

Beyond the wards

Exploring the personal accounts of three New Zealand
nurses during the Great War in Egypt

by

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‘Time alone will reveal what reward will be allotted to the women’.

- Emmeline Pankhurst, *My Own Story*

To the nurses who served in the NZANS,
it is your time.

Abstract

Drawing upon the primary accounts of three Great War nurses – Mildred Salt, Louisa Higginson and Daphne Rowena Commons – who all served in the Mediterranean and Middle East, this thesis explores the theme of identity – gender identity, colonial identity and ‘tourist identity’. I argue that the nurses’ writing challenges the popular perception of nursing as a traumatic loss of innocence, which has been largely drawn from published works of volunteer nurses rather than professionals. The three nurses in this thesis spent very little time, if any, documenting what they witnessed in the wards. Their entries dispute the romantic notions presented in popular literature or propaganda posters used throughout the empire, which presented the nurses as young, innocent and beautiful and standing at the bedside of a wounded soldier.

The first chapter examines the nurses’ identity as tourists. Overseas travel was a new experience for these nurses, and their experiences of the ‘Home’ culture of London and the exoticism of Egypt feature frequently in their diary entries and letters. Their responses were diverse, but common themes emerge. Many of the tensions the nurses experienced stemmed from their unusual position in the empire as women voters with a pioneering heritage. The second chapter will examine the two perceptions of ‘colonial’ – the positive and negative perception. The former was used by the British as a means of putting New Zealand nurses in their place. The latter formed when the nurses were treating New Zealand patients in hospital, acting as a physical and mental connection to home. The third chapter asks how the greater autonomy women possessed, due to their colonial lifestyle, influenced the nurses’ campaign for their right to serve overseas. The fourth, and final, chapter will explore how the nurses negotiated the traditional notions of womanhood whilst in the masculine environment of war. Not only did they face opposition from some military officials who believed war was no place for women, they observed and critiqued the behaviour of other women.

Through exploring the diaries and letters of three New Zealand nurses, this thesis provides a more complex view of the experiences of almost 600 New Zealand professional nurses who were stationed overseas during the war.

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List of Abbreviations

3AGH	3 rd Australian General Hospital
AANS	Australian Army Nursing Service
ANZAC	Australia New Zealand Army Corps
ATL	Alexander Turnbull Library
AWM	Australian War Memorial
BGH19	19 British General Hospital
CCS	Casualty Clearing Station
DGMS	Director General of Medical Services
FH	Field Hospital
GH	General Hospital
HS	Hospital Ship
MWPPA	Married Women's Property Protection Act
NRA	Nurses' Registration Act
NZANS	New Zealand Army Nursing Service
NZEF	New Zealand Expeditionary Force
NZMC	New Zealand Medical Corps
QAIMNS/QA	Queen Alexandra Imperial Military Nursing Service
QAIMNSR	Queen Alexandra Imperial Military Nursing Service Reserve
SH	Stationary Hospital
VAD	Voluntary Aid Detachment

Table of Contents

Abstract	v
Acknowledgements	vii
List of Abbreviations	ix
Introduction	1
<u>Section One: Imperial Identity</u>	
Chapter One: Travel: the ‘antithesis of the horror’	17
First stop, London.....	18
Destination, Egypt!.....	22
Chapter Two: Interpreting the ‘colonial’ identity	31
‘Colonial’ identity and the British nurses and VADs.....	32
How ‘colonial’ became a touch of home	39
<u>Section Two: Gender identity</u>	
Chapter Three: War nursing and the Home Front	45
Colonial femininity: Life on the frontier	46
Fighting for the right to serve.....	50
Chapter Four: Challenging the traditional notions of womanhood	57
The complication of being a woman in a warzone	58
Overcoming the misogyny of the older military generation.....	73
Conclusion	80
Bibliography	85

Introduction

The war was a phase of life in which women's experiences did differ vastly from men's and I make no puerile claim to equality of suffering and service when I maintain that any picture of the war years is incomplete which omits those aspects that mainly concerned women...The woman is still silent who, by presenting the war in its true perspective in her own life, will illuminate its meaning afresh for its own generation.¹

Soldier experiences on the shores of Gallipoli or in the mud during the Somme and Passchendaele permeate society's knowledge about New Zealand's involvement in the Great War, with the feats of professional New Zealand nurses remaining largely obscure in our historical knowledge. For decades, history has focused on the acts of bravery displayed by New Zealand soldiers, and generalised the women's experience as the innocent bystander being protected by men in khaki, sitting at home knitting socks or sending care packages.² However, by neglecting the diverse involvement of women in the factories, hospitals and farms, only half the story of the war is being told. Illuminating the experiences of women during the war, particularly the nurses who were closest to the conflict zone, is only a recent trend in war historiography, but there is still a large body of information yet to be explored. Therefore, this thesis will explore the professional New Zealand nurses' accounts of Mildred Salt, Louisa Higginson and Daphne Rowena Commons from the Great War period, analysing their experiences through the theme of identity – gender identity, colonial identity and 'tourist identity'.³

Nursing context

By 1914, nursing was a socially accepted occupation for single women. As Mary Ellen O'Connor observed, 'British nursing had been forged in the heat of the Crimean War (1853-1856) and it had taken on the demeanour and trappings of the military' as established by Florence Nightingale.⁴ Religious connotations remained attached to the emerging occupation;

¹ Vera Brittain, *Nation and Athenaeum*, 24 January 1931 in Vera Brittain, *Testament of Youth*, Introduction by Mark Bostridge, (London: Virago, 2004), p.xv.

² For examples see *Great War Stories – Lady Liverpool*, 2014, NZ on Screen. <http://www.nzonscreen.com/title/great-war-stories-lady-liverpool-2014>; 'Her Excellency's Knitting Book', *Otago Daily Times*, 21 August 1915, p.12.

³ For continuity reasons, I will refer to the three nurses by their first name for the remainder of the thesis, except in the biographies section, due to Mildred Salt (née Ellis) marrying during the time period under examination.

⁴ Mary Ellen O'Connor, *Freed to care, proud to nurse: 100 years of the New Zealand Nursing Organisation*, (Wellington: Steele Roberts Publishers, 2010), pp.31-32.

‘self-sacrifice was further instilled by the strong patriotic and Christian values of the time, which also philosophically linked nursing to the monarchy and British Empire’.⁵

From the 1890s, when New Zealand witnessed emancipation for all women, nursing became professionalised. The Nurses’ Registration Act (NRA) of 1901, proposed by nursing pioneer Grace Neill, highlighted New Zealand’s progressive approach to nursing reform, being the first country to pass legislation of this nature. A standardised training program of three years, an official state examination and a national register were created.⁶ The founding of *Kai Tiaki*, by Hester Maclean in 1908, further encouraged ‘the development of professional attitudes among nurses...’⁷

The Great War was an opportunity for nurses to fulfil their sense of patriotic duty to the empire. When war was declared on 5 August 1914 by Lord Liverpool, the local and imperial government believed the war would be a gentlemen’s war, fought on horseback, and last mere months.⁸ The military officials believed that (inadequately) trained male orderlies and a scant British military nursing staff, totalling 297 in 1914, would easily manage the anticipated casualty numbers and wounds.⁹ The Battles of Mons, Ypres and Marne in the early months of the war proved the officials wrong. Due to the New Zealand government’s reluctance to send nurses to the front, a number of New Zealand nurses paid their own way to Britain to serve in the Queen Alexandra’s Imperial Military Nursing Service Reserve (QAIMNSR or QA) or the British Red Cross, while other nurses travelled to Australia to serve within the Australian Army Nursing Service (AANS).¹⁰ The establishment of the New Zealand Army Nursing Service (NZANS) in early 1915 enabled a selection of professional nurses throughout New Zealand to fulfil, what they felt was, their patriotic duty towards their own “boys”.

⁵ Ibid, p.32.

⁶ Ibid, p.20.

⁷ Beryl Hughes, ‘Women and the Professions in New Zealand’, in Phillida Bunkle and Beryl Hughes (ed.), *Women in New Zealand Society*, (Sydney: George Allen and Unwin, 1980), p.122.

⁸ Graham Hucker, ‘“The Great Wave of Enthusiasm”: New Zealand Reactions to the First World War in August 1914 – A Reassessment’, *New Zealand Journal of History*, vol.43, no.1, 2009, pp.60-61.

⁹ Christine Hallett, *Veiled Warriors: Allied Nurses of the First World War*, (Oxford: Oxford University Press, 2014), p.20; Kirsty Harris, *More Than Bombs and Bandages: Australian Army nurses at work in World War I*, (New South Wales: Big Sky Publishing, 2011), pp.101-2.

¹⁰ For the purpose of this thesis, I use ‘QA’ as an all-encompassing term for the Queen Alexandra nursing body, unless the nurses under examination make the distinction in their writing. There were two divisions of the Queen Alexandra Imperial Military Nursing Service – the regulars or QAIMNS (specifically military trained nurses) and the reserves or QAIMNSR (who were nurses working in civilian hospitals who had the ability to mobilise with 24 hours’ notice). Christine Hallett, *Containing Trauma: Nursing Work in the First World War*, (Manchester: Manchester University Press, 2009).

The number of New Zealand nurses who served during the conflict is contested, however they have been estimated to be close to 600.¹¹ Of these however, only approximately one dozen diary and letter collections have been collected and stored in repositories throughout New Zealand.¹² This limited number of available nursing accounts gives some understanding as to why nurses appear very little in current historiography. However, the collections available offer a wealth of knowledge into the daily lives of New Zealand nurses on active service. Common threads that emerged in each diary or letter were that of experiencing daily life in an active war zone, attempting to negotiate their role as a professional nurse, being a woman travelling in a foreign land, and experiencing mass-scale trauma.

Historical context

New Zealand nurses served in virtually all theatres of war, as a part of the NZANS, AANS or various European nursing organisations. The theatre of war dictated the location of treatment centres, staffed by medical officials, orderlies and nurses. Therefore, nurses were located throughout the Western Front, in France and Belgium, the Eastern Mediterranean, in Egypt, Palestine and Salonika, and further afield, in Russia, Serbia and India.¹³ Alongside a variety of locations, nurses were not restricted to a physical hospital location. As a result of the numerous locations of concentrated fighting, efficient, mobile and practical forms of treatment were established by the medical division in order to manage the high casualty rates. Nurses were employed not only in general hospitals (GH), but also hospital ships (HS), casualty clearing stations (CCS), stationary hospitals (SH), field hospitals (FH), transport ships, ambulance trains and barges.¹⁴

New Zealand nurses were stationed in Egypt, and on Lemnos Island, as a result of the Gallipoli campaign. The first contingent of New Zealand nurses left the country in early April 1915, mere weeks before the ANZAC forces landed at Ari Burnu, later Anzac Cove, on 25 April 1915. As a result of the rugged terrain and hostile conditions on the cove, the presence of medical assistance was restricted. Besides a small number of CCS on the Gallipoli beaches, HS staffed by nurses became the most immediate and effective form of treatment for wounded

¹¹ Jan A. Rodgers, ‘‘A Paradox of Power and Marginality’’: New Zealand Nurses’ Professional Campaign during War, 1900-1920’, PhD in History, Massey University, 1994, p.1.

¹² Repositories include Alexander Turnbull Library, Wellington; Auckland War Memorial Museum, Auckland; Waiouru National Army Museum, Waiouru; Hocken Collections, University of Otago, Dunedin; various smaller libraries and museums hold material relating to nurses from their district.

¹³ Chapter four: ‘New Environments, Changing Roles’ in Harris, *More Than Bombs and Bandages*, pp.56-89.

¹⁴ *Ibid*, p.57; Hallett, *Veiled Warriors*, p.47.

soldiers, located in the ‘safety zones at sea beyond gunfire range’.¹⁵ From the beaches of ANZAC cove, the men were transported, in small numbers, to the HS off the coast where, once full, the ships headed to ports to unload the wounded. New Zealand had *Maheno* stationed off the coast of Gallipoli from late-August 1915.

As historian Gavin McLean observed, ‘The scale of the slaughter scuppered initial plans to transport the wounded across the Mediterranean to Alexandria’, thus Lemnos Island was established as the most immediate hospital base for wounded men, where a number of New Zealand nurses worked.¹⁶ After Lemnos, Alexandria in Egypt was the next closest location for treatment. Besides nurses stationed on Lemnos, most New Zealand nurses were stationed in various hospitals throughout Alexandria and Cairo until April 1916 when the ANZAC troops were redeployed to the Western Front.

Nurses’ war service

Staff Nurse Mildred Jane Salt (née Ellis)

Born in 1875, Staff Nurse Mildred Jane Salt (née Ellis) trained in Wellington and achieved state registration in 1909.¹⁷ Working in a private hospital in Wellington prior to the war, at age 40 Mildred embarked on Hospital Ship No. 1 *Maheno* on 10 July 1915, immediately starting service in Egypt nursing soldiers from the latter months of the Gallipoli campaign. Obtaining special dispensation to remain on duty, Mildred married Lieutenant Alexander ‘Alec’ Edward Wrottesley Salt on 21 May 1916 whilst still in Egypt. Mildred was discharged from service in August 1918, prior to the end of the war at her own request.¹⁸

Sister Daphne Rowena Commons

Born in 1882, Sister Daphne Rowena Commons trained in Auckland and gained state registration in 1913.¹⁹ At age 33, Daphne was one of the first fifty nurses to embark. Daphne’s situation is complex, as she had not completed the required ‘full three years of training in a

¹⁵ Gavin McLean, *The White Ships: New Zealand’s First World War Hospital Ships*, (Wellington: New Zealand Ship & Marine Society (Inc)., 2013), p.37.

¹⁶ Ibid.

¹⁷ ‘State Examination of Nurses’, *Kai Tiaki*, January 1909, p.18.

¹⁸ Ellis, Mildred Jane - [a.k.a. SALT, Mildred Jane] – WW1 22/116 – New Zealand Defence Force, Personnel Archives, AABK 18805 W5537 0037777, Archives of New Zealand.

¹⁹ 1882/2030, Commons, Daphne Rowena. Information accessed from Department of Internal Affairs, ‘Births, Deaths and Marriages Online’, <https://www.bdmonline.dia.govt.nz/>. ‘State Examination of Nurses’, *Kai Tiaki*, July 1913, p.96.

general hospital' when she embarked in April 1915.²⁰ Therefore, it is possible she had worked as a probationer in a hospital prior to training, or, as in many cases, discretion was used to allow her enlistment. Daphne spent the majority of her service in the Egyptian theatre of war before being discharged from service in 1920.

Sister Louisa Higginson

Louisa Higginson was the youngest of the nurses, born in 1884 in the Waikato. Trained in Hamilton and gaining qualification in 1910, Louisa worked as a Sister and Matron at a number of hospitals before the outbreak of war.²¹ At age 30, Louisa paid her own way to Britain in order to nurse soldiers, embarking 26 February 1915. It took some time in London before Louisa was attached to the British Red Cross and stationed in Egypt. She was then attached to the QAIMNSR for the remainder of her war service, having the title of 'Acting Matron' attached to her name by the war's end.²²

Primary Sources

Traditionally, a diary 'was a place in which a woman created her account, making an account *for herself of herself*'.²³ On the surface, one would assume a nurse's diary fulfilled this traditional role, written to document, order and reflect on her experiences. However, as war blurred the definition and function of many aspects of society, the role of the diary also evolved. Historian Katie Holmes has argued that for nurses, their diary was one of the only places where they had sole authority; where a woman had the ability to establish control over her life, ordering her thoughts, memories and experiences.²⁴ Unlike letters, diaries were not subject to strict censorship regulations, therefore they could be as critical or descriptive as they wished. As Holmes observed 'diaries [were] also a means of making sense of the world, of imposing order on a day and a world which may otherwise seem to be without shape or structure'.²⁵ The

²⁰ Peter Rees, *The Other Anzacs*, (New South Wales: Allen and Unwin, 2008), p.71; Hester Maclean, *Nursing in New Zealand: History and Reminiscences*, (Wellington: Tolan Printing Publishers, 1932), p.133.

²¹ 'State Examination of Nurses', *Kai Tiaki*, July 1910, p.111.

²² Higginson, Louisa – Sister, British Red Cross/Queen Alexandra's Imperial Military Nursing Service Reserve, New Zealand Defence Force, Personnel Archives, AABK 22525 W5725 B.R. 37/3168, Archives of New Zealand.

²³ Frances Porter and Charlotte Macdonald (eds.), *"My Hand Will Write What My Heart Dictates": The unsettled lives of women in nineteenth-century New Zealand as revealed to sisters, family and friends*, (Auckland: Auckland University Press, 1996), p.13.

²⁴ Katie Holmes, *Spaces in her day: Australian women's diaries of the 1920s and 1930s*, (New South Wales: Allen and Unwin, 1995), p.xiii.

²⁵ *Ibid*, p.xvi.

nurses under examination in this thesis attempted to distance themselves from the traditionally documented trauma of war, instead placing importance on their tourist identity.

The significance of diary and letter collections cannot be overstated, as they form an integral part of Great War cultural memory. Their contents provide a personal lens into individual experiences of civilians, which are more candid and opinionated than 'official' documents or articles published in newspapers. Of the two diaries and one letter collection being used in this thesis, only Mildred's diary and Daphne's letters were in their original form, with Louisa's in a transcribed format. Mildred's diary covers the period 1915-1919 with irregular entries after 1919 until 1931. Though digitised, her physical diary has the same appearance as many of those carried by soldiers during the war – a small, black, hard-covered, pocket sized notebook. Daphne's letters span the majority of the war, starting April 1915 through to 1921. For her letters, the material used was the same for each letter – plain paper, most likely from a stationery set her family members had sent her or which she purchased herself.

