From: The First World War and health: Rethinking resilience [ISBN: 9789004424173]
(Brill, 2020)

'Sticking it': resilience in the life-writing of medical personnel in the First World War

Carol Acton and Jane Potter

> The pattern of war is shaped in the individual mind by small individual experiences, and I can see these things as clearly today as if they had just happened.[1]

In his memoir, *The Gates of Memory* (1981), published over sixty years after his service as a Medical Officer in the Great War, Geoffrey Keynes emphasises that personal remembrance of care-giving near the front lines is not due to any grand narrative but to quotidian and simple details that remain indelible and distinct even against the passage of time. In opening 'the gates of memory', Keynes performs a kind of witnessing, one which is central to the letters, diaries and memoirs of other medical personnel written during and after 1914-1918. In laying bare their experiences, often in graphic terms, medical accounts by men and women bear witness to the suffering of the multitude of soldiers they treated. Such bearing witness might also be read as a form of atonement for the inability to save so many, and perhaps at times as a remembering that is also a memorial. As Keynes admits in understated terms characteristic of much medical writing: ' "doing our best" was often distressingly inadequate.'[2] Since medical care in war zones positions personnel as both witnesses to and participants in the carnage of war nowhere, arguably, is the relationship

---

1 Geoffrey Keynes, *The Gates of Memory* (Oxford, The Clarendon Press, 1981), p. 138.

2 Keynes, p.128.

between sufferers and healers more intense. This chapter considers a range of responses from nurses, doctors, and ambulance drivers to analyse how these men and women perceived and negotiated the physical and psychological spaces in which they worked, in the stories that they told. Within these stories is the heightened language of sacrifice and duty, resilience and the desire to endure, as well as utter despair at the apparent futility of the war as it is manifest in the thousands of dead and wounded that passed through aid posts, casualty clearing stations, ambulance trains, ambulances and hospitals.[3]

The American doctor Harvey Cushing prefaces his First World War journal with the words of an earlier 'wound dresser', Walt Whitman, to claim the hospital as the place that reveals the essence of war: 'The marrow of the tragedy is concentrated in the hospitals'.[4] Yet while 'writers often turn intuitively to writing as a way of confronting and surviving trauma suffered in their own lives',[5] historically, medical personnel have been unwilling to 'write' their own suffering in a world where that of the combatant is perceived to be so much greater. Being 'particularly prone to survivor guilt, incapable of remembering the people they saved, blaming themselves for the deaths of even hopeless cases,'[6] their narratives focus more on

---

3 Portions of this chapter have appeared in *Working in a World of Hurt: Trauma and Resilience in the Narratives of Medical Personnel in War Zone* by Carol Acton and Jane Potter (Manchester: Manchester University Press, 2015).

4 Harvey Cushing, *From a Surgeon's Journal: 1915-1918* (Boston: Little, Brown and Co, 1941), preface.

5 Jane Robinett, 'The Narrative Shape of Traumatic Experience', *Literature and Medicine,* 26: 2 (Fall, 2007), pp. 290-311; p. 291.

6 Hugh McManners, *The Scars of War* (London: HarperCollins, 1993), p. 371.

the pain they see and attempt to mitigate than they do on the psychological burden they themselves carry. It is common for First World War medical life-writings, especially those published during the war years, to exalt and foreground the courage of the enlisted or conscripted soldier and officer alike. Their accounts bear witness to the physical and psychological trauma of those they care for (and tend to be read in this context), but in doing so they obscure their own psychological wounds, in what Margaret Higonnet identified as a history 'lies concealed' beneath that of 'combatants' psychological injury'.[7] Examining the subjective experience can recover that history. Nigel Hunt, in *Memory, War and Trauma* (2010), argues for 'explor[ing] the experiences of individuals', rather than relying on quantitative studies to understand the psychological experience of war: 'While nomothetic approaches may recognise that a range of variables impact on psychological outcome . . . they cannot reconstruct the complexity as experienced by the individual.'[8] Thus the 'small individual experiences' from memoirs, letters, and diaries which we highlight in this chapter go some way to revealing the complexity glimpsed through the 'gates of memory'. Resilience, particularly as it is manifest through the individual's sense of satisfaction in aiding the wounded and sick, is a key theme of these accounts, and is as important as breakdown to this discussion – the two are interdependent. While we need to be alert to the cultural constructions of appropriate response to war conditions that applauded stoic endurance and stigmatised breakdown, resilience must be understood as more than a manifestation of the 'stiff upper lip'.

---

[7] Margaret Higonnet, 'Authenticity and Art in Trauma Narratives of World War One', *Modernism/Modernity,* 9.1 (2002), pp. 91-107; p. 92.

[8] Nigel Hunt, *Memory, War and Trauma* (Cambridge: Cambridge University Press, 2010), p. 93.

Describing her work on an ambulance train in a series of diary-letter entries published in 1915, Nurse Kate Luard deliberately moves from the overwhelming nature of terrible injury to describing 'the outstanding shining thing [which] was the universal silent pluck of the men.'[9] Writing itself is an act of self-preservation, of resilience. To write is to contain the experience: the diary or letter or memoir is an object that can enclose an experience—on paper and/or between the pages of a book. One can write the experience down and can then close the book or seal the letter on it literally and figuratively in order to carry on. Much like the medical notes which are meant to distil clinical experience as well as instil distance so that the patient can be treated, forms of life-writing also aid in treatment, the treatment of the author. The need to record can thus be identified as an act of resilience. Conversely, however, writing may also serve only to revisit the terrible experience. Survival relies on forgetting. Thus, on another occasion, when caring for wounded from the First Battle of Ypres on an ambulance train, Luard acknowledges that she 'couldn't write last night: the only thing was to try and forget it all.'[10]

Both narratives of resilience and breakdown are constructed within cultural contexts that give or withdraw permission to certain representations of that experience. Official censorship was one such context. Canadian nurse Sophie Hoerner wrote to a friend in June 1915, 'I wish I was allowed to write all I see and hear.'[11] A letter from Pleasance Walker, nursing on the Western Front in 1918, to her father at home in Oxford shows the actual intrusion of the censor:

---

9 K.E. Luard, *Diary of a Nursing Sister on the Western Front 1914-1915* (Edinburgh and London: Blackwood & Sons, 1915), p. 90.

