

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

Jessica Meyer

Print publication date: 2019

Print ISBN-13: 9780198824169

Published to Oxford Scholarship Online: March 2019

DOI: 10.1093/oso/9780198824169.001.0001

Conclusion

Jessica Meyer

DOI:10.1093/oso/9780198824169.003.0006

Abstract and Keywords

This chapter summarizes the arguments made in the previous chapters, relating the points that they make to the representation of the Royal Army Medical Corps in the aftermath of the war. It further considers what information is known about the post-war activities of some of the men whose personal narratives have been discussed in the text, to reflect on the effect of the war on individual men's constructions of subjective masculine identity over time. In doing so, it argues that the multiple masculinity that existed in wartime society was evident across a range of wartime service, complicating and nuancing historians' understandings of gender relationships in the period. Exploring such relationships in detail, it contends, enables us to more fully understand the work and experiences of a previously underexamined but significant category of First World War British servicemen.

Keywords: summary, gender identity, post-war military medicine, continuity, change, memory

In 1919 the RAMC issued a recruitment poster urging the viewer to 'Join the R.A.M.C. and learn a useful occupation which may help you later in civilian life' (Figure 6.1). At its centre is the figure of an enlisted RAMC serviceman standing proudly, hands on hips, in front of a red cross superimposed on a blue background. In each quadrant created by the cross are listed the various roles that this man might fill—pharmacist, dispenser, dental mechanic, laboratory attendant, X-ray attendant, operating-room attendant, mental attendant, masseur, optician, nursing orderly, hospital cook. The image of the man himself is one of uniformed virility. Physically whole and strong, in a clean, complete

uniform, he smiles broadly, his appropriate level of maturity signalled by the cheerful crow's feet around his eyes and the pipe clenched in his teeth.

This was the image of post-war military medicine that the RAMC wanted to portray, one that could be presented as 'a source of national pride, used in propaganda material such as films ... which reassured the public about the care taken of soldiers'.¹ Nowhere does this image hint at the challenges posed to either the military or medical identity of the men of the RAMC that, as we have seen, recurred throughout the war. The serviceman in the poster does not face questions about the necessity of his uniformed service and whether it can be done as well by voluntary humanitarian-aid providers and women. His labours are classified as various, specialist, and applicable in civil as well as military contexts, both during his period of service and after.

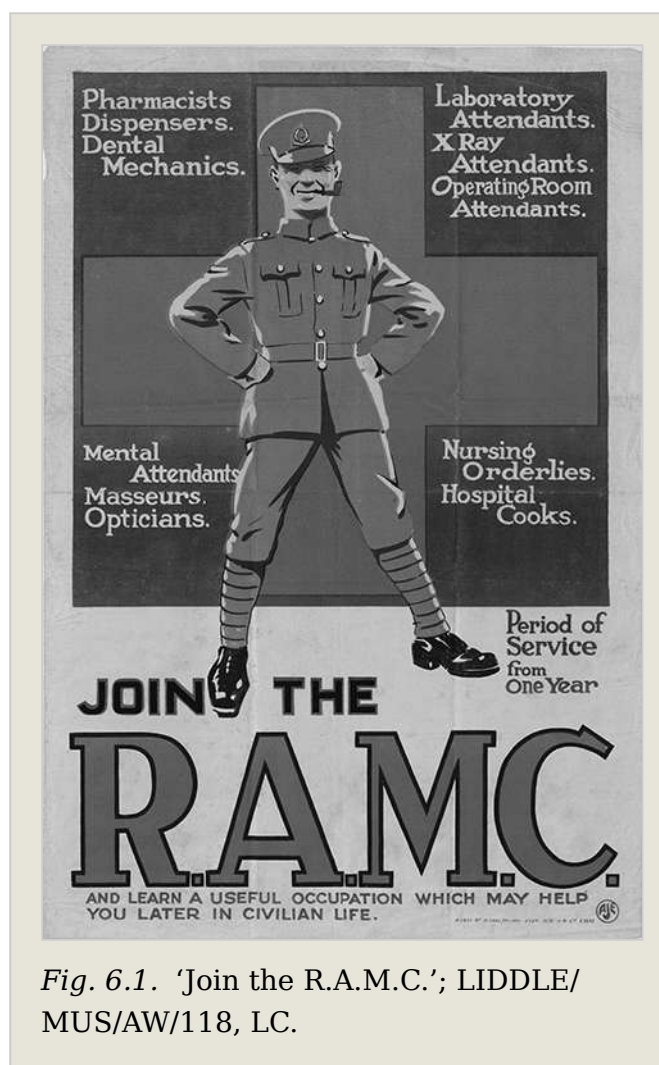


Fig. 6.1. 'Join the R.A.M.C.'; LIDDLE/MUS/AW/118, LC.