Though only a small proportion of New Zealand nurse diaries survive in public repositories, a wide variety of intended audiences is demonstrated. Of the diaries used in this thesis, the intended audience is never explicitly addressed. However, through the selection of what is written, and certain phrases used, such as Mildred's 'I don't discuss it [at] all' stated in regard to her relationship with Alec, an intended audience took shape.²⁶ Some diaries were written solely for themselves, others were written for friends back home, some for fellow nurses, and others for family members.

In comparison to diaries, letters served a different function; they were a more flexible form of communication which bridged the gap between the home front and battle front. The letters of Daphne reveal a number of varying experiences, but also support Charlotte Macdonald and Frances Porter's observation, that 'letters were places to find comfort and intimacy and delight in small things. They were frequently places of unburdening, an outlet for feelings which could not be admitted to people with whom one lived'.²⁷ Despite being an open form of communication they were subject to strict censorship regulations, both by officials but also the writer. Nurses were 'forbidden from writing about their position, future movements, condition of the unit, details of casualties before the publication of official lists, or anything

²⁶ Mildred Salt, Diary, 26 October 1915, MSX-8899, ATL, Wellington.

²⁷ Porter and Macdonald, p.12.

that could be considered harmful to the reputation of the military including criticism of the war'.²⁸ A number of Daphne's letters feature evidence of being officially censored with partial sentences of her various letters obscured with thick black lines.

Alongside the nurses' diary and letter collections, the correspondence between Hester Maclean and Mabel Thurston is particularly useful for understanding the more administrative aspects of New Zealand nursing during the Great War. Hester Maclean, an Australian nurse who migrated to New Zealand in 1906, was Matron-in-Chief of New Zealand nurses during the war period, and corresponded with Mabel Thurston, Matron of New Zealand nurses in England during the war period.²⁹ Their correspondence gives insight into the struggles of gaining acceptance from the military hierarchy, the continuous issues surrounding promotions, marriage, pay rises, nurses' misconduct and even internal tensions between the two women over their official titles within the nursing structure.

The other important source is *Kai Tiaki*, the New Zealand Nursing Journal, created by Hester Maclean in 1908. *Kai Tiaki* was established as a speaking platform for New Zealand nurses, featuring a variety of editorials and announcements regarding the nursing community.³⁰ During the war period the section 'Letters from Abroad' featured letters written to Hester Maclean by nurses serving overseas relaying their experiences in the Middle East, on the Western Front or at the New Zealand hospitals of Walton-on-Thames or Brockenhurst. In many instances the letters published in *Kai Tiaki* appear to be the only surviving accounts of those nurses' experiences. Also included in each edition were announcements of engagements and weddings of New Zealand nurses, maintaining a sense of cohesion and community among nurses.

Historiography

Historian Christine Hallett observed, 'history has accorded the "VAD" [Volunteer Aid Detachment worker] a higher status than the professional nurses'.³¹ This perception has been influenced by the prominence of VAD memoirs in the post-war period, such as Vera Brittain's

²⁸ Rules of censorship, Censorship Regulations – Postal 1915-1918, AD1 box824, folder 23/8, Archives New Zealand in Kate Hunter, 'Diaries and Letters as Testimonies of War', *First World War Personal Experiences*, (London: Adam Matthew Digital, 2011).

²⁹ Patricia A. Sargison, 'Maclean, Hester', *Te Ara – the Encyclopaedia of New Zealand*, <http://www.teara.govt.nz/en/biographies/3m25/maclean-hester>, accessed: 15 May 2015; Jan Rodgers, 'Thurston, Mabel', *Te Ara – the Encyclopaedia of New Zealand*, <http://www.teara.govt.nz/en/biographies/3t36/thurston-mabel>, accessed: 15 May 2015.

³⁰ 'The Purposes of the Journal', *Kai Tiaki*, January 1908, p.1.

³¹ Hallett, *Veiled Warriors*, p.27.

Testament of Youth and Enid Bagnold's *A Diary without Dates*.³² These romanticised accounts, where 'the VAD is the heroine', focused primarily on the horrific trauma the women witnessed in the wards, which was a startling experience for the traditionally upper-class women.³³ Hallett also observed, 'readers throughout the world have come to identify the First World War nurse with the blue-and-white clad semi-trained volunteer – a snow-white scarf around her head, a blazing red cross on her breast'.³⁴ In literature, popular film and television drama too, 'the trained professional nurse...merged into the background' or, as usually emphasised in these narratives, 'has come to be identified as the bullying martinet who created some of the VAD's many personal ordeals'.³⁵

To a certain extent British nursing historiography has largely continued this perception of young women doing their patriotic duty by volunteering their time to nurse wounded patients.³⁶ Lyn Macdonald's *Roses of No Man's Land* is an in-depth examination of VADs, placing emphasis on the tensions between professional nurses running the wards, and VAD women working in them.³⁷ Though other works attempt to make the distinction between professional nurses and VADs, they tend to focus on the latter, blurring the experiences of all women.³⁸ Only a small minority of studies deal exclusively with the experience of professional British nurses. Yvonne McEwen is the most prominent historian in this area, with her two

³² Vera Brittain, *Testament of Youth*, (London: Virago, 2004); Enid Bagnold, *A diary without dates*, (United States: Hardpress Publishing, 2012, originally published 1916).

³³ Hallett, *Veiled Warriors*, p.2.

³⁴ *Ibid.*

³⁵ *Ibid.*; Examples of recent TV drama and novels include, but are not limited to, Katherine Trevelyan, Rosalie Berwick and Flora Marshall in Sarah Phelps, Anna Pivcevic and Ann Tricklebank, *The Crimson Field*, (Roadshow, 2015); Lady Sybil Crawley in Julian Fellowes, *Downton Abbey: Season Two*, (Universal Pictures, 2011); Fiona McIntosh, *Nightingale*, (Melbourne: Michael Joseph, 2014); Barbara Taylor Bradford, *Cavendon Hall*, (London: HarperCollins Publishers, 2014); Rachel Billington, *Glory: A story of Gallipoli*, (London: Orion Books, 2015).

³⁶ Lyn Macdonald, *The Roses of No Man's Land*, (London: Penguin Books, 2013); Janet S.K. Watson, 'Khaki Girls, VADs, and Tommy's Sisters: Gender and Class in First World War Britain', *The International History Review*, vol.19, no.1, 1997, pp.32-51; Henriette Donner, 'Under the Cross – Why V.A.D.s Performed the Filthiest Task in the Dirtiest War: Red Cross Women Volunteers, 1914-1918', *Journal of Social History*, vol.30, no.3, Spring 1997, pp.687-704; Janet Lee, "'I Wish My Mother Could See Me Now": The First Aid Nursing Yeomanry (FANY) and Negotiation of Gender and Class Relations, 1907-1918', *NSWA Journal*, vol.19 no.2, 2007, pp.138-158.

³⁷ Macdonald, *The Roses of No Man's Land*.

³⁸ Katie Adie, *Fighting on the Home Front: The Legacy of Women in World War One*, (London: Hodder & Stoughton Ltd., 2013); Eileen Crofton, *The Women of Royaumont: A Scottish Women's Hospital on the Western Front*, (Scotland: Tuckwell Press Ltd., 1996); Anne Powell, *Women in the War Zone: Hospital Service in the First World War*, (Gloucestershire: The History Press, 2009); Celia Malone Kingsbury, *For Home and Country: World War One Propaganda on the Home Front*, (Lincoln: University of Nebraska Press, 2010); Lucinda Gosling, *Great War Britain: The First World War at Home*, (Gloucestershire: The History Press Limited, 2014); Elisabeth Shipton, *Female Tommies: The Frontline Women of the First World War*, (Gloucestershire: The History Press Limited, 2014); Janet S.K. Watson, 'Wars in the Wards: The Social Construction of Medical Work in First World War Britain', *Journal of British Studies*, vol.41, no.4, 2002, pp.484-510; Leah Leneman, 'Medical women in the first world war – ranking nowhere', *British Medical Journal*, vol.37, no.6919, 1993, pp.1592-4.

works, *It's a Long Way to Tipperary* and *In The Company of Nurses*, telling the 'much-neglected story' of QA nurses during the Great War.³⁹ McEwen uses unpublished official and unofficial documents, letters and diaries to explore the personal experiences of nurses.

Of all the British sources available, the works written by nursing historian Christine Hallett offer the most extensive study of both professional nurses' experiences and VADs, drawing a clear distinction between the two. In *Containing Trauma* Hallett examines the hospital practices of professional and volunteer nurses during the war, drawing on the experiences of British, Australian, New Zealand and Canadian nurses.⁴⁰ *Veiled Warriors* has a wider focus, extending beyond the traditional Western Front by also examining the different challenges faced in other theatres of war.⁴¹ The latter work is invaluable as a large sample of ANZAC nurses accounts are utilised in exploring life in the Mediterranean and Middle Eastern theatres of war. In addition to these substantial works, Hallett has written a number of articles and chapters which examine the writings of professional and VAD nurses, comparing their experiences and how they wrote about certain themes during the Great War.⁴²

Nursing historiography focuses primarily on the medical aspect of the nurses' experiences, with published diaries of British nurses also highlighting this aspect. British nurse Edith Appleton's diary, published as *A Nurse at the Front*, and Red Cross nurse Dorothea Crewdson's diary, published as *Dorothea's War*, both focus on their daily lives as military nurses near the trenches.⁴³ The diaries examined for this thesis, however, spend a minimal amount of time, if any, discussing medical procedures, various treatments and patient conditions. On strenuous days, the nurses may briefly mention the high casualty rates arriving from the front, whether they saw someone they knew, or how many patients died whilst they

³⁹ Synopsis of Yvonne McEwen, *In The Company of Nurses: The History of the British Army Nursing Service in the Great War*, (Edinburgh: Edinburgh University Press, 2014); Yvonne McEwen, *It's a Long Way to Tipperary: British and Irish Nurses in the Great War*, (Scotland: Cualann Publishing Limited, 2006).

⁴⁰ Hallett, *Containing Trauma*.

⁴¹ Hallett, *Veiled Warriors*.

⁴² Christine Hallett, 'The personal writings of First World War nurses: a study of the interplay of authorial intention and scholarly interpretation', *Nursing Inquiry*, vol.14, no.4, 2007, pp.320-329; Christine Hallett, 'Russian Romances: Emotionalism and Spirituality in the Writings of "Eastern Front" Nurses, 1914-1918', *Nursing History Review*, vol.17, 2009, pp.101-28; Christine Hallett, 'Portrayals of suffering: perceptions of trauma in the writings of First World War nurses and volunteers', *Canadian Bulletin of Medical History*, vol.27, no.1, Spring 2010, pp.65-94; Christine Hallett, "'Emotional Nursing": Involvement, Engagements and Detachment in the Writings of First World War Nurses and VADs' in Alison S. Fell and Christine E. Hallett (ed.), *First World War Nursing: New Perspectives*, (New York; London: Routledge., 2013), pp.87-102; Christine Hallett, "'A very valuable fusion of classes': British professional and volunteer nurses of the First World War", *Endeavour*, vol.38, no.2, 2014, pp.101-110.

⁴³ Edith Appleton, *A Nurse at the Front: The First World War Diaries of Sister Edith Appleton*, Ruth Cowen (ed.), (London: Simon & Schuster UK Ltd., 2012); Dorothea Crewdson, *Dorothea's War: A First World War Nurse Tells Her Story*, Richard Crewdson (ed.), (London: Orion Books Ltd., 2014).

were on duty, but nothing in extensive detail. Instead, the nurses focused on the ‘non-warfare’ aspects of their life whilst serving – travel, gender inequalities and their colonial status.

Nurses have rarely featured in New Zealand historiography of the Great War. Works by a variety of historians such as Christopher Pugsley, Glyn Harper and Jock Phillips focus on military aspects of the war and the soldier experience, which, in turn, has shaped how the nation understands the Great War.⁴⁴ If nurses are mentioned, it is the sinking of the *Marquette* on 23 October 1915 which features, as 10 New Zealand nurses lost their lives.⁴⁵ Besides this episode, little attention is paid to nurses’ experiences. Of all the New Zealand women involved in the war effort overseas, Ettie Rout, the anti-venereal diseases campaigner, has the greatest individual recognition in historiography, even though she was an incredibly controversial figure.⁴⁶

Three studies deal specifically with New Zealand nurses but in broad frameworks. Mary Ellen O’Connor’s *Freed to Care, Proud to Nurse* and Sheryl Kendall and David Corbett’s *New Zealand Military Nursing* document the history of the nursing organisation. Through these works an understanding of the nursing organisation, and the variety of issues that had to be negotiated by nurses during the various conflicts are presented. In each work three to four chapters are dedicated to the Great War as a number of nursing reforms were established during this period.⁴⁷ Anna Rogers’ study *While You’re Away* utilises a variety of sources in order to examine the experiences of New Zealand nurses in conflicts from the South African War to

⁴⁴ Christopher Pugsley, *The Anzac Experience: New Zealand, Australia and Empire in the First World War*, (Auckland: Reed Publishing (NZ) Ltd., 2004); Christopher Pugsley, *Gallipoli: The New Zealand story*, (Auckland: Reed Publishing (NZ) Ltd., 1984, reprinted 2003); Christopher Pugsley, *On The Fringe of Hell: New Zealanders and military discipline in the First World War*, (Auckland: Hodder & Stoughton, 1991); Christopher Pugsley and Charles Ferrall, *Remembering Gallipoli: Interviews with New Zealand Gallipoli Veterans*, (Wellington: Victoria University Press, 2015); Jock Phillips, Nicholas Boyack and E.P. Malone (ed.), *The Great Adventure: New Zealand Soldiers describe the First World War*, (Wellington: Allen & Unwin, 1989); Jock Phillips, *Brothers In Arms: Gordon and Robin Harper in the Great War*, (Wellington: NZHistoryJock, 2015); Glyn Harper, *Letters from Gallipoli: New Zealand Soldiers Write Home*, (Auckland: Auckland University Press, 2011); Glyn Harper, *Johnny Enzed: The New Zealand soldier in the First World War 1914-1918*, (New South Wales: Exile Publishing, 2015); Glyn Harper, *Dark Journey: New Zealand Battles of the Western Front*, (Auckland: Harper Collins Publishers NZ, 2007); Glyn Harper, *Images of War: New Zealand and the First World War in Photographs*, (Auckland: Harper Collins Publisher NZ, 2013).

⁴⁵ There has been one specific work written about the *Marquette* sinking, see John Meredith Smith, *Cloud over Marquette: the epic story of those who sailed in the ill-fated troopship Marquette: the tragedy – the aftermath*, (Auckland: J.M. Smith, 1990).

⁴⁶ For more about Ettie Rout see Jane Tolerton, *Ettie Rout: New Zealand’s Safer Sex Pioneer*, (Auckland: Penguin Books, 2015); Jane Tolerton, *Ettie: A Life of Ettie Rout*, (Auckland: Penguin, 1992); Jane Tolerton, ‘Condoms to the Rescue: New Zealand’s Ettie Rout “made vice safe” in World War I’, *Ms. Magazine*, vol.18, pp.28-30; P.S. O’Connor, ‘Venus and the Lonely Kiwi: The War Effort of Miss Ettie A. Rout’, *New Zealand Journal of History*, vol.1, no.1, 1967, pp.11-32.

⁴⁷ Sheryl Kendall and David Corbett, *New Zealand Military Nursing: A History of the R.N.Z.N.C. Boer War to Present Day*, (Auckland: Self-published, 1990); O’Connor, *Freed to care, proud to nurse*.

World War II.⁴⁸ Her study combines the official aspects of New Zealand nursing, as examined in the above mentioned works, and nurses' personal experiences, though with a heavy focus placed on their experiences in the wards, CCS or HS. Though all these works give an overview of New Zealand nursing, which helps in understanding the broader context in which the three nurses in this study worked in, none focus specifically on the Great War.

In addition to these three published works, two academic theses have been written on New Zealand nurses in the Great War period. Jan Rodgers' 1994 thesis, "A paradox of power and marginality", examines why nurses wanted to go to war, how they achieved this goal, and analyses the difficulties they faced in order to achieve professional standing.⁴⁹ Maxine Alterio's thesis, 'Memoirs of First World War Nurses: Making meaning of traumatic experiences' was a required part of her Creative Writing PhD accompanying her novel, *Lives We Leave Behind*.⁵⁰ As the title suggests, trauma and the nurses' ward experiences was the main focus of her research, using Allied nursing memoirs, both professional nurses and volunteers, as the basis for her fiction work.

In comparison to New Zealand, Australia has a broader historiography examining experiences of Australian nurses during the Great War. The various works have a primary focus on nurses who served on the Western Front, echoing the prominence of this theatre in Great War historiography. Jan Bassett's work, *Guns and Brooches*, echoes the structure of O'Connor, Rogers, Kendall and Corbett's work, covering an extensive period of Australian nursing history. Her study incorporates the organisational elements with personal accounts, focusing on the medical experiences of nurses.⁵¹ Historian Ruth Rae's work *Veiled Lives* examines the history of Australian nursing prior to 1914, threading this context into the experiences of individual nurses during the war, focusing on how nurses managed medical treatment within the hectic atmosphere of the war.⁵² Her other studies have focused on the place of nurses in the military structure, a theme pursued in this thesis.⁵³

⁴⁸ Anna Rogers, *While You're Away: New Zealand Nurses at War 1899-1948*, (Auckland: Auckland University Press, 2003).