10 Luard, p. 88.

11 Sophie Hoerner, Nursing Sister, Library and Archives Canada, R2495-0-7-E, 4 June 1915.

> I have a terribly hard service, the service of the dying. I have a huge tent of 41 beds, happily not all full. You can imagine what a service it is or happily perhaps you cannot. I receive hopeless cases continuously and have [censor deleted] and it is happiest when the [censor deleted] are quick but often they are not. I have more to do than I can well manage but I am glad to be of real use at such a time.[12]

And what could and could not be said is emphasized by Kate Finzi's declaration in her 1916 memoir *Eighteen Months in the War Zone*, 'If there are many omissions it must be noted that a War Diary published during war time is of necessity much expurgated to meet the demands of the censor.' Yet unlike Walker's letters which are subject to official censorship as well a self-censorship − 'it is best that the horror of war should not be too vividly brought before everyone',[13] − Finzi's memoir is unstinting in its details. She does not shy away from describing such injuries as gangrenous limbs, shattered jaws and septic wounds, but such open discussion of injury is not there to reinforce any sense of futility, but to instill support, to celebrate resilience, as well as to speak for the dead: 'They are all gone. I alone am left to tell the tale'. Her graphic accounts of mutilation bring her audience to an understanding of what she has witnessed:

> "Have you seen faces blown beyond recognition – faces eyeless, noseless, jawless, and heads that were only half heads.
>
> […]

---

12 Pleasance Walker, *Trenches and Destruction: Letters from the Front, 1915-1919* (Oxford: oxfordfolio, 2018), p. 104.

13 Pleasance Walker, p. 104.

> Have you seen forever nameless enemy corpses washed and carried out to the mortuary, and enemy though they were, because of their youth, wished that you could tell their mothers you had done your best?
>
> [….]
>
> "When you have seen this…and not before, will you know what modern warfare means."

Finzi's account ends with an emphasis on the importance of dying for a cause and being resilient in the face of such sacrifice: 'Yet surely the warrior spirits will arise and strengthen us, whispering: "Let us not have died in vain. We laid down our lives for the Old Country. For the love of God 'Carry on, as we had hoped to do."'

The rhetorical impulse to impose an affirmative narrative of stoicism on the trauma story, particularly one which reassures both writer and reader that the horrific circumstances being witnessed are politically and morally necessary, is also notable in male ambulance driver Leslie Buswell's 1917 memoir. In *Ambulance No. 10*, Buswell attests to the interdependence of potential breakdown with determined resilience: 'it has been good to be here in the presence of high courage and to have learned a little in our youth of the values of life and death'.[14] Similarly, high-minded sentiments are juxtaposed with graphic descriptions of wartime nursing in Olive Dent's 1916 memoir, *A V.A.D. in France*. When a young nurse, exhausted, overwhelmed, and nearly hysterical by the strain of nursing men after 'a big push', exclaims 'What a useless waste!' another nurse admonishes her, saying,

---

[14] Leslie Buswell, *Ambulance No. 10: Personal Letters from the Front* (London & Boston: Constable & Co., 1917), p. 103.

> "I am too tired to sleep, too tired to do anything but lie and look up at the wooden roof of the hut, too tired to do anything but think, think, think, too tired to shut out of sight and mind the passionate appeal of two dying eyes, and a low faint whisper of 'Sister, am I going to die?'
>
> "But, oh, how glad I am to have lived through this day! With the stinging acute pain of all its experiences raw on me, I say it has been a privilege to undergo these sensations."

In *Hospital Heroes* (1919) Elizabeth Walker Black affirms a key element of what allowed medical personnel to be so resilient in the face of the carnage of the Great War:

> the blessés make it all worth while and chase away the 'cafard,' that slough of despond when you feel you don't like to be out there at all and yet would hate not to be there. Luxuries seem contemptible when men are dying. . . . There is regeneration in knowing that you can meet the worst and survive.[15]

While she and others question the validity of 'all this struggling and misery', echoing the 'futility' so characteristic of late-twentieth-century cultural memory of the War, dogged endurance offers a form of affirmation: 'It is hard, but you somehow stumble along, "fed up" but "sticking it". Living on the edge of eternity this way raises one's working efficiency to a higher rate. . . You must stay and work and comfort and cheer and help all you can until the light comes.'[16] The physical strain of wartime medical care also necessitated coping strategies. Pleasance Walker speaks of being

---

[15] Elizabeth Walker Black, *Hospital Heroes* (New York: Charles Scribner's Sons, 1919), pp. 16-17.

[16] Walker Black, *Hospital Heroes*, p. 126.

> too busy to think of letter writing or anything but my work. My great tent of 41 beds has been constantly full and unfortunately nearly every bed changes its occupant at least once a day sometimes more often [….] The work is very hard. I never cease working from 7 in the morning until 9 at night except just for meals.[17]

Shirley Millard can only say: 'Terribly busy. It is all so different than I imagined. No time to write.'[18] Katherine Foote acknowledges that her twelve-hour day allows her little time for sleep and even less for 'more than a hasty scrawl', yet she asserts that

> actually for the first time in my life I begin to feel as a normal being should, in spite of the blood and anguish in which I move. I really am *useful,* that is all, and too busy to remember myself, past, present, or future. While It's such a great, terrible, sweet, sad world to live in, [it is] always wonderful, and I would not be doing anything else but this.[19]

To be needed in and 'useful' to a cause larger than oneself is, as for Black, a sustaining force in the midst of the 'blood and anguish'. For Violetta Thurston, in war 'one tastes the joy of comradeship to the full […] in a way that would be impossible to conceive in ordinary times [….] The vision of High Adventure is not often vouchsafed to one, but it is a good thing to have had it—it carries one through many a night at the shambles'.[20] Caring for the wounded

---

17 Pleasance Walker, p. 104.

18 Shirley Millard, *I Saw Them Die: Diary and Recollections of Shirley Millard*, ed. Adele Comandini (New York: Harcourt, Brace and Company, 1936), p. 10.

19An American VAD [Katherine Foote], *Letters from Two Hospitals* (Boston: The Atlantic Monthly Press, 1919), p. 28.

