School of English

‘Theatres of War’: An Exploration of the experiences of the Scottish Women’s Hospitals Serbian Units during the Great War, 1914-1920.

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Natasha Stoyce MA (Leicester)

School of English

University of Leicester

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Frontispiece ‘Main Battle Fronts in World War I’ in Audrey Fawcett Cahill, *Between the Lines: Letters and Diaries from Elsie Inglis's Russian Unit* (Edinburgh: The Pentland Press, 1999), p. 346.

Abstract

In 1914 the women's suffrage movement and its fight for women's economic, social, and political equality was temporarily derailed in Britain by the commencement of the Great War. Women who had battled hard to have their voices heard agreed to halt operations so that the country could maintain a united, patriotic focus on the men at the Front. The world's collective Great War memory is, therefore, dominated by male politicians and servicemen. Some women, however, were determined not to let this stop them from contributing to the war effort. Though societal opposition to female doctors in Britain was strong, a group of women, who history has largely forgotten, volunteered to provide medical aid to Allied soldiers on the frontlines as part of the Scottish Women's Hospitals (SWH).

The SWH, founded by Dr Elsie Inglis and supported by the French Red Cross, was an all-female medical unit that was active on the Western, Balkan and Eastern Fronts between January 1915 and April 1920. It was to become the only all-female medical organisation to operate across the frontlines of a conflict for its duration. This thesis will be the first to examine the SWH's Serbian Units' years of wartime service, recovering their work to Britain's collective Great War memory. By examining their positions as female medics in foreign warring landscapes this study will discuss the dichotomy created by patriarchal gender essentialism, which categorises women as 'nurturers' but excludes them from fulfilling this role as professional medical staff.

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This thesis is dedicated to the memory of my aunt, Branka ‘Brenda’ Mileusnic (1963-2018), a woman whose strength and love knew no bounds and whose absence I feel every single day.

Also, to the women of the Scottish Women’s Hospitals: may the light of your lamps never grow dim again.

Declaration:

I certify that this is my original work and that all sources used in producing it have been duly acknowledged and cited in the text.

Natasha Stoyce

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LIST OF ABBREVIATIONS

CMO	Chief Medical Officer
CSO	Chief Surgical Officer
FSU	First Serbian Unit
GNU	Girton and Newnham Unit
IWM	Imperial War Museum
LSE	London School of Economics
MWF	Medical Women's Federation
NUWSS	National Union for Women's Suffrage Societies
POW	Prisoner of War
SRF	Serbian Relief Fund
SWH	Scottish Women's Hospitals for Foreign Service
SWHC	Scottish Women's Hospitals Collection
WHC	Women's Hospital Corps
WSPU	Women's Social and Political Union

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Introduction

An exploration of the work of the Scottish Women's Hospitals for the Serbian Army during the Great War (1914-1920).

When Austria-Hungary declared war on the Kingdom of Serbia on the 28th July 1914, few British people could have imagined how far-reaching the ensuing conflict would be. For many of Britain's women, war in these distant lands seemed inconsequential at first as they waged their own battles against the patriarchal establishment via the women's suffrage campaign. 'I knew nothing of European complications,' wrote writer, illustrator, playwright, and suffragist, Mabel Dearmer, 'and cared even less.'[1] Yet, barely a month later, on the 4th August 1914, Britain, too, had joined in what was to become the greatest conflagration humanity had ever known. With the consignment of British troops to the frontlines, the home-front's focus shifted to patriotism and there was a drive for Britain to pull together to support the 'boys' and the Allies. As a result, both Emmeline Pankhurst's Women's Social and Political Union (WSPU) and Millicent Garrett Fawcett's National Union for Women's Suffrage Societies (NUWSS) officially halted their campaigns.

Stopping operations just when the movement seemed to be gaining momentum was undoubtedly disheartening for members of both camps. Far from stalling the progress of the Women's Suffrage Campaign, however, the Great War became a conflict in which women were able to make significant contributions both at home and abroad in the name of the Cause. As the fighting extended over years, women on the home-front were increasingly called upon to take up jobs previously reserved for men, who were now risking and losing their lives in battle. Meanwhile, a number of medical women saw in the war a unique opportunity to conduct their much-contested work closer to the frontlines and simultaneously display their capabilities before their (largely male) critics on a global stage. Dr Isabel Emslie was amongst the female doctors who recalls being enticed by 'the lure of adventure and of experience in the surgery of war and in medicine in different lands and climates.'[2] When the Scottish Women's Hospitals for Foreign Service (SWH) formed, therefore, Emslie and an estimated 1381 other women

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[1] Mabel Dearmer cited in David Mitchell, *Women on the Warpath: The Story of the Women of the First World War* (London: Jonathan Cape, 1966), p. 161.
[2] Isabel Hutton, *Memories of a Doctor in War & Peace* (London: Heinemann, 1960), p. 131.

joined this organisation from suffrage societies and medical women's associations across the British colonies (most notably New Zealand, Canada, and Australia).[3] These women would go on to experience the conflict first-hand, despite the British War Office forbidding the entry of their sex to the Western Front.

The SWH was founded in September 1914 by Dr Elsie Inglis with the support of the NUWSS. A prominent Scottish suffragist and female physician, Inglis agreed that the suffrage campaign should be paused to maintain a united patriotic focus on the men at the Front. At the same time, however, she saw in the war a golden opportunity to requite not only her feelings of patriotism, but her desire to foreground the work of medical women. When Dr Flora Murray and Dr Louisa Garrett Anderson formed the all-female Women's Hospital Corps (WHC) and began work near the Western Front in September 1914, Inglis was amongst those who volunteered her services to this organisation. The SWH's founder was, however, unsuccessful due to the WHC's over-subscription. This only fuelled Inglis to form her own all-female medical units for the frontlines. As a result, by January 1915, when the WHC were recalled to London, the SWH became the first and only all-female medical organisation in history to work across the frontlines of a conflict for its duration. For the SWH's female members, who had only as recently as 1908 been allowed to join bodies such as the Royal College of Surgeons, the opportunity to conduct surgical field work on war injuries was a truly pioneering feat.[4] Prior to the war, societal attitudes towards the female surgeon had not significantly altered despite reformations in the entry requirements of professional bodies and academic institutions to accommodate for them. It is unsurprising, then, that when Inglis initially volunteered her surgical services to the British War Office, this authority turned her away with the rebuke: 'my good lady, go home and sit still!'.[5]

According to Inglis' biographer, Leah Leneman, the War Office's rejection of the SWH's founder was not intended to be taken personally; it was just that 'men

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[3] Marlène Cornelis, *'"My dears, if you are successful over this work, you will have carried women's profession forward a hundred years:" The Case of the Scottish Women's Hospital for Foreign Service'* (Unpublished Masters Thesis, University of Glasgow, 2018), p. 7.
[4] Claire Brock, *British Women Surgeons and their Patients, 1860-1918* (Cambridge: Cambridge University Press, 2017), p. 19.
[5] Margot Lawrence, *Shadow of Swords: A Biography of Dr Elsie Inglis* (London: Michael Joseph Ltd, 1971), p. 98.

considered war to be their business, not that of the "weaker sex".'[6] The British government held essentialist views on the capabilities of women, who, they claimed, had no place on the battlefield. The crux of this issue, as South African anti-war campaigner and novelist Olive Schreiner maintained, lay in a woman's child-bearing abilities. This prevented women from looking 'down upon a battlefield covered with slain,' without thinking, 'so many mothers' sons!' […] No woman who is a woman says of a human body, "It is nothing!" […] [Woman] knows the history of human flesh; she knows its cost.'[7] Besides their apparently overriding maternal instincts, essentialists claimed that women were not designed physically or mentally to withstand the brutalities and bloodshed of war. This argument, now employed by the War Office to keep women from the Western Front, had historically been used as a justification for keeping women out of the operating theatre, too.

In 1859, the *British Medical Journal* (*BMJ*) caustically asked its readers to 'imagine, good reader, if you can':

> A Fergusson in woman's outward guise, amputating a thigh, or removing a diseased jaw or elbow-joint, aided by assistants of like sex and mind, and surrounded by a host of fair damsels, who regard the proceedings of the operator with that appreciation of the cool head and the ready hand which medical students so well know how to feel.[8]

Far from being discouraged by rejection, Inglis was more determined than ever to get into the thick of things following her negative reception at the War Office. She turned next, therefore, to the Allies in Belgium, France, and the Kingdom of Serbia, offering them medical units run entirely by women to provide much-needed aid to wounded soldiers on the frontlines. Unlike Britain, these countries were not known for advanced or sustained activity with the women's rights movement. Left in a desperate situation by the war thanks to their proximity to the frontlines (and a raging typhus epidemic on the Balkan Front), however, they were in no position to refuse medical aid regardless of the sex of the doctors providing it. It was thus that all three countries embraced Inglis and her SWH with open arms.

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[6] Leah Leneman, *Elsie Inglis: Founder of Battlefield Hospitals Run Entirely by Women*, (Edinburgh: NMS Publishing, 1998), p. 34.
[7] Olive Schreiner, *Woman and Labour* (New York: Frederick A. Stokes Company, 1911) p. 43-44.
[8] Anonymous, 'Room for the Ladies!', *British Medical Journal* (*BMJ*) 1.119 (9 April 1859), pp. 292-4 (293).

Though the Great War has had a high public profile over recent years thanks to centenary commemorations, the work of the SWH and, in particular, its Serbian Units has been largely neglected. This is, of course, not to say that there has been no work done previously on this organisation. Perhaps the most comprehensive piece of SWH scholarship is Leah Leneman's *In the Service of Life: The Story of Elsie Inglis and the Scottish Women's Hospitals* (1994). Leneman's text tracks the movements of all fourteen SWH units across the Western, Balkan, and Eastern Fronts for the duration of their time on active service. It provides one of the most exhaustive histories of this organisation besides that written by Inglis' sister, Eva Shaw McLaren, in her *A History of the Scottish Women's Hospitals* (1919). Whilst McLaren's text tends to eulogistic praise of the SWH in honour of her sister's memory, Leneman offers an objective reflection on this organisation. Both texts, however, lend themselves more to documentation as opposed to analytical study of the SWH's motivations and its members' wartime experiences. This thesis will seek to open a more critical dialogue on the work this organisation undertook specifically for the Serbian Army. It will also seek to shift the focus of SWH scholarship from the Western Front to the more overlooked Balkan Front.

The vast majority of the SWH's work took place in the Balkans and Eastern Europe, yet scholars who have investigated this organisation have largely concentrated on its units in France. Eileen Crofton's *Angels of Mercy: A Woman's Hospital on the Western Front 1914-1918* (1997) focuses extensively but exclusively on the work of the SWH at Royaumount. This was the only SWH unit to boast a permanent base throughout the conflict at a former Cistercian Abbey, 30km north of Paris, France. As a result, much of the material written by Royaumount Unit members survived the conflict, unlike for those working on the Balkan and Eastern Fronts, who lost personal effects on retreats and under occupation. The French units' use of x-rays to treat gas-gangrene, too, as investigated by Claire Brock, was ground-breaking in its introduction of important advancements to existing medical knowledge on the subject.[9] It is understandable, therefore, why the SWH's work on the Western Front has been so appealing to academics. Though significant, the French Units' work nevertheless does not provide a

[9] See Claire Brock's *British Women Surgeons and their Patients* for more on the SWH's work on gas gangrene.

complete picture of this organisation's wartime activities. Meanwhile, those who have broached the Balkan and Eastern Fronts have singled out particularly prominent units or individuals for analysis. Elaine Morrison's and Carol Parry's journal article for the Royal College of Physicians of Edinburgh focuses on the work of the Girton and Newnham Unit (GNU). Meanwhile, Anna Kisby's article 'Vera "Jack" Holme: cross-dressing actress, suffragette and chauffeur' (2014) explores the unusual life of an ambulance driver from this same unit. Little attention has been paid to the ten other units that were to work for the Serbian Army over the rest of the conflict; even less consideration has been given to the many interesting and remarkable figures that emerged whilst working for them. Though this thesis will not be able to explore every notable individual from the SWH on the Balkan and Eastern Fronts, it will shed more light on the Serbian Units and their under-researched wartime activities overall. It will also consider the organisation's women, and their experiences, both as individual medical personnel and as a collective.

Whilst scholarship on the SWH as an organisation is limited, this thesis, which is predominantly engaged with literature, will interact with secondary critics and historians from the following established fields: Balkan history, History of Medicine, and First World War Studies. It will also engage with the History of Emotions and, notably, the recent works of Jessica Meyer (2019) and Ana Carden-Coyne (2014). Due to the SWH's location in Serbia and on the Eastern Front, this thesis most frequently intersects with the Balkan aspect of the Great War and, in particular, the scholarship of Indira Duraković (2014), Angela K. Smith (2016), and Slobodan G. Marković (2015). Duraković's notable insights into the impact of the 1914 typhus epidemic on the Serbian population informs discussion in the first chapter on the SWH's battle against the disease. Meanwhile, throughout this thesis, Smith's investigations of the significance of the Balkan Front as a female 'other' frontline will be considered further in relation to the SWH's experiences as medical women operating upon it. Smith's work is perhaps most extensively examined in the second chapter through an interrogation of unit members' use of their 'Britishness' and relationship to empire to protect them whilst held as prisoners of war in occupied Serbia. Where Smith assesses the SWH's defiance through the rhetoric of British imperialism, labelling these captured women 'beacons of Britishness', this thesis considers their rebellions in relation to both their nationality *and* their pro-suffrage worldviews, terming their

campaigns British Female Resistance.[10] Though engaged with each of these historical fields for the purposes of contextualisation, however, this thesis ultimately focuses on analysing the SWH's published and unpublished writing as literary works.

Throughout this thesis, and particularly in its third chapter, I also engage with concepts from the History of Medicine field. The work of Jennian Geddes, Claire Brock, and Mary Ann C. Elston enlighten investigations into the balancing act performed by SWH members as they embraced their roles within all-female medical units on the frontlines. Their balancing act can be contextualised through scholarship on gender performativity, most notably the work of Judith Butler. Butler claims that 'those who fail to do their gender right are regularly punished' by society. [11] Fear of such social scorn is clear in the anxiety exhibited by the Girton and Newnham Unit (GNU) as they cropped their hair. A challenge presents itself, however, in approaching historical sources through the lens of contemporary gender theoretical frameworks. Terms such as 'gender fluidity' would not have formed the vocabulary of the SWH's women even though their actions might well reflect the concept. It is for this reason that the thesis considers gender essentialism as a manifestation of patriarchy tackled by the SWH's women via, what Joan W. Scott brands, a '"deconstructive" political strategy'.[12] 'An insistence on differences,' Scott argues, 'undercuts the tendency to absolutist and, in the case of sexual difference, essentialist categories. It does not deny the existence of gender difference, but it does suggest that its meanings are always relative to particular constructions in specified contexts.'[13] This thesis will, therefore, suggest that for the SWH to escape from essentialist definitions of femininity and demonstrate their capabilities as equals of men, their 'fluidity' led to exaggerated performances of typically masculine roles that simultaneously perpetuated and overturned the gender binary.

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[10] Angela K. Smith, *British Women of the Eastern Front: War, Writing and Experience in Serbia and Russia, 1914-20* (Manchester: Manchester University Press, 2016), p. ix (hereafter denoted as A.K. Smith in subsequent references to avoid confusion with SWH clerk, William Smith).
[11] Judith Butler, 'Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory, *Theatre Journal*, 40. No. 4 (1988), pp. 519-531 (522).
[12] Joan Wallach Scott, *Gender and the Politics of History: Revised Edition* (New York: Columbia University Press, 1999), p. 412.
[13] Scott, *Gender and the Politics of History*, p. 412.

Alison Moulds posits that 'medical men and women's textual practices did not function solely to produce affirmative images of the profession. They provided a space in which ideas about practice could be negotiated and contested.'[14] Through an examination of the SWH's published and unpublished memoirs, diaries and letters, this thesis will be the first to investigate how the women's written representations of their war-work for the SWH's Serbian Units challenged the notion that women were not fit to be: 1) doctors and surgeons, and 2) operating on the frontlines of a war. It will take into account both the medical and gendered aspects of members' experiences as it follows the SWH's work in chronological order from its conception in September 1914 to the closure of its final hospital in April 1920. Each chapter will explore and demonstrate the variety of ways in which the women of this organisation repeatedly proved themselves to be as capable and skilled in their frontline work as their male colleagues. I will address why their wartime work was so important, not only to them, but to the women's movement and women in the medical profession overall, too. As a result, this study will further investigate the hypocrisy of the essentialist worldview that readily places women in the category of 'care-giver' and 'nurturer', but actively discourages her from performing these acts in the role of medical doctor or surgeon.

Archival materials examined for this thesis have largely been curated from the Mitchell Library in Glasgow, the Imperial War Museum in London, and The Women's Library at the London School of Economics. Whilst this thesis is the first to explore the work of the SWH for the Serbian Army, it must be noted that there are less investigated aspects of this topic: in particular, the work of the SWH's Serbian Units in Corsica. The Corsican Units, mentioned in the third chapter of this thesis, arrived in Ajaccio, Corsica on Christmas morning 1915, where they offered aid to Serbian refugees of the Great Serbian Retreat. Their work focused particularly on treating tubercular cases and lasted until the Spring of 1919. The decision to make this omission was reached due to limited relevant archival materials and a desire to keep the thesis focused on its principal aims. For the corpus examined in this thesis, I consider the ways in which women utilised their writing as a means to reflect upon and construct their own identities at war. In this way, it continues the work begun by Moulds, examining the construction of

[14] Alison Moulds, 'The Construction of Professional Identities in Medical Writing and Fiction, c. 1830s-1910s', Ph.D. thesis (University of Oxford, 2017), p. 8.

professional medical identities in the writing of medical personnel during the Victorian period. My thesis extends this dialogue to medical women of the early twentieth century, exploring the ways in which the SWH utilised writing as a self-reflexive and cathartic tool in the succeeding Great War period.

The thesis will begin its first chapter by considering both the origins of the SWH and their earliest work in Serbia during the country's worst-recorded typhus epidemic (December 1914 – May 1915). According to Indira Duraković, by January 1915 it was estimated that there were as many as 2500 lying dead from typhus fever in Serbia's military hospitals every single day. Kragujevac, in particular, was badly hit due to the sharp influx of military activity there when it became Serbia's temporary wartime capital.[15] It was thus that the SWH Committee decided its First Serbian Unit (FSU) should work in this city. This chapter will investigate how the first unit successfully battled typhus in a country where so many other foreign units had failed to do so at the cost of their lives. It will suggest that through the enforcement of a strict routine of cleanliness, quarantine, and warding of patients by the FSU's CMO, Dr Eleanor Soltau, this unit was able to maintain conditions that led to the lowest mortality rate of all hospitals in Serbia. The FSU's typhus work earnt them the acclaim of British and Serbian military personnel alike. This in turn, I will suggest, gave the SWH its first taste of success in its mission to prove that the female doctor could help usefully on the frontlines of war. To continue this work, the FSU began to utilise independent methods of fundraising. Alongside support from the NUWSS, this chapter will examine how the FSU began to publish diary excerpts in widely-circulated journals such as *Blackwood's Magazine*. Through this, I suggest, the SWH maintained their autonomy as an all-female organisation whilst developing a distinctive voice with which to tell their narrative.[16] At the same time, their writing was able to appeal to a wider demographic

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[15] Kragujevac has a history of being made Serbia's capital city during wartime.
Ivan Mijatovic, 'Geostrateski polozaj Srbije 1914. Godine, *Radio Televizija Srbija (RTS)*, 20th July 2014 <https://www.rts.rs/page/stories/sr/Velikirat/story/2216/srbija-u-ratu/1653085/geostrateski-polozaj-srbije-1914-godine.html> [Accessed: 12th March /2020].
All translations from Serbian/Croatian/Bosnian into English contained within this thesis are my own, unless otherwise indicated.

[16] For more on representations of medical practitioners in Britain and Empire during the Victorian period in medial press and fiction, see:
Alison Moulds, 'The Construction of Professional Identities in Medical Writing and Fiction, c. 1830s-1910s', Ph.D. thesis (University of Oxford, 2017), p. 8.

of donors; in particular those members of the public who would not have supported them via suffrage channels.

The second chapter will then turn to explore the work conducted by this organisation's Valjevo and Mladenovac Units in the months before and immediately following Serbia's occupation by Central Powers' forces (June – December 1915). As mentioned previously, the SWH's work under these conditions will lead to an exploration of British Female Resistance – a term I have coined and that is defined as a subversive campaign of feminist defiance enacted by the recruits and volunteers of this all-female organisation against both Allied and enemy men who sought to dominate them. British Female Resistance is discerned by a British 'stiff upper-lip', behind which the SWH's women masked their engagement in distinctly pro-feminist rebellions (often reminiscent of pro-suffrage campaigns) against male threats to their autonomy. It will be examined in its various forms throughout the first two sections of this chapter. Faced with a lull in both fighting and disease, thanks to the FSU's successful campaign against typhus, in June 1915 Inglis decided to expand her organisation's presence on the Balkan Front in preparation for more intense work to come. She increased the number of units, therefore, from one to four. Amongst the new divisions destined to work on this frontline was the Valjevo Unit, whose journey to the Balkans saw them being requisitioned by the British War Office for work in Malta, treating British troops coming in from the Dardanelles. Their diversion, I will suggest in the first section of this chapter, was of great value to the SWH. Valjevo Unit members acquired a remarkable opportunity to demonstrate the skills of medical women before the authority who had rejected them. When War Office representatives expressed gratitude and admiration for their work, therefore, this praise gave all the SWH's women a boost. Emboldened by this development, the organisation's Serbian Units began dedicating themselves to building a working medical legacy within Serbia, whilst simultaneously forming a close bond with their patients.

In the final two sections of the second chapter, I will suggest that the strong doctor-patient relationships formed during the summer months led the SWH to stick by their patients that winter as Serbia was overcome by the enemy. Occupation instigated a new humanitarian crisis amongst the Serbs in the form of the Great Serbian Retreat. Meanwhile, SWH members were left with an impossible choice: stay behind as

prisoners of war in Serbia with patients who were too unwell to leave; or retreat alongside the army out of the country and over the perilous and wintry Albanian mountains. The first of these two sections will focus upon those women who chose to remain. I will argue that for these unit members, defiance of enemy authority was key to maintaining both crew morale and safety. Their rebellions, I suggest, were clear acts of British Female Resistance and were both covert and overt in nature by necessity. By engaging in these acts of hostility towards their captors, I suggest that the women could maintain a sense of autonomy throughout the ordeal that was illegal captivity. The chapter's final section will then turn to examine how scenes of destitution and death amongst their Serbian charges on the retreat triggered varying responses from fleeing unit members, ranging from anger at military officials to feelings of hopelessness and sorrow. The chapter closes by contrasting these members' feelings and experiences with the near-epic tales of heroism that the British press published about them at the time.

Following the retreat, the SWH's Serbian mission seemed shattered. By February 1916, those units who had chosen to remain in their host country under occupation had been repatriated by the enemy. Meanwhile, the vast majority of those who had fled with the Serbian Army had opted to return home following their traumatic experiences. It would have been a deeply disappointing and deflating time for all, but especially for Dr Inglis, who had worked so hard to initially deploy and maintain these units. The SWH's work for the Serbian Army was not, however, to end completely during this period as this third chapter will establish through its exploration of the work of the GNU between November 1915 – January 1916. Recent scholarship on this unit focuses upon the medical and surgical work of the GNU.[17] Little has been done, however, to explore the many fascinating ways in which unit members embraced a lifestyle of fluidity in terms of their physical appearances, gender, and professional performances upon this frontline. The third chapter will begin, therefore, with an examination of the tensions created by the unit's controversial decision to cut off their long hair. Though the women underwent this alteration in physical appearance for, according to unit members, reasons of practicality and to prevent infection with typhus, short female hair was

[17] Elaine Morrison & Carol Parry, 'The Scottish Women's Hospitals for Foreign Service: the Girton and Newnham Unit, 1915-1918', *The Journal of the Royal College of Physicians of Edinb*urgh, 44, No. 4 (2014) pp. 337-343.

contentious amongst their home-front communities. As a result, I maintain that the women emphasised the practical significance of their new look in their writing for the benefits of essentialist readers, despite a number of women secretly preferring the cropped style. This, I argue, led some unit members to draw exaggerated comparisons of their hair-loss to a sacrifice in their writing, whilst others were keen to highlight its temporary wartime nature.

This chapter then moves on to analyse the fluidity of the unit in terms of their gender performances. As the women increasingly took on roles previously reserved for men, they were able to demonstrate once again that they were as capable of participating in conflict as their male colleagues. In some cases, the women actually outperformed their male equivalents on the Balkan Front, and the former began to mentor the latter. Finally, this chapter will close by drawing parallels between the exiled Serbian people and the women of the GNU. In this fluctuating theatre of war, I will argue that this unit found a commonality with the exiled Serbs because of the social alienation its women had previously experienced within their chosen professions (medical women, female drivers, and female scientists). This mutual understanding paired with the hardships each faced during the retreat led to a unique bond and empathy forming between the two. This ultimately resulted, I will argue, in the women constructing a land of their own on the Balkan Front, where for the first time in their lives they could work freely and without prejudice.

The fourth and final chapter of this thesis will take into consideration the work of the SWH for the Serbian Army in the latter years of the war on the Eastern and Balkan Fronts. As a result of an interruption in their work for the Serbians between 1916-1917, this chapter will extend over a longer period than the rest of this thesis, beginning in September 1916 and ending with the dissolution of the SWH's final Serbian hospital in April 1920. The chapter begins where the previous chapter ends (immediately following the Serbian Retreat) and will track the return of Inglis and her newly formed London Unit to working for the Serbian Army in Romania and Russia. After addressing the ways in which the organisation's newest recruits romanticised the difficulties of warfare in their writing, frequently perceiving their participation in conflict to be a 'great adventure', the second section of this chapter will suggest that a combination of enthusiasm and pragmatism kept them motivated in this arduous endeavour. This was a

trait shared by the unit's leader, too, who despite being in the final stages of a personal battle with cancer, was devoted to her patients to the last. Though she was gravely ill and bed-ridden, the tenacious Inglis refused to leave the Eastern Front before she had ensured the safe passage of her patients back to the Balkans, after which she, too, returned home where she died a day after arriving.

The SWH were understandably devastated by the death of their founder but were determined to conclude the important work that Inglis had begun. In a typically self-possessed fashion, therefore, the London Unit re-formed as The Elsie Inglis Memorial Unit in their founder's honour and were sent to work on the Balkan Front under the patronage and protection of the British War Office. With this official accreditation, the SWH had finally achieved their founding goal, obtaining the British public's acceptance of and acknowledgement for medical women's war-work. The chapter will then close with an exploration of the work of the American Unit, the last SWH unit to be operational on the Balkan Front. After following the victorious Serbian Army back into their country, the American Unit based themselves in the southern Serbian city of Vranje. Largely comprised of members who had worked in Serbia prior to the retreat, the American Unit were able to use their previous experiences of Serbian hospitals to inform their post-occupation restorative work. With their time on the frontlines drawing to a close, however, their CMO, Dr Isabel Emslie, became increasingly preoccupied with leaving behind a legacy for the SWH in this country. It was thus, I conclude, that Emslie brought the SWH's story to a fitting end by taking up work where Inglis and her FSU had previously left off.

Overall, this thesis will consider the different ways in which the SWH's remaining Serbian units treated the injured and advanced medical knowledge to assert the abilities of women in medicine. Whilst each unit had shared experiences, particularly in relation to the difficulties of working in their frontline settings, differences existed in how these unit members presented and dealt with their struggles. Each chapter of this thesis will, therefore, examine these struggles through a different lens. The first chapter will outline the organisation's formation, mobilisation, and fundraising activities in light of the contemporary 'Woman Question' and women's suffrage movement. The second chapter will focus on both the victories and dangers of war-work from a female perspective, considering both the women's achievements and their survival strategies

before and during Serbia's occupation. In the third chapter, the thematic focus will be on the GNU members' construction of their identities as medical women on the frontlines, paying particular attention to their writing and representations of themselves in the same. The fourth and final chapter will close by considering the ways in which war was romanticised and difficulties diminished by unit members within the London and American Units despite facing extreme adversity. Some crossovers will naturally exist between unit members' experiences and, therefore, between chapters because the SWH's women shared a mission. Differences in the women's physical locations and proximities to the frontlines, however, impacted upon their lived experiences. It is also important to note that the women of these units entered the frontlines at different points in the conflict; those who were returning after being expelled from Serbia in 1915 had different motivations to the new recruits of the London Unit entering the war in 1916.[18]

The lack of scholarship on the work of the SWH for the Serbian Army has left a lacuna in our Great War knowledge of women's war-work on the frontlines and, indeed, our understanding of this conflict on the Balkan and Eastern Fronts. Jane Marcus offers a possible explanation for this omission in her claim that:

> The 'Balkanization' of British women doctors and nurses in Serbia and Russia may be seen as part of a larger historical repression of the Eastern Front in favour of the story of Western Europe in histories of the war. The Eastern Front is the female 'other' of World War I.[19]

This certainly seems true for the focus of the majority of current and past scholarship on the SWH, too, as it continues to chronicle the organisation's French units. The SWH's female members, however, successfully set up and ran a total of fourteen hospitals over the course of the war; the majority of which were assigned to the Serbian Army. Through their work for Britain's 'gallant little ally', they would repeatedly receive acclaim from both their own and foreign dignitaries. By recovering the Serbian Units' stories to Britain's collective Great War memory, this thesis will ultimately seek to remedy the neglect of the SWH's Balkan and Eastern work.

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[18] This will be examined in greater detail in the fourth chapter.

[19] Jane Marcus, 'Corpus/Corps/ Corpse: Writing the Body in/at War', in *Arms and the Woman: War, Gender and Literary Representation*, ed., Helen Margaret Cooper, Adrienne Munich and Susan Merrill Squier (London: University of North Carolina Press, 1989), pp. 124-167 (p. 135).

By paying particular attention to their positions as personnel of an all-female medical organisation in a foreign land at war, my study will also seek to answer the following questions: who were the women volunteering for the SWH's Serbian Units? What effect did their gender have upon their experiences volunteering for and working on the frontlines of the war? What reactions did their role as female medical personnel foster in Britain and on the frontlines? I will also take into consideration the social class of these women, the majority of whom were from the upper echelons of society and could, therefore, have lived their lives on their respective Western or colonial home-fronts without ever getting involved in or being directly impacted by the conflict. I will investigate why these women felt so liberated on the Balkan and Eastern Fronts even when held as prisoners of war. Why were so many women from the first Serbian Units compelled to return to working for these people even after experiencing the Great Serbian Retreat of 1915? Finally, I will seek to identify how this organisation was recognised for its work and consider how the SWH left a lasting legacy beyond the war. The SWH's wartime successes were to have far-reaching effects on those who had come into contact with the organisation long after armistice was called. Though this organisation's work was largely forgotten outside of Serbia, then, for its women the SWH was to be a catalyst for their emancipation. It was thus that many former members went on to pursue and forge notable post-war medical careers all over the world.

Chapter One: Mobilisation and Battle

The early fundraising activities of the Scottish Women's Hospitals and the experiences of the First Serbian Unit (FSU) in Kragujevac, Serbia during the typhus epidemic (January-May 1915).

Fig 1.1 Map of Serbia highlighting position of the First Serbian Unit in Kragujevac, 'Salonica to Belgrade' in Elsie Corbett, *Red Cross in Serbia 1915-1919: A Personal Diary of Experiences* (Banbury: Cheney & Sons Ltd, 1964).

Introduction:

Fig. 1.2 Dr Elsie Inglis, Founder of the Scottish Women's Hospitals (NUWSS), Scottish Women's Hospitals Collection, The Mitchell Library, Glasgow, UK, TD1734/8/7-12.

When Britain's men entered the Great War on 4th August 1914, Women's Suffrage Societies turned their attentions from electoral reform to aiding the war effort. Amidst the calls for national unity and patriotism, many suffragists saw in the conflict a unique opportunity for women to demonstrate their capabilities in a crisis. Though many female medical students had previously declined to join suffrage societies because 'they could not afford,' as Jennian Geddes argues, 'to be distracted by suffrage campaigns' and feared supporting the Cause would incur repercussions within their professional lives ('medical students were expected to behave with decorum and pass their exams'), some also now saw the war as a chance to publicly demonstrate their much-marginalised skills.[1] It was thus that the two all-female wartime medical organisations, the Women's Hospital Corps (WHC) and Scottish Women's Hospitals (SWH), came into existence. 'In the years up to 1914', Geddes notes, 'around a hundred doctors subscribed to the NUWSS, the WSPU, the Women's Freedom League and the Women's Tax Resistance League.'[2] It was from these societies, and closely

[1] Jennian Geddes, 'The Doctors' Dilemma: medical women and the British Suffrage movement', *Women's History Review*, 18, No. 2 (2009), pp. 203-218 (205).
[2] Geddes, 'The Doctors' Dilemma', p. 208.

connected co-educational medical schools, that medical women would learn of, go on to support, and join frontline organisations such as the WHC and SWH.[3] The founder of the SWH, Dr Elsie Inglis, was a prominent Scottish suffragist and female physician who maintained the lifelong ethos that: 'the traditional male disbelief in [woman's] capacity cannot be argued away; it can only be worked away.'[4] Whilst she agreed that the suffrage campaign should be paused in order to maintain a focus on the men at the Front, Inglis was amongst those who unofficially continued working towards the suffrage movement's aims by foregrounding the work of medical women during the conflict. Despite her ultimate success in this endeavour, the SWH's creation was not to be without its difficulties.[5]

Misogyny and scepticism at a governmental level about the suitability of women for work in conflict zones meant that Dr Inglis and her SWH found themselves completely unsupported by the British War Office. Unprepared to 'go home and sit still' as this authority directed, however, Inglis volunteered her frontline services to the Allies in Belgium, France, and the Kingdom of Serbia, who embraced the units with open arms.[6] With their acceptance, Inglis was tasked with finding a way to finance her proposed units. Initially, and aptly, she decided to raise funds via the same source from which she would go on recruit unit members: drawing on her ties to British women's suffrage societies. It was thus that a covert alliance was formed between the SWH and Millicent Garrett Fawcett's National Union of Women's Suffrage Societies (NUWSS). Though the NUWSS did not support the war itself, they wholeheartedly championed women's participation in the conflict. With almost 100,000 members in 1913, their endorsement

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[3] For more information on women's entry into medical schools, please see: Carol Dyhouse, 'Women Students and the London Medical Schools, 1914–39: The Anatomy of a Masculine Culture', *Gender & History*, 10 No.1 (1998), pp. 110–132.
For more information on how other hospitals recruited female doctors and surgeons via early medical women's federations like the Association of Registered Medical Women, please see:
Sophie Almond, 'The Forgotten Life of Annie Reay Barker, M.D.', *Social History of Medicine*, 34, No. 3 (2021) pp. 828-850;
Virginia Drachman, *Hospital with a Heart: Women Doctors and the Paradox of Separatism at the New England Hospital, 1862-1969* (New York: Cornell University Press, 1984);
Laura Kelly, *Irish Women in Medicine, C. 1880s-1920s: Originis, Education and Careers* (Manchester: Manchester University Press, 2013).
[4] Elsie Inglis, Report III cited from Margot Lawrence, *Shadow of Swords: A Biography of Elsie Inglis* (London: Michael Joseph Ltd, 1971), p. 45.
[5] As mentioned in the introduction, the British War Office recalled the WHC back to Britain by January 1915, leaving the SWH as the first and only all-female medical organisation to work across multiple frontlines of a conflict for its duration.
[6] Margot Lawrence, *Shadow of Swords: A Biography of Dr Elsie Inglis* (London: Michael Joseph Ltd, 1971), p. 98.

of the SWH provided Inglis with a large feminist platform through which to promote and raise money for her endeavour.[7] This campaign was so successful that by December 1914 enough money had been raised for the first two units of the SWH to be deployed to Calais, France and Kragujevac, Serbia.

In this chapter I will examine the early fundraising activities of the SWH supported by the NUWSS, before addressing the work of its First Serbian Unit (FSU) whilst battling typhus in Kragujevac in early 1915. I will argue that Inglis' SWH had clear feminist motivations from the start. As an ardent suffragist and supporter of women in medicine, Inglis set up her all-female organisation not only to aid soldiers in need, but to forward the suffrage movement by showing the men in power 'every bit of' women's – and in particular, the female doctor's and surgeon's – ability to work competently and 'efficiently' on the frontlines.[8] On the Balkan Front, the SWH were to engage in a number of firsts for medical women such as treating adult male patients on a battle front; working autonomously without the interference of men; and dealing with the previously unseen wounds of a completely novel kind of warfare under previously unknown (Balkan) conditions. Through an examination of the writing of various unit members in relation to their arrival and early work in Serbia, I will argue that the FSU was successful in this endeavour. Their improvements to the state of sanitation within their own hospitals in Kragujevac was pivotal to the improvement of both patient welfare and the decrease in mortality rates. At the same time, their work did not go unnoticed by either Inglis or male military officials. The unit's innovative quarantine procedures led to vastly superior patient survival rates in comparison to other hospitals in the vicinity. This greatly impressed senior members of both the Serbian government and British army, who subsequently praised the SWH's efforts. Their unofficial approval, I will argue, served for Inglis as an acknowledgement by men that the FSU's members (and women in general) were more than capable of conducting war-work.

Finally, I will propose that whilst it was Inglis' desire to keep the SWH deliberately visible to continue meeting a feminist agenda, publicity was equally pertinent for the

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[7] G.R. Searle, *A New England?: Peace and War 1886-1918* (Oxford: Oxford University Press, 2005), p. 469.
[8] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, The Women's Library, London School of Economics, (hereafter LSE).

organisation if they were to continue to operate throughout the war. This was particularly true when 'the long peaceful summer' of 1915 commenced. With a reduction in fighting and disease, questions began to be raised as to whether the SWH still had a purpose in Serbia. It is here, I will argue, that the publication of unit dresser and fifth-year medical student, Louise E. Fraser's 'Diary of a Dresser in Serbia' in *Blackwood's Magazine* was particularly useful. As a text published in the midst of the lull in action on the Balkan Front, its emphasis on how vital women's work was and would continue to be in war-torn Serbia serves to discretely appeal to the general public to keep funding the SWH. Fraser's repeated accentuation of the dire conditions in Serbia appeals to her British readers' colonial sense of Christian duty. As an imperial superpower, Britain and its inhabitants felt it was their moral and religious obligation to govern and, indeed, aid smaller nations in need. By pointing out this Balkan nation's distress, Fraser engaged with popular patriotic rhetoric in her writing depicting the powerful Britannia as the God-given defender and protector of the weaker, 'barbarian' nations of the world. This, I will argue, was key to securing the public's sympathies and in turn their continued financial support. At the same time, I will suggest that Fraser's text also appealed to female readers on the home-front because, during a period when censorship was rife, she offered a uniquely female insight into the frontline conditions in which Britain's men were fighting.

It is worth noting here, that though both organisations shared similar pro-suffrage origins and supporters (as well as many members being drawn from pro-suffrage channels and associations of registered medical women), a distinction between the WHC and SWH can be clearly made. Whilst the WHC were the first all-female medical organisation to broach the frontlines, by the end of January 1915 they were recalled to Britain by the War Office to open a home-front hospital under the latter's patronage. Unlike the WHC, the SWH were autonomous and self-funded for the entirety of the war. This gave its members a liberating opportunity unlike any that the female doctor had previously received or was likely to get again: treating adult male patients in a warzone as part of a self-governing, all-female medical organisation. As outlined earlier, this sovereignty was not easily won, and the SWH's journey to the frontlines and time upon them were far from straightforward. Not only would this organisation have to fundraise for its units independently, but it would face great criticism and mockery if their scheme failed. The margin for error was minute, and few believed they

would succeed. Dr Isabel Emslie, who would go on to work for both the SWH's Girton & Newnham (GNU) and American Units, recalls in her memoir the jeers of her male colleagues when she handed in her notice at her home-front hospital to join a woman-run frontline organisation: 'Oh, you'll all be quarrelling with each other the whole time, and the show won't last very long; these shows run by women never do.'[9] It undeniably became, therefore, as pertinent a part of the SWH's mission to prove their detractors wrong as it did to treat those in need on the frontlines. With so much widespread doubt in their abilities, this organisation became for female doctors a unique, if finite, opportunity to demonstrate and defend their capabilities on a global stage.[10]

For the FSU, the pressure to succeed was not eased by the conditions they faced upon their arrival in Serbia on Sunday 3rd January 1915. As a result of close-combat interactions and poor sanitary conditions on the frontlines, typhus fever had swiftly spread from Austrian soldiers to the Serbian military. The latter proceeded to introduce the disease to Serbia's civilian population and the infection rate quickly reached epidemic proportions. Modern-day medical knowledge identifies three strains of typhus: epidemic typhus; scrub typhus; and murine typhus. These diseases are transmitted to human beings by body lice, chiggers, and fleas respectively and their spread is facilitated by poor sanitary conditions conducive to louse proliferation.[11] During the Great War, all three strains were present in Serbia, though epidemic typhus, caused by *Rickettsia prowazekii*, was the most prevalent. Symptoms ranged from mild: headaches; high fevers (around 40°C); nausea; vomiting; diarrhoea; dry cough; body pains; general malaise; to severe: hypertension and hallucinations.[12] In untreated cases, the disease was often fatal.

When the FSU arrived, typhus fever was raging throughout the villages, towns and cities of Serbia alike. 'The whole country,' wrote one unit member in a letter to the

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[9] Isabel Emslie Hutton, *With A Woman's Unit in Serbia, Salonika and Sebastopol* (London: Unwin Brothers, 1928), p. 22.
[10] Though many of the SWH's personnel (both medical and non-medical) would go on to have successful post-war careers in Britain and around the world, the opportunity to spotlight an all-female medical organisation's work on the frontlines of a war was limited to the duration of the Great War conflict. Please see the conclusion for a more detailed examination of the post-war Serbian work of Dr Katherine Stewart MacPhail, the Rt. Hon Evelina Haverfield, and Vera Jack Holme.
[11] Yassina Bechah, Christian Capo, Jean-Louis Mege & Didier Raoult, 'Epidemic Typhus', *Lancet: Infectious Diseases*, 8 (2008), pp 417-426 (417).
[12] 'Typhus', *NHS*, October 2017, <https://www.nhs.uk/conditions/typhus/> [Accessed: 21 May 2020].

Committee, 'is one immense hospital – doctors, Serbs and prisoners alike work all day merely to get the dressings done, and the drugs given out.'[13] With poor sanitation and a war to contend with – the third in as many years for the Serbians – it is unsurprising that many of the SWH's members felt a sense of utter hopelessness and despair in their surroundings. 'There are hundreds of patients in Uskub,' wrote Fraser, 'and for [those] few doctors [who] work there [it] is like trying to drain the sea.'[14] This simile highlights not only the grave magnitude of the crisis that these women were walking into, but the apparent futility of the efforts of medical staff already working in the country. Despite their best efforts, Fraser states, patients 'die like flies.'[15]

In July of 1914, Serbia's pre-war population was estimated to be between 4.71-4.9 million. By January of 1921, the population was estimated to be around 3.87 million, a loss of up to 1.03 million people.[16] Of this quarter of the population lost, Indira Duraković estimates that the number of typhus-related deaths was approximately 400,000 between January-April 1915.[17] With only 70 doctors to tend to the whole civilian population and no nursing system in place, this figure is not altogether surprising.[18] Medical staff, too, were not immune to the disease and of the country's 450 doctors, it is estimated that at least 360 were infected, with more than 120 dying.[19] When the women of the FSU arrived in Serbia, therefore, they were entering a country that was to bring with it unique challenges that many members would never have encountered before. Inglis' insistence on her SWH being sent 'where we are most needed' led the unit to Kragujevac, one of the areas worst-affected by typhus in the country.[20] At the hospital assigned to them, they found a lack of basic sanitation, non-existent nursing, and typhus patients sharing mattresses with the war-wounded; in short,

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[13] Eva Shaw McLaren, *A History of the Scottish Women's Hospitals* (London: Hodder & Stoughton, 1919), p. 87.
[14] (Orderly) Louise E. Fraser, 'Diary of a Dresser in the Serbian Unit of the Scottish Women's Hospital', *Blackwood's Magazine*, June 1915, pp. 776-797, (p. 776).
[15] Fraser, 'Diary of a Dresser', p. 776.
[16] Slobodan G. Marković, 'Serbia's War Losses During the Great War Reconsidered' in *The Serbs and the First World War 1914-1918*, ed., Dragoljub R. Živojinović (Belgrade: The Serbian Academy of Sciences and Arts, 2015), pp. 369-381.
[17] Indira Duraković, 'Serbia as a Health Threat to Europe: The Wartime Typhus Epidemic, 1914-1915' in *Other Fronts, Other Wars: First World War Studies on the Eve of the Centennial*, eds., Joachim Bürgschwentner, Matthias Egger, Gunda Barth-Scalmani (Netherlands: Brill, 2014), pp. 259- 279 (p. 266).
[18] Ibid., p. 266.
[19] Leah Leneman, *In the Service of Life; The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: Mercat Press, 1994), p. 18.
[20] McLaren, *A History of the Scottish Women's* Hospitals, p. 82.

a hotbed for disease. Though the exact causes of and treatments for typhus were still largely unknown at this time, it was clear to the women from the conditions in this hospital alone just how and why the illness was spreading with such ferocity. [21] Determined to make a difference, the FSU quickly and courageously set to work in a setting that required them to be extremely innovative in both the running of their hospital and treatment of their patients.

[21] Anne Hardy highlights that it was not until 1909 that 'Charles Nicolle and his colleagues at the Institut Pasteur in Tunis show that infection is spread by the body-louse ingesting the infected blood of the typhus patient.' Prior to this, doctors throughout the nineteenth-century worked 'in total ignorance of the true nature and origins of typhus'. For more information see:
Anne Hardy, *The Epidemic Streets: Infectious Diseases and the Rise of Preventive Medicine, 1856-1900* (Oxford: Oxford University Press, 1993), p. 192.

‘Sitting still’ on the home-front:

In an article published in the *Weekly Telegraph* on 13th March 1915, a headline highlights the ‘need for women doctors’ because of ‘a shortage at home and abroad due to the war.’[22] To the uninitiated, this headline might seem a positive call for women doctors to take up work previously closed off to them. Mr. Howard Marsh, Professor of Surgery at Cambridge, does indeed claim in the piece that ‘there are many great departments of medicine […] in which qualified women doctors can render perfectly adequate services on a much larger scale than at present.’[23] His statement closes, however, with the firm suggestion that these women doctors should take up work ‘in public health, in hospitals for women and children, in women’s wards of the large general hospitals, in missions and often in general practice’ on the home-front. Although this list sounds expansive, the specialisms listed were ultimately limited to the treatment of women and children. As gynaecology and paediatrics had long been the female doctor’s domain, Marsh’s seemingly progressive suggestion is little better than a veiled championing of more of the same. Indeed, even when this report references all-female frontline medical organisations, its author ensures the women working for them are thoroughly de-sexed before doing so.

‘All […] women’ working as physicians or surgeons, Marsh’s article claims in an ironic citation of Mary Scharlieb, a female doctor who was both a wife and a mother, ‘cannot and do not expect to marry.’[24] In making this claim Marsh glosses over the issues of propriety that arose for those few medical women who *did* succeed in getting to the frontlines to treat Allied soldiers. Meanwhile, his citation of Scharlieb leads the reader to infer that these women are all eternal spinsters, uninterested in carnal relations with men. They are, therefore, able to treat men as patients. The fact that such a distinction needs to be made, however, only further highlights the continued undercurrent of mistrust and animosity felt by the general public and, indeed, members of the medical profession, towards the female doctor. In spite of both the WHC and SWH already having begun work on the Balkan and Western Fronts by the time this column was

[22] Howard Marsh, ‘The Need for Women Doctors: A Shortage at Home and Abroad due to the War’, *Weekly Telegraph*, (13 March 1915), p. 10.
[23] Marsh, ‘The Need for Women Doctors’, p. 10.
[24] Ibid.

published, it is clear from this newspaper's content that the women of these organisations were still fighting a battle for recognition as serious professional clinicians on their home-fronts.

The expected contributions of female doctors to the Great War-effort were made clear from the outset of this conflict. The British authorities and leading medical professionals alike echoed Marsh as they urged medical women to continue working in the limited sectors open to them *at home*. This was not, however, the only option that female physicians considered. Many had set their hearts on working on the frontlines despite the British government's ban on the same. Amongst them, were the women of the SWH, who found themselves morally and financially unsupported by official institutions. It was necessary, therefore, for these women to raise money independently to realise their frontline ventures. As a seasoned suffrage campaigner, Inglis already had extensive experience of raising funds for causes she felt strongly about when the war commenced. Indeed, whilst still a medical student, a disagreement between Inglis and Sophia Jex-Blake, the director of the Edinburgh School of Medicine for Women, led the former to fundraise for and open her own medical school. According to Inglis' biographer, Margot Lawrence, the SWH's founder was concerned as to how seriously female medical students were being taken by the Edinburgh School's leader. '[N]o woman who would not accept meekly anything J-B [sic.] might dictate could get a medical education outside London' and this was something that Inglis simply 'could not, would not, accept.'[25] It was thus that she garnered the support of her father and his 'influential friends' to successfully found The Scottish Association for the Medical Education of Women, an independent medical school for women that would eventually overtake Jex-Blake's in popularity, leading to the closure of the latter in 1898.[26]

By the time Inglis finished her medical studies in 1899, she was not only well-acquainted with controversy but the victories that could be gained from her tenacious pursuit of what she believed to be a just cause. Her rallying spirit only continued to grow after graduation as she developed a keen interest in the women's suffrage movement. Inglis would go on to speak publicly at a large number of NUWSS meetings

[25] Lawrence, *Shadow of Swords*, p. 55.
[26] Ibid., p. 55.

and quickly became one of Scotland's most prominent suffragists. It is little surprise, then, that when both the British Red Cross and War Office rejected her medical services on the grounds of her sex, Inglis persisted in pursuing the creation of her own frontline all-female medical organisation with the help of the NUWSS. The NUWSS supported women's participation in the war, but not the war itself. When Inglis turned to this organisation's leader, therefore, she found in Millicent Garrett Fawcett one of the earliest and strongest supporters of her 'calculated' endeavour 'to bring home to men that women *can help* intelligently in any kind of work.'[27] As the sister of Elizabeth Garrett Anderson, Garrett Fawcett had witnessed first-hand her sibling's fight to become the first woman to legally qualify as a physician and surgeon in Britain. She was, therefore, acutely aware of the challenges facing the female doctor. When Inglis first approached the NUWSS's leader with her ideas for an all-female medical organisation, Garrett Fawcett unsurprisingly welcomed the SWH with alacrity.

Following this warm reception, Inglis outlined her plans for the SWH to Garrett Fawcett in a letter. In this epistle, dated 9th October 1914, Inglis ironically reworks the War Office's instructions for her to 'go home and sit still' as she explicitly outlines her intentions to do the exact opposite. It is hard to gauge how conscious the SWH's founder is of her own wryness as she claims she 'can think of nothing but these Units just now! And when one hears of the awful need, one can hardly sit still till they are ready!'[28] Her decision to express this desire for frontline work by appropriating the very phrase with which the War Office had rebuffed her is subversive to say the least. By incorporating it into this letter to Garrett Fawcett whilst detailing the current status of the SWH's soon-to-be-deployed first units, Inglis – whether consciously or not – implies that she has a secondary and inherently feminist motivation, too. She intends to prove to the authorities who doubted her that she can and will get to the frontlines without them. Far from perturbing her, the War Office's dismissal seems only to have served as a call-to-action for Inglis. This is only further emphasised by her suggestion that, even though the units are well on their way to being deployed, she can scarcely refrain from personally travelling to the frontlines immediately to serve those in 'need' each time that she hears of just how dire the situation is. This statement once again

[27] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, LSE.
[28] Ibid.

undermines the War Office's instructions to her. Not only has Inglis ignored their order for passivity by fundraising and forming her all-female medical units, but she implies, albeit privately in this letter, that she is quite prepared to personally enter the conflict zones alone, too. It becomes clear, therefore, that for the proactive Inglis, the desire to help out the war-effort, although paramount, is underscored throughout with an equally potent desire to demonstrate her capabilities as both a woman and a doctor.

By demonstrating that medical women were capable of contributing usefully on the field of battle, Inglis' SWH sought to advance not only the female doctor's cause, but the suffrage movement, too. Achieving this feat, however, would not be easy. Strong patriarchal opposition had been directed at the mere proposition of women entering the frontlines. Male hostility was almost certain, therefore, regarding the actual deployment of multiple women to the Front as part of an all-female medical organisation. War was, as Christine Forde claims, 'constructed as a male arena and women [were] placed on the margins.'[29] For the vast majority of British women, therefore, aiding their men on the battlefield would initially be limited to raising funds and making clothes from the safety of their homes. The magnitude of this conflict and its demand on resources and men, however, soon meant that if Britain was to continue functioning economically, previously male-only job vacancies required filling on the home-front, too. As a result, more and more women were eventually called on to do what was previously deemed to be men's work. Despite its clear necessity, there was nevertheless a feeling of male unease regarding this development.

'Women,' Gail Braybon argues, 'were not simply resented because they were unskilled or semi-skilled workers, but because they were *women*, a class apart who were encroaching upon men's work.'[30] Inglis seems to have been aware of this, as she confides to the NUWSS's leader her hopes that her organization will help take women from the wings and resituate them at the very center stage of this war. 'So much of our work is done,' she writes, 'where [men] can not [sic.] see it.'[31] With her organisation's contribution to the war-effort, however, she claims that men will no longer be able to

[29] Christine Forde, 'Representations of Women Soldiers During the Gulf War', in *HeteroSexual Politics* eds., Mary Maynards & June Purvis (London: Taylor & Francis, 1995), pp. 108-122 (p.109).
[30] Gail Braybon, *Women Workers in the First World War* (Abingdon: Routledge, 1981), p. 72.
[31] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, LSE.

feign ignorance because 'they'll see every bit of this.'[32] Though visibility was undeniably a vital aspect of the SWH's existence if they were to be successful from a financial perspective, the organisation's work also needed to be seen if they were – in accordance with Inglis' (and the suffrage movement's) lifelong maxim – to work away male scepticism about woman's abilities.[33] By providing a useful service to a country in need via their medical work, the SWH would showcase to the world and its men that women could be of very great use on the frontlines. At the same time, those who joined this organisation would be removed from the fringes of war that their sex had so long inhabited, their work would be spotlighted and the benefits of their efforts treating both soldiers and civilians would be evident for all to see.

In her letter to Garrett Fawcett, Inglis also outlines the steps she plans to take in order to not only establish her hospitals but present them – and the suffrage movement – in the best possible light. Having already opened a fund for her field hospitals with £100 of her own money (c. £11,334.69 as of 2018), Inglis was keen to use the platform given to her by Garrett Fawcett's organisation to raise the money required for the equipping and running of a hospital unit for a year.[34] When the NUWSS's journal, the *Common Cause*, first published an appeal for 'monetary assistance' asking its readers 'for £100 to enable' the mobile hospitals to 'start fair upon' this scheme, [35] Inglis wrote back in the next issue that the figure required is 'more like £1,000 than the £100 you so kindly beg for us.'[36] In a private letter to Garrett Fawcett, Inglis breaks down what this £1000 would be put towards.

> You see, - we get these expert women – doctors, nurses & ambulance workers, - organised. We send out Units wherever they are wanted. Once those units are out, the work is bound to grow… The need is there, - & too terrible to allow any haggling about who does the work. If we have a thoroughly good organisation here, - we can send out more & more units, - or strengthen those already out. We can add motor ambulances, organise test stations on the lines of communication & so on – it will all depend on how well we are supplied with funds & brains at one base.[37]

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[32] Ibid.
[33] Though she did not agree with their militant methods for demonstrating women's worth, Inglis' motto ironically echoes that of the suffragette movement's: 'deeds not words.' This will be examined in greater detail later in this section.
[34] Anonymous, *Sheffield Telegraph*, 30 November 1917, cited in Margot Lawrence, *Shadow of Swords: A Biography of Elsie Inglis* (London: Michael Joseph, 1971) p. 100.
[35] Anonymous, 'Suffrage Red Cross Hospital', *The Common Cause* (18th September 1914), p. n.
[36] Elsie Inglis, 'Scottish Federation Hospital,' *The Common Cause* (25th September 1914), p. n.
[37] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, LSE.

Aware that the demand for medical aid is there, Inglis highlights to the NUWSS's leader that all that is needed to set this scheme in motion is financial support and intelligent workers; both of which this society will be instrumental in supplying. The fact the SWH will be run by women, she notes, will be of little consequence to the men who use their services once out on the frontlines. The situation is too dire and the people too desperate for medical attention to allow room for misogynistic prejudice. Indeed, Inglis has faith that once the work of a unit staffed by 'the very best women doctors' is observed, the demand for more will naturally and promptly follow.[38] Inglis prediction was to prove correct. The SWH did expand and demonstrated on numerous occasions to various military officials just how competent the female doctor could be in a foreign terrain and on the frontlines of war.[39] Alongside proving this point, the SWH continued to covertly forward the NUWSS's cause, too. 'From the very beginning,' Inglis emphasises, the SWH will 'make it clear that' it is 'as well-equipped & well-manned as any' other hospital 'in the field.'[40] Her use of the gendered word 'manned', whilst steeped in irony, only serves to further emphasise the all-female demographic of her operation. The SWH, Inglis claims, will highlight to *all* who observe its work that when given the same access to resources and opportunities, there is little difference between men and women.