⁴⁹ Rodgers, "A Paradox of Power and Marginality".

⁵⁰ Maxine Alterio, *Lives We Leave Behind*, (Auckland: Penguin Books NZ, 2012); Maxine Alterio, 'Memoirs of First World War Nurses: Making meaning of traumatic experiences', PhD in Creative Writing, Victoria University of Wellington, 2013.

⁵¹ Jan Bassett, *Guns and Brooches: Australian Army nursing from the Boer War to the Gulf War*, (Melbourne: Oxford University Press, 1992).

⁵² Ruth Rae, *Veiled Lives: Threading Australian Nursing History into the fabric of the First World War*, (New South Wales: The College of Nursing, 2009).

⁵³ Ruth Rae, *Scarlet Poppies: The army experience of Australian nurses during the First World War*, (New South Wales: The College of Nursing, 2004); Ruth Rae, 'Soldiers of the Anzac Mounted Division and Nurses of the 14th

Journalist Peter Rees' work *The Other Anzacs*, later turned into the successful ABC TV series *Anzac Girls*, included the experiences of some New Zealand nurses.⁵⁴ Similar to other New Zealand military historians, the sinking of the *Marquette* is the event he focused on, with Rees dedicating a number of chapters to the events that unfolded on that fateful day.⁵⁵ His work offers a combination of experiences, detailing both work in the wards and various other conflicts the nurses faced. Marianne Barker's *Nightingales in the Mud* focuses solely on Australian professional nurses' experiences, though the content of her study falls within the confines of many other works.⁵⁶ Janet Butler's study *Kitty's War* examines Sister Kit McNaughton's previously unpublished diaries.⁵⁷ Kit's diaries focused mainly on her work within the hospital environment, enduring the harsh conditions on Lemnos Island, nursing German soldiers during the Somme offensive and working in an operating theatre at a CCS. To divide up the trauma Kit experienced, there are three chapters focusing on her interludes in Egypt, Cairo and Marseilles. Katie Holmes' chapter "Day Mothers and Night Sisters" analyses nurse-patient relationships in the wards, arguing that nurses held a three-tiered image: the 'mother', 'sister' and 'lover'.⁵⁸

Australian historian Kirsty Harris has written the most extensive, diverse and significant studies regarding the experiences of Australian nurses. *More Than Bombs and Bandages* focuses on the medical side of the nurses' experiences.⁵⁹ The different chapters examine various aspects of their work, whether adapting to the new patterns of military nursing, the different relationships established between nurse and patient, or the sheer scale of patients the nurses interacted with. Stemming from her book, Harris has written a number of articles both in relation to her book's content, but also on different sectors of nurses' experiences.⁶⁰

Australian General Hospital – Deserts Correspondents in WWI', *Australian Defence Force Journal*, no.149, July-Aug 2001, pp.53-58; Ruth Rae, 'The Importance of Being Counted in the First World War', *Nursing.aust*, vol.10, no.1, Spring 2008, pp.12-13; Ruth Rae, 'Reading Between Unwritten Lines: Australian Army Nurses in India, 1916-19', *Journal of the Australian War Memorial*, vol.36, May 2002.

⁵⁴ Rees, *The Other Anzacs*; David Ogilvy, Des Monaghan and Grey Haddrick, *Anzac Girls*, (Roadshow, 2014).

⁵⁵ For more on the *Marquette* see chapters 14 to 17 in Rees, *The Other Anzacs*.

⁵⁶ Marianne Barker, *Nightingales in the Mud: The Digger Sisters of the Great War, 1914-1918*, (Sydney: Allen and Unwin, 1989).

⁵⁷ Janet Butler, *Kitty's War: The remarkable wartime experiences of Kit McNaughton*, (Queensland: Queensland University press, 2013); Janet Butler, 'Journey into War: A Woman's Diary', *Australian Historical Studies*, vol.37, no.127, April 2006, pp.203-217; Janet Butler, 'Nursing Gallipoli: identity and the challenge of experience', *Journal of Australian Studies*, vol.78, 2003, pp.47-57.

⁵⁸ Katie Holmes, 'Day mothers and night sisters: World War One nurses and sexuality' in Joy Damousi and Marilyn Lake (ed.), *Gender and War: Australians at War in the Twentieth Century*, (Cambridge; Melbourne: Cambridge University Press, 1995), pp. 43-59.

⁵⁹ Harris, *More Than Bombs and Bandages*.

⁶⁰ Kirsty Harris, 'Red Rag to British Bull?: Australian Trained Nurses Working with British Nurses During World War One', *Exploring The British World: Identity, Cultural Production, Institutions*, (Melbourne: RMIT

Lacking in the New Zealand historiography is the study of nurses as independent travellers. Travel was a significant experience, highlighted by the frequency with which it was mentioned. The nurses spent a large proportion of their accounts discussing their various adventures in London, the heart of the British Empire or, as many considered it, ‘Home’, and other exotic locations where they were stationed. Angela Woollacott and Mary Louise Pratt’s works are important to understanding the ‘work and travel’ concept which features prominently in diaries.⁶¹ Woollacott’s work, *To Try Her Fortune in London*, traces the experience of the Australian women who made the pilgrimage ‘Home’, examining connections between whiteness, colonial status and gender which are significant themes in the nurses’ diaries.⁶² Pratt’s work, *Imperial Eyes*, is a more general work in regard to travel, examining the influence of travel books on the creation of European imperialism and how travellers engaged the metropolis. Though not specifically about female travellers, the themes addressed in her work create a greater understanding of the sources in this thesis.⁶³ International travel was not a luxury many, if any, of the New Zealand nurses had experienced during their lifetime, as this activity had only been accessible to the wealthy before the war.⁶⁴ For professional nurses, the war enabled travel, which Woollacott viewed as not ‘only a matter of individual liberation but also of education about and participation in the empire’.⁶⁵ The various diary entries and letters documenting travel and adventure also highlight a growth in the nurses’ self-identification within a global framework.

There is no evident historiography exploring the nurses’ experience as tourists, therefore this thesis will extend the discussion already underway by Australian historians in

Publishing, 2004), pp.126-141; Kirsty Harris, ‘Giving the dope: Australian army nurses anaesthetists during World War I’, *Journal of Military and Veterans Health*, vol.23, no.3, Aug 2013, pp.45-50; Kirsty Harris, ‘New horizons: Australian nurses at work in World War I’, *Endeavour*, vol.38, no.2, 2014, pp.111-121; Kirsty Harris, ‘Red Reflections on the Sea: Australian Army Nurses Serving at Seas in World War I’, *Journal of Australian Naval History*, vol.6, no.2, Sep 2009, pp.51-73; Kirsty Harris, ‘Girls in Grey: Surveying Australian Military Nurses in World War I’, *History Compass*, vol.11, Jan 2013, pp.14-23; Kirsty Harris, ‘Health, Healing and harmony: invalid cookery and feeding by Australian nurses in the Middle East in World War I’ in Jane Brooks and Christine Hallett (ed.), *One Hundred Years of Wartime Nursing Practices, 1854-1953*, (Oxford: Oxford University Press, 2015), pp.101-121; Kirsty Harris, ‘“All for the Boys”: The Nurse-Patient Relationship of Australian Army Nurses in the First World War’, in Christine E. Hallett and Alison S. Fell, *First World War Nursing: New Perspectives*, (New York: Routledge, 2013), pp.71-86; Kirsty Harris, ‘In the ‘Grey Battalion’: Launceston General Hospital Nurses on Active Service in World War I’, *Health and History*, vol.10, no.1, 2008, pp.21-40.

⁶¹ Angela Woollacott, *To Try Her Fortune In London: Australian Women, Colonialism and Travel*, (Oxford; New York: Oxford University Press, 2001); Mary Louise Pratt, *Imperial Eyes: Studies in Travel Writing and Transculturation*, (London; New York: Routledge, 1992).

⁶² Woollacott.

⁶³ Pratt.

⁶⁴ Richard White, *On Holidays: a history of getting away in Australia*, (Victoria: Pluto Press Australia, 2005), p.90.

⁶⁵ Woollacott, p.19.

regard to the soldier-tourist concept.⁶⁶ Richard White has written on this concept, arguing that travel and the tourist experience was distinctive to the colonial experience.⁶⁷ He argues that soldiers experienced war through the lens of tourism, and, like tourists, they never disengaged from home.⁶⁸ Other historians are less convinced, yet agree that the soldier was an outsider in the war zone. Upon reaching the front, however, the ‘soldier then became a citizen of what Randolph Stow calls the ‘extra nation’ of war’.⁶⁹ Therefore, the tourist identity began to blur when they became a citizen of the ‘extra nation’.⁷⁰ All these works place an emphasis on the second-hand knowledge colonial subjects had before visiting, but also the duality of the soldier-tourist identity. These sources are incredibly important in understanding a large portion of the nurses’ entries, with the concepts established by these historians easily translated into the nurses’ experiences as tourists during the war. Strikingly, the nurses in this thesis wrote very little about their participation in the ‘extra nation of war’, focusing instead on their time as tourists.⁷¹

This thesis also contributes to discussion of colonial femininity and identity. Interaction between New Zealand and British women revealed the former to be different from their British counterparts. Therefore, life in colonial New Zealand is important for understanding the origins of this difference. A variety of New Zealand historians have examined masculinity in the colonial environment, looking at the emergence of the bush-man ideal and how their colonial upbringing shaped the soldiers who fought in the Great War, but nurses have not yet been considered in the same way.⁷² Two perspectives surrounding the life of New Zealand colonial women exist – that the colony was more liberal than British society, or that it remained relatively the same, but with more elasticity. New Zealand historians Raewyn Dalziel, Claire

⁶⁶ Richard White, ‘Europe and the Six-Bob-a-Day Tourist: the Great War as a Grand Tour, or Getting Civilised’, *Australian Studies*, vol.5, 1991, pp.122-139; Richard White, ‘The Soldier as Tourist: The Australian Experience of the Great War’, *War & Society*, vol.5, no.1, May 1987, pp.63-77; James Wieland, ‘There and back with the Anzacs: more than touring’, *Journal of the Australian War Memorial*, vol.18, 1991, pp.49-56; Bart Ziino, ‘A Kind of Round Trip: Australian Soldiers and the Tourist Analogy, 1914-1918’, *War & Society*, vol.25, no.2, Oct 2006, pp.39-52.

⁶⁷ White, ‘Europe and the Six-Bob-a-Day Tourist’, p.122.

⁶⁸ Ziino.

⁶⁹ Wieland, p.49.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Jock Phillips, *A Man’s Country? The Image of the Pakeha Male – A History*, (Auckland: Penguin Books, 1987, revised edition 1996); Martin Crotty, *Making the Australian Male: Middle Class Masculinity 1870-1920*, (Melbourne: Melbourne University Press, 2001); Steven Loveridge, ‘Soldiers and Shirkers’: Modernity and New Zealand Masculinity during the Great War’, *New Zealand Journal of History*, vol.41, no.1, 2013, pp.59-79; Kathryn M. Hunter, ‘Australian and New Zealand fathers and sons during the Great War: expanding the histories of families at war’, *First World War Studies*, vol.4, no.2, 2013, pp.185-200.

Toynbee, Frances Porter and Charlotte Macdonald present aspects of this debate.⁷³ Dalziel argues that the home and family were the emphasis of colonial women's lives, much like their British predecessors, with women gaining political rights due to maintaining this ideal. Frances Porter and Charlotte Macdonald suggest a range of perspectives, utilising letters and diaries from nineteenth-century women to highlight the different aspects of colonial life. Finally, Claire Toynbee's work *Her Work and His* presents a well-rounded understanding to the daily life of colonial women living rurally, particularly the tasks they were expected to fulfil on the farm. These three sources highlight the diverse expectations and experiences of colonial New Zealand women in the late nineteenth century, providing an extensive understanding of pre-war life for New Zealand women.

Aim and argument

In this thesis I argue that examining nurses' identities as tourists, and their heritage and identification as colonial women, expands the growing knowledge about the personal experiences of professional nurses who served in Egypt during the Great War. To achieve this, the following chapters will trace the experiences of three New Zealand nurses: Mildred Salt née Ellis, Daphne Rowena Commons and Louisa Higginson through a rich array of their diary and letters. Throughout the thesis, I argue that the nurses' writing challenges the popular perception of Great War nursing as a traumatic loss of innocence, which has been largely drawn from published works of volunteer nurses rather than professionals.

Due to the diversity of the nurses' experiences and the complex issues addressed in their writing, each chapter has a distinct theme, which, when examined together, highlights the multi-layered experience of nurses during the Great War. For the nurses, their experiences in Egypt were multi-layered as they negotiated different cultures as tourists and professionals. Visiting and working in Egypt blurred the lines between the war as a medical experience and as a cultural adventure. Furthermore, working with the British also revealed 'colonial' to be a derogatory term as well as one proudly embraced, depending on the context. Within these experiences, the nurses' attempted to negotiate the traditional notions of womanhood.

⁷³ Raewyn Dalziel, 'The Colonial Helpmeet: Women's Role and the Vote in Nineteenth-Century New Zealand', *New Zealand Journal of History*, vol.11, no.2, 1977, pp.112-123; Porter and Macdonald, *My Hand Will Write What My Heart Dictates*; Charlotte Macdonald, *A Woman of Good Character*, (Wellington: Allen and Unwin New Zealand Ltd., and Historical Branch, Department of Internal Affairs, 1990); Claire Toynbee, *Her Work and His: Family, Kin and Community in New Zealand 1900-1930*, (Wellington: Victoria University Press, 1995).

Chapter outline

This thesis is divided into two sections, 'imperial identity' and 'gender identity', with each section consisting of two chapters. Each chapter covers a significant aspect of the nurses' experience that emerged from the primary sources.

Chapter one plunges directly into the main feature of the nurses' personal accounts, their travel experiences and how they negotiated the 'tourist identity'. This chapter demonstrates that experiencing different cultures in London and Egypt highlighted how different life was in colonial New Zealand compared to 'Home' and the empire. Chapter two examines the positive and negative impacts of the 'colonial' identity. The first section addresses the conflict and relationships the New Zealand nurses had with their British counterparts and VADs. The second section highlights the positive side of the 'colonial' label, with New Zealand nurses acting as a physical and mental connection to home for New Zealand soldiers.

Chapter three pulls back from the nurses' personal experience to explore pre-war life in colonial New Zealand. The first section addresses colonial femininity and the second section examines how these notions interacted with government decisions in allowing the nurses to go overseas. This chapter argues that, despite their autonomy in colonial society, the nurses had to fight and petition the New Zealand government for their right to be part of the overseas contingent.

Finally, chapter four explores how the nurses negotiated the traditional notions of womanhood whilst in the masculine environment of the 'extra nation at war'.⁷⁴ The first section focuses on the complex issue of marriage, using the correspondence between Hester Maclean and Mabel Thurston to gain a greater understanding on how this issue was addressed by the nursing administrative body. The second section addresses the image of women, and particularly nurses, in wartime society. While women's work during the conflict began to change perceptions of femininity, their behaviour was rigorously monitored by other women, the nursing hierarchy and, most vehemently, by those military officials who remained opposed to women at war.

⁷⁴ Weiland, p.49.

Chapter One: Travel: the ‘antithesis of the horror’¹

The Great War mobilised citizens of the British Empire on an unprecedented scale. For ‘colonials’, travel was the only way to get to the warzone. When soldiers and nurses left New Zealand, the scene of departure reflected scenes familiar to departing tourists, with bands playing and thousands of streamers thrown from the wharf.² This common act highlighted the dual identity held by the women during the war – the nurse and the tourist. Before 1914, ‘the time and money required to make the journey to the Old World ensured that it was the preserve of a small elite’.³ Furthermore, if a single woman travelled independently overseas, she could easily gain herself a less-than-proper reputation. This cultural attitude was conveyed by author Katherine Susannah Prichard, who states in her autobiography that ‘a young woman travelling alone, was not considered quite respectable’.⁴ The war changed this perception. Women travelling overseas with the aim of helping the Empire gave a new-found respectability to such movement.

As Richard White states, ‘They [soldiers and nurses] do not travel for the sake of what they see’; travel and playing the tourist was a part of their experience of war.⁵ Thus the Great War subverted traditional definitions of tourists, ‘sightseers who are...deployed throughout the entire world in search of experience’.⁶ Undertaking the traditional Grand Tour of Europe, which colonial subjects had fantasized about, was far too dangerous between 1914 and 1918. Instead, small pockets of Europe could be visited during a soldier’s or nurse’s leave, creating a dual identity of soldier-tourist or nurse-tourist. Though both sharing this dual identity, the tourist experience differed between soldiers and nurses – nurses tended to visit tourist attractions with chaperones and did not steer too far from traditional expectations of the tourist.

The following chapter will be divided into two sections. First, the experiences of Louisa and Daphne while in London reveal the centrality of royalty and royal tourist attractions, highlighting the significance of imperial identity for these women. As Bart Ziino states, nurses

¹ Richard White, ‘The Soldier as Tourist: The Australian Experience of the Great War’, *War & Society*, vol.5, no.1, May 19187, p.69.

² Bart Ziino, ‘A Kind of Round Trip: Australian Soldiers and the Tourist Analogy’, *War & Society*, vol.25, no.2, October 2006, p.40.