20 Violetta Thurston, *Field Hospital and Flying Column* (London: Putnam, 1915), p.175

with ‘a spirit radiant with service’ is more than empty idealism. It is a means of psychological survival.

The nurse’s role encompasses what Christine Hallett calls ‘containment’, ‘a series of actions creating the conditions that would permit healing’: ‘Nurses understood that their task consisted in more than repairing the obvious damage to the patient. Damage could not be repaired unless the person was brought back together – made “whole”.’[21] Embracing one’s role in this ‘containment’ allows one to ‘to be of real use’, and thus aids resilience. Within a world of injury and death with no prospect of an ending, the rhetoric of sacrifice and healing service imposed much-needed meaning that enabled individuals to ‘carry on’. The emotional strain of wartime medical care can be held in check by seeing the horror as part of a ‘greater good’. Such belief offers a survival strategy and writing a private therapeutic act that exists alongside the more overt political act of witness to soldiers’ injury, suffering and death.

Yet it was not just idealism or stoicism or the stiff upper lip that contributed to the resilience of medical personnel. Conscious of the need to seek out methods of coping, they employed a variety of more mundane mechanisms. Books are a key form of what might be termed ‘bibliotherapy’. ‘One had to use one’s brain to keep well, to interest oneself in some way or another; to me literature was a great resource and I was very thankful my wife kept me well supplied,’ wrote the doctor George Gask.[22] Exercise, which allowed for an escape from the hospital environment, was important for nurse Joan Martin-Nicholson who ‘every day, wet or fine, [...] would go for a long walk over the hills, to breathe fresh air and read the

---

21 Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester and New York: Manchester University Press, 2009), p. 3.

22 George Gask, *A Surgeon in France: the Memoirs of Professor George E. Gask CMG, DSO, FRCS 1914-18* (Liskeard: Liskeard Books, 2002), p. 53.

newspapers'. [23] On market-days, Olive Dent could walk out to 'drink in great draughts of refreshing air.[24] Dent also found distraction in gathering flowers when the weather was fine 'great yellow daisies', 'lilies-of-the-valley', and 'Geoffrey Plantagent's flower, the yellow broom' and arranging them in the ward to 'best advantage' in a '"vase" which is made out of the case of a British 18-pounder picked up by one of our R.A.M.C. men after Mons.'[25] The domestic niceties juxtaposed against the materiel of war are indicative of the many paradoxes of her experience.

Rest, and the concomitant removal from the site of the work, though often accepted only on the point of collapse, could also be key in heading off complete breakdown, as Alice Essington-Nelson's account of nursing at Lady Gifford's rest home for nurses near Boulogne demonstrates:

> They sleep sometimes for nearly 24 hrs. Some of them come just dead tired and others have small septic wounds and others again have had their nerves shattered, one of those latter when she came just cried if you spoke to her but we nursed her up and in three weeks she was as fit as ever. . . she told me what had finished her was the night after Neuve Chappelle when 45 terrible cases had come into her bit of ward and 15 had died before morning . . . her weary body and tired nerves then gave way;

---

[23] Sister Joan Martin-Nicholson, *My Experiences on Three Fronts* (London: George Allen & Unwin, 1916), p. 198.

[24] Olive Dent, *A V.A.D. in France* (London: Grant Richards, 1916), p. 216.

[25] Dent, p. 76.

> however, she is back at her post now and her matron told me she was one of her best nurses.[26]

Within the context of 1914-1918 in particular, constructions of endurance and resilience were central to how many individuals perceived their roles during the war, even though this changed in the late 1920s as the narrative of disillusionment become dominant in war memoirs that were being published at the time. It is arguable that such constructions in themselves aided in the resilience evident in some of these writings, although we do not have enough evidence of many of the writers' later lives to know if such resilience was sustained. Hallett's explication of the cultural context for the combatants' cheerful stoicism' and 'emotional containment' applies equally to their carers:

> [I]t [stoicism and containment] can be viewed as one of the great structural cultural forces governing the social behaviour of the time. It can be argued that these men suffered more because their stoicism would not allow them to voice any sense of anguish – or indeed of protest. Yet it could also be argued that stoicism permitted anguish and outrage to be released in a slower and more controlled way – a way that was valued by early twentieth-century society.[27]

Cheerful stoicism is a marked feature of F.A.N.Y. [First Aid Nursing Yeomanry] convoy driver Pat Beauchamp's memoir *Fanny Goes to War* (1919), but the pressure to alleviate the suffering of the wounded is put into a different context as she transports them from hospital

---

[26] Alice Essington-Nelson, Personal Papers, Department of Documents, Imperial War Museum, London, (86/48/1).

[27] Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), p.175.

ships or casualty clearing stations to field hospitals. One recollection echoes the understated, yet deeply dramatic renderings of other memoirists:

> Then followed one of the most trying half-hours I have ever been through.
>
> He seemed to regain consciousness to a certain extent and asked me from time to time:
>
> 'Sister, am I dying?'
>
> 'Will I see me old mother again, Sister?'
>
> 'Why have they taken me off the Blighty ship, Sister?'
>
> Then there would be silence for a space, broken only by groans and the occasional 'Christ, but me back 'urts crool,' and all the comfort I could give was that we would be there soon, and the doctor would do something to ease the pain.
>
> Thank God, at last we arrived at the Casino. One of the most trying things about ambulance driving is that while you long to get the patient to hospital as quickly as possible you are forced to drive slowly. I jumped out and cautioned the orderlies to lift him as gently as they could, and he clung to my hand as I walked beside the stretcher into the ward.
>
> 'You're telling me the truth, Sister? I don't want to die, I tell you that straight,' he said. 'Good-bye and God bless you; I'll come and see you in the morning,' I said, and left him to the nurses' tender care. I went down early next day but he had died at 3 a.m. Somebody's son and only nineteen. That sort of job takes the heart out of you for some days, though Heaven knows we ought to have got used to anything by that time.[28]

---

28 Pat Beauchamp, *Fanny Goes to War* (London: John Murray, 1919), pp. 189-90.

The stark sentence, ‘Somebody’s son and only nineteen,’ is infused with a poignancy that arouses sympathy both for the dead young man and for his bereaved mother – but also Beauchamp's feeling that she and her comrades ‘should be used to it by now’ is a common one among memoirists, its repetition an indication of how they *cannot* get used to the deaths and the suffering they witness. Dent and her fellow nurses offer platitudes to affect a resolution, but Beauchamp is less quick to do so. After another incident, she questions, ‘Was the war worth even on boy's eyesight? No, I thought .[29] This statement ends a chapter – no determined nurse speaks up to offer a consolation.

