Nursing ‘our boys’ during the Great War

Letters written by nurses serving in World War 1 and published in Kai Tiaki paint a unique picture of their personal and professional lives.

By Pamela Wood

More than 500 New Zealand nurses served overseas in World War 1. At the end of the war, nearly a quarter of the country’s nursing workforce was still overseas. Most nurses served with the New Zealand Army Nursing Service (NZANS) but, in the early months of the war, before the NZANS had been sufficiently organised to send nurses, some joined the Australian service. Others went independently to Britain or were already there and joined services such as the Queen Alexandra’s Royal Army Nursing Corps (QAs), the French Flag Corps and Red Cross, or worked in British military hospitals or hospitals in France run by wealthy British women.

Nurses in the NZANS served in Samoa, Egypt, France and England. They worked in casualty clearing stations (CCSs) near the front line, in base and stationary hospitals in converted hotels, palaces and schools, and on trains, barges and hospital ships. Hospitals for New Zealand soldiers were set up in England – Walton-on-Thames, Brockenhurst, Balmer Lawn, Hornchurch, Oatlands Park and Codford. Other nurses served at home, in hospitals in Trentham, Featherston and Rotorua.

Many nurses overseas wrote letters to NZANS matron-in-chief Hester Maclean, chief nurse of New Zealand. As she was also editor of Kai Tiaki, she published excerpts in the journal. These letters are a rich source for understanding nurses’ wartime contribution and experiences. I have analysed them for my research on how nurses’ senses were challenged by the sights, smells and tastes of war, how nursing practice changed in the difficult circumstances, and the complex interaction of patriotism, professional values and practice, especially when nursing the enemy. The letters are first-hand accounts of remarkable experiences. The branch of historical research that uses letters as its main historical primary source is epistolary history. The history of women’s letters is an emerging field and these Kai Tiaki letters are an extremely valuable collective source.

Nurses presumably volunteered for wartime service for similar reasons to soldiers – adventure, travel and a sense of patriotic duty – as their letters comment on these. A consistent thread in their letters was the importance of caring for “our boys” – New Zealand soldiers. This was not always possible but, wherever they served, they provided the best care possible for sick or wounded patients of any nationality, including for their enemy. For their exemplary service, 76 New Zealand nurses received the Royal Red Cross medal, with 12 of these awarded First Class, and many other nurses were mentioned in dispatches. Regardless of any recognition, the letters show that New Zealand nurses tackled the difficult and taxing work with great skill, vigour and humour.

Hundreds of men at a time could be evacuated onto a transport or hospital ship, or arrive at a CCS or hospital. Nurse Clare Jordan at a CCS in France, close enough to the trenches to “hear the guns quite distinctly”, said the men came in “quite cold and wet and hungry, poor fellows, and some such terrible wounds”.

A nurse on a transport ship said they started loading the wounded at 3pm and five hours later had 1375 on board. The ship was supposed to take only 800. Another nurse, at a British hospital in Alexandria, explained she had previously had no time for letter-writing as they had “a big convoy in of wounded men, some of the wounds most shocking, and at the time of their arrival we were very under-staffed”. Over 1500 patients had arrived the previous week.

Nurse C.B. Anderson, at the New Zealand hospital in Cairo, wrote to her brother in Auckland that they were “right in the thick of things now, wounded and sick coming in faster than we can take them”. Two days before, they had received 150 and another 91 came in during the night. “Bed and mattresses are all round the corridors and verandas. As every few patients go out, a fresh batch is put in. . . I found men sleeping on mattresses on every available patch of the floor, 100 for whom we had no beds”. An overwhelming influx of sick and wounded soldiers was commonplace and shows one source of the strain nurses must have felt at many times during their wartime service.

Adapting nursing practice

Finding space for the sick and wounded was just one problem. Adapting practice to strange settings was another. The rolling of a hospital ship or the lurch of a train made dressing wounds or any other form of care an additional challenge. Train carriages were converted to wards, often with two rows of
five cots attached on each side. Nurses stood on stools or boxes to reach patients in the top tier. Sister Cherry explained that doing a dressing on a train meant bracing against any support and required “every possible scrap of pluck the boy possesses, and every possible care and atom of patience the nurse is capable of”. The train, “racing and swaying” at 60 miles an hour (nearly 100km/h), made “the use of forces an impossibility as well as a danger” and “lotions swim over the edge of the bowl”. With the deed accomplished, “all heave a great sigh of thankfullness”.4