³ Richard White, ‘Europe and the Six-Bob-a-Day Tourist: the Great War as a Grand Tour, or Getting Civilised’, *Australian Studies*, vol.5, 1991, p.123.

⁴ Katharine Susannah Prichard, *Child of the Hurricane: An Autobiography*, (London: Angus and Robertson, 1964), p.116 in Angela Woollacott, *To Try Her Fortune in London: Australian Women, Colonialism and Travel*, (Oxford; New York: Oxford University Press, 2001), p.40.

⁵ White, ‘The Soldier as Tourist’, p.65.

⁶ Dean MacCannell, *The Tourist: A New Theory of the Leisure Class*, (New York: Schocken Books, 1976), p.1.

visited ‘landscapes known to them through a heritage of imperial literature, art and theatre’ with visiting Buckingham Palace, the Tower of London or the theatre key to feeling a part of the British Empire.⁷ However, experiencing ‘Home’ highlighted how different life was in colonial New Zealand to that in the metropole. Second, the experiences of Mildred, Louisa and Daphne while in Egypt highlight that, in this environment, the nurses’ identity was primarily as a tourist. The pyramids and sphinxes or the ruins at Thebes were all common tourist attractions in Egypt which the nurses visited, with all women fascinated by the ancient archaeology, mythology and history.

First stop, London

*‘...but the old world, a place that had long been familiar and that displayed all the intimate familiarity of a place that has only ever been imagined’.*⁸

London was ‘a centre of history and heritage’, considered ‘Home’ by many colonial subjects.⁹ The history, architecture and mythology of London appealed to women in the pre-war period due to ‘the romance, the distance and the promise of adventure of the metropolis’.¹⁰ Of the nurses in this study, Louisa and Daphne wrote about London in the greatest detail. Despite having different perceptions of their experiences, they shared a common theme – royalty and the royal landmarks. Venturing to the heart of the British Empire highlighted these women’s enthusiasm for their nation, the Empire and the ‘boys’ in the field of battle. Louisa and Daphne’s experiences also highlight another, more understated theme: that life in the metropole was significantly different to that in the colony.

Louisa Higginson held two perceptions of London. Her first was established upon arriving in the city in April 1915; she was ‘not very struck with’ the historic city, though admitting ‘its very much quieter since war broke out’.¹¹ She was further disappointed with London and the British culture after her encounter with the War Office later that month. In the weeks before she was attached to the British Red Cross in May 1915, Louisa had an ample amount of time to visit the historic sites she would have learnt about as being intrinsically British; sites which are still tourist attractions in the twenty-first century. ‘It seemed very

⁷ Ziino, p.43.

⁸ White, ‘Europe and the Six-Bob-a-Day Tourist’, p.123.

⁹ Felicity Barnes, *New Zealand’s London: a colony and its metropolis*, (Auckland: Auckland University Press, 2012) p.68.

¹⁰ Angela Woollacott, *To Try Her Fortune in London: Australian Women, Colonialism and Travel*, (Oxford; New York: Oxford University Press, 2001), p.6.

¹¹ Louisa Higginson, Diary, 11 April 1915, MS-Papers-2477, ATL, Wellington.

wonderful', she wrote, seeing 'St. Pauls Cathedral, Temple Church, Westminster Abbey', commenting that they were 'all very old and smelling very musty'.¹² She visited other famous landmarks, being escorted to 'see the King's stables at Buckingham Palace...Regent's Park and [spending] a couple of hours at zoo'.¹³ New Zealand did not have these sites of British heritage and prestige in their backyard and though described in placid tones, Louisa found them fascinating. Had Louisa felt these attractions let down their high-standing reputations, she would have bluntly stated so, based on her critical tone throughout the remainder of her diary.

Her second perception, in complete contrast to old and musty London, was based on the occupants of the city rather than the architecture. One evening Louisa attended a concert at the Royal Albert Hall sitting 'opposite the Royal box', exclaiming 'my first sight of Royalty, felt every drop of blood tingle, as the massed bands played God Save the King on entrance of Royalty'.¹⁴ Seeing King George V and Queen Mary was a rare opportunity for citizens of the Empire living outside Britain. Prior to the outbreak of war, there had been two visits by members of the Royal Family to New Zealand, with Prince Edward, Duke of Edinburgh visiting in 1869 and the Duke and Duchess of Cornwall and York (later King George V and Queen Mary) visiting in 1901. After the concert had concluded Louisa 'rushed out to see King and Queen leave [the] hall', but found a crowd with the same intention.¹⁵ Here Louisa's colonial status was still a novelty to many London locals as large numbers of New Zealand and Australian citizens had yet to arrive 'Home'; 'one lady, hearing we were colonials, very kindly gave up her place to us, enabling us to have a good view'.¹⁶

Buckingham Palace, the iconic symbol of the British monarchy, embodied imperialism for colonial subjects. Visiting the palace was a part of the traditional tourist experience whilst in London. Much like Louisa, Daphne was in awe of the royal family. Daphne received an extensive tour of some of the interior of the Palace, and relayed her experience, in great detail, to her parents:

Went to Buckingham Palace and saw the King's horses and carriage. Aitken would have enjoyed seeing the horses, such beauties. They keep 132, all so beautifully groomed and looked after. One man has charge of two horses and their harness stalls, brasswork to polish and everything. The whole palace was

¹² Higginson, Diary, 13 April 1915.

¹³ Higginson, Diary, 14 April 1915.

¹⁴ Higginson, Diary, 24 April 1915.

¹⁵ Ibid.

¹⁶ Ibid.

so clean, far more so than many people's houses I fear. The cream coloured ponies used in the State and Coronation processions were away at Hampton Court so we did not see them but the black horses which come next in the procession were there... We also saw a large kind of hall, the riding school where the Royal children learn to ride and where the horses are taught to become accustomed to all sorts of noises, waving flags etc... The State Coach is a magnificent affair, 1st used by George III, there are paintings on the sides of it and in front and behind 2 great figures larger than life size, gilded oak, from which the springs are suspended. The harness used in State occasions is also very handsome of course, that used at Coronations red leather with ornaments and fittings etc of copper covered with gold; the black leather with silver mounting was also very handsome. Total value in that harness room: £17,000.¹⁷

The pomp and ceremony surrounding the British monarchy is clearly illustrated in Daphne's experience, and this was merely the stables. Whether Daphne viewed the entire palace is unknown; if she had, her letter could have been book length as she was prone to meticulously documenting every detail she witnessed. Whether this was for her benefit or her family's is another unknown factor.

Travelling through the historic and iconic sites in London, which enthused Daphne, did not curb Louisa's critical nature. Attendance at a play readily turned into a severe critique of British men and their lack of patriotism. She wrote that 'a number of male actors who aped the soldier, would be better employed in the Trenches, [cannot] understand the lack of Patriotism... everywhere one sees numbers of young able bodied men evidently having nothing better to do but stroll the streets etc'.¹⁸ Louisa's perception of patriotism and masculinity in times of war echoed the wider female belief, in these early stages of the war, that all men should be fighting.

Attending a show at the theatre became a defining experience for tourists when in London, and Daphne was no exception. One evening Daphne, accompanied by other nurses, attended a play at the St. James Theatre titled 'The day before the day'. Unfortunately, there was no royalty in attendance, and 'as a play it was all right and was well acted'.¹⁹ As Louisa passed comment on able-bodied men acting in a play when they should, in her opinion, be

¹⁷ Daphne Rowena Commons, Letter, 28 May 1915, MS-Papers-1582-09, ATL, Wellington.

¹⁸ Higginson, Diary, 22 April 1915.

¹⁹ Commons, Letter, 28 May 1915.

fighting, Daphne questioned the subject matter of her play; 'but it seemed to me rather awful to watch such a play (dealing with German spies & their tactics & how they were caught & their plans spoiled) before the war is over. It is all too terribly real yet to make a play of to act'.²⁰ The play's material is curious, but, given the increasingly horrific nature of the war, it could be viewed as a form of propaganda. The existence of German spies within Britain and other Allied nations was a known fact, but the play highlighted that Britain was in control.

Zinno observes in regard to the Australian soldier tourist, 'they did not expect to find 'home' in the way that Australia was 'home''.²¹ To an extent this argument can be confirmed by Louisa and Daphne's experiences, but at the same time their experiences highlighted that they did not expect to feel as detached from 'Home' as they ultimately did. The reality was that they were outsiders, tourists in a place that was perceived as 'Home'. For the locals, the landmarks were a part of daily life, embodying their history, culture and social structure. For the New Zealanders who visited London during the war, the landmarks were familiar, from school books or literature, and a part of their history as British subjects, but they felt detached from what these landmarks truly represented.²² Buckingham Palace or the Tower of London did not represent their colonial life which became a significant part of their identity during the war.

Louisa and Daphne were besotted with royalty and the royal landmarks in London. Their writing highlights how two women perceived the metropole, and the historical sites many colonial soldiers and nurses visited during the Great War period. They went there with knowledge from years of reading and studying, wanting to feel a part of the British Empire. In Daphne's case, she was reintegrating herself into British life. Attending the theatre, visiting the royal landmarks, and in Louisa's case getting a glimpse of the King and Queen of Britain, gave the nurses a unique experience which many back home in New Zealand never had. However, they held the identity of being an outsider, a 'colonial' playing the tourist in a city where they thought they would be welcomed with open arms. Furthermore, many began to identify a difference between life in the metropole and life on the fringes. The key tourist attractions held hundreds of years of history which contrasted, quite significantly, to colonial life in New Zealand. London was the 'Home' they expected, but it was not the home they were accustomed to.

²⁰ Ibid.

²¹ Ziino, p.44.

²² White, 'Europe and the Six-Bob-a-Day Tourist', p.123.

Destination, Egypt!

'It was wonderful, beyond words. I feel that about so much in Egypt. The sunset was brilliant, reds and [illegible] and blues and the sun a ball of fire and then so soon it all faded and the silvery moon was shining over everything'.²³

'Egypt was the first step beyond Europe', thus Egypt was a land filled with mystery and wonder, history and archaeology.²⁴ For the nurses, Egypt was a strange yet familiar landscape, with knowledge deriving from literature, bible stories, education or hearing stories. However, any of these avenues of knowledge would never do justice to what the nurses experienced and witnessed during their time there. Due to the exoticness of the land, any outings and periods of leave in the Egyptian landscape featured heavily in Louisa, Daphne and Mildred's accounts. Visiting the pyramids, sphinxes, mosques and bazaars are but a few experiences the nurses discussed constantly, emphasising the significance these women attached to being away from their traditional domestic life and having the independence to travel in a completely foreign land.

The nurses' first impressions of Egypt illustrated differing perceptions of European, Colonial and Oriental culture and landscape. The dirt, uncleanliness and heat were frequently mentioned by the nurses upon arrival and while they were in the process of adapting to their new life on the periphery of a warzone. Each nurse's comments on the temperature and weather in Egypt when they arrived were dependent upon the current season. Mildred, arriving in late summer, recorded the dreadful heat: 'the heat all day has been fearful', 'another fearfully hot day' and 'its roasting hot and I have had a bath and it does no good'.²⁵ Interestingly, despite her extensive chronicling of her adventure, Daphne makes no mention of her first thoughts about her new home. She mentions, in passing, a current sandstorm that was blowing, and the temperature being 110°F in the shade.²⁶ Reason for this comes from her growing concern about her brother Kenneth, 3rd Company Auckland Infantry Battalion, who had been involved in the Gallipoli landing and from whom she had not heard from since.²⁷ Louisa makes little mention

²³ Mildred Salt, Diary, 10 January 1916, MSX-8899, ATL, Wellington.

²⁴ Anthony Sattin (ed.), *Florence Nightingale: Letters from Egypt: A Journey on the Nile 1849-1850*, (London: Barrie & Jenkins Ltd., 1987), p.13.

²⁵ Salt, Diary, 27 August, 28 August, 5 September 1915.

²⁶ Commons, Letter, 18 June 1915.

²⁷ Commons would later discover that Kenneth was killed in action 8 May 1915. She spent a few months, after finding out the date of his death, discovering what actually happened, and any bits of information from men who had known Kenneth about the days prior to his death. Information taken from Commons, Kenneth Wrigley – WW1 12/63 – Army, New Zealand Defence Force, Personnel Archives, R21896477 AABK 18805 W5530 89/0027328, Archives New Zealand.

of the heat in her entries, but takes the time to document that ‘Cairo strikes us as being very dirty...’, further demonstrating her critical temperament.²⁸

The pyramids and sphinxes have always been the defining icons of Egyptian culture, representing their extensive history spanning centuries. As an October 1915 article in *Kai Tiaki* stated,

The chief amusements [for nurses] are of course the excursion to the Pyramid and Sphinx, which is usually made soon after arriving, very often the nurses can be taken out in motor ambulances which have intervals between convoys when they can be used in this way and can keep the nurses in good form.²⁹

Mildred’s, Louisa’s and Daphne’s entries all support *Kai Tiaki*’s statement, as within the first week of arriving in Egypt, they visited the pyramids and sphinxes. Mildred’s accounts of visiting the sites are extensive and full of detail, relating interesting historical facts she learnt from her tour guide and describing what she witnessed. On her first visit, Mildred commented, ‘the pyramids looked very grand outlined by the glorious sunset, colouring so wonderful. These pyramids were built 3000 years before Christ, and yet there is another pyramid further off that was built 3000 years earlier still, and there they stand’.³⁰ Her second visit was filled with the same awe, ‘we walked out to the Sphinx and sat on the edge of the old temple and gazed and gazed...then we [Mildred and an officer] turned towards the pyramids again, they are perfectly wonderful...’³¹

Louisa was not nearly as impressed with the pyramids as Mildred was. Louisa’s tone when documenting her first excursion to the pyramids was placid and detached, simply recording ‘motored to the foot of hill by the Pyramids and then M and I mounted camels, which is the usual, the two male folk rode on donkeys, up to the pyramids and then had our photos taken by the Sphinx’.³² On another occasion the same placid tone was used, ‘we went out to the Pyramids and had a good look round and M took more photos’.³³ When comparing Louisa’s entry to one a few days later, ‘we went to the zoo, fairly good one. The paths are wonderful, made of different coloured stones, inlaid cement, in various patterns something like mosaic

²⁸ Higginson, Diary, 18 December 1915.

²⁹ ‘Sketch Impressions of Egypt as a Military Hospital Centre’, *Kai Tiaki*, October 1915, p.181.

³⁰ Salt, Diary, 10 September 1915.

³¹ Salt, Diary, 24 September 1915.

³² Higginson, Diary, 19 December 1915.

³³ Higginson, Diary, 22 December 1915.

work', she appears more impressed with the zoo than her time at the pyramids.³⁴ It could be argued that she felt an obligation to visit the pyramids and have her photo taken because that was the expectation whilst in Egypt. Her tone also indicates that she took more interest in places that were not necessarily key tourist attractions.

Visiting the pyramids at dusk became a popular excursion for the nurses. In what would become her last excursion before her illness and engagement to Alec, Mildred spent four pages documenting her great adventure to the pyramid, sphinx and Cheops at twilight:

It was a clear moonlight night...we had the most interesting time. We walked out to the Sphinx and sat on the edge of the old temple and gazed and gazed. I felt I wanted to sit absolutely alone for hours...then we [Mildred and an Australian Padre] turned towards the pyramids again. They are perfectly wonderful...the stones are enormous and were all bought down the Nile, how it was done is very perfectly. The sky was a beautiful smoked blue colour and the peculiar yellow [illegible] of the sand seems to match so well and there is a softness in the air and sky the one can almost see.³⁵

Daphne also visited in the late afternoon and early evening, and, in addition to her first impressions, she witnessed a truly remarkable sight: 'The sun set just before we left and the moon rose – it was so beautiful, I cannot attempt to describe it, all the colouring was so exquisitely soft and subdued, it was a most wonderful sight'.³⁶ Both nurses wanted their reader to 'see' the picturesque landscape they had recently experienced thousands of miles away.

Curiously, Daphne was not completely taken with the sphinxes when she first visited them. She wrote to her family, 'I may as well confess I was a wee bit disappointed in the Sphinx, somehow it seemed smaller and more insignificant than I expected'.³⁷ That did not prevent her, however, from going into great detail about her visit to the Temple of the Sphinx, documenting that '30,000 slaves [worked] at the Pyramids and they were changed every month'.³⁸ She also visited a number of places within the temple where the dead were buried. Both of these aspects within the Sphinx seemed far more interesting and significant to Daphne than the outward appearance of the monument. Her opinion of the pyramids was considerably

³⁴ Higginson, Diary, 20 December 1915.

³⁵ Salt, Diary, 24 September 1915.

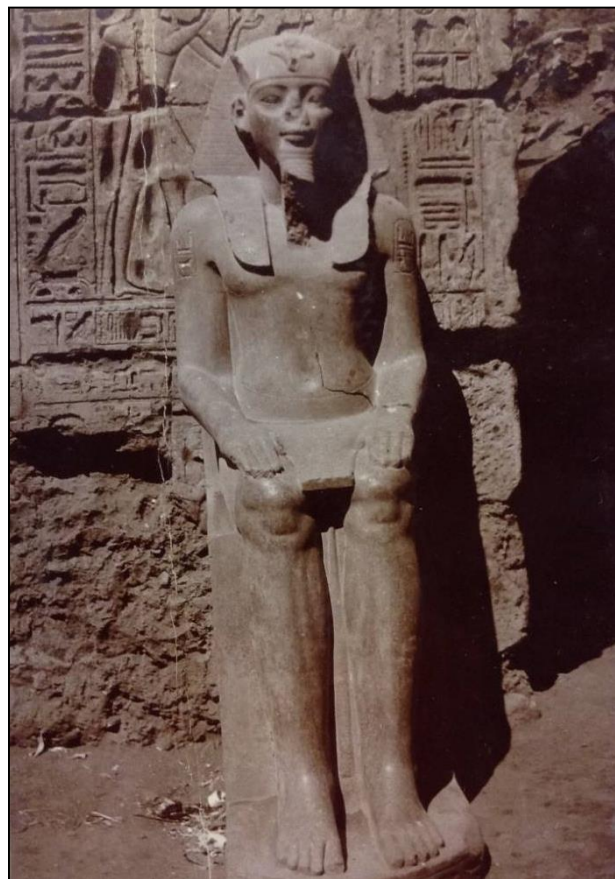
³⁶ Commons, Letter, 29 June 1915.