His age, health, and fitness are not abject or problematic, requiring defensive explanation. Neither is he a sanctified hero, emblematic of and witness to war's sacrifice, potentially suffering trauma consequent to such witness-bearing.² Rather, he is representative of a figure identified by Sonya Rose as emerging more **(p.187) (p.188)** definitively some years later, during the Second World War—that of the 'temperate hero'.³

As this book has shown, elements of this image of the RAMC serviceman as a masculine figure were an accurate reflection of the identities constructed by and for men of the RAMC over the course of the First World War, but this tells only part of the story. While these men did forge a distinctive identity based on their status as uniformed servicemen and their training and experience in first aid and paramedic care, they continued to face challenges to the coherence of their masculine subjectivities. These challenges included the growth of the humanitarian first-aid movement, both nationally and internationally, and the growing strength of the claims made by women engaged in nursing practice to

professional recognition based on their war service. The gendered understandings of care for soldiers which originated in the nineteenth century not only continued into the early years of the twentieth century but gained impetus during the war years. The potential contradictions that these narratives exposed, between enlisted RAMC servicemen's identities as servicemen and non-combatants, as caregivers but without professional qualifications, and as men undertaking work associated with women and the domestic, were reinforced by the patterns of recruitment which saw the Corps increasingly reinforced by overaged and physically unfit men. In response, Corps training sought to rationalize these tensions. It emphasized, on the one hand, the uniform and martial labour which the military used to turn civilians into effective soldier,⁴ and, on the other, specialist drill, first-aid knowledge, and improvisation. This helped enable individual men of the ranks of the RAMC to construct subjective identities as servicemen in relation to a definable skill set which distinguished them from their combatant comrades. Such training could not, however, entirely distinguish their work from that of the voluntary humanitarian medical care providers who served in the war under the authority of the BRCS rather than the War Office. The involvement of the St John Ambulance Brigade in the provision of training for the RAMC(T) in particular meant that the status of RAMC rankers who benefited from this training as military servicemen would continue to be questioned. The work of units such as the FAU would additionally create complicated associations around medical military service due to the cultural constructions of conscientious objectors as cowards and slackers, associations which would further undermine RAMC servicemen's claims to appropriate wartime masculinities.

(p.189) While the recruitment and training of RAMC rankers can thus be seen to challenge the visual image of the serviceman represented in the recruiting poster as strong, fit, and appropriately uniformed, the work undertaken by these men challenged the neat categorization of the roles occupied by RAMC rankers by qualified titles, as in the poster. Of the eleven roles listed, only one—that of mental attendant—did not experience some level of dilution by women, whether trained nurses or volunteers, over the course of the war.⁵ Both in terms of spaces of care and developments in medical and transport technologies, the work of the RAMC defined as necessary or appropriate was increasingly restricted, again challenging their wartime status as caregiving servicemen. Yet, just as with their training, RAMC rankers found ways in which to use their experiences to define their work as appropriate forms of military service, both during the war and in their post-war narratives.⁶

By focusing on the physical and emotional labour of carrying, cleaning, and caring at all points along the chain of evacuation, and the development of improvisational practices and niche skill sets in response to the changing nature of industrial war, RAMC servicemen strove to construct a coherent identity as male uniformed care providers through both space and time. Arguably they were

more successful in the former than the latter, achieving a measure of continuity in the roles they undertook all along the chain of evacuation from RAP to home hospital. Such continuity was, by contrast, not possible in the face of the medical and transport developments which democratized the provision of first-response medical care as effectively as mass mobilization and increased female dilution of the medical services. Men of the ranks of the Corps sought to distinguish their labour from that of both the Service Corps drivers and the women they worked alongside by emphasizing the hard physical and emotional labour that carrying, cleaning, and caring continued to entail, in spite of technical and medical progress. In particular, the physical and emotional labour of bearing undertaken across sites of healing could be bracketed with that of doctors and trained nurses, giving the men of the Corps claims to a form of semi-professional identity by association. The work of building and the occupation of front-line spaces defined by danger could also be compared to the roles and experiences of combatant service personnel. If, **(p.190)** as I have argued elsewhere,⁷ the endurance of suffering and sacrifice of physical and emotional health became more central during the war to the definition of heroic wartime masculinity than the inflicting of violence or the taking of life, then RAMC servicemen were able, through their labours, to lay claim to a form of heroic identity.