Postwar publications, especially works that appeared in the late 1920s and early 1930s, on the other hand, were written or published (in the case of letters or diaries written during the war) in response to and fed a post-war mood of reassessment and disillusionment. In the first instance, therefore, women may focus on the self-sacrificing nature of the men they nurse, and on their own contribution to the war effort, hence constructing a narrative of resilience as a necessary response; in the second instance writers found a readership for the anger and hopelessness recorded in private wartime diaries, or, reflecting back on their war experience now had permission to perceive it in terms of a massive waste of lives and thus could construct their memoirs accordingly. Lack of official censorship post-war may also have made it easier for writers to include comments that could not have been published during the war, especially evidence of breakdown.

In post-war memoirs such as Mary Borden’s *The Forbidden Zone*, the paradoxes and the futility of such experience is intensified and foregrounded. When she submitted her manuscript of wartime prose ‘sketches’, based on her experiences of nursing on the Western Front, to the publisher Collins in 1917, their stark realism, coming at time when public

---

[29] Beauchamp, p. 175.

morale was being sorely challenged, caused the manuscript to be subjected to so much censorship that she decided to withdraw it.[30] It was not just that Borden's text was unsparing in its explicit account of wartime nursing, of the suffering of soldiers and their gruesome wounds, but that it offered no consolation. Accounts such as Finzi's, Thurston's, and Dent's share something Borden's lacks: a faith that such horrors have meaning. Indeed, in most wartime memoirs such graphic depictions get lost in the patriotic certainty that dominates them. In *The Forbidden Zone* we are let down into the horror itself and we are confronted us with both horror and pathos. We feel both not just for the wounded but for those who tried to mitigate their sufferings, the nurses, surgeons and orderlies who fought on what Borden called 'the second battlefield', one strewn with the 'helpless bodies' of men. Just as Keynes' pattern of war formed by his 'small experiences' remained as clear to him in later life 'as if they had just happened' Borden's experiences are ones that she 'cannot forget'.

As a nurse, Borden had to maintain a shield of professional detachment. To do her job for the men in her care, she had to resist feeling too much. At times, however, the protective shield gives way. In the sketch entitled 'Blind', we see how Borden's distancing mechanism removes her from herself to the point where she observes herself from outside: 'I think that woman, myself, must have been in a trance . . . Her feet are lumps of fire, her face is clammy, her apron is splashed with blood; but she moves ceaselessly about with bright burning eyes and handles the dreadful wreckage as if in a dream. She does not seem to notice the wounds or the blood.' [31] (Indeed, in the sketch entitled 'Moonlight', she declares she 'is

---

[30] Jane Conway, *A Woman of Two Wars: The Life of Mary Borden*. (Chippenham and Eastbourne: Munday Press, 2010), p. 77.

[31] Mary Borden, *The Forbidden Zone*. (London: Heinemann, 1929), p 151.

blind so that she cannot see the torn parts of men she must handle.'[32]) But when 'something' in the call of a blinded soldier – 'Sister! My sister! Where are you?' – jolts her back to her subjective self, she declares: 'I was awake now, and I seemed to be breaking to pieces.'[33] She becomes incapable of performing her duties, and the detached, objective narrator of *The Forbidden Zone* becomes, even if temporarily, a casualty, 'cower[ing], sobbing, in a corner, hiding my face.' [34] Yet in the very rendering of this text, Borden attests to her own resilience. At the same time, as her Preface explains, she acknowledges that such control results in a 'blurr[ing] of the bare horror of facts.'[35] Some lines from poetry she wrote to her lover, Capt. Spears, at the time and which she never published, offers a much less 'blurred' expression of the nurse's response to the wounded that must constantly be repressed. She asks her lover to 'take [her] away', from her 'wounded men' whose 'wounds 'gape at me' and 'bandaged faces grimace', so that she is 'stained . . . soaked with the odor of the oozing of their wounds. . . saturated with the poison of their poor festering wounds', 'poisoned' and 'infected' so that she will' never wash it off'. But she asks not for escape but only for the relief of 'one hour', 'that I may go back and comfort them again'. [36] It is noteworthy that Borden kept such feelings private, but also that she felt compelled to put them into words even if she did not intend to publish them. Writing offered control and, like other medical

---

[32] Borden, *Forbidden Zone*, p. 59

[33] Borden, *Forbidden Zone*, p. 159.

[34] Borden, *Forbidden Zone*, p. 159.

[35] Borden, *Forbidden Zone*, Preface

[36] Mary Borden, *Poems of Love and War*, ed. Paul O'Prey, (London: Dare Gale Press, 2015) pp. 41-2.

personnel writing their accounts during the war, perseverance is paramount even, or perhaps especially, when set in the context of such graphic detail.

In wartime the ability to cope was celebrated. In a demobbed, post-war world, feelings could be given freer rein. Contemporary cultural memory focuses on those who succumbed to, were traumatised by or railed against the 'futility' of the suffering. Yet even the starker post-war accounts attest to resilience. Revisiting and writing, whether accounts were eventually published or consigned to archives, represents resilience. As noted earlier, the very act of recording provided the containment and the outlet. As Christine Hallett argues of nurses, 'These women absorbed the trauma of their patients, encapsulating it, containing it within the safe boundaries of their practice. In their writings, they let it out again.'[37] Through their writing, while attesting to the courage and forbearance of those for whom they cared, nurses also, often inadvertently, attested to their own courage and forbearance.

The context within which nurses and doctors experienced the war and thus the way they expressed that experience is necessarily different, even while it maintains similarities. Many Medical Officers were working close to the front lines, where nurses were, for the most part, behind the lines. Thus we find Kate Luard at a Casualty Clearing Station at Brandhoek during the Third Battle of Ypres caring for a seriously wounded Medical Officer. She records on the night of August 2nd 1917:

> Yesterday morning Capt. C. V.C. and Bar, D.S.O., M.C., R.A.M.C. was brought in – badly hit in the tummy and arm and had been going about for two days with a scalp wound till he got this. Half the regiment have been to see him – he is loved by everybody . . . He tries hard to live; he was going to be married.