³⁷ Ibid.

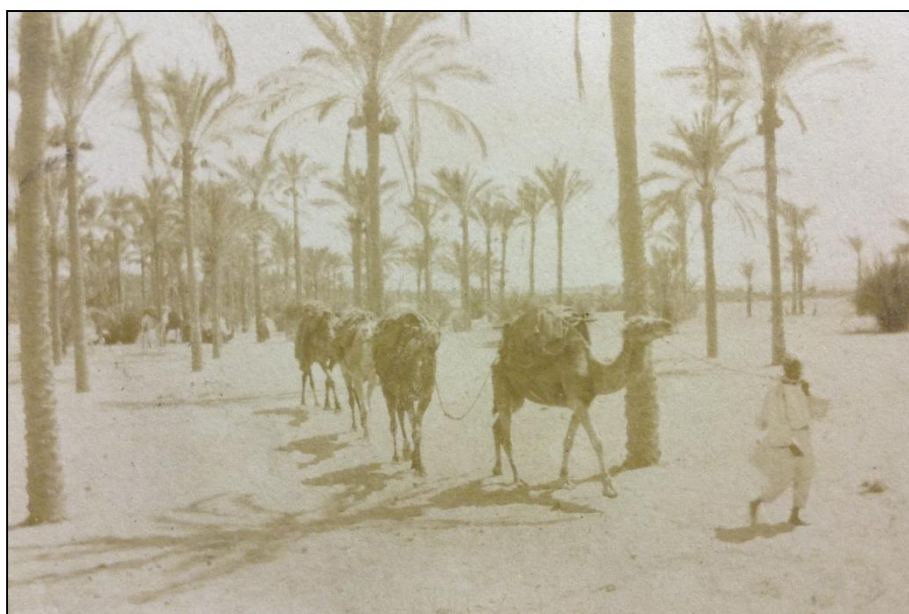
³⁸ Ibid.



Three New Zealand nurses in front of a Sphinx
Lyna Todd Diddle Collection, PA1-o-1913, ATL,
Wellington.



One of the many Sphinx statues the nurses
witnessed on their travels.
Lyna Todd Diddle Collection, PA1-o-1913, ATL,
Wellington.



A native Egyptian citizen leading a number of camels which nurses and
soldiers used for travelling through the desert to the key tourist sites.

Lyna Todd Diddle Collection, PA1-o-1913, ATL, Wellington.

warmer, remarking at the sheer size of the structure, ‘the blocks of which the Pyramids are built on are huge...they were 450 ft high I think’.³⁹ On her first visit neither she, nor any of the other nurses in her company, climbed the structure given as they had to be on duty the following morning, but after viewing the sheer size, she reflected ‘I can quite imagine why Kenneth said he was so stiff after going up’.⁴⁰

Donkey and camel rides were normally attached to visiting the pyramids and sphinxes, but there were mentions throughout the nurses’ diaries of taking advantage of the novelty. Louisa, in a more excited tone when compared to some of her statements, was quite impressed with her adventure, ‘...finished up by going for a donkey ride, had a four or five mile ride enjoyed it immensely’.⁴¹ However, her critical nature was still evident, commenting it was her ‘first time on a donkey of course would rather have a horse’.⁴² There is little evidence of Louisa truly enjoying herself throughout her diary, it appears she was not in Egypt to travel and have adventures, but there to do her work. Mildred, in contrast, mentioned a number of donkey rides she took, ‘went for a donkey ride...all along the beach to the forts. I never could have imagined a more wonderful sea...then back and over the ark...’⁴³ Mildred’s tone clearly indicates pure enjoyment in the experiences she had as it was a novelty.

Besides the pyramids, the most frequently mentioned attraction of Cairo was the ‘bazaar’ or the ‘mouskey’ or ‘mousky’.⁴⁴ Mildred made mention of attending the bazaar only once in her diary, ‘Alec and I had a most delightful day...a bazaar boy took us round, we bought all sorts of things...we bought a lovely table cloth and bowls and shoes etc’.⁴⁵ It is evident that Alec and Mildred were shopping for their future; the items they were purchasing would, most likely, be placed in their home once the war was over, acting as reminder of when they fell in love. Daphne also spent time at the mousky, though it appears she was easily distracted by sightseeing, ‘I had another very enjoyable trip down the mousky. I really meant to shop, but ended up by just sightseeing; it is really very fascinating down there in spite of the filth and

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Higginson, Diary, 13 December 1915.

⁴² Ibid.

⁴³ Salt, Diary, 7 December 1915.

⁴⁴ ‘In The Mousky’, *The KIA ORA COO-EE*, 15 September 1918, p.13.

⁴⁵ Salt, Diary, 22 December 1915.

smells'.⁴⁶ The mixture of shopping at the bazaar and sightseeing was a common occurrence for many nurses.

The tone of Mildred's diary changed once she became engaged to Alec at the end of October 1915, with entries reflecting a heightened positive attitude towards life in Egypt. Her descriptions had a softer tone, reflecting her affection for Alec, who appeared constantly in her diary. Going on long walks in the sunshine and on the beach continued to strengthen their relationship, 'we have spent a perfectly happy time together. We went for a walk to the forts...we talked and had long silences then walked along the beach...'⁴⁷ Walking in the moonlight and experiencing the sunset together was also another simple outing the couple experienced frequently:

We sat and watched the moon take the place of sunset. It was wonderful, beyond words. I feel that about so much in Egypt. The sunset was brilliant, reds and [illegible] and blues and the sun a ball of fire and then so soon it all faded and the silvery moon was shining over everything. We sat on and on feeling the world was made of us alone...we sat and talked of the days to come and it seems almost impossible in our great happiness to realise all that was going on so near...and so the hours fled by and at 8 we started back.⁴⁸

Falling in love with Alec changed Mildred's diary focus and her view of Egypt. She wrote of quiet moments, when she felt she and Alec were the only ones in the world, discussing their future plans and how happy they made one another. And these types of moments were important. Despite the horrors Mildred witnessed in her wards, or those Alec dealt with, as he was a medical officer in the New Zealand Medical Corps (NZMC), they had one another to lean on and share their experiences with. They both knew, that at the end of the war, they had something to look forward to – a life together in New Zealand. Her diary became oriented to the future.

The frequency in which leisure activities featured in the diaries during the Gallipoli campaign, highlighted the importance of nurses distancing themselves from the war when they had the ability to. The casualty numbers of the Gallipoli campaign were hugely underestimated by officials, therefore nurses, like Daphne, had very little free time to actually travel and

⁴⁶ Daphne Rowena Commons, Letter, dated 29 January 1916, but visit took place 3 February 1916, MS-Papers-1582-11, ATL, Wellington.

⁴⁷ Salt, Diary, 30 November 1915.

⁴⁸ Salt, Diary, 10 January 1916.

experience Egypt until the evacuation of the Dardanelles in December 1915. Daphne and her new travelling companion, Nurse Anderson, took full advantage of their free time and travelled extensively. In a 24 page letter to her mother, Daphne attempted to document her adventure in Thebes, ‘the ancient capital of Egypt’, though informing her mother straight away ‘I’m afraid the full history of this visit to Upper Egypt will never be written, it would take too long to tell all we have seen and done’.⁴⁹ Despite telling her mother ‘if you want to know more just get a guide book of Luxor and read up in that all we have seen and heard’, a significant part of her letter details the history behind the different monuments she and Anderson visited.⁵⁰

Daphne mentioned a variety of places she visited, most of which Louisa or Mildred did not. Climbing the Libyan hills, riding ‘funny donkeys’, and shopping at more bazaars were some of the activities she enjoyed.⁵¹ Of particular note were seeing original hieroglyphics and paintings on the walls at the ancient Tombs of the Kings. Daphne wrote the hieroglyphics ‘were marvellous’ and,

...you could easily believe some of the colours had only been put there last week. But I think, that except for Egyptologists and learned people and scientists, after one has seen a few temples and tombs they are all much alike, wonderful no doubt, but for exact descriptions you must look up the aforementioned guidebook.⁵²

In the same afternoon, Daphne and Anderson went to the Valley of the Nile which ‘was a beautiful sight’.⁵³ Daphne wrote ‘the river winding along its cultivated green banks, so many different shades of colour, the reddish looking hills enclosing all the valley round, the ancient ruins at our feet and those of Karnak away in the distance on the other side’.⁵⁴ Most nurses had been stationed within walking distance from some part of the Nile River and had been struck by the length and multitude of activities that occurred on the river. Viewing the river from a different position further emphasised the beauty of the body of water.

Daphne and Nurse Anderson also visited the building complex at Karnak, described as an open air museum, in which they rode donkeys to access the site. Through this long letter home, Daphne emphasised the scale and antiquity of the site she spent hours exploring. As she

⁴⁹ Commons, Letter, 12 March 1916.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Ibid.

documented, at the complex's height, between the Middle Kingdom (c.2055- c.1650 BCE) and the Ptolemaic Kingdom (305-30 BCE), the entrance, known as the avenue of Sphinxes, had '1000 Sphinxes, 500 on each side, along the road from Karnak to Luxor' with some still remaining along the pathway.⁵⁵ Despite stating 'I'm not going to try to describe the temples here', she made a point of documenting the size and beauty of the various temples and surrounding structures within Karnak.⁵⁶ One example was the columns, 'if only you could have seen the columns, rows of them, so long that it would take 12 men to reach round them and 88 ft high'.⁵⁷ These structures, not just the Valley of the Nile, the different tombs in Thebes or the temple ruins at Karnak, were perceived as landmarks of pure beauty due to their powerful size and atmosphere surrounding them. In many cases it was as if these structures, which had been standing for thousands of years, had been left completely untouched, with their state in 1915 or 1916 the same as it had been since the beginning of their existence.

The experience of visiting the pyramids and sphinxes, riding camels and donkeys or shopping at the markets was completely different to what life in colonial New Zealand was like. The frequency with which nurses' entries document these activities highlight their significance. As Narin Hassan observed, 'these travel writers seem[ed] aware that they [were] treading new ground and exploring roles that would be unavailable to them at home, and yet, to be accessible to readers at home, they must not veer far from the domestic roles expected for them at home'.⁵⁸ Hassan's observation also contributes to understanding the dual identity of the nurses during the war. It could be argued that when they were on leave the nurses detached themselves from their war identity and became solely tourists exploring the cities of myth, as playing the tourist was 'uninvolved, and this precious detachment, the capacity to stand aside for a time, might have been a crucial respite in war'.⁵⁹

Few New Zealanders had visited Egypt before 1915 and the nurses' knowledge was derived mostly from bible stories, or other literary works. The first impressions of the land emphasised the difference between Egypt and London, and furthermore New Zealand – the heat and dirt were the most frequently mentioned. Each nurse had a different experience, though all deriving from the tourist identity. Daphne visited the historical sites, writing

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Narin Hassan, 'Female Prescriptions: Medical Advice and Victorian Women's Travel', *Nineteenth-Century Gender Studies*, vol.52, Winter 2009, p.19.

⁵⁹ White, 'The Soldier as Tourist', p.71.

extensively about the size and grandeur of the ruins at Thebes. Louisa did not find the traditional tourist attractions of Egypt remarkable like she had in London, instead she found entertainment in lesser noted areas. For Mildred, her romance with Alec influenced her perception of her time in Egypt and the adventures she went on. There were elements of a more traditional life, such as the markets, but at the same time the products available differed greatly to those available back home. Despite being influenced by 'traditional' ties of family (as audiences and subjects of letters) and romance, all their experiences highlight the significance of these women being away from such traditional domestic life and having the independence to travel and experience daily life in a completely foreign land.

Chapter Two: Interpreting the ‘colonial’ identity

The concept of ‘colonial’ identity and how nurses defined themselves against this was a commonly explored section of their diary entries. As Angela Woollacott observes, ‘In England, white colonials were often held to be less than quite civilised’.¹ This perception shaped how the ‘colonials’ were viewed and treated, with British citizens perceiving anyone not born at the heart of the Empire as inferior. Louisa, Mildred, Daphne and the nurses who sent letters to *Kai Tiaki* documented various experiences they had when the ‘colonial’ label was imposed upon them, with each nurse negotiating the label differently. Louisa, working within a British nursing network, was especially taken aback with her treatment by fellow British nurses and military commanders, as neither she, nor many other New Zealanders, viewed themselves as ‘colonials’ of inferior skill and rank. Mildred and Daphne were not as directly affected by the ‘colonial’ label, as they worked within the NZANS. Despite the negative associations ‘colonial’ held, their heritage and life in the colony also became a source of pride for the women, with ‘colonial’ soldiers finding it comforting to have someone of a similar background treating them. ‘Colonial’ was a complex category for the nurses to negotiate in their writing, with the diary entries, letters and autograph books highlighting varying perceptions of the ‘colonial’ label.

This chapter explores two specific, and differing, areas where ‘colonial’ appeared in nursing accounts. First, how nurses interpreted ‘colonial’ as a demeaning term imposed by the British officials, instigating conflicts between the NZANS and the British QA nurses within the hospital environment. The most prominent conflict surrounded wearing the scarlet cape, with QA nurses resenting how the cape began to be associated with the ‘colonial’ style of nursing. The relationship between the British VADs and ‘colonial’ nurses also provides an example of how the British/colonial divide played out: in short, the QAs resented the use of untrained, upper-class women who were not accustomed to working hard, while the NZANS appreciated the adaptability these women showed, creating a camaraderie between the two groups.

Second, the chapter considers how ‘colonial’ acted as a reminder of home for many New Zealand soldiers in the field. Through Louisa and Daphne’s writing, with the addition of a number of autograph books, ‘colonial’ soldiers’ appreciation of being treated by ‘colonial’

¹ Angela Woollacott, *To Try Her Fortune in London: Australian Women, Colonialism and Travel*, (Oxford; New York: Oxford University Press, 2001), p.14.

nurses is apparent. Nurses were an anchor of home for the soldiers, having a familiar accent, history and understanding of colonial life which assisted in soldiers' recuperation. In addition to being a physical connection to home, the nurses maintained soldiers' connection to home, writing letters to loved ones for them and reading those sent by family members. Even after death, nurses would send letters home informing the family their loved one did not suffer.

'Colonial' identity and the British nurses and VADs

'...met Miss Hoadley, Matron in Chief, not very much impressed with her manners. She informed us we were not wanted here and yet they are crying out for nurses'.²

How New Zealand nurses identified themselves within the British Empire is important for understanding their experiences. Though New Zealand had been declared a dominion in 1907, the nation's pre-war identity was still embedded in the imperial shadow. Britain was classed 'Home'; 'the expression 'He's going home' came to mean a person leaving the land of his birth and sailing for the ancestral homeland'.³ Felicity Barnes argues that 'the construction of New Zealand as "British"...continued well into the twentieth century, with London at the heart of that process'.⁴ Due to this connection between New Zealand and Britain, Louisa, like many other New Zealanders who travelled 'Home', saw themselves as equal to their British ancestors in terms of race, religion and culture. The British, on the other hand, regarded the New Zealand pakeha as 'colonial' and of an inferior standing.

The British belief of superiority over their 'colonial' subjects was derived from the pyramid of racial hierarchy. In theory, those with Anglo-European heritage were viewed as the elite race, while indigenous people, be it Maori, Aborigine or Indian, were inferior due to their skin colour. Historian Peter Stanley states 'the Germans, though denigrated as 'Huns' and accused by wartime propaganda of appalling atrocities...were European and therefore worthy opponents. The Turks were not regarded as a 'White' opponent' and therefore viewed as 'a savage enemy'.⁵ However, within the elite tier there were a number of different nationalities deriving from the same Anglo-European heritage who perceived themselves as part of the elite race. For the British, their extensive Empire, culture and heritage influenced their perception

² Louisa Higginson, Diary, 17 May 1915, MS-Papers-2477, ATL, Wellington.

³ Keith Sinclair, *A Destiny Apart: New Zealand's Search for National Identity*, (Wellington: Allen and Unwin, 1994), p.94

⁴ Felicity Barnes, *New Zealand's London: a colony and its metropolis*, (Auckland: Auckland University Press, 2012), p.6.

⁵ Peter Stanley, 'He was black, he was a White man, and a dinkum Aussie': race and empire in revisiting the Anzac legend' in Santanu Das (ed.), *Race, Empire and First World War Writing*, (Cambridge: Cambridge University Press, 2011), p.218.

of being *the* elite race of the world. This perception of elitism translated to the broader British Empire, where the white settlers saw themselves as equals to their ancestors back 'Home'. However for the British, anyone who was not born at the heart of the Empire was perceived as a 'colonial': white Australians, New Zealanders and Anglo-Canadians were identified as such. The white settlers in New Zealand did not consider themselves as 'colonials' in their own culture, nor did they perceive themselves as such within the broader British Empire.

