

The Professional Nurses Emergence Through Total War

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At the beginning of the nineteenth century, the term nurse was used interchangeably with maid and seen as a domestic servant rather than a medical professional. This simplistic servant view of the nurse led society to view them as “disreputable.” In addition, early nineteenth century English hospitals did not treat severely ill patients and nurses primarily cleaned under the supervision of a Matron. Nurses did not require special training for care that revolved around cleaning, meals and bathing. British society’s view of nursing as an inferior role made attempts to form professional nursing schools difficult. Within the Catholic Church, Nursing Sisters were regarded with respect and effectively trained in nursing. Nursing Sisters had stayed within the institution of the church and had been unable to penetrate the English Hospital. Philanthropist, Elizabeth Fry, tried to encourage respectable protestant gentlewomen to train as nurses. Elizabeth Fry wrote, “[n]ursing reform in England had to be a Protestant endeavor.”¹ A simplistic reason for their lack of acknowledgement was that Catholic Nursing Sisters were working within a Protestant country. As ideal “Victorian Women,” like Fry and Florence Nightingale worked to revise nursing, British society’s view of nurses started to shift.

More importantly were the actions of nurses during the Crimean war (1853-1856), The First World War (1914-1918) and the Second World War (1939-1945). The performance of women nurses in these conflicts brought nursing into the modern profession it is today. The Crimean War was a key moment in British military nursing, as it is where the perception of nursing changed, and modern nursing took root. World War I proved lessons of Crimean nursing worked and ushered in modern

* For this paper the term nurse and nursing sister will be used interchangeably. When referring to a Catholic Sister, it will be capitalized.

¹ Carol Helmstadter and Judith Godden, *Nursing before Nightingale, 1815-1899* (Surrey: Ashgate Publishing, 2011), 8, 11, 67, 68, 84.

nursing. Due to the combination of medical advancements, known failures of previous wars, and the unprecedented scale of soldier deployment on a global scale, the First World War witnessed the medical field, particularly nursing, grow to match its military counterparts. Nursing proved to be critical to military medicine and nursing advanced closer to battle. Sixty-five nurses were awarded medals for their work in the First World War, but it was also the first time that war came to the unarmed; 200 women lost their lives in service. The actions of nurses and the military in World War II was the acknowledgement of military nurses as a profession. Nurses were trained like soldiers and received full rank, equal to men. Since the entrance of Florence Nightingale and Mary Seacole in the Crimean War, women began to enter the masculine space of the warzone and with this the nurse, like the soldier, moved into the public sphere as a necessary and valued member in war. Evolving from a position for sanitation and morality during the Crimean War, nursing became a heroic and respected military position by World War II. The importance of well trained and loyal medical care came to the forefront in wartime, and nursing was at the core of a social, political and economic change. This evolution of nursing into a profession was an essential component to the mobilization toward total war.

Respect toward nurses changed with the Crimean War, where an unorganized medical system, new technology such as the Minie Bullet and poor sanitation created mass casualties and the need for improvement was essential. Public outcry was growing as war correspondents such as William Howard Russel, reported directly from the warzone, highlighting the conditions of soldiers in Crimea. Under pressure, the British government announced that thirty-eight nurses under the charge of Florence Nightingale would be sent to Scutari (now Uskudar) in November of 1854. Nightingale fit the “political bill.” She was from a white, upper-class Protestant family, the ideal Victorian woman. From the age of sixteen, Nightingale had felt a “calling” toward nursing, but because nineteenth century society viewed nursing as lower-class, her aspirations were not achieved until the age of thirty. Nightingale arrived in

Scutari on 5 November 1854, after the battles of Alma (September 1854), Balaclava (October 1854) and the start of the Battle of Inkerman.² Nightingale herself was less hands-on care and set her focus on structural changes and reform in the Scutari hospital. She had a firm understanding of disease transmission and while the nurses who accompanied her undertook the care of soldiers, Nightingale worked with officers at reorganization. Writing on the flawed structure of hospitals, Florence Nightingale wrote,

I should state at once that to the original defects in the sites and plans of hospitals, and the deficient ventilation and overcrowding accompanying such defects, is to be attributed a [very] large proportions of the evil I have mentioned.