The extent to which they did so, and to which other members of British society, both civil and military, associated such an identity with them, undoubtedly increased over the course of the war, reflecting, in part, Harrison's assertion that 'The medical services were now clearly essential to military efficiency and their improvement was part and parcel of their vital managerial reforms undertaken by Haig during his period as commander-in-chief.'⁸ As with individual experiences of wartime labour, however, such constructions of status were by no means uniform or unambiguously positive. Indeed, in cultural representation of the RAMC serviceman during the war, the contradictions between the role of non-professional male medical serviceman and the gendered social expectation of appropriate male service in wartime were laid most starkly bare. The figure of the abject orderly as, in part, a defensive construct of RAMC home-hospital orderlies speaks to the anxieties that the contradictions posed by military medical service raised for individual men of the ranks and their subjective understandings of themselves as men. Yet in spite of the cultural cringe of men like Ward Muir and George Swindell, the 'slacker in khaki' was by no means the dominant representation of the RAMC serviceman in British wartime culture. Here the imagery of the propaganda most closely reflects an element of reality, with the temperate heroism of the RAMC serviceman emerging in the figure of the comrade in service, the man who was there, physical and emotionally, to bear witness to the suffering of his combatant counterpart. By contrast, the valorization of these men as heroic Knights of the Red Cross, figures with profound Christian overtones of sacrifice,⁹ associated men whose non-combatant role theoretically precluded facing enemy fire with

the bodily sacrifice of the 'glorious dead' through poetic constructions of stretcher bearers as Christlike.

These cultural constructions of military medical service would, like those of the British First World War serviceman more generally, undergo **(p.191)** significant changes in the war's aftermath.¹⁰ The valorization of the dead and the sense of social disaffection which troubled ex-servicemen of all branches of military service in the interwar period would affect the men of the military medical service no less than those of other units. While many RAMC establishments would continue in service beyond the armistice, offering relief care in Belgium and Germany¹¹ and continuing to staff the hospitals where wounded and disabled men were being treated for ongoing illnesses and impairments,¹² after May 1919:

the number of demobilized men previously retained as necessary for the machinery of demobilization showed a steady decrease. This was aided by the rapid decreases which were now taking place in the hospital population, by the employment to the greatest possible extent of voluntary aid detachment general service and labour women, and later, as demobilization progressed and recruiting for the R.A.M.C. fell far short of the numbers required, by the general employment of civilian hospital orderlies.¹³

As British society as a whole attempted to demobilize, both socially and culturally, after four and a half years of war, the men who had served in the ranks of the medical corps, like other ex-servicemen, sought to pick up the threads of their civilian lives, by either returning to old jobs or starting out on careers which hadn't had time to begin when war broke out.

There is no clear evidence, particularly for younger men who saw non-commissioned service in the RAMC, whose career trajectories had been interrupted near the start by the outbreak of war, that RAMC rankers were influenced by the work they pursued in the years after the war. On the contrary, Frank Ridsdale returned to market gardening near Wetherby; Richard Capell, after serving as a lance corporal with the 6th London Field Ambulance, continued his career as a journalist and music critic with the *Daily Mail* and later *The Telegraph*.¹⁴ There is little material to suggest that men's exposure to the work of caregiving in wartime inspired them to undertake medical careers in the war's aftermath. Those already engaged with the work of medical caring in a professional capacity, that is, the doctors who made up the officer corps of the RAMC, appear to have continued, for the most part, along these career trajectories,¹⁵ indicating **(p.192)** the extent to which their wartime service involved the mobilization and militarization of their civilian identities. After the war, the military elements of these identities appear to have been, by and large, set aside, but do not appear to have fundamentally altered the cultural

construction of the medical profession in Britain as a whole. The officers of the RAMC were citizens who became soldiers for the duration of the war and returned to their civil status in its aftermath.¹⁶ This continuity in employment patterns, apparently among all ranks of male medical care providers, reemphasizes the extent to which war service in Britain was understood by the majority of these men, both doctors and rankers, as a temporary deviation from civilian social identities.¹⁷