Nurses also worked under canvas. Ethel Taylor was in charge of 260 beds in a football field of tents in France, with at first only nine orderlies to help her. Dysentery and typhoid “caused a lot of work in their season” but “then came the frostbites”. Gunshot or shell wounds were terrible but at least “something could be done”, whereas many frostbite cases were “hopeless”. She was pleased when VADs (untrained volunteers) and extra sisters arrived as, during the big convoys from Gallipoli, they were doing up to 190 dressings a day. “There is no doubt that many willing hands make work light,” she said. Even when wounded soldiers were transferred from makeshift tent hospitals to hospitals in Egypt or England, the work there could also be relentless. Sister Galloway was “kept frantically busy” in a surgical ward “with convoys of wounded from France arriving day and night”. Work meant “dressing, dressing, dressing”.4

**Shellshock identified**

Nurses also cared for soldiers sick with typhoid fever, dysentery, typhus and pneumonia. Nurse C.E. Maguire from Auckland, working at a Cairo hospital for 700 mostly medical cases, was pleased with their low mortality rate.5 The mental effects of war were recognised in the new diagnosis of shellshock. Maguire noted a number of men also suffered “from neuroses of various kinds, due in many instances to shell concussion and the strain of having been weeks under constant fire”.6 At that time, physical concussion was believed to be the cause of shellshock but this nurse understood that the horror and unrelenting onslaught of war were also responsible for what we now call post-traumatic stress disorder.

Nurses were confronted with sometimes “ghastly” wounds.7 Sister Ella Cooke wrote from Bernay in France that some of the German soldiers she was nursing had “awful wounds which make one almost sick to look at, inches deep and long”.8 A Wellington Hospital nurse serving with the QAs, Laura James, noted that most soldiers’ wounds were caused by “shrapnel shells bursting over their trenches”.9 These created gaping, jagged wounds, often embedded with scraps of clothing, bone fragments, straw and mud. Sepsis (infection) was the major concern. At this time, long before the creation of antibiotics, a wounded soldier’s survival rested on skilled medical and nursing care. A time-consuming process to prevent wound infection was the new Carroll-Dakin treatment in which sodium hypochlorite solution was continuously dripped from tubes into a wound over a long period.

**Advent of BIPP treatment**

A breakthrough in treating contaminated wounds came when British surgeon James Rutherford Morison, at a military hospital in Durham, wrote an article in The Lancet in August 1916 about the use of bismuth and iodoform paraffin paste, known as BIPP. From this point, at CCSs, on hospital ships receiving the wounded and at base hospitals, contaminated wounds were packed with BIPP and sewn up. For example, Major Home, the medical officer in charge of the No 2 New Zealand General Hospital in England, changed to this treatment when he read Morison’s article. He later wrote about his use of it in 312 cases over 14 months at Balmer Lawn and found the treatment effectively “quelled” sepsis. He provided a detailed description of the process. With the patient under anaesthetic, he used an ordinary (sterilised) teaspoon or dessertspoon to lift out all contaminating matter from the wound, dried the wound with ether, rubbed BIPP into all aspects of the cavity, and sewed it up with BIPPed silk.

A nurse working at Balmer Lawn reported “the most splendid results” with BIPP. Besides its dramatic effect on wound healing, its use meant the wound did not have to be dressed again “for a week or ten days”. This meant “patients are not living in constant apprehension of being daily tortured by having their dressings done”. To this nurse, BIPP was therefore “one of the most wonderful war-time treatments”. “If anyone had told me a dirty pus wound could be left for days (after having been cleaned up) without needing to be dressed, I should have thought it was a tall romance”.10 This nurse was possibly Sister Jeanne Sinclair, who wrote to Maclean that the “BIPPed” wounds reduced nurses’ work by half, and even more on night duty, as the treatment meant minimal pain so the patients were able to sleep.11 The BIPP treatment, therefore, prevented infection, aided healing, reduced the patient’s pain and apprehension, enabled sleep, and significantly reduced nurses’ workload.