---

[37] Hallett, p. 228.

> Sunday August 5th 11.30 pm. Capt C. died yesterday, four of us went to his funeral to-day; and a lot of the M.O.s; two of them wheeled the stretcher and lowered him. His horse led in front and then the pipers and masses of kilted officers followed. . . . After the Blessing one Piper came to the graveside (which was a large pit full of dead soldiers sewn up in canvas) and played a lament. Then his Colonel, who particularly loved him, stood and saluted him in his grave. It was fine but horribly choky.[38]

Capt C. was Medical Officer Noel Chavasse, attached to the Liverpool Scottish; an Olympic level athlete, he was well-known for his courage in placing himself under fire to treat and evacuate the wounded. A letter to his father illustrates his dedication to the wounded that would eventually lead to his death:

> At 4 a.m. some men came trooping along from advanced trenches, because they were not safe by day, as they were shelled. They reported that these trenches were full of wounded. These were the very advanced trenches, dug in front of our wire, out of which the men jump for the charge. I could not bear to think of our wounded lying in trenches which would be shelled. They get so terrified. So I went up with my faithful orderly, to see how many there were.[39]

Luard's description of Chavasse is notable for the way she juxtaposes his military valour with the private and emotional: 'He tries hard to live; he was going to be married' and 'terribly choky' funeral. Chavasse's own words above remind us that the work of a medical officer at the front involved a constant tension between the public role of Medical Officer and the private emotions of the individual, and their accounts draw us into the subjective

---

[38] K.E. Luard, *Unknown Warriors*, (London: Chatto and Windus, 1930) pp. 204-5.

[39] Noel Chavasse, Liddle Collection, Brotherton Library, University of Leeds, Liddle/WW1/GS/ 0297

experience that lies beneath the titles and awards. Although the Great War Centenary has resulted in recent publication of diaries and letters, these are mostly by nurses, whereas accounts by doctors still remain unpublished in archives. As Hunt quoted earlier suggests, examining the private writings of physicians at the front and in hospitals allows us to consider the particular perspective they offer in bearing witness to the enormity of injury and death, and more specifically, to understand the psychological stress this caused them and how, to use Hallett's term, they 'contained' it.

For physicians, whether at the front or in rear hospitals, not the least of this complexity was the need to manage the emotional context of their work: their empathy for the wounded, which we see in Chavasse above, needed to be translated into a calm detachment from emotion that would allow them to carry out their work. At the same time, they had to manage the stress they suffered from being under fire as well as witnessing injury and death, often of those they had come to know. Chavasse's behaviour is representative of the remarkable courage of many medical officers in the front lines, but their willingness early in the war to attend men wounded in No Man's Land and the front line trenches led to restrictions on such activity since so many were being killed and injured. How they should behave was an ongoing discussion and one that was relevant not only in terms of the best medical practice, but also more personally. Individual doctors had to consider whether it was more effective to stay in a relatively safe Aid Station and treat the incoming wounded, or to go forward and treat and evacuate the wounded as quickly as possible and, of course, risk being killed or injured and subsequently leaving a gap in the medical care. The issue was not just one of best practice: to be in the front line trenches meant sharing danger with the men the doctor treated and also affirming his courage as a man alongside the combatant.

Thus we find Captain Ernest Deane, M.C. of the 5th Leinsters setting out the pros and cons of such action in his diary, but he concludes that, while sharing the dangers in the

trenches 'looks very well on paper . . . I consider that a Medical Officer in the trench is a skilled life gone to waste', since he can do no more than the trained stretcher-bearers. Yet when Deane is later sent to the front at his own request, it would seem that a more emotionally driven need to treat the wounded in situ takes precedence over rational argument. Going to the aid of an officer during an attack he describes running 'along the trenches to him. Doubling round traverses, jumping over pools of blood, severed limbs with no owners. Shattered corpses and groaning wounded . . . After this there was a nightmare of bandaging and Iodine, and blood – always blood.' At the same time the horror of his description is humorously offset at the end of this entry: 'The Lyddite fumes leave an indelible stain on khaki which should be very effective with "the girls" when home on leave.' Later in the year he records that he went out 'armed with my pistol and brought the wounded in over our parapet safely.' (A note on the 22.9.15 records his receiving MC) Given these descriptions it is not surprising that Deane's last entry is on the 24th of Sept. He was killed in action on the 25th/26th of Sept 1915.[40]

Whether in the front lines or in hospitals, doctors' writing attests to the enormous psychological strain such work involved. Describing work in his dressing station, a letter by Chavasse reflects both Hallett's concept of the 'containment' expected of nurses, and the need to 'cheer' the combatants we saw affirmed by Finzi: 'We are, I think, mercifully numbed, or who would ever smile here? They say that after three months an officer loses his nerve, from sheer nervous drain, but so far I have, please God, a good hold on myself, and am

[40] Capt. Ernest Deane, M.C., Liddle Collection, Brotherton Library, University of Leeds, Liddle/WW1/GS/0439

doing my best to cheer up the poor officers as they come back wearied from the strain of trench work . . . I ask God daily to give me courage and patience.'[41]

The 'nervous drain' or strain did not only derive from being under fire or treating the terribly wounded; it also had an intellectual and ethical component articulated by M.O. Harold Dearden:

> To succour the wounded, that they might with greater celerity return to wound or be wounded on another occasion, seemed faintly reminiscent of those dreadful ministrations offered to horses at a bull fight. There too, in drab little places . . . skilful hands patched and prodded agonised creatures back into the arena. And if in my case the patching was better, the prodding more subtle, and the creature itself even willing to return, these facts merely shifted the plane of the whole grim business from the illogical to the insane.[42]

Dearden goes on to acknowledge that his coping mechanism was 'to ask myself no questions', and asserts that 'from a selfish point of view that attitude of mind proved supremely successful.'[43]

In the same way that Chavasse sees his role as cheering up the combatant officers, both at the time and historically, as we have noted, the physical and psychological needs of the combatant have tended to be foregrounded, and thus obscure those of the medical practitioners. Yet, of course, as Chavasse's letter indicates, like the nurse narratives we discuss earlier, the experience of doctors is inseparable from that of the wounded they care for, and it is in recording their suffering, often in graphic detail, in diary entries, letters, or in