The 'colonial' label was a significant issue for the New Zealand nursing community before the war broke out. In 1912 the *British Journal of Nursing* published an article entitled 'The Nurse General' which openly discouraged English nurses from venturing 'out to the Colonies'.⁶ Journal editor Mrs Bedford Fenwick, an influential nursing figure in Britain, reported:

Nurses who contemplate foreign or colonial service must remember that they live at present in the most comfortable country in the world, where the best service is obtainable, and that life in a well-appointed Nurses' Home, with its comfort, clockwork regularity, and sufficiency of service is not good preparation for roughing it in the Colonies.⁷

Fenwick continued her harsh judgement on the colonial conditions, finally stating "the advice of an Australian matron who has recently visited some of our London hospitals is, "I do not advise nurses to come out to our Colonies; I do not think the conditions under which they train suit them for it"; and we endorse her judgement".⁸ The last sentence of the editorial can be analysed from two angles – the Australian matron was stipulating that British nurses were not suited for colonial work because they had been sheltered and waited upon during their training, or, as Fenwick has interpreted it, the conditions were just not suitable for any form of nursing, and the 'colonial' nurses had no choice but to operate in such conditions. 'Roughing it' was a common perception held by the British in regard to colonial life, with many believing that settlers were living in mud or clay huts, or in the bush.⁹

Hester Maclean, founder and editor of *Kai Tiaki* and first president of the Trained Nurses' Association, was scathing in refuting this portrayal of the colonial lifestyle which she

⁶ 'Fitness for Colonial Work', *Kai Tiaki*, October 1912, p.93.

⁷ It is interesting that Fenwick places an emphasis on 'clockwork regularity' because this became an issue during the war period. 'The Nurse General', *The British Journal of Nursing*, 20 July 1912, Vol. XLIX, p.41

⁸ *Ibid.*

⁹ 'Fitness for Colonial Work'; S. Northcote Bade, 'Early Housing in New Zealand: With particular reference to Nelson and Cook Strait Area', *Nelson Historical Society Journal*, Vol. 1, No. 3, November 1958, pp.2-7.

believed was far from ‘roughing it’.¹⁰ Through her editorial published in *Kai Tiaki*, Maclean informed the nursing body ‘It certainly has been found that some English nurses working in the colonies appear to expect a great deal of waiting on...’¹¹ Maclean was adamantly opposed to such superior behaviour, posing the simple statement in her editorial ‘we do not see why the Home trained nurse should not cope with the difficulties before her as well as her colonial trained sister’.¹² Although this debate appeared well before the war, most nurses, including the three examined in this thesis, were shocked with the precision of British military nursing and their overall superior behaviour.

This bias against ‘colonial’ nurses initially translated into a reluctance to accept their services in 1914. Replicating the dominant imperial attitude at the time, the QAs ‘expected “colonial nurses” to be inferior in character and nursing skills’.¹³ Further to this point, Mabel Clint, a Canadian nurse, recalled ‘British sisters “just assumed” that Canadians “would not be worth much professionally”’.¹⁴ As historian Susanna De Vries states, ‘many referred condescendingly to the well-qualified Australian [and New Zealand] nurses under their control as ‘colonials’, regarding them as social inferiors and hence second rate’.¹⁵

Louisa’s experience reflects the complex relationship that existed between ‘colonials’ and ‘Home’ nurses, as she was the only nurse of the three to work within the British nursing network. Louisa paid her own way to England believing the British military, and by extension the QAs, would welcome her services with open arms. However, receiving the acceptance of the British military was not an easy task. Upon arriving in London, Louisa headed straight to the War Office to offer her nursing services. However, she was not impressed with the treatment she received once there: ‘Miss Beecher arrived, she was not even civil to us [Louisa and her friend Mary], and I’m afraid gave us a very bad impression of the English manner. We felt very small...’¹⁶ Louisa’s experience was not singular; upon meeting another New Zealand nurse based in London she wrote, ‘Met another N.Z. nurse there, Auckland. She had been treated rather shabbily by War Office, we of course sympathised with one another’.¹⁷ Louisa

¹⁰ ‘The Nurse General’; ‘Fitness for Colonial Work’.

¹¹ ‘Fitness for Colonial Work’.

¹² Ibid.

¹³ Cynthia Toman, “‘Help us, Serve England’”: First World War Military Nursing and National Identities’, *Canadian Bulletin of Medical History*, Spring 2013, vol.13, no.1, p.154.

¹⁴ Mabel B. Clint, *Our Bit: Memories of War Service*, (Elmet: Barwick Limited Printers, 1934), p.41 in *ibid*, p.155.

¹⁵ Susanna De Vries, *Australian Heroines of World War One: Gallipoli, Lemnos and the Western Front*, (Brisbane: Pirgos Press 2013), p. 148.

¹⁶ Higginson, Diary, 12 April 1915.

¹⁷ Higginson, Diary, 3 May 1915.

interpreted this treatment as a reflection upon their colonial status, and the perception that they were insufficiently trained.

One of the most significant conflicts that arose between QAs and New Zealand nurses was over the scarlet (red) cape. This cape, worn by the regular QA nurses, became the distinguishing feature of their uniform. To this small selection of women, the scarlet cape ‘was part of a uniform that signalled...membership [to] a select group of military nurses’.¹⁸ When the NZANS entered the war, their uniform included the scarlet cape. As Daphne noted, ‘When going out we put on a grey coat of the same [cloth], with [a] red collar which can be worn standing up or turned down in front... The little red cape is to wear over our indoor uniform...’¹⁹ Though part of the official uniform, the ‘colonial’ nurses wearing the Imperial scarlet cape was perceived as an insult by many of the senior English nurses, with tension ranging from ‘raised eyebrows to outright resentment’.²⁰

The experience of Sister Elsie Cook, an Australian nurse, highlights the mounting tension between ‘colonial’ girls and British nurses. Elsie worked at No. 19 British General Hospital (BGH 19) to ‘special’ her husband Sydney Cook, son of the sixth Australian prime minister, who had suffered a head injury during the Battle of Lone Pine. To ‘special’ meant caring for a particular patient, which was not common during the war due to heavy casualty rates. This task included spending one-on-one time with a patient to ensure better treatment and recovery chances. Due to the scarcity of nurses in relation to patient numbers, Elsie ‘specialised’ her husband whilst also doing her daily nursing duties.²¹ She was the only ‘colonial’ nurse working at BGH 19 during the period, and her presence ‘caused a stir’ among the English nurses, not only for wanting to ‘special’ her husband, but because of her uniform.²² As Elsie documented in her diary, ‘went down to the dining room tonight – a strange,

¹⁸ Kate Hunter and Kirstie Ross, *Holding On To Home: New Zealand Stories and Objects of the First World War*, (Wellington: Te Papa Press, 2014), p.28.

¹⁹ Daphne Rowena Commons, Diary, 5 April 1915, MS-Papers-1582-09, ATL, Wellington.

²⁰ Kirsty Harris, ‘Red Rag to British Bull?: Australian Trained Nurses Working with British Nurses During World War One’, *Exploring The British World: Identity, Cultural Production, Institutions*, (Melbourne: RMIT Publishing, 2004), p.132.

²¹ Kirsty Harris, *More than Bombs and Bandages: Australian Army Nurses at work in World War I*, (New South Wales: Big Sky Publishing, 2011), p.31.

²² Peter Rees, *The Other Anzacs*, (New South Wales: Allen & Unwin, 2009), p.96.

bewildering sea [of] new, enquiring faces. My scarlet cape causes comment as only Imperial Regular Sisters are allowed to wear them in the English hospitals'.²³



Left: QA Reserve uniform – grey cape with the scarlet piping (what Louisa Higginson would have worn).

Right: QA Uniform – full scarlet cape.

'A Matron and a Sister from the Queen Alexandra's Imperial Military Nursing Service during the First World War', *PRN Magazine: An Illustrated History of Nursing Uniforms*,

<http://www.prnmagazine.com/ww1/>, date accessed: 25 January 2016.



The scarlet cape worn by Australian and New Zealand nurses during the Great War.

Scarlet cape of Sister Mary McDougall. McDougall served at the Victoria War and Freeman Thomas hospitals in Bombay and the 44th British General Hospital in Deolali, REL/01701, AWM Museum, Canberra.

To add further complication, the 'easy and often over-friendly' nursing style that was associated with the NZANS nurses was a far cry from the strict military precision of the QA nurses.²⁴ As Canadian nurse Mabel Clint noted, 'I'm afraid the English sisters looked upon us

²³ Elsie Cook, Diary, 14 August 1915, PR 82/145, Australian War Memorial, Canberra.

²⁴ Harris, 'Red Rag to British Bull?', p.132.

at first with some prejudice. Discipline and routine were carried out by them exactly the same as in the barrack military hospitals... We [Canadian nurses] allowed our patients more liberty, but our wards looked less orderly'.²⁵ The QAs did not like being associated with nurses who were 'easy and often over-friendly' and 'less orderly' which 'colonial' soldiers began to associate with the scarlet cape.²⁶ As Kirsty Harris notes 'For Australian nurses the red cape made them recognisable Australian emblems; Australian soldiers learnt the red capes meant Australian nurses and both groups used these elements of their uniforms as key identifiers, important for morale and social support'.²⁷ The scarlet cape operated the same way for New Zealand nurses and soldiers.

Another difference between the QAs and 'colonials' were their views on VADs. The use of VADs was a highly debated topic in the first few months of the Great War. In general terms, professional nurses were opposed to the use of VADs or rudimentarily trained women on the battlefield, viewing these women as a hindrance to the treatment of soldiers. Maclean voiced the nurses' reluctance in the January 1915 issue of *Kai Tiaki*, stating 'we hope...the authorities are awakened to the great danger to the soldiers who need the most skilled care'.²⁸ However, the collective opinion about the use of VADs was not necessarily reiterated by individual nurses, as illustrated by a number of New Zealand women who worked alongside British VADs.

Months before the New Zealand nurses arrived in Egypt, tension existed between the QAs and VADs. Most volunteers were drawn from the upper echelons of British society which contrasted against the generally middle- and working-class backgrounds of the professional nurses. One of the main factors for the animosity was derived from social standing: many VADs were accustomed to being in charge of their household, having leisure time and not having the pressure to earn a living. However, when these women were placed in the hospital environment, they took orders from people of a similar social position to their staff, or people they would not have commonly associated with. Understandably, many VADs did not like the position they held in the hospitals, doing the probationers', or inexperienced beginner duties. Initially this included domestic labour, cleaning floors, changing linens, swilling out bedpans,

²⁵ Mabel B. Clint, *Our Bit: Memories of War Service*, (Elmet: Barwick Limited Printers, 1934), p.41 in Maxine Alterio, 'Memoirs of First World War Nurses: Making meaning of traumatic experiences', PhD in Creative Writing, Victoria University of Wellington, 2013, p.55.

²⁶ Harris, 'Red Rag to British Bull?', p.132; Ibid.

²⁷ Harris, 'Red Rag to British Bull?', p.132.

²⁸ 'Under False Colours', *Kai Tiaki*, Jan 1915, p. 52.

before graduating to assisting in operations, changing dressings and tending to the dying as casualty numbers increased.²⁹

Unlike many of the British nurses, it appears that the New Zealand women were far more appreciative of the work done by VAD women. *Kai Tiaki*'s section 'News from Nurses Abroad', and other shorter articles, highlighted the journal's change in opinion regarding the presence of VADs, but also the admiration many nurses felt for what the VADs achieved, particularly when they were dealing with the difficulties posed by the QAs. Views of the VADs reported in *Kai Tiaki* varied, with many praising them in undertaking the unglamorous and mundane tasks. A nurse working at Cavell House, a military nurses' rest home named for executed British nurse Edith Cavell, wrote 'the "apple pie" neatness of the rooms was a great credit to the V.A.D.'s who take it in turn to do the housework'.³⁰ As an English aunt informed her New Zealand niece, 'we have a trained matron in each of our hospitals and a trained nurse to every ten patients: otherwise the V.A.D.'s as they are called...do all the work, and some of them are turning out to be splendid nurses'.³¹

Praise for VADs undertaking mundane tasks featured more frequently in *Kai Tiaki* than praise for their heroic feats achieved whilst under extreme pressure. Through the various letters published in each edition, a sense of admiration for VADs was conveyed due to their adaptability in the hospital, especially of those from privileged backgrounds. Though it was strenuous and time-consuming work which received little to no reward, many learnt to adapt to their new environment, much like the colonial women had learnt to do upon immigrating to their new living environment. Washing, cleaning and mending were tasks that women settlers had learnt to do in colonial life, or had been taught to do at home. The colonial identity of the NZANS women earned respect, and even admiration, in the eyes of the VADs as colonial nurses also did the unglamorous tasks, much to the disdain of QA nurses. Furthermore, the lifestyle of the colonial women, which had been labelled as rough and inhospitable in *The British Journal of Nursing* in 1912, became significant for surviving the war environment. These women were accustomed to working hard, in sometimes trying conditions, and had learnt to adapt to a new way of living, all of which became necessary during the war. Such differences

²⁹ Lucy Noakes, 'Women's Mobilization for War (Great Britain and Ireland)', *International Encyclopaedia of the First World War*, available at http://encyclopedia.1914-1918-online.net/article/womens_mobilization_for_war_great_britain_and_ireland, accessed: 9 November 2015.

³⁰ 'The Cavell Rest Home for Nurses', *Kai Tiaki*, April 1916, p.111; 'Letters from our Nurses Abroad and at Sea', *Kai Tiaki*, July 1917, p.133.

³¹ 'A Letter from a Lady in England to her niece in Wellington', *Kai Tiaki*, October 1915, p.175.

perhaps increased tensions between Imperial nurses and ‘colonial’ sisters, but not everyone saw being ‘colonial’ as negative.

How ‘colonial’ became a touch of home

*‘I have had first hand information as to how the boys from France appreciate Brockenhurst. My brother’s first letter was full of ‘You can’t imagine how good it is to see these N.Z. Sisters’ etc etc’.*³²

As illustrated in the above quote, taken from a letter to Annie Campbell in late 1916, for a number of ‘colonial’ soldiers encountering a nurse from home was a welcomed comfort whilst injured. Their presence provided a distraction from the terrible conditions they had been experiencing in frontline combat. New Zealand nurses were renowned for having a ‘touch of home’ in how they nursed, taking time to ‘listen to the stories of their patients, enabling them to make sense of, and even to normalise their often-outrageous experiences’.³³ While Maclean had argued the benefits of having a ‘colonial’ nurse tend to a ‘colonial’ soldier, historians have not focused on this claim. Instead, the ‘mother’, ‘sister’, ‘lover’ image of nurses has been central when analysing nurse-soldier relationships.³⁴ However, there are a variety of sources, namely nurses’ diaries, letters and autograph books, which highlight not only soldiers’ appreciation of their country-women, but also a variety of creative ways in which they demonstrated their gratitude.

The ‘colonial’ nurses had a different style of treating patients to QA nurses. Louisa was very direct in her diary criticising those she encountered and documenting her dislike for the British method of nursing:

These English people, they haven’t got a spunk of a file, they seem afraid of everyone above them. There are some Australian Sisters here who have shown the Heads that the Colonials are not like that and if there is any cause the N.Z.s will do likewise. Yet these English people do nothing but grumble. What annoys me is if the Heads here did not know how to manage a place, one would pity

³² Letter to Annie Campbell serving at No. 1 NZGH, Brockenhurst, November 1916, Campbell Family Papers, 82-003, ATL, Wellington in Anna Rogers, *While You’re Away: New Zealand Nurses at War 1899-1948*, (Auckland: Auckland University Press, 2003), p.135.

³³ Christine Hallett, *Containing Trauma: nursing worked in the First World War*, (Manchester: Manchester University Press, 2009), pp.158-159.

³⁴ For more on this approach see: Harris, *More Than Bombs and Bandages*; Katie Holmes, ‘Day mothers and night sisters: World War One nurses and sexuality’ in Joy Damousi and Marilyn Lake (ed.), *Gender and War: Australians at War in the Twentieth Century*, (Cambridge: Cambridge University Press, 1995), pp.43-59.

them but they are so blown out with their own conceit, that they can only see polish[ed] floors and square ends to the corners of the beds and not the patient who is lying ill and suffering, though fighting for their country and for the likes of them and instead of making the patient comfortable and as happy as it is possible to be, he is uncomfortable because he is afraid to move.³⁵

As New Zealand and Australian women had learnt in civilian nursing, the comfort and treatment of patients was of the utmost priority. These nurses utilised their training, which translated into a more comforting bedside manner. In the eyes of the British, ‘colonial’ nurses were not sufficiently trained nor had they experienced training structured enough to apply to the hectic nature of military nursing. As Kirsty Harris states, ‘Australian nurses often felt that the QA nurse placed more emphasis on the care of her equipment, the appearance and orderliness of her ward, and in completing military forms than on actual patient care’.³⁶ Many NZANS and AANS women questioned the precision, structure and endless paperwork of British nursing, particularly when processing an endless stretch of casualties.

