However, while the age profile of the RAMC was explicitly delineated in ways which affected the masculine status of the unit as a whole to individuals within it, as will be discussed in Chapter 2, the class structure of the unit presents additional methodological problems. Class does not map as neatly on to rank, as was the case for the British Army more broadly.⁶⁹ While the requirement that officers of the Corps held medical degrees undoubtedly meant that the officer corps was dominated by middle-class professionals, it also excluded a range of middle- and upper-class men from holding commissions. As Ward Muir, himself a middle-class orderly at the 3rd London General Hospital, noted of a fellow Corporal in the unit:

Khaki is an unparalleled disguise, especially the “issue” garments of Tommy Atkins. ... Corporal Macdonald ... is something of an aristocrat on his native heath, which is North of the Tweed; and the tan of his cheeks and the clearness of his blue eyes was acquired, like his soft Highland accent, on the open country of his own estate. He drives his ass-cart well because he once could drive a four-in-hand well. He is driving an ass-cart because *noblesse oblige*: if Britain did not want him as a fighter—those white hairs (**p.16**) of his were looked askance at—he had to find some other service. ... So ... he enlisted as an orderly and tackled the orderly’s distasteful tasks.⁷⁰

In short, the particularities of recruitment to a non-combatant unit make attempts to generalize about the background of the ranks of the Corps, and the implications that this may have had for their subjective understanding of masculinity in relation to their war service, difficult. Equally problematic are attempts to read class relations within the Corps in a similar manner to the way in which the class of nurses has often been categorized.⁷¹ Distinguishing between middle-class volunteers, lower-middle-class trained practitioners, and working-class general service providers does not appear as relevant for their male military equivalents.⁷²

Given the importance of class in shaping individual subjectivities in relation to masculine identities,⁷³ the somewhat fluid social make-up of the Corps presents difficulties in analysing how its wartime work shaped and was shaped by concepts of appropriate masculinities. One way to address the question of how distinct personal experiences were incorporated into men’s private narratives of their lives and subjective understandings of themselves as men is, as Graham Dawson, Michael Roper, and Wendy Gagen have all demonstrated, through detailed psycho-biographical studies of individual men. Such an approach, as John Tosh suggests, ‘does not ... mean renouncing cultural analysis. But it does direct our attention to forms of representation which arose directly from social

experience.⁷⁴ Too tight a focus on the individual, without due consideration for the material of the wider culture in which quotidian lives were lived, however, not only raises questions about the representativeness of the subject of analysis, but also has the potential to limit our understanding of the wider forces, both social and cultural, which shape historic masculinities. As Roper has pointed out, 'personal accounts of the past are **(p.17)** never produced in isolation from ... public narratives, but must operate within their terms. Remembering always entails the working of past experience into available cultural scripts.'⁷⁵

This book, therefore, uses close readings of personal narratives, official documentation, and wider cultural production to tell the story of the unit as a whole throughout the war. Using analytic tools which illuminate how 'the telling of the tale itself shapes the tale that is told',⁷⁶ it locates these sources in the contexts of audience and dissemination to explore how the construction of the identities of the men of the RAMC was shaped by both personal experience and wider cultural forces. Rather than giving primacy to familial relations in order to more fully understand gendered subjectivities, as suggested by both Roper and Tosh,⁷⁷ by contextualizing this range of source material in relation to author and audience, representation and reception, this work exposes not just the individual subjective understandings of wartime masculinity of a range of servicemen, but also the relationship between masculinity as a subjective identity on the one hand and a social ideal and cultural code on the other. This in turn helps to address the other two problems Tosh identifies with the recent dominance of the cultural turn in histories of masculinity, namely 'the privileging of representation over experience ... and the abstraction of power relations'.⁷⁸ In seeking to balance readings of representation with those of experience, I show how gender functioned as a power relationship, both metaphorically and as lived experience, between men and men as well as between men and women in wartime sites of medical care provision.