---

41 Ann Clayton, *Chavasse: Double VC* (Barnsley: Pen and Sword, 1992), p. 96

42 Harold Dearden, *Time and Chance* (London: Heinemann, 1940), p. 3.

43 Dearden, p. 3.

later memoirs, that we find the story of the recorder. Arguably, this recording becomes the means by which writers order and control the extreme psychological demands of such wartime experience, as well as offering direct insight, as Chavasse and the other doctors discussed here do, into the sources of their resilience. Nussbaum writes that: '[The diary] becomes necessary at the point when the subject begins to believe that it cannot be intelligible to itself without written articulation and representation' and thus 'the diary might arise when the experienced inner life holds the greatest threat.'[44] In his introduction to his wartime diary, *Medicine and Duty* (1928), Harold Dearden posits that '[The diary] came into being, indeed, without any deliberate plan on my part. It was simply that one's mind at the time was receiving a ceaseless flood of new impressions of so vivid and tumultuous a character as imperatively to demand expression, and one wrote *to* oneself, as it were, for no other purpose than to make that expression possible.'[45]

If, as Margaret Higonnet suggests, the traumatic nature of the medical experience may be obscured by that of the combatant, it may also be silenced by cultural codes of masculinity. In her analysis of First World War narratives and war trauma, Jane Robinett notes how constructions of masculinity dictated that 'men were expected to be models of self-discipline, emotional and intellectual discretion, characterized by the suppression of any display of emotion', and that '[n]ervous collapse among males was believed to be the result

---

[44] Felicity Nussbaum, 'Toward Conceptualizing Diary' in James Olney (ed.), *Studies in Autobiography* (Oxford: Oxford University Press, 1988), p.135.

[45] Harold Dearden, *Medicine and Duty: a War Diary* (London: Heinemann, 1928), p. i.

of a failure of the will'.[46] Even if outwardly male doctors did not exhibit signs of strain, the private space of their diaries and letters may reveal it, even if obliquely.

The language that was being developed round forms of traumatic breakdown could also be deliberately indirect. For example, Allan Young notes that '[d]octors recognized the moral ambiguity attached to a term such as 'neurasthenia' and routinely diagnosed the affected officers as suffering from 'exhaustion'.[47] Similarly, as Roger Luckhurst asserts, '[n]ervous exhaustion was an acceptable compromise formation, implying neurological routes into the body for psychical damage. The generic terms traumatic or war neurosis existed in the same space.'[48] Doctors' accounts generally use terms such as 'strain', which carries a useful ambiguity: it can refer either to a physical or psychological condition. It also suggests something imposed from outside which must be withstood and many accounts recognise the physical conditions, long hours of work with little sleep and the management of medical care, as a major source of 'strain'. Response to psychological stress, often referred to as 'nerves' or 'nervous exhaustion', is acknowledged, but often indirectly, as happening to others. Thus Charles McKerrow, a Medical Officer attached to the 10th Northumberland Fusiliers, is direct in referring to 'nerves', and a letter to his wife emphasises the psychological pressure of the work, but he does not include himself in the 'nerves' narrative: 'ten months as M.O. to a battalion in the trenches [his current length of time] is quite an

---

[46] Robinett, p. 304. These codes of conduct may also apply to women doctors, and to nurses, who needed to affirm their ability to withstand wartime conditions in defiance of cultural scripts that saw them as less resilient.

[47] AllanYoung, *Harmony of Illusions: Inventing Post-Traumatic Stress Disorders* (Princeton: Princeton University Press, 1995), pp. 62-3.

[48] Roger Luckhurst, *The Trauma Question* (London and New York: Routledge, 2008), p. 53.

unusual spell. Their nerves generally require a rest before then. A lot of M.Os are giving up their Commissions. Should hate to do that.'[49]

The working environment itself was such that the need to attend to the injured could provide a welcome distraction from the risk of death or injury from shell or machine gun fire. In the immediacy of treating the wounded in the front lines, McKerrow sees the work as the important diversion that helps him avoid the strain while at the same time acknowledging that it is 'trying'. He writes to his wife 'It is a queer thing that, as soon as one gets some work to do amongst the wounded, one ceases even to notice the shelling. It is a blessing because, otherwise, the doctor's life in the trenches would be undoubtedly trying. I am glad that I have a fairly healthy nervous system.'[50]

Concentration on the work can thus distract from the fear that might otherwise be a response to the shelling, the demands of the work creating a kind of dissociation that protects from its emotional impact. Scurfield and Platoni note that

> [p]eople seldom "break down" psychologically or become overwhelmed while in the midst of war . . . or in the immediate aftermath. Most survivors are able to "bury" painful feelings and thoughts and learn how to "detach" from emotions in order to continue functioning and survive. In fact, typically there is a delay in the onset of problematic emotions and thoughts until sometime after the danger has passed – the

---

[49] C. McKerrow, Liddle/WW1/GS/1020, (letter, Feb 11th 1916), McKerrow was fatally wounded in Dec.1916.

[50] McKerrow, letter (Jan 30th 1916)

> battlefield is no place to fall apart or spiral down into a state of emotional dyscontrol.[51]

Yet while this response may apply to an immediate situation, prolonged stress can become increasingly difficult to withstand. As the nurse narratives illustrate, to avoid breakdown required a concerted effort. Thus where terms such as 'strain' are used to acknowledge the psychological stress of the work they are often juxtaposed with narratives of resilience, as in Chavasse's noting of seeking support from God. Medical Officer George Gask's account of the Battle of the Somme usefully combines his wartime journal with later commentary, and reveals how the exertion of the medical staff under extreme conditions kept his hospital functioning:

> Poor McPherson, the CO, was like a lost soul, wandering up and down the camp—he was not a good administrator, and he nearly cracked under the strain, and he would not go to bed and rest. I believe the hospital must have broken down if it had not been for the wonderful way in which every man, medical officer and sister worked like Trojans.[52]

Gask's description sets the resilience of the medical personnel against the Commanding Officer's near breakdown and his inability to recognise his need for 'rest' that would allow him to manage the 'strain'. As quoted in the introduction, commenting on his own experience after the war, Gask describes both the difficulty in surviving the 'strain' of relentless work,

---

51 Raymond Scurfield and Katherine Platoni (eds.), *War Trauma and Its Wake: Expanding the Circle of Healing* (New York and East Sussex: Routledge, 2013), p. 22

52 Gask, p. 17.

and his strategies for maintaining mental and physical fitness that allowed him to withstand it.