A desire to establish the worth of the female doctor was not unique to the SWH's founder. As mentioned previously, Flora Murray and Louisa Garrett Anderson had formed the WHC before the SWH's creation, broaching the Western Front at the behest of the French government in September 1914.[41] According to Jennian Geddes, the WHC was a feminist organisation from its conception, with many of its former members being active (some militant) suffragists on the home-front. War-work for this organisation, Geddes claims, was highly politicised and 'it seems very likely that conversations between staff would regularly tend to turn to women's issues.'[42] By February 1915, however, the WHC's frontline work came to an end as they returned to

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[38] Ibid.
[39] Official recognition of the SWH's achievements will be examined further in the next section of this chapter and in Chapter Two.
[40] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, LSE.
[41] Inglis had tried to volunteer with the WHC after being rebuffed by the War Office but was rejected because the organisation was already fully staffed.
[42] Jennian Geddes, 'The Women's Hospital Corps', *Journal of Medical Biography*, 14 (2006), pp. 109-117 (p. 115).

England at the request of the British War Office to open and run the Endell Street Military Hospital. According to Geddes, this organisation's recall to the home-front 'provided an opportunity that the suffragists of the WHC had never expected to have – the chance to prove to the authorities that women could do a professional job as well as a man, or better.'[43] With their agreement to be governed by the British War Office, however, Murray's and Garrett Anderson's organisation became limited in a way that the SWH simply were not. The WHC were no longer autonomous – an accolade that the SWH could boast for the duration of the conflict. Inglis was as politically engaged with the women's suffrage movement as the WHC's founders and 'by 1906,' Lawrence writes, she 'was to the Scottish groups what Mrs [Garrett] Fawcett was to the English.'[44] Whilst her SWH echoed the WHC in purpose, then, the execution of these two organisations' war-work was ultimately very different in practice. The freedoms the SWH prided itself upon came with the responsibility of financing the project through public sponsorship. To avoid alienating a more conservative demographic of potential donors at times when the need for funds might be particularly pressing, therefore, the SWH made the decision to be surreptitious about its links to the NUWSS. It was for this reason that Inglis kept her organisation's name politically neutral.

At the outbreak of the Great War, the attitude of the general public towards the suffrage campaign was still largely hostile and a great many anti-suffragists held positions of power and influence. Only a matter of two years previously, in 1912, a pamphlet had been published and circulated by the president of the National League for Opposing Women's Suffrage, Lord Cromer, highlighting 'the danger of woman suffrage.'[45] Branding the victory of the suffrage campaign a 'measure fraught with danger to the British Empire' and one that would 'be subversive of peace in our homes,' Cromer echoes the voices of many an essentialist when he states that women voting 'flies in the face of nature which has clearly indicated the sphere of action respectively assigned to the two sexes.'[46] The notion that suffrage campaigners were a dangerous threat to the country's stability and national security was little helped by sensational press coverage on the radical acts of protest made by some members of Emmeline Pankhurst's

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[43] Geddes, 'The Women's Hospital Corps', p. 112.
[44] Margot Lawrence, *Shadow of Swords*, p. 81.
[45] Evelyn Baring 1st Earl of Cromer, *The Danger of Woman Suffrage: Lord Cromer's View* (London: National League for opposing Woman Suffrage, 1912), 2WNA/D/04, LSE.
[46] Baring, *Danger of Woman Suffrage*.

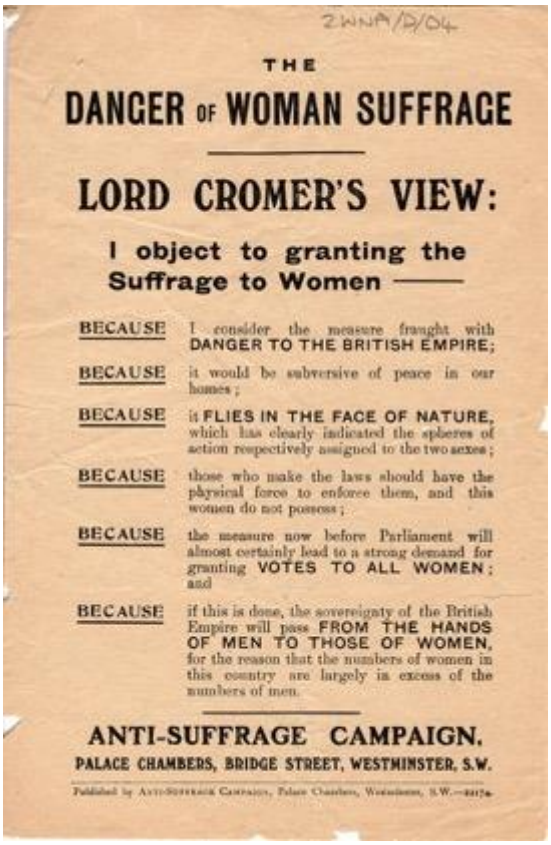
Women's Social and Political Union (WSPU). With all this taken into account, it is both unsurprising and prudent that Inglis chose to omit 'suffrage' from the name of her organisation.

In an explanation to Garrett Fawcett regarding the name selected by the Committee Inglis explains that they 'felt that our original scheme was growing very quickly into something very big – much bigger than anything we had thought of at the beginning – and we felt if the Hospitals were called by a non-committal name it would be much easier to get all men & women to help.'[47] In seemingly trying to appease the opposition, it might be argued that Inglis is, in fact, being an anti-suffragist herself. To argue this, however, would be to overlook that she is very clear that 'the scheme is of course a National Union scheme and that this is a fact the Scottish federation will never lose sight of – or attempt to disguise.'[48] The NUWSS will be at the head of all letters, appeals, and notices sent out by the SWH, whilst the SWH will continue to work with the point of advancing the cause of both female doctors and suffragists. The decision to leave suffrage out of the name, therefore, is a matter of tact rather than abandonment of the Cause.

For Inglis it was actions and not words that mattered - an approach that was adopted by the WHC's founders and, as Geddes notes, the militant suffragette movement, too.[49] Though Inglis fundamentally disagreed with the violent methods employed by some members of the WSPU, their slogan was one by which she, in moderate terms, lived. The Committee 'were convinced,' she writes, 'that the more women we could get to help, - the greater would be the gain to the women's movement,' and the only way to achieve this was to ensure that no woman – or man – was driven away from the organisation by its name.[50] Whilst women's suffrage was, as is clear from Lord Cromer's pamphlet, still a contentious enough issue that it should make Inglis refrain from incorporating it into her organisation's name, the Cause still very much underpins its mission. Indeed, as the SWH's founder writes to the NUWSS's leader, 'whenever people see the Union Jack' flying at their field hospitals on the Front, they shall also see

[47] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, LSE.
[48] Ibid.
[49] Geddes, 'The Women's Hospital Corps', p. 110.
[50] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, LSE.

‘the red, white & green flag’ of the NUWSS flying ‘below it,’ and they will come to associate it with ‘efficiency & kindness, & intelligence.’[51] In discreetly intertwining the vital and good work of the SWH’s female doctors with the NUWSS, Inglis believes that she will ameliorate the popular view of the women’s suffrage campaign. By doing this, she once again demonstrates, not only that her all-female medical units are directly linked to the fight for women’s suffrage, but that they are devoted to forwarding this organisation’s agenda, too.



2WNA/D/04

THE

DANGER OF WOMAN SUFFRAGE

LORD CROMER'S VIEW:

I object to granting the Suffrage to Women ——

BECAUSE I consider the measure fraught with DANGER TO THE BRITISH EMPIRE;

BECAUSE it would be subversive of peace in our homes;

BECAUSE it FLIES IN THE FACE OF NATURE, which has clearly indicated the spheres of action respectively assigned to the two sexes;

BECAUSE those who make the laws should have the physical force to enforce them, and this women do not possess;

BECAUSE the measure now before Parliament will almost certainly lead to a strong demand for granting VOTES TO ALL WOMEN; and

BECAUSE if this is done, the sovereignty of the British Empire will pass FROM THE HANDS OF MEN TO THOSE OF WOMEN, for the reason that the numbers of women in this country are largely in excess of the numbers of men.

ANTI-SUFFRAGE CAMPAIGN.

PALACE CHAMBERS, BRIDGE STREET, WESTMINSTER, S.W.

Fig. 1.3 Rowland Thomas Baring Cromer, *The Danger of Woman Suffrage: Lord Cromer’s View* (London: National League for opposing Woman Suffrage, 1912), 2WNA/D/04, The Women’s Library, LSE, London.

The SWH’s fundraising campaign in conjunction with the NUWSS was a success and by December 1914 Inglis had collected enough money to send out two fully equipped medical units. One unit set sail for France whilst the other was sent into the midst of the typhus epidemic in Serbia. The work completed by these women quickly earned the attention of military and government personnel on their respective frontlines and in Britain. It was thus that between the 9th and 13th April 1915, Inglis was called to attend

[51] Ibid.

a conference to discuss the continued work of her organisation in Serbia with representatives from the British War Office, British Red Cross, and the French Red Cross. In a confidential report written by Inglis and sent back to the SWH's Committee, she outlines that 'the object of the conference was not much of the question of the epidemic raging in Serbia at present, as the organisation of the work' over there.[52] According to Inglis, these authorities were worried that there would be 'over-lapping' of work and a 'waste of energy' on the Balkan Front 'unless the work was organized' and the meeting's primary focus was to clarify this.[53] For Inglis, it must have seemed ironic yet satisfying that she should now be asked to co-ordinate her all-female medical units with those of the two authorities (the British War Office and British Red Cross) who had previously shunned her on the basis of her sex. By requesting that the SWH synchronized their work with these other field hospitals, these officials acknowledged and validated the former's position as an autonomous organisation. They also implied that the SWH's work was having too large an impact in the Balkans to be ignored – an undeniable personal victory for this organisation's founder.

Having agreed with these authorities that Sir Ralph Paget, leader of the Serbian Relief Fund (SRF), should be the British co-ordinator of medical work in the Balkans, Inglis was keen to use this meeting further to her advantage. As a result, she requested and acquired from the War Office's Director General of Army Medical Services, Sir Alfred Keogh, permission for the additional deployment of 30 British nurses to go out alongside the SWH's Second Serbian Unit to Valjevo, with another six to be sent out to the already established FSU. Writing of the War Office's acquiescence to her committee, Inglis suggests that this move is a potential sign of their acceptance of the SWH 'as serious workers,' though she is cautious not to declare this notion openly.[54] 'I have written this deliberately for the Committee,' she notes:

> but I think we should be very careful in speaking of it outside. I think it means that Sir Alfred Keogh accepts the Scottish Women's Hospitals as serious workers, and that our work will not be hindered, but it is obvious that unless we are very discreet, it will be impossible for Sir Alfred – in the face of all his difficulties – to help us out.[55]

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[52] Elsie Inglis, 'Report by Dr Inglis on the Conference on Condition of Serbia and How to Help: 1915', TD1734/2/6/4/1/9, Scottish Women's Hospitals Collection (hereafter: SWHC), Glasgow City Archives.
[53] Inglis, 'Report', TD1734/2/6/4/1/9, SWHC, Glasgow City Archives.
[54] Ibid.
[55] Ibid.

According to Inglis, the support of this War Office representative is both hidden and conditional on some unspoken necessity. By indirectly granting permission for the SWH to equip itself with more British nurses through official British governmental channels, Keough gives Inglis the first indication that the War Office, though not prepared to recognise the SWH, were nevertheless not averse to working with them.[56] This undoubtedly called into question the War Office's policy of not allowing female doctors and surgeons to broach the frontlines in an official capacity. It is these 'difficulties' that prevent Keough – and Inglis - from openly speaking about this assistance, as the SWH's existence remains an officially contentious subject.

That the SWH retained its controversial status despite their early successes on the frontlines is only further implied by the actions of a second War Office representative present at this meeting, Colonel George Barrow. Like Keough, Barrow does not directly grant Inglis' request for more staff. Instead, he delegates the SWH founder's appeals to the matron-in-chief of the British Red Cross, Miss (later Dame) Ethel Beecher, for authorisation. In an examination of the gendered and professional boundaries between nursing and medicine, Vanessa Heggie points out that the first generation of female doctors felt there was a need 'to put "clear water" between themselves and the nurses they worked with' if they were to avoid questions that targeted their own precarious identities; namely, 'why not be a nurse?'[57] By redirecting Inglis' request to an (albeit senior) member of nursing staff, it is plausible that these War Office officials were attempting to belittle the SWH's founder and her requests. Inglis, however, does not seem to dwell on this, as she welcomes the prospect of the War Office embracing her units, even if covertly.[58] Her scheme, she notes, is both visible and coming to fruition

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[56] The War Office continued to indirectly work with the SWH without officially recognising the organisation in the early years of the Great War. Their unofficial collaborations will be examined in greater detail in the first section of the second chapter of this thesis, via the Valjevo Unit's work for British soldiers in Malta.

[57] Vanessa Heggie, 'Women Doctors and Lady Nurses: Class, Education, and the Professional Victorian Woman', *Bulletin of the History of Medicine*, 89, No. 2 (2015), pp. 267-292 (268-9).

[58] The SWH's units were formed of both medical and non-medical personnel (doctors, surgeons, nurses, orderlies, drivers, a radiographer, and non-medically qualified orderlies). Despite there being occasional friction within units between individual personalities (a well-documented example exists in the clash between the GNU's Dr Louise McIlroy and radiographer, Edith Anne Stoney), their professional differences were never a point of contention. On the contrary, the women maintained the greatest of respect for each other's professional capabilities, placing them in operation outside of the hierarchies outlined by Heggie. See the next section of this chapter for examples of how FSU doctors praised their nursing staff as the most crucial figures in securing the organisation's victory in their battle against typhus at Kragujevac. See Leah Leneman's, *In the Service of Life* for more information on the conflict between McIlroy and Stoney.

despite the lack of any official recognition for the same. Though the British authorities' official stance on the SWH remained outwardly cool for much of the war (excepting some isolated instances which will be explored in the following chapters), Inglis took pride in the fact that her organisation was nevertheless achieving its aims as a clear act of pro-female protest. Indeed, as the next section of this chapter demonstrates, her unit members' proficiency and skills were swiftly getting them noticed on the Balkan Front, too, where they claimed their first victories over both the typhus epidemic and their doubtful disparagers.

Typhus:

Fig. 1.4 Serbian Soldier, Slowly Dying of Typhus on the Door Step of a Hospital to Which He Has Been Refused Admittance Because It Is Already Overcrowded With Typhus Patients (c.1915), Pinterest <https://www.pinterest.co.uk/pin/435864070169582687/?lp=true> [Accessed: 20th May 2020] (Original source unidentified).

Following Inglis' and the NUWSS' successful fundraising campaign, the first of the SWH's Serbian Units (FSU) arrived in Serbia on Sunday 3rd January 1915. For Serbia, the help could not have arrived quickly enough. Meanwhile, nothing could have prepared the FSU's unit members for the chaos that was to greet them in Kragujevac. Typhus fever was running rampant in a battle-weary and dilapidated Serbia, which had still not completely recovered from its participation in the two previous Balkan Wars (1912-1913). This new conflict paired with the generally poor sanitation of the region meant that disease spread quickly between military and civilian populations. When the

FSU arrived, epidemic typhus was raging throughout every Serbian village, town and city. Conditions were made all-the-worse because 'there [was] no attempt at nursing – no Serbian women [were] trained for it, and they [had] become apathetic during their three wars.'[59] Even foreign medical workers were struggling to cope with the conditions facing them and it was no wonder that the SWH's members felt a sense of utter hopelessness and despair upon seeing their new surroundings for the first time. Overcrowded hospitals were balking beneath the pressure to tend to the patients already in their care, whilst 'more and more' victims continued to 'come in.'[60] 'They are put down anywhere,' observes Fraser, 'for doctors to attend to or not, as they can,' leaving 'ragged men [lying] in the fields, and huddle[d] round the doors, with filthy, suppurating wound.'[61] It was not uncommon for soldiers to lay dying in hospital doorways and for the exhausted medical staff to simply step over them to continue their work (see **Fig. 1.4**).[62]

Writing about their arrival in a retrospective medical paper, FSU doctor Lilian Mary Chesney claims that 'at that time the Serbian medical organisation was more or less paralysed by the magnitude of the epidemic.'[63] To make matters worse, medical staff were not immune to the disease. An estimated 360 of Serbia's 450 doctors became infected with typhus, whilst more than 120 died.[64] Meanwhile, medical personnel with foreign medical missions succumbed to the disease in large numbers and the FSU, too, 'suffered rather severely,' according to Chesney, 'having about nine or ten cases and three deaths among their workers.'[65] These figures were not, however, anywhere near as high as those in neighbouring hospitals. As the success of its first units were so

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[59] Anonymous in McLaren, *A History of the Scottish Women's Hospitals*, p. 87.
[60] Fraser, 'Diary of a Dresser', p. 776.
[61] Ibid.
[62] Though I have spent much time trying to locate the original source of this image, it has unfortunately proved unobtainable (thanks, in part, to limited archival access during the COVID-19 pandemic). There has been much recent discussion in the History of Emotions field on the ethics of using (and misusing) historical medical images and images of those in distress. For more information on the ethics of historical medical images, please consult the following projects:
Fay Bound Alberti, 'AboutFace'< https://aboutfaceyork.com/> [accessed: 28th August 2021];
Jennifer Wallis, Picturing death: Dealing with post-mortem images, < https://aboutfaceyork.com/2020/08/picturing-death/> [accessed: 28th August 2021]
Sarah Hall, Emotions and Ethics: The Use and Abuse of Historical Images, < https://aboutfaceyork.com/2020/07/emotions-and-ethics/> [accessed: 28th August 2021].
Also see: Elizabeth Gagen, 'Facing madness: The ethics of exhibiting sensitive historical photographs', *Journal of Historical Geography*, 71 (2021), pp. 39-50.
[63] Lilian Mary Chesney, 'Typhus Work in Serbia', *The Practitioner*, 96, No. 5 (1916), pp. 542-550 (543).
[64] Leneman, *In the Service of Life*, p. 18.
[65] Chesney, 'Typhus Work', p. 543.

pertinent to the continued war-time activities of the SWH, the pressure on the FSU was great. They could not fail, though they were surrounded by conditions conducive to defeat.

Investigative work into typhus fever was still in its infancy when the Great War broke out. Though French bacteriologist, Charles Nicolle, had revealed the cause of typhus fever to be *Rickettsia prowazekii* in 1909, knowledge on the best treatments for the disease and how to limit its spread remained speculative, contentious, and experimental. The fight against typhus was a fight against the unknown and treatments varied wildly from hospital to hospital during the epidemic in Serbia. 'A doctor I met at Nish,' wrote Dr Chesney retrospectively, 'said alcohol in any form was poison for typhus patients; another man gave his patients whisky every hour from the very first; another gave no alcohol and no drugs at all, and got equally good, or bad, results.'[66] Techniques used in the prevention of the disease were even more varied. 'Our director in Serbia used to hold forth about lice being the only method by which typhus was conveyed from man to man', recalls Chesney, whilst 'at the same time, he made me put up in the hospital elaborate notices about the doctors and nurses washing their faces with ether, and gargling their throats with peroxide before leaving the building.'[67] For the FSU, however, it was the unsanitary conditions, non-existent nursing, and the sharing of mattresses between war-wounded and typhus patients that caused the most concern at their assigned military hospital. All these factors, they believed, provided a fertile breeding ground for disease. They began work immediately, therefore, to rectify this.

Typhus, as Anne Hardy states, 'cannot survive in conditions of personal and household cleanliness,' as its 'transmission is […] facilitated, and activation of the disease encouraged, where domestic hygiene is poor.'[68] Determined to quell the ferocity with which this disease was spreading at their assigned hospital, the FSU made the wise decision to clean, sterilise, and put their newly assigned wards and patients in order swiftly. Though the disease still featured in teaching at British medical schools due to both outbreaks in Britain and its prevalence in empire throughout the late nineteenth century, typhus fever had 'virtually vanished from the mortality tables' in Britain by the

[66] Ibid., p. 548.
[67] Ibid., p. 549.
[68] Hardy, *The Epidemic Streets*, p. 191.

turn of the century.[69] It is probable, therefore, that the majority of the FSU's staff had limited experience treating it.[70] Those few who *had* treated typhus previously would likely not have dealt with it on the epidemic scale awaiting them in Serbia. 'The disease,' as FSU clerk, Helen Douglas-Irvine states, had 'become so rare in Western Europe that the adequacy of modern medical science, scientific nursing and scientific organisation to deal with it on a large scale' had never 'been tested' previously.[71] The Balkan Front was, therefore, a unique trial of the SWH's abilities. Not only were the women of this organisation working in a new location, but the disease they were treating was novel to the majority of staff, too. To add to the pressures they faced, the consequences of failure were extremely costly for the FSU; death could take not only their patients and colleagues, but the SWH as an organisation.

Conditions at the FSU's assigned First Military Reserve Hospital upon their arrival are described in one unit member's letter as 'dreadful, only one doctor (a woman) and Austrian orderlies, (prisoners of war) to look after nearly 200 wounded, many of whom had fever also.'[72] She goes on to note that patients 'were lying on straw mattresses on the floor, two or three on one mattress,' around 'big stoves, and all windows shut, dirty dressings and scraps of food lying everywhere, and the atmosphere indescribable.'[73] Her emphasis on the stuffiness of the dirty room, highlights a concern that would have been particularly troubling to nursing staff: poor ventilation. The benefits of freshly aired wards had been long championed by British nurses since Florence Nightingale's pioneering work in the Crimean War. 'The first essential to the patient,' wrote Nightingale, 'without which all the rest you can do for him is as nothing […] is this: to keep the air he breathes as pure as the external air […].'[74] In the 55 years that had elapsed since Nightingale's work, germ-theories within Britain had ranged widely from

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[69] Ibid., p. 191.
[70] For more on typhus in the nineteenth-century see:
Graham Mooney, *Intrusive Interventions: Public Health, Domestic Space, and Infectious Disease Surveillance in England, 1840-1914* (Rochester: University of Rochester Press, 2015).
[71] Helen Douglas-Irvine, 1st Serbian Unit - Individual correspondence - Helen Douglas-Irvine, 27 February 1915, TD1734/11/1/2/11, SWHC, Glasgow City Archives.
[72] Anonymous, 'extracts from letters written by a member of the SWH unit at Kraguievatz', 9 January 1915, TD1734/11/1/1/2c, SWHC, Glasgow City Archives.
[73] Ibid.
[74] Florence Nightingale, *Notes on Nursing: What it Is, and what it is Not* (New York: D. Appleton and Company, 1865) p. 12.

'chemical poisons, ferments, degraded cells, fungi, 'bacteria' or a class or parasites'.[75] By 1900, however, as Michael Worboys notes, general medical consensus had agreed 'bacteria' was the most common cause of illness, whilst medical staff focused on targeting 'specific diseases' in their treatments.[76] Despite these advances, fresh air remained a tried and tested method for disease control in British wards.[77] Pertinently, there was recent evidence to suggest that fresh air had been crucial to patient recovery 'during the epidemic of typhus fever in New York City in the winter and spring of 1881.'[78] The mortality rate,' of those patients who had been 'fully exposed to the breezes of the river and the harbour' was, according to American physician Dr G. Frank Lydston, 'about 12 per cent., a very low rate as compared with that of previous epidemics.'[79] When the FSU began work, therefore, they started by implementing the nursing profession's first rule and opening every window on the wards. Within 'a week', staff report, 'the place was transfigured.'[80]

In addition to a lack of ventilation, the FSU found patients at their assigned hospital site were almost completely unattended in dirty, overcrowded wards. The FSU did not blame the Serbian people for these miserable conditions. 'You must realise,' wrote one unit member to the Committee, 'that the patients are no slum dwellers, but hate dirt and this utter discomfort. They are splendid men, magnificent even when they are dying of fever […].'[81] Similarly, Dr Chesney notes that 'for the existence of so many old, suppurating wounds, unhealed ulcers, neglected fractures and gangrene cases, the Serbians were really not to blame.'[82] Their fatigue, she claimed, was caused by their 'fighting nearly continuously for four years,' during which they 'had lost many doctors

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[75] Michael Worboys, *Spreading Germs*: *Disease Theories and Medical Practice in Britain, 1865-1900* (Cambridge: Cambridge University Press, 2000), p. 2.
[76] Michael Worboys, *Spreading Germs*, p. 238.
[77] Discussions on limiting the spread of disease by ventilation continue to be pertinent in the twenty-first century, too, with the British government and National Health Service actively promoting the opening of windows to minimise the spread of COVID-19 during the 2020 Coronavirus pandemic. Please see: UK Health Security Agency, 'Ventilation of indoor spaces to stop the spread of coronavirus (COVID-19)' (2021) <https://www.gov.uk/government/publications/covid-19-ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus/ventilation-of-indoor-spaces-to-stop-the-spread-of-coronavirus-covid-19> [accessed: 13th November 2021].
[78] G. Frank Lydston, 'Fresh Air in Prevention and Treatment of Disease', *Journal of the American Medical Association*, 20 (1908), p. 1622.
[79] Lydston, 'Fresh Air', p. 1622.
[80] William Smith in McLaren, *A History of the Scottish Women's Hospitals*, p. 87.
[81] McLaren, *A History of the Scottish Women's Hospitals*, p. 88.
[82] Lilian Mary Chesney, 'Recollections of Surgical Work in Serbia' in *The Practitioner*, 99 (1916), pp. 274-287 (281).

in their wars.'[83] Of those doctors who 'remained, I believe about a third died of typhus, so that their medical resources were strained to the utmost, and having no system of trained nurses aggravated the difficulties they had to deal with.'[84] Though they had tried their best, Serbian doctors had been overstretched and overwhelmed by the sheer volume of cases. Both patients and caregivers suffered as a result. It was thus that, once this SWH unit took charge, they were militant in their process of cleaning and aerating the wards. 'One by one,' writes unit volunteer and transport officer William Smith[85], 'the wards were emptied, cleaned, and whitewashed, the equipment was unpacked, and the patients, washed and tidied, were tucked up comfortably in their clean beds, with their bright red coverlets.'[86] With their many charges settled and more content, the unit could refocus their attentions on treatment.

Whilst sanitation and warding were fixable issues, the problem of overcrowding was one that never truly disappeared for the FSU. One unit member notes that, over a month after their arrival (13th February 1915), the hospital had under its 'supervision […] about 300 patients, which, of course, is three times the number we were prepared to have.'[87] The need in Serbia was still greater than the resources available. Having put a stop to the mixing of typhus patients with the wounded, however, the FSU were able to slow the spread of the disease and lower the death rate at their own facility. This, in turn, improved patient experience and the level of care the women were able to provide even whilst working well above capacity. The FSU's efforts made their 'hospital […] a very bright spot in the midst of' so much despair for both patients and staff alike.[88] Unit members derived 'great pleasure' from being able to bring their patients the 'comfort' and 'joy' of 'being clean in a clean bed.'[89] This was in sharp contrast to other local hospital sites where 'there had been,' according to Dr Chesney, 'as in our hospital, no

[83] Chesney, 'Surgical Work', p. 281.
[84] Ibid., p. 281.
[85] William Smith was the FSU's transport officer and only male member at this time. Like all men who worked with the organisation, his position was voluntary and, therefore, unsalaried. The focus of the SWH remained on its women, though Smith was to give the most comprehensive surviving account of the Great Serbian Retreat. His role will be explored in greater detail in the second chapter of this thesis.
[86] Smith in McLaren, *A History of the Scottish Women's Hospitals*, p. 87.
[87] McLaren, *A History of the Scottish Women's Hospitals*, p. 92.
[88] Ibid., p. 93.
[89] Ibid., p. 93.

real attempt at separating typhus fever from other diseases.'[90] This fundamental structural breakdown proved fatal not only to patients, but many medical staff, too.

In her diary, FSU dresser, Louise E. Fraser, reflects on a visit to one such nearby hospital where conditions were poor and fatalities amongst patients and staff alarmingly high. Though under the charge of a competent and talented British doctor, Elizabeth Ross, the facility had no triaging system and was inundated with patients. Having heard of the need in Serbia, Ross had come out independently to the country and volunteered at 'a Serbian fever hospital in Kragujevac where she worked under grim conditions with two Greek doctors, a few orderlies, and no trained nurses.'[91] The lack of trained nurses was a direct consequence of Serbia having no formal nursing schools or, indeed, nursing system in place. As a result, Ross' hospital was in such a dreadful state that Fraser could 'hardly describe this place so as to give any idea of what it is like […].'[92] This dresser's failure to verbalise what she has witnessed is indicative of how unfathomably distressing a situation Ross' facility was in. Though lost for words, however, Fraser 'can give figures.'[93] 25 of the hospital's doctors had died of typhus since the war began and a further six were currently ill with the disease. 'Most of these' physicians, she writes in an unsettlingly matter-of-fact tone 'will die.'[94] Her statement is made all the more cutting by the definiteness of the future tense.

According to Fraser, 'the acknowledged death-rate' at this hospital 'is 10 a day, - that is to say, 150 or so a fortnight.'[95] Her use of the word 'acknowledged' implies that she believes this estimate is neither an accurate nor an honest one. The number is made no less devastating when Fraser draws comparisons to her 'own hospital,' which, she notes 'has 150 beds in it' giving 'one an idea of what such a death-rate means.'[96] Ross' facility loses the equivalent of the entire official capacity of the FSU's site in patients and staff every two weeks. Meanwhile, the 6th Reserve Hospital run by the FSU had a death rate of around 16% following the unit's takeover.[97] This rate was exceptionally

[90] Chesney 'Typhus Work in Serbia', p. 543.
[91] Monica Krippner, *The Quality of Mercy: Women at War Serbia 1915-18* (London: David & Charles, 1980), p. 49.
[92] Fraser, 'Diary of a Dresser', p. 793.
[93] Ibid., p. 793.
[94] Ibid., p. 793.
[95] Ibid., p. 794.
[96] Ibid., p. 794.
[97] Chesney, 'Typhus Work in Serbia', p. 548.

low in comparison to the numbers of dead coming out of Ross's hospital on a daily basis. As there were but four doctors working at the FSU's facility, each 'with [their] pet methods of treatment, and each getting about equally good results, it is probable,' Chesney concludes, 'that to the sisters rather than to us must any credit be given.'[98] With this admission, Chesney highlights the gratitude she felt for her unit's nursing staff. As mentioned previously, though individual members were aware of the distinct purposes they served within their units, a great deal of respect existed between SWH personnel of different professional ranks. This is particularly clear in Chesney's admiration for her sisters, who she suggests were crucial to the whole unit's success in Kragujevac. Chesney's praise is a far cry from the 'dismissive' attitudes that Heggie argues were so prevalent amongst the first generation of female doctors, many of whom viewed their nurses as 'mere hands [that] never think.'[99]

According to Nightingale, the 'one duty of every nurse certainly is prevention.'[100] The impact that Serbia's lack of nurses had upon the deterioration of conditions within the country's hospitals during the typhus epidemic, therefore, cannot be underplayed. Nowhere is this made clearer than in the case of Ross's facility, where 'if a patient [was] too ill to eat or drink unaided,' he was left by outnumbered staff 'to die.'[101] Their neglect, Fraser is quick to note, was not malicious – they simply did not have the time, energy, or resources to devote to the dying. Whilst it was standard practice in the Great War to place those likely to die in a quiet corner of the Casualty Clearing Station to wait for the inevitable, Fraser emphasises the brutality of this triaging system by outlining the FSU's treatment of their own 'helpless cases'.[102] 'We are like mothers with young families,' she claims, 'and only hope to be left quiet.'[103] Her emphasis on the maternal feelings these dying men evoke in her thrill-seeking 'unit of young and unattached females' might be deemed a play on the essentialist ideals of femininity.[104] There exists, however, a fierce independence in the unit's desire to be left undisturbed with their charges. Furthermore, Fraser exhibits a jarringly 'unladylike' pragmatism as she admits to praying for the death of an Austrian patient who 'had a certain part of his

[98] Ibid., p. 548.
[99] Heggie, 'Women Doctors and Lady Nurses', p. 275.
[100] Nightingale, *Notes on Nursing*, p. 127.
[101] Fraser, 'Diary of a Dresser', p. 793.
[102] Ibid., p. 784.
[103] Ibid., p. 784.
[104] Ibid., p. 784.

brain destroyed' after being shot in the head.[105] It is not death, then, but the lack of comfort provided to those who are dying that bothers Fraser most at Ross' hospital. The care that Ross' facility provides to those fortunate enough to be treated was deemed medieval by this orderly. Men would lie 'so closely together on mattresses on the floor that one could not pass between them,' observes Fraser, whilst the 'swarming vermin' responsible for spreading typhus crawled freely over the sick and dying alike.[106] With no nurses and feelings of general apathy overcoming exhausted staff, Fraser claims that there had developed in this facility 'a horrible carelessness to human life'.[107] This was to prove unfortunately fatal for Ross, too, who in spite of her best efforts to turn things around, succumbed to the fever and died less than three weeks after her arrival.

Though doctors in Serbia had tried to make a difference 'amidst all these horrors,' without nurses to aid them in the general day-to-day care of charges, the whole process of the injection of 'expensive drugs into these tired creatures, covered with vermin and bed-sores' descended into, as Fraser states, 'farce.'[108] Her use of the noun 'farce' underscores the nonsensicalness of doctors treating patients in an environment that perpetuated and aggravated the conditions being battled against. The medical workers at this hospital had been, Fraser suggests, set up for failure. There were too many sick men for Ross to take care of alone and this cost her life. The nursing staff that Ross' facility so desperately needed were a unique and fundamental component of the SWH's structure. Unsurprisingly, then, the supportive work of the nurses was attributed to the FSU's successful handling of the typhus epidemic overall. It was 'thanks to the unremitting efforts of the Sisters,' as Chesney notes, that their own hospital 'was very soon revolutionized, the wards and the patients washed, and lice hunted out of every hole and corner.' [109] 'Discipline' in the wards was also accredited to the nurses who, though not proficient in German or Serbian, had 'no apparent difficulty' in 'not only' being 'understood […], but obeyed by everyone.'[110] It is clear, therefore, that nursing staff played a crucial part in the survival of both the FSU's medical women and their patients on the Balkan Front. Without their presence, as Ross' facility tragically

[105] Ibid., p. 784.
[106] Ibid., p. 793.
[107] Ibid., p. 794.
[108] Ibid., p. 794.
[109] Chesney, 'Typhus Work in Serbia', p. 543.
[110] Ibid., p. 545.

demonstrated, it would have been impossible to maintain the high standards of cleanliness and order needed to provide quality patient care.

Following the visit to Ross' wards, Fraser claims that it was 'some relief to go all round our own little hospital' because there 'are no foul smells, only the pleasant homely smell of straw mattresses and black bread.'[111] Though the FSU had, indeed, made significant and irrefutable improvements to their hospital site since their arrival, it is important to note here that this unit were not immune to fatalities and both Sister Louisa Jordan and Sister Madge Neil Fraser fell victim to typhus. These losses were tragic and keenly felt by all unit members. The FSU's autonomy, however, granted them complete control over their medical centre and this, in turn, allowed them to avoid deaths in the numbers that Ross' hospital had seen. The importance of self-governance in clinical practice was a pressing problem amongst medical staff on both sides of this conflict. Hikmet Ozdemir notes the difficulties German doctors faced treating Ottoman soldiers during the 1915 epidemic outbreak of spotted-fever in Erzincan, Eastern Turkey.

> There was no way to implement effective methods of disinfection for most of the soldiers stationed in the trenches on the high mountains covered with snow. Not only the soldiers, but also the officers in contact with the soldiers, were infected by the disease. Two of the three German doctors serving in Erzincan had to be sent back to Germany since they became ill with typhus, whereas the third died of typhus in Erzincan. [112]

Two Red Cross doctors, Dr Colley and Dr Zlosisti, similarly lamented their working conditions with the Ottoman Army, claiming that 'no medical services [could] be properly provided due to the lack of all kinds of preventive medical measures. As a result of that, the casualties among the Ottoman soldiers [were] much higher than the Germans.'[113] The establishment of controlled and, by default, sanitary clinical spaces for the treatment of infectious diseases were, therefore, crucial for medical staff to successfully limit contagion. The case of both Ross and the Ottoman Army's Red Cross doctors only further highlights the advantage the FSU gained with their independence on the frontlines.

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[111] Fraser, 'Diary of a Dresser', p. 794.
[112] Hikmet Ozdemir, *The Ottoman Army 1914 - 1918: Disease and Death on the Battlefield*, trans. Saban Kardas (Salt Lake City: The University of Utah Press, 2008), p.55.
[113] Dr Colley and Dr Zlosisti cited in Hikmet Ozdemir, *The Ottoman Army 1914 - 1918: Disease and Death on the Battlefield*, trans. Saban Kardas (Salt Lake City: The University of Utah Press, 2008), p.55.

Where Ross and the Ottoman Army's medical personnel found themselves overwhelmed by patients who they were unable to quarantine in the face of an epidemic (much in the way that many other Serbian hospitals did), the FSU were able to take a structured approach to treatment unhindered by Serbian military officials. 'Our Serbian director, Major Protitch,' Dr Chesney writes, 'was always ready to do anything we required, and to be counted on never to interfere, but always to support all the measures we wished carried out.'[114] Though the situation in Kragujevac was still far from ideal, with one FSU staff member noting that 'the wounds' are, nevertheless, still 'horribly septic', she highlights that the unit's arrival had resulted in a general boost in mood and morale amongst the hospital's charges thanks to the improvements being made.[115] This is in stark contrast to the patients at Ross' hospital, who are left to 'die in utter hopelessness in hideous surroundings' slowly and 'after weeks of torture from the disease itself, from hunger and thirst, from vermin, from the pain and fever of their sores.'[116] Where Ross' men died untended, at the SWH's hospital site, the FSU staff did all that they could to ensure each patient received the best possible care to either facilitate their survival or a dignified death.

The change in conditions at the FSU's hospital – and its success in comparison to others in the region – was significant enough to draw the attention of senior military officials. Indeed, it was to mark the beginning of the praise the SWH was to unofficially receive from men and this was highly motivating for the organisation's members.[117] According to the Serbian Consul at Salonika (present-day Thessaloniki), Greece, the high quality of the FSU's work earned them the accolade of 'best [hospital] in Serbia.'[118] Meanwhile, Mr Charles Des Graz, the British Envoy to Serbia (1914-1919), personally praised the SWH to its founder with the claim that he could not 'speak too highly of the splendid work that [had] been done' by these women in this country.[119] This feedback must have been particularly pleasing for Inglis to hear, given the lack of official support from Britain for her venture when she initially proposed the scheme to the War Office

[114] Lillian Mary Chesney, 'Surgical Work', p. 281.
[115] Anonymous in McLaren, *A History of the Scottish Women's Hospitals*, p. 93.
[116] Fraser, 'Diary of a Dresser,' p. 794.
[117] Further praise for the SWH's work received from high-ranking military men will be explored in the second chapter of this thesis.
[118] McLaren, *A History of the Scottish Women's Hospitals*, p. 100.
[119] Ibid., p. 100.

mere months earlier.[120] That the SWH's founder, too, was very impressed by the work taking place at Kragujevac was clear in a report back to the Committee following her inspection of the hospital. Staff, she states, had taken charge of 'something like 570 beds! […] and there is no doubt at all that they have done it excellently, and with a wonderful self-devotion' that in turn rendered 'the standard in all three hospitals […] distinctly higher than that of the ordinary hospital' in this country.[121] The work of these women was a source of great pride for Inglis. As a result, the organisation's founder seized the opportunity to take charge of the unit and work in Serbia herself when its original CMO, Dr Soltau, fell ill with diphtheria and returned home in April 1915.

Fig. 1.5 A corner of the ward, Kragujevac (c. 1915) in 'Photograph album of the First Serbian Unit', TD1734/19/5/1, SWHC, Glasgow City Library, Glasgow.

Inglis continued the FSU's success in Kragujevac, and this inevitably led to an increase in the demand for their work. Expansion took place locally when this unit adopted a further two hospital buildings in Kragujevac, though they continued to find themselves with more patients than they had room for. The Serbian soldiers openly spoke of the SWH as the hospital of choice in the region. It is little surprise, then, that on the 28th May 1915, the FSU split into two to enable a second unit to form and set up a field

[120] As mentioned previously, this was not to be the last time that the British were to openly display their admiration for the SWH's work - other instances will be explored in upcoming chapters.
[121] Elsie Inglis in McLaren, *A History of the Scottish Women's Hospitals*, p. 100.

hospital in Mladenovac. The organisation's expansion in Serbia was only to progress throughout the 'long, peaceful summer' of 1915 with the arrival of the SWH's Second Serbian Unit (CMO Dr Alice Hutchison) in Valjevo that June followed by the SWH's takeover of a Serbian hospital in Lazarevac (CMO Dr Nora Hollway) that July.[122] Though the organisation's prosperity had been met with misogynistic scepticism by the British War Office, the women of the FSU had nevertheless thrived on this frontline without official support. Indeed, their popularity had demonstrated before their detractors in a very public way that women were not only capable of frontline work, but there was a demand for it. To support this demand, the SWH's women would have to continue to attract funds from the British public – a task, as the next section of this chapter shows, that Fraser partially tackled through the publication of her private diary.

[122] This lull in work and the subsequent devastating Great Serbian Retreat will be examined in greater detail in the second chapter.

'A drop of water into hell'[123]:

As an organisation, the SWH was supported entirely by charitable donations. It was necessary, therefore, for its committee to engage in extensive fundraising activities if its medical staff were to continue their work for the duration of the war. Their earliest appeals, as mentioned previously, began in September 1914 in the NUWSS' weekly publication the *Common Cause*. Amongst the other 'fund-raising ploy[s],' writes SWH historian, Leah Leneman, 'was the promise that donors of £50 could name a bed for a year and donors of £25 for six months. Individuals, schools, groups, clubs, suffrage societies, whole towns and villages could all have a personal stake in the SWH.'[124] At the end of 1915 the fundraising mission became an international one, when Kathleen Burke (later Hale) of the SWH's London office travelled to the United States of America to hold public lectures about the organisation's work.[125] Her initial tour was meant to end after a few weeks, but the mission proved so lucrative that she continued to hold speeches throughout the country until early 1920. Burke's work abroad was undeniably useful in giving the organisation greater international scope. The vast majority of fundraising, however, continued to be conducted from the Committee's Glasgow, Edinburgh, and London bases.

Whilst early campaigns targeted supporters of the NUWSS, the SWH realised that it would need to engage the wider general public as they grew if they were to continue financing their mission. It was thus that on the 16th November 1914, a 'Public Meeting' was advertised to all members of the Glasgow Society for Women's Suffrage requesting that all those in attendance bring 'a friend' along with them, too.[126] In extending the invitation to those who were not necessarily society members, the SWH's home-front staff sent a clear signal of their intent to broaden the organisation's audience of potential benefactors. Indeed, the flyer openly states that the Committee felt 'that much more might be done' with regards to raising funds, and so they were 'anxious to give the members of the Society and the general public an opportunity of helping' them

[123] Fraser, 'Diary of a Dresser', p. 790.
[124] Leneman, *In the Service of Life*, p. 4.
[125] The fundraising activities of Burke are revisited in the fourth chapter of this thesis.
[126] Correspondence with Miss Katherine W Lindsay, 16th November 1914, TD1734/2/7/1/4, SWHC, Glasgow City Archives.

further in their 'very important and necessary work.'[127] The desire to engage the general public in their humanitarian efforts culminated in June 1915 with the publication of Fraser's 'Diary of a Dresser in Serbia' for the conservative Scottish journal, *Blackwood's Magazine*.

During the Great War, *Blackwood's Magazine* 'participated actively in the promotion of the war effort,' with the editor, George Blackwood, 'fully and unequivocally,' as David Finkelstein argues, supporting 'the Allied cause.'[128] As an extremely popular and well-respected periodical, *Blackwood's Magazine* boasted a large and widespread readership. Any 'article,' as Blackwood wrote, 'to appear in my Magazine, […] will have a very wide circulation all through the British Empire, and particularly on the various Fronts where there are many officers who subscribe regularly […], and also to a certain extent in neutral countries.'[129] By publishing a piece in this journal, Fraser both introduces and legitimises the SWH's work to global readers who might otherwise have disparaged the efforts of an all-female medical organisation working in a conflict-zone. Her timing, publishing the piece during the 'long, peaceful summer' of 1915, was pointed, too.[130] Following the FSU's successful but exhausting fight against typhus that spring, fighting on the Balkan Front had slowed. The necessity of three SWH units on this frontline was, therefore, being called into question. Through the publication of Fraser's supposedly private diary during this period, this orderly was able to emphasise the importance of the SWH's Serbian work repeatedly and in a very public manner. With more units and less to do, the organisation needed to not only raise money but exceed previous targets if it was to justify continuing its Balkan mission. This text was shared with *Blackwood's* readers, therefore, to appeal to the widest possible audience for patronage.

In addition to these fundraising motivations, a second ulterior motive comes to the fore in Fraser's publication of her text thanks to the repeated stark descriptions of war-wounded. 'Under the conditions of nursing near the frontlines,' Carol Acton argues that

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[127] Ibid.
[128] David Finkelstein, "Blackwood's Magazine in the First World War' in *Grub Street and the Ivory Tower: Literary Journalism and Literary Scholarship from Fielding to the Internet*, eds., Jeremy Treglown & Bridgett Benett (Oxford: Clarendon Press, 1998), pp. 91-111 (p. 98).
[129] George W. Blackwood to A. S. Watt, 26th January 1917, Blackwood Papers, mS 30403, 47, National Library of Scotland.
[130] McLaren, *A History of the Scottish Women's Hospitals*, p. 103.

'there is little time to know the dying and dead and little or no time to grieve, but the writing [of medical staff] comes out of an urgent need to remember and to record, whether at the very private level of a diary, or much more publicly for the general readership of a published memoir.'[131] This certainly seems true for Fraser, too. As an orderly, Fraser would have had little opportunity to reflect on the traumatic scenes she witnessed in Serbia. Her in-depth descriptions of the wounded and dying, which this section will examine in greater detail, imply that there was also a cathartic purpose to her diary; it was a eulogistic means to remember those patients who left the greatest impression upon her. Though the diary's publication would have meant its content was carefully censored by necessity, it would nevertheless have allowed Fraser to document her distress (albeit in a restricted form) on the frontlines and reflect upon the trauma she has incurred but been unable to address.

Fraser draws attention to both the cruciality of this unit's work and the distressing nature of it from the very beginning of her piece, prefacing her text with an emotive reverse poem written by her colleague, Helen Douglas-Irvine.

> A primrose blows on the hill,
> O Love is changed into misery!
> Men hack and welter on battlefields,
> With souls that shrivel in agony.
> Their souls are slain, and the husks we save
> We range them neatly in hospitals.
> O Love is changed into misery!
> A primrose blows on the hill.[132]

When read from the top-down, the subject of Douglas-Irvine's poem appears to be the soldiers whose souls are being destroyed on the battlefield, whilst the caregiving speakers silently piece their broken bodies back together. The sex of the narrators is left unclear, though Fraser's inclusion of it within her piece leads readers to infer that the medical workers are the SWH's women. This implication, which is further supported by Douglas-Irvine having personally worked for the SWH, renders the poem all the more complex when read in reverse. From the bottom up, the poem implies that it is the speakers' (not the soldiers') 'souls', 'that shrivel in agony' as they treat these shattered

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[131] Carol Acton, *Grief in Wartime: Private Pain, Public Discourse* (New York: Palgrave Macmillan, 2007), p. 132
[132] Helen Douglas Irvine cited in Louise E. Fraser 'Diary of a Dresser', p. 776.

men.[133] Wartime 'nurses understood,' as Christine Hallett states, 'that their task consisted in more than repairing the obvious damage to their patient. Damage could not be repaired unless the person was brought back together – made 'whole'' and this, she claims, was a 'private' process.[134] It would seem, however, that in order to make these men physically whole again, their caregivers were required to emotionally divide themselves. Whilst this process, like the process of frontline caregiving, would ordinarily have been a private one, Fraser's inclusion of Douglas-Irvine's poem simultaneously, if subliminally, spotlights both the physical and internalised psychological trauma of medicine in warfare.

Treating the wounded, and specifically the task of stretcher-bearing were, as Jessica Meyer argues not just a form of 'physical labour' but 'emotional labour', too, with some 'bearers' becoming 'deeply invested in the fate of the men they carried.'[135] This is clear from Douglas-Irvine's verse, too. When continuing to analyse this poem under the assumption that the speakers are SWH staff, it might be argued that the admission this work is soul-destroying only further supports prevailing misogynistic views that women are not suited to the battlefield; a claim damaging to the SWH's cause. To argue this alone, however, would be to overlook the ways in which this discrete revelation of vulnerability may nevertheless have benefited the SWH's pro-female cause, too. 'The work of female nurses and doctors in hospitals in close proximity to young men in states of increased physical and emotional vulnerability,' as Meyer states, 'formed the locus of a range of anxieties over gender respectability, gendered divisions of labour, and the consequent effect on the social power dynamics between men and women in these spaces.'[136] In suggesting that the female medical staff of the SWH were emotionally affected by the sights they saw on the Front, it not only humanises, but feminises them. This was particularly significant for the doctors and surgeons of this organisation. Whilst other publications sought to de-sex the female physician on the frontlines, Fraser's inclusion of this poem in her piece serves to subtly remind readers that the members of her unit (including its physicians and surgeons) are female. [137] As a

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[133] Ibid., p. 776.
[134] Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2011), p. 39.
[135] Jessica Meyer, *An Equal Burden: The Men of the Royal Army Medical Corps in the First World War* (Oxford: Oxford University Press, 2019), p.103.
[136] Meyer, *An Equal Burden*, p. 87.
[137] See reference to Scharlieb at the beginning of this chapter.

result, their achievements and hard work are, nevertheless, female and only further challenge the social power dynamics of the battlefield.

Alongside personal catharsis, Fraser's decision to open her piece with a verse that highlights the purpose of medical workers at war reminds readers – and potential donors - that the work of medical units like the SWH is critical to the war-effort at a time when her own organisation's position was being challenged. As already noted, *Blackwood's Magazine* boasted a widespread readership during the war, ranging from civilians on the home-front to soldiers and medical staff across frontlines.[138] By publishing this piece, Fraser helps to ensure that the work of the SWH – and its women - is pulled from the wings of society, garnering donations from her readers to support the continuation of the organisation's work. Her harrowing account of conditions on the Balkan Front during the typhus epidemic paired with her repeated emphasis on just how important the SWH's presence was here at this time appeals to the British reader on an emotional, patriotic and colonial level. Claiming that 'there is not a soul to nurse' the wounded men, this SWH dresser highlights the rudimentary state of Serbia's medical system to her audience.[139] To the British reader, nurses were a well-established part of the medical profession. The lack of nursing in Serbia would, therefore, have led readers to construct the Balkans as 'backward' or less civilised in the same way that colonial subjects often were.[140] Fraser's subsequent claims that 'no one can be spared from this Unit' and a further 'ten fever nurses' have been 'wired home for', therefore, only serves to substantiate the importance and indispensability of SWH staff in this 'foreign' European land.[141] By foregrounding the medical women and their skilful work under these uniquely trying conditions, Fraser simultaneously leads readers to infer what might happen if this organisation were to leave this frontline, as was being considered.

When the FSU were the only SWH unit operating on the Balkan Front, Fraser asserts that the 'unit [was] so small in the midst of so much hopeless misery. All that we

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[138] Indeed, Vera Brittain writes in her post-war memoir *Testament of Youth* that amongst the 'scanty literature' she had brought with her to the Front from home are 'numerous copies of *Blackwood's Magazine*.'
Vera Brittain, *Testament of Youth* (London: Virago Press, 2004), p. 303.
[139] Fraser, 'Diary of a Dresser', p. 790.
[140] Philip McMichael, *Development and Social Change: A Global Perspective* (California: Sage Publications, 2008), p. 27.
[141] Fraser, 'Diary of a Dresser', p. 790.

[could] do [was] like the drop of water that the robin of the legend dropped into hell.'[142] Overwhelmed by the sick and dying, the women battled hard and, at times, hopelessly against the disease in their bid to quell it. Their refusal to give up, however, is emphasised by Fraser in the parallel she draws between the women of this poem and the titular, Christ-like robin figure of the John Greenleaf Whittier poem she references. Whittier's robin dedicates his entire life to a similarly seemingly futile mission: carrying water 'drop by drop' to quench the fires of hell.[143] Nevertheless, according to Whittier this bird is 'dear to the heart of Our Lord' because it resembles Christ and His martyrdom, as both suffer in spite of 'the good they do!'[144] Through her allusions to the sacred, Fraser renders these women and their work saintly, too. They are selfless; dedicated both to their patients and the Allied cause. This would have been a particularly attractive quality to readers, for whom the war was, amongst other things, viewed as a crusade of the morally virtuous Allies against the immoral Central Powers.[145] Though they shared common Christian beliefs with the enemy, it was Britain and the Allies who were on the correct and just side of this conflict.

At no point in her piece does Fraser plead overtly for funds. Instead, she employs rhetorical devices such as appeals to her readers' emotions to drive home her overarching point: more support is needed. In *The Art of Rhetoric*, Aristotle outlines that 'emotions are those things by the alterations of which men differ with regard to those judgements, which pain and pleasure accompany, such as anger, pity, fear and all other such and their opposites.'[146] Persuasion, he concludes, can be obtained at the point when emotions are manipulated. By highlighting the self-sacrificial and 'inherently Christian' nature of the SWH's work in Serbia, Fraser does exactly this. Her repeated emphasis on the desperate need of the devoutly Christian Serbs appeals directly to her readers' religious and colonial sensibilities. Her audience, still largely fired-up by a sense of patriotism at this early stage of the war, would have felt obliged to contribute to this organisation. As though to ensure this was the message readers

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[142] Ibid., p. 790.
[143] John Greenleaf Whittier, 'The Robin', *The Works of John Greenleaf Whittier: Volume I* (n: Outlook Verlag, 2018), p. 262.
[144] Ibid., p. 262.
[145] John Wolffe argues that during the Great War the Church of England blended 'a Christian concept of martyrdom' with 'the cause of the nation and the Empire.'
John Wolffe, *Great Deaths: Grieving, Religion and Nationhood in Victorian and Edwardian Britain* (Oxford: Oxford University Press, 2000), pp. 150-152.
[146] Aristotle, *The Art of Rhetoric* (London: Penguin Books, 1991), p. 141.

received, Fraser rounds off her point about the extra nurses being sent for with the loaded statement that even this 'of course is very little.'[147] The Serbians require more aid still. With this assertion, Fraser drops perhaps her biggest hint to her audience that monetary support is required if the SWH are to continue their vital work.

Fig. 1.6 The Hospital Theatre Sister with Orderlies Michel, 'Scottie', Anton, Milé, Milosh (c. 1915) in 'Photograph album of the First Serbian Unit', TD1734/19/5/1, SWHC, Glasgow City Archives.

In her continued emotional appeals for patrons, Fraser employs another rhetorical technique to make the Balkan Front and its inhabitants seem less foreign and, by default, more relatable to British readers. This is most effectively done via her caricaturing of Serbian soldiers through the lens of the colonial British woman – notably the lovable 'captured "Schwaba"'[148], Scotty. 'The famous "Scotty,"' (see **Fig. 1.6**) so named because of his 'blue eyes' and 'reddish moustache,' which give him a decidedly Scottish appearance (according to Fraser), is a bumbling buffoon of a man who provides frequent snippets of comic relief throughout her piece. His personality often verges on the parodic leaving readers questioning if this is a true account of

[147] Fraser, 'Diary of a Dresser', p. 790.
[148] As an ethnic Serb living under the Austro-Hungarian empire, Scotty would have been mandatorily enlisted as a soldier for the Central Powers. It is for this reason he would have acquired the nickname 'Schwaba', the Serbian word for German/Austrian. Many ethnic Serbs living under Austrian rule prior to the war voluntarily gave themselves up to the Serbian Army as prisoners of war in order to evade fighting against their kinsmen. This would likely have been the case for Scotty, too.

Scotty's behaviour or if Fraser employs artistic license in relation to him to lighten the tone of her text.