Louisa and Daphne referred, throughout their writings, to reactions they received from New Zealand soldiers when these men arrived in various hospitals to be treated. It is first worth noting that it is near impossible to accurately determine how much of an impact the NZANS or AANS had on the healing and recuperation of soldiers, though the comments made in diaries and letters reflect their importance.³⁷ In early 1915, many soldiers were unaware that the government had sanctioned the use of New Zealand nurses on the battlefield. As Daphne wrote to her mother, ‘You should just hear how glad the boys who came in last night were to find this place was staffed by N.Z. nurses. They had not heard we were here and were simply delighted’.³⁸ Immediately the importance of the ‘colonial’ nurse is illustrated. These men had been fighting on the Gallipoli peninsula for around three months, with many not seeing a woman from home since they left New Zealand shores the year before. Many were not just wounded, but also homesick. The New Zealand accent, and perhaps familiar faces from their region, whether Otago, Wellington or Auckland, were instantly comforting for soldiers. To come from hellish conditions on the peninsula to find yourself being nursed by New Zealand women became a great source of comfort and relief.

³⁵ Higginson, Diary, 24 November 1916.

³⁶ Harris, *More Than Bombs and Bandages*, p.153.

³⁷ *Ibid*, p.131.

³⁸ Commons, Letter, 7 July 1915.

It is not apparent how many New Zealand soldiers Louisa nursed during her time with the British Red Cross or QAs, or even if she nursed any patients of her own nationality. She did, however, maintain her connection with New Zealand soldiers during her time in Egypt. On an afternoon off with Mary, another New Zealand nurse, Louisa journeyed to Valletta Hospital where a number of New Zealand soldiers were being treated. As she documented in her diary later that day, ‘During the afternoon we went to [Valletta] hospital and saw some N.Z. wounded, one man from West Coast. They were all very pleased to see us and made us promise to come back again. In this hospital they had 300 in one ward’.³⁹ Whether she returned to Valletta to visit these soldiers or other New Zealand men is not apparent, as this was the only mention.

Soldiers’ preference to be treated by their own nurses does come across in Daphne’s writing, when she informed her mother ‘It is very nice for so many of the N.Z. boys being together, they all seem happy to be there and to be looked after by their own girls’.⁴⁰ Similarly, Australian soldier John Hardie recalled ‘There seems to be a great difference between our nurses and the others [British nurses]. Of course they are all kind, but I would rather be in an Australian hospital at any time’.⁴¹ The ‘touch of home’ concept gives further understanding as to why ‘colonial’ troops preferred to be tended to by ‘colonial’ nurses. These nurses used their knowledge of New Zealand, talking about the Southern Alps near their town or the Coromandel beaches, alongside discussing the comforts of home, like mother’s perfect Sunday roast with a special gravy recipe, to comfort, pacify and amuse their patients.⁴² Even if the nurse was not from the same region, they had enough knowledge about the country to talk to their patients about life back home. In addition, the nurses went above and beyond the call of duty to make their wards a soldier’s ‘home away from home’, which was important for mental and physical recovery.⁴³

Alongside their letters and diaries, soldiers’ contributions to autograph books reveal the warm relationship that developed between a soldier-patient and the nurse who cared for him.⁴⁴ The first page in one of Australian Matron Margaret A. Gray’s book is a key example: ‘May

³⁹ Higginson, Diary, 18 May 1915.

⁴⁰ Commons, Letter, 18 June 1915.

⁴¹ Hardie, Pte John, letter, 30 October 1917, PR 00519, Australian War Memorial in Rees, p.297.

⁴² Harris, *More than Bombs and Bandages*, p.131.

⁴³ Hester Maclean, ‘New Zealand Army Nurses’, p.98 in Lt. H.T.B. Drew (ed.), *The War Effort of New Zealand: A Popular History of Minor Campaigns in which New Zealanders took part; Services not fully dealt with in the Campaign Volumes; The Work at the Bases*, (Auckland et al; Whitcombe and Tombs Limited, 1923).

⁴⁴ Hunter and Ross, pp.196-197.

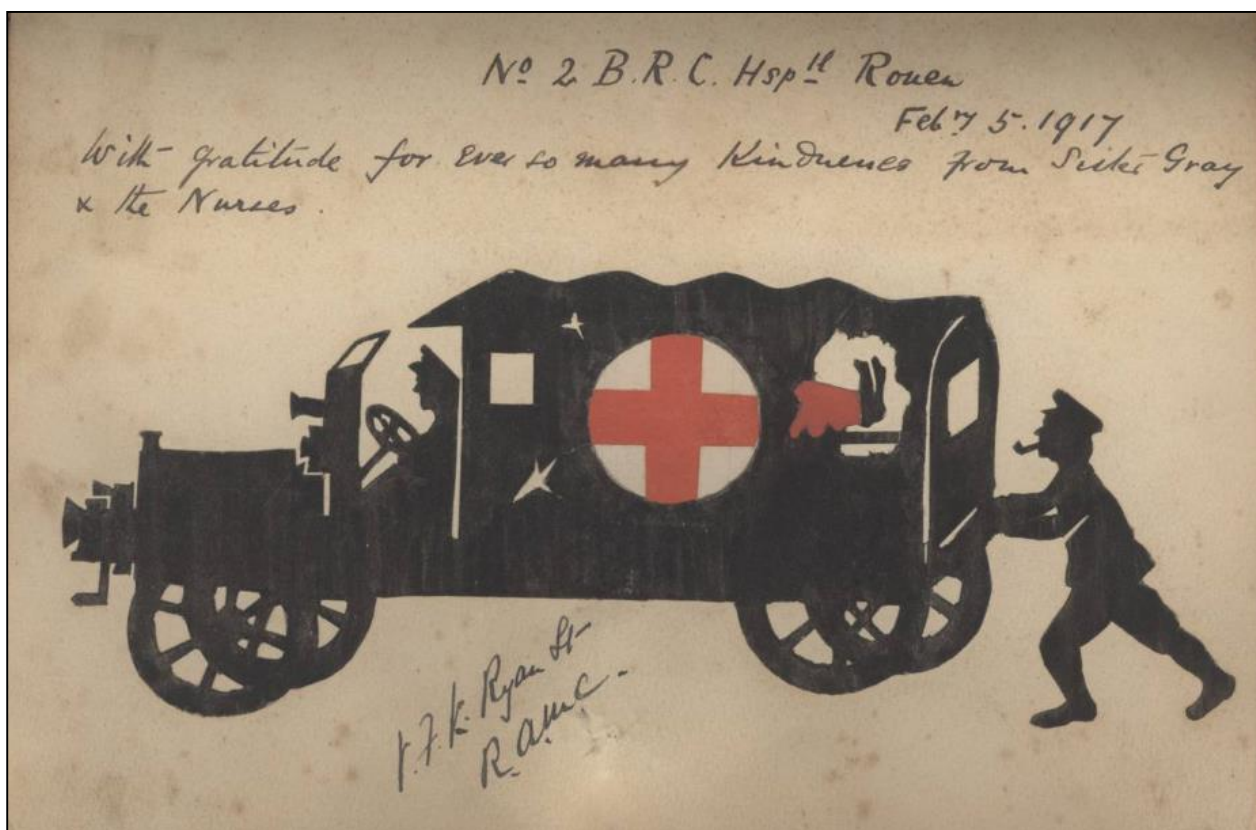
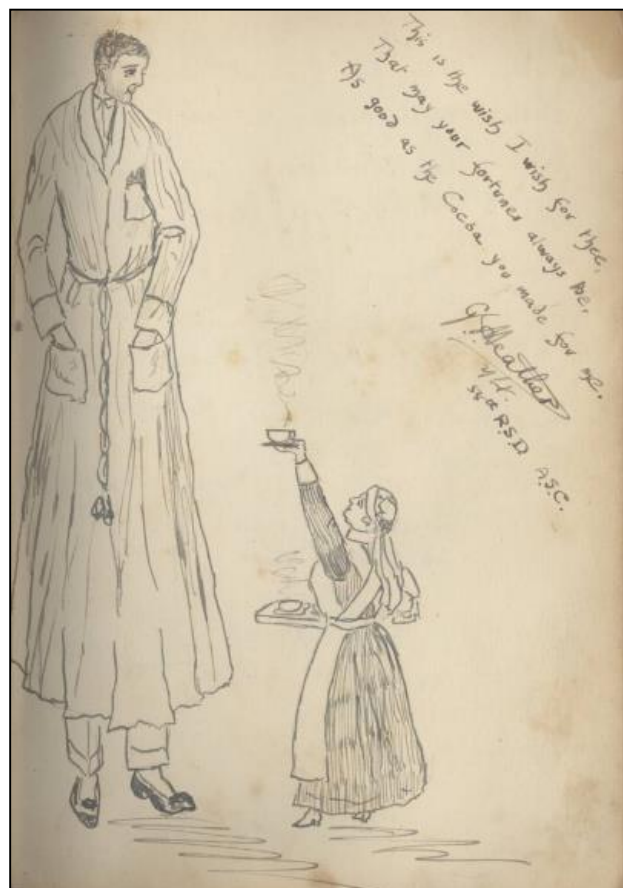


Fig. 6a-c: Examples of patient drawings in a nurse's autograph book.

Margaret Gray's autograph album 1915-1919, PR84/265 AWM, Canberra.



this remind you of the many grateful patients whose suffering has been alleviated and ills cured by your skill and devotion. Amongst the many there is not one who appreciates your kindness more fully than yours gratefully...'⁴⁵ In addition to messages of thanks, poems and quotes featured frequently in the coloured-pages. Second Lieut. Julian St. Clair Holbrook penned the charming poem: 'You're the General Aid Brigade/ Spick and span and tailor made/ Very spick and very span/ Quite a match for any man'.⁴⁶ In another poem, soldier Hubert Pownell showed his appreciation for the lengths Gray went to, to serve in the war: 'You've sailed across the mighty sea/ To help us through the long long day/ You've earned an Empires praise and we/ Shall ever thank you – Sister Grey'.⁴⁷ In addition, sketches and drawings were created by patients and colleagues further highlighting their gratitude towards the nurses' service.⁴⁸ The content of nurses' autograph books, as Kate Hunter and Kirstie Ross observe, 'hint[ed] at a relaxed camaraderie on the wards'.⁴⁹ These unconventional sources highlight how much of an impact the nurses' technique had while treating patients and, furthermore, how much it was appreciated by soldiers, which inadvertently emphasised their appreciation of the nurses' 'colonial' identity.

'Colonial' nurses undertook a number of different activities to maintain a soldier's connection to their homeland; not only were these women a direct connection to home, but they also assisted in maintaining a connection to soldiers' loved ones. Nurses recognised the importance of keeping family members, no matter their location, informed about their loved one's condition, particularly as they too had family members on the battlefields. Maintaining the connection between soldier and family was achieved in two ways. First, following the practice established by Florence Nightingale during the Crimean War, consoling the soldier's family after his death fell to the nurse on duty. In writing this letter, which became a routine for nurses, the last hours of a soldier's life were documented, traditionally conveying 'they did not suffer greatly', or 'they passed calmly in their sleep' along with any dying messages for loved ones.⁵⁰

⁴⁵ Lieut. Col. Hollke (?), 2/The Buffs, 20 April 1915 in Margaret Gray's autograph album 1915-1916, PR84/265 AWM, Canberra.

⁴⁶ Second Lieut. Julian St. Clair Holbrook, 5 July 1916 in Margaret Gray's autograph album 1915-1919, PR84/265, AWM, Canberra.

⁴⁷ Hubert Pownell, n.d., *ibid.*

⁴⁸ Hunter and Ross, p.197.

⁴⁹ *Ibid.*

⁵⁰ Cecil Woodham-Smith, *Florence Nightingale: 1820-1910*, (Fontana Books, 1977), p.161 in Harris, *More Than Bombs and Bandages*, p.135.

The second task undertaken by nurses to maintain the home connection was through writing letters for injured soldiers. On occasion men asked nurses to write letters home for them if they were illiterate, blind, unable to hold a pen or, as a result of losing their original writing hand, did not want to alarm their family members with a completely different style of writing.⁵¹ Generally, soldiers wished nurses to convey sentiments along the lines of ‘I’m doing fine, and only got a bit of a scratch’, or using colloquial expressions such as ‘everything is bonzer’.⁵² As Australian soldier Roy Rankin stated, shortly before his death in 1916, ‘I was hit through the spine, and was as helpless as a baby, having only the use of my arms...Since I found it very awkward writing on my back, and the Sister was so kind as to offer to write for me, she is finishing this letter...’⁵³ Though writing letters for soldiers took up many hours of their time, both when working on the wards or on their designated time off, it is not apparent that nurses resented such a task as they understood the importance of maintaining connections to home.

‘Colonial’ became an encapsulating identity during the war, bonding ‘colonial’ men and women together through their shared heritage. As illustrated in letters, diary entries and autograph books, having a kindred spirit in hospital wards became an important tool in soldiers’ mental and physical recovery. The treatment by the QA nurses further emphasised the ‘outsider’ identity which had become evident when Daphne and Louisa wrote about their time in London. The perceived inferiority of ‘colonial’ New Zealand nurses was evident in how Louisa was treated by women she worked alongside within the British nursing organisations, and furthermore, the tension that existed between QA and New Zealand nurses due to their nursing skill, and their adoption of the scarlet cape to their uniform.

⁵¹ Harris, *More than Bombs and Bandages*, p.135.

⁵² Colloquial expressions penned by author based on W.H. Downing, *Digger Dialect: a collection of slang phrases used by the Australian soldiers on active service*, (Melbourne: Lothian Book Co., 1919); Ibid.

⁵³ Pte. Roy Rankin, letter, no date (probably late August 1916) in Patsy Adam-Smith, *The Anzacs*, (Melbourne, Australia: Penguin Books, 2014), p.256.

Chapter Three: War nursing and the Home Front

Historian Narin Hassan observation of women medical travellers in the nineteenth century, ‘expectations and roles of women in colonial spaces [were] complex and varied, [and] establishing a connection to an increasingly authoritative scientific and medical discourse provided women with greater discursive freedom and influence and allowed them to fashion themselves as negotiating and accessing foreign terrains productively’.¹ The same argument can be applied to nurses’ writing during the Great War. Even when not writing about the wards, women’s very presence in Egypt was permitted by their medical professionalism. In addition, as the tensions with the QAs demonstrates, New Zealand women's colonial background also substantially shaped their experiences. Thus, understanding the colonial context, and furthermore how the nurses petitioned the government for their right to serve in the war, are significant to understanding what the nurses selected to document in their writing.

The following chapter will first examine femininity in the colonial context. Despite contention between historians, it is generally agreed life in New Zealand was far more fluid for women than it had been in Britain, with many of the nurses growing up with a degree of autonomy. In this section I will discuss what life was like in the colony for women of all ages, highlighting that the ‘helpmeet’ structure was evident in colonial life. By being involved in the daily running of the household, regardless of where they lived and their social standing, women were given independence away from the strict Victorian ideals of British society. The legislation introduced by the government during the late nineteenth-century, culminating in the granting of the vote in 1893, highlighted a colonial difference in the political and social status of women.

The second section examines nurses’ fight to be sent overseas, outlining the nursing organisation’s movements between August 1914 and January 1915. Despite being granted a degree of autonomy prior to the outbreak of war, the nurses were still viewed, first and foremost, as women whose place was in the home. Hester Maclean, with a number of other nurses, and some male support, petitioned the government to be recognised as a professional nursing body that would be sent overseas.

¹ Narin Hassan, ‘Female Prescriptions: Medical Advice and Victorian Women’s Travel’, *Nineteenth-Century Gender Studies*, iss. 5.3, Winter 2009, p.3.

Colonial femininity: Life on the frontier

'The colonial environment opened new doors. It gave, within the context of an accepted role, a sense of purpose, a feeling of usefulness and a greater degree of independence than the women migrants had experienced before'.²

Men, women and families moved to the colonies in search of a new life, away from the oppressive atmosphere of the old world. The first settlers did not know what to expect when arriving halfway across the world, but they soon adapted to a more rural life than what they had left behind. As Raewyn Dalziel states, women too experienced a significant change in circumstance.³ In colonial New Zealand a woman's identity remained within traditional structures, but life in the colonial setting offered more elasticity. Working on farms saw women of all ages involved in the daily maintenance of the home and farm, while other women undertook a number of acceptable occupations in local towns. Colonial women lacked control over their property and income, which the New Zealand government rectified by introducing legislation recognising married women's right to their own assets. The granting of the vote in 1893 was a culmination of a series of moves to recognise the role women played in the colony. Through these actions New Zealand became a progressive colony in allowing women a degree of autonomy while the women in Britain had few political or economic rights.

For New Zealand women, life in the colony remained within the 'helpmeet' structure: wife, mother, homemaker and guardian of society's morals.⁴ Though remaining in this structure, which was the basis of British society, there was more elasticity in how day-to-day colonial life operated, with middle- and upper-class women more directly involved in the daily functioning of the home.⁵ Regardless of their social standing, if they were married or single, women had a wider range of functions and duties:

Prodigious iron pots, wood-fired stoves in lean-to kitchen, houses that leaked or were draughty or both and could burn to the ground in minutes, clinging mud in winter, dust in summer, the making of 'thundering loaves' and pounds of butter, the making of things to do other things with, and above all the weekly struggle with washing, starching and ironing 'to keep things going decently' – this was

² Raewyn Dalziel, 'The Colonial Helpmeet: Women's Role and the Vote in Nineteenth-Century New Zealand', *New Zealand Journal of History*, vol.11, no.2, 1977, p.115.

³ See *ibid.*

⁴ *Ibid.*, p.113.