This approach is useful not only in relation to histories of masculinity but also gender histories of medicine, which have also grappled with challenges raised by the dominance of the 'cultural turn'.⁷⁹ In particular, the problems identified by Tosh have relevance to the ways in which the figure of the care provider has been analysed in gendered terms as **(p.18)** historically contingent. While social histories seeking to understand the agency of patients have tended to structure caregiving along the gender dichotomies of male dominance and female frailty, reflecting historical representations across the modern period, more materially based analyses of domestic medical practice and care have increasingly exposed the range of women's roles as care providers.⁸⁰ Studies of caregiving in these terms have, however, not only tended to focus on women as the gendered category whose engagement with medical practice most clearly exposes the tensions between representation and lived experience, but also on the early modern period as that in which medicine emerged as a discrete social and cultural practice. In focusing on the modern period, and on the work of a

category of men whose relationship with medical care was defined by neither professionalism nor patient status, this book shows how cultural context and social experience interacted to shape a historically specific moment of caring.

It does this through the reading not only of texts but also images. Many of those included in this book will be familiar to historians of the First World War, particularly those with interests in medicine and caregiving. Their familiarity reflects both their significance in representing medical care provision in British culture at the time and their accessibility to historians in the years since. It does not, however, preclude gaining new insight from them. In reinterpreting images, such as the hospital magazine cartoons which appear in Chapter 5, in terms of their representation of RAMC rankers as a specific category of analysis, I will build on the broader analyses of hospital cultures by Carden-Coyne and Reznick which also examine these images.⁸¹ Considering questions of audience in relation to images from widely circulated training manuals, meanwhile, enables more nuanced discussion of training in terms not merely of medical progress but also individual practice.

This book, therefore, examines the work of the men of the RAMC through chapters which are structured both thematically and chronologically. The first two chapters address the question of the organization and **(p.19)** make-up of the Corps before and during the war. Chapter 1 surveys the formation and reformation of the army medical services as a recognized unit in the second half of the nineteenth century, locating the social and political debates around the unit in the context of reforms to the military and medicine as professions. It additionally identifies the ways in which these debates were shaped by the foundation and growth of the humanitarian voluntary aid movement in Europe. Using social theories of professional definition, the chapter situates the unit within historic debates around the disruptive role of war in shaping the gender order for both women and men. It argues that the reforms to military and medicine as gender-demarcated professions constructed a space within the military in the years before the outbreak of war in 1914 that, for the men who served in the unit, was socially ambiguous.

This ambiguity, which was particularly acute in relation to the non-combatant nature of the unit, was to play an important role in the recruitment of non-commissioned ranks to the Corps from 1914, and in their subsequent training. As Catriona Pennell has shown, as with many other complexities which shaped British responses to the outbreak of war, the desire to enact violence was by no means universal.⁸² Yet the narrative of combat as the appropriate role for men to take in wartime remained dominant, with important repercussions for men who found themselves enlisted in non-combatant services.⁸³ Through readings of both official recruitment policy as it developed over the course of the war and the training literature which resulted to turn civilian volunteers and conscripts into military medical-care providers, Chapter 2 explores the central questions of

change and continuity in the identity of the Corps throughout the war years. In particular, it demonstrates how the status of the Corps in relation to both the military and medicine changed, or failed to change, between 1914 and 1918, with consequences for the subjective masculine identities of the men who served in its ranks.

While these two chapters focus on questions of who the ranks of the Corps were, Chapters 3 and 4 concentrate on what the Corps did. Using official publications and personal narratives, both contemporaneous and retrospective, created by RAMC servicemen, they examine the chain of evacuation along the line of communication which formed the primary remit of RAMC work throughout the war.⁸⁴ Each examines a different **(p.20)** theme which shaped these men's work—those of diverse spaces and change over time. Chapter 3 utilizes Jeffrey Reznick's concept of sites of healing⁸⁵ to identify the primary roles of carrying, cleaning, and caring undertaken by RAMC rankers in different spaces and at different points in the process of medical evacuation. It shows how these different roles were undertaken and consequently defined in relation to encounters with others within these spaces, as well as by the spaces themselves. In doing so, it nuances and deepens our understanding of gendered relationships within these spaces, as well as the range of labour associated with appropriate masculine service in wartime.

Chapter 4 revisits the chain of evacuation, this time from the perspective of how RAMC Other Ranks' work was influenced by strategic and technological changes, both military and medical, which developed over the course of the war. By exploring how such change over time affected the working practices of the men of the RAMC, it interrogates the question of whether the war was good for medicine from the perspective of the non-professional male medical care provider.⁸⁶ In doing so, it contributes to wider debates over the relationship between war, medicine, and modernity, suggesting that many of the aspects of change associated with progress had a more ambiguous impact on the lived experience of the men whose practice they shaped. This ambiguity was reflected in the impact that such developments had on the status of the ranks of the RAMC as both care providers and servicemen throughout the war.