As a literary device, Scotty's inclusion is undeniably clever. To construct him, Fraser draws on a set of minority stereotypes familiar to British audiences. This both humanises and infantilises this man and, in turn, the other people of a frontline that is so distant and unknowable to her readers. Scotty engages in many amusing exploits, but perhaps the most entertaining of all is his attempt to be inoculated twice when authorities order the FSU hospital's vaccination. 'Some' men, writes Fraser, 'were anxious to be done on both arms, and the worthy Scotty, who had been done a fortnight ago, nearly got done again he was so enthusiastic about it.'[149] Scotty's childish qualities are only further emphasised when Fraser outlines his 'little playful interlude with a patient who came over to the dressing-room with an Austrian cap on, which Scotty playfully bashed and called the wearer "Schwaba!"'[150] If 'infantilization was,' as Julia Emberley states, 'a foundational aspect of the liberal ideology underlying British imperial practices in colonial governance during the early twentieth century,' then Fraser's reduction of the Serbians to childlike individuals once again engages with the rhetoric of Empire.[151]

For those of Fraser's readers familiar with being in the 'coloniser' position, her portrayals of Scotty and the Serbians as akin to another child-like nation only strengthens the notion that they are in grave need of Britain's aid. Their helplessness is only further emphasised to readers by Fraser's extremely graphic outline of the state of one 'almost dying' Serbian 'lad'. [152] His youth, whether literal or not, again evokes the rhetoric of adult coloniser and childlike other. Though Fraser claims he was once 'muscular' and 'handsome,' this Serbian soldier is now 'almost a skeleton, with the peculiar yellow look that recurrent fever leaves.'[153] Meanwhile, alongside the 'dirty' state of his 'original wound' there is 'a bed-sore, which has left the bone of his back quite bare.'[154] Fraser's initial emphasis on this patient's juvenility, good-looks, and

[149] Fraser, 'Diary of a Dresser', p. 789.
[150] Ibid., p. 789.
[151] Julia Emberley, 'Gertrude Lowthian Bell in Mesopotamia' in *Writing, Travel, and Empire*, eds., Peter Hulme & Russell McDougall (London: I.B. Tauris & Co., 2007), pp. 119-146 (p. 123).
[152] Fraser, 'Diary of a Dresser', p. 784.
[153] Ibid., p. 784.
[154] Ibid., p. 784.

strength prior to the war leads her audience to believe that he might well stand a chance of survival. The word 'almost' in the phrase 'almost dying' only further adds to this sense of ambivalence regarding his mortal status.[155] This, however, serves to render Fraser's revelation of his horrifying back wound all the more shocking to readers as they learn he 'cannot recover.'[156]

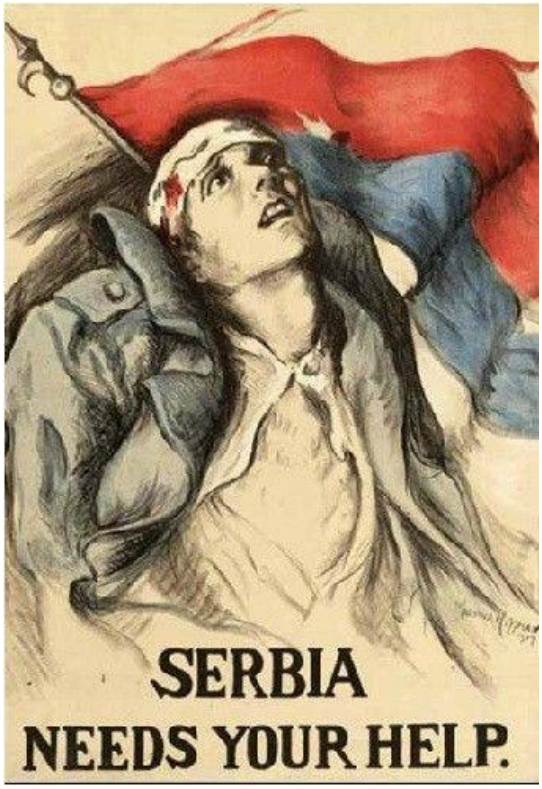

Fig. 1.7 Malvina Hoffman, 'Serbia Needs Your Help' poster (United States: 1917), Art.IWM PST 17841, Imperial War Museum.

Fraser's harrowing description of this dying Serbian lad undeniably serves a purpose, appealing once again to the British public's sense of colonial benevolence to secure their financial support. To her home-front readers, the boy might as well be the distressed Serbian youth familiar to them from propaganda posters like 'Serbia Needs Your Help' (See **Fig. 1.7**). That Serbia was considered a weak and childlike nation in British popular imagination is only further evidenced by the work of English painter Sigismung Goetze. In his 1921 piece, *Britannia Pacificatrix*, Britannia flanked by her dominions can be seen defending three naked, young girls (representing Belgium,

[155] Ibid., p. 784.
[156] Ibid., p. 784.

Serbia, and Montenegro respectively) within the folds of her cloak (see **Fig. 1.8**).[157] This engagement with her reader's sense of patriotism allows Fraser to draw parallels between the SWH's work in Serbia and Britannia's protection of this country. The anti-climactic, matter-of-fact tone with which she confirms the young Serbian soldier's condition to be terminal, therefore, jars potential British benefactors into action with its reminder of the ultimate deadly cost of war. Britain, Fraser suggests, *must* help Serbia, not only because it is their God-given duty as Allies, but because this Balkan nation is smaller, weaker and in desperate need.

Whilst Fraser's account of the SWH's war-work would have been useful to this organisation from a promotional and fundraising perspective, it is important not to overlook Fraser's own trauma in amongst her emotive depictions of Serbian suffering. The frank way in which she describes her life on the frontlines is atypical of the writing of her colleagues at this period. In their contemporary letters, other SWH members would often lament the conditions in Serbia, but rarely complained about their own difficult lot. Despite the dangers, trials, and tribulations they faced, many working with this organisation avoided addressing their own emotions in their writing to focus instead upon the sufferings of their patients. For Fraser's colleagues, it is possible that this reticence was a result of censorship at both an official and personal level. Indeed, it would not do for members of a self-funded organisation of female doctors to bemoan their circumstances when they had fought so hard to put themselves into this situation to begin with. Equally plausible, however, is that their stoicism was yet another coping mechanism. Where some women were overcome by a desire to write of their wartime experiences to achieve catharsis, 'this urge,' as Christa Hämmerle notes, 'could also result in a failure to express themselves or in the (conscious or unconscious) silencing of their experiences.'[158] Fraser, on the other hand, appears not to shy away from revealing that the day she saw the patient whose spine was exposed was 'a rather heavy day of work.'[159] At first glance, this complaint seems muted in comparison to her

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[157] In the 1921 painting *Britannia Pacificatrix* (**Fig. 1.8)** by Sigismund Goetze commemorating the creation of the League of Nations, Britannia stands tall in the centre of the image, whilst Serbia is crouched into a ball on the ground beside her protector, face buried in her skirts.
[158] Christa Hämmerle, '"Mentally broken, physically a wreck…": Violence in War Accounts of Nurses in Austro-Hungarian Service' in *Gender and the First World War* eds., Christa Hämmerle, Oswald Überegger, Brigitta Bader Zaar (New York: Palgrave Macmillan, 2014), pp. 89-107 (p. 94).
[159] Fraser, 'Diary of a Dresser', p. 784.

graphic descriptions of the patient's wounds. It is precisely Fraser's understated tone, however, that is most cutting in its revelation of the trauma she has been left with.

'Memories of traumatic events,' Ron Capps argues, 'fester in the mind' and 'memories of some traumatic experiences, especially experiences from a war, may never become fully integrated with other memories.'[160] It is for this reason, he suggests, that war trauma can so 'often extend beyond our ability to understand.'[161] Whether this diary was kept as a daily journal by Fraser prior to publication or not, it is not implausible that she is unable to verbalise how she truly felt about seeing the dying Serbian boy because she simply could not comprehend *what* she had witnessed. It is important to note, however, that her statement, though toned-down, is nevertheless a declaration of dissatisfaction. Indeed, Fraser only further reveals her unhappiness at the end of her text when she outlines both her hatred of war and the reasons behind her decision to publicise this diary.

> […] [A]fter a good deal of consideration I have decided to send this first part of my Diary home. I hope it does not make too depressing an impression there, but really I do not see the use of writing cheerful and untrue impressions. The men who go home usually will not tell what they have seen, - they think it unfit for women to hear. Being a woman myself I have no such feeling, and when I come home I shall tell every one I can what war really means. I believe that if every one quite realised it we should never have war again. It is cruel, senseless waste of life, and no one is finally any better for it.[162]

Fraser's claim that much careful thought has gone into the decision to publish this diary implies that it was a difficult choice to make. It is possible that this statement serves to cover her fundraising motives for those more cynical readers. That she has made the choice to send her piece out into the world, however, is undeniably bold, especially when her alleged intentions for doing so are taken into account.

Just as Fraser's piece rewrites the narrative surrounding the female doctor on the frontlines, so, too, does it offer an alternative and unique take on the conflict. She provides her readers with a new female perspective of war. For this reason, Fraser's text

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[160] Ron Capps, 'Writing by Service Members and Veterans: A Medium to Promote Healing in Self and Others' in *Healing War Trauma: A Handbook of Creative* Approaches eds., Raymond M Scurfield & Katherine Theresa Platoni (New York: Routledge, 2013), pp. 115-127 (p. 115).
[161] Capps, 'Writing by Service Members and Veterans', p. 115.
[162] Fraser, 'Diary of a Dresser', p. 797.

would have been particularly appealing to *Blackwood's* female demographic. This diary, she declares, is a testament to what war 'really means' through a woman's eyes.[163] For readers who are away from the action of the frontlines, it offers a rare glimpse into this world. Unable to get to the Front themselves, and with little information on the true state of affairs thanks to both official and personal censorship of their male relatives' writing, Fraser's text promises to offer the women left behind on the home-front an insight into that part of their men's lives from which they have been excluded. This is Fraser's truth; a claim to verisimilitude that only further emphasises that the characters and circumstances depicted in this text are real. So, therefore, is their suffering. With this, Fraser gives her readers one final reminder that they can and *should* do all that they can to help allay Serbia's need.

[163] Ibid., p. 797.

Fig. 1.8 Sigismund Goetze, Britannia Pacificatrix, Mural Decorations at the Foreign Office (1921), Foreign Office, London.

Conclusion:

> The work done by this first Unit of the Scottish Women's Hospitals in Serbia will ever be a proud memory – not only in the Annals of the Hospitals – but to British women for all time. It was like a long drawn out battle, and not one woman among them played the coward – not one proposed to leave her post. Not one of them asked to come away. […] may we not truly claim that those three women who died gave their lives for the great cause for which our country stands to-day as much as any man in the trenches.[164]
>
> - SWH Committee

From its conception, the SWH was a clearly feminist organisation. Indeed, as her private letters to Garrett Fawcett reveal, the British War Office's rejection of Dr Inglis on the basis of her sex was the factor that most spurned the latter on in her mission to get herself and other medical women to the frontlines. For Inglis it was impossible to 'sit still' on the home-front aware that her skills and medical knowledge, like those of her female colleagues, were going to waste because of discrimination against their sex.[165] Aptly joining forces with the NUWSS, therefore, she was able to raise enough interest in the SWH to deploy two fully equipped units to the frontlines by Christmas 1914. When she shifted her focus from the British authorities to the Allies, Inglis knew that she had made a strategic move. The situation on the frontlines was too desperate for France or Serbia to care about the sex of the doctors treating their wounded. When they accepted Inglis' offer, therefore, the SWH's work on the frontlines provided female doctors and surgeons with the rare opportunity to prove their worth on a global stage. Their subsequent success demonstrated to all who were watching that medical women were just as suited to work on the frontlines as their male counterparts. In fact, the pioneering work of the FSU in Kragujevac set the SWH apart from all other medical organisations on the Balkan Front. This, in turn, suggested that these women were actually *better* suited to the demands of this conflict zone than other (mostly male-dominated) organisations working in the country.

The prosperity of the FSU within Serbia was significant, not only for the female doctor, but the women's suffrage movement. Though Inglis had given her all-female

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[164] Scottish Women's Hospitals' Committee in Lady Frances Balfour, *Dr Elsie Inglis* (New York: Cosimo Classics, 2007), p. 169.
[165] Margot Lawrence, *Shadow of Swords*, p. 98.

organisation a 'non-committal' name for the benefit of the general public, the SWH was inextricably linked to the NUWSS. With societal hostility towards women's suffrage still rife and the Cause officially suspended, the SWH's founder prudently refrained from emphasising her organisation's political affiliation in name. A staunch believer in actions speaking louder than words, Inglis realised that the success of her organisation – and by extension the NUWSS - would be best established, not through an overtly pro-suffragist title that might alienate some potential benefactors, but via the successful work of its female members. The distance that the SWH's founder placed between the SWH and the suffrage movement was, therefore, calculated and purely superficial. That this tactic proved to be a success is clear from just how swiftly the first two units of the SWH were formed and sent out to work in France and Serbia. This achievement is made all the more notable when the case of the WHC is taken into consideration. Accepting the patronage of the British War Office meant that the WHC relinquished full control of their organisation, returning to Britain at this authority's request just four months after commencing work in France.[166] Meanwhile, the SWH remained active on the frontlines in one form or another until long after Armistice was called, with its last Serbian unit disbanding at the end of September 1919.

With her first units deployed to their various Fronts, Inglis could, for good reason, already pride herself on the SWH's achievements. It was the efforts of the FSU and their battle against typhus fever in Serbia, however, that was to leave the greatest impression on the SWH's founder. As noted by Katherine S. MacPhail, then a junior doctor with the FSU, when the unit arrived in Kragujevac 'it was an unforgettable picture of wartime destitution.'[167] With so much chaos surrounding them and given the small size of the unit relative to all this, the changes and improvements the FSU managed to implement were remarkable. For many of the units' staff, working on the Balkan Front was to be a step into the unknown. Not only had most never frequented this region previously, but very few had experience in treating the disease so mercilessly killing off Serbia's population. Despite these difficulties, however, the FSU

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[166] Leneman claims that 'apparently Louisa Garrett Anderson's hospital had been accepted by the French under the impression that stores only, not women doctors, were being offered.' It is unclear whether this contributed to the WHC's swift return.
Leneman, *In the Service of Life*, p. 223.
[167] Katherine S. MacPhail cited in Zelimir Dj. Mikic, *Ever Yours Sincerely: The Life and Work of Dr Katherine S. MacPhail* (Cambridge: Perfect Publishers Ltd, 2007), p. 19

were determined to make a difference. Cleaning their hospital site, triaging their patients, and utilising a nursing system, were all pivotal (and pioneering within Serbia) steps taken by this unit to control the spread of disease at their facility. With conditions at the hospital drastically improved and the mortality rate falling to the lowest in the region, the SWH unsurprisingly caught the attention of military officials from both the Serbian and British armies. The ensuing praise for the unit from British officials in particular was momentous for Inglis. The War Office, who had rejected her only a matter of months previously, were now praising Inglis' organisation and its work.[168]

For all its success in Kragujevac, the work of the SWH would not have been possible without the constant efforts of those fundraising to maintain its autonomy. Whilst the SWH attempted to engage the wider general public in talks held under the sponsorship of the NUWSS, it was the publication of Fraser's diary in *Blackwood's Magazine* that ultimately brought the organisation's uniquely female narrative into the public domain. At a time when censorship of writing from the Front was paramount in order to maintain Allied military integrity and prevent the enemy from gaining vital knowledge of upcoming assaults, Fraser's publication was uncharacteristically stark in its honesty about the horrors of war. Her vivid descriptions of the wounded and conditions in Serbia are at points deeply distressing to read. It is easy to see, therefore, how they might well have compelled readers to donate to the SWH's cause. At the same time, Fraser's text serves as a very powerful reminder of the necessity of this all-female organisation at a time when the SWH's future in Serbia seemed uncertain.

By so explicitly illustrating Serbia's state before the SWH's arrival, Fraser hints at what conditions this country could return to if any of the organisation's Serbian Units should leave due to a lack of funding. It would be inhumane, then, for *Blackwood's* readers not to donate money to their cause. As we will see in the next chapter, the SWH's continuation of work in this country would prove to be an extremely timely decision. For Serbia, and the Serbian Units, the winter of 1915 brought enemy occupation, a large-scale military retreat, and a civilian mass-exodus. As a result, the SWH's Serbian Units found themselves supporting the Serbian people through yet another crisis.

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[168] As mentioned earlier, this was not to be the last time that the British military would praise the SWH's work. This will be explored in more detail in the next chapter.

Without the efforts of this organisation's committee and members such as Fraser in raising funds for the Serbian Units, this organisation's provision of aid at Serbia's darkest hour may well have been impossible.

Chapter Two: Success and Retreat

The experiences of the Valjevo and Mladenovac Units in Serbia
June - December 1915

Fig 2.1 'Route of Retreat' in Leah Leneman, *In the Service of Life; The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: Mercat Press, 1994), p. 38.

Introduction:

Fig. 2.2 'A field hospital in Serbia, showing wounded receiving first aid', *Work in Serbia*, (undated), TD1734/20/4/1/10, SWHC, Glasgow City Archives.

Whilst the FSU's hard-fought campaigns against typhus in Kragujevac had been triumphant, by July of 1915 the SWH's future in Serbia was being called into question. With no fighting and a low incidence of disease, there seemed little need for this foreign medical mission to remain and, by midsummer, the heads of the Serbian Units were meeting with SRF leader, Sir Ralph Paget, to discuss the organisation's ongoing purpose in the Balkans.[1] Having fought so hard to get her units to the frontlines, Dr Inglis was resolute that the lack of action at the present time did not mean that her staff would not be required for emergencies later on. 'Dull or not dull,' she reported to the Committee back in London, 'it is our duty to stick to our posts.'[2] The decision was made, therefore, for the women to remain in Serbia and this was to prove a timely choice. With the failure of the British and French Armies to arrive on the Balkan Front, the exhausted Serbian Army were unable to fight back against the enemy. In the Autumn of 1915, therefore, the SWH's charges found their country being invaded from the West by Austria and Germany, and the East by Bulgaria (the latter having joined war on the side of the Central Powers in October 1915). What ensued was to become

[1] Sir Ralph Paget and his wife, Lady Paget, were both great sympathisers and supporters of the Serbians during both the Balkan Wars and the Great War.
[2] Dr Inglis to Miss Mair, 22nd July 1915, TD1734/2/6/4/1/32, SWHC, Glasgow City Archives.

one of the greatest humanitarian crises of the early twentieth century: The Great Serbian Retreat.

Inglis' devotion to her patients in the Spring months was to be mirrored throughout her units when Serbia was attacked in the Autumn. Though they knew that their charges were in a grave situation, the SWH's women refused to be deterred by the oncoming threat of enemy forces. 'Well, as to how this affects us,' Inglis wrote, her tone almost blithe, 'as long as the Serbians fight we'll stick to them, - retreat if necessary, burning all our stores.'[3] As their host country was overcome, the women wasted no time in dividing themselves up into those who would follow the Serbian Army on retreat and those who would remain with patients too ill to leave. The women who stayed became Prisoners of War (POW). Whilst detained, they would often resort to a sense of 'British superiority' to see them and their patients through many physical and mental difficulties. 'Despite the fact that the British army did not come to Serbia's aid,' Angela K. Smith argues, 'or perhaps because of it, the women who stayed behind to run their hospitals, who chose to be prisoners of war, turned to their 'Britishness' both to protect their medical charges and to make their own personal stand against their captors.'[4] Their resistance against the enemy was not, however, only fuelled by patriotic sentiment. Under occupation, the women found themselves once again at the mercy of men who sought to overpower them. Just as many of the organisation's women had refused to back down from protesting their right to vote on their home-fronts, so too did they now channel the same feminist fighting spirit to challenge their captors' authority. It was thus that they engaged in repeated and sustained campaigns of a deliberate defiance that I term British Female Resistance.

This chapter will examine the various ways in which the SWH utilised British Female Resistance to defy male dominance and misogyny both in the months prior to and during occupation. As outlined in the introduction of this thesis, British Female Resistance is defined as a dissident campaign of both overt and covert resistance enacted by the female recruits and volunteers of the SWH when rebelling against men seeking to domineer them. It is marked by a blending of the British 'stiff-upper lip'

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[3] Ibid.
[4] A. K. Smith, *British Women of the Eastern Front: War, Writing and Experience in Serbia and Russia, 1914-20* (Manchester: Manchester University Press, 2016), p. 113-114.

these women possessed as ‘daughters of the British Empire’, and the feminism that drove their pro-suffrage campaigns. Indeed, many of the women who engaged in this form of resistance simply refused to be overcome by men on the Balkan Front *because* they were British women working for an autonomous all-female organisation. Their rebellions were fuelled by the same fire that drove their suffrage campaigns on the home-front. Though it was a highly proactive manoeuvre in nature, I will argue that British Female Resistance was made even more subversive by its frequent masking behind socially acceptable displays of traditionally ascribed feminine ‘passivity’.

I will begin this examination, by exploring the ways in which the SWH’s Serbian Units utilised British Female Resistance to dispel chauvinism and garner male recognition for women’s work, which was thriving on the frontlines. Unlike Inglis’ experiences with Sir Alfred Keough, examined in the first chapter, the praise the SWH’s units received from men on the Balkan Front was more overt on the frontlines and, as a result, more significant in relation to the War Office, as it highlighted the British establishment’s continued willingness to work with this all-female organisation. As a result, I will argue that through the high quality of their early humanitarian work, the SWH’s women repeatedly proved their worth before their male critics within the British and Serbian military alike. Unable to overlook their achievements, these men began to openly praise the work of the SWH. In the case of senior military officials, this praise, as we will see with the Valjevo Unit’s work in Malta, was ‘unofficially official’ and the closest they had come to recognition by the British establishment to date.

This chapter will then turn to explore the SWH’s employment of British Female Resistance following occupation and give a rare insight into the female POW experience during the Great War. Looking particularly at the POW experiences of the Valjevo Unit, I will argue that to ensure their safety, the most dominant and outspoken female figures such as unit CMO, Dr Alice Hutchison, led her women in both covert and overt rebellions to maintain their mental and physical well-being. In this way, the unit overcame threats of illness, exposure, malnutrition, and sexual violence, challenging their incarcerators with minimal consequences.

I will close this chapter with an investigation into the experiences of retreating unit members who, I suggest, due to the perilous conditions of the retreat were unable to

engage in British Female Resistance. I will examine, therefore, the deep sense of powerlessness and sorrow felt by various unit members as they left Serbia. Their sadness, I will argue, was instigated by both their guilt at not being able to help their patients and for their expulsion from this frontline alongside them. With the Serbians' exile, these women were bereft of a medical landscape in which they were finally free to prove their worth as female doctors.[5] The ways in which this affected them is clear from their writing during this period. Their often introspective, sombre, and angry accounts are, I argue, in sharp contrast to the epic tales of heroism published by the British media on the same topic. Whilst the SWH felt that the retreat was a failure for themselves and the Allies alike, the British press gave extravagant accounts of this organisation's flight from Serbia. This, I will suggest, was not because the media wanted to focus on female heroism, but to distract from both the French and British losses on the Western Front and their military's absence from this region.

[5] Whilst the SWH's women attempted to continue their work during both occupation and retreat, they were ultimately no longer able to operate in Serbia, the land that had welcomed them as medical personnel without restriction or prejudice. It is not, therefore, just a formal clinical space that this organisation lost, but an opportunity to work 'just as men' did on the frontlines. The significance of female medical personnel having a 'land of their own' to conduct medical work is examined further in the third chapter of this thesis.

'Before the storm'[6]:

The Valjevo Unit in Malta:

Fig. 2.3 'Part of the Second (Valjevo) Unit for Serbia prior to their departure from Cardiff', *Work in Serbia*, (undated), TD1734/20/4/1/10, SWHC, Glasgow City Archives.

Despite the success of the FSU, the SWH were ever-expectant of male criticism and frequently resorted to British Female Resistance to overcome it. Prior to leaving for active service with the GNU in November 1915, Dr Isabel Emslie notes how her male 'colleagues' had teased her 'unmercifully about joining an all-feminine staff and prophesised that we should soon be quarrelling like Kilkenny cats!'[7] Their misogynistic likening of the organisation's women to the fabled Irish cats, who fought each other so ferociously that only their tails remained at the end of the battle, reveals a belief that the endeavour will end in ruin for all involved. It was undoubtedly satisfying for the SWH's women, therefore, when demand for their skills became so great that the FSU were left with no option but to split as their organisation expanded in Serbia. Though Serbia was experiencing a reduction in both fighting and disease during the Spring of 1915, its hospitals were still operating below the standards expected by the British.

[6] Elsie Inglis to Miss Mair, 22 Jun 1915, TD1734/2/6/4/1/27, SWHC, Glasgow City Archives.
[7] Isabel Hutton, *Memories of a Doctor in War and Peace* (London: Heinemann, 1960), p. 131.
Dr Emslie's experiences and the work of the GNU will be examined in greater detail in the third chapter.

'Sanitation, health organizations, and the hygiene of the person are so bad,' writes Major Edward Stuart, director of the American Red Cross' Sanitary Commission, 'that nearly all the diseases considered by us as preventable, stalk about unhindered, uncontrolled; and even diseases found only in the tropics occur such as pappataci fever, dhobie itch, and a malaria which is tropical in its perniciousness.'[8] It was thus that, in a bid to improve conditions, the Serbian military in collaboration with the SWH's Committee decided that three further hospitals would be established in Valjevo, Mladenovac, and Vranje. True to Inglis' principles, her women 'worked away […] the traditional male disbelief' in women's capacity and this, in turn, earnt the approval of their male detractors.[9]

'You apparently never have these disasters,' remarked one British doctor to Inglis whilst discussing the issue of dissension within his unit, '- and you seem such a happy family!'[10] The irony of his praise, especially in light of the misogynistic attitudes outlined by Emslie and familiar to all medical women, was not lost on Inglis. Reflecting on the conversation in a private letter to the Committee, the SWH's founder claimed to have:

> […] looked at him to see if he was laughing. But he was in dead earnest. So I hid my smile and only said, 'Oh, we've had our difficulties too' … But I did add that if it was a question of managing women – a woman could do it better probably.[11]

Inglis' need to check to see if this man was mocking her demonstrated just how entrenched her expectations of male hostility were. Indeed, even when she was certain of this man's sincerity, she cautiously crafted her response to ensure she was not overly boastful of the SWH's achievements. If the purpose of her organisation was 'to bring home to men the fact that women *can help* intelligently in any kind of work,' then his comments seem a clear confirmation of its value.[12] Indeed, he not only admitted that the SWH functioned well on the frontlines, but implied they were actually doing a better

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[8] Edward Stuart, 'Sanitation in Serbia', *American Journal of Public Health*, 10, no. 2 (1920) pp. 124-131 (p. 124).
[9] Elsie Inglis, Report III cited from Margot Lawrence, *Shadow of Swords: A Biography of Elsie Inglis* (London: Michael Joseph Ltd, 1971), p. 45.
[10] Elsie Inglis to Miss Mair, 26 September 1915, TD1734/2/6/4/1/39, SWHC, Glasgow City Archives.
[11] Ibid.
[12] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, LSE.

job than other male-run organisations. This acclaim undeniably delighted Inglis, as evidenced by the secret smile his compliments elicited.

Hiding her happiness, however, Inglis ultimately resorted to modesty in her response to the British male doctor. The concealment of her glee was carefully measured. 'Laughter,' according to Virginia Woolf, was 'an antidote to dominance,' and female laughter had often been considered a weapon used to undermine male authority. [13] Inglis' suppression of her smile before her colleague, therefore, implies that she did not wish to enfeeble this man. On the contrary she sought to prove a point to him and to achieve this, according to her own ethical code, it was imperative that he remained receptive to her. In Britain, this man would have been Inglis superior by virtue of his gender. In Serbia, however, it was this male doctor who was in a position of vulnerability before Inglis because of the SWH's success. It was thus that the SWH's founder seemed to engage, as many of her fellow unit members would do in the months to come, in British Female Resistance. By downplaying the SWH's triumphs and highlighting their 'difficulties', Inglis prevented this man from reacting defensively when she stated that women 'probably' *could* manage women better than men. Her employment of the adverb 'probably' only further masked the assertiveness of this declaration behind a façade of uncertainty; a doubt that is in line with the socially acceptable feminine passivity expected of her. Though she was not confrontational, then, Inglis nevertheless managed to secretly undermine her colleague's apparent surprise at the SWH's prosperity. At the same time, she confirmed that women were not only capable of war-work but, more importantly, could work cohesively together to ensure the whole operation ran smoothly – a notion with which this man agreed.

Serbia was the starting point for much of the SWH's Serbian Units' work. The Valjevo Unit were given the unique opportunity, however, to demonstrate their skills before even broaching the Balkan Front when Lord Paul Methuen, 3rd Baron of Methuen and governor and commander-in-chief of Malta, requisitioned them on their way to Serbia. Initially, the women believed that they 'were to move on in a few days,' so visited 'all

[13] Jure Gantar, *Pleasure of Fools: Essays in the Ethics of Laughter* (Canada: McGill-Queen's University Press, 2005), p. 94.

the sights of Malta in correct tourist style.'[14] 'But,' wrote unit cook, Margaret H. Munro Kerr, 'a surprise was in store for us. The first wounded were expected from the Dardanelles, and we were commandeered by Lord Methuen to nurse them.'[15] The Dardanelles Campaign (17th February 1915 - 9th January 1916) was a naval operation that took place on modern-day Turkish soil between the Allied powers and the Ottoman Empire (Central Powers).[16] The operation became one of the biggest Great War military fiascos for the Allied forces, who experienced extremely heavy losses before eventually conceding defeat in January 1916. As a result, this SWH unit found themselves working at the Valetta Military Hospital with the very British soldiers the War Office had forbidden them from treating. The unit's shock at this development was clear in the incredulous tone of Kerr's rhetorical question: 'Who would have thought that the War Office would have requisitioned women doctors?'[17] They were *the* chosen unit, however, and they were determined not to disappoint.

The pressure on the Valjevo Unit to impress the British in Malta was high. This was the unit's inaugural experience of working together. At the same time, there was a mutual novelty for both patients and unit members in that this was the British military's first encounter with an all-female medical unit on the frontlines, and vice versa.[18] Writing retrospectively about these initial interactions, Kerr claimed that:

> it is impossible to describe one's feelings on seeing wounded for the first time. In they came – the halt, the maimed, the blind, the deaf and dumb, some walking jauntily with an arm in a sling, some supported or led by a friend, others carrying their friend's kit, pale some seemed and gaunt, others were bright-eyed; all with their clothing in tatters and bearing signs of the fight. Then came the stretcher cases, frightfully mutilated.[19]

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[14] M. H. Munro Kerr, *Scottish Women's Hospital Work in Serbia: Diary of M. H. Munro Kerr Member of Dr Alice Hutchison's Unit* (Glasgow: Alex MacDougall, 1917), p. 6.
[15] Ibid., p. 6-7.
[16] The operation was designed to acquire Constantinople and the Bosphorus for the Allied forces, who 'realised that the acquisition of this remarkable maritime defile by British, French, and Russian naval and military forces would assure to Russia the means both of exporting the agricultural produce which she possessed in abundance and of importing the war material of which she stood sorely in need.'
For more information, see: Major-General Sir Charles Edward Callwell, *The Dardanelles* (New York: Houghton Mifflin Company, 1919), p. 2.
[17] Kerr, *SWH Work in Serbia*, p. 7.
[18] The WHC (mentioned in more detail in the first chapter), who had previously worked in France, had already returned to Britain by this point (September 1914 - January 1915). Prior to this, their work in France had taken place at The Claridge's Hotel in Paris and the Château Mauricien at Wimereux. They treated both French and British wounded, but it is unlikely that the men treated by the SWH from the Dardanelles would have been treated by the WHC.
[19] Kerr, *SWH Work in Serbia*, p. 7.

The use of the adverb 'frightfully' in the phrase 'frightfully mutilated' bears an ambiguous meaning. Kerr might well have simply intended to emphasise how great the wounds on soldiers were. There is, however, a secondary meaning to Kerr's word choice implying the personal alarm she, as a non-medical unit member, must have felt at seeing such injuries for the first time.[20] Certainly, these lacerations would have been unfamiliar to even a seasoned medical professional let alone the unit's kitchen staff. Though most early medical women, as Carol Dyhouse posits, took a 'blasée' approach to the 'crucial rite de passage' of the dissecting room in medical school, becoming gradually desensitised to the human anatomy in its various forms of distress and death, Great War injuries were a new phenomenon that no unit member was quite immune to.[21] 'Modern warfare,' as Ana Carden-Coyne argues, 'with its machine guns and shrapnel inflicted dramatic wounds on soft flesh, was far more mutilating than the simple gunshot wounds with neat entry and exit points familiar to war surgeons in the past.'[22] It was thus that the unit had the further challenge of keeping their nerve whilst treating novel injuries, if they were to gain the respect of their patients and the War Office alike.

Much has been made of the PTSD and 'shell-shock' suffered by soldiers following their return home from the Great War. Less has been documented, however, about the mental impact the war had on those individuals treating the soldiers.[23] Carden-Coyne argues that the pain inflicted on men by 'high-velocity weapons' which 'lacerated the flesh, bones, and soft tissues, often with lifelong consequences' triggered a physical and psychological response, not only in the wounded, but in 'medical witnesses,' too.[24] From Kerr's words, it was easy to infer just how relentless and emotionally taxing the

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[20] Many of the medical staff working in the SWH's units would have undoubtedly been in contact with gruesome injuries and diseases in Britain's slums prior to the war. It cannot be ignored, however, that peacetime home-front settings are extremely different to those on the frontlines and so, too, are the injuries being treated. This is a point that Carden-Coyne makes in relation to the life-changing injuries Great War weaponry was inflicting upon soldiers. Whilst many medical women would, as Carol Dyhouse, points out, have been desensitised to the more macabre aspects of anatomy, injury, and death, Great War injuries were nevertheless uncharted territory, especially for those without medical backgrounds.
[21] Carol Dyhouse, *Students: A Gendered History* (London: Taylor & Francis, 2006), p. 67-8.
[22] Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014), p. 92.
[23] Most recent scholarship includes the work of Ana Carden-Coyne, as cited above, and Jessica Meyer's *An Equal Burden* (2019).
[24] Carden-Coyne, *The Politics of Wounds,* p. 15-16.

Dardanelles cases could be. Hutchison, too, noted in a letter dated the 8th May 1915, that the whole unit were 'saddened' at points, particularly after the death of a 'plucky young fellow' from Australia.[25] Speaking about this patient, the unit's CMO outlined that 'he had repeated haemorrhage from a wound in his arm, which had finally to be amputated yesterday.'[26] This had, however, not been enough to save him and 'an hour later he was carried from the ward covered with the Union Jack.'[27] Hutchison's reference to the British flag covering this soldier's body reminds both her readers and herself that her unit are working with 'their own' men. It was for this reason, too, perhaps, that though 'it doesn't sound much,' she would 'never forget' this death.[28]

In her recent analysis of men on the frontlines in the Royal Army Medical Corps, Jessica Meyer claims that 'through their physical and emotional labour and the subjective and representational constructions of their specific form of wartime masculinity, these men bore an equal burden to their combatant comrades, even if they never bore arms.'[29] In many ways, the same might be argued for the women of the SWH. Though they did not take part in the fighting and were not bound by representational constructions of masculinity themselves, this organisation's women were bound to preserve these constructs for their male patients, creating a contrast by maintaining and exaggerating elements of their femininity through their caregiving roles. At the same time, however, they had to uphold a stoic emotional distance from their patients if they were to cope with the traumas of warfare; especially when working with their own men. It is unsurprising, then, that Hutchison concludes that though 'one glories in such pluck, […] one loathes war more and more every day.'[30] War, however, was now the unit's reality and, as such, they would have to exercise a quintessentially British stiff upper lip to survive it. '[T]here was no complaining,' as Kerr resolved, 'for they were all brave men, and all our own. This was war.'[31]

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[25] Alice Hutchison in Eva Shaw McLaren, *A History of the Scottish Women's Hospitals* (London: Hodder & Stoughton, 1919), p. 133.
[26] Ibid., p. 133.
[27] Ibid., p. 133.
[28] Ibid., p. 133.
[29] Jessica Meyer, *An Equal Burden*, p. 21.
[30] Hutchison, *A History of the Scottish Women's Hospitals*, p. 133.
[31] Kerr, *SWH Work in Serbia*, p. 7.

By seeming to take things in their stride, the Valjevo Unit left no room for doubt in their abilities either from within their ranks or the men they worked for. 'The complex nature of modern war wounds,' as Carden-Coyne argues, 'presented exciting intellectual challenges that necessitated surgical experimentation' and this left the women on an equal footing with their male colleagues.[32] Female doctors were alleged to be less experienced than their male counterparts, but both were working with the same unknowns in relation to Great War injuries. This levelling allowed the women to challenge the notion that they were in some way less able medical practitioners. Their treatment of injured men, too, provided a further opportunity to subvert traditional gender stereotypes because of the power these women had over men's bodies. The masculine ideals of strength and impassivity were relinquished from badly injured soldiers as their female caregivers now fulfilled the dominant and active roles as healers. This, in turn, forced all involved to confront and interrogate their preconceptions of gender in the starkest terms. The women did not, however, dwell too much on this fact for the sake of their patients. 'This was war', as Kerr concluded, so the rules of the home-front simply did not apply.[33] Her pragmatism, much like Inglis' smile, becomes a form of British Female Resistance, as Kerr veils the proactivity of her unit's work in one of the war's most active theatres with an impassive statement.

British Female Resistance was integral to the success of the unit and an imperturbable exterior often extended itself to bedside manner, too. This was because 'medicine in wartime,' as Peter Leese argues, had very 'different objectives from medicine in peacetime.'[34] On the home-front, the sick and wounded were nursed back to health by medical staff so that they might continue to live. Men being treated in frontline hospitals, however, were being patched up as quickly as possible so that they might continue to lay down their lives in battle. This emphasis on returning men swiftly to the firing lines altered the ways in which the staff interacted with their charges, and caregivers often appeared reserved when writing about these experiences. 'Women,' as Carol Acton and Jane Potter argue, had the added obligation of 'needing to prove themselves in a male-dominated world into which they had been grudgingly admitted,'

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[32] Carden-Coyne, *The Politics of Wounds*, p. 175.
[33] Kerr, *SWH Work in Serbia*, p. 7.
[34] Peter Leese, *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War* (New York: Palgrave Macmillan, 2002), p. 34.

so they 'took their cue from the suffering that surrounded them in being unwilling to acknowledge their own psychological pain.'[35] It was thus that, though Hutchison gushed about how 'lovely' it was 'to have the chance of looking after our own men for a bit,' she also noted how 'thrilled and appalled' she had been to hear their accounts 'of the landing of our troops on the peninsula of Gallipoli: but I expect it's wiser not to write about it.'[36] Her decision not to elaborate quells her own emotions and seems to seek to stop her readers' minds from further contemplating the stories that have caused such a response; an emotional burden, simply too great to express in words. Ironically, Hutchison's silence on the matter only seems to further emphasise the psychological trauma it has left behind.[37] Working amongst wartime destruction and loss of life meant many medical personnel did not wish to grow overly attached to their patients. A man treated in hospital and brought back from the brink of death one day was highly likely to die on the frontlines the next. The tales from Gallipoli only confirmed this for Hutchison. It was for this reason that Kerr stated there was 'no complaining, for they were all brave men, and all our own.'[38] Her sweeping generalisation with the predeterminer 'all' suggests that for Kerr there were no individuals here, only soldiers. War, she suggests, was so much greater than any one person and this applied not only to the patients being treated, but to those administering the therapies, too.

Female stoicism and mental strength were as subversive in gender essentialist contexts as the unit's position of power over the men they were treating. Alleged female over-emotionality had frequently been utilised to hold women back from entering both the medical world and conflict zones. Yet, far from being 'hysterical' upon witnessing grotesque injuries for the first time, both Hutchison and Kerr appeared calm and collected. In this situation it was their male patients who were in positions of panicked helplessness. It was left to them, therefore, to embrace an unperturbed rationality;

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[35] Carol Acton and Jane Potter, '"These frightful sights work havoc with one's brain": Subjective Experience, Trauma, and Resilience in First World War Writings by Medical Personnel', *Literature and Medicine*, 30, No. 1 (2012), p. 61-85 (64).
[36] Dr Hutchison in McLaren, *A History*, p. 132.
[37] Tracey Loughran argues that for medical workers of the Great War 'silence is never meaningless' and, specifically in the case of male medical personnel treating 'shell-shocked' patients on the frontlines, it is an intentional act to not address certain gendered and class aspects of war-work. For Hutchison, silence seems to serve as a means to overlook her trauma in her writing, whilst ironically only emphasising it to her readers.
Tracey Loughran, *Shell-Shock and Medical Culture in First World War Britain* (Cambridge: Cambridge University Press, 2017), p. 119.
[38] Kerr, *SWH Work in Serbia*, p. 7.

something they very readily accepted. In doing so, the unit once again substantiated Inglis' claims before an audience of British men. Women (and, more specifically, the female doctor) *could* help intelligently and usefully in war if only given the opportunity. This notion was upheld by Lord Methuen, too, when he personally recognised the women's efforts upon their departure from Malta on the 23rd May 1915.

After thanking each woman individually, this British military representative wrote a letter of gratitude to the SWH's Committee. In this epistle, he claimed that the women left 'here blessed by myself, surgeons, nurses, and patients alike, for they have proved themselves most capable and untiring workers.'[39] Indeed, the unit had made such a positive impression on him that he even claimed he 'would not have been sorry had [he] ordered them to remain another week.'[40] Given the War Office's hostility to female doctors at the start of the conflict, Methuen's suggestion that he would miss the unit's presence was as unprecedented as it was unexpected. Though he did not directly state it, his eagerness to keep the women in Malta implied that Methuen considered these women and their frontline work invaluable. The unit had 'proved' (in Methuen's own words) the aptitude of women for war-work. This acknowledgement, in itself a victory for the SWH, was made all the more significant because of its origins; a representative of the same military authority who had so readily dismissed these women only months previously. Whilst Inglis' units were securing praise from men for their work in Malta, however, Serbia was to bring its own challenges for another newly formed unit as they set to work in Mladenovac.

[39] Lord Methuen to the SWH Committee, Lord Methuen's Appreciation of the 4th Serbian Unit When It Was Held Up On Its Way To Malta, TD1734/20/4/9/1-5, SWHC, Glasgow City Archives.
[40] Ibid.

'Madam, you are needed'[41]:

Superficially, the SWH appeared to have fulfilled its mission when the Valjevo Unit received official praise from a British delegate so early on in their venture. For this organisation's women, however, their fight for recognition was only just beginning. The Serbian government's acceptance of the SWH was not so readily echoed by all members of the country's military. As a result, Dr Inglis was to meet with misogyny on the Balkan Front, too. Though Serbian soldiers and civilians generally adored the women of the SWH, friction existed between its founder and certain military officials who sought to dominate her. It was thus that a complex alliance formed between the SWH and the Serbian Army. When Inglis' scheme to start a new hospital in Mladenovac was proposed, it was initially only conditionally supported by Colonel Lazar Genčić, the Chief of the Medical Department of the Supreme Command of Serbia (1912-1916). Whilst he was keen for Inglis to open another frontline hospital (in stark contrast to the British War Office), the Colonel nevertheless wished to impose his own stipulations upon the venture. [42] It was not long, therefore, before Inglis and the Colonel began to butt heads. In a bid to take ultimate control over the SWH's work in Serbia, then, Inglis once again employed British Female Resistance to overcome Genčić's attempts to domineer her.

On 1st June 1915 Inglis outlined in a letter to the SWH Hospitals Committee's president, Miss Sarah Siddons Mair, that proceedings at Mladenovac were being made unnecessarily complex by a headstrong Genčić. Problems, she claimed, began when she saw that the new hospital site he intended to give to the SWH was 'on a slope below a Serbian Camp Hospital.'[43] It was, according to Inglis, 'absolutely impossible' for her hospital 'to be below any other camp – over whose sanitary arrangements [she] had no control.'[44] Taking into account the hygienic practices of the hospital in Kragujevac prior to her organisation's arrival, this refusal was neither unfounded nor misguided. Her rejection, however, vexed Genčić and led, in Inglis' words, to a 'rather […] stormy

[41] Elsie Inglis to Miss Mair, 22 June 1915, TD1734/2/6/4/1/27, SWHC, Glasgow City Archives.
[42] Elsie Inglis, (on the train to Nish), to Miss Mair, 1 June 1915, TD1734/2/6/4/1/24, SWHC, Glasgow City Archives.
[43] Elsie Inglis to Miss Mair, 22 June 1915, TD1734/2/6/4/1/27, SWHC, Glasgow City Archives.
[44] Ibid.

interview' between the two.[45] Genčić maintained that the location he had chosen for the women was perfect 'because there were trees there for [them] to sit under.'[46] With this statement, he revealed not only a lack of understanding for the SWH's needs as a medical organisation, but that he did not take their work entirely seriously. The SWH had, as Inglis informed him, 'come out here to work – not sit under trees.'[47]

Fig. 2.4 Colonel Lazar Genčić in Andra Popović (ed.), *Ратни албум* (trans. *War Album*) 1914-1918 (Belgrade: IRO "Sloboda" 1987, c1926).

Speaking confidentially about the Colonel's handling of the situation surrounding the Mladenovac site, Dr Ćurčin, an official from Genčić's office, informed Inglis that 'he did hope' the women 'would not lose patience, and that' his superior's anger with the women was only because 'at the bottom of his heart' he could 'never believe that a woman [could] do a thing as well as a man!'[48] The SWH had already proved the Colonel's beliefs in women's capabilities wrong via their typhus work in Kragujevac, where they far outperformed all other medical organisations (including male-run ones) in the area at that time. This, however, seemed not to matter to Genčić, whose reluctance to negotiate with Inglis on the subject of the hospital site was down to personal prejudice. In an attempt to demonstrate that Genčić's views were not representative of the Serbian people as a whole, Ćurčin was quick to inform the SWH's

[45] Ibid.
[46] Ibid.
[47] Ibid.
[48] Ibid.

founder that *he* personally found this mentality 'absurd' and adds that 'the men who think like' himself and 'the advanced party, […] are almost more grateful to [the SWH] for coming out and showing what women can do, than for the hospitals [they] have given.'[49]

Ćurčin's support was undoubtedly welcomed by the SWH's founder, but the battle against Genčić's entrenched views was not easily won. Though Inglis eventually secured the site of her choice in Mladenovac, the SWH's grounds were frequently 'encroached on' by other medical organisations, whilst the 'tents which had been definitely given to' the SWH 'were taken away out of the magazine without' the knowledge of the camp's administrator, the Rt. Hon Evelina Haverfield.[50] Inglis felt that these occurrences were not coincidental and suspected that the Colonel had something to do with them. 'I determined,' she wrote:

> that we must find out what they wanted – and I went off to Col. [Genčić's] office. I asked him point blank if he wanted our help or not. He talked a long rigmarole about foreigners coming to the country, and upsetting people's plans […] and insisting on things the country could not do. I listened to it all, and then I said that he was quite mistaken about us, that we had only come out to serve Serbia – and we were willing to go on serving her as long as we were needed and to work under the military authorities loyally. 'But' I said, 'if we are not needed, and all sorts of unnecessary difficulties are put in our way, I'll wire to Lord Methuen and go over to Malta to help our own men.'[51]

As with her earlier exchange with the unnamed British male doctor who complimented the SWH's work and cohesion, Inglis again masterfully employed British Female Resistance to covertly undermine Genčić's dominance. By initially doing little more than passively listening to this man, the SWH's founder appeared to be submissive before him; a role expected of her as a woman in both patriarchal society and within military contexts. The content of her subsequent speech, however, rendered this silence a defiant act. Inglis' quietness was not a sign of passivity but a means to lull Genčić into a false sense of security regarding his dominant position. She maintained this illusion at the start of her response with her claim to absolute subservience. The SWH had 'only come out to serve Serbia […] and to work under the military authorities

[49] Ibid.
[50] Ibid.
[51] Ibid.

loyally.'[52] As soon as she established her seemingly subordinate position, however, Inglis was quick to remind the Colonel that the SWH's services could and *would* be transferred elsewhere if an agreement was not reached.

That 'The Malta Threat' was serious enough for the Colonel to suddenly change his demeanour and proactively begin working towards a resolution was clear and Inglis 'never saw such an extraordinary change come over any man.'[53] It was recorded by the SWH's founder in a confidential note that Genčić was never 'keen on the women' and it was undeniable that he resented the fact that Inglis had so much leverage over him.[54] This man did not, however, allow his personal opinions to cloud his judgement of what was best for Serbia. His country was far better off with the SWH's aid than without it and this was something he admitted out loud. 'Don't say that madam,' he blandished, 'you are needed.'[55] With this remark, Genčić openly acknowledged that these women *did* engage in good and necessary work on the Balkan Front. This notion was only further supported by the speed with which he proceeded to get 'the [telephone] line' for Mladenovac, after which, in 'about three minutes', the matter was resolved.[56] A few days later, at a banquet hosted by the Serbian military in honour of the women travelling to Mladenovac, Genčić praised the organisation in 'the most extraordinarily warm speech' in which he claimed that 'the Scottish Women's Units were always first in the field, first when the war broke out, and first when the bombs fell.'[57] Through Genčić's recognition of the organisation's pioneering status, the SWH once again achieved what its founder had so hoped for. As Inglis confronted this male official's misogyny, she simultaneously forced him to see beyond his prejudices and acknowledge the indispensability of women's war-work.

Inglis' conflict with Genčić appeared to have been an isolated incident. For the most part, the women of the SWH developed very close bonds with their Serbian patients as they worked together to improve hospital conditions in the country. These bonds still, however, observed a certain hierarchy. Describing the setting up of the Mladenovac

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[52] Ibid.
[53] Ibid.
[54] Ibid.
[55] Ibid.
[56] Ibid.
[57] Ibid.

hospital as 'hard but most interesting work,'[58] Inglis was 'amazed at what [could] be accomplished simply by British Supervision in hospitals here.'[59] With this emphatic remark, the SWH's founder echoed FSU dresser Louise E. Fraser's sense of British superiority as both women infantilised the Serbs and revealed their belief that it was their duty to steward them. At the same time, Inglis' capitalisation of 'British Supervision' emphasised how devoted she was to this ideology even though, as a woman, the power that came with Empire would often have bypassed her. There was, as Smith argues, an 'imperial benevolence' in her 'determination to help the less fortunate, less developed and substantially 'different' Serbian people.'[60] The perceived primitiveness of the Serbians was addressed in the account of SWH doctor, Caroline Twigge Matthews, too. The Serbian people had, according to Matthews, 'glaringly perceptible […] faults' as a result of 'so many centuries beneath the dominant Crescent […]' of the Ottoman empire suggesting they were beneath even 'Eastern primitiveness'.[61] As a British organisation, therefore, the SWH were in the dominant position of 'enlightener' on these frontlines. It was their divine calling to demonstrate to their half-barbaric, Christian charges 'what they can or ought to do on their own system with their own implements.'[62]

Much crucial sanitary work *was*, indeed, undertaken by the Serbians at their hospital sites as a result of the SWH's intervention and this, as we have seen in the previous chapter, was officially acknowledged by the Serbian people, too.[63] So grateful were they, in fact, that following Inglis' insistence that 'an English hospital, in a broad sense, needs a lot more water than a Serbian one!', her charges built a memorial fountain at Mladenovac in her honour (see **Fig. 2.5**).[64] Elevating the SWH to the ranks of their saviours, the Serbians willingly perpetuated the coloniser-colonial subject relationship. It was thus that, following Serbia's invasion, the women became unofficial ambassadors for Britain. As the next section will demonstrate, sustained beliefs in the SWH's supremacy were to serve both these daughters of the British Empire and their

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[58] Elsie Inglis (on the train to Nish) to Miss Mair, 1 June 1915, TD1734/2/6/4/1/24, SWHC, Glasgow City Archives.
[59] Ibid.
[60] A. K. Smith, *British Women of the Eastern Front*, p. 120.
[61] Caroline Twigge Matthews, *A Woman Doctor in Serbia* (London: Mills & Boon, 1916), p. 89.
[62] Elsie Inglis (on the train to Nish) to Miss Mair, 1 June 1915, TD1734/2/6/4/1/24, SWHC, Glasgow City Archives.
[63] Ibid.
[64] Elsie Inglis to Miss Mair, 22 June 1915, TD1734/2/6/4/1/27, SWHC, Glasgow City Archives.

Serbian patients particularly well under occupation. Indeed, the women frequently resorted to British Female Resistance to protect both themselves and their charges from the enemy.

Fig. 2.5 Memorial Fountain in Mladenovac, personal photograph.

Occupation & Resistance:

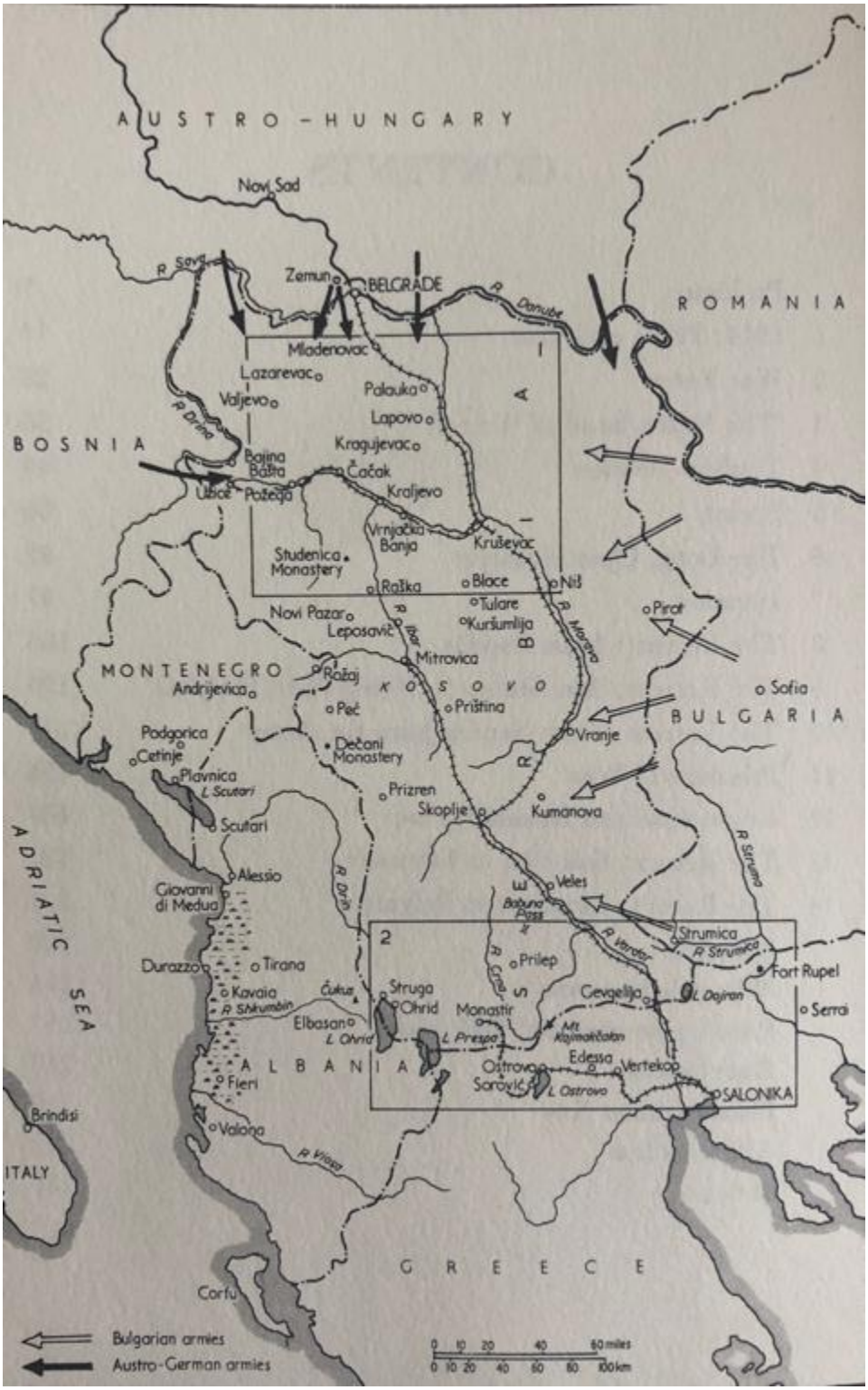

Fig. 2.6 'Invasion of Serbia by the Central Powers, autumn 1915' in Monica Krippner, *The Quality of Mercy: Women at War Serbia 1915-18* (London: David & Charles, 1980), p. 8.

Prior to the Great Serbian Retreat, the Serbians had fought off three separate invasions by Austro-Hungarian and German forces at the Battles of Cer, Drina, and Kolubara in 1914. Though they emerged victorious from all three, the Serbian Army entered 1915 exhausted and heavily depleted. Its soldiers were battle-weary having never recuperated fully from the two Balkan Wars preceding this conflict. Seeing their own vulnerability, Serbia's military begged Britain and France for extra support on the Balkan Front, but their calls were left unanswered. Without the aid they so desperately needed, the Serbian Army were unable to fend off the Central Powers' attack on the 6th October 1915. Consequently, the Danube was crossed and the country's former peacetime capital, Belgrade, fell to the enemy on the 8th October 1915. When Bulgaria entered the War on the Austro-Hungarian side on the 14th October 1915, the overwhelmed Serbian Army were left with no choice but to retreat to the south-western Serbian province of Kosovo. The Serbian military fought hard to break toward Skopje, but with the rail line cut off by the enemy and no access to reinforcements or artillery munitions from Salonika, the Serbs finally balked at the Kosovo Offensive (17th – 21st November 1915). Defeated, the Serbian Government, the army's remaining men, and civilians alike began to retreat over the Albanian mountains. Within six weeks, their country was entirely under enemy control. Throughout this chaos, the SWH's patriotism was a constant that maintained its women's focus on their Serbian charges. 'The culture of Empire,' as Smith argues, 'enabled these women to see themselves as beacons of Britishness in all foreign lands, and that duty extended to representing their country if there were no men around to do it.'[65]

Writing to Miss Mair on the 5th November 1915, Inglis' struggles to hide the chaotic confusion and sadness that invasion has caused for her organisation and its charges. 'We are in the very centre of the storm,' she writes, 'and it is anything but pleasant to be part of a beaten and retreating army.'[66] Her reference to the SWH's positioning in the middle of this furore indicates that they, like the Serbian soldiers, are playing a central role in negotiating this calamity. As the Serbian Army experienced their Golgotha in the form of a mass exodus, the SWH, too, were devastated to witness the evacuation of their hospitals. Before even leaving the site at Kragujevac, Inglis watched

[65] A. K. Smith, *British Women of the Eastern Front*, p. 114.
[66] Elsie Inglis to Miss Mair, 5 November 1915, TD1734/2/6/4/1/41, SWHC, Glasgow City Archives.

‘the whole place’ descend into ‘chaos,’ with ‘windows shut, and one man with a long splint, with his splint off sitting up winding up his bandages.’[67] Just as she was unable to help this patient to properly secure his dressings in that moment, so too was the SWH’s founder powerless to stop the unravelling of her organisation’s work before her eyes. Evacuation began immediately after the fall of Belgrade with the Mladenovac hospital – a pill that would have been particularly difficult to swallow given how hard Inglis had fought to establish it. This was shortly followed by the evacuation of Kragujevac, Valjevo, and Lazarevac, respectively. As occupying enemy forces closed in on the women and the Serbian Army, the SWH were faced with an impossible choice. They could either retreat with the Serbians or remain with their most vulnerable patients under siege. This section will examine the stories of those fifty SWH members who remained under occupation, and the ways in which they maintained their autonomy by resisting their captors through a campaign of British Female Resistance.

Fig. 2.7 ‘Preparing for evacuation’, (c. 1915), *Kingdom of Serbia, land of heroes* < https://serbialandofheroes.wordpress.com/photos/#jp-carousel-1331> [Accessed: 25 September 2018] (Original source unidentified).

POW experiences of the Great War have been widely researched, but British women’s internment narratives have been neglected from this scholarship. This is most likely a result of very few Western women broaching the frontlines to find themselves in a POW situation they could later share stories about. The Valjevo Unit were, however, incarcerated by the enemy for three months during which unit members had only each

[67] Ibid.

other for support. Prior to the Serbian Retreat, SWH members adopted the active and authoritative role over their patients in Serbia. Now, however, enemy soldiers dominated their frontline and this, in terms of power hierarchies, should have left the women vulnerable. For the Valjevo Unit, whose story this section will follow, however, imprisonment was viewed as yet another opportunity to challenge male authority. Oliver Wilkinson suggests that for British male POWs, resistance saved the men from the 'victim' mentality that came with captivity and an end to their 'warrior status.'[68] Acts of resistance, he claims, 'were empowering in that they allowed prisoners to regain, or feel that they had regained, some control over their circumstances.'[69] Though they were non-combatants, this notion is just as true for the captured SWH. It was thus that its women utilised British Female Resistance to repeatedly undermine their male incarcerators.

Fig. 2.8 Dr Alice Hutchison, photograph taken whilst under occupation, (c. 1915), TD1734/19/1/43, SWHC, Glasgow City Archives.

The Valjevo Unit began to rebel against their gaolers from the very first moments of their capture. It was thus that, when the unit were labelled POWs by an Austrian official, its CMO, Dr Alice Hutchison (see **Fig. 2.8**), openly refused to be titled as such.

[68] Oliver Wilkinson, *British Prisoners of War in First World War Germany* (Cambridge: Cambridge University Press, 2019), p. 147.
[69] Wilkinson, *British Prisoners of War*, p. 147.

'The Geneva Convention,' she informed this enemy officer, 'forbids the making prisoners of hospital personnel.'[70] By rejecting this epithet with an appeal to international law, Hutchison both spurns the victim status with which this man attempts to enfeeble her and asserts her power over him in the form of her legal knowledge. Hutchison is aware that the Austrians have a physical hold over her staff. This Austrian official can, as he retorts, 'indicate according to [his] own convenience which route the hospital *personnel* shall travel home, and I doubt it will be a year or more before we can indicate *your* homeward route!'[71] The subsequent battle of resistance that the unit waged would, therefore, have to be executed mentally. This is made clearer still when the conditions in which these women were held are considered.

Having been sent on by the Austrians to Kevevara, Hungary (today's Kovin, Vojvodina, Serbia), all '32 persons' of the Valjevo Unit were to be held in two small rooms (approximately 12 feet by 16 feet by 11 feet in dimensions) 'for five weeks.'[72] Reflecting on the state of their prison cells, Kerr writes that its 'white-washed walls[,] […] wooden floor, the furniture consisting of two forms, a table, and straw, some of which was damp' and 'the size of the room did not come up to the requirements of a model lodging in this country.'[73] Food was scarce and consisted mainly of watery soups. Meanwhile, the women's liberty and privacy were completely compromised by the guards outside their door, the lack of locks, and ground-floor windows with no curtains. Anybody walking by outside, much to the women's distress, could look in. Even leaving the room was forbidden without the accompaniment of an Austrian guard, with all exercise having to be taken 'in the "mead" (back yard),' under his supervision.[74] The women did not have a moment to themselves, therefore, to openly devise any form of rebellion.

Under these conditions, it seems impossible that the Valjevo Unit could fight back against their oppressors at all. 'When [the unit] did go out,' however, Kerr notes with pride that '*we* took the guard for a walk, bringing him home hot and angry.'[75]

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[70] Alice Hutchison, 'In the Hands of the Austrians', *Blackwood's Magazine*, 199, No. 1206 (1916) pp. 433-460 (433-434).
[71] Hutchison, 'In the Hands of the Austrians', p. 433-434.
[72] Kerr, *SWH Work in Serbia,* p. 31.
[73] Ibid., p. 31.
[74] Ibid., p. 32.
[75] Ibid., p. 32.

According to Hutchison, the aforementioned Captain would return to their room so flustered that he complained to his superiors about the women's speed. 'If they would even walk, but they fly like geese over the mud!'[76] Learning of this result, the women 'laughed themselves into a state of utter helplessness.'[77] Hutchison notes that a similar victory was won for the unit when, during their 'quarantine', they organised a game of charades during which an enemy guard appeared on stage alongside them. With his participation, the unit's alleged male puppet master unwittingly became the women's puppet. 'The shriek of delight which greeted' his 'appearance', Hutchison notes, was unforgettable because 'to have made our gaolers join in our sport seemed to every one a most delicious triumph.'[78] These exercises in subliminal mastery of their oppressors undeniably lifted the spirits of the unit in a situation that did not present many opportunities for joy. By keeping the jibes underhanded, the women cleverly ensured that they did not worsen their own situation. This resistance campaign was led by Hutchison, whom the unit had aptly and 'only half-jokingly,' renamed '"the Little General"'.[79] Titling Hutchison with an epithet that appropriates military – and, by proxy, traditionally male – language (generals were traditionally male commanders of armies), only further emphasises that the women perceived themselves to be fighting a war of their own whilst under occupation.

Erving Goffman suggests that inmate dissent whilst in confinement can be characterised as 'secondary adjustments': practices which do not 'directly challenge the [institutional] staff but allow inmates to obtain forbidden satisfactions or obtain permitted ones by forbidden means.'[80] Like the up-tempo walks and charades game, other covert victories for the Valjevo Unit were obtained under the direction of 'the Little General'. 'Anxious to save [their] blankets', from the Austrians who 'were short of such,' and were likely to 'seize' the unit's, Kerr describes how ten unit members 'saved' their coverings quite literally from 'under the noses of the Austrians.'[81] Having snuck into the pavilion where their equipment was stored, these women hid 'behind a packing case,' writes Kerr, before 'each one in turn pulled out a blanket from the bale, wound it round her body

[76] Hutchison, 'In the Hands of the Austrians', p. 452.
[77] Ibid., p. 453.
[78] Ibid., p. 441-442.
[79] Margot Lawrence, *Shadow of Swords*, p. 104.
[80] Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961), p. 54.
[81] Kerr, *SWH Work in Serbia*, p. 28.

under her coat and walked back to the villa, dropped it there, and returned for another.'[82] The CMO, Kerr states, was actually 'interviewed by an officer before she had discarded her padding,' placing her and the whole unit at risk of exposure.[83] The experience of nearly being caught would have been undeniably tense for all in the unit, but their ensuing success despite this close-call likely served for even greater elation.

As their leader, Hutchison was, in many ways, the embodiment of the very British Female Resistance in which she led her unit. With her 'tiny stature, rose-petal complexion, and masses of soft red hair', she would have been well-suited, as Inglis' biographer, Margot Lawrence, states, to the role of 'a women's magazine heroine.'[84] Her physical femininity was, however, never able to completely conceal 'the ox-like constitution, the matter-of-fact courage and the gift for disciplined organisation' she possessed.[85] As CMO, it was Hutchison who 'had the brunt of things to bear, it was she who made all arrangements with officials, who fought for those in her charge and stood between them and many acts of excessive German hatred.'[86] That she was conscious of the great responsibility she bore is clear from her own account of rebelling under occupation. 'So long as I offered no resistance,' she writes, 'it was hard to believe I *was* a prisoner of war.'[87] It was for this reason, she states that she chose, at least outwardly, to remain compliant whilst continuing to covertly challenge her oppressors.

Though obedience was largely vital for survival as a POW, carefully calculated disobedience was equally crucial to maintaining prisoner morale. As with many other British war-captives, the Valjevo Unit were 'capable agents', who would fluctuate between compliance and resistance to suit their needs.[88] In attempts to counter the poor conditions under which her women were held, therefore, Hutchison would frequently utilise her knowledge of international law and a markedly British 'stiff upper lip' to directly negotiate with the enemy. Characteristic of sons and daughters of the Empire, a 'stiff upper lip' was employed by British citizens to detach themselves from their personal emotions so that they might act in the best interests of the whole nation at all

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[82] Ibid., p. 28.
[83] Ibid., p. 29.
[84] Lawrence, *Shadow of Swords*, p. 104.
[85] Ibid., p. 104.
[86] Caroline Twigge Mathews, *A Woman Doctor in Serbia* (London: Mills & Boon, 1916), p. 206.
[87] Hutchison, 'In the Hands of the Austrians', p. 434.
[88] Oliver Wilkinson, *British Prisoners of War*, p. 101.

times.[89] In this case, Hutchison's resolve seeks to improve conditions for what she perceives to be her unit's continuation of the British war effort on the Balkan Front. Despite her best attempts, however, there was rarely much improvement. In a clear display of further defiance, therefore, this woman would report herself as 'present' to Austrian officials each week whilst wearing a visible Union Jack beneath her clothing. 'The atmosphere of the room,' she writes, 'was appalling, the interviews were long, and so I always cast my coat on arrival, and took great joy in the knowledge that the broad blue and red stripes […] stood out beautifully under the thin muslin blouse which I wore at that time.'[90] The deliberateness of her actions draws Hutchison's behaviour in line with British Female Resistance. Outwardly, the 'Little General' appears to comply with the orders of the enemy by attending their interviews. Beneath the surface, however, and in a very literal and visible way, she provokes her interrogators with a poorly concealed nod to the fact that her allegiance continues to lie with Britain.

With her Union Jack, Hutchison displays not only her pride in her British nationality but clearly signals to these men that they have not yet broken her fighting spirit. Furthermore, she refuses to bend to their will. This, according to Wilkinson, was commonplace amongst male British POWs, with captured men sharing 'patriotic songs and national iconography' to reconnect them 'to their non-captive countrymen and to the national cause from which captivity threatened to separate them.'[91] In addition to this patriotism, Hutchison's defiance adopts very female undertones via her choice of clothing at these interviews. Her thin muslin blouse is overtly feminine both in appearance and by definition. Its transparency, which so insufficiently conceals the Union Jack, simultaneously only draws attention to the fact that she is a woman. Though she is outnumbered by the men in the room, she nevertheless demonstrates a fearlessness in her dissent. This is, perhaps, because she feels that this flag (quite literally) affords her protection before them. Whilst it is not illegal for her to wear the Union Jack beneath her clothing, it is an action that when performed before the enemy is as bold and courageous as the blue and red stripes standing out beneath her shirt.

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[89] Sara Mills, *English Politeness and Class* (Cambridge: Cambridge University Press, 2017), p. 70.
[90] Hutchison, 'In the Hands of the Austrians', p. 459.
[91] Wilkinson, *British Prisoners of War*, p. 217.

Though the majority of British Female Resistance was enacted indirectly, the conditions under which the unit were held were bad enough for the occasional outburst of emotion from its more outspoken members. It was thus that Evalina Haverfield was compelled to make her feelings about the Central Powers known – often in their own language – to protest her unit's intolerable circumstances. Dr Catherine Louisa Corbett describes what happened when 'Mrs. H. came across an Austrian inspector of prisoners.'[92] Incensed at the notion that this inspector should deem the conditions they were held in as 'acceptable', the formidable Haverfield 'gave him an eloquent tirade on their miseries' in German.[93] Following a military invasion, the native-tongue of the occupying army, as Hilary Footitt and Michael Kelly argue, displays 'a form of power which is likely to be greater than that on offer in the indigenous community.'[94] By speaking to her captor in his own tongue, therefore, Haverfield not only diminishes, but evens out the perceived linguistic power this soldier thought he had over her. Despite being their captive, her knowledge of the German language firmly secures Haverfield's place on an equal footing with these men.

An ardent suffragette and member of Emmeline Pankhurst's WSPU, Haverfield was well used to being vocal against acts of male hostility and intimidation on the home-front. With her proficient knowledge of German, she belittled the Austrian inspector's claims to dominance over her on the frontlines, too. Indeed, by speaking in German she ensured not only that this inspector had thoroughly understood her views, but that this man and his colleagues knew that *she* could understand *them* in their native language, too. 'She told' the inspector, Corbett claims, that the captured unit's lack of basic amenities such as shelter, food, and water for bathing were 'a disgrace to a civilised nation, and that she had been in Serbia eight months and could testify how well the Austrian prisoners were treated here.'[95] By appealing to her sense of British superiority, Haverfield seeks to shame this man into co-operation. As an Austrian and, therefore, member of a fellow colonial power nation, the inspector should be culturally enlightened. Haverfield suggests, however, that the Central Powers' appalling treatment of POWs under occupation renders them more backward than the half-barbaric Serbs.

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[92] C. L. Corbett, *Diary in Serbia*, (Manchester: Taylor, Garrett, Evan & Co. Ltd., 1916), p. 40.
[93] Ibid., p. 40.
[94] Hilary Footitt, *Languages at War: Policies and Practices of Language Contacts in Conflict* eds., Hilary Footitt & Michael Kelly (Hampshire: Palgrave MacMillan, 2012), pp. 123-127 (p. 123).
[95] Corbett, *Diary in Serbia*, p. 40.

In doing so, she simultaneously places this Austrian inspector beneath not just the British women held as prisoners on this front, but their Balkan patients, too.

Fig. 2.9 The Rt. Hon. Evelina Haverfield, photographed by Lena Connell (c. 1910), LSE, London.

Another example of direct resistance, and perhaps the most blatant stand against enemy authority, was made by Hutchison when 'the Obertlieutenant, backed up by Dr. Fischer (a perfect beast),' according to Kerr, 'said we were all to work in the cholera hospital the following day.' [96] The women were appalled at the notion of assisting the enemy and the commands made their 'hearts' sink back 'to their place – our boots.'[97] Determined not to be intimidated, Hutchison refused to co-operate with the Austrian military on the grounds that her unit had not been inoculated against cholera. The verity of this claim is questionable considering the unit had been deployed to a frontline where cholera was prevalent and other SWH units had been vaccinated.[98] It is plausible, then,

[96] Kerr, *SWH Work in Serbia,* p. 33-34.
[97] Ibid., p. 33.
[98] Dr Isabel Emslie (later Hutton) of the GNU in Salonika writes in her memoir that 'the laboratory' at their hospital site, though 'still in a tent,' had 'incubators […] kept working, and autogenous vaccines, blood-cultures, typhoid agglutinations, and various examinations were satisfactorily made.'
See: Isabel Emslie Hutton, *With a Woman's Unit in Serbia, Salonika & Sebastapol* (London: Unwin Brothers, 1928), p. 59.

that Hutchison deliberately deceives these men to spare her unit from this work. The enemy were, Kerr states, completely 'beside themselves with passion' at her refusal.[99] Though they 'stormed and threatened and abused' Hutchison, she 'held to her point and remained *outwardly* calm, which enraged them all the more.'[100] Kerr's emphasis on the externality of Hutchison's composure implies that, beneath the surface, the unit's CMO's emotions were boiling over. In a clear engagement with British Female Resistance, then, Hutchison utilises passivity to undermine the men attempting to control her. The success of this tactic is clear in the results that it yielded. Unable to make Hutchison comply with their orders, the Obertlieutenant 'made the offer that if she would work without inoculation the following day, we would all be inoculated before working; and to save the Unit she accepted their offer, telling them if they employed us they would require to pay us.'[101] Hutchison's apparent act of self-sacrifice at this point implies not only her devotion to the safety of her unit, but the extent to which she is willing to place herself in danger to defend the other women. Her insistence on payment for their work, however, places this Central Powers' official in a precarious position. To pay the women would be to indirectly give money to the Allied cause, too. It is unsurprising, then, that though the whole unit was inoculated the next day, its women were never sent to work in the cholera hospital.

British Female Resistance to avert dangerous situations was perhaps most vitally executed by the Valjevo Unit when its women temporarily recruited a Canadian female soldier to protect them from male violence in the early days of occupation.[102] Though she was a young woman of about 22, Leslie Joy Whitehead had 'enlisted as a man in the Serbian army' and was renowned for her masculine appearance and deftness with guns.[103] The unit initially tasked her, therefore, with guarding their stores against

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[99] Kerr, *SWH Work in Serbia*, p. 34.
[100] Ibid., p. 34.
[101] Ibid., p. 34.
[102] It was forbidden for a woman to join the armed forces in a combative capacity in Canada until 1987. Meanwhile, in Britain women have only legally been allowed to engage in close combat fighting as recently as 2018. The enlistment of women in the Serbian Army was, however, not unusual; famous female soldiers of the Great War include Milunka Savić and Flora Sandes. Whitehead's enlistment with this military organisation has never previously been explored in academic scholarship. For more information on female combatants, please see:
'History of Women in the CAF', *Government of Canada* <https://forces.ca/en/women-in-the-caf/> [accessed: 27 September 2018];
Louise Miller, *A Fine Brother: The Life of Captain Flora Sandes* (London: Alma Books, 2021);
Milan Bogojevic, *Milunka Savić: Ordenje i Ožiljci* (Belgrade: Glas Srbije, 2017).
[103] Corbett, *Diary in Serbia*, p. 9-10.

thieves. According to Corbett's diary, when Whitehead encountered 'three or four thieves trying to steal […] goods' from within the SWH's shelter, 'she chased them off, fired her revolver to scare them, caught one, and gave him in charge.'[104] So fearless was this female combatant that she voluntarily opted 'to sleep in the store' that same night 'to keep thieves off.'[105] Despite being outnumbered, Whitehead's triumph refuted the belief that women were weak and assailable without men. Indeed, her actions only proved the contrary to be true as Whitehead, a biological female, repeatedly protected other women from men on the frontlines. According to the *Toronto Daily Star*, Whitehead could 'shoot better than most men.'[106] By virtue of temporarily securing her services, therefore, the Valjevo Unit's women engaged in an extremely subversive form of covert resistance against the men who posed physical threats to their survival.

Fig. 2.10 Leslie Joy Whitehead in Serbian Relief Fund uniform at Mikra Bay (c. 1915) in Marianne Fedunkiw, 'Women Physicians Serving in Serbia, 1915-1917: The Story of Dorothea Maude', *McMaster University Medical Journal*, 4, No. 1 (2007). *(Left).*

Fig. 2.11 Leslie Joy Whitehead in Serbian Army Uniform (c. 1915), *photograph in private hands*. *(Right).*

[104] Ibid., p. 10.
[105] Ibid., p. 10.
[106] 'Canadian Nurse Bulgar Prisoner', *Toronto Daily Star* (7 January 1916), p. 2.

In addition to scaring away thieves, Whitehead proved crucial in safeguarding the SWH from the far more serious threat of sexual violence. In her letter to Miss Mair on the 5th November 1915, Dr Inglis refers to the situation in Serbia under occupation as being 'as bad as Belgium!'[107] The figurative 'Rape of Belgium', as the media referred to it, had become a favourite propaganda ploy of the British Parliamentary Recruiting Office to both justify the exclusion of women from the frontlines, and to urge these same females to send their men into war.[108] Like Belgium, Serbia and the Balkan Front were repeatedly feminized as weaker, more vulnerable nations by their Western Allies in wartime propaganda (see **Fig. 2.12** & **Fig. 2.13**). These images were only reinforced

Fig. 2.12 & 2.13 The following images are contemporary artistic depictions of 'The Rape of Belgium' (left) and 'The Rape of Serbia' (right).
Fig. 2.12 'The Rape of Belgium' (1914), *The New York Tribune*.
Fig. 2.13 'The Rape of Serbia', Jan Sluyters, Hirschfeld, Magnus and Gaspar, Andreas: Sittengeschichte des Ersten Weltkrieges, 1st edition, Leipzig/Vienna 1930, 2, No. 217.

[107] Elsie Inglis to Miss Mair, 5 Nov 1915, TD1734/2/6/4/1/41, SWHC, Glasgow City Archives.
[108] Pamphlet No. 23, *Women and the War* cited in Susan R. Grayzel, *Women and the First World War*, (Abingdon: Routledge, 2013), p. 17.

when the countries were forcibly overcome and ravaged by Central Powers Forces. Alongside the wanton destruction of land, these occupations led to many counts of sexual atrocities being committed by enemy soldiers against Belgium's and Serbia's female inhabitants. [109] The thought of the SWH's women alone on a conquered 'female front' without the presence of Allied men to 'protect' them was, therefore, undoubtedly distressing for those who feared the same fate would befall the units.

'A main contributory factor' of wartime rape, according to Joanna Bourke, is 'the widespread acceptance of sexual abuse both among members of the military and in the broader civilian communities.'[110] During the early twentieth century, Bourke claims, reports and evidence of sexual assault and rape were met 'with a tolerant shrug.'[111] That the women took the threat of sexual violence – and societal indifference to its occurrence – seriously, however, is clear. Far from being 'damsels in distress', Corbett notes in a diary entry from 12th November 1916, that the women were able to neutralise sexual threats with Whitehead's help. 'One of the Germans,' Corbett writes, 'thinking W. was a man, asked if any of the nurses would be likely to go out with them. Also, two Austrian prisoners we had been looking after told W. to warn the nurses that these Germans were a bad lot.'[112] As a result of her masculine appearance, Whitehead was able to learn of enemy soldiers' licentious desires for the SWH's women. This, in turn, enabled her to prevent violence from occurring. Corbett concludes that it was 'rather convenient having a man about,' like Whitehead, who is really 'a girl.'[113] As a Canadian and, therefore, a member of a former British colony, Whitehead's work for the British SWH under occupation renders her not just an executor but an embodiment of British Female Resistance, too. Indeed, her underhanded opposition to male dominance was, as this example demonstrates, absolutely crucial to securing both the women's safety and the organisation's survival.

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[109] A systematic rape programme ('Bulgarisation') was enacted by the Bulgarians against the Serbs and minority populations within Serbia during the Bulgarian Occupation of the country's southern territories, too, between 1915 and 1918. Recent studies suggest sexual violence was prevalent against the Serbian and Greek population as a part of Bulgaria's denationalisation programme in occupied Southern Serbia. The case was not, however, brought to public attention by the British, who favoured the Belgian narrative because of its proximity to home.
See: J. McMillan, "War", *Political Violence in Twentieth-Century Europe*, ed., Donald Bloxham & Robert Gerwarth (Cambridge: Cambridge University Press, 2011), pp 40-86.
[110] Joanna Bourke, *Rape: A History from 1860 to the Present* (London: Virago Press, 2007), p. 364
[111] Bourke, *Rape*, p. 364.
[112] Corbett, *Diary in Serbia*, p. 21.
[113] Ibid., p. 21.

During the Valjevo Unit's repatriation in February 1916, any written or photographic records of the women's experiences under occupation were confiscated and destroyed by the enemy before they left the Austrian frontier.[114] In a retrospectively published account, Hutchison expressed her 'disgust […] at seeing one's possessions handled by men whose bearing was obnoxious to one, apart from the fact that they were the enemy.'[115] To spare their journals, then, some women concealed their writing amongst other possessions in a final act of covert defiance against their captors. 'Kerr managed to save her diary, in spite of its bulk,' writes SWH historian, Leah Leneman, 'by wrapping it in her cape and standing on it while her luggage was being searched, then slipping it into her hold-all among the examined luggage.'[116] Meanwhile, Hutchison stood on her papers whilst searches were conducted, having sewed her diary into the typically feminine accoutrement of 'a dilapidated-looking travelling feather cushion.'[117]

With the culture of censorship dominant on all fronts and sides of the Great War, it is unsurprising that the Austrian Army should seek to destroy any unregulated documentation of the events occurring behind their lines. The diaries kept by these women could be as damaging to their war-effort as weapons. 'Women,' Margaret R. Higonnet argues, 'especially nurses, recorded "brutal" transgressive images' of war and it was this 'power' that 'subjected' many of them to 'censorship.'[118] Having avoided being gagged in this way by the enemy, however, Hutchison and Kerr went on to publish their diaries (in 1916 and 1917 respectively) in the widely read *Blackwood's Magazine*, just like the FSU's Louise E. Fraser. In her thesis, Alison Moulds suggests that publications in 'journals and fiction' writing 'enabled those' medical professionals 'in precarious or unstable positions to engage in acts of self-definition.'[119] By smuggling their written works out of Austrian-held territory, these women certainly ensured their accounts of the occupation were not lost, and their voices not silenced by their male captors. Indeed, their diaries gave those on the home-front access to

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[114] Seized items included diaries, papers, photos, and undeveloped film.
[115] Hutchison, 'In the Hands of the Austrians', p. 458.
[116] Leah Leneman, *In the Service of Life; The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: Mercat Press, 1994), p. 50.
[117] Hutchison, 'In the Hands of the Austrians', p. 457.
[118] Margaret R. Higonnet, *Lines of Fire: Women Writers of World War I* (Middlesex: Plume, 1999), p. xxxii.
[119] Alison Moulds, 'The Construction of Professional Identities in Medical Writing and Fiction, c. 1830s-1910s', Ph.D. thesis (University of Oxford, 2017), p. 316

eyewitness accounts of retreat and occupation, amplifying and preserving their Great War narratives from a rare, female perspective. This act of self-determination was extremely important amidst such stringent vetting of truth, as the next section of this chapter will reveal.

The Great Retreat:

By the time Belgrade fell on 8th October 1915, the Serbian government and supreme command, who had initially been determined not to capitulate, were left with little choice but to begin retreating. Their fate was only further set when the Serbian Army were defeated at the Kosovo Offensive on the 24th November 1915. The next day, Vojvoda Radomir Putnik, commander in chief of the Serbian Army, issued the order for his men to retreat from their country via the Albanian coast to Corfu. 'The only salvation from this grave situation,' he claimed, lay 'in retreating to the Adriatic coast.'[120] Determined *not* to admit defeat, Putnik took the stance that this was simply a recuperative measure for his country's military, whilst 'the state' continued to '[exist], albeit on a foreign land.'[121] Once in Greece, the 'army will be reorganised, supplied with food, weapons, ammunition, clothing and everything else necessary that is being sent by our allies, and we shall once again be a factor for our enemies to reckon with.'[122] The Serbs *would* return to their country soon, Putnik maintained, and when they did they would be stronger than ever before.

Despite official optimism, the individuals working for and within his exhausted military could not help but to view the retreat as a terribly tragic turn of events. Few SWH members were able to document the confusion. What little had been written was often lost along the way. The most extensive surviving account of the retreat was recorded by Kragujevac unit clerk, William H. Smith, in a shockingly bleak report of Serbia's situation.

> The road was a moving mass of transport of all kinds – motor-wagons, bullock-wagons, horse-wagons, men, and guns, besides the civilian population, men, women and children, all intent on escape. […] This procession had been passing continuously for days, stretching from one end of Serbia to the other, and one realised that this was something more than an army in retreat; it was the passing of a whole nation into exile, a people leaving a lost country.[123]

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[120] Vojvoda Radomir Putnik cited in Andrej Mitrović, *Serbia's Great War, 1914-1918* (West Lafayette, IN: Purdue University Press, 2007), p. 149.
[121] Mitrović, *Serbia's Great War*, p. 149.
[122] Ibid., p. 149.
[123] McLaren *A History of the Scottish Women's Hospitals*, p. 148.

For the SWH, as with other foreign medical missions, it was decided by the authorities that those who 'wished to get away should make for the Adriatic by Montenegro and Albania and go South by Monastir and Salonika.'[124] Twenty SWH personnel led by Dr Beatrice McGregor and Mr Smith opted to leave.

Retreat was not easy either physically or mentally; members bore witness to the suffering of their former patients and were, like those under occupation, completely powerless to help them. Unlike their POW colleagues in Serbia, however, British Female Resistance could do little to ease the departing members' distress. The retreat signalled a great loss for the SWH as an organisation overall. These unit members were being forced to flee for their lives from a country that had not only accepted their aid but given them the opportunity to prove themselves as female doctors without prejudice. This caused a profound sense of sorrow in some and, at times, deep frustration in others reflected in their personal accounts of this tragedy. Members' narratives were, however, in stark contrast to the near-epic tales of their heroism which were being popularized by the British press. With the failure of Allied men to arrive on this frontline in Serbia's hour of need, the SWH and other British medical missions became some of the few representatives of the Empire on the Balkan Front. The women were, therefore, exploited by the press to distract from the poor state of the Allied campaign at this point in the conflict.

To understand the extent of the emotional trauma experienced by members of the SWH on retreat, it is first necessary to highlight the plight of their Serbian patients. Writing about the atmosphere in Kragujevac when Putnik's announcement was made, Smith states that 'with the departure of the army chiefs, despair seemed to seize upon the poor people, and there was a wild scramble to escape from the doomed city. Confusion and disorder reigned everywhere.'[125] The apocalyptic chaos he describes is incomparable to Putnik's calm and collected retreat order. This discrepancy was only further emphasised by Eva Shaw McLaren's claims that 'it has been said in all history there is no parallel to this exodus unless it may be the flight of the Israelites out of the land of Egypt; but in their case the exodus led to freedom – in this, it was a nation going into exile.'[126]

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[124] Ibid., p. 148.
[125] Ibid., p. 147.
[126] McLaren, *A History of the Scottish Women's Hospitals*, p. 148.

For many in the tired and dejected Serbian Army they were not just leaving behind their country, but their families, too. This, as Dr Emslie notes retrospectively, brought 'many' of its own 'awful tragedies' when the men returned almost three years later.[127]

> Men would go home full of hope and find no wife, no children and no house; they had died or been hanged and the house burnt. This is not the time to tell of Bulgar atrocities, but we heard nightmare tales from men who came back half demented, and from the women who had remained in Serbia during the war. Many men shot themselves at once on their return and others went completely 'to the devil.'[128]

The despondency of the Serbian Army was to continue long after their arrival in Corfu, where they penned many songs, poems, and texts on the sadness and displacement they felt. Two of the most famous of these, *Tamo Daleko* (Over there, far away) and *O Zar je Morala Doć* (Oh, Did it Really Have to Arrive), were combined to form one song, which continues to be popular in Serbia to the present day. This gives an idea of the magnitude of the retreat and its devastation within the Serbian national psyche. All this was happening to the people the SWH were charged to care for, yet they were helpless to stop it. It was understandable, therefore, that retreating unit members should have struggled greatly with their own psychological state on the journey out of Serbia in the bleak winter of 1915.

Tamo Daleko

Tamo daleko, daleko od mora,

Tamo je selo moje, tamo je Srbija.
Tamo je selo moje, tamo je Srbija.

Refren:
O zar je morala doć, ta tužna, nesrećna noć
Kada si dragane moj otišo u krvav boj?

Tamo daleko, gde cveta limun žut,

Tamo je srpskoj vojsci jedini bio put.

Tamo je srpskoj vojsci jedini bio put.

Over There Far Away

Over there far away, far away from the sea,
There is my village, there is Serbia.
There is my village, there is Serbia.

Refrain:
Oh did it really have to arrive, that sad unhappy night,
When you my darling went off into that Blood-filled war?

Over there far away, where the yellow lemon blooms,
There led the sole path for the Serbian Army.
There was the sole destination for the Serbian Army.

[127] Emslie, *With A Woman's Unit*, p. 162.
[128] Ibid., p. 162.

Ref.	*Ref.*
Tamo daleko, gde cveta beli krin,	*Over there far away, where the white lily Blooms*
Tamo su živote dali zajedno otac i sin.	*There father and son gave their lives together.*
Tamo su živote dali zajedno otac i sin.	*There father and son gave their lives together.*
Ref.	*Ref.*
Tamo gde tiha putuje Morava,	*Over there where the silent Morava travels,*
Tamo mi ikona osta, i moja krsna Slava	*There is where my icon remains, and my family's patron saint*
SlavaTamo mi ikona osta, i moja krsna Slava.	*There is where my icon remains, and my family's patron saint.*
Ref.	*Ref.*
Tamo gde Timok pozdravlja Veljkov grad,	*Over there where the Timok greets Veljko's city,*
Tamo mi spališe crkvu, u kojoj venčah se mlad.	*There they set fire to my church, where I got married in my youth.*
Tamo mi spališe crkvu, u kojoj venčah se mlad.	*There they set fire to my church, where I got married in my youth.*
Ref.	*Ref.*
Bez otadžbine, na Krfu živeh ja,	*Without a fatherland, on Corfu I live out my days,*
Ali sam ponosno klic'o, Živela Srbija!	*But with pride I raise a toast, Long Live Serbia!*
Ali sam ponosno klic'o, Živela Srbija!	*But with pride I raise a toast, Long Live Serbia!* [129]

Sorrow for Serbia and its people was perhaps easier to ponder for those who remained under occupation than for those on retreat. As they were also unable to continue treating their Serbian patients, the Valjevo Unit spent their otherwise vacuous days in captivity watching the Serbian soldiers pass by their windows; this was one of the only events that broke up the monotony of their time. They were in some ways, therefore, observers of the calamity befalling the Serbians rather than co-participants in it. 'All day long

[129] Translation of *Tamo Daleko* my own. Original written by Djordje Marinković in exile on Corfu, 1916.

numbers of Serb prisoners streamed into the town with bent heads and faces,' wrote Hutchison, and 'the sight of them gave me a feeling of sharp heart-ache for Serbia.'[130] For those on the retreat, however, hunger, cold, the constant threat of mortal peril, and death meant that sadness for the Serbians was often overtaken by introspective self-pity and a drive for survival. Some members struggled with guilt because of their apparent newfound apathy. Far from being indifferent to the Serbian people's plight, however, the retreating women endured the full force of these hardships alongside their patients. Though they were unaware of it at the time, these shared experiences would lead to the formation of a collective trauma bond forming between caregiver and patient.

A lack of food was one of the primary hardships endured by all those in retreat and many found themselves resorting to desperate measures in order to satiate their hunger. Olive M. Aldridge, a member of the 3rd Serbian Relief Unit working under the SRF Committee reflects in her memoir that 'never once throughout that long journey were [they] to be freed from' the 'ghastly sight' of starving and freezing humans and animals.[131] 'In the midst of these horrors,' she writes, 'people slid quickly back to the primitive stages of existence. All were hungry, and […] food was scarce.'[132] It was thus that many a dying or dead equine on the side of the road would be gnawed at by hungry dogs and cut apart by starving humans. 'Everyone,' Aldridge writes, 'seemed to be carrying a lump of raw meat in their hands.'[133] Her use of the pronoun 'everyone' highlights that nobody, including those from various medical missions, was exempt from participating in this base and primal act in order to ensure their own survival. It was 'during this part of the march,' Smith fears the SWH 'often forgot Serbia, and the tragedy and the death that was going on around us. Our only thoughts were of food, and our talk was of food, and to recall any delicacy would bring our hearts to our mouths.'[134] Smith's frank statement makes it clear that, though he was retrospectively saddened by the plight of the Serbians, at the time of the Great Retreat the survival instinct within him prevented any feelings of sadness or sympathy. That he feels guilty for this is clear from his self-reproachful tone.

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[130] Hutchison, 'In the Hands of the Austrians', p. 437,
[131] Olive M. Aldridge, *The Retreat from Serbia through Montenegro and Albania* (London: Minerva Publishing, 1916), p. 75.
[132] Aldridge, *The Retreat*, p. 75.
[133] Ibid., p. 75.
[134] William Smith, The Serbian Retreat: Sketched and described by William Smith, 1 January 1916, TD1734/20/4/5/2, SWHC, Glasgow City Archives.

Conditions surrounding the Albanian pass in the winter of 1915 were extreme and all who took part in the exodus were to suffer from exposure. Fleeing members came up against great difficulties in their attempts to find suitable transport. 'The trains had stopped running,' writes Smith, 'so bullock-wagons were our only hope.'[135] This was far from ideal to convey SWH members over the treacherous mountain paths in wintry conditions. Some decided, therefore, to make the journey on foot. Though their sole reason for being on the retreat was because they had been aiding Serbia, the SWH was now preoccupied with both their own lack of sustenance and danger. Its members were, therefore, simply unable to help their patients. 'Many' of those on the retreat were 'literally starving,' writes Aldridge, and 'they would come to us with clasped hands begging for bread, but we had nothing to give them.'[136] As medical personnel whose primary *raison d'être* was to care for others, the inability to feed a starving human filled these women with a sense of impotence and utter failure. Guilt once again weighed heavily upon them, too. 'It was terrible,' as Aldridge states, 'for in many cases we knew that within the next few days they would be dead, and would never see their homes or their countries again.'[137]

Fig. 2.14 Sampson Tchernoff, 'Serbian Soldier eating the flesh of a Dead Horse' (1915), *The Five Years War: The Serbs in 1912-1916*, The University of Kentucky.

[135] Ibid.
[136] Aldridge, *The Retreat*, p. 77.
[137] Ibid., p. 77.

Whilst it is commonly thought that shared struggles lead to a sense of unity amongst those who experience them, 'collective trauma,' according to Kai Erikson, can also '[damage] the bonds attaching people together and [impair] the sense of communality.'[138] More recently, Jason Crouthamel and Peter Leese have outlined how 'sources by traumatized individuals reveal complex layers of anxiety, resentment, anger, and other responses to trauma […].'[139] That being unable to perform their purpose as medical personnel alienated the SWH from their patients is clear in the few pieces of writing that survived the retreat. Whilst memoirs and accounts written after the tragedy shared a commonality in that they often reflected their author's feelings of culpability for not being able to ease their charges' suffering, one of the only written pieces preserved from this period is filled with anger and resentment at the Serbian Army's handling of the retreat.

In a diary written whilst fleeing Serbia, Sister Mary Barclay, formerly of the Mladenovac Unit, expresses a deep frustration with the Serbian Army for the SWH's situation. Throughout her series of short entries, Barclay is highly critical of the military, blaming the whole situation on a lack of organisation and motivation on their part. 'During the whole of this period,' she writes, 'one could not find evidence or desire on the part of the Serbians to fight even a rear guard action and it was quite clear that the slowness of the Austro German advance, and the inactivity of the Bulgarians except in the direction of Uskub, was due to the preparations of the enemy for a combined advance and not to any resistance on the part of Serbia.'[140] Her frustrations are only further fanned during the retreat by the chaos that she ascribes to the decisions made by many senior members of the army, as they abandoned their military duties to rescue their families. In an entry from the 24th October 1915, Barclay outlines her beliefs that the presence of soldiers' families only 'hampered' the military's chances of fighting back: 'The Hd. Of Staff under feminine influence, appeared to give up any idea

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[138] Kai T. Erikson, *Everything in Its Path: Destruction of Community in the Buffalo Creek Flood* (New York: Simon & Schuster, 1976), p. 153-154.
[139] Jason Crouthamel & Peter Leese, *Psychological Trauma and the Legacies of the First World War* (London: Palgrave Macmillan, 2017) p. 6.
For more on this subject, also see: Michael Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester: Manchester University Press, 2009).
[140] Mary F. Barclay, *Private Papers of Mrs M Barclay*, Documents.4320, Imperial War Museum Archives (hereafter IWM).

of sustained resistance or organised retreat and thus affected would rush from one place to another or remain in another until they [sic.] appeared no possibility of escape.'[141]

Fig. 2.15 M. Sampson Tchernoff, 'Hurry up, the children are cold', *Serbia in December 1915*, 7VJH/3/3/31, LSE, London. `

Though Barclay does show some sympathy for her Serbian patients with her statement that 'the dead and the dying [were] a shocking sight through the snow-clad mountains,' she makes but a single comment on these scenes in her entire diary. This in itself is a sign, perhaps, that she is not able to fully process the trauma of the circumstances in which she finds herself. This notion is only further maintained by her near constant anger at the Serbians for their wholly 'disagreeable […] treatment of the hundreds of British ladies and nurses' – a claim upon which she, unfortunately, does not expand.[142] Just as Smith and Aldridge outline an estrangement from the Serbs during the Serbian Retreat, so too does Barclay seem to detach herself from the people for whom she had previously cared. Where Smith and Aldridge feel in some way accountable for the horrors that their patients are experiencing, however, Barclay shirks all responsibility. Historian of trauma, Arthur G. Neal, terms this breakdown of human bonds 'fragmenting effects.'[143] The discord that Barclay feels certainly does seem to tear through any affection she may have previously held for the Serbian Army whilst

[141] Ibid.
[142] Ibid.
[143] Arthur G. Neal, *National Trauma and Collective Memory: Extraordinary Events in the American Experience* (New York: M. E. Sharpe Inc., 2005), p. 29.

working for them in Serbia. Despite walking out of this country alongside her former patients and their families, her overall experience of the difficulties of retreat ultimately disconnects her from them. Her journey, therefore, becomes a lonely and infuriating one.

Whilst Barclay readily criticised the actions of the Serbian Army, the British press took a far kinder tone in relation to their gallant little ally at this point. According to the *Daily Mail*, 'apart from a small Serbian Retreat at the outset, a stubborn resistance [was] still being offered' by the Serbian Army on 19th November 1915.[144] Stubborn though they may have wanted to be, the exodus of the Serbians was anything but 'small' in reality. If Barclay's accounts were to be believed, 'no steps were taken by the Hd [sic.] of Staff to prepare against any attack of the Danube. On the contrary, Belgrade was left to the protection of British, Russian and French guns.'[145] Meanwhile, on 3rd December 1915, the *Western Gazette* reported that though the Serbs were 'compelled to abandon the Katchnik Pass […] their magnificent efforts there' were to be 'of infinite value.'[146] The contrast between press reports and personal accounts of the Serbian Retreat by those who experienced it are clear, therefore, in the former's apparent glossing over of the true desperation of this situation.

According to Angela K. Smith, 'all the [personal] accounts of the retreat seem to identify […] overriding confusion,' but 'back in Britain, real understanding of the events of the retreat remained sketchy.'[147] It is not entirely surprising that this should be the case. Censorship was active across all frontlines during this conflict. As much as the Serbians might have wanted to play up the desperation of their situation to the Allies in order to gain more support, it was not necessarily in Britain and France's interests to share that their response had been too delayed to support this country with their home-front public. Indeed, the Serbian Retreat would have been viewed as yet another Allied defeat at a time when they had not emerged victorious from a number of other battles on the Western Front. The Battle of Loos (25th September – 8th October 1915) had ended in a British defeat, whilst the Battle of Champagne (25th September – 6th

[144] 'Balkan Campaign', *Daily Mail* (19 November 1915), p. 8.
[145] Mary F. Barclay, *Private Papers of Mrs M Barclay*, IWM, Documents.4320.
[146] 'The Serbian Retreat', *Western Gazette* (3 December 1915) p. 10.
[147] A. K. Smith, *British Women of the Eastern Front*, p. 151.

November 1915) had resulted in a French retreat.[148] With the Allied campaign seemingly waning on all Fronts, it risked causing only a further decrease in public and military morale if Serbia's desperate situation was accurately reported at this point in time. In order to present the news of the retreat to the British public in a way that would neither malign nor intimate the true desperation of the situation, therefore, it became necessary to speak of the retreating army in exclusively heroic terms.

FORFARSHIRE NURSES IN SERBIAN RETREAT

Several Dundee and district nurses were present with the devoted Serbian army when it made its memorable retreat over the snow-clad mountains before the overpowering hordes of Germans and Austrians. Our picture shows Nurse Ethel B. Duke, Brechin; Nurse Menmuir, Dundee; and Nurse Nettie Lamb, Brechin, who figured in the noble little band of Scottish heroines. Miss Menmuir has arrived safely in London. Miss Duke and Miss Lamb are reported to have been taken prisoners.

Fig. 2.16 'Forfarshire Nurses in Serbian Retreat', *Evening Telegraph and Post*, Friday 24th December 1915, pg. 4.

The exaltation of the Serbians in the press extended to their female caregivers, too. In a cutting taken from the *Evening Telegraph and Post* on Friday 24th December 1915 (**Fig. 2.16**), the SWH nurses are revered as a 'noble little band of Scottish heroines.'[149] Meanwhile, the Serbian Army are labelled as 'devoted', whilst their retreat is 'memorable' because it was taken to escape 'the overpowering hordes of Germans and Austrians.'[150] The use of 'devoted' is in stark contrast to Barclay's account of military officials deserting their posts in favour of protecting their families. At the same time, it is clear from both Smith's and Barclay's accounts that the SWH felt far from ennobled whilst in the midst of this chaos – a chaos this article fails to mention. The positive representation of these women in the press, though flattering, was far from useful for their organisation and the suffrage movement they represented. By not reporting the

[148] See: *World War I: Encyclopaedia, Volume 1: A Political, Social, and Military History,* eds. by Spencer Tucker & Priscilla Mary Roberts (California: ABC-Clio, 2005).
[149] 'Forfarshire Nurses in Serbian Retreat', *Evening Telegraph and Post* (24 December 1915), p. 4.
[150] Ibid., p. 4.

true extent of the dangers the SWH faced, the press only detracted from the scale of their efforts and achievements in amidst this adversity.

In their bid to ameliorate reports of the retreat wherever possible, the British press even went as far as to whitewash the death of SWH nurse, Sister Caroline Toughill. The *Scotsman* writes only a short article about this 'Edinburgh Lady killed on the journey' and dedicates but a single line to her death.[151] Whilst long, daily death lists might well have contributed to such a war-weary reaction to one lone woman's death, the fact that a woman *had* died on the frontlines should have been a golden opportunity for sensationalism. The report could well have been used as a propaganda tool to glorify the endeavour of dying for one's country in war, but the British War Office's lack of acceptance of the SWH renders this unlikely. Conversely, Toughill's death could also have been used as an example to further emphasise to all women that the battlefield was simply too dangerous a place for them. Instead, however, this report opts to lessen the severity of the retreat from the outset via the usage of the noun 'journey' making it seem that the units and Serbian Army were travelling from Serbia to Corfu voluntarily. At the same time, Toughill's death is ascribed to the 'overturning of her motorcar.'[152] In reality, the ambulance this nurse was travelling in toppled over a mountain precipice leaving her with severe head injuries and in a delirious state for three days before she eventually passed away. The report greatly downplays the gruesome details of her death and at once diminishes the perils the other Scottish 'lady doctors' and nurses faced on the retreat, too. This suggests that there was a third and ulterior motive behind the publication's tone; a motive which becomes clear when the wider context of the Allied cause at this point in the conflict is considered.

The article closes with a statement on Toughill's final resting place as 'a particularly beautiful spot in the neighbourhood, which previous to her accident she had greatly admired.'[153] The focus on the beauty of her burial site once again conceals the horrors of this event behind a thin veneer of irrelevant detail. Taking these examples into account, the praise afforded these women in press coverage of the retreat seems not to be due to a sudden admiration for the work of women on the frontlines. On the

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[151] 'Edinburgh Lady killed on the journey', *Scotsman* (25 December 1915), p. 9.
[152] Ibid., p. 9.
[153] Ibid., p. 9.

contrary, the British War Office did not publicly change its position on the SWH until the formation of the Dr Elsie Inglis Memorial Unit following Inglis' death in 1917.[154] The coverage of women on this retreat is, therefore, a strategic propaganda ploy. Not only did these overly optimistic accounts distract from the absence of British and French men on the Balkan Front, but they maintained civilian morale at a time when significant Allied defeats were occurring on the Western Front, too.[155]

British media censorship of the Great Serbian Retreat might well have worked in the Allied cause's favour. Censored reports prevented the leakage of sensitive information to either the general public or the enemy concerning Serbia's true state. At the same time, however, the use of the term 'lady doctor' in the article on Toughill's death implies a potentially more insidious motive behind this tempering of the truth. In detracting attention from the horrors that the SWH and other women on medical missions in Serbia witnessed, the War Office maintained the public image of the female doctor's assumed fragility and suitability for working only within the domestic sphere.[156] This notion is only further upheld when press cuttings are compared to SWH unit members' personal accounts of their time on the Balkan Front both before and during the Great Serbian Retreat. From their own words, it is clear that the women of this organisation were working in locations far from their misogynistically-prescribed idyll. Subversively, however, the SWH not only sustained themselves in this setting but flourished. With this in mind, Barclay's frustration with the Serbian Retreat might be ascribed to the fact that with the loss of her patients' land, she also lost a medical landscape in which herself and her colleagues were accepted and respected by male-authority.

On the Balkan Front, the SWH were free to operate as an autonomous, all-female medical organisation. In their homelands they had been openly discouraged and

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[154] See the fourth chapter of this thesis for more details.

[155] The notion that media censorship was done to maintain morale on the home-front is upheld by the official formation of a cross-parliamentary organisation in 1917 which focused exclusively on this task. The National War Aims Committee (NWAC) was created specifically with the purpose of maintaining civilian morale at a point in the conflict when the Allied Cause was experiencing its greatest difficulties. For more information, see:
David Monger, *Patriotism and Propaganda in First World War Britain: The National War Aims Committee and Civilian Morale* (Liverpool: Liverpool University Press, 2012).

[156] Mary Ann C. Elston, 'Women Doctors in the British Health Services: A Sociological Study of their Careers and Opportunities', Ph.D. thesis (University of Leeds, 1986), p. 134.

officially forbidden from broaching the frontlines. Sorrow at leaving Serbia was, therefore, felt by many of this organisation's members. Dr Inglis' sister, Eva Shaw McLaren, would later write in her *A History of the Scottish Women's Hospitals*, that for 'those who [knew]' the SWH's founder 'best' there rose the belief that 'it was here, going in spirit with her beloved Serbs through their time of extremest [sic] woe, that Dr Inglis' heart broke and the beginning of the end came upon her.'[157] The 'end' McLaren refers to was Inglis' subsequent battle with cancer – a struggle she waged whilst continuing to work on the frontlines for the Serbian Army in Romania.[158] In attributing the instigation of Inglis' illness to the Serbian Retreat, McLaren highlights the magnitude of this event not only to the SWH as an organisation, but to its members as individuals. 'In spite of extreme cold and a certain amount of roughing it,' as Motor Column commandant, Mrs Katherine Harley, wrote, the organisation's women 'were happy' on the frontlines.[159] For many members, therefore, their departure from Serbia meant leaving this happiness, alongside the liberty that had granted it, behind.

[157] McLaren, *A History of the Scottish Women's Hospitals*, p. 172.
[158] This will be examined in greater detail in the fourth chapter of this thesis.
[159] Katherine Harley to Miss Marris in Leneman, *In the Service of Life*, p. 46.

Conclusion:

For the SWH's Serbian Units, 1915 was to be an extremely eventful and turbulent year. Whilst the early months brought success for the organisation both in their host country and abroad, the year's conclusion was an unhappy one. Throughout this time, however, the women were able to make the best of their situation by utilising British Female Resistance to defend themselves from the men who sought to undermine them. During the 'long peaceful summer', this resistance manifested itself in the SWH's opposition to prevailing male opinions regarding their units' prosperity. According to these misogynistic voices, the SWH would never succeed because it was an all-female organisation run by women and women could not work well together. With the success of the Valjevo Unit in Malta and the expansion of the SWH in Serbia, however, the organisation once again proved its disparagers wrong.

The subsequent praise directed at the Valjevo Unit for their work in Malta was perhaps the most significant for the organisation up to that point. Inglis' founding motivations were to prove to men that the female doctor could contribute usefully on the frontlines. With his letter of commendation, Lord Methuen openly supported this notion's verity and, importantly, did so as a representative of the same British War Office who had declined Inglis' scheme only months previously. Indeed, the SWH were more than capable of surviving and thriving on the Balkan Front without official British or male support. This was only further evidenced by the organisation's rapid expansion in Serbia that spring, despite the difficulties some officials tried to place in their way. The SWH were, as Colonel Genčić grudgingly confirmed, needed in this country. Their work was of too high a quality, and their patients' need too great for this man to dismiss them. This was a notion Inglis confirmed as she employed British Female Resistance to prevail over the Colonel's misogyny.

As a survival strategy and antidote to male dominance, British Female Resistance was to only further benefit the SWH's women when enemy forces invaded Serbia. With the failure of the British to appear on the Balkan Front in support of their 'gallant little' ally, many of the women, ashamed of their homeland's lack of support for their patients, felt as though they had become unofficial representatives of their countries. In turn, many of the Serbs began to view the SWH as ambassadors of the West. Inglis and

Hutchison were amongst those who chose to remain in Serbia alongside their most vulnerable patients. Facing the enemy alone, these women and their units resorted to acts of British Female Resistance to defend themselves and maintain both their physical and mental well-being. Conscious that too direct a confrontation with their captors could lead to unpleasant repercussions, they derived great pleasure from simple and veiled acts of defiance. Through their various clandestine campaigns, the women were able to maintain a level of safety and comfort amidst their dreadful surroundings.

For some unit members, false displays of feminine passivity did not come easily, and Evelina Haverfield was amongst those women who more openly defied enemy rule. When the Germans demanded 20,000 sets of winter shirts, trousers, and stockings from the Serbian households, therefore, Haverfield did not hide her anger and disgust announcing 'in a clear voice in German that she hoped the [Serbian] women would burn them first.'[160] According to Corbett, who recorded this outburst in her memoir, 'there were German officers in the next room and [Haverfield] hope[d] they heard.'[161] With her knowledge of German, Haverfield would frequently address and speak about the enemy in their own language as a tonic against their attempts to subjugate the women. As a result, she was able to diminish the assumed power the enemy had over the unit and their Serbian charges via linguistic social exclusion. From this particular outburst, it is clear that it was not always the outcomes of British Female Resistance that were important to the maintenance of the Valjevo Unit's spirits, but engagement in these acts themselves. Rebellions of any form ultimately 'allowed,' as Wilkinson points out, 'prisoners to regain, or feel that they had regained, some control over their circumstances.'[162] Though they found themselves in unchartered territory for women of the British Empire, therefore, these women were able to maintain some independence in captivity through their refusal to be intimidated.

Occupation was full of trials and tribulations for the SWH. The experience was, however, no easier for those who opted to retreat alongside the Serbian Army. The Great Serbian Retreat was to have far-reaching consequences for all involved regardless of their nationality. For the Serbians, the loss of their country was completely

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[160] Corbett, *Diary in Serbia*, p. 36.
[161] Ibid., p. 36.
[162] Wilkinson, *British Prisoners of War*, p. 147.

devastating, disintegrating military morale and leading to a large civilian death-toll due to exposure and starvation. Meanwhile, fleeing SWH members found that, unlike those in occupied Serbia, British Female Resistance could neither protect nor prevent them from feeling the full effects of the cold, danger, and chaos surrounding them. Exposed as they were to the elements, they became participants in suffering alongside the patients they were charged to care for. As medical professionals who had taken a Hippocratic Oath to 'do no harm', the SWH's members undoubtedly found this aspect of the retreat crushing. With the women now unable to provide aid to the thousands of desperate and starving people, the special relationship that had been established between 'Britisher and Serb' was placed under a great deal of strain.[163]

Fig. 2.17 M. Sampson Tchernoff, 'From Ipek to Andreyevitsa', *Serbia in December 1915*, 7VJH/3/3/31, LSE, London.

For Mr William Smith, seeing the wretchedness of the Serbian people yet being powerless to stop it was to cause him profound feelings of guilt. Meanwhile, Sister Mary Barclay's accounts are marked by a distinct anger and frustration with the Serbs for not doing more to fight back against the enemy. Taking these personal experiences into account and comparing them to contemporary newspaper headlines about the medical units, a gulf in portrayals of the retreat becomes apparent. Given the British and French defeats on the Western Front around this time, it is plausible that the reduction of the Serbians' exile from their country to a 'journey' was done to maintain

[163] McLaren, *A History of the Scottish Women's Hospitals*, p. 139.

both military and civilian morale. Though the SWH were depicted as modern-day heroines alongside the valiant Serbian Army, media censorship of their experiences was damaging to their cause. By reducing the horrors that these women endured, the media maintained an essentialist image of them as female medical workers. Their struggles were lessened and so, too, were their achievements of working in amongst and surviving the adversities of war.

If the summer of 1915 was deemed to be the Summer of Peace for the SWH, then the winter of 1915 was to prove the long winter of this organisation's discontent. With the Serbian Army's exile from their lands, the women of this medical organisation were bereft of a place in which their work had been both accepted and appreciated. In Serbia, the female doctors of the SWH had finally been able to prove their worth. They were dealing with injuries of a new kind of warfare, and this positioned them on an equal footing with their male colleagues on the frontlines. The women closed 1915, therefore, with feelings of deflation, sadness, anger and confusion. Those who had been imprisoned were to have a scant Christmas and bleak New Year, with no idea as to when they would be returning home or, indeed, *if* they would return home. Meanwhile, those who had joined the retreat spent Christmas on the run through the Albanian mountains.

Trauma was an almost guaranteed by-product for all involved. 'Never shall we forget,' wrote Inglis, 'the beauty at the sunrises or the glory of the sunsets' in Serbia, but we shall never forget,' too, '[…] the groans' of patients who could not be treated, leaving this all-female medical unit to 'hid[e] our heads beneath our blankets to shut out the sound.'[164] Though Inglis was understandably devastated by the repatriation of her Serbian Units to Britain, the bleak winter of 1915 was not the end for her organisation or its work for the Serbian Army. Some 500km south of where the FSU had first commenced work in Kragujevac, another SWH unit had set up camp in Salonika, Greece. As Inglis and her crew left the Balkan Front, women from the Girton and Newnham Unit (GNU), about whom we shall learn more in the next chapter, were just beginning their Great War stories. Meanwhile, Inglis was set to continue her Serbian

[164] Eva Shaw McLaren, *Elsie Inglis: The Woman with the Torch* (New York: The MacMillan Company, 1920), p. 51.

story, too, when she returned to work alongside her beloved Serbs for one final time on the Eastern Front in September 1916.[165]

[165] The continuation of Dr Inglis' work for the Serbians will be explored further in the fourth chapter of this thesis.

Chapter Three: A Land of One's Own

The experiences of the Girton & Newnham Unit (GNU) with the Serbian Army in exile.

Ghevgheli, Serbia & Salonika, Greece: November 1915 – January 1916.

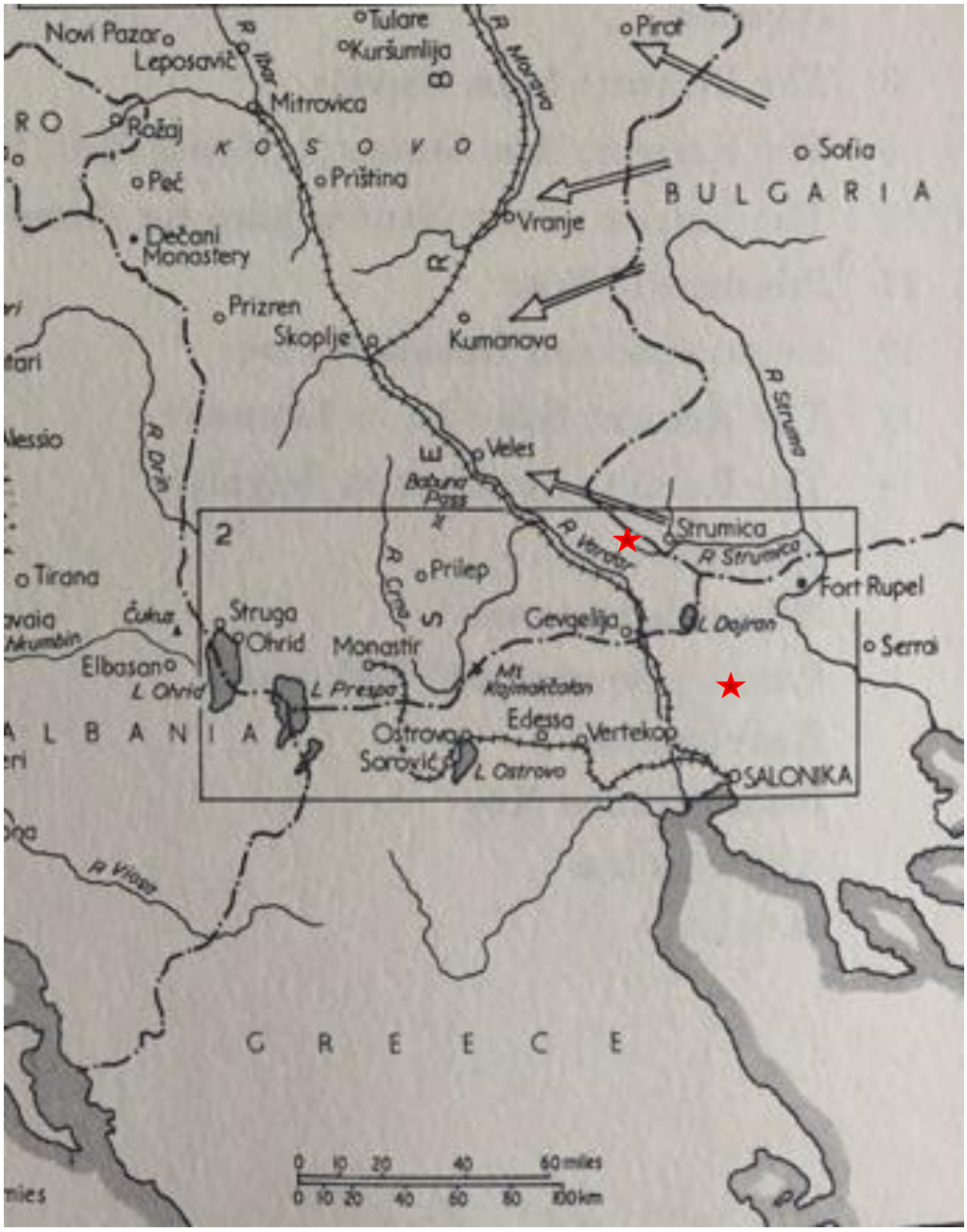

Fig. 3.1 Stars denote the positions of the GNU in Ghevgheli and Salonika, 'Invasion of Serbia by the Central Powers, autumn 1915' in Monica Krippner, *The Quality of Mercy: Women at War Serbia 1915-18* (London: David & Charles, 1980), p. 8.

Introduction:

In a series of lectures held in October 1928 at the women's colleges of Cambridge University, Girton and Newnham, Virginia Woolf highlighted the importance of women's emancipation from patriarchal male voices when writing fiction. 'A woman,' she argued, 'must have money and a room of her own if she is to write […].'[1] The financial and spatial issues that Woolf claims plagued female writers were by no means novel nor unique to women in the creative arts in the first half of the twentieth century. Indeed, Woolf's words were equally applicable to women attempting to work as doctors, surgeons, drivers, and orderlies with the SWH some thirteen years previously. In the case of Dr Inglis' organisation, female medical personnel needed a land of their own to operate as medical professionals unhindered and without prejudice.[2] Having battled hard against the British establishment to obtain its own professional space on the frontlines, the SWH found itself far beyond the home-front's essentialist restrictions. The result was that the organisation and its female members prospered, quadrupling in size in just over six months. It was for this reason that the Great Serbian Retreat seemed so devastating. All the liberties and professional freedoms the SWH had fought for were once again being removed as Serbia was occupied by enemy soldiers.

For the women of the four units who had worked tirelessly to establish themselves and their hospital sites in Serbia, occupation was heart-breaking. Whilst the Central Powers were successful in removing the SWH from Serbia, however, they were not able to oust this organisation's presence from the Balkan Front entirely. Indeed, there was one more unit active on these frontlines, which had arrived in Salonika, Greece in May 1915 and was to remain there until long after the Serbians reclaimed their land.[3] The Girton and Newnham Unit (GNU) was aptly named after the same all-female Cambridge colleges at which Woolf was to speak so passionately about female emancipation over a decade

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[1] Virginia Woolf, *A Room of One's Own*, (New York: Harcourt, Brace and Company, 1929), p. 4.
[2] Joan Wallach Scott notes that many historians from the 1970s focused on unveiling the 'hidden histories' of women. She links their investigations as a response to Woolf's pivotal essay, concluding that this work 'culminates in a set of questions raised so tellingly by Woolf: can a focus on women "add a supplement to history" without also "rewriting history"?' This debate continues in this thesis, which can itself be considered a response to Woolf's essay as it recovers the Scottish Women's Hospitals' work to Britain's collective Great War memory. For more on Wallach Scott's conclusions please see:
Joan Wallach Scott, *Gender and the Politics of History: Revised Edition* (New York: Columbia University Press, 1999), p. 64.
[3] The GNU remained active on the Balkan Front until the autumn of 1919.

later. Though Girton and Newnham were poorly resourced in comparison to men's colleges, they were long-time champions of women's education. Paired with their strong links to Millicent Garrett Fawcett and her suffrage campaign, these colleges would become some of the SWH's biggest supporters and most visible public donors.

Samraghani Bonnerjee argues that Great War nurses' documentation 'of their experiences during the war differed from post-war women's writings.'[4] This chapter will interrogate the GNU's experience of frontline life in the Balkans as documented by unit members' both during and after the conflict. The first section of this chapter will particularly engage with posthumously published letters written by unit ambulance driver, Olive Kelso King; unpublished diary extracts from orderly Althea (Winifred) Seymour; and a post-war memoir written by Dr Isabel Emslie. Claire M. Tylee argues that 'the range of Great War-books which were based on women's personal experience can be viewed as stretching across three stages: from the diary, chronicle or journal, kept as an immediate record but edited for public consumption, through the stage where the experience, shaped by the imagination, has been developed into stories, poems, or a novel, to the point where recorded and imagined experience, having been filtered through the memory, ordered and distanced, is presented by the intellectual imagination as part of a total life-history, as autobiography.'[5] The first two chapters of this thesis examined how writing was utilised by members of the SWH's early Serbian units to develop a female narrative of the war as they lived through it.[6] This chapter will consider the ways in which the GNU's women crafted their 'ambivalent' frontline identities on fluctuating frontlines in writing from both during and after the conflict.[7]

Through a focus on unit members' recollections from the Great Serbian Retreat up until the beginning of January 1916, this chapter will consider the ways in which the women of the GNU utilised fluidity to respond to necessary physical and professional

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[4] Samraghni Bonnerjee, '"The lure of war": reconsidering the motivations of nurses to volunteer in the First World War', *Women's History Review*, 28, No. 7 (2019), pp. 1096-1114.
[5] Claire M. Tylee, *The Great War and Women's Consciousness: Images of Militarism and Womanhood in Women's Writings 1914–64* (Basingstoke: Macmillan, 1990), p. 188.
[6] See the examination of Louise E. Fraser's motivations for writing (and publishing) her diary in the third section of this thesis' first chapter.
[7] Sharon Ouditt states that women on the frontlines were characterised by 'ambivalence' - this is certainly reflected in the GNU's writing about their hair loss, as they fluctuated between excitement and anxiety towards their new look. This will be examined in the first section of this chapter. See also:
Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994) p. 4

adaptations to frontline work. Fluidity is defined here in terms of identity and will have three inter-linked aspects. The first aspect this chapter will examine concerns unit members' physical appearances as they took their first step into fluidity by cutting off their long hair. Many women appeared to be anxious about losing their locks because of the masculinising effect it had upon their physical appearances. I will argue, however, that the unease conveyed in letters to family and post-war memoirs by unit members was heavily influenced by their need to appease home-front audiences regarding this visible break from social conventions. The second aspect of fluidity this chapter will investigate is the unit's adaptation to frontline life in terms of its professional performances. In the absence of men on ever-fluctuating frontlines, I will argue that the GNU's women increasingly participated in work traditionally reserved for men. It was through this, I will suggest, that the female staff were able to prove to their critics that they were as adept at adapting to frontline life as their male colleagues. The final portion of this chapter will close with an examination of the third and final aspect of fluidity in terms of unit members' ambivalent frontline identities during the Great Serbian Retreat. As the GNU treated the Serbians in exile, I will argue that its women, who were in many ways alienated from their own countries for their unconventional careers and lifestyle choices, found a commonality with their charges in their suffering. Unlike British men on the GNU's home-fronts, the Serbian soldiers not only accepted but revered the work these women conducted for them. It was thus, I will conclude, that with the Serbians' loss of their land, the GNU discovered a land that accepted it fully: a land of its own.

First deployed to Troyes, France in May 1915, the GNU was stationed to work under the French Red Cross. By the beginning of October 1915, however, the situation in Serbia was becoming so desperate that the SWH's Head Office thought it best for this unit to be re-deployed alongside the French Expeditionary Force to Salonika from where they were to travel to and set-up a new hospital site in Ghevgheli, Southern Serbia. Reflecting on her reaction to the news of the Great War's initial outbreak in the Balkans, the writer, illustrator, playwright and suffragist Mabel Dearmer wrote that 'the murder of an Archduke meant no more to' her 'than some tale of an imaginary kingdom in Zenda.'[8] Her reference to Anthony Hope's fantasy novel *The Prisoner of Zenda*

[8] Mabel Dearmer cited in David Mitchell, *Women on the Warpath: The Story of the Women of the First World War* (London: Jonathan Cape, 1966), p. 161.

(1894) indicates that this region is so strange to her she can only draw comparisons to it from a fictional and fantastical reference point.[9] For many of the GNU's members who shared Dearmer's middle-class background, it is probable that they, too, were entering a land that was unfamiliar to them and that they were to be on intimate terms with for the first time when they broached the Balkan Front.

The surrealness of the unit's new surroundings only increased when it became embroiled in the Great Serbian Retreat. For the newly deployed GNU, this period was to be one of upheaval, as its female staff's fluidity was put to the ultimate test by a rapidly shifting frontline. As examined in the previous chapter, Dr Inglis, Dr Hutchison, Dr Chesney, and Dr Hollway's units completely lost their hospital sites in Serbia as a result of occupation or retreat during the winter of 1915. The GNU's positioning in the south of the country, however, meant that it was at the head of the exodus and had time to escape when orders came on the 4th December 1915 to evacuate. Though the unit had only established a base in Serbia a fortnight prior to this, the GNU, was fast in its mobilisation as it relocated back to Salonika where staff re-established a hospital base once more. This undeniably heavy work was conducted by the women of this unit largely unsupported. Where 'working-class women had invariably worked before the war,' and sometimes, as John Morrow argues, in agricultural jobs requiring hard manual labour, 'middle-class women […] usually' tended to partake in 'supervisory and clerical jobs, or, if sufficiently wealthy, did charity work.'[10] For the women of the GNU, who were from predominantly upper and upper-middle class backgrounds, manual labour would have been, therefore, a relative novelty. Their success when participating in the same in a foreign warring landscape, whilst retreating alongside their patients, therefore, is all the more noteworthy. Far from being overcome by the physical efforts required to relocate a field hospital and its patients, the GNU's members fully embraced and utilised the fluidity of their environment to engage in the heaviest of work.

In his 1911 publication *The Southern Slav Question and the Habsburg Monarchy*, British historian, Robert William Seton-Watson, locates Serbia as the crossroads

[9] The SWH unit members' romanticisation of their frontline workspaces is examined in more detail in the fourth chapter of this thesis.
[10] John Morrow, *The Great War: An Imperial History* (New York: Routledge, 2004), p. 233-4.

between the occidental West and oriental East.[11] This positioning, he suggests, has made it very attractive to foreign invaders from both sides of the East/West divide throughout history. The Kingdom of Serbia and the regions surrounding it, therefore, have repeatedly served as theatres of war. With each new conflict and occupation, the Balkans has experienced fluctuations in culture, linguistics and religion that have left it with a fluid identity. When the GNU entered this frontier, then, it entered a theatre of war whose state of cultural, social, religious and political flux mirrored its own agile fluidity. As the Serbian soldiers fought against the Central Powers, the GNU rallied alongside them, dismantling and moving its initial field hospital in Salonika to support these men in Ghevgheli. When the Serbians began to retreat from this town a fortnight later, therefore, so, too, did the women, returning their base camp to Salonika.

The sites where the women were based had varied access to facilities, but all were basic and temporary in that they were directly affected by the movements of the frontlines. The unit was aware that at any given moment it might be thrown into retreat once again. At no point was this clearer to the women than between the end of November 1915 and January 1916. In a diary entry from 28th November 1915, orderly Seymour writes that 'there had been rumours all day that we might have to leave at a moment's notice on account of the Bulgarians.'[12] As a result of the uncertainty of their surroundings, many members of the GNU found themselves having to be repeatedly imaginative with regards to everything from accommodation to hospital facilities. In Ghevgheli the women slept in the military casern, mostly 'lying on the floor,' though 'some' had 'the luxury of camp-beds,' whilst the site chosen to be the hospital building was formerly a silkworm factory.[13] 'The wards,' recalls Emslie in her memoir:

> were the large tents which we had brought from Troyes, and there was a tragic delay of a few days in getting them up, for the Greeks had stolen all the large tent-poles. […] The French engineers quickly produced tall trees as substitutes, and the patients were comfortably installed in the tents which were well warmed by stoves.[14]

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[11] R. W Seton-Watson, *The Southern Slav Question and the Habsburg Monarchy* (London: Constable & Co., 1911).
[12] Althea (Winifred) Seymour, Private Papers of Miss W Seymour: 1915-1916, S Documents.7165, 97/34/1, IWM.
[13] Isabel Emslie Hutton, *With A Woman's Unit in Serbia, Salonika and Sebastopol* (London: Unwin Brothers, 1928), p. 46.
[14] Emslie, *With a Woman's Unit*, p. 47.

In spite of difficulties, the GNU's women were clearly resourceful, and unafraid of roughing it or improvisation. Though they were hampered by the instability of their surroundings, therefore, this unit made the best of its situation and never once lost sight of its patients' needs.

The ultimate sacrifice:

By the time the GNU arrived in Salonika at the beginning of November 1915, the situation in Serbia was dire. Whilst the Allies disputed where to best place troops on the Eastern and Western Fronts, the Central Powers had seized their enemy's indecision as an opportunity to further advance their alliance with Turkey and invade Serbia. 'If Turkey was to be an effective partner, men and munitions,' as Leah Leneman points out, 'would have to move freely along the trans-European railway through Belgrade to Constantinople, and this meant the elimination of Serbia as a fighting force.'[15] With the Serbians in retreat, the country's military temporarily sacrificed their homeland to the enemy in the faith that they would one day recuperate, regroup and fight back from the safety of a neutral land. Similarly, the women of the GNU set about making difficult sacrifices of their own in Salonika. Not only did they waive comfort and safety to work here, but the unit's women began to digress from their homelands' essentialist definitions of femininity as they cut off their long hair, ditched their impractical skirts and blended both typically masculine and feminine traits in their daily lives. Though undoubtedly done for reasons of practicality and to adapt to frontline life, these actions would have been deemed highly improper within British society. The cutting of a woman's hair in particular was considered akin to a mutilation of her natural beauty in both religious and cultural contexts.[16]

Despite an increase in challenges to the basis of Christian beliefs throughout the late nineteenth and early twentieth centuries, deviations from the teachings of the faith with regards to the sexes were nevertheless considered subversive and unsettling by the majority. Dissidents were marginalised. Movements such as the Rational Dress Society (1881), which encouraged women to shirk 'any fashion in dress that either deforms the figure, impedes the movements of the body or in any way tends to injure the health,' were disparaged.[17] Those brave enough to engage with these movements were subject to ridicule and frequently lampooned in press periodicals such as the satirical *Punch* (see **Fig. 3.10 & 3.11**). It is unsurprising, then, that when the GNU's female staff were

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[15] Leah Leneman, *In the Service of Life: The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: Mercat Press, 1994), p. 37.
[16] In Louisa May Alcott's *Little Women*, Jo March likens the process of cutting her hair off to 'almost' being like having 'an arm or leg off.' See:
Louisa May Alcott, *Little Women* (Boston: Roberts Brothers, 1880), p. 239.
[17] Anon, *The Rational Dress Society's Gazette*, 1 (April 1881), p. 1.

required to embrace masculinised physical appearances on the frontlines, many members publicly (and 'appropriately') conveyed discomfort with the process. This unease, particularly notable in letters home and published extracts, did not, however, always succeed in concealing some members' self-confessed fondness for their new looks. Due to this, the GNU's written accounts of the hair-cutting process become performative pieces, crafted with an awareness that unit members' transitions could cause outrage in home-front readers.

The pressure for women to act and keep their appearance in line with essentialist definitions of femininity was not novel to those who entered the male-dominated medical profession as physicians and surgeons. Indeed, to avoid accusations of eccentricity or aping masculinity, many women within the first generation of female doctors greatly emphasised their feminine qualities. 'The first thing' that Elizabeth Garrett Anderson advised her female medical students to 'learn' was 'to dress like ladies and behave like gentlemen.'[18] An unspoken expectation for non-medical members of the SWH to maintain ties to femininity also existed, albeit in a non-professional capacity. For these unit members, the expectations of their male relatives were never far from their minds as they physically (and ontologically) transgressed gender essentialist norms to survive conditions on the frontlines.[19] It was thus that the first conflict between patriarchal norms and practicality arose for many of the women upon their arrival in Salonika when the unit began to crop its hair; a necessity, they claimed, on a battlefront where typhus was rife.

According to Corinthians 11.6 'it is disgraceful for a wife to cut off her hair or shave her head.'[20] That there was an element of shame involved in the removal of female hair is certainly upheld in the letters of Olive Kelso King, whilst working with the GNU between May 1915 and July 1916. Writing to her father, Sydney-based businessman and philanthropist Sir George Eccles Kelso King, on the 20th July 1916, King states that

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[18] Jo Manton, *Elizabeth Garrett Anderson* (London: Methuen, 1965), p. 311.
[19] For comprehensive examinations into the ways in which women felt alienated from their pre-war identities following their return to the home-front see the following:
Julie Wheelwright, *Amazons and Military Maids: Women Who Dressed as Men in Pursuit of Life, Liberty and Happiness* (California: Pandora Press, 1989).
Natasha Milosevic Meston, '"I simply can't go back to my old life": female gender identity in Australian contexts of war and peacetime', *History Australia*, 16, No. 1 (2019), pp. 38-51.
[20] *The Holy Bible: New King James Version*, Corinthians 11.6 (Nashville: Thomas Nelson Publishers, 1982), p. 1106.

she has 'always kept […] a deep and dark secret' of the fact that she 'cut' her 'hair when we first came out here.'[21] She brands this change in her personal appearance a fact that is so 'deep and dark' that she has 'never told a soul,' claiming it is also why she has 'never sent' her father 'any snapshots since I've been here.'[22] With these statements, King emphasises the apparent taboo of her taking such action. According to historian, Natasha Milosevic Meston, King's 'main occupation' on her Australian home-front 'was as her father's full-time companion'.[23] Sir George's 'paternalism was manifested in a strong sense of ownership over his daughter', exacting control over both her finances and romantic life.[24] Indeed, King's father often advised his daughter that her disobedience would result in 'a separation in their paternal relationship'.[25] As a result, she was strongly influenced by her father throughout her life, only managing to escape both him and patriarchal Australian society by running away to war.[26] It is no surprise, then, that it took over eight months for this wartime ambulance driver to pluck up the courage to reveal she had cropped her long hair to her father: an act she justifies with the claim that he will 'have to know someday so I may as well confess now.'[27]

King's sheepish tone and her use of near-ecclesiastical language in branding her admission a confession only further suggests that she has committed a cardinal sin by cutting her hair, for which she should be deeply regretful. Meanwhile, her admission becomes akin to the sinner seeking out redemption during confession from their spiritual father. This in turn gives the impression that she wishes to reengage with the essentialist norms from which her short hair has removed her. Whilst King is undoubtedly nervous about the revelation of her cropped style, she nevertheless makes the admission without repentance. Calling her newly-shorn locks 'just the greatest imaginable blessing, saves such a lot of time and always tidy and comfortable,' King is clearly not sorry at all that she made the decision, a notion that is evidenced by the confidence which she exudes in a photograph taken of her during her time as a driver

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[21] Olive Kelso King, *One Woman at War: Letters of Olive King 1915-1920*, ed. by Hazel King (Melbourne: Melbourne University Press, 1986), p. 31-2.
[22] Ibid, p. 31-2.
[23] Natasha Milosevic Meston, '"I simply can't go back to my old life"', p. 41.
[24] Ibid, p. 41.
[25] Ibid, p. 41.
[26] Milosevic Meston points out that King was only able to enter the war because she was visiting her sister in England at the time that the conflict broke out.
[27] King, *One Woman at War*, p. 31-32.

with the Serbian Army (see **Fig. 3.2**).[28] Dressed in military uniform, sporting her cropped hair beneath a Serbian Army hat and with her arms folded, an androgynous King gives the camera a wry half-smile. She appears to be comfortable with her new image, a self-assurance that implies the very opposite of the epistolary shame she initially conveys to her father.

Fig 3.2 Olive Kelso King, 'Studio portrait of Olive May (Kelso) King in the uniform of an ambulance driver, Serbian Army', (c. 1916), Australian War Memorial, Campbell, Australia.

In many ways, King's frankness in liberating herself from tradition echoes the modern 'Australian girl' figure, who had emerged in this British colonial territory during the turn of the century. The 'Australian Girl', according to Angela Woollacott, was 'a feminine counterpart to the bushman […] boldly' standing 'for modernity and independence', who gave white Australian women the chance to construct their own national identity alongside the 'possibility […] for greater recognition and political inclusion.'[29] King only engages further with this trope as she makes another retraction from her initial bashful tone in this letter with the claim that her hair 'really looks quite

[28] The profession of driver was, itself, considered controversial for women at this time. I will examine why this was the case in more depth later in this chapter.
[29] Angela Woollacott, *To Try Her Fortune in London: Australian Women, Colonialism, and Modernity* (New York: Oxford University Press, 2001), p. 157.

nice' and 'as soon as it was' cut she 'couldn't imagine why I'd never done it before.' [30] For King, then, it is not the act of cutting her hair, but her father's reaction to her execution of this act that brings her the most unease.

With her short hair and desire to be sent 'to the real front' because 'Salonika is getting too conventional and civilised' for her, King situates herself well outside the confines of the passive femininity she is expected to abide by.[31] Indeed, her yearning for more action only emphasises that she is a subversive figure: a biological female who longs for the male arena of war. That this would have made King a prime target for social penalisation on her home-front is evidenced by the penitent beginning to her letter to her father. This notion is only further maintained by her apparent need to reassure her patriarch that he will 'like' her new look when he sees 'it all in nice soft curls with a ribbon round it.'[32] In emphasising the 'soft' and silky beauty of her locks despite its visibly short and jagged cut, King simultaneously attempts to soften the blow of this shocking news. She goes on to placate her father with the notion that she can reconnect with convention and femininity once she is back in the western world. Her hair 'doesn't wear ribbons now,' because 'it gets cut every two or three weeks, but will when it's growing, and [she] get[s] back to civilised life.'[33] The Balkans, she suggests, are a part of the uncivilised world and so her new style is not an act of defiance, but survival in this wild place.

The social scorn 'mannish' women were subjected to is outlined by the WSPU in the pro-suffrage newspaper, *Votes for Women*. 'In the early days of the militant agitation opponents said that the leaders or our campaign were masculine women […]. Pictures of women with short hair, billycock hats, and other articles of masculine attire were paraded as another argument against giving women the vote.'[34] The derision aimed at those early twentieth-century women who sought to enter the 'male sphere' via their actions and appearance is clear here. Women, like King, who diverged from culturally acceptable definitions of femininity were open targets for mockery. English suffragette, Mary E. Gawthorpe, suggests that this societal contempt stemmed from men's fears that

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[30] King, *One Woman at War*, p. 32.
[31] Ibid., p. 26.
[32] Ibid., p. 32.
[33] Ibid, p. 32.
[34] Emmeline Pethick-Lawrence & Frederick Pethick-Lawrence, 'The Anti-Suffragist', *Votes for Women* (1907), Library Catalogue:99138827410302021, The Women's Library, LSE.

women would ultimately begin to preside over them. '"Why," said a man interrupter once at one of our meetings,' Gawthorpe recalls, '"we shall be having petticoat government next!"'[35] With these attitudes still running rife, it is clear to see why women of the GNU may have felt uncomfortable with publicly cropping their long hair. It must be noted, however, that contrary to the women's claims that short hair was both practical and a means for disease control, they did not shave their heads completely. It is plausible, therefore, that for some unit members there was an aesthetic appeal to short hair that could be conveniently covered up by shifting the rationale behind their new looks to their frontline work. Upon returning home, King is amongst those GNU members who argues that she can mask her encounter with the anti-essentialist world by simply placing her shorn locks within an overtly feminine hairpiece: a ribbon. That this is but a partial compromise to be reached once King returns to civilian (and 'civilised') life in Australia is clear in her lack of promise that she will ever allow her hair to return to its previous length. On the contrary, her epiphany on the practicality of short hair – especially for a female driver both at home and abroad – is something in which she evidently revels. 'It's lovely,' she writes, 'not having anything blowing in your eyes driving.' [36] The attitude that King ultimately adopts for her new look, then, is akin to that of the 'rebellious woman' of this period: the suffragist.[37]

According to *Votes for Women*, 'to the anti-suffragist any woman becomes masculine who seeks a wider outlook than the merely personal.'[38] The 'typically good woman', on the other hand, is one 'who uses her personal charm for the advancement of some man related to her as father or husband or son, and on the altar of whose personal ambition she is prepared to sacrifice all the noblest ideals that life holds.'[39] By virtue of her very participation in the war with an organisation seeking to advance the women's cause, King becomes a 'masculine woman' in the eyes of this movement's opponents. She is also, therefore, an object of derision. King is not, after all, sacrificing what anti-suffragists consider her 'noblest ideals' for a man; she cuts her hair off for *herself* so that she may excel within *her* chosen frontline profession. Her actions, too, seek not to

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[35] Mary E. Gawthorpe, 'Back-Stairs Influence', *Votes for Women* (1907), Catalogue:99138827410302021, The Women's Library, LSE.
[36] Ibid., p. 32.
[37] The discussion on the significance of haircutting is briefly re-visited again in the fourth chapter of this thesis.
[38] Pethick-Lawrence, 'The Anti-Suffragist'.
[39] Ibid.

advance her father or any other male relative's position within society, but the position of herself as both an individual and a woman. Her voluntary participation in the Great War would likely, therefore, have only marginalised King's father, who as a 'director of many' distinguished Sydney-based 'companies, […] a prominent Anglican,' and 'an active Freemason', had a reputation to uphold that could well be compromised should it be known that he in some way supported his daughter's transgressive new lifestyle.[40] 'Whatever their conception of the women's cause,' as John Tosh argues, 'male supporters […] had to court the charge of sexual treason; in [Laurence] Housman's words, they dared "to be thought unmanly and cowardly".'[41] King's respectful, apologetic tone when addressing her father is, therefore, understandable. Her position on this frontline leaves her ontologically ambivalent and she must tread carefully if she is to remain on good terms with her patriarch. Whilst she respects Sir George, however, King ultimately decides that progress within her chosen frontline profession will not be retarded by old, impractical ways or the fear of digressing from them.

An anxiety for the kind of social disapproval King fears her short hair will bring is prevalent in the hand-written and unpublished diaries of another of her GNU colleagues: Althea (Winifred) Seymour. On November 4th 1915, orderly Seymour writes in her diary about the moment that unit members cut off their 'very pretty hair.'[42] Deriding 'Miss Dunlop, Miss Kennedy & Miss Johnson' for going through with the act and having 'all their hair cut off,' Seymour brands her colleagues 'foolish.'[43] Clearly uncomfortable with witnessing their shearing, Seymour's emphasis on the attractiveness of Dunlop's, Kennedy's, and Johnson's hair highlights the true point of contention for her: their step towards 'aping masculinity'. In accordance with biblical scriptures, a woman's hair is the source of her beauty. 'Doesn't nature itself,' states Corinthians 11.15, 'teach you that if a man has long hair, it is a disgrace to him, but that if a woman has long hair, it is a glory to her?'[44] When a woman parts with her hair, therefore, she casts off a feature that not only makes her glorious, but attractive to

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[40] Hazel King, 'Sir George Eccles Kelso King (1853-1943) in *Australian Dictionary of Biography: Volume 9*, eds. Bede Nairn & Geoffrey Serle (Melbourne: Melbourne University Press, 1983), p. n.
[41] John Tosh, 'The Making of Masculinities: The Middle Class in Late Nineteenth-Century Britain' in *The Men's Share? Masculinities, Male Support and Women's Suffrage in Britain, 1890-1920*, eds., Angela V. John & Clare Eustance (Abingdon: Routledge, 1997), pp. 38-61 (p. 39).
[42] Seymour, Private Papers, S Documents.7165, 97/34/1, IWM.
[43] Ibid.
[44] *The Holy Bible: New King James Version*, Corinthians 11.15 (Nashville: Thomas Nelson Publishers, 1982), p. 1106.

members of the opposite sex. At the same time, the short-haired woman engages in a dissident act in gender essentialist terms by removing a highly visible social marker that physically distinguishes her from men. After cutting off their hair, the GNU's women blur the lines between the seemingly distinct binary gender categories. This, in turn, exposes them to social penalisation in home-front contexts.

Despite their distance from their homelands' societal impositions, an apprehension and unease at the prospect of being ostracized for their short hair nevertheless ran rife amongst many of the GNU's members. This led junior doctor, Isabel Emslie, to present the process of cutting the unit's hair as a meting out of the death penalty even in extracts from her diary published after the conflict.[45] Emslie refers to the process of 'shearing' the hair 'of nearly all the unit' as a 'sacrifice' at which she plays both victim and executioner.[46] If the principle of sacrifice is to give up something valued for something that is considered more worthy, then Emslie's statement defends the unit's departure from essentialist femininity by elevating the process to a noble and necessary cause. Female hair, she suggests to her readers, is considered to be something sacred by her and the majority of the other women in this unit, but they are forced to relinquish this most prized possession due to circumstances. In this instance, Emslie suggests the women are motivated by a desire to minimise the risks of spreading typhus on a frontline where an epidemic had raged for the entire year previously.

Serbia was, indeed, just overcoming its worst-recorded typhus epidemic when the GNU entered the Balkan Front. According to Indira Duraković, 'the numbers of infection rose continuously from January 1915 and culminated in March and April, whereupon the death rate amounted to approximately 30 to 60 per cent – depending on place and time.'[47] With all this still fresh in the SWH's memory, the GNU was equipped with a foresight that members in the previous four Serbian Units did not have. Its women

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[45] Though the SWH were to receive the blessing of the British monarchy (and, by proxy, the establishment) for their frontline work with the formation of the Elsie Inglis Memorial Unit in February 1918, this organisation's women found that their 'ambivalent' situation as medical women did not change significantly upon their home-fronts following their return from the Great War conflict. This will be examined further in the conclusion of this thesis.
[46] Emslie, *With a Women's Unit* p. 43.
[47] Indira Duraković, 'Serbia as a Health Threat to Europe: The Wartime Typhus Epidemic, 1914-1915' in *Other Fronts, Other Wars: First World War Studies on the Eve of the Centennial*, eds., Joachim Bürgschwentner, Matthias Egger, Gunda Barth-Scalmani (Netherlands: Brill, 2014), pp. 259- 279 (p. 266).

could, therefore, take precautionary measures that had proven effective for their colleagues. According to Dr V. Soubbotitch, surgeon-colonel for the Serbian Army, to prevent the spread of typhus there was a 'necessity for shaving hairs from all parts of the body and of thoroughly cleaning the patients before admitting them to hospital.'[48] Knowing that lice were vectors of this disease, the GNU may well have removed their hair to best minimise the potential for contagion amongst its staff. Though this was a plausible reason, King's admission of her fondness for her new hair paired with the other unit members' decision to crop and not shave their hair completely once again implies an additional and more subversive motive behind their short new styles. Emslie is, therefore, compelled to justify and frame that evening's events in relation to gender essentialist conventions. It is thus that her description of the unit's 'shearing' likens the women to 'victims that night,' who 'one by one' come 'up for "execution."'[49]

Fig 3.3 Flora Mackenzie with her sister Mary Mackenzie, (c. 1915), from Annie Brown, 'The Scots nurses who risked their lives on the frontlines of Serbia during World War One, *Daily Record*, 1 November 2014 <https://www.dailyrecord.co.uk/news/real-life/scots-nurses-who-risked-lives-4546681> [accessed 6 January 2021].

[48] V. Soubbotitch, 'A Pandemic of Typhus in Serbia in 1914 and 1915', *Journal of the Royal Society of Medicine*, 11, (1918) pp. 31- 39 (38).
[49] Emslie, *With a Woman's Unit*, p. 43.

According to Emslie, the act of losing their long hair brings about a kind of death for the GNU's women akin to that described in Corinthians. For some members, this is portrayed to be extremely distressing. When she 'was half through' with cutting off Sister Florence Mackenzie's 'two-penny worth of Nature's crowning glory,' Emslie recalls that the nurse 'called out in her lovely Highland voice: "Oh, my good hair, my good hair, please don't cut it off!"'[50] Whilst it is plausible that this extremely dramatic scene did occur, there are nevertheless some discrepancies between the event as depicted by Emslie and reality. For a start, Emslie's description of Mackenzie's 'two-penny worth of' hair does not match up to a photograph of the young nurse, in which the latter is the owner of abundant brunette tresses (See **Fig 3.3**). Like King's letter to her father, then, Emslie's account of the hair-cutting process seems to be manipulated to appease and appeal to her readers' tastes.

Emslie continues to mitigate the truth of the unit's hair-cropping process with hyperbolic language that equates the incident to a 'sacrifice' of woman's natural 'crowning glory'.[51] In doing so, she repeatedly engages with essentialist ideals of femininity. This is most pronounced when she addresses the shame that comes with breaking these norms via Mackenzie's reaction to losing the 'natural' pinnacle of her honour. Despite her hair's allegedly modest starting lengths, Mackenzie is appropriately dismayed to lose it; precisely as she should be within essentialist contexts. This nurse's distress is in stark contrast to King's response. When Emslie suggests that Mackenzie did not sport much hair to be proud of in the first place, then, she seems to ameliorate the latter's loss in order to downplay her colleague's departure from these ideals. That Emslie's account may be exaggerating the truth is only further upheld by Seymour's private reflections on the same incident. Unlike Emslie, Seymour does not elevate the shearing process to a sacrificial one, but rather considers it a mildly irritating and 'foolish' inconvenience.[52]

Seymour's caustic tone when stating that her colleagues' actions were prompted because 'they were scared apparently at some talk of vermin,' suggests that she does

[50] Ibid., p. 43.
[51] Ibid., p. 43.
[52] Seymour, Private Papers, S Documents.7165, 97/34/1, IWM.

not believe the threat of typhus to be so great as to warrant this mass trimming.[53] The adverb 'apparently' only further hammers home her cynicism. Additionally, Seymour's detachment from the rest of the unit, emphasised by her use of the third person plural pronoun 'they', implies that, unlike the others she does not personally go through with cutting her hair. This, in turn, suggests that the act might have been more voluntary than Emslie implies; a problematic concept in essentialist frameworks because long female hair no longer becomes 'natural' but 'optional'. It is vital for Emslie to maintain the theatricality of that evening in her post-war published account, then, if she is to avoid societal backlash. At the same time, it allows her to continue placating those who deem it unfathomable that a woman should actively choose to shorten her hair.

That the GNU's women were more liberated on the Balkan Front than at home is indisputable. In this region, they were not chastised for their fluidity, short hair, or 'masculine' endeavours. On the contrary, their British nationalities and decision to help Serbia at its time of need granted them privileges amongst the Serbians and praise from the soldiers they served. Though the Orthodox Christian Kingdom of Serbia was patriarchal, its women had historically been allowed to join their men on the battlefield to provide various forms of aid as required. During the Great War, too, a number of women, including King, were allowed to take up arms and fight alongside the Serbian Army. Unlike in the western world, the notion of female compassion and charity on the battlefield had long been celebrated and immortalised by the Serbs via the central and titular figure of the *Kosovo Maiden* (*Kosovka Devojka*) poem. Included in the *Battle of Kosovo* cycle of heroic ballads, the *Kosovo Maiden* commemorates the immediate aftermath of Serbia's loss in battle against the Ottoman Turks on the 28th June 1389.

Kosovo Maiden	***Kosovka Devojka***
Early rose the Kosovo maiden,	*Uranila Kosovka devojka,*
Early rose she on a Sunday,	*Uranila rano u nedelju,*
On a Sunday before the brilliant sun.	*U nedelju prije jarka sunca;*
She rolled up her white sleeves,	*Zasukala bijele rukave,*
Rolled them back to her fair white elbows;	*Zasukala do belih lakata;*

[53] Ibid.

Upon her fair shoulders she carried white bread,	*Na plećima nosi hleba bela,*
In her hands two golden goblets,	*U rukama dva kondira zlatna,*
In one goblet is fresh water,	*U jednome hlađane vodice,*
In the other dark red wine;	*U drugome rumenoga vina;*
She is heading for the Blackbird's plain,	*Ona ide na Kosovo ravno,*
the young maiden walks upon the battlefield,	*Pa se šeće po razboju mlada,*
Upon the noble Prince's battlefield,	*Po razboju čestitoga kneza,*
And searches amongst the blood of heroes.	*Te prevrće po krvi junake:*
When she finds a living man	*Kog junaka u životu nađe,*
She bathes him with the cool water,	*Umiva ga hlađanom vodicom,*
Communes him with red wine,	*Pričešćuje vinom crvenijem*
Nourishes him with white bread.	*I zalaže hlebom bijelijem.*[54]

The speaker's emphasis on the Kosovo Maiden's 'fair white elbows', and her apparent innate need to care for the wounded soldiers, implies that Serbian women were still bound by some essentialist conventions of femininity. There is, however, something undeniably radical about the Kosovo Maiden figure, too. Literally rolling up her sleeves, 'the maiden of Kosovo' actively enters the battlefield to search for and help wounded and dying men. In this way, her character parallels the women of the SWH as they, too, take to the Great War's frontlines to provide aid to injured soldiers.[55] Though the Kosovo Maiden's femininity is played upon heavily, there is, as with the GNU, an ontological ambivalence and subsequent fluidity to the former. The maiden's offerings of bread and wine, typically components of Holy Communion, paired with the poem's setting on a Sunday morning imply that she adopts an almost priest-like role in this theatre of war. In Orthodox Christianity, the priesthood is reserved exclusively for men. In this poem, however, the Kosovo maiden embraces a clerical role despite her female

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[54] Unknown, *Kosovka Devojka*, (Translation my own).
The Kosovka Devojka poem would later go on to inspire Uroš Predić's painting of the same name in 1919 (See **Fig. 3.4**).

[55] Though they were rarely on the battlefield, there were many times when SWH members found themselves caught in the crossfire. Writing about her Transport Column's work in 1916, Evelina Haverfield notes how one of her drivers, Ruth Plimsoll, was transporting a wounded soldier from the frontlines when 'bombs suddenly began to fall on all sides'. According to Haverfield, 'most of our drivers have been in the midst of falling bombs whilst carrying wounded, especially to the station, and all have shown the highest courage and perfect calmness amidst frantic panic on the part of all in the street at the time.'
Cited in: Eva Shaw McLaren, *A History of the Scottish Women's Hospitals* (London: Hodder & Stoughton, 1919), p. 191.

sex, to offer the dying combatants their final Communion before death. This, in turn, enables her to take on a dominant (if ontologically ambivalent) role over the men on the battlefield, much like the female medical doctors and surgeons of the SWH.

Whilst the Kosovo Maiden's presence and actions on the battlefield are revered and mythologised by the Serbs, they nevertheless prompt Pavle Orlović, the soldier she aids, to ask his 'dear sister, Maiden of Kosovo, what great misfortune do you bear, that you must search through the blood of heroes?' (*"Sestro draga, Kosovko devojko, Koja ti je golema nevolja te prevrćeš po krvi junake?"*) before he ultimately compels her to 'return thee to thy white castle fair, don't stain thy skirts and sleeves with blood' (*"Već ti idi dvoru bijelome, Ne krvavi skuta i rukava"*).[56] With this conclusion to the poem, it is inferred that Serbian women can enter the battlefield as long as their femininity remains intact and untarnished by the experience beyond the frontlines. British women were bound to similar conventions; officially they were allowed to enter the battlefield only in the traditionally female (and, therefore, socially acceptable) capacity of nurses. Nursing, as Eva Gamarnikow argues, had a clear gendered divide, with men in the dominant position of doctor, counterpoised against the subservient female sisters.[57] With its all-female composition, the GNU did not sustain such gendered hierarchies, yet unit members were nevertheless bound to similar conventions when writing circulated or publicised accounts of their hair-cutting on the frontlines for home-front audiences. In their writing, the women are clear that their short styles will not be so robustly emulated once they return home. On the Great War's frontlines, however, these women were free to perform roles and acts not traditionally ascribed to or socially approved for their sex.

On the Balkan Front, the rules that applied to British women in Britain and Serbian women in Serbia did not apply to the GNU. British Women in the Balkans, as Olga Dimitrijević and Catherine Baker argue, formed an alliance with Serbian soldiers, that gained them 'a special status […];' their 'ethnicity and social status meant, […] that the

[56] Unknown, *Kosovka Devojka*, (Translation my own).
[57] Eva Gamarnikow, 'Nurse or Woman: gender and professionalism in reformed nursing, 1860– 1923', in *Anthropology and Nursing*, eds. P. Holden and J. Littleworth (London: Routledge, 1991), pp. 110– 29.

assumed proper place for women in Serbian society did not apply to' them.[58] The Balkans, according to one anonymous writer of a 1912 article in *Graphic* magazine, had long attracted British women travellers for this reason. The region, they note, is 'the gateway of the East […] the East attracts women because it is feminine to the core, just as the West is essentially masculine.'[59] For the middle and upper-middle class British women of the GNU, the risks its members took to help the Serbian nation at war were rewarded with their placement on an imperial pedestal in this 'barbaric' land that allowed them both professional and ontological freedoms.[60] They operated here in a cultural and social vacuum. Due to this, as the next section outlines, it was possible for these women to look and act fluidly without incurring the penalties they otherwise would have been subjected to as dissident women within British or Serbian society.

Fig. 3.4 Uroš Predić, 'Kosovka Devojka', Oil on canvas painting, (1919), Belgrade City Museum, Belgrade, Republic of Serbia.

[58] Olga Dimitrijević & Catherine Baker, 'British-Yugoslav Lesbian Networks During and After the Great War', in *Gender in Twentieth-Century Eastern Europe and the USSR*, ed., Catherine Baker (London: Palgrave Macmillan, 2017), pp. 49-63 (p. 56).
[59] Anonymous, 'Why the Balkans attract women', *Graphic*, 26 October 1912 in *Black Lambs & Grey Falcons: Women Travellers in the Balkans*, eds., John B. Allcock & Antonia Young, (Bradford: University of Bradford, 1991), p. xxii.
[60] It is possible that some of the women of the GNU had an awareness of classics - most likely those who had received a university education. This knowledge may have contributed to their romanticisation of their Balkan workspace. The ways in which newly recruited SWH members romanticised their frontline landscapes even at later stages of the conflict is examined further in relation to the London Unit in the fourth chapter of this thesis.

'Just as men do'[61]:

To overcome the difficulties of frontline work in the Balkans, the GNU not only embraced a new 'mannish' physical appearance but began to adopt some 'masculine' traits in their professional performances. In the absence of male members, the unit's female doctors, surgeons, chauffeurs, and scientists were often called upon to be professionally 'fluid'. This led many to engage in tasks typically reserved for men on their home-fronts. With their oscillation between these allegedly binary opposite states of being, the GNU's staff began to resemble their Balkan theatre of war. The women fluctuated between both feminine and masculine tendencies just as the Balkan states had historically vacillated between Eastern and Western influences. Parallels between this region and these women only continued in their shared sense of 'othering' in the Western male imagination: the former for its Eastern positioning; the latter for their sex. On their home-fronts, many of the GNU's staff had been heavily discouraged from entering previously male-only professions. 'Opponents of medical women argued,' as Mary Ann C. Elston explains, that a woman's exposure to 'the degrading and disgusting details of reproductive anatomy and physiology […] especially […] in the lewd atmosphere of medical schools' would leave her 'literally "unsexed"' via a loss of her 'feminine mystery and innocence.'[62] The story was much the same for those women wishing to become chauffeurs or to work within the sciences. In the Balkans, however, these women found the freedom to perform these roles without prejudice.

Unlike the pioneering generation of female doctors in Elizabeth Garrett Anderson's school, the GNU seemed intent on de-sexing itself and, by default, medicine. This unit's women, like the SWH overall, set out to prove to their male critics that their professional worth was not lessened by their biological sex and that they were as capable of doing their jobs as their male colleagues. It was thus that they would go on to achieve what no woman of the pioneering generation of medical women had been allowed to do: treat adult male patients on the frontlines of war as part of an autonomous all-female medical organisation. Meanwhile, the non-medical members of

[61] Louise McIlroy to Miss May, 18 January 1917, Tin 42, Circulated Letters, 1917-1918, SWHC, Glasgow City Archives.
[62] Mary Ann C. Elston, 'Women Doctors in the British Health Services: A Sociological Study of their Careers and Opportunities' (Unpublished doctoral thesis, University of Leeds, 1986), p. 136.

the unit found in Salonika a place in which they could and, indeed, often *had to* embrace fluidity. They would perform both stereotypically 'female' and 'male' tasks, therefore, for themselves and their unit to survive. By successfully engaging in work such as electrical re-wiring, heavy-lifting, and automobile mechanics, these women demonstrated that their biological sex did little to lessen their abilities; indeed, in some cases, it was actually of benefit.

When Dr Emslie began studying medicine in 1906 it was still, in her words, 'the bad old days when the sexes were segregated.'[63] In her memoir *Memories of a Doctor in War and Peace* (1960), she highlights that the prejudices experienced by female medical students were rife, particularly during the rare co-educational lectures with extra-mural male students at the College of Surgeons. Though she states that the men, 'curiously, […] did not seem to resent us, being kind and friendly, […] [o]ne of their favourite sports was to try to make us blush, and they kept a keen watch to see whether we should visibly betray maidenly shyness during certain passages in the lectures.'[64] In apparently relishing in their female colleagues' discomfort – imposed on the women by the very virtue of its expectation – these men highlight the misogynistic double-standards upon which gender essentialism in medicine is propagated. By anticipating their female colleagues' 'maidenly' blushes, the male students echo and reinforce the cultural assumption that this is not a profession for women because they should be, according to the essentialist archetype, too modest for such crude work.[65] Contrary to this belief, however, when these same female students begin to perform dissections on adult male corpses, Emslie notes that this is something that the women take 'in [their] stride,' working 'contentedly two by two.' [66] Ironically, therefore, it would seem that it is actually the male students who are rendered the most uncomfortable by this situation. This notion is only further upheld by the fact that anatomical dissection classes were not co-educational.[67]

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[63] Isabel Hutton, *Memories of a Doctor in War and Peace* (London: Heinemann, 1960), p. 35.
[64] Hutton, *Memories of a Doctor*, p. 31.
[65] Ibid., p. 31.
[66] Ibid., p. 31.
[67] For a closer examination of the experiences of female medical students (including Emslie's) please see: Carol Dyhouse, 'Driving ambitions: women in pursuit of medical education, 1890-1939', *Women's History Review*, 7, No. 3 (1998), pp. 321-343.

Though many of the SWH's members were to treat adult male patients on the frontlines for the first time, Emslie's reflections reveal that this was not to be the first contact all the organisation's women had with the adult male anatomy. Indeed, on the Salonikan or Macedonian Front, members of the GNU proved to be far from the timid, unprofessional, blushing girls that their male colleagues had anticipated in medical school. Rather, the unit was highly professional and excelled at its work under adverse conditions. This prompted many glowing reviews. The Kingdom of Serbia's Minister for Foreign Affairs, Jovan M. Jovanović Pižon, declared that:

> [l]eaving aside the inauguration of the society itself, and its transformation into a war institution, as well as its great services towards a solution of the women's question, the hospital work of this organisation in Allied countries has been, and still is carried on under conditions and in a way which will place them quite apart from any other achievements of this war. In Serbia, and amongst the Serbs, Croats, and Slovenes outside Serbia, the Scottish women have done the work which was the heaviest, the most dangerous and the most useful.[68]

According to Jovanović Pižon, the SWH are unique for the work they have completed beyond the boundaries of their own nation. His repeated use of the superlative 'most' to refer to their efforts highlights that their skills are of the very highest quality and that, contrary to essentialist beliefs, they thrive within this physically perilous domain. Meanwhile, that the women engage in 'the heaviest, the most dangerous and the most useful' work simultaneously disproves critics' beliefs that the 'weak' female anatomy renders them incapable of carrying out 'men's work'.

'One of the objections to women entering the medical profession,' as Ann Dally states, 'was that they would not be strong enough to do the work' particularly during 'menstruation,' which men alleged 'incapacitated' them.[69] In a bid to detach their gender (and misogynistic assumptions about the same) from their professional abilities, therefore, some female doctors shirked Garrett Anderson's advice and downplayed their femininity. Dr Laura Sandeman, the head of the GNU's medical affairs in 1915, was amongst those medical women who deliberately engaged with popular nineteenth-century beliefs in the 'de-sexed lady doctor.' As a result, she could prove that her

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[68] Jovan M. Jovanović Pižon, 'Scottish Women and the Serbian Wounded', 3rd Serbian Unit Press cutting (undated, c. 1917), TD1734/13/13, SWHC, Glasgow City Archives.
[69] Ann Dally, *Women Under the Knife: A History of Surgery* (London: Hutchison Radius, 1991), p. 202.

anatomy did little to get in the way of her work. 'At first sight,' Emslie describes Sandeman as 'a little intimidating for, scorning uniform, she wore her habitual garb of severe coat and skirt, starched collar and mannish tie, […] her grey hair was brushed severely back and braided in a tight coil.'[70] The repetition of 'severe', highlights a harshness to Sandeman in stark contrast to the 'soft' and 'maternal' figure idealised by essentialists as the paragon of the female sex.[71] Indeed, Sandeman's height and 'clean-cut strong face,' which is at once serious, stern, and masculine only serves to further undermine the notion that women are innately soft, weak, and delicate creatures.[72]

Fig 3.5 Dr Louise McIlroy and Dr Laura Sandeman, Photographs taken from *The Call of Our Allies and the Response of the Scottish Women's Hospitals for Foreign Service*, (June 1915), TD1734/20/3/2/1, SWHC, Glasgow City Archives.

With her uniform and daunting physical features, Sandeman appears almost regimental – a notion especially upheld when her appearance is compared to the far more effeminate GNU Chief Surgical Officer's (CSO), Dr Louise McIlroy (See **Fig 3.5**). Yet, Emslie notes that Sandeman nevertheless retains something of the feminine in her

[70] Hutton, *Memories of a Doctor in War and Peace*, p. 134.
[71] Coventry Patmore, *The Angel in the House* (London: G. Bell, 1920), p. 80.
[72] Emslie, *With a Woman's Unit*, p. 25.

character as 'a real, fine kindly woman'.[73] In this amalgamation of masculine appearance and traditionally feminine kindliness, Sandeman embraces the fluidity that comes with being female in a 'male' profession. Unlike the pioneering generation of medical women, she completely inverts Garrett Anderson's advice and dresses like a man, whilst acting the part of a woman. In doing so, she engages in what Butler refers to as 'a different sort of repeating, in the breaking or subversive repetition of' her expected gender performance.[74] Her inversion, not only lampoons the essentialist 'lady doctor' trope, but renders Sandeman a gender-fluid and, therefore, subversive and disruptive agent within the medical world's essentialist framework.

That Sandeman's unconventional appearance does not interfere with her medical work is clear in Emslie's claims that she is 'full of fun and most human.' [75] Sandeman is easy to work with and compassionate; both the hallmarks of a good doctor and essential for building strong relationships with colleagues and patients alike. The high quality of her patient care and medical skills were noticed by the British authorities, too, and once she had completed her contract with the SWH, her services were sought back on the home-front, from which 'she could no longer be spared.'[76] After six months on the frontlines, Emslie notes that Sandeman 'reluctantly had to retrace her steps back to England.'[77] The apparent desperation of the British War Office to employ her clarifies that this woman's medical work was considered invaluable despite both her female sex and unusual physical appearance. It was thus that in October 1917, two years after her return, Sandeman was offered the prestigious role of Controller of Medical Operations with the Royal Army Medical Corps (RAMC) in France. Despite initially snubbing the notion of female physicians on the frontlines, the War Office's medical services had been stretched to their limits on the Western Front by recent Nivelle and Flanders Offensives. Finding themselves understaffed and underprepared for the battles yet to take place (the Battle of Cambrai), the British government finally began to officially request help from female physicians.

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[73] Isabel Emslie to her mother, 20 August, in private hands.
Cited from: Leah Leneman, *In the Service of Life: The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: The Mercat Press, 1994), p. 29.
[74] Judith Butler, 'Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory', *Theatre Journal*, 40, No. 4 (1988), pp. 519-531 (520).
[75] Hutton, *Memories of a Doctor*, p. 134.
[76] Emslie, *With a Woman's Unit*, p. 31
[77] Ibid., p. 31

Whilst this offer was undeniably a positive step towards the recognition of female doctors as equals of their male counterparts, conditions under which the RAMC requested Sandeman's work differed to those of her male colleagues. Despite doing a job that would place her in a rank equal to that of an RAMC lieutenant, this female physician would be paid 40% of the salary awarded to her fellow male military personnel. Knowing that she was not worth any less than her male colleagues simply because she was a female, Sandeman initially declined the War Office's offer. This refusal left Lord Derby, the Secretary of State, caught 'between the devil and the deep blue sea' because, whilst he considered 'it outrageous that no woman will accept an appointment under £700 a year,' he could not 'obtain a Medical Service' for the Women's Army Auxiliary Corps (WAAC) in France and was 'therefore obliged to agree this salary.'[78] When Sandeman finally took on the role with an equal wage, she won a victory that was both personal and stood to pave the way for other women in her profession. Unfortunately, as Anne Hanley notes, wage inequality was to be a problem faced by female doctors 'throughout the 1920s'; an issue 'so pervasive' that the Medical Women's Federation (MWF) actively 'urged its members not to accept annual salaries of less than £600 or sessional fees of less than one-and-one-half guineas for work clinics.'[79] Though Sandeman's gain did not ultimately lead to widespread pay equality for female doctors, however, Lord Derby's acceptance of this woman's demands were nevertheless significant for the SWH as an organisation. Indeed, it was to become yet another unspoken recognition from the War Office that the female physician conducted work of the same value as her male counterpart.

With the SWH's emphasis on proving that women could do all that men do without official support, an important factor in maintaining the integrity of the organisation (especially with regards to public funding), was not allowing men into positions of power.[80] To share any of their positions with members of the opposite sex would as the GNU's CSO, Dr McIlroy, argued 'not only [break] with our trust with the public, who supply us with funds for women only, but […] [take] away from us the one part of our work that has been doubted so much at the beginning, namely the capacity to do

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[78] Edward Stanley (Lord) Derby quoted from Charles Messenger, *Call to Arms: The British Army 1914-18* (London: Cassell, 2005), p. 260.
[79] Anne Hanley, '"Sex Prejudice" and Professional Identity: Women Doctors and Their Patients in Britain's Interwar VD Service', *Journal of Social History*, 54 (2020), pp. 1-30 (11).
[80] Claire Brock, *British Women Surgeons and their Patients: 1860-1918* (Cambridge: Cambridge University Press, 2017), p. 184.

Surgery just as men do.'[81] Most male members were, therefore, reduced to little more than volunteers or low paid administrators and technicians.[82] Though the GNU did occasionally accept help from men, the general need for handymen was ultimately eliminated by the professional dexterity of figures such as Miss Edith Anne Stoney. Today considered the world's first female medical physicist, Stoney initially entered the GNU as a radiographer. With her extensive knowledge of physics and wiry, agile body, this woman often performed tasks that were more in line with essentialist definitions of masculinity. 'Her physical endurance,' admired Emslie, 'was marvellous, for she was really rather fragile; yet I have seen her carry huge loads, scramble up tent-ropes, and sit astride the ridge of the tents in the biting wind repairing electric lighting wires.'[83]

Fig 3.6 Miss Edith Anne Stoney (pre-1894), private photograph currently held in Newnham College archive.

Whilst Stoney's delicate frame should have prevented her from being as hardy as she was, according to essentialist definitions, Emslie implies that it is this very same wispiness that granted this woman her dexterity in all weathers. Stoney's fluidity was a necessity upon the ever-shifting Balkan Front, where a fundamental lack of amenities

[81] Louise McIlroy to Miss May, 18 January 1917, Circulated Letters, Tin 42, 1917-1918, SWHC, Glasgow City Archives.
[82] One notable exception to this is Dr Charles Hope who joined the First Serbian or Kragujevac unit with his wife, Dr Laura Hope, between 12th September 1915 and 12th February 1916. Though he was a doctor by profession, Charles did not work for the SWH in a medical capacity.
[83] Emslie, *With a Woman's Unit*, p. 26.

meant that it was difficult to run even the most basic of equipment. The hospital sites that the GNU operated at were often without even a mains electricity supply. This rendered Stoney, with her advanced technologies, a futuristic visitor in a primitive landscape. Reflecting on the difficulties of working in 'a constantly moving hospital,' Stoney claims that the ability to do one's 'own particular work reasonably well […] must cost much more in skill and in expense than one which is fixed.'[84] Her statement implies an acceptance of the need for her own professional adaptability if she is to execute her work successfully here. 'With my physics,' Stoney confidently concludes, 'I ought to be specially fitted for such a movable outfit – my training is here good if not in other ways best.' [85]

Writing about female surgeons on the frontlines, Claire Brock concludes that it is precisely in the 'adaptation of existing expertise and strong self-belief' that women gained 'the confidence they could operate as well as men, even if the surroundings and procedures were foreign to them.'[86] The same is clearly true for non-surgical members of the GNU such as Stoney. The basic settings of the Balkans tested the versatility of Stoney's professional skills to the extreme, only to highlight that she was, in fact, more than competent to deal with them. In many instances, the unit's radiographer proved to be far better suited to this landscape than her male colleagues. Enthusing about her 'work,' McIlroy, who was to have many personal skirmishes with Stoney, commends the unit's radiographer for being 'a long way ahead of any of the men […] out here with their very expensive outfits.'[87] In this statement, the CSO of the GNU implies that Stoney actually outperforms her well-equipped male counterparts because she conducts the same work to a matching quality, but with a lack of resources.

Where the men in 'expensive outfits' have easy access to financial aid via official channels, Stoney's work with the SWH means she must rely on the charity of others.[88] This does not go unnoticed by Stoney and is a point of much contention for her. 'I have been hindered again and again,' she vents in a letter to Mrs Beatrice Russell, honorary

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[84] Edith Anne Stoney to Beatrice Russell, 15 November 1915, TD1734/2/6/9, SWHC, Glasgow City Archives.
[85] Ibid.
[86] Brock, *British Women Surgeons and their Patients*, p. 185.
[87] Louise McIlroy to Miss Mair, 31 January 1916, Circulated Letters, Tin 24, 1915-1916, SWHC, Glasgow City Archives.
[88] Ibid.

secretary of the Personnel Committee in Edinburgh, 'from doing X Ray work because I could get no transport, and I have been put again and again into impossible positions from this same cause.'[89] Despite all of these difficulties, however, Stoney's efforts are fruitful. Whilst appraising her work, McIlroy states that 'some of the men would not believe Miss Stoney's X ray bullets case were done by a woman.'[90] Their disbelief highlights not only the largely misogynistic contexts that this female physicist was working within, but that the quality of Stoney's work was in no way lessened by her sex. On the contrary, Stoney occasionally even mentored her male colleagues in the Balkans. It was thus that, whilst in Ghevgheli, one male doctor in charge of the only working Watson 16" coil X-ray set visited her 'each day for advice […] because he [could] not work' the machine himself.[91] Like Sandeman, Stoney's time on the Balkan Front not only allowed, but in many ways forced her to demonstrate that her skills as a female physicist were just as valuable, if not more so, to the war-effort as those of her male colleagues. The praise she received from both women and men on the frontlines alike, is testament to the fact that she was ultimately victorious in this endeavour.

Alongside the female doctors and scientists of the GNU, female ambulance drivers stood to prove the professional capacity of their sex on the frontlines. In 1915, female chauffeurs were as new a phenomenon as their physician sisters and just as discriminated against. Men were assumed to be 'natural drivers,' whilst 'sceptics disparaged women' historian Amy Bix argues 'as easily distracted, nervous, and unable to react rapidly in emergencies.'[92] As an adept and courageous ambulance driver on the Balkan Front, King completely confounds misogynistic essentialist beliefs about women behind the wheel. Not only would King frequently be required to safely transport soldiers (often wounded) from the frontlines under extremely dangerous, highly pressurised circumstances but she would repair any damage done to her beloved truck, Ella, in the process. Writing to her father about the aftermath of a particularly difficult journey, she reports that 'Ella is in hospital again, poor darling. She broke four

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[89] Edith Anne Stoney to Beatrice Russell, 10 March 1916, TD1734/2/6/9/21, SWHC, Glasgow City Archives.
[90] Louise McIlroy to Beatrice Russell, 30 November 1915, Circulated Letters, 1915 (b), TD1734/2/3/1/1, SWHC, Glasgow City Archives.
[91] Edith Anne Stoney to Dr Florence Stoney, 24 October 1915, TD1734/2/6/9, SWHC, Glasgow City Archives.
[92] Amy Bix, 'Technology' in *Women, Science, and Myth: Gender Beliefs from Antiquity to the Present*, ed., Sue Vilhauer Rosser (California: ABC-Clio, 2008), pp. 141-148 (p. 142).

springs this morning and I had to take her up this afternoon.'[93] Whilst navigating Ella to deliver ammunition and equipment to soldiers at 'what is technically known as the "front"', King describes Ella crashing 'into a big hole that was so full of dust it looked like level road', after which she felt 'the front spring go with a click like a broken back.'[94] Her annoyance with the matter is clear as she notes that 'it takes so long making new springs.'[95] With her repeated personifications of Ella as though she were a living, breathing patient, King adopts the role of doctor for her vehicle. At the same time, she demonstrates an intimate working knowledge of the mechanics beneath the bonnet. Not only does King know why and how she damaged her ambulance, but she can repair her vehicle, too. As an even more stereotypically masculine trait than simply just driving a car, mechanical knowledge renders King an even more subversive figure to those who ascribe to prevailing essentialist beliefs.

In addition to creating repair work, the treacherous roads of the Balkan Front paired with the ever-changing circumstances of warfare meant that King was frequently required to drive under threat of extreme danger whilst keeping her nerve. She demonstrates her deftness at this, too, when on the 4th December 1915, following the Bulgarian Army's advance into Serbia, the GNU was forced to make a rapid retreat back to Salonika. Speaking at a talk following the war, King recalls being given 'under twenty-four hours to evacuate all our patients, pack all the equipment and get staff and everything away.'[96]

> By midnight the whole staff had got away with the exception of the three chauffeurs with their cars. There was no room for us, and we were left to trust to luck. There was no road, or it would have been an easy job. There was one rough track, going round by Doiran, […] [t]hirteen French ambulances tried to find their way to Salonika by this route, but were ambushed by the Bulgars, their cars taken and the men all killed or taken prisoners.[97]

These conditions should have been too much for a female like King to cope with. Not only did she have to contend with the pressures of the ever-looming threat of attack from the Bulgarians, but her only means of escape besides a train (on which there were

[93] King, *One Woman at War*, p. 26.
[94] Ibid., p. 26.
[95] Ibid., p. 26.
[96] Ibid., p. 19.
[97] Ibid., p. 19.

few spaces available for ambulance cars) was a dirt-track lined with saboteurs. Yet, in all this, King claims to have felt none of the panic that the female driver's critics ascribe to them.

'It is a strange fact,' King states, 'that the thought of personal danger never once entered my head' during this time.[98] Her sole concern, she reveals, was getting Ella safely out of Ghevgheli and onto the next transit to Salonika. Her preoccupation with ensuring that no vehicles were left behind for the enemy to use only further contradicts the leading beliefs that women were unable to think clearly under emergent conditions. Indeed, King even contemplated burning Ella should they not be able to escape – an act that would ensure this female chauffeur did not benefit her adversaries with Allied equipment. Not only was King proactive in helping other members of the GNU to escape, therefore, but she had presence of mind enough to plan for the eventuality that she would not get out of Ghevgheli in time, too. Her valour and deftness in the face of extreme dangers did not go unnoticed by the Serbians, who later presented King with a medal for bravery.

King's practical rationality is one that would be more readily attributed to a male soldier by gender essentialists. It is, perhaps, unsurprising, then, that by July 1916 this woman had enlisted with the Serbian Army. Whilst still working for the SWH, however, King's steeliness in the face of mental and physical difficulties were to serve the GNU well. When one of the unit's tents threatened to collapse after a gale, she was amongst the four women who 'hung on the ropes […], till we couldn't breathe, while [Annie] Allan, who is a sailor and grand at knots, tightened for all she was worth.'[99] That King places duty above pain is clear as she describes how the process of driving the tent 'pegs deeper' into the ground 'blistered our hands to pieces,' but they nevertheless did not stop.[100] Her focus on the task in hand is militant in its lack of emotion, countering the misogynistic belief that women were too mentally and 'physically weak' to participate in hard physical labours.[101] Indeed, King actually enthuses in a letter to her sister Sunny, dated 26th November 1915, about how much she

[98] Ibid., p. 19.
[99] Ibid., p. 18.
[100] Ibid., p. 18.
[101] Jerome Van Crowninshield Smith, *The Ways of Women in Their Physical Moral and Intellectual Relations* (Chicago: Dustin, Gilman & Co., 1875), p. 11.

adores the physicality of work on the frontlines. 'I simply love digging,' she writes, 'you just ought to see me heaving the earth out of a trench as high as my head, all dug by me. You wouldn't believe it was little Offie.'[102]

Fig 3.7 'Olive King with Ella at the Scottish Women's Hospital, Troyes', (1915), taken from *Olive Kelso King: One Woman at War*, p. 38-39. (Left).

Fig 3.8 'Female Chauffeuse repairing an ambulance' taken from *General Photograph Album*, (1914-1918), TD1734/19/2, SWHC, Glasgow City Archives, Glasgow. (Right)

King is evidently proud that her physical strength exceeds expectations for somebody of her small stature. Meanwhile, her participation in such exhausting work has her once again undermining gender essentialism. Upon first meeting her in Troyes, Emslie describes King as 'a very smart little girl chauffeur […], who looked like a boy and eyed us scornfully, much as a sergeant-major does his raw recruits.'[103] Already sporting her short hair, Emslie notes that King makes the new recruits feel 'ashamed of' themselves, 'for while we helplessly gaped for a porter, she shouldered our kit-bags and tossed them (and would like to have tossed us too, no doubt) into the well of her "bus"

[102] King, *One Woman at War*, p. 18.
[103] Emslie, *With a Woman's Unit,* p. 22.

– then rattle and bang over the cobbles […] to our hospital.'[104] With this attitude, King not only shows off her own self-sufficiency to the other women, but seems to insist upon theirs, too. This 'little girl chauffeur' does not wait around for male help, and she does not expect these women to shrink back from such tasks either. As with Sandeman and Stoney, King's gender performance is, once again, problematic because its dissociation from her biological sex implies the existence of gender's non-binary fluidity. It is thus, however, that King disproves her misogynistic critics and demonstrates to them that she is as physically and mentally strong as any male. This, in turn, firmly secures her place in this conflict zone, whose fluid boundaries her own fluidity complements well. The mutual ambivalence of the Balkan Front and the GNU served the women of this unit particularly well following the Great Serbian Retreat. Indeed, this commonality, as the next section of this chapter reveals, was to be instrumental in cementing the formation of a strong empathy and reverence between the Serbian Army and their British caregivers.

[104] Ibid., p. 22.

'Country-less! Country-less!'[105]

Fig. 3.9 M. Sampson Tchernoff, 'Countryless! Countryless!', *Serbia in December 1915,* Photo Album, 7VJH/3/3/311, The Women's Library, LSE, London.

As examined in the second chapter of this thesis, despite three victories against large-scale Austro-Hungarian invasions, the Serbian Army was forced to issue a command of retreat on the 25th November 1915. With their enemies sweeping their way across the country in a downwards v-formation, the Serbians' only viable choice for survival was to retreat on foot towards Montenegro in pursuit of safety in the neutral principality of Albania. By December of 1915, approximately 240,000 Serbs had perished either during or as a result of the Serbian Retreat.[106] Meanwhile, the survivors were left completely stateless, living in exile in Greece and Corsica. During this time, the GNU was to experience a south-westerly retreat of its own as it was pushed from its Serbian basecamp in Ghevgheli down to Salonika by the shifting frontline. Though a new SWH unit headed by Dr Mary Blair (later known as the Corsica Unit) had arrived

[105] M. Sampson Tchernoff, *Serbia in December 1915,* Photo-album, 7VJH/3/3/311, The Women's Library, LSE.
[106] Tanjug, 'Danas 93. Godišnjica od početka povlačenja preko Albanije', *Blic*, 3rd December 2008 <https://www.blic.rs/vesti/drustvo/danas-93-godisnjica-od-pocetka-povlacenja-preko-albanije/qpgf59v> [Accessed: 8th June 2018].

in Salonika that October, they had no access to Serbia or the patients they were supposed to take care of until long after the retreat had begun. During this period, therefore, the GNU was to be the sole SWH unit actively working for the Serbs.

By the middle of December, McIlroy's unit had returned to Salonika. The GNU were greatly supported in their work here by Blair's unit, until the French government requested the transportation of Serbian refugees to Corsica. This saw the departure of Blair and her crew as they followed over 300 patients to Ajaccio. The new Corsica Unit arrived at its final destination and began providing aid on 'the dreariest Christmas day that any of us have ever spent.'[107] Meanwhile, the GNU was to be situated in the very thick of things on the newly formed Macedonian Front. Whilst the GNU treated the Serbian people in exile, a tragic irony emerged. With its charges' expulsion from their lands, this unit's members were finally free to engage in the work that they had so frequently been excluded from in the medical landscapes of their own homelands. The mutual experience of alienation was to lend itself to a reciprocation of empathy for the other's hardships and ostracization. It was thus that the GNU's members became all the more receptive to their patients' pain, for which the Serbians showed a great deal of appreciation. With the latter's recognition of the GNU's efforts, the women of this unit were rewarded with the respect and reverence that they did not receive at home. This, in turn, led them to identify Salonika as a land of their own.

Just as the Serbians were left homeless following the retreat, so, too, did the GNU find itself again without a hospital site or accommodation upon returning to Salonika. The unit's women were no strangers to improvisation; the war had required them to avail themselves of this as a near-constant way of life. Conditions at this point, however, were particularly challenging as the unit's women now found that they would have to be enterprising for their own survival as much as for their patients'. With nowhere else to go, 'the unit slept,' as Dr Emslie writes in her diary, 'at the station at Salonika all huddled up into one of the tents used for evacuating the wounded.'[108] Her use of the verb 'huddled' to describe these sleeping arrangements emphasises both the inadequate size of their makeshift accommodation and the women's vulnerability. They were, after

[107] Mary Blair to Beatrice Russell, 2 January 1916, cited from Leah Leneman, *In the Service of Life*, p. 47.
[108] Emslie, *With a Woman's Unit*, p. 54.

all, in a foreign country at war and neither safe nor protected from its dangers and uncertainties. Their solitude does not, however, seem to disturb the women so much as the things that they need to do in this environment to survive.

Reflecting on this night in her diary, orderly Seymour laments it as 'a night never to be forgotten. We had only our coats up to cover us & the night became bitterly cold. There was no convenience of any kind in the tent & it was impossible to forget that the tent was for wounded brought straight down from the Front & therefore infected by anything likely to cling to soldiers in a dirty state.'[109] With no other options, the women reused the tent and bedding of their patients in spite of this being dangerously unhygienic, exposing them to the lice that less than a year previously had caused the region's typhus epidemic. In addition, the wintry climate plagued many members of the GNU with ill-health. Many of the women had been weakened by illness whilst still in Ghevgheli, where the winter had been particularly harsh despite the women having accommodation in an old silk factory. 'Miss Touche, Miss Johnson & Miss Ken,' writes Seymour on 27th November 1915, 'all went to bed with severe chills & upsets. The cold is really almost intolerable & we are living so roughly that we feel it more.'[110] It is no surprise, then, that the lack of shelter in Salonika only further created sickness within the unit. Seymour, herself, who had been suffering with a frostbitten cheek as a result of the cold in Ghevgheli, found her already strained health further compromised by the night in the station. The following day she claims to have been 'seized with violent indigestion relieved presently by sickness.'[111]

The circumstances outlined by Seymour mirrored those of their patients on retreat. Isabel Basnett reported on the conditions faced by the Serbian people as they fled for their lives across the Albanian mountains in the *Common Cause* on 31st December 1915:

> Snow had fallen and the roads after leaving Ipek were rough and steep. […] Lack of shelter at night was another hardship. The most comfortable lodging on the journey was a rat-haunted stable; but frequently there was nothing for it but to sleep in the open, round a camp fire, as the French fugitives slept in the retreat from Moscow, with feet turned to the blaze. 'A kindly old Austrian prisoner,' said one of the party, 'looked after the

[109] Seymour, *Private Papers*, S Documents.7165, 97/34/1, IWM.
[110] Ibid.
[111] Ibid.

> fire for us. Some of us got badly scalded by the steam from our wet boots, before the sensation returned to our frost-bitten feet. My own stockings and boots were frozen so stiff that they had to be removed together. All of us suffered more or less from frost-bite.'[112]

That there were similarities in the situations faced by the GNU and their patients is clear in the ailments suffered by both groups due to the wintry weather. It is unsurprising, then, that this unit's women should have shared in their patients' suffering as they arrived in Salonika. According to social psychologist Brock Bastian et al., sharing pain with others 'has the capacity to act as social glue, building cooperation within novel social collectives.'[113] In stark contrast to the SWH members who had been further north in Serbia when the retreat began and, therefore, experienced anger, resentment, and a lack of cohesion with their patients whilst on retreat, the GNU were better placed to both empathise with and continue treating the Serbs.[114] As a result, the GNU's women devoted themselves entirely to their charges' recuperation, whilst the latter repaid the unit with a reverence and admiration they otherwise would not have received in their homelands.

Emslie states in her memoir that 'a good many' of those who enquired about her occupation as '"a lady doctor"' back in Scotland would do so 'with the suspicion of a sneer, for they did not really think this was a profession for any woman, however capable.'[115] The Serbian *voynik* (soldier), however, 'talked as naturally and openly to the kind *sestra* (sister) as a child would to its mother.'[116] The freedom and ease of conversation between female doctor and Serbian patient is described by Emslie as filial in nature. This, in turn, implies that the Serbian people not only respected the women medicating them back to health, but treated them with familial love. This reaction was in stark contrast to that received by many of the earliest female doctors in Britain, where they were frequently and mercilessly lampooned as 'mannish women' in periodicals such as *Punch* (see **Fig. 3.10** & **Fig. 3.11**). **Fig. 3.10** depicts a contemporary Great War sketch satirising the 'eminent woman surgeon who is also an ardent

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[112] Isabel Basnett, 'The Retreat Across the Mountains', *The Common Cause*, 31 December 1915, p. 509.
[113] Brock Bastian, Jolanda Jetten and Laura J. Ferris, 'Pain as Social Glue: Shared Pain Increases Cooperation', *Psychological Science*, 25, No. 11 (2014), pp. 2079-2085 (2084).
[114] Please see the third section of the second chapter for a closer examination of the fragmenting effects of trauma.
[115] Hutton, *Memories of a Doctor*, p. 2.
[116] Emslie, *With a Woman's Unit*, p. 83.

suffragist'. Her seemingly severe bedside manner, harsh masculine features, and scowling visage are in clear opposition to the nurses beside her. The elder of the two nurses has her head tilted in a sympathetic pose as she observes the patient, whilst the younger smiles, exaggerating her femininity and beauty. It is clear to see which of these two professions *Punch* deems more socially acceptable for a woman. For members of the GNU, therefore, their treatment in Salonika would have made for a refreshing change from their usual home-front reception.

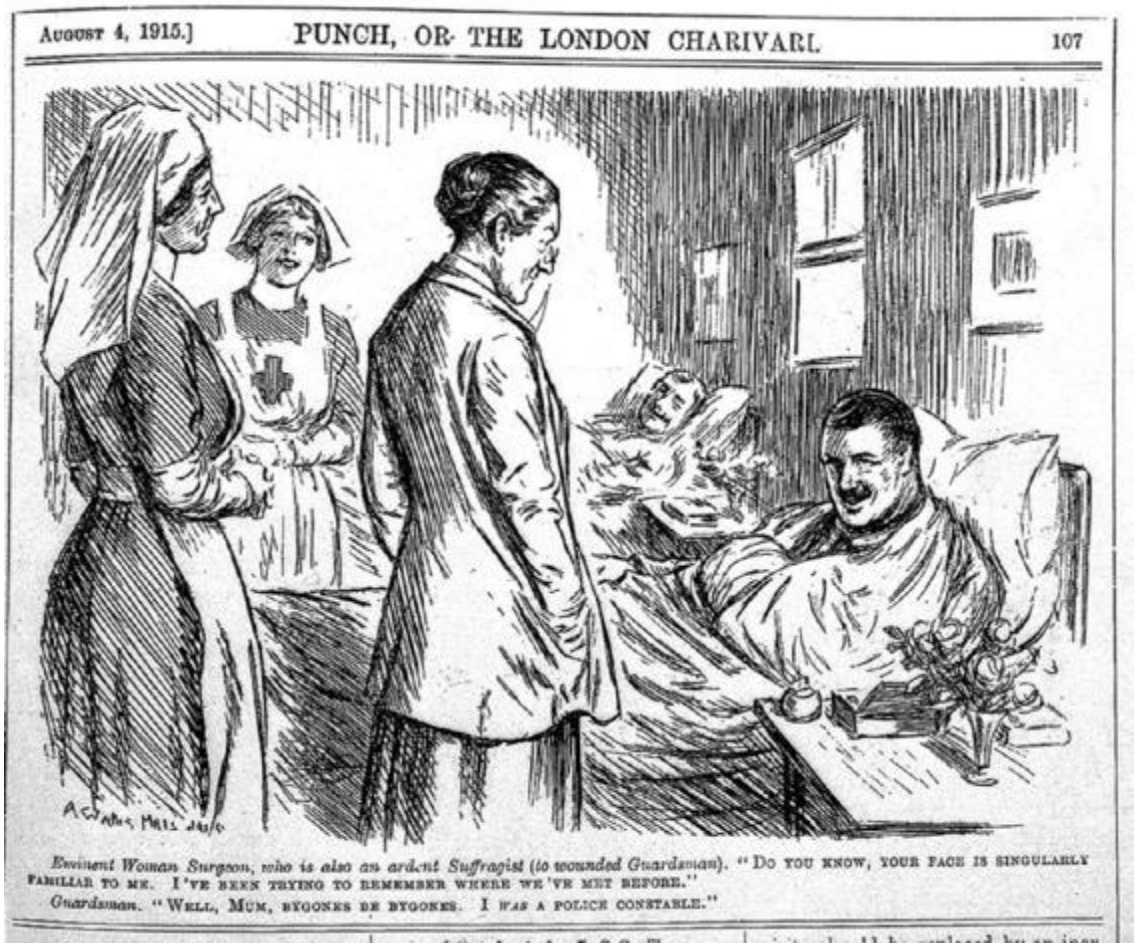

Fig. 3.10 'Eminent Woman Surgeon, who is also an ardent Suffragist', *Punch Magazine* (August 1915).

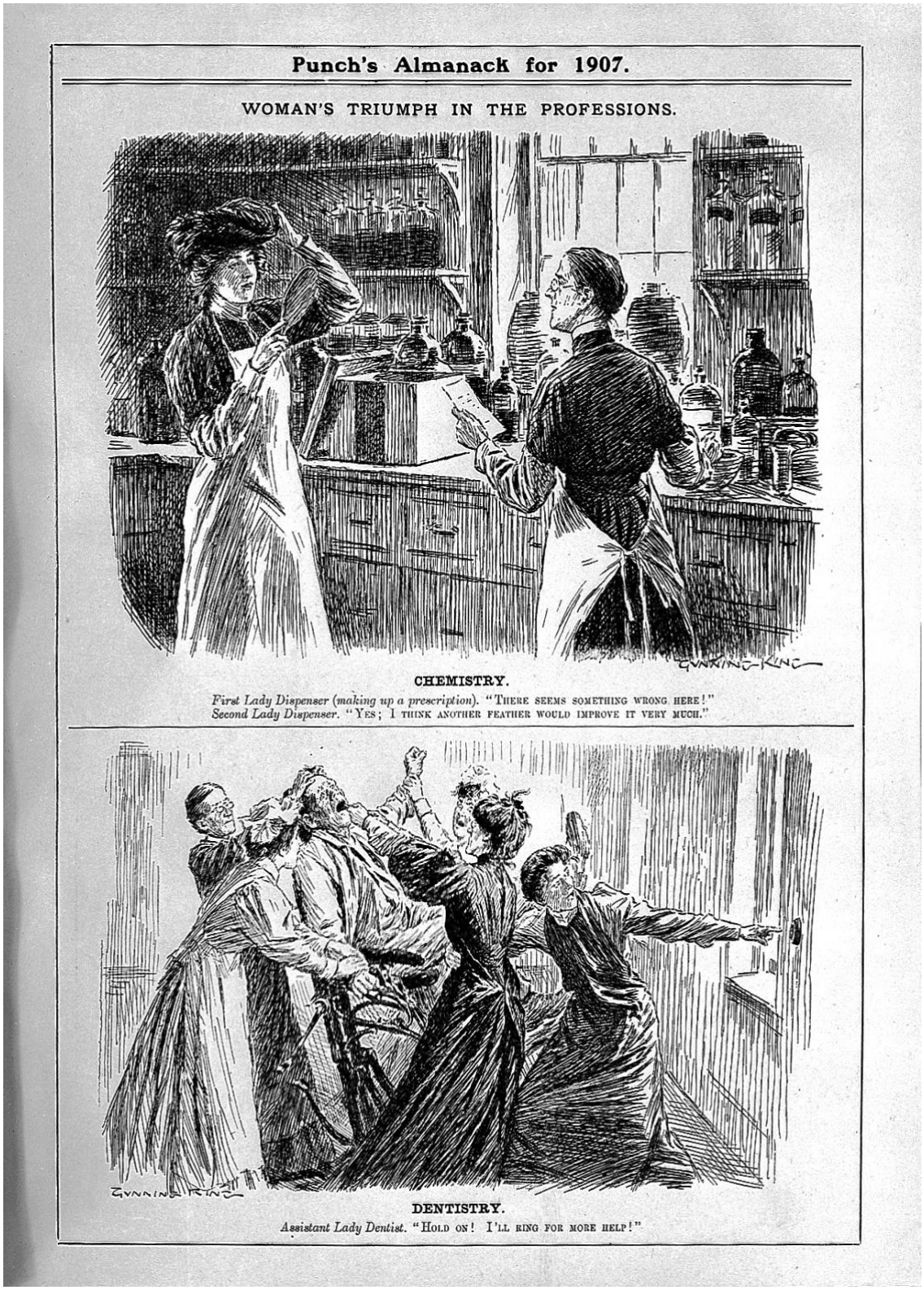

Fig. 3.11 'Cartoon of Assistant Lady Dentist from Punch', *Punch*, (1907), Wellcome Images Collection, slide number 4179, Welcome Library London.

That an empathy existed between the GNU's women and their Serbian patients is further demonstrated in the dedication of each party to the other. On the one hand, the women 'liked the Serbian *voynik* (soldier) from the first,' as Emslie writes, for his 'simple, most childlike soul' – they were 'just like great big children, and […] the most perfect patients a nurse could desire.'[117] On the other hand, the Serbians bestowed upon their carers the love and respect of siblings or children, referring to the female doctors and nurses as *majka* (mother) and *sestra* (sister) respectively. According to Emslie, 'the very name *sestra* was to the Serb a link between the nations, and he never ceased to marvel that the daughters of the great English nation should call themselves his sisters.'[118] Meanwhile, the Serbian soldiers' use of the word *majka* to refer to the female medics was considered an honour in itself. It might seem that maternal references to these women only further imposed upon them the essentialism they sought to escape because it connotes their work to that of the inherently feminine nurturer. This, however, overlooks the nuances of the Serbian language, culture, and the gender performances of the GNU's women. In Serbian folkloric mythology, the Serbian mother or '*Srpska majka*' was the embodiment of the ideal Serbian woman. Though this woman bore similarities to the ideal essentialist woman in that 'by the hearth, beside the cradle,' she was, as the Serbian writer Olga Kernić-Peleš states, 'the happy spirit of her home,' the '*Srpska Majka*' was also a woman who stepped out of the family circle when the bloody times of battle came. [119] The '*Srpska Majka*,' therefore, was an accurate descriptor for the GNU's staff in that they combined elements of femininity and masculinity in one being.

Whilst the '*Srpska Majka*' was a nurturer and carer within the home, 'she accompanied the armies to battle, tended their wounds, fed the wounded heroes with white bread, and gave them white wine to drink' on the battlefield, similarly to the Kosovka Devojka figure.[120] It is no surprise, then, that the Serbian soldiers tended towards identifying the GNU's women by this moniker – itself a display of the deep gratitude the former must have felt for the latter's service. It is, as Emslie puts it, 'a strange relic of feudalism that

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[117] Ibid., p. 83.
[118] Ibid., p. 83.
[119] Olga Kernić-Peleš cited in Melissa Bokovoy, 'Kosovo Maiden(s)' in *Gender and War in Twentieth-century Eastern Europe*, eds., Nancy Meriwether & Maria Bucur (Indiana: Indiana University Press, 2006), pp. 157-170 (160).
[120] Kernić-Peleš, 'Kosovo Maiden(s)', p. 160.

ensure mothers are placed above wives and children as 'the most loved and honoured woman' in a Serbian man's 'family.'[121] To the men being treated, the 'most appreciative thing they could say to' their female carers was that they 'had been as a maika [sic.] to them and it was very pretty to hear an old white-haired Serbian say of the young English sister in charge of him that she had tended him like a mother, and to hear him call her *sestra maika*.' [122] Far from being offended by the title, the GNU's staff seem to delight in the Serbian soldiers' reference to them as female blood relatives.

As the women became more acquainted with their patients, they felt that there were a number of similarities between the Highlander cultures with which they were familiar and the Serbian one within which they were now working. According to Emslie, finding this common ground granted staff a deeper understanding of their patients' mentality. 'A Highlander herself,' Emslie notes that Dr Mary McNeil in particular, 'seemed thoroughly to understand [the Serbs], and had the greatest sympathy and affection for them.'[123] In return for saving their lives and treating them with kindness and respect, Dr McNeil's patients 'wished […] to serve her for life. […] [T]hey simply,' Emslie claims, 'worshipped her.'[124] On the Macedonian Front, these women, though treated as superiors, are very much on an equal footing with the Serbian soldiers due to their shared experience of exile and their kindred cultures. This equality paired with their patients' gratitude situated the GNU's women in a place free from the essentialist prejudices associated with their medical work on the home-front.

By the middle of December, Salonika was overflowing with exhausted, sick, and dying Serbian refugees, all desperate for the SWH's help. The pressures on the women of the GNU and the, as yet unformed, Corsica Unit were, therefore, immense. As mentioned in the previous section of this chapter, however, far from incapacitating these women, their tribulations seemed only to encourage their diligence and resourcefulness. McIlroy stoically summarises that: 'When one longs for the "front," one must put up with its drawbacks' - and 'put up' they did.[125] With the ailing Serbians requiring humanitarian, as well as medical aid, it became apparent to the women that they would have to be as

[121] Emslie, *With a Woman's Unit*, p. 83.
[122] Ibid., p. 83.
[123] Ibid., p. 95.
[124] Ibid., p. 95.
[125] Louise McIlroy to Miss Mair, 31 January 1916, Tin 42, SWHC, Glasgow City Archives.

flexible in their professional roles as they were with their gender performances and accommodation, too.

Though she would go on later to lead the Corsica Unit in Ajaccio, it is worth noting Blair's observations whilst working to support the GNU in Greece. In a letter to SWH organising secretary Miss Marris from 5th December 1915, Blair claims that she has explained to the CMO of the Serbian Red Cross, Dr Djuric, 'that there was really no demand for work of the kind that our Society does, namely medical relief' in Salonika at present.[126] Though 'we were quite willing to help in any sort of work while we were delayed here,' she explains, 'we could not ask our Society to keep doctors and trained nurses out here to do relief work unless it was of a temporary nature.'[127] This letter implies that Blair was unwilling for her unit to participate in work that did not directly utilise or call for medical knowledge. By the 23rd of December, however, Blair outlines that they did, indeed, participate in humanitarian work with refugees in the mountainous Greek town of Florina, some 150km west of Salonika. In her letter, she describes seeing:

> […] the more pathetic sights of the Serbian Soldiers who had straggled in over the Pass from the region of Lake Ochrida. We saw a number of these sitting or lying by the roadside exhausted, hungry & footsore. Several looked very ill. We bought loaves of bread & distributed them & to those who were too ill to eat we gave hot coffee. We also got them new socks & dressed the frost-bitten feet of one or two men.[128]

Though Blair still dresses and tends to the Serbians' wounds and cases of frostbite, she simultaneously diverges from the typical tasks of a doctor in order to provide the aid that is most required by her charges. Observing the refugees' need for food and fluids, Blair adopts the role of an orderly as she distributes sustenance to the starving, debilitated, and dying.

Professional dexterity was similarly exercised by this doctor whilst still in Salonika. Blair describes finding 'everything in working order' back at the hospital-site, with the addition of a 'tea & bread stall to feed the refugees on arrival' alongside 'a tent […] to

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[126] Mary Blair to Miss Mair & Miss Marris, 5 December 1915, TD1734/13/1/1/d, SWHC, Glasgow City Archives.
[127] Ibid.
[128] Mary Blair to Miss Mair, 23 December 1915, Circulated Letters, TD1734/13/1/14aii, SWHC, Glasgow City Archives.

house them for the night,' whilst 'arrangements' were 'made daily for motor transport to convey the refugees & their baggage […] to an encampment put up for them in the land surrounding the Russian hospital.' [129] With the refugees fast outnumbering the medical staff, the women of the GNU and Corsica Unit seemed to accept that the non-medical needs of the Serbians would nevertheless require them to be provisionally flexible in terms of the kind of work they conducted. This fluctuation was both mirrored and directly caused by the instability and transience of the frontlines upon which they worked.

The GNU's posting in Salonika was challenged daily in the weeks following the retreat by conflicting reports of which side the, until then, neutral Greeks would take in the war. This, in turn, rendered the safety of these women and their Serbian patients questionable. Unlike the unit members who had retreated with the Serbs from the north of the country, however, the GNU's women were able to provide aid to their charges amidst this chaos because of their positioning. Though they shared in the experience of uncertainty and danger, therefore, the Serbians and their female caregivers could form a deep and affectionate bond. 'They did not limit their work only to the hospitals,' wrote one Serbian journalist for the *Velika Srbija* periodical, 'they willingly and devotedly gave help also to the civil population' and 'won quickly with their devoted work and sacrifice the hearts and sympathy of our people.' [130] It is both ironic and apt, then, that in amongst all the confusion and precariousness of the Serbian people's exile, the GNU's women should have found a resolution to their own experience of alienation. According to the Serbians, 'the name of "Sister" ("Sestra") as' these women were 'called and which name was given them by our wounded with so much thankfulness, nobody has had so much right to […] in our country before.'[131] Clearly, the GNU had earned a place of greatest admiration and respect for its medical work amongst the Serbians. It would seem, therefore, that with the loss of the Serbians' land, this unit's women paradoxically discovered a land of their own.

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[129] Ibid.
[130] Anon., 'Noble Friends: Scottish Women's Hospitals for Serbs', *Velika Srbija*, No. 262, 30 December 1916, TD1734/11/1/1/14a-b, SWHC, Glasgow City Archives.
[131] Ibid.

Conclusion:

Though the GNU was not initially intended for the Balkan Front, the similarities between this theatre of war's fluidity, the Serbian people's exile status, and this unit's medical women renders their work in Salonika almost providential. Indeed, the latter valued their time in this region so thoroughly that when there were suggestions that the unit might be withdrawn in June of 1917 due to difficulties arising from the unsuitability of the hospital site, CSO Louise McIlroy referred to it as 'a very great pity' because they 'didn't want to go.'[132] For the GNU, Salonika was a place in which the many sacrifices its women made, from cutting their hair to sleeping rough, were rewarded in the form of an acceptance of and reverence for their work. Though their short hair and trousers rendered them social exiles within the essentialist contexts of their British and commonwealth homelands, therefore, the GNU's women found themselves simultaneously liberated by their practicalities in the Balkans. Such a realisation drove Olive King to write a penitent letter to her father in 1915 without remorse. This 'little girl chauffeur' is well aware that her new look would be criticised in her homeland and leave her ostracised, but she admits that she ultimately prefers her short hair for its practicality. Her suggestion that she might well keep it once the war is over implies that there is a more subversive purpose to King's initial apparent nervousness at revealing the fact of her cropped hair to her father.

Like Emslie's hyperbolic comparison of the unit's shearing to an execution, King's apologies to her patriarch seem deliberately exaggerated. Both women write about the loss of their long locks as though to appease any essentialist readers who might scorn them for this change. This, in turn, implies that their unease stems not from the hair-cutting process itself, but from the negative reactions their transition into fluidity might garner. Whilst their new look would have de-sexed them in the essentialist contexts of their homelands, however, their unconventional physical appearance was barely acknowledged by the Serbians. On the contrary, the people of this small Balkan nation were too preoccupied with their feelings of appreciation for the aid these western women provided to focus upon the latter's ambiguity. 'We are fortunate, in spite of our national misfortune,' wrote GNU patient Branislav Ponlyevitch, 'to be allied to the

[132] Louise McIlroy to Miss May, 13 June 1917, TD1734/9/1/2/20, SWHC, Glasgow City Archives.

British. […] We are most grateful to them and we can never find words to express all our gratitude.'[133] As a result of the Serbs' partiality, the GNU was privileged on this frontline and free to embrace fluidity; its women were liberated from convention. Whilst some members displayed an initial unease with this notion, for others like King it brought with it an overwhelming sense of relief.

Once on the Balkan Front, the GNU was required to embrace an extremely fast-paced and ever-changing way of life. Its fluidity was, therefore, to be of huge benefit. With such rudimentary surroundings and a lack of even the most basic resources, the unit's women frequently needed to be flexible and adaptable in their skills to survive. Similarly, the lack of men within the unit's ranks meant that its female staff often engaged in the most physically trying tasks; a feat that gender essentialism would previously reserve exclusively for men. Despite her diminutive appearance, King was amongst the members who most relished aiding her colleagues when brute strength and force were required. Her small frame did not lessen her robustness, contrary to essentialist beliefs. Meanwhile, the women also boasted a mental dexterity that misogynists would have deemed impossible for the 'hysterical' and 'irrational' female brain. Miss Stoney's inventiveness and resourcefulness on the frontlines meant that she often outperformed her male colleagues, completing the same tasks to a higher quality than them with far less equipment. As a result, male radiographers from other units would often approach her for advice on using and repairing their own equipment.

Whilst frontline difficulties undeniably hampered the GNU's work, it was precisely because of them that the unit was able to utilise its fluidity to maximum effect. This, in turn, allowed the unit's women to demonstrate before their critics that they were as capable as their male colleagues of working under such conditions. That the work of the GNU and other SWH units in the Balkans was to validate the work of the female doctor on the frontlines, too, is suggested by the unit's CSO in a letter to Miss Edith May, organising secretary of the SWH, on the 5th June 1917. McIlroy notes that there are to be 'women doctors out [in the Balkans] now in the Army, and […] they must thank the SWH for' this, 'as they opened up the ground in Malta and here.'[134] Through their hard-

[133] Branislav Ponlyevitch, Personal Histories (Bed Stories) - Salonika: Old Hall, Newnham bed - Branislav Ponlyevitch, c.1917, TD1734/20/5/16, SWHC, Glasgow City Archives.
[134] Louise McIlroy to Miss May, 5 June 1917, TD1734/9/1/2/20, SWHC, Glasgow City Archives.

work in unprecedented conditions, McIlroy suggests that the GNU and the Valjevo Unit highlighted the value of women's work within the medical profession to their British detractors. She then adds that the female physicians of the RAMC should have been firmer in dictating the conditions of their work contracts because 'they would have got the same status as men if they had held out for it.'[135] This notion is undeniably upheld by McIlroy's former colleague Dr Sandeman, whose refusal to work for the RAMC on a salary lower than her male colleagues' secured her an equally-paid position. With their change in policy in this case, the RAMC, very publicly acknowledged that Sandeman's work was worth no less simply because of her sex.

Whilst their fluidity was a necessity on the Balkan Front, as mentioned previously, in the British Empire this same quality alienated the women of the GNU from their homeland societies. It seems ironically apt, therefore, that they should find acceptance whilst treating another kind of exiled people. Unlike the disparaging articles and cartoons printed about medical women within Britain, in the Balkans the women were praised by the Serbian press and people alike for their work.[136] So appreciative were the Serbs that they began to refer to and view their doctors as family members. In calling the female doctors and nurses their *sestre* and *majke*, these patients not only embraced the GNU's women as their own kinswomen but adopted them into their culture. After all, mothers were identified as 'the pillars of Serbian society' and there was no person more respected or adored by Serbian men than their matriarchs.[137]

Despite the instability of their surroundings and the uncertainty that laced the GNU's time in Salonika, therefore, the women nevertheless flourished in these trying conditions - so much so, in fact, that by the end of January 1916, things appeared optimistic for even the most pessimistic members of the unit. In a diary entry from Monday 24th January 1916, orderly Seymour contents herself with the fact that 'the past week has been without any outstanding incident. Life here has been quiet. My ward is becoming easier & I am very fond of some of the men.'[138] Where only a week prior this

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[135] Ibid.
[136] Jovan Jovanovic Pižon, 'Scottish Women and the Serbian Wounded', 3rd Serbian Unit Press cutting (undated, c. 1917), TD1734/13/13, SWHC, Glasgow City Archives.
[137] Biljana Šljivić-Šimšić, 'The Beginnings of the Feminist Movement in Nineteenth Century Serbia', *Serbian Studies*, 3, No. 1 (1984) pp. 35-52 (44).
[138] Seymour, *Private Papers*, S Documents.7165, 97/34/1, IWM.

upper-class woman lamented about participating in the 'terrible business' of 'scrubbing the floor[s]' of the make-shift operating theatre (because it would be dirty again before she had finished cleaning it), by the following Monday, Seymour seems to be beginning to enjoy her time on the frontlines. She has, in her words, 'made up my mind not to worry about' the floor-scrubbing 'any longer' because 'all the conditions & situations are so unlike home hospitals that it is foolish to cling to [sic.] much to a standard.'[139] In embracing the uncertainty of the GNU's situation, Seymour finally seems to obtain peace with her own fluidity. On the Balkan Front, as Seymour notes, the standards are different to those at home. It is thus that she and the other women of the GNU can focus on their work without being exposed to the judgement and prejudices they would ordinarily have faced. Virginia Woolf argued in her essay *A Room of One's Own* that 'great poets […] need only the opportunity to walk among us in the flesh.'[140] For the GNU's doctors, surgeons, scientists and drivers, the Great War was *the* opportunity they needed to live out their professional aspirations. It was thus that, in the Balkans, these exiled women were accepted by the exiled Serbian people and truly came into their own.

[139] Ibid.
[140] Woolf, *A Room of One's Own*, p. 94-5.

Chapter Four: The Final Years

The experiences of The London Unit working for the Serbian Army in Exile and of the American Unit in supporting the Serbian Army to Victory (1916-1918).

Fig. 4.1 *Kossovo Day* (1916), Art.IWM PST10933, Imperial War Museum, London.

The previous chapter shows that despite Serbia's occupation, the SWH continued to work for the Serbian Army in Corsica and Salonika throughout 1916. For a repatriated Dr Inglis, however, this was not enough to satiate her desperate desire to return to working for her Serbian patients. According to Inglis' biographer, Lady Frances Balfour, 'as soon as Inglis brought her units back from Serbia, she again urged the War Office to send her out.'[1] As before, however, the British authorities paid little heed to her pleas. 'She was not only refused,' writes Millicent Garrett Fawcett, 'but refused with contumely and insult.'[2] Ever-determined, however, Inglis did not allow this rejection to deter her. She concluded that if she could not get out to the frontlines

[1] Lady Frances Balfour, *Dr Elsie Inglis* (London: Hodder & Stoughton, 1919), p. 193.
[2] Millicent Garrett Fawcett cited in Lady Frances Balfour, *Dr Elsie* Inglis, p. 192.

via official British channels, then she would do so independently once again. It was thus that she organised Britain's first Kossovo [sic.] Day on the 28th June 1916 to raise funds for a new field-hospital unit.[3] The event was designed to draw the by now war-weary British public's sympathies (and money) back to Serbia by acquainting them with this seemingly 'distant' land's culture and history. With its success, Inglis and the London Committee were able to form the London Unit, named in the latter's honour. When the Serbian Minister in London, M. Boskovitch, requested support for the Serbian Army's Second Division in Russia in July 1916, therefore, the SWH were again able to respond swiftly to his country's pleas.

The formation of the new London Unit was to be, according to Balfour, 'the last and most arduous of all the undertakings of the SWH'.[4] As usual, however, Inglis made it appear like light work, much to the admiration of Milan Ćurčin, an officer in the medical corps of the Royal Serbian Army and close ally of the SWH. Within 'six weeks,' he notes, 'Inglis succeeded in raising a hospital unit and transport section staffed by eighty women heroes […] to start with her on a most adventurous undertaking, via Archangel, through Russia to Odessa and the Dobrudja.'[5] The unit, formed largely of first-time SWH recruits, arrived in Odessa at the end of September, according to Ćurčin, where they 'descended, practically straight from the railway carriages, after forty days' travelling, beside the stretchers with wounded, and helped to dress the wounds of those who had had to defend the centre and also a wing of the retreating army.'[6] Considering that war-work was a novelty for the majority of these women, their quick adjustment to frontline life was particularly fortunate, as barely a month later the Serbian Army in Romania requested their services, too. To meet the demand for their work, it was decided that the London Unit should split into two 'A' and 'B' units. Inglis' 'A' unit would work in Medegdia, whilst the 'B' unit, with Dr Lilian Chesney at the helm, would start a field hospital at Bul-Bul-Mic (present-day Coicarlia, Constanta, Romania). It was thus that by the end of 1917, the SWH once again had four units working on the frontlines for the Serbian Army.

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[3] The 28th June is an extremely symbolic date in the Serbian calendar. Religiously, the day marks the feast of St. Vitus. Historically, it commemorates the Serbian battle against the invading Ottoman Turkish army at the Battle of Kosovo in 1389. The Serbian's defeat resulted in Serbia's occupation under the Ottoman Empire until 1817.
[4] Balfour, *Dr Elsie Inglis*, p. 193.
[5] Milan Ćurčin cited in Balfour, *Dr Elsie Inglis*, p. 194.
[6] Ibid., p. 194.

Whilst new recruits were a testament to the continued eagerness of women to join the war-effort, the American Unit proved just how much war-work meant to those who had previously served in Serbia, too. Unlike the London Unit, the vast majority of members in the American Unit had served with the SWH in the Balkans prior to the Great Serbian Retreat and were eager to be 'of use' there once again. Named after their American patrons, the American Unit was the only SWH unit to have solely non-British funders. Even more unusually, their benefactors were not yet involved in the Great War conflict themselves at the time of its formation. The task of rousing the American public's sympathies belonged to Kathleen Burke, 'a young woman working in the London office of the SWH,' who had travelled to the United States to raise funds.[7] After giving lectures about the SWH's work in cities across the States, Burke managed to raise $15,000 (equivalent to £287,956.28 in 2020) by March 1916 and she was certain that she would be able to raise more still if she remained.[8] In addition to financial support, Burke reported back to the committee that her presence had acquainted the people of America with both the Serbian cause and the work of the SWH. 'Every man, woman and child seems to know of them now,' she writes, and 'this pleases me as much as the money.'[9] The American Unit were off to a steady start, therefore, when 60 members headed by Dr Agnes Bennett arrived in Salonika in August 1916.

From Salonika the American Unit were swiftly transferred to a hospital site in Ostrovo where they engaged in work so close to the firing lines that they 'had been within sight of the battle which raged before the heights of Kaimakchalan.'[10] This was to be but the start of a tradition of their work in the thick of things, and they quickly became the 'first and foremost hospital' of the Serbian Army on the advance back into Serbia.[11] Alongside dealing with the many difficulties and injuries of battle, their return to Serbia and setting-up of a hospital in Vranje saw them facing challenges such as the novel 'Spanish' influenza and another typhus outbreak in a country devastated by occupation.

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[7] Leah Leneman, *In the Service of Life: The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: Mercat Press, 1994), p. 47.
[8] Leneman, *In the Service of Life*, p. 58.
[9] Ibid., p. 58.
[10] Isabel Emslie Hutton, *With A Woman's Unit in Serbia, Salonika and Sebastopol* (London: Williams and Norgate Ltd., 1928), p. 134.
[11] Emslie, *With a Woman's Unit*, p. 134.

The work of this unit from the autumn of 1918 until the Spring of 1919 was, therefore, in many ways reminiscent of the work conducted by the First Serbian Unit (FSU) under Dr Inglis' charge in Kragujevac. For the American unit, however, an added difficulty was precipitated by their patients' rapidly declining mental health and morale following their return to their desecrated homeland.

Having traced the SWH's work for the Serbian Army during the Great Serbian Retreat in the previous two chapters, this final chapter will begin with a deeper exploration of work for the Serbian Army in exile. As there were discontinuities in this work, the chapter will span the final three years of the war and be slightly longer in length than previous ones. Looking in particular at the work of Inglis' London Unit, the exploration will begin with an examination of the attitudes of various members as they set out to work on the frontlines for the first time. I will argue that, though these women found freedom from societal restraints by entering a frontline field hospital, their place in these medical units required stringent discipline. It was thus, I will suggest, that these women engaged in ideological compromises as they made their way to the Eastern Front. At the same time, with no previous experience of war, many new members expressed very romantic ideas about the endeavour in their writing; an exercise, I argue, that was at least in part deliberate. These highly optimistic accounts, I suggest, served both a cathartic and performative purpose, as new unit members came to terms with the realities of war.

Exhilaration was not a necessarily new emotion for members of the SWH. Many members from previously deployed units undoubtedly shared the London Unit's feelings of anticipation when first embarking upon their frontline journeys in 1915.[12] Indeed, Kragujevac Unit cook, Margaret Kerr, was amongst those who noted before embarking on her wartime journey in 1915 that, at night 'the thought of Serbia terrified me; in the daytime it fascinated me.'[13] What makes the London Unit's case particularly unique, however, is its members' apparent lack of fear throughout their early accounts

[12] Due to the COVID-19 pandemic (during which this chapter was written), access to archives was prohibited and I was unable to examine fully the extent to which the London Unit's excitement compared to members from other units. I have, therefore, only been able to draw comparisons from my existing corpus.
[13] M. H. Munro Kerr, *Scottish Women's Hospitals Work in Serbia: Diary of M. H. Munro Kerr* (Glasgow: Alex MacDougall, 1917), p. 5.

of entering the conflict. This is even more notable given that they entered the war at a later stage and should, therefore, have had a greater awareness of its horrors. Their lack of acknowledgement for these, I suggest, is intentional; foregone to emphasise the thrill of breaking societal norms and exchanging their homefront existence for wartime adventures. The result of this was that at many points in the early days of their journey, the London Unit's women completely disregarded the extent and severity of the dangers surrounding and approaching them. Idealisation of war permeated their perceptions of their novel Russian surroundings, too. This, I argue, led to fantastical descriptions of their location that, by the women's own admissions, did not match up to their subsequent experiences of this country.

The second section will then move on to contrast the London Unit's initial excitement with their lived realities of war. Amidst the everyday perils of frontline life, the unit experienced tribulations including two retreats, the Russian Revolution, and the illness and death of their organisation's founder. These were all setbacks, I argue, that the women felt keenly, though they masked their emotions behind stoically-toned writing for two distinct performative functions. The primary goal of their sangfroid accounts was to disprove their detractors' beliefs that the women of this unit would be too disturbed by the horrors of conflict to cope with them. Their secondary motivation paradoxically highlighted just how immersed the women were in these same harrowing scenes; they were not just passive witnesses to the blood and gore, but actively working amongst it. By making the best of every situation, these women were finally able to gain a very public recognition for their work from the British establishment. This official acknowledgement, I suggest, was extremely significant, if bittersweet for unit members, due to Inglis' passing.

This chapter will close with a focus on the final months of the war and the work of the American Unit for the victorious Serbians after re-entering their formally occupied country. Unlike the London Unit, the vast majority of members in the American Unit had served in Serbia prior to the Retreat, so knew what they might expect from the frontlines. It was this knowledge, I argue, that was instrumental in helping them make radical improvements to their assigned hospital site in Vranje so swiftly. With the end of the war in sight, this unit's women were more focused on the SWH's legacy in Serbia than any previous units. This, I suggest, led them to adopt a benevolently

imperialistic tone with their charges as they concentrated their efforts on teaching the native people how to run their hospitals beyond wartime. In many ways, the American Unit picked up work where the FSU left off prior to retreat from Kragujevac. It was thus, I conclude, that the SWH were aptly able to come ‘full-circle’ as an organisation, with American Unit CMO Dr Isabel Emslie completing the work that Inglis began.

The Return of 'the Boy-Scouts'[14]:

'For many women,' Angela K. Smith argues, the Great War 'represented a chance to escape from the restricted lives of the Edwardian world […] [a]nd just as the notion of victory on the foreign battlefield held glamour and excitement for so many young men, so the ideas of a high romanticism, a glory of war, proved equally attractive to their sisters.'[15] This was as true for the SWH members who first broached the frontlines in early 1915 as it was for the newest members of the London Unit in the autumn of 1916. Though the fighting had been going on for two years by this point, opportunities for women to enter the conflict zones continued to be limited. Any chance a woman could get to go to the frontlines was, therefore, as novel and thrilling at this latter stage of the war as when the violence first broke out. As a result, the London Unit's call for members was happily – and perhaps unsurprisingly - not short of potential new recruits. For the chosen few, their excitement at finding themselves on a journey into the unknown 'entirely [amongst] strangers' for the very first time was immense.[16] Anticipation of wartime adventures ran high amongst fledgling unit members, whose optimism and exhilaration was tangible in their private writings, too.

The conventional path for an upper or upper-middle class turn-of-the-century woman would have seen her transitioning from daughter to wife with little chance for personal or intellectual growth in between. 'It was a strange time,' wrote Anglo-Irish novelist and suffragist, Charlotte Despard, 'unsatisfactory, full of ungratified aspirations. I longed ardently to be of some use in the world, but as we were girls with a little money and born into a particular social position, it was not thought necessary that we should do anything but amuse ourselves until the time and the opportunity of marriage came along.'[17] For the women of the London Unit, joining the SWH offered them precisely *the* opportunity to gratify their own dissident aspirations of going to war even at a late stage in the conflict. Their break from propriety undoubtedly only added to the thrill of

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[14] Katherine Hodges in Leah Leneman, *In the Service of Life,* p. 75.
[15] A. K. Smith, *British Women of the Eastern Front: War, Writing and Experience in Serbia and Russia 1914-1920* (Manchester: Manchester University Press, 2014), p. 32.
[16] Audrey Fawcett Cahill, *Between the Lines: Letters and Diaries from Dr Inglis' Russian Unit* (Edinburgh: The Pentland Press Ltd., 1999) p. 13.
[17] Charlotte Despard, 'In the Days of my Youth' (unpublished memoir) cited in Andro Linklater, *An Unhusbanded Life: Charlotte Despard: Suffragette, Socialist, and Sinn Feiner* (London: Hutchinson, 1980), p. 28.

requiting these wishes and, in many ways, made their journeys to the frontlines as adventurous a pursuit as war itself. By joining a medical unit, however, the women were still required to obey orders and maintain strict levels of discipline with rollcalls, cabin inspections, and military drills becoming standard everyday practices onboard ship. X-ray operator, Elinor Rendel, notes that because 'so many of the women here have belonged to semi-military organisations […], in which they do a lot of saluting, […] the military spirit has crept in – much to the annoyance of the sisters, who have already begun to rebel.'[18] The freedom that the London Unit acquires by going to the frontlines, therefore, appears to come at the cost of its members' involvement in ideological compromises. They left behind societal restrictions on their conduct, only to exchange them for the rigid discipline required to be a part of a frontline medical unit. This, however, is ameliorated by an exhilarated Rendel in her diary, for whom these exercises in compliance become little more than 'a game to pass the time and make us forget submarines.'[19]

Throughout their journey to and time on the Front, the London Unit enthusiastically documented their experiences. It was thus that they often portrayed the act of 'going to war' as exciting an endeavour as participating in the conflict itself. This enthusiasm is in stark contrast to the sentiments shared by Dr Isabel Emslie in her post-war memoir. According to Emslie, upon commencing her journey with the SWH in 1915, she spent 'the first few weeks abroad […] steadily [resisting] keeping a diary,' whilst she had 'remained at the thinking stage' of writing her memoir 'for months' because 'I had nothing very interesting to tell.'[20] Indeed, Emslie claims that she 'had always felt that people who kept diaries never had time to give themselves to the day they were living, as they were so fully occupied recording the day that was past, and had consequently little of interest to note'.[21] Even when she eventually 'succumbed' (allegedly against her will) to writing 'a few scrappy notes, sometimes merely a word or two' each day,

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[18] Elinor Rendel in Audrey Fawcett Cahill, *Between the Lines: Letters and Diaries from Dr Inglis' Russian Unit* (Edinburgh: The Pentland Press Ltd., 1999) p. 21.
All future references made from this text will be cited with the name of the unit member followed by 'in *Between the Lines*' and a page number for reference.
[19] Rendel in *Between the Lines*, p. 21.
[20] Isabel Emslie Hutton, *With a Woman's Unit in Serbia, Salonika & Sebastapol* (London: Williams and Norgate, 1928), p. 14.
[21] Emslie, *With a Woman's Unit*, p. 14.

Emslie asserts that ‘to the end’ she 'found it a task and never took to it kindly.’[22] Many members of the London Unit were of the opposite sensibility, keeping extensive diaries that went into fine detail about their early war-time activities, as though to capture every part of them on paper. Orderly Lilias Mary Grant was amongst those who reflected in her diary on the awe she and unit chauffeur, Elsie Edith Bowerman, experienced as they observed the open sea and night sky on route to Romania. ‘Bowerman and I sat up on deck till 10.45,’ she notes, ‘and it was very fascinating watching the huge waves dashing up on all sides, and the stars coming out like so many ships [sic.] lights in the distance.’[23] Grant’s view of the sea is strongly idealised, seeming to pay no regard to the hidden threats to her safety in the form of submarines, mines, enemy ships, and icebergs. Indeed, even the ‘huge waves’ are a point of extreme interest and not perceived to be a danger at all as she turns her attention to the more romantic endeavour of stargazing. By busying herself with surveying the infiniteness of the heavens, Grant simultaneously overlooks any fears she might (or, indeed, should) have about entering the unknown of conflict for the first time.

A voluntarily blissful ignorance and downplaying of war, which was so common in the London Unit’s early accounts, served a two-fold purpose for its women. ‘The personal writings of nurses who were posted to hospitals far from their homes,’ as Christine Hallett argues, ‘resonate[d] with a sense of adventure and a feeling of excitement’ because ‘becoming a nurse meant that a woman could make adventures of her own.[24] Many were compelled, therefore, to document this once in a lifetime experience. As these adventures could only take place if these women agreed to abide by the rules of their new frontline hospital units, however, their documentation began to serve a secondary purpose. Only on the blank pages of their private journals could the London Unit’s members truly escape from all external sanctions placed upon their conduct and focus solely on crafting their wartime narratives. The war was, as orderly Yvonne Fitzroy noted in a diary entry, ‘exciting’ because she was ‘thoroughly and completely alone for the first time in [her] life,’ but not in the sense of being lonely; ‘[o]ne is not

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[22] Ibid., p. 14.
[23] Lilias Mary Grant, *‘Uncensored Diary’ of Lilias Mary Grant: Dr Inglis’ Serbian-Russian Unit in Rumania and Russia (August 1916 - April 1917)*, MS.8449/1, Wellcome Collection, The Wellcome Library.
[24] Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester and New York: Manchester University Press, 2009), pp. 148-149.

that – yet.'[25] Rather, she was 'alone in the sense of belonging thoroughly to oneself' for the very first time.[26] By serving with the SWH, these women at last had the chance to do more than just 'listen to the stories and admire the exploits of their brothers in the army or on foreign Imperial service'.[27] Indeed, they could now create their own war stories and this, as Fitzroy implied, was extremely liberating.

The desire to construct their own narratives often led to London Unit members animatedly disregarding their inexperience of warfare. They were only further distracted from the harsh realities of war by their excitement for their release from essentialist society's shackles. It was thus that before her departure, Bowerman made the flippant remark that going to the Front 'is what I've been dying to do ever since the war started.'[28] Her desperation to enter the action, as emphasised by her claim to her mother that she was 'dying' to get out into the conflict, becomes understandable when her political inclinations are considered. A passionate suffragette, Bowerman frequently organised talks for the WSPU prior to the Great War. This conflict was a wonderful opportunity, then, for her to demonstrate through 'deeds, not words' why women deserved electoral and social equality. Her linguistic choice to describe the strength of her desire, however, is both unwittingly naive and insensitive to the life-threatening realities of war. With her glib use of the adjective 'dying', Bowerman displays not only a tragic obliviousness, but disregard for the mortal dangers of war. This opportunity, she concludes, is 'too thrilling for words', and it is this thrill that ultimately preoccupies her mind.[29]

After being invited by 'Mrs Haverfield […] to go out to Serbia at the beginning of August to drive a car', Bowerman informs her mother, Edith Chibnall, she has been offered 'a chance to go to the front.'[30] That this is an opportunity she is reluctant to turn down is clear in her subsequent pleas for her mother to allow her to go. Bowerman's appeals to her guardian of 'May I go?' echo Olive Kelso King's letter to her father.[31]

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[25] Yvonne Fitzroy, *With the Scottish Nurses* (London: John Murray, 1918), p. 2.
[26] Ibid., p. 2.
[27] Hallett, *Containing Trauma*, pp. 148-9.
[28] Elsie Edith Bowerman to Mrs. Chibnall, 5 July 1916, Elsie Bowerman Letters 1916, 7ELB/B/4, The Women's Library, LSE.
[29] Ibid.
[30] Ibid.
[31] Ibid.

Like King, Bowerman seemingly seeks parental permission to avail herself of life in a frontline medical organisation, only to further make a case in favour of this pursuit. 'They want drivers so badly,' she informs Mrs Chibnall, before entreating her to 'say yes.' With this assertion, Bowerman seems to coerce her mother into acquiescence. If Mrs Chibnall should refuse her daughter, she not only deprives Bowerman of a unique wartime experience, but the SWH of the drivers they so desperately need. At the age of just 27, Bowerman had already had her fair share of perilous life experiences with both herself and her mother surviving the 1912 sinking of the Titanic from Lifeboat 6. Having had such an intense near-death-experience, it would be entirely understandable for Mrs Chibnall to have reservations about allowing her only child to go to war now, too. An ardent suffragette, just like her daughter, however, Mrs Chibnall gave Bowerman her blessing within two days of receiving the latter's letter, much to her daughter's delight.

'It is good of you,' writes a grateful Bowerman, 'always to be so splendidly unselfish about letting me try my hand at the things I want to do.'[32] In a continuation of her earlier carefree tone, Bowerman once again reduces her participation in the war to 'trying her hand'; a phrase that emphasises an almost unnervingly relaxed approach. This notion is only further supported by her admission that, though she has accepted the position of driver, she 'should have to spend the week after the procession learning to drive.'[33] Clearly a dilettante when it came to participating in controversial and dangerous escapades, Bowerman was undoubtedly afforded this privilege by her family's wealth and high social status. It did not matter that she had accepted the position of a driver without knowing how to drive; she could afford to learn within a week. A further privilege was to be afforded to her on the frontlines, too, as a result of her previous survivor status. Often viewed by her colleagues as a talisman, Bowerman's presence within the unit was repeatedly utilised by its other members to justify and embolden their own participation in the war. That Bowerman was alive and amongst them after her last ordeal at sea was, as Fitzroy wrote, 'proof against all lesser disasters.'[34]

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[32] Elsie Edith Bowerman to Mrs. Chibnall, 7 July 1916, Elsie Bowerman Letters 1916, 7ELB/B/4, The Women's Library, LSE.
[33] Elsie Edith Bowerman to Mrs. Chibnall, 5 July 1916.
[34] Fitzroy, *With the Scottish Nurses*, p. 7.

The widespread sense of euphoria gripping the London Unit was only heightened by their bearing witness to stormy seas, submarines, and the Northern Lights. A feverish anticipation permeated the women's letters and diaries, too, as they repeatedly overlooked fear and discomfort to optimistically emphasise the better aspects of their situation. Though the unit spent the first two days of their voyage struggling with seasickness, therefore, 24-year-old Mess Orderly, Margaret Fawcett, prioritises descriptions of how 'splendid' the weather was.[35] 'It was a lovely morning,' she notes, 'although the wind was getting rough, and the scenery was perfect.'[36] The source of the unit's difficulties in adjusting to life at sea – unpleasantly high winds – is sandwiched between otherwise idyllic scenes, thus shifting the reader's focus to the surrounding beauty. Fawcett's sanguine depictions of life with the London Unit only continue as she notes members' disappointment at not seeing a German submarine, which had been sighted by crew 'early in the morning [and] before any of us were up, so we missed the thrill.'[37] Her regret is echoed by Bowerman, who thought it 'was rather a swiz' that they failed to see the submarine – suspected to be the *Deutschland*.[38]

Bowerman's use of typically Edwardian schoolboy language to describe her disappointment reveals not only her disregard, but an almost-childlike lack of understanding for the threat this vessel poses to her unit. At the same time, this linguistic choice reveals the extent to which the war has suffused her rhetoric. 'Gender-blind' commemorations of war are addressed by Joanna Bourke in her text *Deep Violence: Military Violence, War Play, and the Social Life of Weapons* (2015). 'Women', as Bourke argues, cannot be 'let […] off the hook' as far as military history is concerned because 'militarist values and practices co-opt women as well as men, permeating our language, [and] invading our dream-space […].'[39] In her desire to appear as immersed in the experience of war as the men on the frontlines, Bowerman co-opts the male-centric linguistic code she was most-familiar with from the home-front: the Scouts. Meanwhile, she notes that the women experience a 'thrill' from the

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[35] Margaret Fawcett, *The First World War Papers of Margaret Fawcett: Letters and Diaries from Russia and Roumania, 1916*-1917 (Pietermaritzburg: Wylie Desktop Publishing, 1993), p. 28.
[36] Ibid., p. 28.
[37] Margaret Fawcett in Audrey Fawcett Cahill, *Between the Lines*, p. 18.
[38] Elsie Edith Bowerman in *Between the Lines*, p. 18.
[39] Joanna Bourke, *Deep Violence: Military Violence, War Play, and the Social Life of Weapons* (Berkeley: Counterpoint, 2015).

encounter instead of fear. Once again, therefore, the unit seem to be alarmingly nonchalant as they reduce even great vessels of war to just another spectacle to be marvelled at on their adventure.

Idealisation of the London Unit's campaign of a lifetime only increased further once they put on their uniforms. As emblems of their new wartime roles, the kits were intended to mentally prepare members to work as a cohesive team 'by literally stripping the new recruit,' as Marianne Hulsbosch argues, 'of their regular clothes' to begin a process of 'denunciation of the self.'[40] This dissociation from one's home-front identity is extremely important in military contexts for two reasons:

1) For the unit as a whole, the wearing of a uniform ensures a lack of individualism that fosters *esprit de corps* and morale amongst all members.

2) For the individual within a unit, it encourages them to think and act in a manner that is appropriate within a conflict setting.

Even this physical transformation, however, was subject to mystification by enthusiastic unit members, who were preoccupied by their new clothing's similarity to male soldiers' uniforms. 'One feels less oneself in this grey kit,' wrote Fitzroy retrospectively in her memoir, 'and one's belongings have a super-military air which discourages the civilian emotions!'[41] On the surface, Fitzroy seems to admit to feeling different now that she is dressed in her greys. Her use of the verb 'discourages' in relation to her emotions, however, implies that this adjustment is not as concrete as it could be. 'In order to represent their own dislocations by the machinery of war, both physical and aesthetic,' Margaret R. Higgonet argues, 'women had to sidestep the familiar lines about battle' when writing their experiences.[42] It is thus that an interesting paradox emerges in Fitzroy's words, too. Whilst she might well have desired to go to war and experience frontline life, her detachment from 'civilian emotions' seems to be based solely on the donning of her 'grey kit.' There exists, therefore, a removable superficiality to her new militarised identity; a disjunct between Fitzroy 'the Civvy' and

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[40] Marianne Hulsbosch, *Pointy Shoes and Pith Helmets: Dress and Identity Construction in Ambon from 1850-1942* (Leiden: Hotei Publishing, 2014), p. 90.
[41] Fitzroy, *With the Scottish Nurses*, p. 1.
[42] Margaret R. Higonnet, *Lines of Fire: Women Writers of World War I* (Middlesex: Plume, 1999), p. xxxiii.

Fitzroy 'the war orderly' that is only further upheld by her reference to her 'belongings' obtaining a 'super-military air'.[43]

Though her possessions become soldierly following her change of dress, Fitzroy herself does not seem to undergo a complete transformation. This is evident in her concealment of her 'fur-lined British warm – […] against all Rules and Regulations' within her luggage.[44] The item stands out amongst the generic 'kit-bag, […] haversack and a rug' that she and all other recruits brought along with them because it is personal to her.[45] With her possession of it, Fitzroy not only actively contravenes the SWH's attempts to detach her completely from her home-front self but underscores her individuality. Meanwhile, this feminine accoutrement's apparent immunity from the militarising air transforming the rest of her possessions serves to remind home-front readers that, though she is at war, Fitzroy remains fundamentally female. This, in turn, subversively emphasises that any of her subsequent frontline achievements are the work of a woman, too.[46]

Stepping out for the first time in 'Greys' was undeniably a pivotal and exciting moment for the whole unit. It was a very visible signifier to all who saw them that these women were headed for the frontlines. At the same time, it confirmed to each individual unit member that her wartime adventure was about to begin. For Fitzroy, her 'water-bottle' particularly brings home to her that she is really about to enter the conflict because of its similarities to the water-flasks used by soldiers. Branding her flask 'a real service one,' she claims that it simply 'seems to cry out for the battlefield.'[47] Fitzroy's personification of this canister serves a two-fold purpose. The first affirms to the readers of her memoir that, like the bottles and the men who normally used them, she too was about to engage in 'real' wartime 'service'. This was only further emphasised by the similarity between the SWH's uniforms and those of British male soldiers (See **Fig. 4.2 & 4.3**) Meanwhile, Fitzroy's observation that the flask seems to be crying out 'for the battlefield' mirrors her own anticipation and yearning for the same. In

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[43] Fitzroy, *With the Scottish Nurses*, p.1.
[44] Ibid., p. 1.
[45] Ibid., p. 1.
[46] This parallels the effect of the implied female caregivers in Helen Douglas-Irvine's poem, published in Louise E. Fraser's diary. Please refer to the first chapter of this thesis for a closer analysis of this text.
[47]Fitzroy, *With the Scottish Nurses*, p. 1

conflating the water-bottle with her emotions in this way, Fitzroy once again highlights to readers that she is participating in the conflict alongside men, thus actively narrowing the gulf of wartime experience (and responsibility) between them. 'Together with those lovely Red Cross labels "Russia,"' these water bottles, she states, 'make the world enormous and all adventures possible.'[48] Though she admits this leaves her with 'a dangerous rocky kind of feeling', she ultimately turns her unease into excitement, concluding that this sensation is 'stimulating, even now I wouldn't be missing it.'[49]

Fig 4.3 (Below) *Dr Elsie Inglis on Retreat London Units of the SWH in Rumania* (1917), TWL/2002/666, The Women's Library, LSE, London.

Fig 4.2 (Above) *Winston Churchill as 1st Colonel, commanding the Royal Scots Fusiliers, standing with Sinclair at Armentieres* (11 February 1916), Hulton Archive.

[48] Ibid., p. 1
[49] Ibid., p. 1.

In addition to their uniforms, much like the GNU in the previous chapter, many of the London Unit's members began to sport new masculine haircuts as they made their way to the frontlines. The transport members in particular 'got a craze for cutting their hair off on board ship'.[50] Unlike the GNU, who allegedly cropped their hair upon arrival in Salonika to treat typhus-stricken patients, the London Unit's metamorphosis took place during their literal state of transition from the home-front to the frontlines. Their physical adjustments, then, correlated with their shift from one lifestyle to another. Reactions to the unit's new, short-haired, 'masculine' look were mixed. Some members, such as the unit's cook, Mary Milne, initially lamented the loss of her hair. Calling herself and the other women 'jolly plain', she notes feeling 'miserable about it to begin with', but is nevertheless aware that 'a seven days' journey in a dirty Russian train is not a thing to look forward to with long hair.'[51] Not all members were quite so upset, however, and like King of the GNU, Katherine Hodges notes that though her mother 'nearly had a fit' at the sight of her new style, this ambulance driver was personally very glad to be free of such 'frightful hair […] very good riddance to bad rubbish.'[52]

All these extreme changes led the women to feel more removed from their home-front selves and this only fed into their fantasies of warfare further. With little real-world experience of conflict, however, they nevertheless drew comparisons of their endeavour from familiar childhood escapades of survival and character building. This idea was only fuelled further by the comments of locals once they arrived in Odessa. People 'stop and ask us if we're boy-scouts!' reported Hodges.[53] Originating at the Siege of Mafeking during the Second Boer War, the Boy Scouts were a cadet of boys aged 12-15 who were called upon to aid in the war-effort as messengers and orderlies. According to its founder, Robert Baden-Powell, Scouts 'give up everything, their personal comforts and desires, in order to get their work done.'[54] With their 'sacrificing' of their hair and other luxuries to work on the frontlines together, the London Unit certainly seemed to emulate these boyish cadets. Unlike the Scouts,

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[50] Violet Inglis to Etta, 14 November 1915, in private hands, cited from Leah Leneman, *In the Service of Life*, p. 236.
[51] Mary Milne in *Between the Lines*, p. 22.
[52] Katherine Hodges, *The Memoirs of Katherine North (née Hodges)*, LRA/MS 670.1, Leeds Russian Archives, University of Leeds.
[53] Ibid.
[54] Robert Baden-Powell, *Scouting for Boys* (London: H. Cox 1908), p.n.

however, this unit's women had not been called upon by their own military authorities for help. On the contrary, the SWH were yet to be officially recognised by the British establishment as a legitimate wartime organisation. Meanwhile, its female members were considered dissident. By cutting their hair off communally, these women were united in subverting essentialist femininity – a notion certainly not supported by their home-front authorities. This, in turn, drew them closer together even though they remained relative strangers. Their collectively exhilarated 'frame of mind,' Hodges notes, amazed her in retrospect.[55] 'It really amounted to an intense excitement, the feeling of "we're going to the war, isn't it marvellous? […]"', whilst the majority of 'us hadn't the faintest conception of what "war" actually meant.'[56]

Fig. 4.4 'Drivers at Dobrudja' in Leah Leneman, *In the Service of Life: The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: Mercat Press, 1994), p. 79.

The unit's limited understanding of conflict was paralleled by a sparse knowledge of Russia, with their conceptions of this country being based solely on occidental stereotypes. 'The divorce between the idea of Europe as alien from Russia and the

[55] Hodges, *Memoirs*, LRA/MS 670.1.
[56] Ibid.

reality of diplomatic engagement with Europe,' Angela Stent argues, 'persisted until the outbreak of World War I.'[57] Whilst Britain and Russia were Allies, the European view of 'Russia as a backward, almost barbaric society' remained ingrained within Western consciousness.[58] For the London Unit's women journeying to this wild Eastern land for the first time, Russia seemed like a fairy-tale kingdom: enthralling and terrifying in equal parts. This only added to their enthusiasm, a feeling that reached a fever-pitch once the unit arrived and they began to romanticise the landscape around them. In a diary entry from the 28th September 1916, Grant recounts the unit's experiences as they reached a small, unnamed village: 'the village was very quaint and had one been able to sketch there were many picturesque groups in their gay handkerchiefs and shawls that would have made lovely little pictures.'[59] Her desire to capture an image of ordinary Russian villagers because of the novelty of their appearance highlights the extent of Grant's nescience as she perceives extreme differences between herself and them. Meanwhile, there is an imperialist undertone to these people being the source of her amusement, only further implied in her unintentionally patronising reduction of them to 'lovely little pictures'.

Upon arrival in Archangel, Fitzroy is similarly captivated by the autumnal scenes and wooden houses of this Russian province. 'From the river,' she writes in her diary, 'the town looks just like a picture-book, with its towers of blue and gold, red and gold, and green and gold.'[60] The place is ethereal in its unfamiliarity. Meanwhile, 'the crowds here are the most fascinating thing,' she has 'ever beheld, and the nights the most beautiful.'[61] Everything is described in the superlative leaving the reader questioning if the scenes are truly as spellbinding as she claims, or if her judgement has been skewed by her delight at finally being in this foreign land so close to the frontlines. The former is something that Fitzroy herself seems to admit in an entry two days later. Acknowledging that she 'didn't quite know what we expected' of Russia, she now states that whatever it was didn't quite match up to the reality. Where the women had envisioned 'wolves […] and deep dark pine forests, with a Nihilist thrown in here and

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[57] Angela Stent, 'Reluctant Europeans: Three Centuries of Russian Ambivalence Toward the West' in *Russian Foreign Policy in the Twenty-First Century and the Shadow of the Past*, ed., Robert Legvold (New York: Columbia University Press, 2007), pp. 393-442 (p. 403).
[58] Stent, 'Reluctant Europeans', p. 403.
[59] Lilias Mary Grant, *Uncensored Diary*, p. 19.
[60] Yvonne Fitzroy, *With the Scottish Nurses*, p. 9.
[61] Ibid., p. 11.

there as local colour, […] [w]hat we got was an attractive but unvarying country of birch and pine-wood.'[62]

The fairy-tale place Fitzroy had envisioned and transposed onto the scenery on the first night of the unit's arrival is toned down in her subsequent entries as she becomes more familiar with the landscape around her. Though it remains an 'attractive' place, she simultaneously notes that Russia is an 'unvarying country of birch and pine-wood', reducing the previous magic of its 'deep dark pine forests' to mundanity. The land is 'unvarying' and in turn, therefore, uninteresting to her overactive British imagination. She had expected something wilder and more fantastical, as though from the pages of one of Constance Garnett's translations of Russian Nihilist literature. Indeed, much of the women's conceptions of Russia seem to be formed out of the 'Russian Fever' Garnett's works created and which had taken 'hold of the British intelligentsia particularly from 1912.'[63] The discrepancy between expectation and reality was not isolated to Fitzroy's ideas of Russia alone. As the London Unit set-up camp and began war-work, many members found the realities of conflict a far cry from their imaginings. Whilst excitement and adrenaline had initially been enough to divert them from the dangers of the journey, once on the frontlines it became impossible for the women to overlook the surrounding bloodshed. The next section of this chapter will address how, in typical SWH style, the London Unit nevertheless chose to confront these hardships with staunch pragmatism.

[62] Ibid., p. 15.
[63] Claire Davison-Pegon, 'No Smoke without fire? Mrs Garnett and the Russian Connection', *Cahiers victoriens et édouardiens*, No. 71 (2010), pp. 61-74.

Resilience 'in the middle of things'[64]:

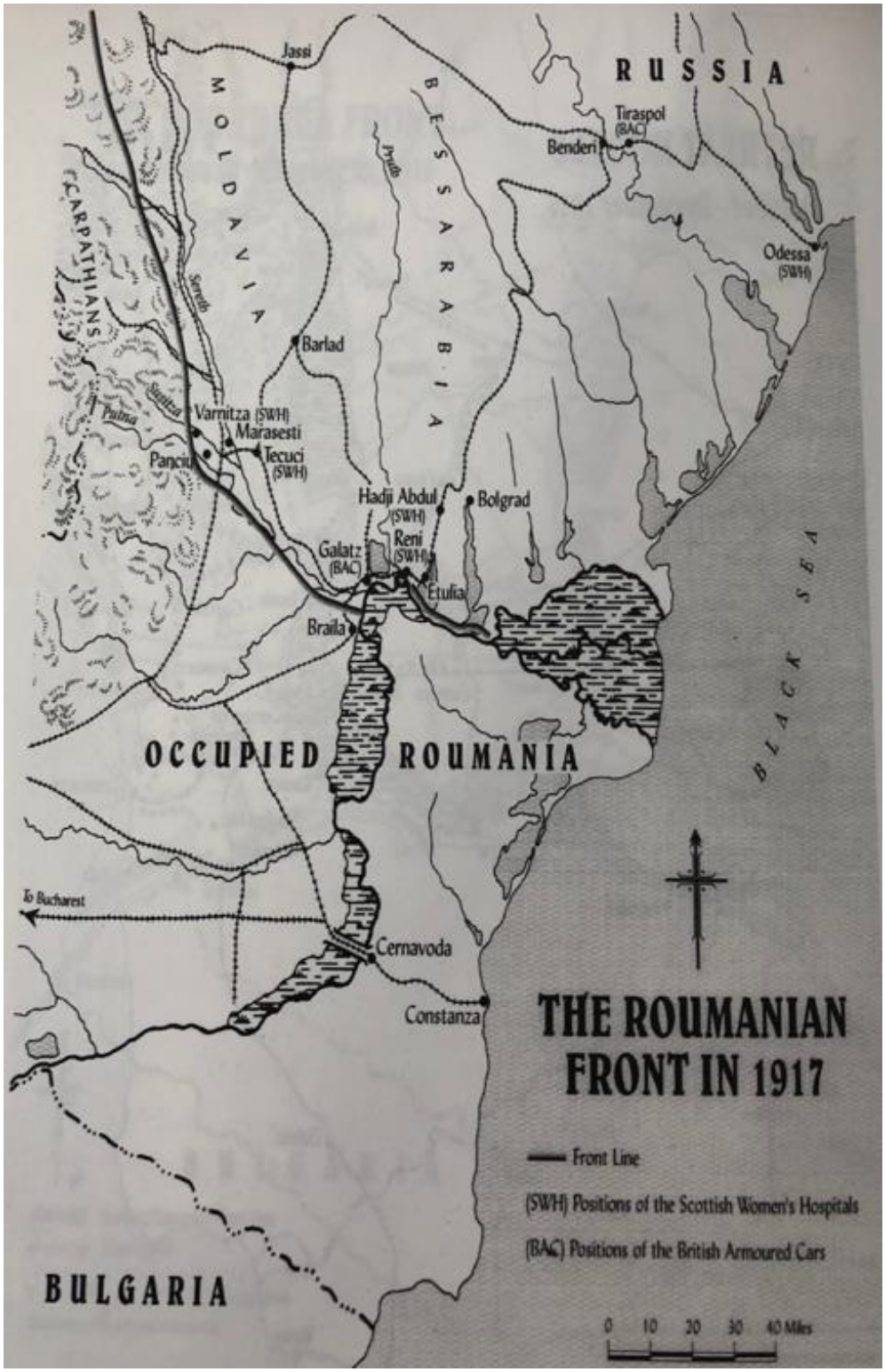

Fig. 4.5 'Map of Romanian Front illustrating positions of SWH in 1917' in Audrey Fawcett Cahill, *Between the Lines: Letters and Diaries from Dr Inglis' Russian Unit* (Edinburgh: The Pentland Press Ltd., 1999), p. 305

[64] Ethel Moir in *Between the Lines*, p. 49.

Initially, the London Unit's arrival in Russia saw the new recruits enjoying leisure time as tourists whilst being fêted by peasants and royalty alike. Dr Inglis' mind was, however, preoccupied with the grave news reaching her from the Balkan Front in Romania. Having entered the war on the 27th August 1916, Romania began their campaign with a successful offensive against the Germans, who were already struggling in battles on the Western (the Somme) and Eastern (Brusilov offensive) Fronts. The Allies were shocked, therefore, when Germany managed to retaliate on the Balkan Front by sending eight divisions to the Dobrudja region (see **Fig. 4.5**), where the Second Serbian Division were fighting alongside the Russian Army. Despite the Russians' success at managing to rebuff the Germans, the Serbians faced heavy losses in this battle and out of 14000 men, only 4000 survived. It was at this point that Inglis made a decision to split the London Unit into two 'A' and 'B' sub-units. Taking personal charge of hospital 'A', Inglis and her crew were sent to work in a barrack hospital in the Russian Army's headquarters at Medjidia. Meanwhile, Dr Chesney, the 'B' unit, and Mrs Haverfield's Transport Unit were sent to form a field hospital at Bul-Bul-Mic. It was in these respective locations that the London Unit's newest recruits began to directly confront the realities of conflict.

Upon their arrival in Medjidia on the 27th September 1916, the 'A' unit had two days to set up their hospital before the wounded began pouring in. Many of its women were to encounter the brutalities of war and death here for the first time. This, in turn, swiftly dispelled any of their romantic illusions of war-work that remained. Yvonne Fitzroy notes that she had previously always associated death with 'privacy, relations, flowers, and fat black horses.'[65] On the frontlines, however, there was no garnish to soften the blows of death. Privacy and dignity had been long forgotten by the war-weary, shell-shocked troops and the women who nursed them in their final moments. When the war-wounded came in, as unit ambulance driver Katherine Hodges notes, there was 'no time to be upset or nervy.'[66] As a result, she admits, the London Unit 'went straight from the feeling of "Oh, what an exciting adventure" into dreadful horrors and very hard continuous work.'[67] The lack of thinking time paired with the rapid onslaught of such

[65] Fitzroy, *With the Scottish Nurses*, p. 58.
[66] Katherine Hodges, *Memoir*, LRA/MS 670.1.
[67] Hodges, *Memoir*, LRA/MS 670.1.

traumatic sights, she claims, ultimately 'made things easier for us.'[68] There was no time to dwell whilst working on the Balkan Front in Romania; even less so when the women faced a further two retreats, and the repercussions of the Russian Revolution. The finiteness of their time on these frontlines meant that the London Unit were often stoic about their hardships in their writing, downplaying the atrocities of war. By exercising their distinctly British 'stiff upper-lip' (much like the Valjevo Unit under occupation), the London Unit could show that, contrary to essentialist expectations, they were unperturbed by conflict. On the rare occasions that they did allow this mask to slip, however, it was only to further emphasise the extent to which they, as women, were engaged in the adversities of warfare.

Writing to her family on 6th October 1916, Hodges informs her 'darlings, I haven't had any time to write since my last letter,' the reason, she states, is because 'interesting things have really begun to happen now.'[69] Having joined the Rt. Hon Evelina Haverfield's Transport Unit as an ambulance driver, Hodges was swiftly immersed in frontline work, transporting wounded soldiers from the frontlines to Chesney's 'B' hospital. As a result, this letter, she notes, is being written in the few moments she has managed to steal for herself whilst 'sitting in a barn waiting for wounded […], only a few miles from the firing line.'[70] Closer to danger than most women have ever been, Hodges' epistolary tone is in stark contrast to that of the letters and diary entries written by her fellow unit members on their way to the frontlines only weeks before. Now, the war and all its horrors repeatedly pervade her writing as she struggles against its very literal interruptions. 'I'll go back to where I left off writing last time,' she begins, hinting that she had been unable to finish documenting her thoughts fully in her previous correspondence.[71] As Hodges proceeds to describe the unit's arrival in Bul-Bul-Mic, however, just a few lines in, the chaos of the conflict intrudes once again:

> All the time on the horizon little puffs of grey smoke and the incessant booming of the guns, eventually we - two poor soldiers have just gone by dead on stretchers with priests saying the burial service, they don't cover them up at all – to continue – we got to a little village on top of a hill with tents, a field dressing station, and there we loaded the

[68] Ibid.
[69] Katherine Hodges, 'Diary: A Driver at the Front' in *Lines of Fire: Women Writers of World War I* ed., Margaret R. Higonnet (Middlesex: Plume, 1999), pp. 188-196 (189).
[70] Hodges, 'Diary: A Driver at the Front', p. 189.
[71] Ibid., p. 189.

ambulances.[72]

Reminders of the conflict are, as Hodges' letter suggests, ever-present. Though this woman begins her focus on the distant clouds of smoke and guns initially, the action is brought quite literally before her (and her recipients), as the dead pass through the barn in which she is writing. Just like the stretcher-bearers, Hodges does not 'cover' the dead men 'up at all'.[73]

Fig. 4.6 'Hospital B Retreating' in Audrey Fawcett Cahill, *Between the Lines: Letters and Diaries from Dr Inglis' Russian Unit* (Edinburgh: The Pentland Press Ltd., 1999), p. 169.

At a time when self-censorship of frontline letters was actively encouraged, Hodges reasons for including the passing of the dying soldiers through her barn seems to serve a clear purpose. The emotionless transition she makes from the 'two poor' men back to the 'little village on top of the hill' affirms to her readers – and any detractors - just how immersed she is in this conflict and how close she is to its dangers.[74] Her matter-of-fact tone indicates that she is unfazed by these distressing scenes. Indeed, Hodges has grown used to and does not dwell on how 'many bodies brought into the world' by women

[72] Ibid., p. 190.
[73] Ibid., p. 190.
[74] Ibid., p. 190.

now 'lie' dead upon the battlefield.[75] In the absence of a camera, these interruptions of Hodges' thoughts serve as a snapshot of her involvement in the Great War for her home-front readers. Though she is a female, Hodges is managing to cope with the brutalities of war, and it is important that those who doubted women's abilities are made aware of this. It is for this reason, too, however, that though Hodges is faced with difficulties, she remains uncomplaining. Her pragmatism ensures that she can keep loading ambulances even though 'dozens of bombs' continue to fall around her and the dead and wounded keep pouring in.[76]

By the middle of October 1916, the women of both sub-units had established themselves at Medgidia and Bul-Bul-Mic. Towards the end of the month, however, the 'fairly peaceful time' they had been having setting up their hospitals and treating the wounded turned into 'fierce bombardment.'[77] On 19th October, an order was given to the 'B' unit for Bul-Bul-Mic to decamp: 'The order came from Inglis that all sick, whether they liked it or not, were to go to Medjidia.'[78] Confusion reigned as Bul-Bul-Mic came under bombardment during the 'B' unit's preparations to evacuate, with mess orderly Lois Turner noting that the urgency of their departure indicated that 'evidently they did not know which way the battle was going.'[79] A day later, Milne notes that there had been 'an awful morning of bombing' at Hospital A's base in Medjidia, too. 'There had been a Roumanian reverse in the morning […] wounded came pouring into hospital, then at 10 o'clock the enemy aeroplanes were over us, as suddenly, it seemed, as if the end of the world had come.'[80] The Dobrudja Retreat had begun. By 3am on the 22nd October 1916, Milne notes, 'we were told an urgent message that all must leave at once, except ten.'[81]

Though this was not to be Inglis' first retreat, for the vast majority of her unit the panic and confusion that came with this new development was distressing. Indeed, in the days before evacuation the unit's initial feelings of anticipation for the unknowns of conflict, examined in the previous section, were ironically replaced with their dread for the

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[75] Olive Schreiner, *Woman and Labour* (New York: Frederick A. Stokes Company, 1911), p. 175.
[76] Hodges, 'Diary: A Driver at the Front', p. 190.
[77] Bowerman in *Between the Lines*, p. 56.
[78] Ysabel Birkbeck in *Between the Lines*, p. 61.
[79] Lois Turner in *Between the Lines*, p. 61.
[80] Milne in *Between the Lines*, p. 62.
[81] Ibid., p. 64.

same. 'There can be, I'm sure,' writes unit orderly, Ethel Moir, on 20th October 1916, 'few things as bad as our sense of insecurity at present.'[82] Her desire for predictability is, according to sociological theory, a basic human need.[83] If a situation is predictable, its outcomes can be both foreseen and controlled. On the brink of this retreat, however, Moir notes that the women are oblivious about what is happening around them. 'We have gathered enough from the officers of our division to know that something very disastrous has occurred "somewhere", and that things are very serious.'[84] The emphasis she places on the words 'something' and 'somewhere' only further highlight the lack of clarity in this situation. Indeed, it is this 'vagueness', Moir states 'that appals one.'[85] Whilst the London Unit had, by virtue of entering this conflict, in some ways embraced uncertainty, they had done so of their own free will and *this* had been empowering. Now, however, its 'A' and 'B' divisions faced 'no slender possibility' of losing their autonomy and they 'may all of us be prisoners before the night comes' – a notion that understandably unsettles them.[86] As in Hodges' case, however, Moir seems to record these events and her own discomfort with a cool detachment. Her account is diminished to 'just a few lines' she has written down whilst 'sitting by the roadside' on 'the dusty highway' with a column of refugees passing her by.[87] Meanwhile, any references to emotion and feelings are made plural ('*our* sense of insecurity'), thus detaching and depersonalising them. Even Moir's sense of dismay at the precariousness of the unit's situation is presented alongside the general pronoun 'one'.[88]

As she contemplates their potential imprisonment, Moir makes a direct reference to the 1915 military marching song 'Pack up Your Troubles', deducing that 'if it's to be, it's to be, and what's the use of worrying?'[89] Whilst this is both a final emancipation from the circumstances her division find themselves in, it simultaneously highlights that she is attempting to embrace a soldierly mentality towards the situation. Like so many of the SWH's members before her, it is in the most trying of times that Moir emphasises

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[82] Ethel Moir, *Scottish Women's Hospital: Dr Inglis' Serbian-Russian Unit in Rumania & Russia August 1916 – April 1917*, MS. 8449/2, Wellcome Collection, The Wellcome Library, p. 18.
[83] See: Jonathan Turner, *A Theory of Social Interaction* (California: Stanford University Press, 1988).
[84] Moir, *Scottish Women's Hospital,* p. 18.
[85] Ibid., p. 18.
[86] Ibid., p. 18.
[87] Ibid., p. 18.
[88] Ibid., p. 18.
[89] Ibid., p. 19.

her resilience and ability to make the best of a bad situation. Contrary to essentialist expectations of her sex, she is neither irrational nor illogical and panicked when facing danger. On the contrary, Moir appears calm and almost deadpan as she concludes with one final reference to 'Pack up Your Troubles' that 'the S[cottish] W[omen] have got the starch taken out of them this time – Keep smiling say I!!'[90] Her tone is particularly subversive because it apes the expected 'stiff-upper lip' of a military man. This in turn emphasises to readers that Moir, a biological female, is not only capable of handling frontline dangers but is confident enough in this environment to jest about them.

Fig. 4.7 'Trouble with the Heavy Lorry' in Audrey Fawcett Cahill, *Between the Lines: Letters and Diaries from Dr Inglis' Russian Unit* (Edinburgh: The Pentland Press Ltd., 1999), p. 169.

As the Dobrudja Retreat got underway, the women of the London Unit found themselves separated into 3 groups: the 'A' and 'B' units, and a Transport Column directed by Evelina Haverfield. Their various starting locations meant that they withdrew from the frontlines via different routes and 'all reached safety,' as SWH historian, Leneman, states, by 'ending up in three different towns: Galatz and Braila in Rumania and Ismail in Russia.'[91] Shortly after this, in December 1916, the London Unit found themselves moving again as their Serbian charges temporarily withdrew from the frontlines. The Serbian troops on the Eastern Front were demoralised, having suffered

[90] Ibid., p. 19
[91] Leneman, *In the Service of Life*, p. 81.

the heaviest losses of all during this period. Mutiny was rife amongst them and many left altogether. It was at this point that Inglis agreed for her units to temporarily work under the Russian Red Cross in Odessa and then Petrograd (St Petersburg). This break in their work for the Serbians did not give way to easier times, and the women faced further threats to their existence when the Russian Revolution broke out. At first the revolution 'was,' as historian Audrey Fawcett Cahill states, 'not expected to make much difference to life in the hospitals.'[92] Indeed, some unit members claimed they were excited to be in the midst of it with Bowerman in particular branding it: 'a perfectly wonderful experience, and we are so glad we did not miss it.'[93] According to this orderly, foreign nationals were 'met with the utmost politeness and consideration from everyone.'[94] In hindsight, however, it seems that she was 'gloss[ing] over the horrors,' just, as historian Helen Rappaport argues, many British nurses caught up in the revolution did.[95]

That Bowerman ameliorated the difficulties of the revolution in her writing becomes particularly apparent when Ysabel Birkbeck's account of an incident that took place on the 13th March 1917 is taken into consideration. On this day, Birkbeck details how revolutionaries 'poured into the hotel' the unit were staying at, creating an uncomfortable atmosphere that was a far cry from the manners Bowerman perceived.[96]

> Every room was searched. Some one had fired from one of the windows and they meant business. Such a mob as poured into our rooms. Soldiers, factory hands, old men and young all carrying firearms or knives.[97]

Though these riotous men were clearly dangerous, the women addressed them in their usual phlegmatic, calm way. 'We cordially welcomed our visitors,' states Birkbeck, '(never anger a man with a gun) and gave them cigarettes.'[98] The irony of the term 'visitors' to describe the rabble who had invaded their living quarters was not lost on this chauffeur, as indicated by her qualifying this reaction with '(never anger a man with a gun)' in brackets. Unlike Bowerman, Birkbeck's account emphasises to readers

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[92] Audrey Fawcett Cahill, *Between the Lines*, p. 233.
[93] Bowerman in *Between the Lines*, p. 228.
[94] Ibid., p. 228.
[95] Helen Rappaport, *Caught in the Revolution: Petrograd, Russia, 1917 – A World on the Edge* (New York: St Martin's Publishing Group, 2017), p. 249.
[96] Birkbeck in *Between the Lines*, p. 226.
[97] Ibid., p. 226.
[98] Ibid., p. 226.

that the men threatening them were armed and 'meant business.' By emphasising the situation's perilousness, she renders the unit's subsequent successful diffusion of the issue all the more impressive. The women not only appeased their unexpected callers with cigarettes but brokered their respect and 'after a brief glance round the room,' the revolutionaries 'saluted' the unit 'and clattered off.'[99] Through this example, Birkbeck demonstrates to her audience, most especially those who doubted women's ability to function in conflict, that her unit could not only manage themselves on the frontlines, but the many different kinds of men who fought upon it, too.

As the London Unit's confrontations with the consequences of the revolution intensified, with Bolsheviks and Royalists grappling for control of Russia, so, too, did the women's efforts to be resilient. This was recognised by the Royalists. All the women who had taken part in the Dobrudja Retreat, therefore, were awarded the St. George's Medal 'for bravery under fire' by Prince Vasily Alexandrovich Dolgorukov, an advisor to Tsar Nicholas II. The unit's courage was to be tested less than a month after this first incident, however, when hospital 'A' found themselves targeted again. On the night of 10th April 1917, their living quarters were stormed by soldiers, and unit orderly Agnes Murphy was arrested on suspicion of spying. 'Since the Revolution,' notes Margaret Fawcett in her diary entry from 13th April 1917, 'the Russian soldiers have been very out of hand, and now their latest freak is to distrust us. The other night they kept Murphy under guard all of one night and next morning, and yesterday they took [Ellenor] Broadbent to the Commandant because she was walking on the steppe with some books.'[100] The women were understandably left 'boiling with rage at the insult.'[101] As usual, however, the unit remained resolute in their intentions not to be intimidated.

Upon Murphy's arrest, Inglis insisted upon accompanying her orderly to the interrogation. Contrary to Inglis' expectations, however, they did not simply answer a few questions and resolve the matter. In fact, as Leneman notes, 'no questions were put to them; they were locked up and refused permission to contact the British Consul or

[99] Ibid., p. 226.
[100] Fawcett, *The First World War Papers*, p. 46.
[101] Ibid., p. 46.

General Kropensky' (Head of the Red Cross).[102] This resulted in further anger on the part of the London Unit's members. 'The crowning point of the insult', Fawcett writes, came when every member was made to sign a single piece of paper stating that they 'believed in Murphy's fidelity.'[103] They did not, however, allow this to perturb them and both Inglis and Murphy were eventually released.

As the revolution heated up, distrust for the SWH continued to run rife amongst soldiers. They 'are all against us,' wrote an outraged, Milne, 'and believe we are spies.'[104] With Russian military officials now fearing for the women's safety, discord was sown amongst unit members who suddenly felt at odds with Inglis' nonchalant approach to the situation. 'The General believes it is unsafe for us to be here,' claimed Milne on 12th April 1917, noting the official's intentions to move the unit for their own safety. Acutely aware of the danger, Milne notes that the enemy fire is drawing near and that 'many' of the local villagers were 'killed' in a shelling campaign that morning. Her incredulity is particularly keen as she notes that 'Dr Inglis laughs and says we don't want to move unless it is absolutely necessary. I think it is the limit that she can want to stay and work for people who insult us…'[105] The next day, Milne writes, Inglis made a speech at roll call that left 'most of the girls […] furious', whilst she herself was unable to agree with the unit leader on her decision to 'teach Russia what England stands for.'[106] Even though they are allied with the Russians and bound by treaty to support each other, Milne fears Russian aggression against the unit. Inglis, on the other hand, places herself in a position of superiority over Britain's Allies, as indicated by the colonialist self-assurance of her decision. As daughters of the British Empire, Inglis suggests that her unit are not only untouchable, but perfectly placed to teach the Russians how to behave in this conflict; the British approach, after all, far surpasses the Russian one.

Where the women were previously united in their stoicism against external threats to their existence, it seems that this particular incident had successfully disturbed the majority of unit members. Loyal to their leader, however, the women persevered

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[102] Leneman, *In the Service of Life*, p. 114.
[103] Fawcett in *Between the Lines*, p. 242.
[104] Milne in *Between the Lines*, p. 243.
[105] Ibid., p. 243.
[106] Ibid., p. 243.

despite their reservations; a choice that seemed to pay off according to the optimism of their diary accounts and letters just three days later. Following apologies from military officials for the behaviour of rogue soldiers, alongside celebrations for Easter, Fitzroy brightly notes that for hospital 'A' 'the moon shines on our faces all night and the sun all day' and whilst she doesn't 'pretend our complexions are the better for it – […] our minds and bodies most certainly are!'[107] Meanwhile, the contentment felt by the unit is attributed to 'the spring' which is 'new' whilst 'the war – it seems – very very old!' [108] With this statement, Fitzroy once again emphasises to any potential readers that the SWH is more than capable of overcoming difficulties to make way for, quite literally, brighter days. Unfortunately, the unit's optimism was not to last long and wore increasingly thin over a summer punctuated by the uncertainties of revolution. Things were to only worsen that winter, when the women's fortitude was to be most extremely tested in a tense stand-off with Russian and Romanian military authorities. With troop morale at an all-time low, the London Unit grew concerned for their Second Serbian Division, who had already suffered heavy losses in their bid to support the Allies on the Eastern Front. The women took it upon themselves, therefore, to fight bitterly for their charges' safe passage out of Russia alongside them.

The road to the London Unit's and Second Serbian Division's departure was to be littered with obstacles deliberately placed in their way. These were made all the worse by the ongoing and seemingly never-ending illness of the London Unit's CMO. Though her frontline colleagues and the Committee were unaware, Inglis was dying. Diagnosed with cancer before the war began, the SWH's founder was growing increasingly ill as the summer and autumn of 1917 progressed. A disease for which contemporary perceptions were riddled with stigma, cancer was considered to be a 'malady' with no 'specific symptomatology' and a diagnosis that 'is uncertain in the living'.[109] It is possible that the terminal nature of her illness influenced Inglis' blasé approach to danger with regards to the Dobrudja Retreat and Russian Revolution (met with such incredulity by Milne and other unit members). Certainly, her bleak prognosis paired with an unquenchable desire to remain strong and refuse to succumb to the disease led

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[107] Fitzroy in *Between the Lines*, p. 245.
[108] Ibid., p. 245.
[109] John Bland-Sutton, *Tumours Innocent and Malignant*, sixth edition (London: Cassell Ltd, 1917), Preface, p. v; pp. 252-3.

Inglis to keep her ailment a secret from all but Dr Gillian Ward, who attended to her towards the end. [110]

Fig. 4.8 'Dr Inglis and Staff at Hadji Abdul' in Audrey Fawcett Cahill, *Between the Lines: Letters and Diaries from Dr Inglis' Russian Unit* (Edinburgh: The Pentland Press Ltd., 1999), p. 312.

Though some members noticed a change in their leader, her illness was frequently attributed to a more severe case of dysentery, or any one of the other illnesses making its rounds through the unit at the time. Fawcett notes in her diaries as early as May that 'Dr Inglis is looking very ill and tired', whilst photographs (See **Fig. 4.8**) taken around this time depict a noticeably gaunt and sickly-looking Inglis.[111] Still no better by July, an oblivious Fawcett notes that 'poor Dr Inglis has Hunpox'[112] and 'is awfully seedy with gastritis as well.'[113] Ever the pinnacle of stoicism, however, the SWH's founder never complained about her health. Indeed, she gave no indications that she was waning as the unit moved to Hadji Abdul in Bessarabia that September where they re-joined the

[110] For further context see: Agnes Arnold-Forster, 'Gender and Pain in Nineteenth-Century Cancer Care', *Gender & History*, No. 1, 32, (2020), pp. 13-29.
[111] Fawcett, *The First World War Papers of Margaret Fawcett*, p. 47.
[112] Though it is unclear what exactly Fawcett means by 'Hunpox' she is most probably referring to German measles here.
[113] Fawcett, *First World War Papers*, p. 48.

Second Serbian Division. Though she would have been in the advanced stages of the disease at this point, the SWH's founder focused all of her energies on campaigning to extract her endangered charges from the frontlines. This focus was, perhaps, instrumental in sustaining her.

Having been left 'high and dry in the Dobrudga [sic.]', the Second Serbian Division had 'held on for 24 hours without support, and [came] out of action having lost 11,000 out of 15,000 men.'[114] It was for this reason that Inglis feared the remaining Serbian soldiers were being sent to their deaths on the Romanian Front, and she felt 'miserable' to think of the danger they were in. In a letter to the committee she disclosed that:

> General Zhivkovic said to me yesterday, 'the men want to fight; they are not cowards. But it goes to my heart to send them like this to their death for nothing.' They are such a splendid body of men. It is such a wicked wicked waste from *every* point of view. I am up here to see what I can do to get this miserable tangle about the Division undone.[115]

Placing the wellbeing of her patients above her own in yet another act of selflessness, 'Dr Inglis bombarded the British Prime Minister and Foreign Secretary with personal pleas to intervene.'[116] By the end of September, it seemed that she had been successful in her mission; it was declared the Serbs would be sent to Archangel and from there to Salonika. The victory was to come at a great cost to her personal health, however, and she collapsed before the move got underway.

As the gravity of Inglis' illness began to dawn upon her unit, the SWH's founder refused to be inhibited by the fact that she was now bedridden and too weak to leave her tent. 'Dr Inglis still hopes to take [the Serbs] out although she is very ill,' wrote Fawcett on Tuesday 2nd October 1917, sadly concluding, 'I don't think she will ever be well enough to go out again.'[117] Inglis, too, admits that she is 'not well' for the first time in a letter to her transport officer Miss Onslow on the 7th October, revealing that she is too weak to even write, thus 'Gwynn is taking down from my dictation.'[118] This is,

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[114] Elsie Inglis in *Between the Lines*, p. 288.
[115] Ibid., p. 288.
[116] Leah Leneman, *Elsie Inglis: Founder of the Battlefront Hospitals Run Entirely by Women* (Edinburgh: NMS Publishing, 1998), p. 73.
[117] Margaret Fawcett, *First World War Papers*, p. 54.
[118] Inglis in *Between the Lines*, p. 304.

however, all she discloses about the extent of her illness. In a final act of defiance against her condition, Inglis continued to direct the unit from her sick bed or, on sunny days, a chair outside of her tent, as they prepared to leave Russia for home. The tenacity that was a hallmark of Inglis and her SWH would be called upon once more on the 21st October, when the news came that neither they nor the Serbs were to leave after all. In an awful twist, it had been decided by the 'Romanian Minister at Jassi and various other people' that the Serbian Division were to join the Romanians in battle after all.[119] The unit, and Inglis in particular, were incensed by the news not least because they were, by now, familiar with the landscape of this frontline and knew this military strategy would be a death sentence for their Serbian charges.

Many of the London Unit were deflated to learn they were not to go home as expected and wrote understandably scathing entries in their diaries, uncharacteristic of their usually sangfroid tones. 'It is too awful,' wrote Milne, 'after we were all ready to go; and the disappointment of it – I feel I can't settle to the idea. I was so longing for home.'[120] In stark contrast to the optimism of the Spring, when Fitzroy claimed that the war felt 'old' and distant, a war-weary Milne now notes the way in which the passage of time seems to have slowed. 'It is a year today since we retreated from Medgidia – it seems like three.'[121] The self-controlled and non-lamenting façade that so many of the unit had masterfully maintained throughout their time on the frontlines was exhausted in Milne, who grew increasingly desperate to return home. Her frustration was unsurprising given the apparent futility of the unit's presence on a frontline filled with so many equally war-weary troops. '[T]he military situation for the new Russian revolutionary government' had been hanging, as Laurence V. Moyer argues, 'by a thread' in the summer of 1917, and by mid-July 'the Russian army crumbled and began to dissolve.'[122] In amongst this chaos, the London Unit's pleas for the Serbian Division's repatriation had apparently once again fallen on deaf ears. Meanwhile, Inglis was 'still very ill', with Milne noting that 'she certainly can't do anything' for herself,

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[119] Ibid., p. 309.
[120] Milne in *Between the Lines*, p. 309.
[121] Ibid., p. 309.
[122] Laurence V Moyer, *Victory Must be Ours: Germany in the Great War, 1914-1918* (New York: Hippocrene Books, 1995), p. 199.

let alone to alter this situation for the Serbians. [123] 'She should be home,' the unit's cook concluded, 'so should we all.'[124]

Despite her apparent physical incapacity, Inglis' mental resilience was unwavering. She bluntly refused to give in to either her illness or the Romanians' demands. It was thus that, in spite of official military plans for the deployment of her Serbian patients, she continued to campaign tirelessly for their safe passage. Asking Miss Onslow in a letter on 22nd October 1917 'to go at once to Petrograd and see the Ambassador' she states that 'if I were not tied by the leg to bed, I should certainly go myself.'[125] At this point, Inglis had a month to live, but the determination in her tone lends full credibility to the notion that she *would* take the trip to Petrograd if her body was not failing her. With such an uncompromising disposition, it is understandable that so few of Inglis' unit thought she was terminally ill even at this final stage. News that the London Unit and the Serbian Division were to be sent 'home after all' came at last on Friday 26th October. They finally left Hadji Abdul on Monday 29th October 1917.[126] On the month-long journey back to England, Inglis' health was to deteriorate further, though she continued to keep her staff and the London Committee in the dark about the severity of her condition. The only indication she gave to the latter that something was amiss came in a telegram she dictated and sent from Archangel to London on 12th November: 'On our way home, everything satisfactory and all well except me.'[127] After a long and perilous journey by sea from Archangel back to Newcastle on Tyne, the London Unit arrived at its final destination on Friday 23rd November 1917, disembarking two days later. Just days from death, Inglis is described by Milne as being 'very ill' on the 'last few days of the voyage.'[128] In an astounding last act of strength and defiance, however, the SWH's founder 'dressed fully, wearing all her decorations, and stood for nearly twenty minutes while the entire Serbian staff said good-bye to her.'[129] Less than 24 hours later, news came that Dr Inglis had passed away, leaving her staff to lament the terribly 'sad ending to our unit.'[130]

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[123] Milne in *Between the Lines*, p. 309.
[124] Ibid., p. 309.
[125] Inglis in *Between the Lines*, p. 309.
[126] Milne in *Between the Lines*, p. 314.
[127] Inglis in *Between the Lines*, p. 321.
[128] Milne in *Between the Lines*, p 326.
[129] Ibid., p 326.
[130] Fawcett in *Between the Lines*, p. 326.

The troubles of the London Unit were to culminate in a bittersweet finale in the Winter of 1917. The success of Inglis' campaign to withdraw the Serbian Army's Second Division out of Russia was eclipsed by her death; a tragedy not least because she 'had wanted so desperately to go on living.'[131] With the SWH founder's passing, however, came publicity and, at last, a very public recognition of her organisation's work by the British authorities. In typical SWH fashion, therefore, the women seized the opportunity to make the best of their sad situation and utilise their founder's death to spotlight women's work before all British men and women in a very visible way. It seemed, therefore, that in death, Inglis and her SWH had finally accomplished what the former had so hoped to achieve in life. This was only further evidenced by Inglis being granted the honour of laying-in-state at St Giles' Cathedral in Edinburgh, before receiving a full military funeral. In a clear and visible signal from the British state that they believed Inglis had rendered distinguished service to her nation in life, they now ensured that she received the respect she deserved from her country in death. Indeed, the Queen and Sir Winston Churchill spoke openly of their admiration for the SWH's founder, with Churchill claiming that 'no body of women has won a higher reputation in the Great War' than Inglis' SWH and that 'their work, lit up by the fame of Dr Inglis, will shine in history.'[132]

Keen to continue their founder's work beyond her death, the London Unit regrouped in February 1918 and re-named themselves 'The Elsie Inglis Unit' in her honour. Fittingly, this unit were to be the first and only SWH unit to receive a private inspection from the King and Queen at Buckingham Palace, on the 18th February 1918. With the royals' in-depth questioning about the unit's previous work with Inglis, the women received confirmation that their efforts had not gone unnoticed. In fact, it appeared that they had made an impression on the British authorities long before their leader's passing. As Moir notes in her diaries, their majesties 'both seemed greatly interested in us and in our last campaign, asking us many questions about Russia and Rumania and our former experiences.'[133] It proved, 'as Inglis had predicted,' that the establishment

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[131] Audrey Fawcett Cahill, *Between the* Lines, p. 327.
[132] Hamish MacPherson, 'Dr Elsie Inglis and the legacy she left behind', *The National*, 12 May 2020, p. 20.
[133] Ethel Moir, *Scottish Women's Hospital*, p. 46.

'had indeed seen "every bit of"' their work, and that 'her refusal to sit still was,' as Fawcett-Cahill argues, 'publicly vindicated.'[134] With the monarchy's praise and support came, too, the fulfilment of the SWH's founding goal: acquiring public acknowledgement and acceptance of medical women's war-work. It was thus that the inspection became, as Moir states, 'a red-letter day in the history of the [SWH] and especially in the history of "The Elsie Inglis Unit."'[135] Though it was a momentous occasion, it was nevertheless tinged with grief, palpable in Moir's lamenting exclamation 'oh' as she outlines: 'how proud we were of our dear old chief, as the King told us of his admiration for her, oh to have her with us now!'[136] Though Inglis was gone, however, her plans for her organisation to deploy more units to Salonika and help the Serbian Army on their way back into their country remained. The unit bearing her name was aptly amongst those to set sail for this Greek port and, alongside the GNU and the American Unit, they were to see out their founder's mission on the Balkan Front.

[134] Audrey Fawcett Cahill, *Between the Lines*, p. 327.
[135] Moir, *Scottish Women's Hospital*, p. 47
[136] Ibid., p. 47.

Fig. 4.9 Images from Dr Inglis' funeral from newspaper cuttings regarding the death and funeral of Dr Inglis, TD1734/2/6/4/2/64, SWHC, Glasgow City Archives.

The Road to Armistice:

Fig. 4.10 'The Author' in Isabel Emslie Hutton M.D., *With a Woman's Unit in Serbia, Salonika and Sebastopol* (London: Williams and Norgate Limited, 1928).

As outlined in the third chapter, the GNU had been working on the Balkan Front since November 1915. By the time "The Elsie Inglis Unit" had set sail for this region in February 1918, however, there was already a second field-hospital working in the region. Named to honour the American citizens who had funded it, the American Unit, which arrived in Salonika in 1916, was formed almost entirely of the British SWH members who had served previously with the organisation's Serbian units in Kragujevac and Mladenovac.[137] Their return to working for the Serbs was a source of

[137] The United States of America entered the Great War on 2nd April 1917. The American people funded the SWH's American Unit, therefore, before their own participation in the conflict.

great joy to them, and on their journey back into the country their 'most imposing looking "convoy"' of vehicles each bore 'a small Serbian flag' that unit members 'had made.'[138] The special bond these women had formed with their patients during their first assignment in Serbia clearly remained, with one anonymous unit member noting that when the unit 'met a man who had "trekked" through Albania with' them, they 'shared [their] food with him', though they only had 'enough for five days' journey' themselves.[139]

Alongside granting them the opportunity to work with many of their former patients once again, this unit's women were to become the only SWH unit members to flank the Serbian Army on their advance into Serbia. As a result, they worked closer to the firing lines than any of their SWH colleagues previously. This notion thrilled these seasoned frontline medical workers because it brought them personally closer to the action than ever before. 'It was rather a wonderful sight,' as one anonymous unit member notes, 'to see our rows of little beds with the sisters sleeping placidly, while a few yards away guns, ammunition, soldiers of many nationalities passed along in a steady stream.'[140] As the summer of 1918 closed and autumn drew in, the news on the Macedonian Front grew increasingly exciting for the Allied Powers. The Serbian soldiers, who had been fighting an advance alongside French, British, Greek, Italian, and Russian Allies were drawing ever closer to their occupied homeland. On 14th September 1918, Dr Emslie notes that they 'received the usual Serbian official *communiqué*, which, to the great joy of our patients' declared that the Serbian 'troops captured *Beli Kamen*. […] The depth of our penetration to the north amounts in a direct line to 120 kilometres.'[141] By the end of the month, news reached the American Unit at Ostrovo that Bulgaria had surrendered, and Armistice would be declared from midday that afternoon.

Whilst the women were overjoyed on their patients' behalf, the reclamation of Serbia was to signal the start of yet more difficult work for the American Unit. Having followed their charges back into Serbia, the unit was assigned the Herculean task of setting up a hospital-site in one of the worst-hit Serbian towns, Vranje. 'After six years

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[138] Scottish Women's Hospitals: America Unit, TD1734/20/4/8/2, SWHC, Glasgow City Archives.
[139] Ibid.
[140] Ibid.
[141] Emslie, *With a Woman's Unit*, p. 142.

of Balkan and world wars and three years of occupation,' historian Bojan Pajic notes that 'Vranje, like other towns in Serbia had been stripped of all amenities including medical.'[142] To add to this lack of equipment of its 'pre-war seven doctors', all were 'dead but one, who was busy working in Skopje.'[143] As a result of this, the American Unit found themselves running the sole functioning hospital for the entirety of Southern Serbia. The pressures on the American Unit's staff were, therefore, immense. 'We are working hard,' notes an anonymous unit member, 'and the suffering and sadness all around one are simply terrible.'[144] The hospital barrack in the unit's charge was already running well above capacity with over 1,500 patients upon their arrival and there was nowhere else for the women to dispatch these patients. Overcrowding and the general desperation of the Serbians' situation were compounded by an overwhelming incidence of illness and disease, in particular 'Spanish' influenza, which had by this point reached pandemic proportions across the world.

As the American Unit conducted their frontline work under Emslie's charge, their experiences began to echo those that they had as members of the First Serbian Unit (FSU) following their arrival in a typhus-ridden Kragujevac in January 1915. Unlike the early days in Serbia, however, the women found themselves faced with both a unique privilege and disadvantage at this point in the conflict. For Emslie, taking charge of a unit that was to work so closely with the Serbian Army was made easier because she 'started with the advantage of knowing the Serbian officials and could carry on discussions without a *tumatch* (interpreter), thus saving time and misunderstanding'; both of which had proved detrimental to Dr Inglis' work in Mladenovac.[145] Where the Serbian soldiers had been only too keen to help the first SWH units with their work in Serbia prior to occupation, however, many men were now demoralised and mentally suffering from the traumas of war. The American Unit were not, therefore, simply picking up the work they had left off before the retreat but were faced with fresh difficulties as they sought to improve conditions in their devastated host country both in their present time and beyond the war.

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[142] Bojan Pajic, *Forgotten Volunteers: Australians and New Zealanders with Serbs in World War One* (Melbourne: Arcadia, 2018), p. 488.
[143] Pajic, *Forgotten Volunteers*, p. 488.
[144] Scottish Women's Hospitals: America Unit, TD1734/20/4/8/2, SWHC, Glasgow City Archives.
[145] Isabel Hutton, *Memories of a Doctor in War and Peace* (1960), p. 161.

Though almost four years and an entire conflict had elapsed since the FSU began their Serbian war-work, some still doubted women's abilities to manage their own hospitals. It was thus that when she was first 'appointed to command the hospital at Ostrovo […] in the summer of 1918', Emslie faced scrutiny, even though she had acquired 'three years' worth of experience 'on the staff of the Scottish Women's Hospitals.'[146] This paired with her age - she was, 'not yet in [her] thirties' – led even Emslie's colleagues to question her suitability for the CMO role.[147] For her part, however, Emslie was full of enthusiasm for the opportunity. 'Looking back,' she wrote, 'I am sure that even if I was on the youthful side then and made many mistakes, I should have made still more if I had been twenty years older.'[148] Indeed, she credited her youthful 'perfect health, almost absolute tirelessness and great optimism' for her success, claiming that it allowed her to take risks 'without seeing all the difficulties' that might have stopped her had she been more experienced.[149]

Fig. 4.11 Hospital site at Vranje in Isabel Emslie Hutton M.D., *With a Woman's Unit in Serbia, Salonika and Sebastopol* (London: Williams and Norgate Limited, 1928), p. 160.

In outlining the benefits of her young age, Emslie echoes previous generations of medical women who likewise had to contend with unprovoked criticism of their

[146] Emslie, *With a Woman's Unit*, p. 134.
[147] Ibid., p. 135.
[148] Ibid., p. 136.
[149] Ibid., p. 136.

professional capacities. 'For the […] early twentieth-century female medical student,' as Claire Brock argues, 'stamina was all.'[150] Used to attracting this kind of critical opprobrium since entering medical school, therefore, Emslie self-assuredly made the decision to embrace her new role as chief. Amongst the first of her bold decisions was to continue the American Unit's tradition of being the first and foremost hospital of the Serbian Army', moving her women 'up nearer the line before the coming winter.'[151] The unit's happiness that they had obtained such a privilege is clear. 'This news,' wrote Emslie, 'thrilled us one and all, for it meant that we should be able to keep up the tradition of the hospital, and that in this, as in the 1916 advance, we were to be the first and foremost hospital in the reoccupied territory.'[152]

Though the American Unit's members were by now thoroughly experienced in frontline life, their proximity to the firing lines was an exciting novelty not shared with any other SWH unit. 'As the "female other" front of the First World War,' historian Angela Smith notes that on the Balkan Front 'women had the opportunity to be much more closely involved in the conflict than the British government allowed.'[153] This in turn, she argues, 'enabled them to escape from the conventional 'female' identity of war, that of motherhood, and take on roles that brought them much closer to the male war experience.[154] The prospect of making this ontological escape delighted this unit's members, 'many' of whom 'came creeping stealthily to' Emslie's tent on the night the orders were given 'to beg that they might have the first chance of any specially dangerous task.'[155] With Emslie's agreement to accompany the Serbian military, her women began to take 'orders directly from Army Headquarters' and 'were rationed and had mess allowances just as though [they] had been colonels, captains, sergeant-majors, and so on […].'[156] As the Serbian Army began their advance into Serbia, then, so, too, did these women.

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[150] Claire Brock, 'The Fitness of the Female Medical Student, 1895-1910', in *Picturing Women's Health* ed., Francesca Scott, Kate Scarth and Ji Won Chung (London: Pickering and Chatto, 2014), pp.139-157 (140).
[151] Emslie, *With a Woman's Unit*, p. 134.
[152] Ibid., p. 144.
[153] A. K. Smith, *British Women of the Eastern Front: War Writing and Experiences in Serbia and Russia (1914-1920)*, p. 107.
[154] A.K. Smith, *British Women of the Eastern Front*, p. 107.
[155] Hutton, *Memories of a Doctor in War and Peace*, p. 164.
[156] Emslie, *With a Woman's Unit*, p. 138.

When news reached the American Unit at Ostrovo that Bulgaria had surrendered, and that armistice would be declared, unit members were, naturally, overjoyed for their patients. Their celebrations were short-lived, however, as they arrived in a destitute and war-torn Vranje to commence work. 'The medical situation in Serbia was now nothing short of appalling,' noted Emslie, 'none of the hospitals that had existed before the retreat of 1915 were available, for the enemy had either burnt or looted them and no equipment remained.'[157] Meanwhile, the mental health of their patients was deteriorating as rapidly as their physical health, when the soldiers realised the extent of the desecration that had been done to their homeland and families under occupation. 'I am not ill at all with any ordinary illness,' one soldier confided in an American Unit member following his return to Serbia to find his house burned to the ground and his wife and children hanged by the Bulgars, 'but just my heart is broken and I don't want to live.'[158] The American Unit were, therefore, starting their work in Serbia amidst conditions that were worse than those the FSU had left behind due to the significantly low Serbian morale.

Pressure was only increased on the women by the fact that just two other SWH units were operating on the Balkan Front at this time; there were, therefore, no other medical teams with whom the American Unit could share their workload.[159] Having successfully recruited Serbian patients to work as SWH orderlies with the First Serbian Units, the American Unit sought to employ their recovered patients once again in Vranje. This was not to be an easy task, however, as Emslie noted that their 'Serbian *bolnichars* ran off to their villages and stayed there for weeks, heedless of their sick brothers,' having gone 'completely to pieces' upon returning to an unrecognisable country.[160] Of the men who did remain in their posts there was a 'lethargy' affecting them that resulted in their lazing 'the day away 'in spite of all [the women's] endeavours to make them work.'[161] Though her patients' mental wellbeing was clearly compromised, Emslie persevered with her employment of the Serbians claiming that it

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[157] Ibid., p. 143-144.
[158] Ibid.
[159] It was decided that the most effective way to spread the SWH units on the Balkan Front at this time was to keep the GNU in Salonika, where it would continue its 'valuable orthopaedic work', send the 'Elsie Inglis Unit' to Uskub (present-day Skopje), and have the American Unit follow the Serbian troops into Serbia and set-up a hospital at Vranje in the south of the country.
[160] Hutton, *Memories of a Doctor*, p. 170.
[161] Ibid., p. 171.

'was the most efficient way of carrying on the hospital: it not only enabled us to economize in Scottish staff, but also led to constructive work, for what the Serbs learnt from us they taught to others later on.'[162] Through this work, Emslie not only echoes Dr Inglis' desire to educate the Serbians on how to run their hospitals prior to the SWH's departure, but gave her patients a cathartic greater purpose in their present hopeless circumstances. Like the SWH's founder, an imperialist sense of care, duty to, and authority over her charges motivated the American Unit's CMO in this task. Once Emslie showed the Serbians how to run their own hospitals properly, she believed her charges would be equipped to continue this work without her.

The colonial undertones to the American Unit's work in Vranje became even more prominent in their pragmatic approach to handling surplus patients. 'It soon appeared,' writes Emslie, 'that we were not only to be responsible for the patients' of the Second Drina Dressing Station, 'but also, if not officially, at least morally, for the population of the town and countryside for fifty miles around.'[163] Though the unit were already juggling a shortage of staff with a lack of equipment, these conditions seemed only to add to their determination to provide the best possible treatment for the Serbs. 'The people seemed to think,' as Emslie states, that 'we could accomplish everything, and so, for the sake of all Scottish women and the reputation of our country, we had to do our best to live up to their opinion of us.'[164] Her defiant tone is permeated with an almost self-sacrificial acceptance of this extra work and is redolent of the British 'stiff upper lip' so common amongst this organisation's members. It was not, after all, just the SWH's reputation they now had to uphold, but Britain's, too. The American Unit were intent, therefore, on withstanding difficulties and achieving a gargantuan victory as they fought to bring the SWH's work to a positive conclusion in Serbia.

Patriotic pride and the knowledge that their time in Serbia was limited led Emslie, like Inglis and her FSU before her, to devote herself uncomplainingly to her work. The scenes that greeted the American Unit's CMO on arrival in Vranje, however, clearly distressed her. Where at least some patients had been fortunate enough to have straw mattresses in the nation's wartime capital during the typhus epidemic of 1914,

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[162] Emslie, *With a Woman's Unit*, p. 139.
[163] Ibid., p. 154.
[164] Ibid., p. 154.

'bedsteads without mattresses' were now all that remained in this Southern Serbian city.[165] Lack of equipment and medical supplies had also left the few Serbian medical staff present at the facility floundering in their attempts to treat an overwhelming number of desperately sick patients.

> There were Serbians, French, English, Bulgars, Austrians and Italians, all of them seriously ill, and the Second Drina Dressing Station had been working night and day since Vranja [sic.] had been taken, sometimes having as many as 1,500 patients in the hospital at one time. The doctors were aching for us to take over […].[166]

Emslie's comparison of the medical staff's desperation for respite to a physical ache is unsettling in its literal accuracy of their clear physical and mental exhaustion. At the same time, it bears a striking resemblance to FSU dresser, Louise E. Fraser's, descriptions of Serbian doctors conducting typhus work in Kragujevac in 1915. According to Fraser, the Serbian medical staff's attempts to control the typhus epidemic had been like trying 'to drain the sea.'[167] That conditions in post-war Serbia were reminiscent of the chaos faced by the FSU at the start of the conflict is clear. Indeed, patient neglect and a shortage of staff had once again become problematic for the country, with Emslie witnessing 'many patients […] suffering, bleeding and breathing their last without a person to tend them'.[168]

The extent to which Serbia's healthcare system had regressed under occupation is most apparent in one particularly nauseating description of a make-shift theatre. Emslie, a doctor who had tended to some of the Balkan Front's worst cases in Salonika, is clearly disgusted by the sight of the 'ghastly' operating room, which 'nothing that I had imagined in pre-Listerian or even mediæval days approached […] in frightfulness.'[169] Her claim that the room's condition can be compared to a time that predates antiseptics is shocking in the implied brutality of the medical practices that had taken place there. Meanwhile, the sheer temporal distance of the centuries that this Serbian facility is perceived to have retrogressed serves to further compound these horrors. As though

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[165] Ibid., p. 148.
[166] Ibid., p. 148-149.
[167] Louise. E. Fraser, 'Diary of a Dresser in the Serbian Unit of the Scottish Women's Hospital', *Blackwood's Magazine*, June 1915, pp. 776-797, (p. 776).
[168] Emslie, *With a Woman's Unit*, p. 148-149.
[169] Ibid., p. 149.

these accounts are not startling enough, Emslie continues to write a stomach-turning description of the operating table 'stood in the centre of the room' on a 'wooden floor […] swimming with blood' and surrounded by 'pails full of bits of legs and arms […] black with greedy flies.'[170] With these words, Emslie highlights not only the devastating savagery of war-time medicine for a country under occupation, but that her unit is immersed in these surroundings, too. Her writing takes on a performative function akin to the London Unit's in Russia as she emphasises frightful details to her readers, so that they may better perceive the difference her unit's work will make.

Fig. 4.12 'American Unit Macedonia - Pitching Hospital Tents' (c.1915-1918), SWHC, The Mitchell Library, Glasgow, TD1734/19/1/28.

As so many members of the American Unit had served previously in Serbia with the SWH's earliest units, it would have been understandable had these women grown disillusioned with the 'Herculean task' facing them in this country once again.[171] Instead of allowing the destruction of their previous work to dishearten them, however, the unit utilised the knowledge they had gained from their previous Serbian experiences to guide and inform their contributions to the country's recovery. This was particularly auspicious given that a new contagious disease was wreaking havoc in hospitals and

[170] Ibid., p. 149.
[171] Mary H Green to Mrs Laurie, 9th and 27th December, cited in Leah Leneman, *In the Service of Life*, p. 190.

barracks across the world in the form of the 'Spanish' influenza. One of the earliest known cases of the virus was recorded on 4th March 1918 when 'Albert Gitchel, a cook at Camp Fuston in Kansas, was afflicted by coughing, fever, and headaches.'[172] Symptoms would later develop to be deadly, with 'nasal haemorrhage, pneumonia, encephalitis, temperatures of 40°C, nephritis-like blood-streaked urine, and coma' recorded.[173] By the Spring of that same year three quarters of French troops, and more than half of British troops had fallen ill with the virus. With the ongoing war it was imperative to maintain troop morale and 'avoid alarming the public,' thus 'several local health authorities refused to reveal the numbers of people affected and deaths.'[174] As the war began to wind down and Armistice was declared, however, the deaths from this disease and the impact it had upon the formerly warring world's population could no longer be ignored. It was thus that in Vranje, too, the American Unit were to wage their own battle against this virus.

As mentioned previously, the American Unit's veteran SWH members utilised their knowledge of fighting typhus with the FSU, to aid them in their battle against 'The Spanish Lady'. 'There were four hundred and fifty cases left for us,' writes Emslie, 'each one severe and a problem in itself, and among them was a great number of pneumonias, for "Spanish influenza," a disease new to Serbia, was sweeping over the country.'[175] According to medical historian Mark Honigsbaum, 'in the summer of 1918 no one had experienced a pandemic of influenza for twenty-eight years. Compared to typhus, a deadly blood-borne disease spread by lice that lived in soldiers' clothing, or the septicaemia that bred in gunshot and shrapnel wounds, influenza was a trifling infection from the point of view of army medical officers.'[176] Whilst Emslie might not have known the full extent or severity of this new strain at the time, she was nevertheless aware that there was a need for her to bring the hospital barracks' hygiene and quarantine procedures into order before she could begin tackling this or any other illness. With the hospital in its current filthy state, a lack of warding patients, and even

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[172] M. Martini, V. Gazzaniga, N. L. Bragazzi, I. Barberis, 'The Spanish Influenza Pandemic: a lesson from history 100 years after 1918', *Journal of Preventive Medicine and Hygiene,* Vol. 60, 1 (2019), pp. E64-E67 (p. E64).
[173] Ibid., p. E. 64.
[174] Ibid., p. E64.
[175] Isabel Emslie, *With a Woman's Unit*, p. 155.
[176] Mark Honigsbaum, *The Pandemic Century: A History of Global Contagion from the Spanish Flu to Covid-19* (London: Penguin, 2020), p. 51.

the most basic of sanitary procedures, it was clear to the American Unit's CMO how this disease would quickly spread and ravage what remained of Serbia's population. It was thus that the work of the American Unit was to once again emulate the FSU in a bid to restore order and successfully suppress this new virus. The women began, therefore, by implementing a strict quarantining and triaging system at their hospital.

In addition to stringent warding procedures, the American Unit, like the FSU, worked on cleaning their hospital site to improve conditions. 'By noon' of their first day, Emslie notes that her 'nurses and Serbian orderlies had accomplished such a "redding up" as the building had not seen for many a day, and with improvised brushes of twigs and branches they swept out the garbage of ages.'[177] Other staff members busied themselves classifying patients, tending to the worst wounded, cleaning up the ghastly operating theatre, and setting up a sanitary waste and water system. This last task was considered by Emslie to be the most difficult; a lot which fell to Miss Jane Corbett Barker, the unit's sanitary officer. Branding her 'busiest of all', Emslie notes that Miss Corbett Barker 'strode about' all day, 'shovel over her shoulder, upbraiding there, coaxing here, and all the time galvanizing the "Bing Boys" into action.'[178] Described by Emslie as 'a collection of aged *chichas* (uncles) of the Reserve', the '"Bing Boys"' were 'given to' the American Unit by the Serbian military 'for the heavy outside work.'[179] With this in mind, Miss Corbett Barker's cajoling and marching might be deemed an attempt at recreating martial discipline for their new volunteers. Emslie's revelation that these men 'were undoubtedly unfit for any military work in the firing lines,' however, implies an imperialistic benevolence to Corbett Barker's actions.[180] By nicknaming the čičas '"Bing Boys"', Emslie suggests that they are not cut out for heavy work in the hospital either, as she references the protagonists of George Grossmith's Jr. and Fred Thompson's 1916 play, *A Picture of London Life*. According to theatre critic, B.W. Findon, this play has 'as many details as an inventory, and not a single one of these details is anything but a source of amusement.'[181] These čičas become, therefore little more than light-hearted entertainment for the American Unit's women, too. The lack of malice in this ribbing is clear in Emslie's reference to their volunteers by the

[177] Isabel Emslie, *With a Woman's Unit*, p. 156.
[178] Ibid., p. 157.
[179] Ibid., p. 157.
[180] Ibid., p. 157.
[181] B.W. Findon, 'The Bing Boys are Here edition', *The Play Pictorial*, XXVIII, no. 169 (1916), p. 50.

Serbian word for ‘uncle’, demonstrating a clear respect for their age. Meanwhile, the men’s willingness to help implies their own affections for the unit – a fondness that only endears them further to its CMO.

Fig. 4.13 ‘Bringing in the wounded, Ostrovo’ in Leah Leneman, *In the Service of Life: The Story of Elsie Inglis and the Scottish Women’s Hospitals* (Edinburgh: Mercat Press, 1994), p. 87.

Emslie’s kindly tone when referring to the ‘“Bing Boys”’ once again echoes that of the SWH’s founder in a letter to the committee from 22nd July 1915. Whilst the FSU ‘filled in the awful pit or pond’ that was their Kragujevac hospital’s cesspool, Inglis describes how ‘the Serbians […] tidied up the grass, which is so like them, the dear things. While we struggle with the cesspool, they make the grass nice.’[182] The SWH founder’s beneficent infantilisation of the Serbs mirrors Emslie’s, as both women forego exasperation for tenderness. A fondness for these men ultimately prevents either CMO from becoming irritated at their charges’ inaptitude. With so much to do and so few hands, the American Unit, like the FSU were grateful for the assistance the Serbian men offered even though the usefulness of their contributions varied. Though there were strong imperialistic tones to their interactions with their patients, then, the SWH’s ‘purpose,’ as Smith argues, was ‘not colonisation, but to evoke sympathy in the reader to a political cause: Serbian relief.’[183] This was especially true at the end of the war as

[182] Elsie Inglis to Miss Mair, 22 July 1915, TD1734/2/6/4/1/32, SWHC, Glasgow City Archives.
[183] A. K. Smith, *British Women of the Eastern Front*, p. 41.

the female aid workers in this country became increasingly aware that their time in Serbia was drawing to a close despite the country still needing their support.

Though their patients' attempts to assist them in their work were prone to variable outcomes, the women of the American Unit nevertheless accomplished a great deal within the first few days of their arrival in Vranje. 'Late that night as I walked round the building' Emslie reflects '[I felt] we had already accomplished something: the patients were no longer roaming the corridors but were safe in warm wards.'[184] Meanwhile, she notes her pride in her nursing staff who patrolled the site and attended the worst cases throughout the night. With their 'stable lamps' in hand, Emslie claims she 'could not but be reminded of their predecessor, Florence Nightingale, whose lamp they were thus keeping brightly burning.'[185] With this statement, the American Unit's CMO suggests that her staff are both literally and metaphorically carrying on the legacy of this icon of Empire and British wartime nursing. At the same time, she implies that her women can leave behind imprints of their own, too. By 'keeping' Nightingale's light 'brightly burning' in Serbia, Emslie hopes that her own unit's work will illuminate their host country long after the sisters leave its wards.

Though Serbia was still in desperate need, it came as no surprise to the American Unit's CMO when in January 1919 she learned that the Committee were considering terminating her unit that Spring. Of the six SWH units that had been working alongside the Serbian Army in Sallanches, Corsica, Salonika, and across the former Balkan Front, the American Unit was the sole SWH division still in existence. Whilst the Committee deemed it a suitable time to recall these women, the rate and scale of the work in Vranje was not letting up. Amidst the 'Spanish' influenza and civilian surgical cases, a new typhus outbreak had taken hold of the region. 'The work increases daily,' wrote Emslie, 'instead of showing any signs of decreasing. I am now unable to get the number of patients below 350, however hard I try, and it is generally about 367.'[186] Mrs Mary Green, the unit's administrator, noted her own admiration for the unit's work, stating that the work in this city had 'been our very best, and our Hospital supplied a terrible

[184] Isabel Emslie, *With a Woman's Unit*, p. 158.
[185] Ibid., p. 158.
[186] Isabel Emslie in Leneman, *In the Service of Life*, p. 190.

need at an extremely critical time.'[187] With so many cases still coming in to the hospital, in March 1919 it was ultimately decided that the unit should remain in their posts. By September, however, the Committee, fast running out of funds and unable to raise any more money from a war-weary public, made the difficult decision to close the hospital in Vranje. Saddened by the knowledge of her hospital's impending closure, Emslie was extremely keen to leave behind a more permanent symbol of the SWH's work in Serbia. She had spent the American Unit's final months in the country, therefore, petitioning for the opening of a Serbian nursing school. In her opinion, a facility that trained young Serbian women to be nurses would not only keep the name of the SWH and its pro-feminist aims alive, but it would be of direct benefit to the Serbian people for generations to come.

Whilst it was widely believed – even in Britain - that minimal training was required for a woman to be able to nurse the sick because nursing was, as Sandra Speedy posits, 'viewed as a natural extension of the female role, valuing nurturance, […] support, care, and concern,'[188] there was, nevertheless a minimum requirement for British VADs to have at least six weeks formal training and pass an examination prior to active service.[189] Within Serbia, however, the very concept of nursing as a profession was an alien one and the result was, as Emslie notes in her memoirs, often fatal for those unfortunate enough to fall ill or become injured. To remedy this issue, Emslie attempted to open a nursing school at the recently established Elsie Inglis Memorial Hospital in Belgrade with the full moral support of the Committee in September 1919. Unfortunately, just as with the unit in Vranje, the organisation was unable to financially provide for this endeavour. At the same time, Emslie writes, 'it seemed difficult, if not impossible, to get the educated girls of Serbia to take up nursing,' because they 'marry very young' in this country.[190] As a result, this scheme sadly did not come to fruition.

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[187] Mary H. Green in Leneman, *In the Service of Life*, p. 190.
[188] Sandra Speedy, 'Gender Issues in Nursing: A Global Perspective' in *Professional Nursing: Concepts, Issues, and Challenges*, eds. by. John Daly, Sandra Speedy, Debra Jackson, Vickie Lambert, Clinton Lambert (New York: Springer Publishing Company, 2005), p. 213.
[189] British Red Cross, *Nursing during the First World War*, <https://vad.redcross.org.uk/~/media/BritishRedCross/Documents/Who%20we%20are/History%20and%20archives/Nursing%20during%20the%20First%20World%20War.pdf> [accessed: 17th July 2019], p. 6.
[190] Isabel Emslie, *With a Woman's Unit*, p. 217.

Though she was not successful in her nursing school pursuit, the significance of Emslie's post-Armistice work in Vranje with the American Unit cannot be underestimated. The work of this unit was described by Mrs Green as 'one of the best pieces of work the S.W.H. has done yet […]. Everyone who has seen it has been delighted with it, and all say that there is not another Hospital in Serbia that comes near to ours in the matter of order and first-rate equipment.'[191] Meanwhile, their presence in this city at a time when both the 'Spanish' influenza and a new typhus outbreak emerged amongst injured soldiers and civilians would have greatly reduced the impact it had on the exhausted Serbian population. 'Even with the care we were now able to give the patients,' reflects Emslie in her memoir, 'the death-rate during October to December [1918] was almost ten a day and the mortuary was never empty.'[192] With this in mind, the American Unit's time in Serbia should nevertheless be considered a success. Not only were they able to continue the work that Inglis and her FSU began in 1915, but this final Serbian Unit was able to bring the SWH's Great War story 'full-circle' by the conclusion of the conflict.

[191] Mary H. Green in Leneman, *In the Service of Life*, p. 195.
[192] Hutton, *Memories of a Doctor in War and Peace*, p. 172.

Conclusion:

Despite the devastation of the Great Serbian Retreat for the SWH's Serbian Units, Dr Inglis' determination secured her organisation's return to work for her Serbian charges in exile on the frontlines in Russia and Romania. Her actions simultaneously paved the way for many other young and ambitious women to embark upon the 'adventure of a lifetime' and go to war with the newly-formed London Unit. The romanticisation of conflict, so commonplace amongst the ranks of new recruits, was only intensified by their excitement at leaving behind their home-front identities and stepping into the unknowns of both war and the East for the very first time. 'The sky seems more important here than anywhere else in the world, and far bigger,' wrote unit chauffeur, Ysabel Birkbeck, on the train from Moscow to Odessa.[193] The skyline's perceived increased significance is not an entirely misguided observation; Birkbeck and the other women of the London Unit were engaging in pioneering work on the Eastern Front that could have far-reaching repercussions for medical women and the women's suffrage movement across the Western world. At the same time, the apparent boundlessness of these foreign skies mirrors the freedom that Birkbeck and her colleagues gained in this land. In Russia, the women of the London Unit were no longer constrained by the essentialist rules of femininity that dictated their social status and professional conduct on the home-front.

When Birkbeck observes the 'huge white woolly clouds' of these new skies and watches 'them and the horizon changing', one cannot help but to extrapolate a far deeper meaning from her observations.[194] Whilst the new horizons around her evolve literally, so, too, does the outlook for women on the home-front thanks to the SWH's war-work. With such a remarkable transformation occurring both within each individual unit member and the world surrounding them, it is understandable that they should disregard the perils along the way. Their enthusiasm was only fed by their entry into a land that many of them had only ever read of in Garnett's translations of Russian novels. According to French journalist and war correspondent, Ludovic Naudeau, Russia had an exhilarating effect upon Westerners who 'fall under a spell' and 'realize

[193] Birkbeck in *Between the Lines*, p. 27.
[194] Ibid., p. 27.

[they] are in another world' the moment they enter it.[195] For men in particular, he claims, it is an intoxicating and incomprehensible land that 'you will not know enough about […] to explain anything until you have been here so long you are half-Russian yourself, and then you won't be able to tell anybody anything at all about it.'[196] An 'Othered' place, Russia in many ways parallels the intoxicating and incomprehensible 'fairer sex' within the Western male imagination. It is apt, then, that for the women of the London Unit, the Eastern Front was a place where they were to be liberated for the very first time in their lives.

Though the disparity between the London Unit's expectations of war and reality were keenly felt amongst fledgling frontline staff, the women tried their utmost to conceal their disillusionment. That way they would not fuel their detractors' beliefs that women were unsuited to conflict. As the Dobrudja Retreat took off and these women experienced their first taste of the volatility of war, therefore, they appeared to force themselves to get comfortable with the uncertainty surrounding them. Their pragmatism is perhaps best outlined in this excerpt from Yvonne Fitzroy's diary during the retreat: 'we scraped the dirt off our hands in filthy water, and then set out in search of news and breakfast.'[197] Washing their hands with unclean water and then carrying on with their day as though this was standard routine for a medical unit highlights the extent to which these women were unperturbed by difficulties. At the same time, it very explicitly and literally highlights to readers that these women were not afraid of getting their hands dirty. Indeed, the longer they spent on the frontlines, the more adept they became at making the best of a bad situation. Nowhere was this more noticeable than when the unit were unwittingly embroiled in the Russian Revolution.

For some members, being in the centre of political unrest was initially cause for 'tremendous excitement'.[198] 'It is grand,' Mary Milne writes, 'living in the midst of history like this.'[199] As things soured and the women were increasingly caught in the crossfires, however, they began to realise the severity of the situation in which they

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[195] Ken Hawkins, 'Through War to Revolution with Dosch-Fleurot: A Personal History of an American Newspaper Correspondent in Europe and Russia, 1914-1918' (Unpublished Master's Thesis, University of Rochester, 1986).
[196] Ibid.
[197] Fitzroy in *Between the Lines*, p. 73.
[198] Milne in *Between the Lines*, p. 211.
[199] Ibid,. p. 211.

found themselves. Events such as the storming of their 'hotel' room by 'revolutionaries' and Agnes Murphy's arrest on suspicion of espionage would have been extremely frightening for all involved, but retellings of the events were also expedient opportunities for the women to demonstrate their mastery of frontline life to their critics.[200] Many of the women's diary entries and letters home throughout this period are, therefore, marked by a persistently stoic tone as they factually document the goings-on of the revolution and brush off the arrest as a simple and swiftly resolved misunderstanding. 'They apologised abjectly to Murphy,' writes an extremely reserved Margaret Fawcett, 'and we congratulated ourselves that the matter had ended so satisfactorily.'[201]

The stress of frontline life was, for the most part, handled exceptionally well by the London Unit's members. The reason for this might well be attributed to the mental resolve of their leader. Whilst her body was being secretly ravaged by cancer, Inglis' strength of mind and tenacity were to once again shine through in the autumn of 1917, as she battled to secure the evacuation of the Serbian Army's Second Division from the Eastern Front. Her refusal to leave before she was certain that every last one of her Serbian charges had secured safe passage to Salonika was remarkable in its devotion; she was committed to placing her patients' well-being above her own. So uncomplaining and tenacious was the SWH's founder that many in her unit were shocked to learn the news that she had passed away the night following their arrival in Newcastle upon Tyne. Though her passing was universally considered a 'sad ending to [the] unit', its remaining women had been so moved by Inglis' steadfastness that a memorial unit was formed in her honour.[202] Meanwhile, though she did not live to see it, Inglis' wish for the recognition of the female doctor's war-work was to posthumously come true in the form of the Elsie Inglis Unit's private inspection by the King and Queen of England. Their deployment back to the Balkan Front under the protection and patronage of the British War Office, who had previously shunned them, was amongst the greatest victories for both Inglis and her organisation.

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[200] Birkbeck in *Between the Lines*, p. 226.
[201] Fawcett in *Between the Lines*, p. 243.
[202] Fawcett in *Between the Lines*, p. 326.

Alongside the recognition of the Elsie Inglis Memorial Unit, another more poignant wish of Inglis was to be requited via the work of the American Unit, too. Unique for both its non-British patronage and proximity to the firing lines on the Balkan Front, the American Unit was the only SWH division to march back victoriously into Serbia alongside the Serbian Army. In doing so, they were to achieve what Inglis had longed for ever since the exodus that was the Great Serbian Retreat. It would have been apt that following the return of the Serbians to their lands, the American Unit should have been faced with medical work that picked up where the first four Serbian Units had left off. The reality was, however, far worse than what previous units had left behind. Three years of occupation had completely decimated Serbia's medical facilities and populace morale. The country's few remaining clinical staff were unable to cope with the wide-scale destitution, limited equipment, and large influx of patients. To tackle these challenging conditions, then, the American Unit both improvised and replicated the procedures many of its members had previously performed whilst working with the FSU in Kragujevac in January 1915. It was similarities between the two unit's approaches that aptly brought the work of the SWH full circle, before finally ending in 1919 amidst conditions mirroring those in which this organisation's frontline life began. 'We are undoubtedly wanted in Serbia,' wrote Kathleen Burke in a report to the Committee following a visit to the country that Spring.[203] 'Whilst the officials are very dilatory in their methods, they would strongly deprecate any desire on our part to withdraw from the country at the present time.'[204] Her sentiment was shared by American Unit's CMO, Isabel Emslie, who repeatedly highlighted the cruciality of her crew's work in Vranje to the Committee. As the only hospital base in all of Southern Serbia, Emslie's unit survived for many months beyond the Armistice.

Whilst other sites were shut down and sent home due to a drying up of funds, the American Unit was allowed to continue with its work until the end of September 1919. When news came that this division was to wind up its work by the autumn, too, Emslie concentrated her energies on finding a way to leave behind a tangible legacy for the SWH in Serbia. Her initial focus was on a nursing training school, but the Committee's refusal to fund such a project led them to redeploy her to the Elsie Inglis Memorial

[203] Kathleen Burke in Leneman, *In the Service of Life*, p. 198.
[204] Ibid., p. 198.

Hospital in Belgrade following the closure of the Vranje hospital. As with much of this organisation's work, the Committee's initial vision for the Belgrade hospital was starkly different to the reality for those on the frontlines. This unfortunately meant that, following numerous disagreements with this governing body, the hospital disbanded and Emslie's efforts in the Serbian capital were to come to an end in April 1920. Though she was saddened and angered by this, Emslie had nevertheless been relentless in her efforts to not only improve Serbian medical facilities, but to seek out ways in which she could finish Inglis' work on the Balkan Front. Her efforts to leave behind a legacy for the SWH were admirable, even though they were unfortunately not fruitful. A disjunct between expectations and reality had long been a theme for the SWH. Whilst this was undoubtedly disappointing at times, it was not necessarily a completely negative thing. Indeed, it was often during their greatest difficulties that the SWH and its members were able to fulfil the organisation's founding principles and demonstrate to all those who disparaged women's work that women *could* help usefully in war. Their time on the frontlines was to be, therefore, as Katherine Hodges concludes, 'a wonderful adventure, but not in the sense which we had imagined it.'[205]

[205] Katherine Hodges in *Between the Lines*, p. 16.

Conclusion:

The SWH's 'lasting imprints':

In an article published in *The Englishwoman* in September 1916, long-time SWH ally and Serbian Army medical officer, Milan Ćurčin, told of his awe at the work of this organisation for Serbia. 'I have to make a confession,' he wrote:

> [b]efore the war I loved and esteemed women, but I did not believe in Women's Suffrage. I am afraid I was an anti-suffragist. […] This war made me see that British women must have the public privileges of men, when their work and services are accepted for the public good like those of men. British women have not, of course, changed suddenly during the War, they have not suddenly become what they were not before – able to work and suffer like men. But they have now had their chance of showing beyond a doubt capacities equal to men, so that nothing remains for us but to see them and accept the consequences.[1]

With this very public declaration that the SWH changed his opinion on not only British women's capabilities, but suffrage, too, Ćurčin suggests that the organisation had partially fulfilled its founder's mission. As far as this man was concerned, this all-female organisation had brought home to all that British women '[*could*] *help* intelligently in any kind of work', just as Dr Inglis had so hoped.[2] This thesis has been the first to explore the ways in which the SWH utilised their time in Serbia to prove their competency as medical professionals to their male critics on the Western Front. Their chosen wartime activities placed them not only in the lines of fire from which the British authorities had forbidden them, but exposed them to scenes of extreme bloodshed, disease, and deprivation that gender essentialists believed their sex was incapable of contending with.[3]

Whilst misogynistic essentialist beliefs maintained that women were fundamentally unable to cope with the sight and process of death on the battlefield, the women of this organisation repeatedly confounded this stereotype. As the first and final chapter of this thesis reveal, the SWH's pragmatism and devotion to their patients' well-being was

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[1] Milan Ćurčin, *British Women in Serbia and the War*, (London: n.p.), p.3; reprint from *The Englishwoman*, September 1916.
[2] Elsie Inglis to Millicent Garrett Fawcett, 9 October 1914, 7MGF/A/1/094, The Women's Library, LSE.
[3] Whilst working with patients from British slums might well have exposed these women to disease and deprivation previously, the scale of these issues in the Balkans was far greater than any the SWH's women might have encountered before on the home-front.

paramount from the First Serbian Unit's (FSU's) arrival at an overwhelmed Kragujevac typhus hospital in January 1915, right up until the American Unit's closure of their Vranje hospital in September 1919. Indeed, it was under the harshest of conditions that the work of the SWH flourished most, and the women received the greatest official recognition from British and Serbian authorities alike. This is particularly examined in the second and third chapters of this thesis, which document the work of this organisation for the Serbians both under occupation and following the Great Serbian Retreat. It was a result of difficulties that the women were able to demonstrate to their disparagers the value of the female contribution to conflict most directly.

The impact of the SWH's work for the Serbian people during the war was as invaluable as Ćurčin claims and his praise would have been undoubtedly welcomed by the organisation's members. British women were, as highlighted in the third chapter of this thesis, afforded a 'special status' by the Serbian military whilst in the Balkans because of their nationality and social standing as daughters of the British Empire. The privileges Ćurčin grants to the British female caregiver, however, did not apply to his Serbian sisters. Whilst his commendations are a victory for British women in Serbia, therefore, they are nevertheless not a complete one for all women everywhere. At the same time, the privileges the SWH's women gained amongst the Serbs on the Balkan and Eastern Fronts did not translate to their lives back in Britain after the war. Ćurčin's belief that 'nothing remains for us but to see [British women] and accept the consequences' of their capacity to work like men was still not a sentiment shared by his British allies following the Armistice. Where women who served with the SWH under the French Red Cross received British Victory & War Medals in 1921, individuals from the Serbian units 'received neither British Government recognition nor retrospective honours.'[4] Though Winston Churchill had declared that 'no body of women has won a higher reputation in the Great War' than Inglis' SWH and that 'their work, lit up by the fame of Dr Inglis, would shine in history,' it seems that the history books were precisely as far as British authorities were willing to allow this organisation to go.[5]

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[4] *Dr Elsie Inglis Trust Banner* in Marlène Cornelis, *'"My dears, if you are successful over this work, you will have carried women's profession forward a hundred years:" The Case of the Scottish Women's Hospital for Foreign Service'* (Unpublished Masters Thesis, University of Glasgow, 2018), p. 25.
[5] Lucy Inglis, 'The Art of Medicine: Elsie Inglis, the Suffragette Physician' *The Lancet*, 384, No. 9955 (2014), pp. 1664-1665.

With all this considered, it is unsurprising that scholarship on the SWH's Western Front units has been largely pessimistic in its summations of the organisation's long-term achievements. In a recent MA dissertation (2018), Marlène Cornelis concludes that 'the Scottish Women's Hospitals' war-time successes did not benefit women in the medical profession at large.'[6] Meanwhile, Leah Leneman similarly surmises that 'the SWH were not […] a precursor of anything' significant for female suffrage or women in medicine; they were simply 'unique.'[7] These observations are certainly true when post-war job prospects for medical women in Britain are considered. In her conclusions on the WHC and their Endell Street Military Hospital, Jennian Geddes notes that 'very little changed' for medical women 'after the war: post-war employment prospects for women were essentially the same as in 1914'.[8] Meanwhile, women who wished to pursue a career in medicine after the conflict still met with limitations on their abilities to both study and, later, practice this vocation. Britain, according to public spokesmen, had a 'glut of doctors', and women's continued entry into the profession was only adding to this surplus.[9]

As many British male doctors and medical students returned home from the frontlines to pick up where they had left off, new male medical students continued to enter the profession. This resulted in women once again being dissuaded from pursuing a career where 'the prospects of gaining a livelihood were meagre'.[10] It is understandable, then, that scholars such as Leneman and Cornelis should conclude that the impact of the SWH on the acceptance of medical women within Britain was less than negligible after the war. Similar conclusions are drawn with regards to this organisation's influence on the Women's Suffrage cause. Though enfranchisement of British women over thirty who met the minimum requirements on owning property to the value of £5 (or being married to a husband who did) came with the Representation of the People Act (1918), electoral rights for all women over 21 were not to come until 1928. These observations,

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[6] Marlène Cornelis, *'"My dears, if you are successful over this work, you will have carried women's profession forward a hundred years:" The Case of the Scottish Women's Hospital for Foreign Service'* (Unpublished Masters Thesis, University of Glasgow, 2018), p. 45.
[7] Leah Leneman, *In the Service of Life: The Story of Elsie Inglis and the Scottish Women's Hospitals* (Edinburgh: Mercat Press, 1994), p. 220.
[8] Jennian Geddes, 'The Women's Hospital Corps: Forgotten Surgeons of the First World War', *Journal of Medical Biography*, 14, No. 2, (2006), pp. 109-117.
[9] Mary Ann C Elston, 'Women Doctors in the British Health Services: A Sociological Study of their Careers and Opportunities' (Unpublished doctoral thesis, University of Leeds, 1986), p. 296.
[10] Elston, 'Women Doctors', p. 298.

whilst valid, are nevertheless limited by their British-centric focus. As a result, these scholars once again overlook the Serbian aspect of the SWH's legacy, which I conclude, was continued by individual members' post-war work within this Balkan country.

Having experienced professional freedoms in Serbia like never before, some former SWH members resolved to relocate there after the Armistice when they found their options for work were once again restricted in Britain. Speaking about the women in her own American Unit following the war, Dr Isabel Emslie notes that:

> [i]t was the work they did in Vranja [sic.] that made most of my sisters feel that they would prefer not to go back to nursing in England, but rather to the outposts of the world where they would do more important work. They are now scattered all over the Colonies, and they have there a wider scope for their energy and enterprise than they would have at home.[11]

The universality of this feeling amongst former SWH staff is indicated by Emslie's use of the determiner 'most'.[12] Whilst the organisation itself was unable to leave a nominal legacy within Serbia, as highlighted in the final chapter, it was a catalyst for former members to pursue post-war opportunities they previously might not have considered. Dr Katherine Stewart MacPhail was one such woman. A former junior doctor with the SWH's FSU in Kragujevac, MacPhail returned to Belgrade in early 1919. By November of the same year, she had successfully established the Anglo-Serbian Children's Hospital, which was to be the very 'first Children's Hospital in Serbia.'[13]

MacPhail was conscious of the diminishing opportunities for medical women in Britain. As a result, she prioritised British female doctors for any jobs that arose at her institution. It was thus that in 1934, when MacPhail's Serbian scheme expanded once again with the founding of the English-Yugoslav Hospital for Treatment of Osteoarticular Tuberculosis at Sremska Kamenica, her female staff had the chance to work in disciplines beyond their usually assigned gynaecology and paediatrics. Alongside MacPhail, the Rt. Hon Evelina Haverfield and her romantic partner, Vera

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[11] Isabel Emslie Hutton, *With a Woman's Unit in Serbia, Salonika & Sebastapol* (London: Williams and Norgate, 1928), p. 199.
[12] Emslie, *With a Woman's Unit*, p. 199.
[13] Report in Želimir Dj. Mikić, *Ever Yours Sincerely: The Life and Work of Dr Katherine S. MacPhail*, Muriel Heppell (Transl.) (Cambridge: Perfect Publishers, 2007), p. 79.

'Jack' Holme, returned to work in Serbia in the years immediately after the war. Arriving in December 1918, Holme notes that 'the crying need now seemed to be the children of Serbia who had been left fatherless and motherless during the war.'[14] As a result, these women opened and ran an orphanage for the children of fallen soldiers in the Western Serbian district of Bajina Bašta until shortly after Haverfield's untimely death from pneumonia on the 21st March 1920. Though they were no longer working for the SWH, each of these women had been acquainted with work in Serbia by this organisation. The SWH was, therefore, clearly a catalyst in their decision to continue this work beyond the Armistice.

Like Haverfield and MacPhail before her, Emslie, too, returned to the Balkans following the Great War when she began work as a volunteer in an anti-malarial medical mission in Albania in 1925. 'I was surprised how my heart leapt at the thought of returning to the Balkans,' she wrote in her memoir, for 'we who had taken part in the war were trying to make new lives for ourselves, and some, like myself, had found it heavy-going.'[15] Though she had spent time back in Britain writing prolifically and becoming a successful female psychiatrist, Emslie's nostalgic longing for this region gives away just how greatly she had missed the professional freedoms experienced there during the Great War. Emslie's desire to make medical education and work opportunities more available to women had, as demonstrated in the final chapter, been frustratingly fruitless in Serbia previously. Her dreams for the establishment of a Serbian nursing school were unrequited. Beyond the conflict, however, in 1931 she joined the committee of an organisation that gave Yugoslav women the opportunity to train 'as doctors in [British] medical schools.'[16]

Emslie's support for educating women in medicine only intensified when she became chairman of this organisation in 1934 and began facilitating the 'post-graduate training' of 'a number of women doctors […] in British hospitals.'[17] This work was, perhaps, a consolation to her following the failure of the nursing school. Though she was unable to leave behind a tangible legacy for Serbia in the SWH's name, the Serbian people did

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[14] 'Account of the work of Evelina Haverfield in Serbia', 7VJH/3/2/04, Women's Library, LSE.
[15] Isabel Hutton, *Memories of a Doctor in War and Peace* (London: Heinemann, 1960), p. 224.
[16] Hutton, *Memories of a Doctor*, p. 335.
[17] Ibid., p. 335.

not forget Emslie's efforts. It was thus that in 2011, the Serbian government named a new medical school in Vranje after the former American Unit's CMO. Whilst her post-war career was not directly linked to her time with Inglis' organisation, the SWH undeniably introduced Emslie to the concept of working abroad. It was through this desire that she was able to leave an individual mark in history as a medical woman when she received a CBE in 1948 for her lifetime of philanthropic contributions.

Fig. 5.1 Foreign and Commonwealth Office, 'First World War British heroines feature on new Serbian stamps', 9 December 2015, < https://www.gov.uk/government/news/british-ww1-heroines-commemorated-on-official-serbian-stamps> [Accessed: 6 January 2021]

In a letter to the SWH Committee dated 22nd September 1915, Dr Alice Hutchison reflects on her time on the frontlines to date. 'Surely it is hardly possible,' she writes, 'for Britisher and Serb to arrive at a mutual kindly understanding with laugh and gesture and isolated words (appropriate or inappropriate) and part to be as they were.'[18] With this statement, the Valjevo Unit's CMO indicates her desire to believe that the British and Serbs would be permanently brought together by their wartime experiences. At the same time, Hutchison indicates that she will leave the Balkans with both herself and the region in a changed state. 'One likes to think,' she continues, 'that when we

[18] Alice Hutchison in Eva Shaw McLaren, *A History of the Scottish Women's Hospitals* (London: Hodder & Stoughton, 1919), p. 139.

leave the hillside once again silent, with brown, grassless areas alone speaking of its former bustling existence, that we shall have left more lasting imprints in the shape of a wider international understanding sympathy.'[19] Though her desire to believe this notion is strong, her use of the phrase 'one likes to think' implies an element of doubt in her own convictions.

Tragically the memory of the SWH and its women faded into obscurity in Britain prior to Centenary commemorations. Within Serbia, however, the women were, and continue to be, fondly remembered. In 2014, the Serbia Post and British Embassy worked in tandem to commission a special stamp series titled 'British Heroines of the First World War in Serbia' (*'Britanske heroine Prvog svetskog rata u Srbiji'*) (See **Fig. 5.1**). The SWH's founder and organisation members MacPhail and Emslie were amongst the six women honoured in this commemorative collection.[20] Post Serbia's director, Milan Krkobabić, is cited as claiming that 'the British heroines are still alive. Their images stand on the postal stamps and will remain permanently in philatelist collections, but also in our hearts and thoughts, first of all as an expression of our gratitude, but also as a matrix and pattern for the new people in the days to come.'[21] In Mladenovac, Inglis' memorial fountain still stands, whilst in Belgrade, the British Ambassador's Residence proudly bears her name. Clearly, the legacy of the SWH is still very much alive in this country.

Less optimistically, some of the questions that the SWH posed with its formation in 1914 continue to be pertinent to women in the medical profession today. In the post-war years, Claire Brock argues, those women who chose to pursue medicine 'were blamed […] both for contributing to an increase in numbers and wasting opportunities through marriage and maternity if they qualified.'[22] Though their entry into the medical profession is less stigmatised in the present day, with females making up over half of the applicants to medical schools, female doctors and surgeons continue to experience

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[19] Ibid., p. 139.
[20] 'First World War British Heroines Feature on New Serbian Stamps', 14th December 2015, < https://www.allaboutstamps.co.uk/collecting-resources/first-world-war-british-heroines-feature-on-new-serbian-stamps/ > [accessed: 6 January 2021].
[21] Ibid.
[22] Claire Brock, 'Women and Surgery After the Great War', forthcoming in *The Palgrave Handbook of Women and Science,* ed., Claire G. Jones, Alison Martin, and Alexis Wolf (Basingstoke: Palgrave Macmillan, 2021).

workplace discrimination and burnout.[23] The medical profession's 'unhealthy obsession with ideas about resilience,' as Agnes Arnold Forster notes, 'places the responsibility for being resilient with the individual doctor rather than seeking change from institutions.'[24] Work-family conflict is frequently identified as one of the main causes for female medical students' descent into depression and suicidal thoughts.[25] Meanwhile, a disproportionately small number of medical women choose to specialise in surgery. Lang, Dornan et. al identify that 'in the UK and Australasia, women account for just 11% of consultant (specialist) surgeons.'[26] They outline that previous qualitative research on this matter has identified reasons for this to be largely steeped in misogyny. 'Women pretend to enjoy sexualised banter in the operating theatre to give them credibility in a male-dominated world, which might violate their personal norms;[27] women have to demonstrate masculine traits to become a legitimate woman surgeon;[28] and trainees who choose to leave are less tolerant of the priority given to service provision over education, considering it a breach of the informal contract on which clinical education depends'. [29]

Though things have undeniably improved for women wishing to enter the medical profession since the SWH's formation in 1914, there is clearly still a long way to go before women experience equality in the operating theatre. With this in mind, it becomes clear that in 2021, over 100 years since the SWH closed its own theatre doors, the work of this organisation is as relevant in conversations on present-day medical women as it was then. It is for this reason that this thesis concludes that the SWH's

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[23] Mary Ann Elston, *Women and Medicine: The Future* (London: Royal College of Physicians, 2009).
[24] Agnes Arnold-Forster, 'Doctors' Wellbeing - Learning from the Past Can Help Improve the Future', *BMJ Opinion*, 7 August 2018, < https://blogs.bmj.com/bmj/2018/08/07/agnes-arnold-forster-doctors-wellbeing-learning-past-help-improve-future/> [accessed 29th October 2021].
[25] Constance Guille, Elena Frank, & Zhuo Zhao, 'Work-Family Conflict and the Sex Difference in Depression Among Training Physicians', *JAMA Intern Med*, 177, No. 12 (2017), pp 1766-72.
[26] Rhea Lian, Tim Dornan, & Debra Nestel, 'Why do Women Leave Surgical Training? A Qualitative and Feminist Study', *Lancet*, 393, No. 10171 (2019), pp 541-49 (541).
[27] Elspeth Hill, Katherine Bowman, Renée Stalmeijer, Jo Hart, 'You've got to Know the Rules to Play the Game: How Medical Students Negotiate the Hidden Curriculum of Surgical Careers', *Medical Education*, 48, No. 9 (2014), pp. 884–94.
[28] Elspeth Hill, Yvette Solomon, Tim Dornan, Renée Stalmeijer, '"You Become a Man in a Man's World": Is There Discursive Space for Women in Surgery?' *Medical Education*, 49, No. 12 (2015), pp. 1207–18.
[29] Tasce Bongiovanni, Heather Yeo, Julie A Sosa, Peter S Yoo, Theodore Long, Marjorie Rosenthal, David Berg, Leslie Curry, Marcella Nunez-Smith, 'Attrition from Surgical Residency Training: Perspective from Those who Left.' *American Journal of Surgery*, 210, No. 4 (2015), pp. 648–54. Rhea Lian et. al, 'Why do Women Leave Surgical Training?', p. 541.

war-work was not simply ‘unique’, but extremely important in demonstrating the capabilities of the female doctor and surgeon when allowed to work in a supportive environment. This organisation’s legacy should not be measured solely in terms of what it achieved beyond the Great War, therefore, but what it can yet accomplish when considered in present-day discourse on women and medicine.

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