The “evils” Nightingale spoke of were the suffering and mortality of patients.³

Another woman who started waves of change for nursing in the Crimean War was Mary Seacole. Seacole was a self-defined “doctress,” never without her medicine chest and had a “love to be of service to those who need a woman’s help.” Upon hearing of Britian’s declaration of war on Russia, she “longed to witness it.” Unlike Nightingale, Seacole, a Black woman from Jamaica, was repeatedly dismissed by members of the War Office and staff under Nightingale. Of her attempts to enlist in the war effort, Seacole wrote in her autobiography, “if the authorities had allowed me, I would willingly have given them my services as a nurse; but as they declines them, should I not open an hotel for invalids in the Crimea in my own way?”⁴

² Florence Nightingale, *Collected Works of Florence Nightingale, Volume 16, ed.*, Lynn McDonald (Wilfrid Laurier University Press, 2013), 50; Lynn McDonald, *Florence Nightingale and the Medical Men: Working Together for Health Care Reform*, (Montreal: McGill-Queen’s University Press, 2022), 54.

³ Nightingale, *Collected Works*, 50.

⁴ Mary Seacole, *Wonderful Adventures of Mrs Seacole in Many Lands, ed.*, W. J. S. (1857), 25, 77-80.

Seacole followed through with her statement and boarded the *Medora*, a ship headed for Crimea. Along with a businessman, Seacole, the self-proclaimed camp doctress, nurse and mother built the “British Hotel.” Here Seacole sold medicines and other necessities and provided front line care.⁵ In Scutari, Florence Nightingale played a pivotal role expanding health care by proving the necessity of sanitation, but it was Mary Seacole, who performed the role that nurses of the first and second world wars would be doing, more than fifty years later.

The Crimean War was the beginning of professional nursing. Physicians’ understanding of the body was changing through scientific medicine and this changed medicine in war zones. New wounds required new treatments, and this was a space where women’s learning and skills grew. The Crimean War shifted the view of nurses and subsequently changed the social structure in war zone hospitals. The director-general of the Army Medical Department, Dr. Andrew Smith, was not opposed to the idea of women in war as “no military reason exists against their introduction,” but thought the idea of women in the field with the army would be impossible.⁶ Nightingale and Seacole’s presence in the Crimean War changed how women in medicine and the military were viewed. Prior to the Crimean War there were no formal nursing schools. Due to the work of Florence Nightingale, twelve medical schools in London were established, each with a nursing school.⁷ The scope of practice for nurses had expanded within three years from sanitation to active medical intervention.

Learning from the Crimean War, there was an awareness among military and medical officers that organized medical care was essential. Organized medicine brought a sense of order to the chaos of war and nurses were recognized as an essential member of medical care. In 1902, Queen Alexandra’s Imperial Nursing Service (QAIMNS) was established because of the British government’s recognition of

⁵ Seacole, *Wonderful Adventures*, 103, 124, 125, 156.

⁶ McDonald, *Nightingale*, 52.

⁷ Helmstadter and Godden, *Nursing before Nightingale*, 3.

medical failures in the Crimean and South African Wars. This brought formality to military nursing. Women who wanted to join had to meet strict criteria in age, training and work experience.⁸ This was followed by the establishment of the Canadian Army Medical Corp (CAMC) in 1904, which included a nursing division. By 1911, medical military staff were keenly aware that early deployment of medical units in future conflicts would be necessary.⁹ Early and fast mobilization was a key component in military strategy, and medical units were deployed alongside infantry at the onset of World War I. Britain's declaration of war on Germany in August of 1914 resulted in the deployment of nearly 900 Medical Officers, 10,000 ranked men in the Royal Army Medical Corp (RAMC) and 600 military nurses, in what Mark Harrison referred to this as "the largest complement of any expeditionary force that had left the United Kingdom."¹⁰ The number of British nurses deployed in World War I was nearly sixteen times the number of nurses that went into Crimea with Florence Nightingale. Untried and seasoned nurses faced great challenges in the First World War, as new weaponry proved devastating.

This large deployment of medical staff quickly became overwhelmed with the unprecedented number of casualties caused by new weaponry in World War I. New highly explosive shells inflicted multiple wounds on soldiers and the surrounding mud seeped into their wounds, causing infections. The new use of gas in warfare would burn a soldier's skin and lungs and was known as "gas-gangrene." These wounds led nurses to develop new care techniques in real time to help soldiers.¹¹ Nurses in the military had to adapt to war time management as casualties arrived at an alarming speed. No longer following a patient through their illness, the war-time nurse worked at a rapid pace in assembly-line

⁸ "Nursing In the Army. Queen Alexandra's Imperial Military Nursing Service," *British Medical Journal* 1:2305 (1905): 504–5. (accessed September 26, 2024); Nicola Tryer, *Sisters in Arms; British Army Nurses Tell Their Story*, (London: Weidenfeld and Nicolson. 2008), 15.

⁹ Mark Harrison, *The Medical War: British Military Medicine in the First World War*, (Oxford: Oxford University Press, 2010), 16.