The desire at all levels to re-establish continuity with pre-war society and culture combined with a shift in practices of commemoration in the war's immediate aftermath, from celebrations of survival to valorization of the sacrifice of the dead, to shape the ways in which wartime medical service was remembered and commemorated. This is comparable to the commemoration of war service more broadly.¹⁸ As with other units, initial written commemorations were dominated, in the first instance, by the official histories and officers' memoirs. Unit diaries and collective memoirs also appeared, although many of these, like personal narratives of individual men of the ranks of the Corps, remained unpublished.¹⁹ Such publications were used to celebrate both medical progress and unit identity, serving the social function of justifying the work of the medical services within rationalizations of the war as a whole. The personal narratives of trained nurses, by comparison, were used as part of the attempt to gain official recognition for their particular form of gendered service. Later, the 'war books boom' of the late 1920s enabled VADs such as Vera Brittain to position themselves, through their memoirs, as volunteers equivalent in moral status to the enlisted men whose own, increasingly disillusioned, narratives of war, were coming to dominate literary representations of war experience.²⁰ Such narratives of disillusionment posed a direct challenge to the progressive medical narratives of official histories and medical-officer memoirs, often representing **(p.193)** medical caregivers, particularly doctors, as drunken, incompetent, and heartless.²¹

The focus of disillusioned criticism of medical practice on officers, and the regimental medical officer in particular, may have meant that the men of the ranks escaped direct criticism of their work. However, in these narratives, far from retaining the status of good comrades, they all but disappear, in an echo of the painting-out of orderlies' service in Crimea in favour of that of female nurses.²² Where these men were represented in interwar culture, it was generally in a neutral manner rather than in either the negative terms applied to some doctors or the hagiographic terms associated with nurses. 'I have had some experience of death and accidents. I was a stretcher-bearer during the war,'²³ notes Mr Daniels in Dorothy L. Sayers's novel *Murder Must Advertise* (1933), in his inquest evidence on the death of Victor Dean. This service appears to have no connotations for the wider characterization of this very minor character in terms of class, age, or gender status, with his identity being

otherwise entirely defined by his post-war professional status as an advertising executive.

The Corps as a whole, like other non-combatant military units, was officially recognized in the interwar period through war memorials commemorating those who died in service. A plaque to the men of the RAMC was unveiled in Westminster Abbey in 1922, accompanied by a book of remembrance created by the novelist and calligrapher Graily Hewitt, which was made public in 1925. Yet in comparison with the cultural commemorations of combatant experiences of and losses in war, the figure of the male military caregiver, particularly the man of the ranks, can be said to have slipped out of view in the war's aftermath. Even as the war came into renewed focus as a locus of cultural commemoration from the 1960s,²⁴ the particular work and experiences of male medical care providers remained largely hidden, the subject of family rather than national memory.

More recently, however, the work of the medical services in the war has become the subject of increased investigation and celebration, although now with persistent elisions between the work of voluntary medical aid **(p.194)** providers, regimental stretcher bearers, and the men of the RAMC.²⁵ The understanding of medical care, both military and humanitarian, as a symbol of humanity in a futile, inhuman war was reflected in the BBC's decision in 2014 to use Robert Service's poem to introduce its *World War One at Home* series of local radio broadcasts both at national roadshows and online.²⁶ The voice of a first medical responder as witness to the suffering of war thus became the signifier of a significant national and regional act of commemoration. As with so much commemorative practice around the First World War, this focus on the humanity and witness of medical care providers reflects contemporary cultural attitudes about the war, violence, and military medical care provision more broadly. The provision of humanitarian aid in conflict is generally viewed as being as, if not more, worthy of celebration and commemoration than the ethically complicated violence associated with the military's defence of the nation.²⁷ As British involvement in international conflicts becomes ever more contentious in the age of global terror, and the armed forces face increasing criticisms and cuts to their funding, the army medical services tend to be, by comparison, the subject of praise for their innovation in saving lives and the humanitarian aid they provide to civilians in conflict and disaster zones, a very different position from their relative interwar anonymity. In this contemporary context, commemoration of the men of the RAMC during the First World War can be seen to reflect the values of the society engaged in commemorating as much as those of the men being commemorated.