New weaponry, including chemical warfare, produced new forms of wounds and medical treatment responded with new techniques and treatments, like BIPP, blood transfusions...
The sisters' mess at the New Zealand hospital in Wisques, France, c1918.

that when the blackened skin was tapped, it sounded like paper. Sister Ingram, who worked at the No 1 New Zealand Stationary Hospital in France in 1916, said “some bad gas gangrene cases smell most fearfully; but so far we have managed to save all the limbs”. This soon changed. A nurse wrote in September that the number of cases arriving with gas gangrene was “heart-breaking” and they were always “so seriously ill.” Six days later, she added that they were losing a lot of New Zealand boys. The convoys in the previous three days had brought in “the most terrible gas gangrene cases that were too awful for words”. “I never want to see another amputation while I live.”

In spite of their wounds, pain and debilitating diseases, soldiers seldom complained. Nurses frequently noted their stoic cheerfulness and humour. Nurse M.S. Tucker, on a hospital ship, said the wounded men were “the bravest of the brave, suffering and endurance stamped on their faces. One’s heart aches when working from early morn till late at night, amongst so many men immediately under one’s care”. Nevertheless, soldiers’ cheerfulness also emerged. Despite being “dreadfully injured”, it was “marvellous to hear them joking with each other” about “their scratches.”

Toll on nurses

Long hours of work took their toll on nurses. Some became sick with exhaustion, and others with typhoid, paratyphoid, pneumonia or scarlet fever. Some were invalided home to New Zealand but most were cared for locally. Those in Egypt could recover at the nurses’ rest home in Aboukir. Others were sent to England where philanthropists made houses available as convalescent homes for nurses. A favoured place was Rest Harrow in Sandwich Bay, Kent, lent by the Astor family.

Once recovering, nurses were frustrated at being away from duty and were relieved to return. Minnie Jeffery, a Dunedin nurse who lost an eye in an accident in Egypt, reported that she was returning to Cairo and was “glad to be in harness again”. Even nurses who survived the shocking sinking of the Marquette on October 23, 1915, soon wrote they were “none the worse for their experience” and back on duty.

Time for relaxation

In quieter times, nurses were glad of the chance to relax. Several wrote of picnics, day trips and exploring strange foreign marketplaces. Sights, smells and tastes were very different from those at home and nurses enjoyed the chance to sightsee. Sister Kathleen Davis wrote that she was now on night duty in charge of a surgical ward with 100 patients and was looking forward to 10 days’ leave in Luxor. Nurses in Cairo enjoyed afternoon tea at Groppy’s café or relaxed at the Empire Club, a large comfortable house with a big garden. There they played tennis and cards, wrote letters, enjoyed a hot bath, listened to music (there was a grand piano) and entertained friends. Nurses in England enjoyed the novelty of snow, bicycle excursions along country roads and seeing the sights of London. There was occasionally time for romance. Kai Tiaki carried news of a number of engagements and marriages.

Nurses tried hard to maintain links with home and the ordinary round of life. Even in trying times and with few resources, they made particular effort to celebrate birthdays and Christmas with special festivities, especially to cheer their patients. “There was a very nice dinner for the patients and the sisters had the words decorated very prettily.” wrote a matron at the New Zealand hospital camp in Codford, England. “There was a concert in the afternoon for the patients and a progressive euche party in the evening. The sisters [26 of them on the staff] also had a very nice dinner.” The nurses appreciated the gift boxes sent by New Zealand communities because they provided touches of home.

A significant link with home was Kai Tiaki. Nurses valued it and made sure they continued their subscriptions while overseas. In turn, Maclean valued their letters to her. Although many letters were “not written with a view to publication”, she felt the writers would forgive her for publishing them as nurses at home were “keenly interested in hearing what their sisters are doing” and the letters “gave pleasure to so many”. They also helped her create a record of New Zealand nurses’ work in the war, as she believed the journal would be “a history of some of the nursing in these stirring times.”

Kai Tiaki certainly achieved this. While nurses’ individual diaries held in different repositories are valuable to historians, Kai Tiaki is the most significant collective source of detailed information about the work and experiences of New Zealand nurses on active service in World War 1. Nurses’ stories tell of difficult practice, exciting medical treatments, exhausting work, holidays and sightseeing, heartbreakings amputations, Christmas cheer, sickness and distress, concerts and picnics, relentless convoys of wounded soldiers, and challenges of nursing in tents, trains and barges. These show us their courage, stamina, resilience, adaptability, creativity and resourcefulness. They also show us nurses’ determination to care for their “boys.”

References

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10) Maclean, H. (Ed) (1918a). Notes from Balmer Lawn, Brockenhurst. KT. The Jnl Nses of NZ; 11: 2, pp82.

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