Chapter 5 centres on the question of the social positioning of RAMC rankers as care providers, using a range of cultural representations to explore how these men perceived their own work and standing, and how this status was perceived by those they encountered in their caring roles. Drawing on theories of representation which I have previously used to examine the masculine status of British First World War servicemen more generally,⁸⁷ the chapter examines a range of cultural texts, including cartoons, poetry, hospital magazines, and memoirs to demonstrate the multiple ways in which the work of RAMC rankers was perceived and understood throughout the war. In doing so, it builds on the analyses of Reznick and Carden-Coyne that have used hospital magazines in

particular to explore the experiences and understandings of the wounded and disabled within the military medical care system in relation to nurses and doctors.⁸⁸ By **(p.21)** foregrounding the representations of the relatively neglected stretcher bearer and medical orderly in these discussions, this chapter complicates constructions of power relationships within the military medical care system. The range of representations explored, and the gendered nature of their construction, demonstrate the complexity of cultural constructions of gender and gender relations in British society during the war more broadly.

As a whole, therefore, the book examines how the First World War affected British understandings of military service, medical professionalism, and the status of military medical provision through its analysis of the role and experiences of a group of men whose primary identities were neither military nor medical. By looking at how these men understood their temporary wartime roles, and how society represented the work they undertook, it demonstrates how the multiple masculinities of a society at war complicated and nuanced relationships between categories of actors, including male medical professionals, female care providers, and combatant servicemen, as well as RAMC rankers themselves. In their negotiations of both their temporary identities and encounters with a range of others, the men of the RAMC played an important role in cementing the status of their unit of service as a necessary, if not always unambiguously glorious, one. In doing so, through their physical and emotional labour and the subjective and representational constructions of their specific form of wartime masculinity, these men bore an equal burden to their combatant comrades, even if they never bore arms.

Notes:

(¹) George Swindell, 'In Arduis Fidelus: Being the story of 4 ½ years in the Royal Army Medical Corps', TS memoir, RAMC 421, WL, p.3.

(²) Ian R. Whitehead, *Doctors in the Great War* (London: Leo Cooper, 1999), pp. 6–10; Holly Furneaux, *Military Men of Feeling: Emotion, Touch, and Masculinity in the Crimean War* (Oxford: Oxford University Press, 2016), p.204.

(³) Jessica Meyer, *Men of War: Masculinity and the First World War in Britain* (Basingstoke: Palgrave Macmillan, 2009).

(⁴) Whitehead, *Doctors in the Great War*, pp.15–16.

(⁵) David French, *Military Identities: The Regimental System, the British Army, and the British People, c.1870–2000* (Oxford: Oxford University Press, 2005), p. 98.

(⁶) Nicoletta F. Gullace, *'The Blood of Our Sons': Men, Women, and the Renegotiation of British Citizenship During the Great War* (Basingstoke: Palgrave Macmillan, 2002).

⁽⁷⁾ Lucy Noakes, *Women in the British Army: War and the Gentle Sex, 1907–1948* (London: Routledge, 2006), pp.64–71.

⁽⁸⁾ Whitehead, *Doctors in the Great War*, p.4.

⁽⁹⁾ Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014), pp.44–52; Furneaux, *Military Men of Feeling*, p.203.

⁽¹⁰⁾ Mark Harrison, 'The Medicalization of War—The Militarization of Medicine', *Social History of Medicine* 9 (August 1996): 268, DOI: 10.1093/shm/9.2.267.