Yet understanding the history of the work of the men of the RAMC in the era of the First World War remains significant beyond simply acknowledging or even celebrating the work they undertook in saving lives and providing humanitarian aid. It also shows how, like both the combatants and the other medical

caregivers they served alongside, these men bore witness to the suffering of war, to the damage industrial conflict inflicts on **(p.195)** the bodies and minds of those caught up in it.²⁸ By being ‘the men who were there’ for fellow servicemen in moments of pain and fear, from the dressing station to the operating theatre, the men of the RAMC were able to lay claim to a shared sense of service and duty and, therefore, a patriotic masculine identity.

By viewing these men’s work and experiences through the lens of gender and the cultural construction of masculinities in wartime Britain, this book has sought to complicate dominant narratives of the war which, in focusing on the combatant aspects of the war at the expense of the vast amounts of non-combatant labour required, often perpetuate dichotomies around the gendered division of labour which do not fully capture the historic reality. Exploring a particular form of non-combatant work, one intimately associated with both the violence of war and the domesticity of peace, illuminates the ways in which such labour was understood as a form of war service for both men and women. The ease with which service based on care was accommodated with definitions of appropriated service, both male and female, serves to remind us of the totalizing nature of the First World War, while the difficulties that men who undertook such service faced in relation to their wartime status reinforces the ways in which gendered divisions of labour were mobilized in wartime.

The militarization of medical care at all levels, not merely that of professional practice, would have profound implications for a post-war society where the unprecedented levels of disability created by the violence of war raised questions about the responsibility of the state for ensuring the health of the nation. The tensions which the men of the RAMC negotiated—between professional medicine and first-aid practices, between the exclusivity of specialization based on innovation and the popularizing of basic concepts of hygiene and wound care through military instruction to a mass audience—would inform the debates, both political and medical, which would ultimately lay the foundation for the National Health Service in the wake of another world war.²⁹

Additionally, the work of the RAMC as gendered labour in wartime not only exposes the complexity of the memory of the First World War as either a futile or heroic endeavour, both individually and nationally. It also challenges constructions of both the military and medicine as spheres structured unproblematically by gender in this period. While gender has been shown to play a significant role in structuring military medical services, it is not in the form of the purely dichotomous double helix **(p.196)** whereby, whatever disruption war causes to gender relationships, ‘In the long run ... the dynamic of gender subordination remains as it was’, with female labour always devalued relative to male roles.³⁰ Nor do class distinctions map neatly on to those of rank for either men or women. Rather, the hierarchies of military medicine can be seen to be founded on unstable, shifting bases of gendered and classed understandings of

caring. Through their work of carrying, cleaning, and caring as appropriate forms of male service in wartime, RAMC servicemen played a role in disrupting cultural norms of gender and class in relation to both the military and the medical profession. The extent to which such disruptions persisted into the interwar period is a subject which deserves further scholarly exploration, beyond the scope of this book.

The work and experiences of the men of the Royal Army Medical Corps can, therefore, be seen to have profound significance for our understandings of wartime violence, the memory of the war, and the gendered practice of medicine in twentieth-century Britain. In 'fac[ing] the worst that cruel war meant'³¹, they not only 'brought mercy to the strife' but also played their part in shaping the practice of medical care in twentieth- and twenty-first-century Britain through their labour, experience, and the witness which they bore. In doing so, they undoubtedly bore an equal burden of service and sacrifice to that of any of the combatants they served alongside.

Notes:

(¹) Furneaux, *Military Men of Feeling*, p.203.

(²) Acton and Potter, *Working in a World of Hurt*, pp.31-54.

(³) Sonya O. Rose, 'Temperate Heroes: concepts of masculinity in Second World War Britain', in Dudink, Hagemann, and Tosh, *Masculinities in Politics and War*, pp.177-95.

(⁴) Ugolini, 'War-stained': 156.

(⁵) I have been unable to locate specific evidence with relation to the dilution of the specialized roles of optician or dental mechanic. The history of dentistry in the war in particular is one which deserves fuller scholarly study beyond the scope of this book.

(⁶) Michael Roper, 'Re-remembering the Soldier Hero: The psychic and social construction of memory in personal narratives of the Great War', *History Workshop Journal* 50 (2000): 183-5; Todman, *The Great War*, pp.187-219.