¹⁰ Harrison, *Medical War*, 18.

¹¹ Harrison, *Medical War*, 17, 18; Christine Hallett, *Veiled Warriors: Allied Nurses of the First World War*, (Oxford: Oxford University Press, 2014), 183.

fashion.¹² Overwhelmed and underestimated from the beginning, evacuation systems were slow to form, forcing nurses and other medical staff to improvise care for several weeks.¹³ War nurse, Helen Boylston wrote “already we hold the record for British hospitals on the Western front. In ten days we have admitted four thousand eight hundred and fifty-three wounded, sent four thousand to Blighty, have done nine hundred and thirty-five operations, and only twelve patients have died.”¹⁴

Along with improvisation, the static nature of trench warfare common in the First World War changed how and where medical care was administered. Casualty Clearing Stations (CCS) were placed within six miles of the front and their close location to battle was to combat death from infection and perform immediate operations.¹⁵ Faster and effective treatment increased the chance of a soldier returning to the front. Trench warfare made previously mobile CCSs more permanent. This permanency created the need for more staff and resulted in an increased number of nurses stationed in them. Nurses were also placed in CCSs in part because of Matron-in-Chief, Maud McCarthy (CAMC). McCarthy noted the mass casualties and trend of overwhelmed medical staff in CCSs and urged medical officers to move nurses into CCSs. The result was nurses were first stationed in a Casualty Clearing Station at the Battle of Ypres in October 1915.¹⁶ Pragmatism brought nurses closer to war where they were less “protected.” This was a literal and figurative advancement of the practice and scope of nurses. What was once deemed too close to the front for women, became their main station and brought them adjacent to battle. The Battle of Somme (1916) was another pivotal moment for nursing in World War I. Urgent need on a mass scale led to nurses performing more procedures unsupervised. Nurses followed the

¹² Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*, (Vancouver: UBC Press, 2016), 14.

¹³ Hallett, *Veiled Warriors*, 47.

¹⁴ Helen Bore Boylston, *Sister: The War Diary of a Nurse*, (New York: Washburn, 1927), 61. “Blighty” used to describe England.

¹⁵ Harrison, *Medical War*, 32, 33.

¹⁶ Hallett, *Veiled Warriors*, 47-49; Harrison, *Medical War*, 33.

surgeon, suturing large wounds which enabled the surgeon to move to the next casualty quicker. This spurred change after the Somme, nurses were now providing “total patient care to men.”¹⁷

A new normal was formed with the battles of Ypres and Somme. Nurses now worked in CCSs under the sound of constant shelling alongside male doctors and orderlies. The teamwork in the CCS tents also evolved into the creation of “surgical teams.” Consisting of a surgeon, anaesthetist, nurse and an orderly, this team moved together from base to base or CCS to CCS. The new mobile unit sustained the war at the front by having a more medically complex team at the ready and placed nurses alongside soldiers in battle.¹⁸ The medical system was mirroring military tactics by the creation of small, fully prepared medical units, and nurses held an integral role. Furthering the mobility of nurses was their role on hospital trains. First implemented in the Crimean War to take wounded soldiers away, by World War I, trains were known as the “Great White Hospital Trains” and medical staff were performing medical procedures in the train cars in transport. The presence of nurses on hospital trains made them what historian Alexandra Kitty called a, “mobilized global force.” Hospital or ambulance trains were fully stocked mobile units, that bore the Red Cross. Radically improved in design by the second World War, hospital trains were critical units where nurses provided hands-on-care while moving across countries, domestic and abroad.¹⁹ As nurses gained a larger scope of practice and worked closely alongside men, gender conflicts arose and orderlies increasingly took orders from women. The role of the orderly had begun to shift during the Crimean War, but in World War I orderlies were no longer the soldier’s primary caregiver and had shifted to the more domestic role of feeding and bathing. Nurses were moving into a traditionally masculine space.²⁰

¹⁷ Hallett, *Veiled Warriors*, 183, 187.

¹⁸ *ibid*, 49; Harrison, *Medical War*, 35.

¹⁹ Alexandra, Kitty. *A Different Track: Hospital Trains of the Second World War*; (Toronto: Heritage House, 2023), 19, 22, 46-48.