⁽¹¹⁾ See, for example, Joel D. Howell, "'Soldier's heart": the redefinition of heart disease and specialty formation in early twentieth-century Great Britain', *Medical History* 29 (January 1985): 34–52, DOI: 10.1017/S0025727300070502; Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldier of the First World War* (Basingstoke: Palgrave Macmillan, 2002); Marjorie Gerhardt, *The Men with Broken Faces: Gueules Cassées of the First World War* (Oxford: Peter Lang, 2015); Roger Cooter, *Surgery and Society in Peace and War: Orthopaedics and the Organisation of Modern Medicine, 1880–1948* (Basingstoke: Macmillan, 1993); Mark Harrison, 'The British Army and the Problem of Venereal Disease and Egypt during the First World War', *Medical History* 39 (April 1995): 133–59, DOI: 10.1017/S0025727300059810; Kim Pelis, 'Taking Credit: The Canadian Army Medical Corps and the British Conversion to Blood Transfusion in WWI', *Journal of the History of Medicine and Allied Sciences* 56 (July 2001): 238–77, DOI: muse.jhu.edu/article/15267.

⁽¹²⁾ Roger Cooter, 'Medicine and the Goodness of War', *Canadian Bulletin of Medical History* 7 (Fall 1990): 154–5, DOI: 10.3138/cbmh.7.2.147.

⁽¹³⁾ Harrison, 'The Medicalization of War', 269.

⁽¹⁴⁾ *Ibid.*, 269–70.

⁽¹⁵⁾ *Ibid.*, 270.

⁽¹⁶⁾ Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010), pp.292–3.

⁽¹⁷⁾ Roger Cooter and Steven Sturdy, 'Of War, Medicine and Modernity: Introduction', in *War, Medicine and Modernity*, ed. Roger Cooter, Mark Harrison, and Steve Sturdy (Stroud: Sutton Publishing Limited, 1998), p.1.

⁽¹⁸⁾ Michael Brown, "'Like a Devoted Army": Medicine, Heroic Masculinity, and the Military Paradigm in Victorian Britain', *Journal of British Studies* 49 (July 2010): 592–622, DOI: 10.1086/652000. See also Deborah Lupton, *Medicine as*

Culture: Illness, Disease and the Body in Western Societies (London: Sage Publications, 1994), pp.61–4.

(¹⁹) Cooter and Sturdy, 'Of War, Medicine and Modernity', p.17.

(²⁰) *Ibid.*, p.5.

(²¹) *Ibid.*, p.6.

(²²) Leo van Bergen, *Before My Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914–1918*, tr. Liz Waters (Farnham: Ashgate, 2009), p.328.

(²³) van Bergen, *Before My Helpless Sight*, pp.359–61.

(²⁴) Carden-Coyne, *The Politics of Wounds*, pp.338–9.

(²⁵) *Ibid.*, p.339.

(²⁶) Fiona Reid, *Medicine in First World War Europe: Soldiers, Medics, Pacifists* (New York: Bloomsbury Academic, 2017), p.198.

(²⁷) Carden-Coyne, *The Politics of Wounds*, p.4. Carden-Coyne additionally utilizes Foucault's theory of 'biopower' in her discussions (*ibid.*, pp.6–13).

(²⁸) Harrison, *The Medical War*, p.14. In relation to theatres outside the Western Front, Harrison notes in particular the work of Michael Tyquin, *Gallipoli: The Medical War: The Australian Army Medical Services in the Dardanelles Campaign of 1915* (Kensington, NSW: New South Wales University Press, 1993) and Eran Dolev, *Allenby's Military Medicine: Life and Death in World War I Palestine* (London: I. B. Tauris, 2007).

(²⁹) Harrison, *The Medical War*, p.2.

(³⁰) Carden-Coyne, *The Politics of Wounds*.

(³¹) Key recent texts in the study of morale during the war include Hew Strachan, 'Training, Morale and Modern War', *Journal of Contemporary History* 41 (April 2006): 211–27, <http://www.jstor.org/stable/30036383>; Leonard V. Smith, *The Embattled Self: French Soldiers' Testimony of the Great War* (Ithaca: Cornell University Press, 2007); and Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester: Manchester University Press, 2009).

(³²) See, for example, Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914–1918* (Cambridge: Cambridge University Press, 2008) and Jonathan Boff, *Winning and Losing on*

the Western Front: The British Third Army and the Defeat of Germany on the Western Front (Cambridge: Cambridge University Press, 2012).

(³³) For France, see Sophie Delaporte, *Les Médecins dans la Grande Guerre 1914-1918* (Paris: Bayard, 2003). For Germany, see Heather R. Perry, *Recycling the Disabled: Army, Medicine and Modernity in WWI Germany* (Manchester: Manchester University Press, 2017).