(⁷) Meyer, *Men of War*, p.164.

(⁸) Harrison, *The Medical War*, p.9.

(⁹) Joanne Begiato, 'English Manly Intimacy and Power in Representations of St George and the Dragon c. 1750-1950', p.14, unpublished conference paper, shared by the author, 2016; Goebel, *The Great War and Medieval Memory*, pp. 190-2.

⁽¹⁰⁾ Bourke, *Dismembering the Male*, pp.242–50; Samuel Hynes, *A War Imagined: The First World War and English Culture* (New York: Atheneum, 1991), pp.269–465.

⁽¹¹⁾ Rorie, *A Medico's Luck in the War*, p.264; Papers of Frank Ridsdale.

⁽¹²⁾ No. 2 Northern General Military Hospital in Leeds, for example, did not close until 1926, when the remaining 200 orthopaedic patients were transferred to the Ministry of Pensions-run Chapel Allerton Hospital (Wilcox, *Tales from a War Hospital*).

⁽¹³⁾ Macpherson, *History of the Great War*, Vol. 1, p.233.

⁽¹⁴⁾ Papers of Frank Ridsdale; 'Mr. Richard Capell', *The Times* (22 June 1954): 10.

⁽¹⁵⁾ Whitehead, *Doctors in the Great War*, p.258; Hallett, *Veiled Warriors*, pp. 258–60.

⁽¹⁶⁾ This narrative of continuity is a profoundly gendered one, as the women of the nursing services, both trained and voluntary, were positioned differently in relation to both professional identity and citizenship of the state after the war. For them, their mobilization was a tool that could be used to leverage recognition from the state. (Fell, 'Afterword', in *First World War Nursing*, ed. Fell and Hallett, p.185.)

⁽¹⁷⁾ McCartney, *Citizen Soldiers*.

⁽¹⁸⁾ Winter, *Sites of Memory, Sites of Mourning*; Todman, *The Great War*.

⁽¹⁹⁾ Roper, 'Re-remembering the Soldier Hero'.

⁽²⁰⁾ Karen Petrone, 'Gender and Memory', in *Gender and the Great War*, ed. Susan R. Grayzel and Tammy M. Proctor (Oxford: Oxford University Press, 2017), pp.230–47.

⁽²¹⁾ See, for example, Mark VII, *A Subaltern on the Somme*, p.190. As Joanna Bourke points out, some of this poor reputation derived from the primary encounter between combatant servicemen and medical officers occurring in circumstances where the doctor was acting primarily as a detective, seeking to uncover malingerers. (Bourke, *Dismembering the Male*, pp.89–94.)

⁽²²⁾ Furneaux, *Military Men of Feeling*, pp.193–4.

⁽²³⁾ Dorothy L. Sayers, *Murder Must Advertise* (New York: Harper Paperbacks, 1995; 1st edn London: Victor Gollancz, 1933), p.21.

⁽²⁴⁾ Todman, *The Great War*, pp.157–8, 192.

(²⁵) See Andrew Czyzewski, 'Uncovering the unsung medical heroes of the Great War', Imperial College London, 4 February 2013, http://www3.imperial.ac.uk/newsandeventspggrp/imperialcollege/newssummary/news_4-2-2013-9-52-58, last accessed 18 December 2017.

(²⁶) *World War One at Home*, <http://www.bbc.co.uk/programmes/p01nhwgx>.

(²⁷) These perspectives on aid and violence have been reflected in recent political debates in Britain around the concept of the military covenant. On the shift in cultural understandings of the war as viewed through commemorative practice, see Helen B. McCartney, 'The First World War Soldier and his Contemporary Image in Britain', *International Affairs* 90 (March 2014): 299–315, DOI: 10.1111/1468-2346.12110.

(²⁸) Acton and Potter, "'These frightful sites would work havoc on one's brain'".

(²⁹) Barry M. Doyle, *The Politics of Hospital Provision in Early Twentieth Century Britain* (London: Routledge, 2014).

(³⁰) Higonnet and Higonnet, 'The Double Helix', p.35.

(³¹) 'A Hymn for the Fallen of the Royal Army Medical Corps', *Journal of the Royal Army Medical Corps* 88 (1947): 199, ll.10–11.

Access brought to you by: