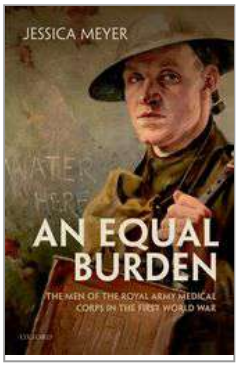

An Equal Burden: The Men of the Royal Army Medical Corps in the First World War
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Carrying, Cleaning, Caring

Other Ranks' roles along the line of evacuation

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Abstract and Keywords

This chapter outlines the chain of evacuation along the line of communication which formed the remit of the work of the Royal Army Medical Corps throughout the war. Using official publications and personal narratives, both contemporaneous and retrospective, it explores the diverse spaces in which men from the ranks of the Corps undertook their caring roles. In doing so, it identifies these roles as centring on the work of carrying, cleaning, and caring. By focusing on the work of these men, it nuances understandings of gendered relationships within these spaces, between nurses and medical rankers, doctors and medical rankers, and carers of both sexes and their patients. By examining the work of medical rankers in terms of both physical and emotional labour, it further expands readings of the range of labour associated with appropriate masculine service in wartime.

Keywords: line of evacuation, regimental aid post, dressing station, Casualty Clearing Station, hospitals, transportation, stretcher bearers, orderlies, physical labour, emotional labour

As we saw in Chapter 2, the training of RAMC servicemen attempted to prepare them for an ambiguous role, part medical caregiver, part resourceful campaigner, never fully practitioner or soldier. The ambiguity of their position within both the armed forces and the medical establishment, at once uniformed and subject to military discipline but forbidden from bearing arms, without formal medical training but laying claim to their own sense of semi-professional identity as carers, persisted as they moved from training into active service. This

service drew on skills and knowledge designed in the training programme to be delivered as standard.[1] The nature of war service, however, inevitably varied among individuals in relation to a number of factors. These included not only the level of training provided and the individual interest and autodidacticism of the men themselves but also the size and mobility of the unit of service, the distance of that unit from the front line, and the theatre of service. These factors defined not only the types of work undertaken but also the challenges to be overcome and the patients and co-workers encountered in the course of service. The work of RAMC rankers can thus be seen to be defined in large part by the spaces in which they operated.

A number of historians have drawn on theories including historic geography and Foucault's concept of biopower to demonstrate how the spaces of caregiving in the First World War played a significant role in defining the cultures of caring for both caregivers and the cared-for in two important ways. On the one hand, sites of healing served as heterotopias, places 'outside of all places' where 'men arrive at a sort of absolute break with their traditional time'.[2] By taking wounded men out of their narrative trajectories as soldiers through exhaustion, wounds, and illness, rest huts and hospitals highlighted wartime anxieties over national efficiency **(p.87)** and both civilian and military morale. The role of women in many of these spaces, meanwhile, helped to reinforce traditional values associated with domesticity and ideal masculinities. Patient encounters with female carers were represented in popular culture as a longed-for return to domesticity and a reinforcement of peacetime understandings of the gender order.[3] On the other hand, hospital spaces were constructed around disciplinary power relationships of surveillance through the clinical gaze and bodily control.[4] The work of female nurses and doctors in hospitals in close proximity to young men in states of increased physical and emotional vulnerability formed the locus of a range of anxieties over gender respectability, gendered divisions of labour, and the consequent effect on the social power dynamics between men and women in these spaces.[5] As both spaces of retreat and spaces of control, therefore, wartime hospitals challenged and reinforced gendered constructs of care.

While such analyses of caring sites have, following Foucault, tended to focus on the architecturally defined hospital, not all spaces of medical care in war were so clearly demarcated by physical boundaries. Aid posts formed a small part of the non-medical space of the trench or merged into the landscape in which they were situated. Dressing stations and overseas hospitals co-opted and adopted other institutional settings in ways which challenged definitional boundaries.[6] In Britain, meanwhile, in hospitals such as the First Eastern General, with its open-air wards, and the King George Hospital, Waterloo, which boasted a roof garden, the physical spatial boundaries of caregiving institutions were increasingly breached.[7] Along the chain of evacuation, boundaries became even more blurred, with the work of caregiving undertaken not only within but also across

spaces, with wounded men receiving care in a range of forms of transport, from stretcher through ambulance waggon or car to hospital barge, train, and ship. All these spaces of caregiving were, in turn, affected by factors such as distance, landscape, and weather conditions, which influenced the particular cultures of caring to be found within them.

(p.88) Unlike nurses, who were not allowed to serve further forward than the Casualty Clearing Station (CCS), and whose work was more clearly bounded by physically defined spaces such as wards, operating theatres, and hospital structures, whether buildings or tents, RAMC rankers worked in the full range of caring spaces. The diversity of these spaces shaped their labour, requiring them to undertake roles ranging from the construction of aid posts to carrying the wounded, from bandaging wounds to cleaning wards, from negotiating sand dunes to escorting convalescents through the English countryside. This variety of work in turn shaped their identities as carers and servicemen, particularly as it was defined in relation to the women alongside whom they served and with whom they increasingly shared spaces of care through official practices of dilution and substitution. Some labour allowed men to lay claim to a service identity by demanding they use physical strength and resourcefulness or demonstrate physical and emotional control on a par with that of front-line combatants.[8] Such caregiving, which took place predominantly within the male-dominated spaces of the front lines and immediate reserve areas, had emotional significance as well, supporting as it did cultural narratives of male comradeship and bonding that developed in the physically and emotionally intimate spaces of the trenches.[9] At the same time, service in other spaces, while no less intimate, served to challenge RAMC servicemen’s masculine identities. In sites located in support areas, men found themselves serving under the authority of women while undertaking roles associated with female domesticity. In such spaces, the emotional labour of care also took on different meanings in light of the presence of female nurses, whose explicit femininity both offset and shaped the masculine identity of non-professional male carers.[10]

This chapter will examine different types of work undertaken by RAMC rankers in the range of spaces and landscapes that they served and acted in throughout the war, exploring the combination of physical and emotional labour which their work encompassed. This, it will be argued, enabled these men to lay claim to a form of wartime service which bridged the space between fighting line and home front, a space defined in wartime culture explicitly in gendered terms,[11] in ways no other category of wartime service could. Thus the work of the RAMC rankers reinforces the liminality not only of their own status as men and servicemen in wartime, but also that of caregiving as a gendered practice.

(p.89) Medical Evacuation Along the Line of Communication

To understand the particular spaces within which RAMC rankers worked, it is necessary to outline the chain of evacuation that linked the regimental stretcher bearers collecting the wounded in no man's land to the hospital orderlies feeding, bathing, and entertaining patients in military hospitals in Alexandria, on the French coast, and in Britain. The system of evacuation which developed over the course of the war adapted spatially and temporally to the shifting demands of modern, industrialized warfare, and the varying priorities of different theatres of war.[12] At its heart, however, were three zones, defined by the military authorities as the collecting zone, occupied by combatants and medical field units; the evacuation zone, corresponding with the busy lines of communication, where dressing stations and CCSs were located; and the distribution zone, comprising the base area, home hospitals, convalescence units, and the transport between them (Figure 3.1).

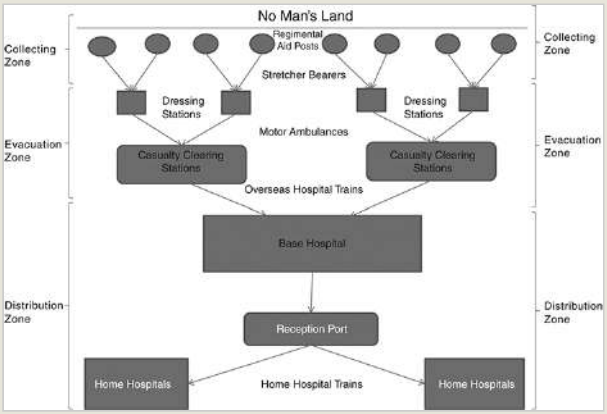

Fig. 3.1. Diagram of medical evacuations.

Before looking at specific temporal developments, it is important to understand how the chain of evacuation formed the spatial basis for medical care provision by the RAMC. This system, which was developed in response to the investigations which followed the Second Anglo-Boer War,[13] was visualized in the official *Medical Services General History* of the war in a number of diagrams, ranging from the schematic (Figure 3.2) to the specific (Figure 3.3). While the relative elaboration of such diagrams depended on the individual creating them, the fundamental structure was well established and consistent throughout the war.

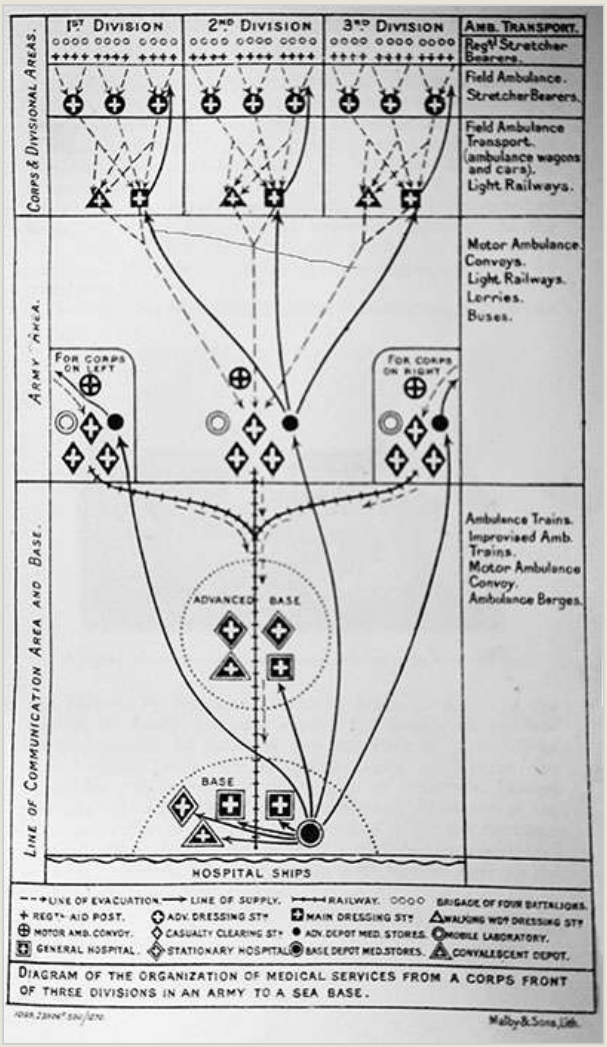

Fig. 3.2. Diagram of medical services; Macpherson, *History of the Great War*, Vol. 2, p.17.