(³⁴) van Bergen, *Before My Helpless Sight*, pp.28-9.

(³⁵) At least one such study is already being undertaken by Laura Boyd, whose PhD research at the University of Leeds is looking comparatively at the work of these men in the French and British armed forces.

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(³⁷) Whitehead, *Doctors in the Great War*.

(³⁸) Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009); Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford: Oxford University Press, 2014).

(³⁹) Janet S. K. Watson, *Fighting Different Wars: Experience, Memory, and the First World War* (Cambridge: Cambridge University Press, 2004), pp.59-104; Janet S. K. Watson, 'War in the Wards: The social construction of medical work in First World War Britain', *Journal of British Studies* 41 (2002): 484-510, DOI: 10.1086/341439.

(⁴⁰) Arthur Marwick, *The Deluge: British Society and the First World War*, 2nd ed. (Basingstoke: Macmillan, 1991; 1st edn, 1965), p.134. For a critique of Marwick's argument and a discussion of the related historiographic debates, see Gail Braybon, 'Winners or Losers: Women's Symbolic Role in the War Story', in *Evidence, History and the Great War: Historians and the Impact of 1914-18*, ed. Gail Braybon (New York: Berghan Books, 2003), pp.86-112.

(⁴¹) Margaret R. Higonnet, 'Introduction', in *Nurses at the Front: Writing the Wounds of the Great War*, ed. Margaret R. Higonnet (Boston: Northeastern University Press, 2001), pp.vii-xxxviii; Angela K. Smith, *The Second Battlefield: Women, Modernism and the First World War* (Manchester: Manchester University Press, 2000); Hazel Hutchinson, 'The Theatre of Pain: Observing Mary Borden in *The Forbidden Zone*', in *First World War Nursing: New Perspectives*, ed. Alison S. Fell and Christine E. Hallett (London: Routledge, 2013), pp.139-55.

(⁴²) Samuel Hynes, *The Soldiers' Tale: Bearing Witness to Modern War* (New York: Penguin Books, 1997), p.30.

(⁴³) Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005), pp.175–203.

(⁴⁴) On the gendering of wartime violence see Joanna Bourke, *An Intimate History of Killing: Face-to-Face Killing in Twentieth-Century Warfare* (London: Granta Books, 1999) and Raphaëlle Branche et al., 'Writing the History of Rape in Wartime', in *Rape in Wartime*, ed. Raphaëlle Branche and Fabrice Virgili (Basingstoke: Palgrave Macmillan, 2012), pp.1–16.

(⁴⁵) Harrison, *The Medical War*, p.1.

(⁴⁶) Florence Nightingale, *Notes on Nursing: What it is and what it is not* (New York: D. Appleton and Company, 1860), preface.

(⁴⁷) Bourke, *An Intimate History of Killing*, p.1.

(⁴⁸) Furneaux, *Military Men of Feeling*, pp.187–216.

(⁴⁹) Braybon, 'Winners or Losers', p.88.

(⁵⁰) Barton C. Hacker, 'Reformers, Nurses, and Ladies in Uniform: The Changing Status of Military Women (c.1815–1914)', in Barton C. Hacker and Margaret Vining (eds.), *A Companion to Women's Military History* (Leiden: Brill, 2012), p. 142.

(⁵¹) Deborah Thom, *Nice Girls and Rude Girls: Women Workers in World War I* (London: I. B. Tauris, 1998); Angela Woollacott, *On Her Their Lives Depend: Munitions Workers in the Great War* (Berkeley: University of California Press, 1994); Krisztina Robert, "'All That is Best in Modern Woman"?: Representations of female military auxiliaries in British popular culture, 1914-1919', in *British Popular Culture in the First World War*, ed. Jessica Meyer (Leiden: Brill, 2008), pp.97–122; Susan R. Grayzel, *Women and the First World War* (Abingdon: Routledge, 2013); Jane Potter, *Boys in Khaki, Girls in Print: Women's Literary Responses to the Great War 1914–1918* (Oxford: Oxford University Press, 2005); Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994).