> We were now all beginning to get tired and feel the *strain* of the Summer's work, yet the hammering at the Passchendaele ridges still went on and we were to have another pretty hard two months work before things eased. The *strain* showed clearly in the rising sick returns of the Unit, we had many illnesses both among officers, nurses and men.[53] [*italics ours*]

Like many of the nurses, Gask advocated physical exercise as another coping mechanism: 'Even during the hard fighting I always tried to get about 20 minutes or half an hour's walk after breakfast to keep fit.' He recalls that 'a ridge parallel with the Ancre [t]o me was a *via sacra* along which I tried to brace myself to bear the burden of another day. The remembrance of that path . . . where I used to exercise in 1917, is burnt deep into my mind.'[54] The actual memories associated with the path he chooses not to describe, however, implying that even after the war they may be too painful to record. As we have seen in the nurses' accounts, resilience does not preclude the lingering presence of traumatic memory.

Even for those officially behind the lines, the arduous nature of the work, at times under bombardment, demanded a mindset that could reinforce resilience. Dr Elizabeth Courtauld, at the Scottish Women's Hospital in Royaumont, writing to her father on May 31th 1918, describes the experience of the German offensive: 'Patients began coming in on Sunday, I think it was. Since then one has lost account of time more or less, for the staff has been working pretty well night & day. Noise, dust, bombing, going on night & day almost, so

---

[53] Gask, p. 53.

[54] Gask, p. 53.

if on did get to bed for an hour or two unless one was dog tired, sleep was out of the question, and one never felt it advisable to undress.' The hospital was initially ordered to evacuate but then

> came an order that heaps of terribly wounded were expected & we could stay on . . . Terrible cases came in . . . & as for me giving the anaesthetic, I did it more or less in the dark at my end of the patient. For air raids were over us nearly all night & sometimes we had to blow out the candles for a few minutes & stop when we heard the Boche right over-head & bombs falling and shaking us.[55]

In the immediate term, using language very similar to that of Luard, Courtauld looks to what she calls 'the enormous pluck of mankind' for her own emotional support;

> It is unspeakably horrible this war, but it is no use beginning platitudes about it. How one is simply filled with admiration at the way the wounded go through their sufferings, & of course that is the side that comes before us. It is marvellous what people can endure & the way they make the best of things. And now I have had just a touch of real war personally knowing what the shriek of a shell overhead means with its bursting bomb & so on, & the kind of strain of it all, one wonders more still at the enormous pluck of mankind.[56]

Eventually, however, a combination of overwork and little sleep, especially during the bombardment and evacuation during and in the aftermath of the spring offensive in 1918, resulted in breakdown for some medical staff at her hospital. In July, August and September

---

55 Dr. Elizabeth Courtauld, Liddle Collection, Brotherton Library, University of Leeds, Liddle/WW1/WO 023

56 Courtauld, Liddle/WW1/WO 023

1918 four doctors from Royaumont had to return home suffering from strain, and three more in October, though Courtauld was not among them. It is worth noting that the hospital had been treating the sick and wounded since December 1914.[57]

As we saw in some of the accounts quoted earlier, Front line Medical Officers experienced very similar conditions to their combatant counterparts, while at the same time they were responsible for the sick and wounded. Even in extreme situations, they place those they care for at the centre of their narrative, and relegate their own emotional story to the margins. Medical Officer Norman Tattersall, treating and evacuating the wounded at Gallipoli, recounts in his diary entry of August 9th 1915:

> Have had another 24 hours of Hell. Cleared about 800 wounded from the pier since last night but cannot cope with the ever increasing stream. Have now worked 62 hours without a break, and only water and biscuits – no sleep- am getting tired. The stretcher bearers are magnificent – the wounded have to be carried down about 2 miles in the blazing heat – over rough ground – and under direct and indirect fire all the way. 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.
>
> The snipers have been at us on the pier again today. One stretcher bearer was helping me to get a stretcher on to a boat when they got him in the neck. He died in about 5

---

[57] Eileen Crofton, *The Women of Royaumont: a Scottish Women's Hospital on the Western Front* (East Linton: Tuckwell Press, 1997), pp. 185-6

> minutes. Three others have been wounded on the pier today. I wonder if they will get me. It is pure luck.[58]

Notably, Tattersall passes over his own endurance to focus on the heroism of the stretcher bearers. In so far as the stretcher bearers are in worse circumstances than he is, turning his gaze away from himself and onto them he can distract himself from the despair that is suggested by the opening lines of the entry. As we have seen in many other accounts, such avoidance, removing the focus from one's own hardship, may thus be a strategy for sustaining resilience. Similarly, his claim that being wounded or killed is 'pure luck' shows him adopting a combatant fatalism that allows him to cope with the stress. Later, he reveals a much more personal and intimate method of coping with this 'Hell': 'I am awfully glad that when I last saw Marnie [his wife] on Newbury station she waved goodbye with a bright smiling face – no matter what feeling it hid. The remembrance of that sweet smile has done more to cheer me in the last fortnight than anything else. Thank God for her and all our brave women.'[59]

For Courtauld and Tattersall, for example, witnessing the greater suffering of others may be a means of sustaining resilience, but for some medical personnel it can become a psychological burden that contributes to stress. In November 1915 A.J. Gilbertson, a Naval Surgeon on the Hospital Ship Rewa, records taking on soldiers suffering from hypothermia from Anzac beaches. The emotion is clear in his very detailed description:

> Nov 19 Monday very early morning temp 27 in wind, very cold, still blowing a gale, orders to go into Suvla Bay . . . The tug came alongside with its deck packed it was

---

58 Norman Tattersall, 'Gallipoli Diary', Imperial War Museum, 98/24/1.

59 Tattersall, 'Gallipoli Diary', IWM 98/24/1

> bitingly cold and the poor fellows many of them had not even greatcoats on. It was my job to be on gangway and tell them off to wards, it was a most pitiable sight the majority could only just crawl up the ladder, dozens tried, failed and had to be carried, they came on mouths open, gasping, faces bluish grey eyes glazed, many of those who could stumble had to be led as they just walked automatically, their clothes frozen stiff, I shall never forget the experience.[60]

Like Gask's 'remembrance' of the path where he walked 'burnt deep into [his] mind', Gilbertson's 'I shall never forget' allows us a glimpse into the emotional space that would continue to be haunted by traumatic witnessing.