The first zone, the collecting zone was, as shown most clearly in Figure 3.3, triangular in shape and,

> nominally … contains only the regimental aid posts, the field ambulances and a ‘casualty clearing station’, or railhead hospital, which stands at the apex, and serves to house the sick and wounded sent on from the field ambulances until they can be passed down through the evacuating zone to the distributing zone. In practice, however, it contains certain other units of a medical character.[14]

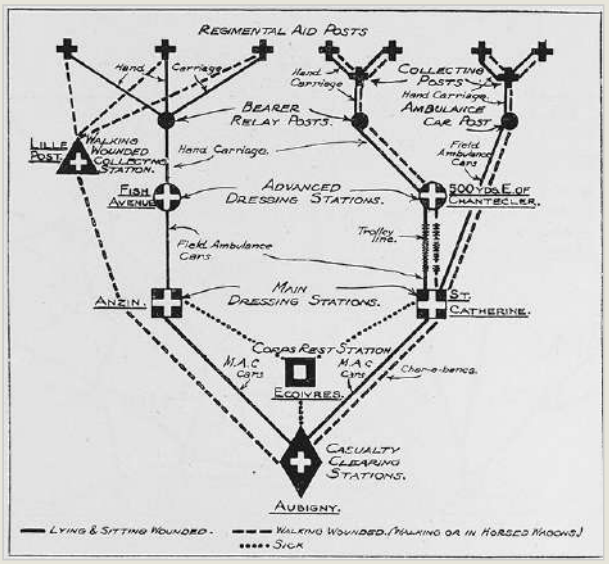

Fig. 3.3. Diagram of XIII Corps evacuation organization, April 1917; MacPherson, *History of the Great War*, Vol. 2, p.102.

(p.90) These other units included bearer relay and motor ambulance car posts, and the corps rest stations. Other relevant units might include advance medical store depots, divisional baths, and sanitary squads.

The evacuating zone, by contrast, was long and narrow, ‘containing, from a medical point of view, nothing but the various means of transport, and perhaps a medical store or two and a few “stationary” hospitals for the reception of patients who should not be taken any further towards the distributing zone’. This final zone was

> an area of indefinite size, corresponding roughly to that in which munitions of war are gathered and reinforcements collected, and which, from a purely military point of view, is known as the base. In this war it lies partly in Great Britain, partly overseas, and consequently it is common to speak of it as if it contained institutions of two different orders—‘home hospitals’ and ‘overseas or base hospitals’.[15]

These three zones formed the broad spaces within which the military medical services functioned. RAMC rankers had, in theory, the least work to do in the collecting zone, the space comprising no man’s land and the **(p.91)** front line of trenches, the site of the RAPs. Medically speaking, this area was within the purview of the RMO, an RAMC officer attached to a regiment who, assisted by a single orderly servant, organized and trained regimental stretcher bearers, the men who undertook the function of **(p.92)** actually collecting the wounded and

transporting or directing them to RAPs. The RMO and his orderly were also responsible for the day-to-day health of the unit, in conjunction with the sanitary companies.[16]

While RAPs were thus under the authority of RMOs, they nonetheless served as the boundary between the collecting and evacuation zones, as well as between the areas of responsibility of the RMO and RAMC Field Ambulances (FAs). As such they formed spaces within which FA Other Ranks found themselves functioning. It was from RAPs that FA stretcher bearers collected wounded men and transported them, via one or more advanced dressing stations run by FA tent orderlies, to the main dressing **(p.93)** station, again manned by the tent orderlies of the Field Ambulance. From the dressing station the wounded man would be evacuated, by horse-drawn or, increasingly, motor ambulance, to a CCS, from where, depending on the severity of his injury, he might be discharged to his unit or sent further down the line, by road, rail, or hospital barge, to a Base hospital at a French port city such as Boulogne, Le Havre, or Rouen. Men serving in the Middle East would be transported by hospital ship or rail to Alexandria.

Base hospitals formed a similar boundary point between the evacuation and distribution zones, although here the overlap was between voluntary and military units of medical care provision, rather than between combatant units and the RAMC. Men might be, and increasingly were, treated in hospitals staffed entirely by BRCS and St John Ambulance Association volunteers, although they did so as enlisted servicemen under military discipline.[17] This overlap penetrated deeply into the evacuation zone, with non-military volunteers provided by the BRCS serving on medical transports between CCSs and the Base as the staff of ambulance trains and ambulance convoys.[18] From Base hospitals, the wounded man might again be discharged, this time to a convalescent hospital or depot, or sent, via hospital ship, to Britain. Here he would be transported via rail to a military and then auxiliary hospital for treatment and convalescence, before being discharged either to civilian life, for the most seriously injured,[19] or to a convalescent camp where he would be recycled, via training depots, into the armed forces again.

Within these broad zones of collection, evacuation and distribution, RAMC servicemen occupied a range of spaces which shaped the precise nature of their labour and consequent experience. These spaces varied from the ad hoc RAP (Figure 3.4) through the temporary dressing station (Figure 3.5) and more stable CCS (Figure 3.6) to the comparatively luxurious Base hospital (Figure 3.7) and the large, and often specialist, home hospital. They also included more mobile spaces, with RAMC servicemen travelling as caregivers in transportation ranging from **(p.94)** horse-drawn and motor ambulances through hospital trains and barges to hospital ships. Indeed, as we shall see, it was the mobility of the RAMC ranker, as much as the sites of healing within which he worked,[20]

which defined his wartime labour and service. Given the importance of mobility, therefore, it is worth travelling along the path of evacuation which the sick or wounded man would have followed to explore in more detail the different types of labour, both physical and emotional, undertaken by RAMC servicemen at each stage.

Fig. 3.4. Regimental aid post; L0009419, WL.

Fig. 3.5. Stretcher cases awaiting transport to a casualty clearing station lie on the ground outside a dressing station at Blangy near Arras, April 1917; Q 6195, IWM.

Regimental Aid Posts

The first staging post on this journey would be the RAP, where a wounded man would either walk from walking-wounded collecting points or be **(p.95)** carried by regimental stretcher bearers or comrades. This would be the injured man's first encounter with a trained medical professional in the form of the RMO. The man might have been bandaged either by himself, a comrade, or one of the bearers, using the first field dressing with which all men were issued and for which he would have received basic instructions on use. The regimental stretcher bearers might have received some additional training, principally in the various forms of carry used to transport men manually when a stretcher was not available,[21] but this depended on the diligence of individual RMOs. Charles McKerrow, a particularly dedicated RMO with the 10th Battalion, Northumberland Fusiliers, trained his bearers through regular weekly lectures.[22] J. C. Dunn, RMO with the 2nd Battalion, Royal Welch Fusiliers, was, **(p.96)** perhaps, less thorough, recording in his diary for 30 September 1916 that 'my afternoon lecture [on hygiene] did not disturb the nap that many of the audience were used to take when in billets'.[23] However, at a minimum the bearers would, like all members of the regiment, have received instruction on how to apply the first field dressing. Comprising a wool pad, a square piece of gauze, and a piece of waterproof cloth, the dressing also came with instructions for application.[24] The only additional medical equipment carried by the regimental bearer were the stretchers that they were issued with in place of rifles.

Fig. 3.6. A ward of the 2nd Australian Casualty Clearing Station at Steenwerke, November 1917; E (AUS) 4623, IWM.

Fig. 3.7. Patients and nursing staff on a hutted ward of one of the British base hospitals at Basra, 1917; Q 25698, IWM.

At the RAP, the first field dressing might be changed and the man's wound inspected and cleaned. RAPs were, however, inconvenient spaces in which to carry out significant examinations due to their location in or very near the front line. Many were simply dugouts in trenches, **(p.97)** meaning that they were small, stuffy, badly lit, and, on occasion, prone to flooding.[25] During active engagement not only were they shelled, leading to experiences such as that of Frank Ridsdale, who was gassed out of an RAP at Wormhoudt,[26] but, more commonly, simply overwhelmed with casualties.

The role of the medical orderly attached to the RMO, and serving as his batman as well as medical assistant, was, on these occasions, less medical than clerical. Although he assisted with the cleaning and redressing of wounds, his most important work consisted of ensuring that all wounded men were appropriately tagged with an indication of the nature and severity of the wound as diagnosed by the RMO. An NCO of the RAMC, his work in less busy times involved assisting with the RMO's regular sick parades and sanitary duties, as well as maintaining the contents of the medical panniers which carried the RMO's supplies.[27] (Figure 3.8) The role as a **(p.98)** whole thus combined medical and clerical skills, as well as the domestic duties associated with the work of an officer's servant.[28]

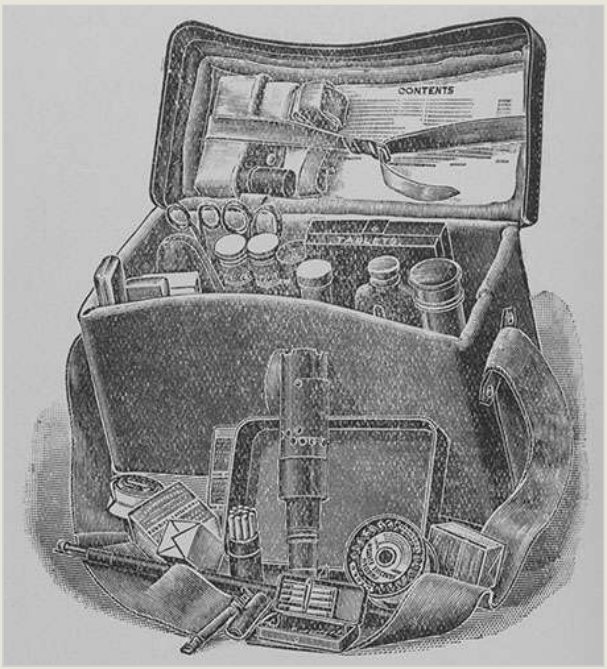

Fig. 3.8. Contents of a Medical Companion (1905 pattern); Beggs, *Guide to Promotion*, p.242.

It was from the RAP that the RAMC took over responsibility for the wounded man. From this point, if he was not classified as 'walking wounded' and directed to make his own way to the dressing station, possibly under the guidance of an RAMC bearer, he would be collected by bearers from one of the Field Ambulances attached to the Division. Like the RMO's orderly, these men undertook a dual role; unlike the orderly, however, this role was not medical and clerical but rather physical and emotional. The movement of men down the lines of communication to the Aid Posts further towards the rear almost always required the physical effort of a manual carry over ground disrupted by shellfire and **(p.99)** prey to adverse weather conditions, from the foot-dragging heaviness of mud or sand to the ankle-

breaking ruts of frozen or parched ground. As one untitled account of the work of the 6th London Field Ambulance on the Somme recalled, ‘During the next few weeks the weather conditions became extremely bad and wounded had to be man handled [*sic*] from High Alley to Flat Iron Copse and often as far as Bottom Wood—a carry sometimes necessitating five or six hours—as motor and horse transport could frequently only reach the Main Dressing Station at Bottom Wood.’[29] In a later anecdote the same author recalled, ‘A party of Bearers struggle back to the ADS [advanced dressing station] with wounded, no word spoken, all attention being concentrated on the negotiation of the slimy ocean of mud and endeavouring to follow the right track.’[30] George Swindell’s memory was of a different landscape, but one no less difficult to negotiate: ‘The earth, from the continual explosions, was like bread crumbs and when it got wet, there being no tracks, except what we made ourselves, it made carrying wounded a rotten job.’[31]

While the negotiation of war- and weather-damaged landscapes required a noticeable physical effort, it was the basic act of lifting and carrying wounded men that had the greatest physical effect on bearers. Stretchers themselves, made of wood and canvas, weighed 30 pounds.[32] This was then combined with the weight of the wounded man and all his clothing, although his kit would, if not lost, be carried by the number 2 bearer in the squad.[33] In addition, to prevent the onset of shock, ‘a condition produced by any severe injury or emotional disturbance … usual[ly] as the result of pain, or of injuries such as extensive burns or serious mutilations of the body’,[34] wounded men were wrapped in up to three army blankets to enable them to retain their core temperature at an appropriate level.[35] As Julie Anderson has noted, these woollen blankets had astonishing capacities for retaining dirt, germs, and, above all, water.[36] They became extremely heavy when wet. In combination with the weight of woollen clothing, also often sodden, the amount of weight stretcher bearers were expected to carry could well exceed the 12 stone per stretcher they were trained for.[37] Additionally, to ensure a suitable supply of **(p.100)** blankets was available at the points where patients would require them, both regimental and RAMC bearers had to carry fresh supplies of blankets on their return journeys to dressing stations and RAPs. While increasing medical understanding of the physiological dangers of shock and its appropriate treatment undoubtedly saved lives, it also added to bearers’ responsibilities, as well as their labours.

The physical demands presented by such weight could be further exacerbated by the number of bearers allotted to each stretcher. Bearers were trained in squads of four, who might either carry a pole apiece or work as rotating pairs, with one man carrying either end with the aid of slings. The level of work required during an engagement, however, meant that this was often impossible. Richard Capell of the 6th London Field Ambulance recalled clearing the last wounded out of an Aid Post nicknamed the Cough Drop during the Battle of the Somme: ‘We were four to a stretcher and my squad had three cases—on the stretcher, one carried

pickaback, and third who limped along leaning on the fourth bearer's shoulder.'[38] Here the stretcher must have been carried by two men only, one at either end, using slings, with little relief available from the rest of the similarly burdened team. The physical difficulties such work entailed is reflected in Herbert Empson's diary entry, where he urges his reader to 'Imagine the tortuous and twisting trenches and then think of a party of four bearers manipulating a stretcher containing a heavy patient and carrying a patient's kit too! Think of them stumbling through mud and water and tripping over broken trench boards.'[39]

The ability to make such carries successfully could be a matter of some pride to Field Ambulance stretcher bearers. Serving at Ypres, Swindell wrote of calling on 'Infantry, Engineers and anybody that could be spared to help clear 200 of the Eighth Division wounded. These men were given a stretcher between six, we only had four as, we were used to it.'[40] On another occasion he recalled an instance where 'It was impossible for us to clear all the wounded, and as it was cold weather, and the wounded lying about, the M.O. had to get help and a lot of the pioneer battalion, were told off to help us, six to a stretcher, to our four to a stretcher. This was not being because we were stronger, but because we were trained, to carry it the easiest way.'[41] The physical labour of carrying was a role that bearers shared with combatant Other Ranks, who regularly carried supplies, **(p.101)** munitions, and rations up the line. Yet in the carrying of wounded men the expertise developed through both training and practice reinforced the particular physical labour bearers undertook when in the line. In undertaking labour which combatant colleagues did not have the experience or knowledge to do as effectively, bearers proved themselves to be not merely as physically capable as combatants, but indeed as more capable within the scope of their specialist role.

The extent to which such expertise was understood as specialized can be seen in the routine detailed descriptions of the ability to negotiate various challenges posed by the differing landscapes of the different theatres in which men served in their retrospective memoirs. C. Midwinter, for example, noted that 'The rocky ground [at Gallipoli] made the going very rough.'[42] Bearers 'were hard at it, collecting and transferring the wounded and retiring at the same time'.[43] These particular skills were very different from those noted in H. L. Chase's description of the work of bearers on the Somme:

> Throughout the battle rain fell frequently and the ground rapidly became indescribably bad. Roads ceased to exist, or at best degenerated into mere tracks, pitted with shell holes at every few yards and churned up and re-churned by the constant stream of gun limbers, pack mules, and other transport supplying the lines. The lot of the bearers who had to carry their loads of wounded for long distances under these conditions was not a happy one, and more than one infantryman, slogging along und the weight

> of [a] vast amount of impedimenta … , was heard to remark that he would not change jobs with the ambulance stretcher bearers for any consideration.[44]

Charles Ammons, meanwhile, developed more specialist skills when his unit was ‘issued with riding camels, mules and donkeys … . Since I was among the few actually liking the animals I was often given the job of leading, camel-mounted, the pack-camels with their loads of disabled troopers carried in the cacolets … to the casualty clearing station many miles to the rear.’[45] As William Lamb noted, ‘camel convoys consist of beds, stretchers and seats fixed on camels. It is not too good a transport for wounded men but transporting wounded across miles of desert is a serious **(p.102)** problem and that seems the best way, so far.’[46] Qualified as they were, such comments indicate the interest and even pride that former bearers took in their work.

Given the difficulty of the landscapes to be negotiated, the distances to be travelled, and the weight bearers were required to carry, it is unsurprising that the stretcher bearer’s labour became imprinted on his body. As Emily Mayhew has noted:

> Everyone at the front could spot a bearer by his hands. The wooden handles of the stretchers quickly started to deteriorate. They got shot at, or had bits broken off, and the splinters were the very devil. In the wet the wood rotted, splitting the handle ends. All the bearers could do was wind a length of wire round the handles to keep them together, but the wire would cut their hands to pieces. Gloves weren’t much help. They made it difficult to get a grip on the wood, and no one ever kept a pair of gloves for very long at the front. … [B]earer’s hands [were] a mix of blisters and calluses, first rubbed raw and then scar-cracked and worn.[47]

David Rorie, working as an MO with the 1st/2nd Highland Field Ambulance at Beaumont Hamel, recalled the necessity ‘at all cost to ease off the strain on the now thoroughly exhausted bearers, many of whom had their shoulders absolutely rubbed raw with the constant friction and pressure of the slings’.[48] While Swindell tried to see a silver lining in his labour, arguing that stretcher bearing ‘so strengthened our necks and shoulder muscles, we could manage the unequal strain’ of carrying full marching kit, for Midwinter the experience of carrying wounded at Gallipoli was ‘body-racking’: ‘Stretchers had to be lowered over ledges, steered through narrow paths and thorn bushes … in the intense heat, with the smells of the dead constantly in our nostrils.’[49] The visceral physicality of the labour these men undertook was summed up by an anonymous poet of the 6th London Field Ambulance:

> ‘A breather!—Lower!’—We halted with a groan,
> Half to the knees in mud, tongues dry as bone.
> The Burden spoke in a mild wandering tone: —

> ‘You’re doing grandly, boys! A night you’ve had!
> Rough luck for you the going’s been so bad.’
> And hundreds more to come!—Poor lad! Poor lad![50]

(p.103) As the final words of the poem indicate, if stretcher bearing was in the first instance a form of physical labour, it could also be a form of emotional labour. Bearers could become deeply invested in the fate of the men they carried. Having carried a patient with abdominal wounds for two hours, Swindell went out of his way to remonstrate with a group of infantrymen who gave the wounded man water to drink, an action which probably led to his death.[51] Such emotional attachments were reinforced by interactions which served to develop relationships of reassurance and comfort. Swindell recalled encounters ranging from conflicts over the priority given (or not given) to officers by bearer parties to jokes over the weight of a particularly large patient with leg wounds.[52] Swindell, a working-class merchant mariner prior to the war, wrote his memoir in a predominantly unreflective narrative style, with little space given to the discussion of the emotional impact of the stories told. Yet the very fact of the inclusion of a record of these interactions in a memoir apparently written many years after the end of the war reflects the level of impression they made on his emotions and his memory of them.[53] Certainly at least one case—that of a tall, heavy officer—had a clear psychological impact on Swindell:

> At last after a night mare [*sic*] of a carry we got him down, he was in a bad way, but he asked for us all, and when we came, in his pocket he had cigarettes, take them he said, you have earned them, and asked us all to shake hands with him and said, if I live, I have you all to thank. we were upset, as he seemed so bad when we left him, he was gone when next we came down, so we hoped he would live, he was a brave man.[54]

The upset felt by Swindell is one of the few explicit articulations of the emotional investment that he and his fellow bearers made in the men they carried and cared for.

Swindell’s anecdotal, repetitive, and often fractured narrative in part reflects his educational background, but also places his memories firmly with a tradition of narratives of care identified by Margaret Higonnet, and Carol Acton and Jane Potter.[55] The memoirs of American nurses Ellen la **(p.104)** Motte and Mary Borden are notable, Higonnet argues, for their ‘driven pace, hyper-intense images, repetitions, and fragmentations of the landscape of war into individual sketches’.[56] Acton and Potter identify a similar fracturing of narrative in the vagueness evident in the post-war commentaries of medical officers such as George Gask, although these are less formally experimental in style.[57] It is not only stylistically, however, that Swindell’s memoirs can be read as part of a wider literature of wartime caregiving. His emotional investment places his

wartime work within a broader narrative of the emotional labour of caring that, in wartime, was often to be found in the silences and the spaces between.[58]

Individual engagement was not, however, the only form of emotional labour undertaken by bearers. Like other medical personnel, they also had a role as witnesses to the horrors of the wounds of modern war.[59] Frank Ridsdale regularly recorded the horrors he had observed in his diary, in entries such as '1 Officer + Gunner with heads blown clean off, a ghastly sight, stretchers saturated in blood',[60] and, describing a body at a destroyed gun emplacement, 'both legs off below the knee + the body all burned + charred'.[61] As with other caregivers, witnessing and interacting with such wounded bodies could have as profound a traumatic effect as the death and mutilation witnessed by combatant units.[62] Certainly Ridsdale's anguished record of 1 July 1916 as a 'never to be forgotten night' filled with 'terrible wounds' and 'men moaning + in agony with pain'[63] indicates some of the emotional labour involved with the provision of care in the front line for rankers as much as medical officers. Ridsdale's diaries were clearly a much-needed outlet where he could express, however briefly, his emotional reaction to the trauma he witnessed.[64]

As in the case of MOs and nurses, in their efforts to maintain resilience in the face of traumatic encounters stretcher bearers tended to divert the focus in their accounts from their own emotional labour to the fortitude of the wounded.[65] Yet both physical and emotional labour on the part of bearers was observed and praised by others. Field Ambulance MOs wrote regularly in praise of their bearer units, often using the language of high **(p.105)** diction and traditional heroics, as in the case of Norman Tatersall, who wrote in his 'Gallipoli Diary': 'The stretcher bearers are magnificent … Many of them have been doing it for nearly 70 hours now without a break and still go on—exhausted—and bleeding feet—Sniped at and cannot snipe back—they are heroes to a man.'[66] Patients also acknowledged the work of the bearers—in the case of W. H. Atkins, in poetic form:

> *We* are the men who carry them back,
> The wounded, the dying and dead.
> It's 'Halt!' 'Dressing here'—'Come, buck-up, old dear,
> You're all right for "Blighty", so be of good cheer—
> Turn him gently, now bandage his head.'
> The 'stretcher-bearers' doing their bit,
> Of V.C.'s not many they score,
> Yet are earned every day in a quiet sort of way
> By the Royal Army Medical Corps.[67]

While traditional constructions of wartime masculinity were being challenged by the nature of combat in industrialized warfare,[68] non-combatants could still be valorized in traditional terms, even if the actions praised were not those of the traditional warrior. As we will see in Chapter 5, as the war continued the labour

of stretcher bearers, both physical and emotional, would increasingly be perceived by others as comprising, at least in part, a particular form of wartime heroism, reflecting these shifting understandings of what wartime masculinity entailed.

Dressing Stations

Bearer units were not, of course, the only medical rankers who undertook the physical and emotional labour of caregiving within Field Ambulances. The nursing or 'tent' orderlies who manned the Dressing Stations, both Main and Advanced, along the lines of evacuation performed similar duties. This is unsurprising given that tent sections and bearer sections both formed the subunits of each of the three companies which made up a Field Ambulance. This structure gave the whole Ambulance greater flexibility in deployment, which often extended to the actual roles within **(p.106)** the Ambulance. Thus stretcher bearers found themselves staffing dressing stations and aid posts, as Ridsdale did in October 1915, while tent orderlies were often seconded as stretcher bearers in moments of crisis,[69] or, in quieter periods, volunteered for the role. David Randle McMaster, for example, worked as a bearer bringing men from RAPs to an ADS three kilometres behind the trenches in November 1914, writing proudly to his parents, 'Now perhaps you will be able to picture me collecting wounded'.[70] As J. B. Bennett recalled in his memoirs, 'With others I experienced the full range of duties, bearer, medical and nursing, in the field.'[71]

Despite this overlap, the actual work that manning a dressing station or aid post entailed was often quite different to that of a bearer. Tent orderlies spent a considerable portion of their time manipulating the landscape and shelter to provide sites of care. John Upton, a private with the 137th Field Ambulance, was on one occasion detailed 'up to the Regimental Aid Post which was practically in the line', not to help care for the wounded there but to 'dig a place in a bank, to enable a Ford Ambulance car to take shelter whilst waiting for "cases"'.[72] Norman Fermor, serving near Albert, found himself undertaking 'a different job for a time helping the Engineers dig a large Dugout with two Entrances. They dug and we carried it all out.'[73] A tent subsection of the 2/1st London Field Ambulance similarly helped to build the dugout which served as 'B' section's advanced dressing station at Hébuterne in May 1916.[74] In undertaking such work, tent orderlies were labouring in ways which could be equated with the manual work that dominated the lives of many combatants in wartime. Where bearers could claim technical expertise in relation to their carrying duties, the ditching and building work of tent orderlies could be almost the exact equivalent of that of non-caring units, as Fermor's temporary secondment to the Engineers demonstrates.

It was not only general roads and dugouts that RAMC servicemen were called upon to construct, however. Sites of care along the lines of evacuation needed to both move and expand to meet the growing demands placed upon them. As a

result, men such as Walter Bentham often found **(p.107)** themselves undertaking fatigues such as ‘clearing all the wreckage and making a good entrance’ to an abandoned building which was to be the winter headquarters of No. 8 Field Ambulance at Hoograf in 1915.[75] Later that year, while constructing a hospital in the stables of the Mazingarbe brewery, ‘Parties of men [of the 6th London Field Ambulance], provided with waders and scythes, were sent to a stream in the neighbourhood to cut rushes for thatching parts of a hut in the hospital yard.’[76] On the Western Front this sort of repurposing of abandoned or damaged structures, which offered some sort of protection against shellfire, was not only common but often creative. Bearers at the headquarters of the 2/1st London Field Ambulance, for instance, found themselves, during the Arras offensive, ‘located in a deep chalk cave at Wancourt, which certainly provided better shelter than the usually very temporary and unprotected bivouac, but the atmosphere of the cave was—well, to put it mildly— not particularly healthy.’[77] Not all locations for dressing stations already existed, however. The comparatively sparse populations outside the major conurbations in Egypt and Palestine meant that tented units were extremely common. As William Lamb wrote of his time in Palestine, ‘Tent pitch and hard work [was often] the order of the day’, as was ‘plenty of digging’ in order to construct hospital facilities.[78]

Thus, as with bearers’ abilities to negotiate landscapes, the knowledge that tent orderlies brought to their work often reflected the specific demands of the theatre of war in which men served. Where possible the landscape was utilized to shelter static encampments. Thus the dressing station that Lamb built on 14 April was ‘in a gully, or whadi as it is called here’.[79] Like Bentham and the 2/1st London Field Ambulance, Lamb and his unit utilized as much as they manipulated the landscape in which they found themselves. The work of RAMC servicemen in static sites of care was defined by the need of the units to adapt to the landscape as well as by the labour of shaping the landscape to suit the unit.

While such labour may not have required specialist skills, it often called upon specialist knowledge, particularly in relation to sanitation. In Egypt, for instance, drainage was a medical as well as a logistical necessity in the effort to combat the mosquitoes which carried a variety of diseases.[80] While specialist sanitary units could be attached to Field Ambulances, as with combatant units ‘the responsibility for maintaining hygienic **(p.108)** discipline lay clearly with the line officers and NCOs.’[81] Given that the prevention of disease was a primary objective for the RAMC in all theatres, the creation and maintenance of sanitary conditions within spaces of care such as dressing stations relied on the labour and knowledge of the tent orderlies, who thus had an important role in ensuring the cleanliness of sites of care. Every move a Field Ambulance made appears to have involved cleaning work for these men. Upton recorded that, on taking over a rest camp, ‘Our first job was to clear up the rubbish.’[82] Bentham similarly ‘took over a hospital from No.9 F.A., in a school attached to a convent. It was

very dirty, and as we had 60 patients in that day it took us all the time to get cleaned out and set right.’[83]

Nor did orderlies’ responsibilities for cleanliness only relate to buildings. They also extended to bodies. While in reserve over Christmas of 1915, Bentham, along with a sergeant and seventeen men, ran a divisional baths at Boeschepe. This involved not only the supervision of the actual bathing process, but also ‘Giving out and taking in washing from women who wash the same at their own houses’,[84] and preparing, serving, and clearing up meals for 150 men on Christmas Day. Bentham’s role in running the baths clearly reflects both increasing medical knowledge around infection and its prevention throughout the British medical services,[85] and the growing military importance of the relationship between cleanliness and morale.[86] The labour he undertook in this role was also very much an extension of orderlies’ work at dressing stations, where medical intervention was kept to a minimum and the work of the orderly was focused on cleaning and feeding. In dressing stations, wounded men were assessed, had their wound cleaned and redressed, and were given a cup of tea. Even in these cramped and hurried spaces sanitation and the orderly’s role in providing it remained. J. B. Bennett recalled that, ‘while serving as an orderly in the dressing tent at the advanced station [near Khan Yunis] in May [1917] part of my duty specifically included sterilising instruments in boiling water generated by methylated spirit, (commercial alcohol—which smelt like and was a good substitute for whiskey), in a nickel container’.[87]

(p.109) However, as dressing stations were often not far behind the line and thus within range of shellfire, the focus of those serving in them was above all on evacuation to the CCS. As Ammons noted, ‘Patients were rarely detained in the ambulance; the practice was to give necessary attention or first aid and to despatch them quickly away from the line to leave room for emergencies.’[88] The role of the tent orderly in facilitating this process, particularly at moments of intense pressure, was crucial. While triage was nominally the purview of the medically qualified MO, tent orderlies, like bearers, built on their training through practice as well as further instruction. Over time many developed great skill in medically assessing patients. Bennett, while serving at Gallipoli, boasted of his ability to clinically record cases ‘for pulse, respiration, temperature and bowels, at a tempo of 2 minutes each. On one occasion alone I had a count of 55 within 120 minutes.’ When later stationed at Sidi Bishr, he claimed, ‘It was routine to record on a clinical chart for each case, temperature, pulse, respiration, and bowels before being seen by the Medical Officer, and when pressure was on most orderlies were competent in recording the first three items simultaneously and within two minutes.’[89]

Nor were tent orderlies’ skills only those of efficient medical recording. Bentham spent the Second Battle of Ypres at an ADS alongside his medical officer, ‘dressing the poor chaps as quick as ever we could go. … They had to be dressed

and hurried along to the rear dressing station.'[90] At Hébuterne, at the height of the Battle of the Somme, 'a little band of officers and men worked incessantly hour after hour dressing the worst of the stretcher cases, which were then sent on … to Couin, where the M.D.S. (Main Dressing Station) was established. Here … in 24 hours more than 2,000 wounded were dealt with and evacuated to the C.C.S.'[91] Nearly two years later, Frank Ridsdale, serving as a dressing-station orderly during the Hundred Days campaign of 1918, similarly helped to dress and evacuate 400 wounded men in twenty-four hours without rest and with little food. The physical effects on Ridsdale were both emotional and visible. The following day he wrote, 'feeling the want of food badly, only had cup of tea + a few biscuits in 24 hours, hands saturated with blood'.[92] As Santanu Das has noted in relation to nurses serving in Casualty Clearing Stations, moments of physical contact between wounded and their carers helped to define the subjective experiences of caregivers, **(p.110)** particularly in situations of intense physical strain.[93] In Ridsdale's case, the blood of the wounded on his hands, in conjunction with his own hunger and exhaustion, becomes a symbol of shared bodily trauma, a point of contact between the carer and cared-for, where the wounds of the latter become visible physical markers of the labour of the former.

As Ridsdale's brief but agonized diary entries for this period demonstrate, the work of dressing and evacuating wounded men in large numbers and at great speed was not only intensely physical labour but deeply emotional as well. While tent orderlies, whose encounters with individual wounded men might only be momentary, did not have the opportunities to develop relationships with patients afforded to stretcher bearers by long carries, or to the nurses and orderlies at hospitals further down the line where wounded patients were held for longer periods, their encounter with the wounded could still be intensely emotional. Archie Whyte wrote to his brother Jack of there being 'worse things in some ways than being under fire, although they may not actually affect us directly', going on to relate the case of

> an officer with both his legs smashed up most horribly. The poor chap was in a very bad way and he knew it, but his only question was 'Will I live long enough to see my wife + two kiddies again?' Of course we told him he would do so, though we knew only too well that it was only a matter of hours for him—barring miracles—and as a matter of fact the poor chap died before he reached the clearing-station. It's things like that that seem to strike home far more than anything else: anything that brings with it the personal side of it all and thoughts of those at home.[94]

So profound was the emotional impact of this case on Whyte that, in his 1971 memoir of the war, he noted in relation to this particular incident, 'It is strange how just one case remains in one's mind when so many others are forgotten, but that's how it is.'[95] In providing comfort to a dying man, however mendaciously,

Whyte and his comrades were performing the emotional labour of care, labour which marked their psyches as profoundly as the physical labour of bearing and bandaging marked their bodies.

As Whyte's comments make clear, it is less the act of deceit perpetrated on the dying man that emphasized the emotional labour of care undertaken here than the connection between the home and the work of caring that created the sense of burden, because it 'brings with it the personal side **(p.111)** and thoughts of those at home'. Care of the sick and dying as a facet of the domestic sphere, and labour that came specifically within the scope of women's work,[96] reinforced the emotional impact of such work on these men. By transgressing traditional gender categories in relation to handling the dying and the dead, tent orderlies found themselves facing emotional traumas as profound and challenging to their understanding of their own masculinity as any combatant encountering the rotting or dismembered corpse of a comrade.[97]

Casualty Clearing Stations

The emotional labour of Field Ambulance tent orderlies was, as Whyte's story indicates, profound but, due to the unit's role in clearing casualties away from the field of battle, often provided hurriedly and *in extremis*. Where RAMC orderlies were in a position to develop more profound relationships with their patients over time was at the next stage along the lines of evacuation, the CCS. As in the Field Ambulances, however, the emotional labour undertaken by rankers was shaped by the particular forms of physical labour that these establishments required.

CCSs were units which developed from clearing hospitals, originally formed in 1906 '[t]o fill the gap between the field hospitals and the stationary hospitals'.[98] Over the course of the war they became ever larger and more complex, enabling increasingly sophisticated surgery to be carried out at sites deliberately built adjacent to railheads to facilitate their role in *clearing* the wounded down the line.[99] In addition, from 1915, the nursing staff of these units were drawn from the personnel of the trained military nursing services, the closest to the front line that female military nurses were officially allowed to serve.[100] As a result, the work of rankers attached to CCSs shifted from the dressing of wounds and other nursing duties undertaken by the Field Ambulance orderly, to clerical duties, such as running store rooms and dispensaries, and the 'rough work' of running the hospital, including moving patients to and from operations **(p.112)** and transport, incinerating amputated limbs, and grave-digging. They also undertook building work to establish or expand the units, which could develop into large complexes of tents and hutments, and, in the event of a move, they were responsible for packing up the hospital in its entirety, a role which required a certain amount of skill. By 1918 an entire CCS could be closed, packed, repitched, and reopened in between thirty-six and forty-eight hours.[101] Given that these establishments required the installation of amenities including

pathways, incinerators, and cookhouses, this could involve significant amounts of labour (Figure 3.9).

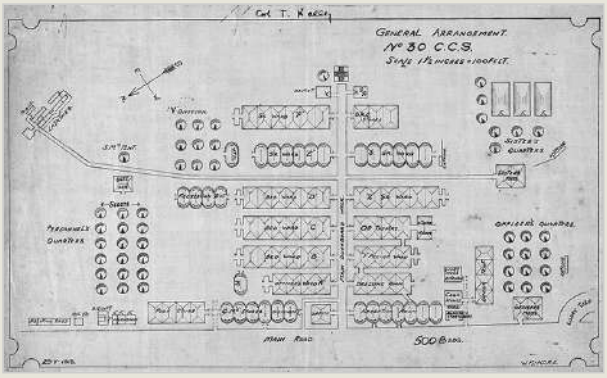

Fig. 3.9. Plan of general arrangement of No. 30 Casualty Clearing Station, May 1918; L0044173, RAMC Muniment Collection in the care of the Wellcome Library.

While the building and deconstruction involved with establishing and moving CCSs reflect the role of the orderly in manipulating the landscape already seen in the work of FA orderlies, the necessity for such labour decreased as the war went on and units became more static.[102] There was still plenty of physical labour to be undertaken, however. Like Field Ambulance orderlies, who were often seconded to CCSs for periods of service, CCS orderlies were required to transport the wounded into, out of, and within the camp, maintain cleanliness and sanitation through cleaning wards and ensuring that sources of possible infection were appropriately dealt with, and help with non-specialist elements of medical caregiving.

Such labour was never, however, solely physical. CCSs, as the first semi-static sites of care on the line of evacuation, contained, as Figure 3.9 shows, increasingly sophisticated surgical tents, as well as reception tents for triage and isolation tents for infectious diseases.[103] Transport between bed wards and preoperative and operative wards was provided by the RAMC orderlies who made up the establishment of the unit. Men being taken for surgery were often terrified by the prospect both of the anaesthetic and the possibility of losing a limb.[104] The orderlies who transported them were called upon to offer reassurance and comfort, ‘To hold the hot hand of the man who talks wild / And blabs of his wife or his kids, / Who dreams he is back in the old home again, / Till the morphia bites, and he loses his pain / As sleep settles down on his lids.’[105] Such emotional labour was more commonly associated in the popular mind with the work of female nurses.[106] Yet, in reality, the work undertaken by the trained military nurses and the men of the RAMC in these sites **(p.113) (p.114)** of care inverted the perceived gender order of caregiving. While rankers took on roles of reassurance and comfort, ‘Casualty Clearing Station nurses … often functioned with a high level of independence and used their discretion with pain medication and stimulant orders for their patients. … This autonomy reflected the increased respect that both patients and other medical staff had for

nurses.’[107] The training of nurses to act as anaesthetists from 1917 meant that these women became, for some, agents of fear rather than comfort.[108]

Despite this, the fact of female nursing in CCSs defined these sites, at least in part, as spaces of feminine care for both patients and RAMC rankers.[109] Ridsdale, when assisting with the transport of cases from his Field Ambulance to the nearest CCS, often commented on the welcome given to him by the nursing Sisters. Later, when clearing out the ruins of a former CCS, he reflected, ‘we are using for a Dressing Station a dugout which was once used by the Sisters during bombing raids, it would be nice to see them now instead of these half-buried corpses which are lying about’.[110] Yet while CCSs might offer feminine encounter for patient and RAMC ranker alike, they contained spaces that remained male preserves. These included, most notably, the secure wards for men suffering from psychological disorders, and the moribund wards, those set aside for men too ill or badly wounded to warrant further medical attention when time and resources were limited.[111] On these wards, deemed too dangerous or distressing for female nursing staff, RAMC rankers, sometimes working alongside a chaplain, provided all the nursing care.[112]

Working on such wards could be physically dangerous, with psychologically wounded men sometimes requiring restraint. It was also **(p.115)** emotionally taxing. Swindell, who was seconded to a CCS in early 1916, recalled the emotional toll that his work on the moribund ward, known familiarly as the ‘Death and Glory’ ward, took on him:

> Sixteen hours a day, in that ward, was enough to break the spirit of war in any man and we had days of it, the one thing that stays in my memory was the passing of these men, never a cry against their fate, taking it with the rest of their wounds, as one of the prices paid for war … over three weeks we were there, and only two men who entered the Portals of that tragic ward left it alive, the dead, why sometimes hourly, I feel that I cannot give a realistic account of that ward, and one thing I learned, and that was the way to die.[113]

Swindell might have claimed that ‘they live better in the CCS than we did in the Ambulance’,[114] but, as his own account indicates, the work undertaken by men serving in these units was no less arduous or important to the physical and emotional care that patients received. Nor was the emotional labour of bearing witness to the deaths of men by RAMC rankers limited to the acceptable hidden confines of the moribund ward. A man serving with the 5th Canadian Field Ambulance was required to attend the execution of a man by firing squad: ‘The officer in charge of the shooting party forced him, under threat of severe punishment, to remain and watch the poor victim’s frightful death. The padre who was with the infantryman during his final few hours was hysterical for many hours afterwards.’[115] Even in the context of the all-encompassing disruption of

total war, such a death was emotionally disruptive for those in caring roles who witnessed it. Bearing witness to such death allowed men of the RAMC to articulate a range of suffering, both their own and others', acts which ultimately formed an important part of the work that these men undertook.

The emotional labour of bearing witness to the deaths of men did not end for RAMC rankers with the death itself, as a key role of these men was to act as gravediggers. This role, like that of cleaning operating theatres and burning refuse, including amputated limbs, had important sanitary implications, making up a central part of the cleaning work that CCS orderlies undertook.[116] It also, however, involved a significant emotional responsibility, as these men bore witness to an important rite of mourning, one which increased in significance as the war disrupted traditional **(p.116)** interments of the dead.[117] In acting as gravediggers, orderlies encompassed all facets of the male caregiver role in wartime, carrying the dead body, ensuring the sanitation of the unit, and caring for the dead man and his family by bearing witness to the man's Christian burial and so acting as repositories of his memory.

Orderlies at all sites along the line of evacuation took the last of these duties, as witnesses to the appropriate interment of the dead, seriously, with Frank Ridsdale recording in his diary for 11 December 1916: 'buried 2 men at dawn, no Padre available so read few sentences of Burial Service + Lords Prayer graveside, put 2 crosses up, L. Cpl. Hardacre, Borders Regt + unknown British soldiers'.[118] In bearing witness in this way, men like Ridsdale formed one of a number of conduits of information to families seeking news of their loved ones and information about where they were buried and how they were commemorated. Ridsdale himself kept a detailed record of where men known to him were buried, and spent time caring for their graves.[119] Through such acts, as through their letters to grieving families, these men, like chaplains and nurses who also wrote letters of condolence, formed a primary link in the network of fictive kinship which shaped commemorative practice during and after the war.[120]

Base and Home Hospitals

The dual role of physical and emotional labour continued to shape the work of RAMC orderlies serving in the distribution zone of the medical evacuation chain, the Base hospitals on the French coast and at Alexandria, and, for the most seriously wounded, the military hospitals and Territorial Forces General hospitals which mobilized across Britain. The type of men serving in these units changed over the course of the war, as **(p.117)** military demands for manpower increased the recruitment of women to serve in non-combatant roles. At Base and Home hospitals, female VAD units,[121] both nursing and general-service, progressively took on the work previously undertaken by male orderlies, a situation which could give rise to acute anxiety on the part of RAMC rankers. More and more specialist administrative and medical roles, previously the

preserve of RAMC NCOs, such as dispensing and X-ray attendance, were given to female nurses who received special training. Even the relatively unskilled labour of transporting men between trains, hospitals, and hospital ships was increasingly assigned to convalescent soldiers or civilian volunteers such as the 'Bluebottles' of the London Ambulance Corps,[122] to free up formal medical units for work further up the line.

Yet sections of the RAMC continued to serve in these hospitals, although the men who did so were increasingly those who were either too old or unfit for overseas or front-line service, or who were temporarily attached as part of their training or convalescence. Despite these men's physical frailties, both perceived and actual,[123] the work they undertook often required considerable physical effort. Like their counterparts serving in the evacuation zone, orderlies in the distribution zone had an important role to play in maintaining the cleanliness and hygiene of the units in which they served, although, particularly on the home front, this work tended to take on aspects of domestic service. As an article in the *Gazette of the 3rd London General Hospital* noted, the work of the ward orderly in the hospital was that of a 'parlour-maid and waitress, … charwoman and messenger boy, bath-chairman, barber, bootblack, window cleaner, bath attendant, gardener, valet, washer-up and odd man all rolled into one'.[124] Ward Muir, a lance corporal in the hospital and author of two collections of essays on hospital life, *Observations of an Orderly* (1917) and *The Happy Hospital* (1918), was equally deprecating about the labour of the home hospital orderly. 'Work on the wards', he wrote, 'has its compensations: here there is the human element. But only a portion of a unit such as ours can be detailed forward work: the rest are either hewers of wood and drawers of water or else have their noses to a **(p.118)** grindstone of clerical monotonousness beside which the ledger-keeping of a bank employee is a heaven of blissful excitements.'[125]

In his attempt to counteract the popular image of the home hospital orderly as what he termed a 'Slacker in Khaki'—an able-bodied man who had wangled a role that kept him safely out of harm's way, involved little actual work, but provided the status associated with military service in wartime—Muir focused on the physical labour the role involved. He pointed out that the work was onerous and dull, involving everything from shovelling coke and shifting bedding to typing documents and cleaning windows, as well as the inevitable carrying of stretchers several times a day as new patients arrived. Whatever their perceived or actual physical frailties, orderlies had to be strong enough to unload and carry up to 600 stretcher patients within a 48-hour period.[126] This involved four orderlies pulling the stretcher from the ambulance and two carrying it indoors. As with bearers in the field, this had to be done 'swiftly but gently', and the stretcher needed to remain stable. While the patient might no longer carry the weight of mud or sodden clothing, he could be encumbered with splints and bandages. The regularity and repetition of this work added to the profound

physical exertion required of men who could be over 60, suffering from chronic illnesses, or who had already acquired a wound during overseas service.

Yet Muir's reference to 'the human element' of ward work also points to the emotional labour of the home hospital orderly. In one of the most moving articles in *Observations of an Orderly*, he describes his role as an escort to a blinded ex-serviceman travelling home from hospital following his formal discharge from military service. During the journey Muir serves first as tour guide, then as audience. He arranges a detour past Buckingham Palace, so that the Yorkshireman can tell his wife that he has 'seen', however sightlessly, the famous landmark, and is later guided through the patient's unnamed home city through the man's recollection of a familiar landscape. In both roles Muir provides his patient with a sense of normalcy, even importance, thus helping to counteract the emotional impairment that disability has the power to inflict.[127] In his final act as caregiver, Muir serves as the bridge between his patient's old identity as a wounded soldier and his new one as disabled civilian, and as witness to this transition:

> I unhooked my arm from Briggs's and made as though to push him forward into the family group.
>
> **(p.119)** 'Nay!' said Briggs. 'I mun take my top-coat off first.'
>
> I helped him off with his coat. Not one of the three members of his family had either moved or spoken— beyond one faint murmur, not an actual word, in response to my 'Here we are.' But Briggs seemed to know that his folk were in the room with him, and he neither accosted them, expressed any curiosity about them, nor betrayed any astonishment at their silence.
>
> When he had got his coat off I expected him to move forward into the room. A mistake. … Briggs put out his hand, felt for the cottage door, half closed it, felt for a nail on the inner side of it, and carefully hung his coat thereon.
>
> *Now* I could usher him into the waiting family circle.
>
> No. I was wrong.
>
> Briggs calmly divested himself of his jacket. He then felt for another door, a door which opened on to a stair leading to the upper storey. On a nail in this door he hung his jacket. And then, in his shirt-sleeves, he was ready. Shirt-sleeves were symbolical. He was home at last, and prepared to sit down with his people.[128]

Such acts of emotional caregiving were, in Muir's view, distinctive to the role of the ward orderly. After the institution of VAD dilution, which prompted the introduction of the figure of the female 'orderlette' to the *Gazette*'s gallery of

caricatures, he argued that, ‘genuine though the resulting friendships may be, I doubt whether the orderlette ever knows her patients quite as well as the orderly. There is a bond of sex as well as of khaki.’[129] In this opinion he anticipated the views of the Navy and Army Male Nursing Co-operation (NAMNC), which argued in the 1920s that a specific organization for the employment of male nurses was needed because men who were ‘seriously disabled [in the war] … would prefer as nurses a male comrade who had served in the great war to a civilian who had been in England the whole of the past four years’.[130] While overseas service was foregrounded by the NAMNC, it was the sex of the caregiver as much as the specific nature of his service which defined his acceptability for the role. Thus despite the pressures brought to bear by the manpower crisis during the war years, and the consequent expansion of female caregiving in military medical settings, the idea that male caregivers had a unique role to play in nursing the sick, wounded, and disabled serviceman persisted throughout the war and beyond.

(p.120) Transportation

Muir’s role as cicerone for Briggs points to a final key space in which RAMC rankers provided care along the line of evacuation, namely the spaces between sites of care, encompassing the range of transport by which men were evacuated, including horse-drawn and motor ambulances, ambulance trains and barges, and hospital ships. These were in some ways the most complex sites within which rankers’ labour as caregivers was defined. Not only did continuous technological development over the course of the war mean that they were constantly shifting as spaces themselves, they were also shared spaces of caregiving. Even more than in CCSs and Base and home hospitals, RAMC rankers serving with medical transport vehicles were forced to work alongside, and in often uneasy relationships with, a range of other caregivers.

While orderlies working in CCSs and Base and home hospitals worked with and occasionally under the authority of military nurses and VADs,[131] servicemen attached to transport worked additionally with members of the RASC and volunteers from a range of units such as the FAU and the American Field Service Ambulance Unit (AFSU). While there is relatively little evidence of conflict between these groups, beyond a certain amount of friendly rivalry between the RAMC and RASC in sporting arenas during rest periods,[132] these relationships could create tensions. As Corder Catchpool of the FAU noted in his statement of pacifist principles, by 1916, ‘Voluntary units were either dispensed with, or practically absorbed into the regular armies … and the R.A.M.C. was often closed to applicants. Men displaced from the service taken over by the Unit … were often drafted into the firing line and complained bitterly that I and my comrades had sent them there.’[133] While the BRCS, which organized the voluntary units providing care on ambulance trains and hospital ships, might celebrate the fact that the organization’s ‘assistance in certain spheres of work, such as transport of wounded … had become recognised as our normal function,

[and] the Army knew by experience … that our help could always be counted on', the exclusion of RAMC rankers from **(p.121)** the work of orderlies on mechanical transport was not unproblematic for the men themselves.

When RAMC orderlies did serve in these spaces, as some did in the early years of the war, the labour was subtly different to that of Field Ambulance, CCS, and hospital bearers and orderlies. Carrying was still a key element of the role, with a particular emphasis on loading and unloading vehicles, a particular skill with its own set of training drills.[134] The domestic work of cleaning was also important, supplemented by the role of waiter, with the work of BRCS orderlies specifically defined as being 'to serve the meals for their patients and wait on them'.[135] Caring, however, appears to have been a lower priority for these men. Walter Bray, serving on a hospital ship during the Dardanelles campaign, may have recorded regularly assisting with operations on board ship.[136] On both ships and trains, however, it was the female nurses who undertook the bulk of medical caregiving under the command of an RAMC medical officer.[137] And, while fewer demands for caring may have been made on these men, they did require additional skills, particularly if serving on hospital trains. According to the BRCS, which supplied a mechanic to all hospital trains which it outfitted, 'It would frequently have been necessary to send the train into dock and thus stop its work had it not been for this handyman, who was always on the spot, and who, *assisted by orderlies*, was able to keep the train running whilst the necessary repairs were made either in machinery, painting, plumbing or otherwise'[138] (my emphasis). The mechanical skills associated with caring for machinery, rather than the medical skills necessary for caring for humans, were those which define the particular work of orderlies on hospital trains. The work of the RAMC ranker was thus squeezed out of these mobile spaces of care by voluntary medical carers on the one hand and technical specialists in mechanics on the other.