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⁽⁵³⁾ John Tosh, 'What Should Historians Do with Masculinity?: Reflections on nineteenth-century Britain', *History Workshop Journal*, 38 (1994): p.180, <http://www.jstor.org/stable/4289324>. See also Michael Roper and John Tosh, 'Introduction: Historians and the Politics of Masculinity', in *Manful Assertions: Masculinities in Britain since 1800*, ed. Michael Roper and John Tosh (London: Routledge, 1991), pp.1-24; Heather Ellis and Jessica Meyer, 'Introduction', in *Masculinity and the Other: Historical Perspectives*, ed. Heather Ellis and Jessica Meyer, (Newcastle upon Tyne: Cambridge Scholars Publishing, 2009), pp.1-22; John H. Arnold and Sean Brady, 'Introduction', in *What is Masculinity?: Historical Dynamics from Antiquity to the Contemporary World*, ed. John H. Arnold and Sean Brady, (Basingstoke: Palgrave Macmillan, 2011), pp.1-16.

⁽⁵⁴⁾ John Horne, 'Masculinity in Politics and War in the Age of Nation-States and World Wars, 1850-1950', in *Masculinities in Politics and War: Gendering Modern History*, ed. Stefan Dudink, Karen Hagemann, and John Tosh (Manchester: Manchester University Press, 2004), pp.31-2. See also Roper, *The Secret Battle*; Meyer, *Men of War*; Gullace, 'Blood of Our Sons'; Watson, *Fighting Different Wars*; Ana Carden-Coyne, *Reconstructing the Body: Classicism, modernism, and the First World War* (Oxford: Oxford University Press, 2009); Gabriel Koureas, *Memory, Masculinity, and National Identity in British Visual Culture, 1914-1930: A Study of 'Unconquerable Manhood'* (Aldershot: Ashgate, 2007).

⁽⁵⁵⁾ Hynes, *The Soldiers' Tale*, pp.1-30.

⁽⁵⁶⁾ Gullace, 'Blood of Our Sons', pp.92-924; Laura Ugolini, *Civvies: Middle-Class Men on the English Home Front, 1914-18* (Manchester: Manchester University Press, 2013), pp.127-8; Laura Ugolini 'War-stained: British Combatants and Uniforms, 1914-18', *War & Society*, 33 (2014): 155-71, DOI: 10.1179/0729247314Z.00000000036; Lois Bibbings, *Telling Tales About Men: Conceptions of Conscientious Objectors to Military Service During the First World War* (Manchester: Manchester University Press, 2009), p.102.

⁽⁵⁷⁾ Bibbings, *Telling Tales About Men*; Sabine Grimshaw, 'Representation and resistance: The representation of male and female war resisters of the First World War', PhD diss., University of Leeds, 2017.

⁽⁵⁸⁾ Carden-Coyne, *The Politics of Wounds*, pp.242-51, 286-97.

⁽⁵⁹⁾ Jessica Meyer, 'Separating the Men from the Boys: Masculinity and maturity in understandings of shell shock in Britain', *Twentieth Century British History* 20 (January 2009): 1-22, DOI: 10.1093/tcbh/hwn028; Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain, and the Great War* (London: Reaktion Books Ltd, 1996), pp.67-70; Joanna Bourke, 'Effeminacy, Ethnicity and the End of Trauma: The sufferings of "shell-shocked" men in Great Britain and Ireland,

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(⁶¹) Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (Berkeley: University of California Press, 2001); Perry, *Recycling the Disable*; Koureas, *Memory, Masculinity and National Identity*, pp. 91-142.

(⁶²) Joan Scott, 'Rewriting History', in *Behind the Lines: Gender and the Two World Wars*, ed. Margaret Randolph Higonnet, et al. (New Haven: Yale University Press, 1987), pp.25-7.

(⁶³) Meyer, *Men of War*, pp.161-7.

(⁶⁴) Margaret R. Higonnet and Patrice L. Higonnet. 'The Double Helix', in *Behind the Lines*, ed. Higonnet et al., p.35.

(⁶⁵) Hilary Buxton, 'Disabled Empire: Race, Rehabilitation, and the Politics of Healing Non-white Colonial Troops, 1914-1940', PhD diss., Rutgers University. See also Bourke, 'Effeminacy, ethnicity and the end of trauma' and Carden-Coyne, *The Politics of Wounds*, pp.196-214.