As already noted, the type of forgetting and avoidance we have seen in Gask's account is one strategy that aids long term resilience, focusing on the plight of others may be another. And as we have emphasised, the diaries and letters are themselves mechanisms by which these doctors 'contain' their own trauma. Noting that the main coping strategies people use are 'avoidance and processing', Hunt writes that [p]rocessing . . . concerns the active 'working through' of problems, in our case traumatic recollections.' He goes on to say that '[t]raumatic memories that are worked through are turned into narrative-explicit memories. Through narrative, the individual deals with cognitions, emotions and behaviours associated with the memory.'[61] This processing is a legacy that allows us to enter into the emotional

---

[60] A.J. Gilbertson, Imperial War Museum, 92/46/1

[61] Nigel Hunt, *Memory, War and Trauma* (Cambridge: Cambridge University Press, 2010), p. 78. For further discussion with a specific focus on American veterans of wars in Iraq and Afghanistan see Terri Tanielian and Lisa H. Jaycox (eds.), *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica, CA: RAND Corporation, Center for Military Health Policy Research)

experience of the medical officers' war, and their accounts demand that we include their traumatic remembering in the larger narratives of the Great War as they lay before us both the enormity of injury and death and the burden of witness they carried.

Far from being silenced, medical personnel who served in the Great War used their writing to a create range of narratives through which they confronted trauma. It is only in paying close attention to the way that their 'small individual experiences', as Keynes called them, are articulated, particularly their unwillingness to place themselves at the centre of their narratives and to claim their pain, that we can dis-embed both the emotional toll of their work and their extraordinary resilience from these texts. Breakdown and resilience are not experienced as oppositional states, but exist on a continuum, and as part of a range of responses to wartime medical practice. The complexities, ambiguities and contradictions in these writings by men and women in the maelstrom of war at once affirm the reality of the experience as traumatic and contest the idea that such experience is inevitably dominated by that trauma.

Bibliography

Archives

Imperial War Museum, London

Liddle Collection, University of Leeds

Library and Archives Canada

Black, Elizabeth Walker, *Hospital Heroes* (New York: Charles Scribner's Sons, 1919)

Borden, Mary, *The Forbidden Zone* (London: William Heinemann Ltd., 1929)

Buswell, Leslie, *Ambulance No. 10: Personal Letters from the Front* (London & Boston: Constable & Co., 1917)

Caruth, Cathy, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore and London: Johns Hopkins University Press, 1996)

Clayton, Ann, *Chavasse: Double VC* (Barnsley: Pen and Sword, 1992)

Conway, Jane, *A Woman of Two Wars: The Life of Mary Borden*. (Chippenham and Eastbourne: Munday Press, 2010)

Courtauld, Elizabeth, Liddle/WW1/WO 023, Liddle Collection, Brotherton Library, University of Leeds, UK

Crofton, Eileen, *The Women of Royaumont: a Scottish Women's Hospital on the Western Front* (East Linton: Tuckwell Press, 1997)

Dearden, Harold, *Medicine and Duty: a War Diary* (London: William Heinemann Ltd., 1928)

Dearden, Harold, *Time and Chance* (London: William Heinemann Ltd., 1940)

Dent, Olive, *A V.A.D. in France* (London: Grant Richards, 1916)

Finzi, Kate, *Eighteen Months in the War Zone* (London: Cassell & Co., 1916)

An American VAD [Katherine Foote], *Letters from Two Hospitals* (Boston: The Atlantic Monthly Press, 1919)

Gask, George, *A Surgeon in France: the Memoirs of Professor George E. Gask CMG, DSO, FRCS 1914-1918* (Liskeard: Liskeard Books, 2002)

Gilbertson, A, J., Department of Documents, Imperial War Museum 92/46/1

Hallett, Christine, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009)

Higonnet, Margaret, 'Authenticity and Art in Trauma Narratives of World War One', *Modernism/Modernity*, 9:1 (2002), 91-107

Hoerner, Sophie, Nursing Sister, Library and Archives Canada, R2495-0-7-E

Hunt, Nigel, *Memory, War and Trauma* (Cambridge: Cambridge University Press, 2010)

Keynes, Geoffrey, *The Gates of Memory* (Oxford: The Clarendon Press, 1981)

Luard, K.E., [published anonymously] *Diary of a Nursing Sister on the Western Front 1914-1915* (Edinburgh and London: Blackwood & Sons, 1915)

Luard, K.E., *Unknown Warriors* (London: Chatto and Windus, 1930)

Luckhurst, Roger, *The Trauma Question* (London and New York: Routledge, 2008)

"Mademoiselle Miss": Letters from an American Girl Serving with the Rank of Lieutenant in a French Army Hospital at the Front (Boston: W.A. Butterfield, 1916)

McKerrow, Charles, Unpublished Diary, Liddle/WW1/GS/1020, Liddle Collection, Brotherton Library, University of Leeds, UK

Millard, Shirley, *I Saw Them Die: Diary and Recollections of Shirley Millard* edited by Adele Comandini (New York: Harcourt, Brace and Company, 1936)

Mortimer, Maud, *A Green Tent in Flanders* (Garden City, New York: Doubleday, Page and Co., 1917)

Robinett, Jane, 'The Narrative Shape of Traumatic Experience', *Literature and Medicine*, 26: 2 (Fall, 2007), 290-311

Scurfield, Raymond and Katherine Platoni (eds.), *War Trauma and Its Wake: Expanding the Circle of Healing* (New York and East Sussex: Routledge, 2013)

Tattersall, Norman, 'Gallipoli Diary', Department of Documents, Imperial War Museum, London 98/24/1

Thurston, Violetta, *Field Hospital and Flying Column* (London: Putnam, 1915)

Young, Allan, The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder (Princeton, New Jersey: Princeton University Press, 1995)