By the end of the war, care provision in mobile spaces had become almost the exclusive responsibility of voluntary care providers under the authority of RAMC officers. In this they echoed and, indeed, extended the process of 'feminization' seen in home hospitals. The act of transportation, so central to the service identity of the Field Ambulance stretcher bearer, became increasingly dissociated from the work of the unit further along the chain of evacuation. Yet the link between RAMC rankers and the **(p.122)** process of moving men down the line of evacuation was never completely broken, any more than the increasing number of women serving in clearing stations and hospitals eradicated their caring role. The specific spaces within which the work of carrying, cleaning, and caring was carried out shifted as the war continued, but nonetheless persisted as the identifying forms of labour undertaken by the rankers of the RAMC.

Conclusion

Along the chain of evacuation, from the stretcher bearers collecting from Regimental Aid Posts to hospital orderlies chaperoning disabled men into new, complex civilian lives, the work of the RAMC ranker was defined by both the physical and emotional labour that he undertook. The precise nature of the physical labour was shaped by the space in which it was undertaken, moving from road building to floor scrubbing, from negotiating ditches to manoeuvring up stairs. Nonetheless, all such labour required bodily effort from men who were often assigned to non-combatant service due to perceived physical frailty. It had the power to inscribe itself upon their bodies through increased strength as well as roughened hands and strained shoulders, something experienced by men in home hospitals as well as on the fighting front. While men serving in Field Ambulances and Casualty Clearing Stations faced threats to their physical integrity through the dangers of shell and rifle fire, this was less integral to their role than the work of building, cleaning, and carrying which they shared with home hospital orderlies.

Continuities along the lines of evacuation can also be seen in the emotional labour undertaken by these men. The centrality of cleaning to the work of all orderlies, whatever their unit of service, gave them an important role in the maintenance of morale, both in rest and hospitals. The comfort and reassurance they offered to wounded men, whether being carried along a trench, rebandaged in a dressing station, accompanied to surgery, or returned to civilian life, was a vital aspect of the process of medical care and recovery, one which was perceived as having social usefulness after the war’s end. For the RAMC rankers themselves, the emotional labour of care undoubtedly had a profound and long-lasting effect, with the memories of trauma witnessed continuing to haunt them for days, months, and even years. The record of witness that they kept, in letters, diaries, and memoirs, stands as evidence of the centrality of their role as witness-bearer and the impact that bearing witness had on their subjective identities.

(p.123) The work of RAMC rankers was not wholly continuous, however. In spaces such as ambulance trains and hospital ships, their work was squeezed out, appropriated by volunteers on the one hand and technical mechanical specialists on the other. Yet the fact that the work these men did was so firmly underpinned by the three categories of carrying, cleaning, and caring enabled the Corps as a whole to demonstrate flexibility to match the improvisation inculcated during training, with men able to serve at multiple points along the line of evacuation. As we have seen in the case of George Swindell, men could serve in a wide variety of sites of healing, whether as volunteer bearers or seconded orderlies. Even when ill or wounded themselves, they could find themselves undertaking caregiving work while convalescing in hospital, as Archie Whyte did while recuperating from rheumatism in Cairo in 1918.[139]

Through the work they undertook, RAMC servicemen would develop a sense of a unique wartime masculinity, a masculinity defined by the acts of bearing both bodies and witness rather than by the any sense of lack, either of professional medical identity or of military identity associated with arms-bearing. In not bearing arms, in digging and building, in comforting the dying, RAMC rankers variously undermined, reinforced, and transgressed the gendered divisions of wartime labour which underpinned the hierarchies of both military and medical systems. In doing so, they used their work to define an alternative definition of appropriate wartime masculinity. How this occurred across time, in response to both changing military practice and developing medical innovations, forms the subject of Chapter 4.

Notes:

([1]) War Office, *Royal Army Medical Corps Training*, p.2.

([2]) Michel Foucault, 'Of Other Spaces', tr. Jay Miskowiec, *Diacritics* 16 (1986): 24.

([3]) Reznick, *Healing the Nation*, pp.137–9; Hallett, *Containing Trauma*, pp. 177–82; Alison S. Fell and Christine E. Hallett, 'Introduction: New Perspectives in First World War Nursing', in *First World War Nursing*, ed. Fell and Hallett, p.3; Carden-Coyne, *The Politics of Wounds*, p.251.

([4]) Carden-Coyne, *The Politics of Wounds*, pp.7–9.

([5]) Ibid., pp. 286–97.

([6]) The 1st/3rd Lowland Field Ambulance, for instance, turned a monastery in Gaza into a field hospital, complete with operating theatre for abdominal surgery. William Murray Lamb, Diary, TS transcript, 24 November 1917, Papers of William Murray Lamb, LIDDLE/WW1/GS/0912, LC.

([7]) Reznick, *Healing the Nation*, pp.46–54.

([8]) Meyer, *Men of War*, pp.49, 141–5.

([9]) Bourke, *Dismembering the Male*, pp.133–7.

([10]) Carden-Coyne, *The Politics of Wounds*, pp.242–9.

([11]) Gullace, '*The Blood of Our Sons*', p.43; Ugolini, *Civvies*, pp.4–7.

([12]) Harrison, *The Medical War*, pp.293–9.

([13]) Macpherson, *History of the Great War*, Vol. 1, pp.8–10.

([14]) 'The Royal Army Medical Corps and its Work', *British Medical Journal* 2 (18 August 1917): 217, DOI: 10.1136/bmj.2.2955.217.

([15]) Ibid.

([16]) Harrison, *The Medical War*, pp.125–6.

([17]) *Reports by the Joint Committees*, pp.214, 277.

([18]) Ibid., pp.341–2.

([19]) While discharge from the armed forces was the ultimate end of service for seriously injured men, this could take a number of years, particularly for men suffering from facial injuries or amputation. For example, No. 2 Northern General Military Hospital at Beckett's Park in Leeds remained open until 1926, continuing to treat men for orthopaedic and facial injuries. In 1927, the remaining 200 patients were transferred to the newly opened Chapel Allerton Hospital, which was run under the authority of the Ministry of Pensions rather than the War Office. (Richard Wilcox, *Stories from the War Hospital* (Meerkat Publications, 2014); Julie Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'* (Manchester: Manchester University Press, 2011), p.57; Anderson, '"Jumpy Stump"'.)

([20]) Reznick, *Healing the Nation*, p.6.

([21]) War Office, *Royal Army Medical Corps Training*, pp.136–43.

([22]) Mayhew, *Wounded*, p.49.

([23]) J. C. Dunn, *The War the Infantry Knew 1914–1919: A Chronicle of Service in France and Belgium* (London: Abacus, 1994; first published P. S. King Ltd, 1938), p.262.

([24]) See Chapter 4, pp.142–8.

([25]) Dunn, *The War the Infantry Knew*, p.298.

([26]) Frank Ridsdale, Diary, 18 July 1917, Papers of Frank Ridsdale.

([27]) Beggs, *Guide to Promotion* p.242.

([28]) John Lewis-Stempel, *Six Weeks: The Short and Gallant Life of the British Officer in the First World War* (London: Orion Books, 2010), p.135.

([29]) Untitled account, *6th London Field Ambulance History*, p.2.

([30]) Ibid., p.6.

([31]) Swindell, 'In Arduis Fidelus', p. 215.

([32]) War Office, *Royal Army Medical Corps Training*, p.146.

([33]) Beggs, *Guide to Promotion*, p.60.

([34]) War Office, *Royal Army Medical Corps Training*, p.352.

([35]) See Chapter 4, pp.134–5.

([36]) Julie Anderson, ‘Disinfecting the Front: Dirt and Disease 1914–1918’, War and Trauma Conference, In Flanders Fields Museum, Ypres, 7 November 2013.

([37]) War Office, *Royal Army Medical Corps Training*, p.227.

([38]) Richard Capell, ‘Stretcher-Bearers on the Somme’, *6th London Field Ambulance History*, p.1.

([39]) Herbert Empson, Diary, MS, 19 September 1916, RAMC 1217, WL, quoted in Harrison, *The Medical War*, p.75.

([40]) Swindell, ‘In Arduis Fidelus’, p.294.

([41]) Ibid., p.224.

([42]) C. Midwinter, *1914–1919 Memoirs of the 32nd Field Ambulance 10th (Irish) Division* (Bexleyheath: G. E. Foulger, 1933), p.22.

([43]) Midwinter, *1914–1919 Memoirs*, p.45.

([44]) H. L. Chase, *The 2/1st London Field Ambulance: An Outline of the 4½ Year Service of a Unit of the 56th Division at Home and Abroad During the Great War* (London: Morton, Burt & Sons, Limited, 1924), pp.37–8.

([45]) Charles Cyril Ammons, ‘Service in the First World War’, TS memoir, n.d., RAMC 1599, WL.

([46]) Lamb, Diary, 9 August 1916.

([47]) Mayhew, *Wounded*, p.21.

([48]) David Rorie, *A Medico’s Luck in the War* (Eastbourne: Anthony Rowe, Ltd, 1929), p.111.

([49]) Swindell, ‘In Arduis Fidelus’, p.169; Midwinter, *1914–1919 Memoirs*, p.22.

([50]) Anon, ‘Stretcher-Bearers on the Somme’, *6th London Field Ambulance (47th London Division) History*, p.6.

([51]) Swindell, ‘In Arduis Fidelus’, p.151. Food and drink could be fatal to a man with abdominal wounds due to the risk of increased blood loss, a fact that Swindell learned as part of his training as a bearer.

([52]) Ibid., pp.270, 142.

([53]) Although Swindell's memoirs are undated, internal evidence suggests that he wrote and attempted to get them published sometime after 1933. For discussion of reading the subjective implications of personal testimony, see Michael Roper, 'The Unconscious Work of History', *Cultural & Social History* 11 (June 2014): 177–80 and Acton and Potter, *Working in a World of Hurt*, p.16.

([54]) Swindell, 'In Arduis Fidelus', p.142.

([55]) Higonnet, 'Introduction'; Acton and Potter, *Working in a World of Hurt*, p.33.

([56]) Higonnet, 'Introduction', p. xxxiv.

([57]) Acton and Potter, *Working in a World of Hurt*, pp.38–9.

([58]) Ibid., p.12.

([59]) The bearing of witness to the destruction of war through the horror of wounds has tended to be discussed as the role primarily of nurses and combatants in wartime. See Fell and Hallett 'Introduction', p.8; Das, *Touch and Intimacy*, pp.188–94; Hynes, *The Soldiers' Tale*, pp.1–31.

([60]) Ridsdale, 6 May 1917, Papers of Frank Ridsdale.

([61]) Ridsdale, 21 May 1917, Papers of Frank Ridsdale.

([62]) Acton and Potter, *Working in a World of Hurt*, pp.1–4.

([63]) Ridsdale, 1 July 1916, Papers of Frank Ridsdale.

([64]) Meyer, *Men of War*, p.49.

([65]) Acton and Potter, *Working in a World of Hurt*, pp.33–4.

([66]) Norman Tattersall, 'Gallipoli Diary', quoted in Acton and Potter, *Working in a World of Hurt*, p.43.

([67]) W. H. Atkins, 'The R.A.M.C.', *The 'Southern' Cross* 2 (June 1917): lines 9–17. Other poems celebrating the work of the stretcher bearer include the work of Geoffrey Studdert Kennedy ('Woodbine Willie') and Robert Service, discussed in Chapter 5, pp.180–2.

([68]) Meyer, *Men of War*; Roper, *The Secret Battle*.

([69]) Lamb, Diary, 6–10 December 1915, Papers of William Murray Lamb; J.W. Upton, Account, MS, 1974, Papers of J. W. Upton, RAMC/1750, WL, p.19.

([70]) Randle, Letter to Father and Mother, 27 November 1914, Letters of David Randle McMaster.

([71]) Bennett, ‘Memories of Gallipoli’, p. 34, Papers of J. B. Bennett.

([72]) Upton, Diary, MS, Papers of J. W. Upton, p. 8.

([73]) Norman Fermor, ‘Personal experience of an N.C.O. in charge of Stretcher Squads R.A.M.C. Field Ambulance on the Western Front During World War One Including 12 Miracle Escapes’, MS, RAMC 1781, WL, p.5.

([74]) Chase, *The 2/1st London Field Ambulance*, pp.24–5.

([75]) Walter Bentham, Diary, TS, 16 September 1915, RAMC 2010, WL.

([76]) *6th London Field Ambulance History*, 22 December 1915, p.12.

([77]) Chase, *The 2/1st London Field Ambulance*, p.46.

([78]) Lamb, Diary, 14 April 1917, 5–7 August 1917, Papers of William Murray Lamb.

([79]) Lamb, Diary, 16 April 1917, Papers of William Murray Lamb.

([80]) Harrison, *The Medical War*, pp.254–5.

([81]) Ibid., pp.131–2.

([82]) Upton, Diary, p.7.

([83]) Bentham, Diary, 5 January 1915.

([84]) Ibid., 24–25 November 1916. ‘[Bathing] arrangements always include the provision of fresh underclothing for every man who has taken a bath.’ (‘The Royal Army Medical Corps, And Its Work’, *British Medical Journal*, p.223.)

([85]) Harrison, *The Medical War*, pp.124–42; Hallett, *Containing Trauma*, pp.85–92.

([86]) Meyer, *Men of War*, p. 65; Ugolini, ‘War-stained’.

([87]) Bennett, ‘Personal Memories: Egypt and Palestine 1915-1918’, TS memoir, p. 76., Papers of J. B. Bennett.

([88]) Ammons, ‘Service in the First World War’, p.20.

([89]) Bennett, ‘Memories of Gallipoli’, pp.15, 34, Papers of J. B. Bennett.

([90]) Bentham, Diary, 25th September, 1915.

([91]) Chase, *The 2/1st London Field Ambulance*, pp.27–8.

([92]) Ridsdale, Diary, 3 and 4 September 1918, Papers of Frank Ridsdale.

([93]) Das, *Touch and Intimacy*, p.178.

([94]) Archie, MS letter to Jack, 12 January 1918, Papers of A. L. G. Whyte.

([95]) Whyte, 'Memoirs of the Great War, 1914–18', Papers of A. L. G. Whyte.

([96]) Robert Dingwall, Anne Marie Rafferty, and Charles Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 2002), p.1; Claudia Siebrecht, *The Aesthetics of Loss: German Women's Art of the First World War* (Oxford: Oxford University Press, 2013), p.14.

([97]) Denis Winter, *Death's Men: Soldiers of the Great War* (London: Penguin Books, 1979), pp.132–3.

([98]) Gabriel and Metz, *A History of Military Medicine*, p.224.

([99]) 'The Royal Army Medical Corps, And Its Work', *British Medical Journal*, p. 254.

([100]) Hallett, *Veiled Warriors*, pp.48–9; Harrison, *The Medical War*, p.33. See Chapter 4, pp.143–8.

([101]) 'The Royal Army Medical Corps and Its Work', *British Medical Journal*, p. 254.

([102]) Harrison, *The Medical War*, p.32.

([103]) Ibid., p.36.

([104]) Carden-Coyne, *The Politics of Wounds*, pp.162–7.

([105]) W. H. Atkins, 'The R.A.M.C.', *The "Southern" Cross* 18 (June 1917): ll. 26–30.

([106]) Harrison, *The Medical War*, pp.33–4. For cultural representations of the wartime nurse, and nursing VADs in particular, see Ouditt, *Fighting Forces, Writing Women*, pp.7–46.

([107]) Kirsty Harris, '"All for the Boys": The Nurse-Patient Relationship of Australian Army Nurses in the First World War', in *First World War Nursing*, ed. Fell and Hallett, p.72. See also Hallett, *Containing Trauma*, p.94.

([108]) Carden-Coyne, *The Politics of Wounds*, p.161.

([109]) Harris, '"All for the Boys"', pp.74–5.

([110]) Ridsdale, Diary, 28 December 1916, 30 November 1917, 31 August 1918, Papers of Frank Ridsdale.

([111]) Moribund wards continued to exist throughout the war, in spite of the increased development of resuscitation wards, where blood transfusions and increasingly sophisticated wound drainage ensured the survival of men who would previously have died. (Carden-Coyne, *The Politics of Wounds*, p.339.)

([112]) Carden-Coyne, *The Politics of Wounds*, pp. 65, 154; Mayhew, *Wounded*, p. 144; Simon Harold Walker, 'Saving Bodies and Souls: Army Chaplains and Medical Care in the First World War', *Postgraduate Journal of Medical Humanities* 3 (2016): 29–30, http://humanities.exeter.ac.uk/media/universityofexeter/collegeofhumanities/history/researchcentres/centreformedicalhistory/pdfsanddocs/2_-_Army_Chaplains_and_Medical_Care_in_the_First_World_War.pdf. Walker supports Edward Madigan's argument that the work of chaplains as care providers under fire played an important role in shaping perceptions of their wartime service. (Madigan, *Faith Under Fire*, pp.138–40, 152.)

([113]) Swindell, 'In Arduis Fidelus', pp. 118–19.

([114]) Ibid., p.89.

([115]) 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), p.113.

([116]) War Office, *Royal Army Medical Corps Training*, p.93.

([117]) Artillery had the power, on the one hand, to bury men even as it killed them, thereby denying them ritual rites of interment (Smith, *The Embattled Self*, p.69), and, on the other, to disinter the dead, thereby pre-empting Christian resurrection (Bart Ziino, *A Distant Grief: Australians, War Graves and the Great War* (Crawley, WA: University of Western Australia Press, 2007), p.31.) For British servicemen, the government's decision not to repatriate the dead added an additional layer of significance to the work of those who witnessed and aided the burial of the dead. (See J. M. Winter, *Sites of Memory, Sites of Mourning: The Great War in European Cultural History* (Cambridge: Cambridge University Press, 1995), pp.23–44 and David Crane, *Empires of the Dead: How One Man's Vision Led to the Creation of WWI's War Graves* (London: William Collins, 2013)).

([118]) Ridsdale, Diary, 11 December 1916, Papers of Frank Ridsdale.

([119]) Ridsdale, Diary, 26 November 1916, 25 April 1917, 9 May 1917, Papers of Frank Ridsdale.

([120]) Winter, *Sites of Memory*, pp.35–53.

([121]) For discussion of the distinction between the work of the VADs and trained military nurses, see Hallett, *Containing Trauma*, pp.6–9.

([122]) Muir, *Observations of an Orderly*, pp.207–10. Civilian volunteer ambulance corps formed in most cities where there was a military hospital. They transported wounded men from the train station to the hospital using adapted private vehicles.

([123]) See Chapter 5, pp.156–62.

([124]) 'A Nursing Orderly's Day', *Gazette of the 3rd London General Hospital* (November 1915): 45.

([125]) Muir, *Observations of an Orderly*, p.154.

([126]) Ibid., pp.148–9.

([127]) Anderson, '"Jumpy Stump"', p.10.

([128]) Muir, *Observations of an Orderly*, pp.246–8.

([129]) Muir, *The Happy Hospital*, pp.30–1.

([130]) 'Nurses in War and Peace Times: Importance of Male Nurses', *Streatham News*, (8 November 1920), RAMC 1922, WL.

([131]) Military nurses officially had the status of officers in relation to RAMC rankers, whatever their rank within the nursing service. VADs had no such official rank, but the cultural capital provided by the association between caregiving and femininity could give them a level of authority in relation to RAMC orderlies.

([132]) Such rivalry reflects wider inter-unit rivalries throughout the British armed forces which were encouraged as part of the development of *esprit de corps*. (French, *Military Identities*.)

([133]) Corder Catchpool quoted in Greenwood, *Friends and Relief*, p.183.

([134]) War Office, *Royal Army Medical Corps Training*, pp.232–44.

([135]) *Reports by the Joint Committees*, p.331.

([136]) Walter Percy Bray, MS diary, 17–19 August, 1915, 4 September 1915, RAMC 1673, WL.

([137]) *Reports by the Joint War Committees*, pp.330–1.

([138]) Ibid., p.184.

([139]) Whyte, Diary, 21–23 September 1918, Papers of A. L. G. Whyte.