²⁰ Helmstadter and Godden, *Nursing before Nightingale*, 116; Tryer, *Sisters*, 1; Harrison, *Medical War*; 47; Christine E. Hallett, *Nurses of Passchendaele: Caring for the Wounded of the Ypres Campaigns 1914-1918*, (Barnsley: Pen & Sword

World War I brought nursing closer toward a military role and a profession on its own. QAIMNS women deployed in World War I were professional military nurses, expected to have a “medical-military discipline” parallel to their male counterparts.²¹ In 1918, Matron-in-Chief Margaret Macdonald, a Canadian nurse, was the first woman in the British Empire given the rank of Major.²² In 1926, nurses in QAIMNS were entitled to an equivalent rank as officers, solidifying their place in the military. In further acceptance of the military nurse as a profession, CAMC and QAIMNS recruited nurses through a full military recruitment procedure. This required nurses to first apply in their military district and after they were hired, the women were placed into active service or reserves. Enlisting through the military meant behaviour and deployment locations were controlled by the military. At the end of the First World War not all nurses in QAIMNS went back to civilian nursing and homelife. In peacetime, QAIMNS stationed nurses at garrisons where there was a standing army.²³ This was a representation of a full-time military nurse as a profession.

As World War II approached the prevalent idea was that women “lifted the lonely soldiers morale.”²⁴ Nurses expansion into a masculine zone and scope of practice were still idealized to resemble the values of Florence Nightingale, “the arbiter of order, cleanliness and morality.”²⁵ The realities of the Second World War quickly shifted this perception. In the summer of 1940, 1,300 nurses were evacuated with the British Expeditionary Force. These women were placed near the front, alongside RAMC members in hostile warzones. This placement was a direct consequence of World War I, where the actions of military nurses in an active warzone were recognized as valuable. With nurses’ placements continuing further into the field, their military training also increased. World War II nurse, Doris Carter,

History, 2017), 2; Jane Brooks, *Negotiating Nursing: British Army Sisters and Soldiers in the Second World War*, (Manchester: Manchester University Press, 2019), 9.

²¹Fiona Reid, *Medicine in the first world war Europe; Soldiers, medics and pacifists*. (London: Bloomsbury, 2017), 12

²² Susan Mann, *Margaret Macdonald: Imperial Daughter*, (Montreal: McGill-Queen’s University Press. 2005), 73.

²³ Tyrer, *Sisters in Arms*, 15.

²⁴ Brooks, *Negotiating Nursing*, 8, 9, 93.

²⁵ Hallett, *Nurses of Passchendaele*, 2.

wrote of the mandatory defense training they completed. Led by multiple sergeants, the women marched every day and crawled through rugged open courses while always wearing a gas mask.²⁶ Also in the Second World War, historian Nicole Tryer recounted a RAMC's story of working in Anzio, Italy 1944. "[A]ll the medical staff at the Casualty Clearing Station at Anzio 'dug in' for safety. The motto was dig or die... We all became expert divers. Before I left, everyone and everything had been dug in, personnel, operating tents, ward tents and even ambulances."²⁷

Nurses and soldiers alike trained and dug trenches to save their lives. As the military increased control over medicine, there was further movement to total war. As women's prevalence on "forward teams" increased and nurses oversaw complex treatment regimes, the boundary between gender and profession blurred.²⁸ A hallmark of this blurred sphere was noted in 1943, when nurses in QAIMNS were granted wartime commissions with full military rank.²⁹ Women of the British Empire had mobilized through military nursing toward the same full rank eligibility as men.

The entire medical-military system was altered during the late nineteenth and early twentieth century warfare. The mobilization toward total war for states led to unprecedented numbers of casualties and the urgent need for a larger medical staff. This brought nurses to the forefront of war and their role drastically changed with each conflict. Mobilization to total war changed social structures in the medical tent. The spheres of authority shifted as nurses gained rank and began to have authority over men. Changes in weaponry and medical advancements meant women and men, nurses and physicians were learning alongside one another. War caused the literal mobilization of nurses around the world and these women met people of all nationalities.³⁰ Women's sphere of influence had expanded on a global scale

²⁶ Doris V. Carter, *Never Leave Your Head Uncovered: A Canadian Nursing Sister in World War Two*, (Waterdown: Potlach Publications Limited, 1999), 45.

²⁷ Tryer, *Sisters in Arms*, 197.

²⁸ Brooks, *Negotiating Nursing*, 82, 130, 131.

²⁹ Tryer, *Sisters in Arms*, 15; National Army Museum. <https://www.nam.ac.uk/explore/queen-alexandras-royal-army-nursing-corps>. (accessed September 17, 2024) states QAIMNS in-line with British army rank structure in 1941.

³⁰ Tryer, *Sisters in Arms*, 218.

through nursing. This was the full emancipation of women from the previously constrained domestic nursing role. Military nursing in the Crimean and early World War I, provided women with a symbolic part in national service and by 1945 this role was no longer symbolic. When total war was realized in the Second World War, military nursing had been restructured into a fully professional and respected role like the soldier, on the battlefield and at home.

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