(⁶⁶) For the distinctiveness of Army Medical Services as part of differing Imperial and Dominion expeditionary forces, see Frederick Walter Noyes, *Stretcher bearers ... at the double!: History of the Fifth Canadian Field Ambulance which Served Overseas during the Great War of 1914-1918* (Toronto: The Hunter-Rose Company, Limited, 1937) and Alexia Moncrieff, "'We are entitled to some control": The Australian Army Medical Corps in the First World War', PhD diss., University of Adelaide, 2017.

(⁶⁷) Roper and Tosh, 'Introduction', in *Manful Assertions*, ed. Roper and Tosh, pp.11-16; Ugolini, *Civvies*, pp.3-4.

(⁶⁸) Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987), pp.174-5; Meyer, 'Separating the Men From the Boys'.

(⁶⁹) J. M. Winter, *The Great War and the British People* (Basingstoke: Macmillan Education Ltd, 1986), pp.83-4.

(⁷⁰) Ward Muir, *The Happy Hospital* (London: Simpkin, Marshall, Hamilton, Kent & Co., 1918), p.63.

(⁷¹) Watson, 'War in the Wards'; Hallett, *Containing Trauma*, p.12.

(⁷²) Indeed, as Sue Light and Alison Fell have both suggested, such divisions were not necessarily as clear-cut in the case of women's medical services as Watson in particular has suggested (Sue Light, 'A Suitable Woman for the Job', *The Fairest Force*, <http://www.fairestforce.co.uk/37.html>, last accessed 19 December 2017; Alison Fell, 'Afterword: Remembering the First World War Nurse in Britain and France', in *First World War Nursing*, ed. Fell and Hallett, pp.186-8.)

(⁷³) John Tosh, 'The History of Masculinity: An Outdated Concept?', in *What is Masculinity*, ed. Arnold and Brady, p.24; Martin Francis, 'The Domestication of the Male? Recent research on Nineteenth- and Twentieth-Century British Masculinity', *Historical Journal* 45 (2002): pp.637-52, <http://www.jstor.org/stable/3133500>.

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(⁷⁶) Meyer, *Men of War*, p.11.

(⁷⁷) Michael Roper, 'Slipping Out of View: Subjectivity and emotion in gender history', *History Workshop Journal* 59 (March 2005): p.67, DOI: 10.1093/hwj/dbi006; Tosh 'The History of Masculinity', pp.28-30.

(⁷⁸) Tosh, 'The History of Masculinity', p.23.

(⁷⁹) Peter Mandler, 'The Problem with Cultural History', *Cultural and Social History* 1 (2004): 94-117, DOI: 10.1191/1478003804cs0002df; Colin Jones, 'Peter Mandler's "Problem with Cultural History", or, Is Playtime Over?', *Cultural and Social History* 1 (2004): 209-15, DOI: 10.1191/1478003804cs0012df; Peter Mandler, 'Problems in Cultural History: A reply', *Cultural and Social History* 1 (2004): 326-32, DOI: 10.1191/1478003804cs0023df; John Tosh, *The Pursuit of History: Aims, Methods and New Directions in the Study of History*, 6th edn (London: Routledge, 2015), pp.205-28.

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⁽⁸¹⁾ Carden-Coyne, *The Politics of Wounds*; Jeffrey S. Reznick, *Healing the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War* (Manchester: Manchester University Press, 2004).

⁽⁸²⁾ Catriona Pennell, *A Kingdom United: Popular Responses to the Outbreak of the First World War in Britain and Ireland* (Oxford: Oxford University Press, 2012), p.227.

⁽⁸³⁾ Gullace, 'Blood of Our Sons'; Ugolini, *Civvies*, pp.193–8.

⁽⁸⁴⁾ Emily Mayhew, *Wounded: From Battlefield to Blighty* (London: The Bodley Head, 2013); Carden-Coyne, *The Politics of Wounds*, pp.24–37; Harrison, *The Medical War*, pp.16–64.

⁽⁸⁵⁾ Reznick, *Healing the Nation*, pp.1–2.

⁽⁸⁶⁾ Cooter, 'Medicine and the Goodness of War'.

⁽⁸⁷⁾ Meyer, *Men of War*, pp.11–12; Roper and Tosh, 'Introduction', pp.14–15.

⁽⁸⁸⁾ Reznick, *Healing the Nation*, pp.65–98; Carden-Coyne, *The Politics of Wounds*, pp.232–8.

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