⁵ *Ibid.*, p.115.

colonial domesticity, and it wrought marked change in the daily lives of the women...the practicalities of life were immediate and inescapable.⁶

Irrespective of where a woman lived, either on a farm or in town, she was required to do the same general jobs, which had once been symbolic to many. This new active lifestyle was a far cry from the passive leisured lady of Victorian Britain, with women's lives now focused on 'the next meal, the next wash, or the next pile of mending and sewing'.⁷

By the early twentieth century, life in colonial New Zealand was divided into two locations that sociologist Claire Toynbee describes as 'farming' or 'non-farming'.⁸ When the first settlers arrived in New Zealand, they often lived in great isolation in the countryside, living off the land.⁹ This meant that everyone in the family, the husband and wife, daughters and sons of all ages, were involved in the daily maintenance of the farm, sometimes with the additional employment of farm labourers. As Toynbee states 'wives and daughters played an indispensable part in the farming household economy in the early twentieth century' as farming entailed a diverse range of roles for women, ranging from managing livestock, and tending to the vegetable garden through to preserving, baking bread and making cream and butter for the household but also to sell at the market.¹⁰ All these tasks were completed on a weekly cycle, highlighting women's more active participation in daily colonial life.

Life in urban areas maintained similarities to British society, particularly in regard to the 'helpmeet' structure, however the most distinct difference was that women had greater autonomy. In addition to domestic service, a greater variety of occupations, such as clerking, typing, teaching and nursing, were available to women.¹¹ Though domestic service had been a major form of female employment in Britain, young women in New Zealand 'began looking for opportunities beyond the familial context of domestic service'.¹² Due to this shortage, wives and daughters performed these domestic duties as they were the 'price of colonial independence'.¹³ For those young women who worked in domestic service, they worked

⁶ Frances Porter and Charlotte Macdonald (ed.), *'My Hand Will Write What My Heart Dictates': The unsettled lives of women in nineteenth century New Zealand as revealed to sisters, family and friends*, (Auckland: Auckland University Press, 1990), p.146.

⁷ Ibid.

⁸ For more see Claire Toynbee, *Her Work and His: Family, Kin and Community in New Zealand 1900-1930*, (Wellington: Victoria University Press, 1995).

⁹ Helen M. Simpson, *The Women of New Zealand*, (Auckland: Paul Books Arcade, 1962), p.68.

¹⁰ Toynbee, pp.47-55.

¹¹ Barbara Brookes, *A History of New Zealand Women*, (Wellington: Bridget Williams Books Ltd., 2016), pp.161-170.

¹² Ibid, p.161.

¹³ Porter and Macdonald, p.147.

‘alongside the lady of the house...Colonial domestic servants were more truly ‘helps’ than maids of a subservient and separate class’.¹⁴ All these forms of paid employment were ‘regarded as short term and usually...a prelude to marriage’.¹⁵ Despite this, the new occupations women had access to highlight the greater autonomy they held within colonial society.

Prior to 1860, when women married they acquired status and protection, but also witnessed a loss of entitlement as a person to property and any independence. If her husband died a woman could be left destitute unless she could find employment. In response to their vulnerable position within society, the New Zealand government introduced the Married Women’s Property Protection Act (MWPPA) in 1860, with further amendments occurring in 1870 and 1884. The primary object of introducing and amending this act was to ‘protect the earnings of married women in indifferent circumstances who had to support themselves’.¹⁶ By introducing the MWPPA, along with amendments to the 1894 Destitute Persons Act, reintroduced as the Summary Separation Act in 1896, and the 1898 reform to the Divorce Act, women were granted a greater degree of autonomy within the economic confines of colonial society, at least ten years before their British counterparts were granted the same rights.¹⁷

Women's fuller roles were also used as an argument during the women's suffrage campaign. Activist Kate Sheppard stated, ‘we feel that it is wrong to exclude women from citizenship on account of her sex, particularly in a country like New Zealand, where manhood suffrage is the order of the day, and where women take their full share of the burdens of life’.¹⁸ The granting of female emancipation in 1893 can be viewed from two, seemingly opposing, perspectives, though both deriving from the practical nature of colonial womanhood. Dalziel, reiterated by Porter and Macdonald, argues that ‘the conception of women’s role as wife, mother, homemaker and guardian of society’s morals, was...very closely associated with the agitation for suffrage and with the early extension of the vote to New Zealand women’ as their early campaign had been embedded within the family structure.¹⁹ The other perspective, termed

¹⁴ Charlotte Macdonald, *A Woman of Good Character*, (Wellington: Allen and Unwin New Zealand Ltd., and Historical Branch, Department of Internal Affairs, 1990), p.119.

¹⁵ Brookes, p.108; Porter and Macdonald, pp.22-23.

¹⁶ WM. Downie Stewart, ‘English and American Law’ in *The Pamphlet Collection of Sir Robert Stout: Volume 32*, accessed through NZETC, pp.21-22.

¹⁷ Britain introduced and passed the Married Women’s Property Act in 1870, which was amended in 1874, then replaced by the Married Women’s Property Act in 1882. This act stood until well into the twentieth century.

¹⁸ Kate Sheppard, ‘Address on the Subject of Women Suffrage’, February 1889 in Margaret Lovell-Smith, *The Women Question: Writings by the Women Who Won the Vote*, (Auckland: New Women’s Press, 1992), p.67.

¹⁹ Dalziel, p.120; Porter and Macdonald, p.7.

the ‘liberal’ interpretation by Porter and Macdonald, saw the early success won by the women’s suffrage campaign attributed to conditions in New Zealand which had had a ‘loosening effect on gender divisions’.²⁰ Some of the writings explored by Porter and Macdonald confirm ‘the view that the social and physical emancipation available to women in colonial society afforded a freedom not possible in the genteel constraints of the old world’.²¹

Thus, the nurses in this thesis, drawn from the lower to upper middle-class, were raised in a society where women had greater autonomy, independence and political rights than their British counterparts. This greater autonomy and freedom translated to the progress of nursing becoming an accepted profession in society. From 1883 the Nightingale training scheme ‘based on the ethos of domesticity and womanly propriety’ was instituted into New Zealand.²² Alongside this training scheme, New Zealand passed the Nurses’ Registration Act (NRA) in 1901, establishing a national structure over the training and registration of nurses.²³ Passing the NRA was revolutionary, as New Zealand was the first country to implement such legislation.²⁴ Through their training, alongside traditional medical tasks, New Zealand nurses did the cooking, cleaning and laundry, tasks which the British nurses saw beneath their skill set, delegating them to the probationers or volunteers. Therefore, nursing remained within the traditional ‘helpmeet’ structure of society, while also establishing an independent role for women outside traditional feminine expectations.

Speculation exists as to why New Zealand nursing was professionalised ahead of other major countries, particularly Britain. Jan Rodgers argues strongly that women’s colonial autonomy and independence was highly influential:

Women of New Zealand had campaigned for the vote on the grounds that women would ‘vote for men of good character’ irrespective of party politics...The positive reception of the Nurses Bill may have reflected

²⁰ Porter and Macdonald, p.5.

²¹ Ibid.

²² Jan A. Rodgers, ‘‘A Paradox of Marginality: New Zealand Nurses’ Professional Campaign During War, 1900-1920’’, PhD in History, Massey University, 1994, p.39.

²³ Ibid, p.61.

²⁴ British legislation for a Registration Act was not passed until 1919, Australia did not implement legislation in South Australia until 1920, Western Australia in 1922, New South Wales and Victoria in 1924. Gabby Koutoukidis, Kate Stainton and Jodie Hughson, *Tabbner’s Nursing Care: Theory and Practice*, (Victoria: Elsevier Australia, 2012), p.8.

politicians' pragmatic concern with women's issues in order to win the women's vote and thus secure their parliamentary seats.²⁵

Whether the act was a strategic move by the government to gain the support of women, or was truly a reflection of their skills and what a small number of women had achieved during the South African War (1899-1902), is unknown.

The importance of understanding colonial femininity in the late nineteenth-century cannot be overstated – this was the society in which the nurses, who would serve overseas, were raised. Their life was more fluid than life in Britain. Adapting to a simpler, though more strenuous, way of life defined the colonial experience for men and women, with many revelling in the ability of the 'do it yourself' lifestyle. The nurses grew up with a degree of autonomy, through their daily life and government legislation, which recognised the value of women. This upbringing, and the professionalising of their occupation in 1901, translated into the nurses' campaign to be sent overseas to serve in the Great War and furthermore, the skills and adaptability the nurses exhibited when working in the strenuous hospital environment.

Fighting for the right to serve

'The British nation has taken up the sword in defence of right and in aid of her allies...and from the farthest parts of her Dominions, Britain's sons are eager to save her. Her daughters too, for all are helping. Nurses have their work clear before them. They want to nurse the sick and wounded'.²⁶

As the above quote from *Kai Tiaki* suggests, nurses wanted to serve. With the conflict producing more complex and debilitating wounds than previous wars, many professionally trained New Zealand nurses wanted to use their skills and education to treat wounded soldiers at the front. Reasons for women wanting to nurse on the front lines were wide ranging, as each nurse had her own personal reasons for volunteering. When war was declared in August 1914, a large body of nurses volunteered for overseas service. Despite New Zealand women having greater autonomy than their British counterparts, bureaucratic red tape restricted and prevented New Zealand nurses taking their place alongside the New Zealand Expeditionary Force (NZEF). The government's reluctance did not deter the nurses from fighting for a place within

²⁵ Rodgers, pp.65-66.

²⁶ 'The War', *Kai Tiaki*, October 1914, p.147.

the military structure, with late 1914 and early 1915 key periods for nursing reforms within New Zealand.

The day after war was declared the *Dominion* reported, ‘In a country like the Dominion...that women have been actively bestirring themselves is evidenced by the fact that a great many applications for service have been sent in to the Director of Medical [services] from fully-qualified nurses...’²⁷ The most interesting sentence came towards the end of the article, ‘...and it is likely that any expeditionary force sent away from New Zealand will have its nurses and hospital equipment’.²⁸ The writer acknowledged the need for professionally trained nurses to accompany soldiers overseas, believing that such actions were necessary to ensure a safe and healthy journey. New Zealand nurses believed they were needed too, as illustrated by over 400 women offering their names for service in the early days of August 1914.²⁹ The New Zealand government, under the command of the Imperial War Office or through its own accord, did not share the same notions.

On the same day as this article was published, General Sir Alexander Godley, Commandant of the New Zealand Defence Force, issued a statement regarding the position of New Zealand nurses wanting to serve in the Great War; ‘He greatly appreciated the numerous applications for positions in the nursing corps of the New Zealand expeditionary force, and regretted his inability to accept the same, as it was not intended to send nurses with the force if it left the Dominion’.³⁰ Godley’s statement is interesting, as it states ‘if it left the Dominion’, not when.³¹ It appears that sending New Zealand troops to assist in the war effort was not officially finalised at this stage, and he did not wish to guarantee sending nurses when he may need to go back on his word. However, the statement from J.A. Hartigan, Director of the Army Medical Service, was clear: ‘It is not intended to send any nurses with the Expeditionary Force and you would be doing us a great favour by letting this be known among the nurses, as much time is spent in answering the numerous applications which are coming in’.³² The words of Hartigan’s quote makes it clear that he had more pressing matters to attend to than replying to

²⁷ ‘Woman’s World’, *Dominion*, 6 August 1914, p.2.

²⁸ *Ibid.*

²⁹ ‘The New Zealand Army Nursing Service’, *Kai Tiaki*, October 1914, p.177; ‘The War’.

³⁰ ‘New Zealand Aid’, *Evening Post*, 8 August 1914, p.6.

³¹ *Ibid.*

³² M.W. Wilson, C. Marquand and H.J. McCann, ‘Official History of the Royal New Zealand Nursing Corps’, 1978, p.4 in Anna Rogers, *While You’re Away: New Zealand Nurses at War 1899-1948*, (Auckland: Auckland University Press, 2003), p.37

women's mail, indicating a lack of appreciation in these women offering their skills for the war.

Despite the insistence that no nurses would be sent with New Zealand soldiers, 'excitement was felt in nursing circles when quite suddenly it was decided that some nurses should be sent with the Advance Expeditionary Force from New Zealand'.³³ The advanced expeditionary force was heading to German-occupied Samoa, to occupy the land previously held by German forces; this was important for British forces, as they wanted to take away a key German base in the Pacific. Rodgers notes that the embarkation of six nurses 'was a pragmatic solution to staffing'; New Zealand nurses would replace the German nursing staff and nurse civilians throughout Samoa.³⁴

For Maclean and the selected nurses, it was an incredibly busy two days getting all the necessary equipment and uniforms ready before setting sail on 10 August 1914, the following Tuesday. Though Maclean was Matron-in-Chief of the nursing body, she had little control over the six nurses, and by extension the entire nursing body, as politicians, military advisors and doctors had formal control over any and all nursing duties. Of particular note here are the six nurses who were not serving as a separate New Zealand nursing service; 'these six nurses wore a uniform similar to the [QA nurses] and in the ship's records are stated as belonging to this British service even though no official recognition from Britain had been obtained. It seems to have been an arbitrary decision by the military authorities...'³⁵

Notwithstanding the six nurses who went to Samoa, the government insisted that 'no nurses [would] accompany the New Zealand expeditionary force to Europe'.³⁶ As Peter Rees suggests, 'the idea of women serving their country in war was one the government of the time found distasteful. Its position could be justified by the fact that New Zealand was not supplying a full division, for which it would be necessary under Army regulations to provide a fully equipped hospital'.³⁷ However, the government's stance did not deter nurses from petitioning for a place within the expeditionary force. Why should soldiers and horses be the only contribution New Zealand make to the war effort? New Zealand nurses, though not trained in specific military nursing skills, had high levels of skill and ability which they believed would

³³ 'Our First Nurses for the War', *Kai Tiaki*, October 1914, p.157.

³⁴ Rodgers, p.97

³⁵ Ibid.

³⁶ 'News Summary', *New Zealand Herald*, 2 September 1914, p.6.

³⁷ Peter Rees, *The Other Anzacs*, (New South Wales: Allen and Unwin, 2008), pp.70-71.

be critical on the battlefield. Maclean made her position, and that of her nurses, very clear in the October 1914 edition of *Kai Tiaki*,

Every woman wants to nurse the wounded...all are clamouring to be given a chance...Here in New Zealand about 400 nurses have volunteered for service abroad, but with the exception of six, sent with our advance Expeditionary Force to Samoa, it has been decided by the authorities that none at all are to go.³⁸

Regardless of the protesting, telegrams sent and meetings organised with various ministers, Maclean could do little to change the entrenched position held by the government.

In December 1914 a delegation from the nurses' organisation was preparing to meet the Minister of Defence. To advertise the meeting, and put pressure on the government, a number of letters were published in various newspapers in a hope of furthering the nurses' cause. The Red Cross informed the *Evening Post* editor that

It is perhaps not well known that the qualifications required of a nurse for registration in New Zealand give us nurses of more than average training. Consequently, we could be represented by a body of nurses who would be a credit to their country, as well as to their profession...These women rightly think that they should be given an opportunity, as well as the men, to participate in active military service in Europe for the honours and glory of their country.³⁹

This letter highlights that the nurses did not want to just adhere to the government-promoted patriotic activities of knitting socks and jumpers or sending care packages. The concluding statement of the letter, 'I must apologise for asking for so much space for my remarks, but I consider that, it is due to the trained nurses of New Zealand that their grievance should be ventilated', further highlights how significant this issue was for the medical community.⁴⁰

Another letter attempted to address the concern of relying on British unskilled nurses at the front, or as the author phrases 'light-headed dreamers of "Red Cross" romances'.⁴¹ This concern was factually based upon statistics from the South African War; 'there was certainly an abundance of British volunteer untrained nurses in South Africa during the war, but numbers of them had not the necessary knowledge and skill to make them a comfort to wounded

³⁸ 'The War'.

³⁹ 'Nurses Anxious to Serve', *Evening Post*, 22 December 1914, p.3.

⁴⁰ *Ibid.*

⁴¹ 'Nurses for the Front', *Evening Post*, 22 December 1914, p.6.

soldiers'.⁴² This concern for official, medically-trained staff on the frontlines also translated into public opinion surrounding the use of male orderlies. Traditionally, male orderlies were used on the battlefield as 'there would always be cases of disease and ailments for which men alone were appropriate [to treat]. There were certain cases not fit to be nursed by women' and a large number of men objected to being treated by women.⁴³ However, nursing contemporaries did not believe orderlies were adequately trained, highlighted by the blunt statement, 'what experience in nursing have most of the orderlies who have gone with troops? Most of them would handle a sick man, probably, for the first time, on board [a] ship or after landing'.⁴⁴ The opinion of male orderlies being insufficiently trained was derived from the experience of the Crimean War; 'the orderlies obviously had little time for nursing care and generally were not interested in it'.⁴⁵ This rhetoric was again employed by nurses to justify their placement on the frontlines. Australian nurse Sister C. Ström echoed this collective thought, writing in her diary during her service, 'my orderlies are washouts completely – dashed asses in fact'.⁴⁶

In late December 1914, Minister of Defence James Allen arrived in Dunedin to meet with a delegation of New Zealand nurses. Dr Macdonald, president of the Dunedin branch of the New Zealand Trained Nurses Association, 'hoped that Mr. Allen would not be deterred from acquiescing in these proposals because the Home authorities were lukewarm in this as in some other matters connected with colonial defence questions'.⁴⁷ Allen's response to the nursing delegation was published in *Kai Tiaki*:

...there was information from the Mother Country from which it was inferred that there were plenty of nurses available there for sending upon active service...All he could say as to the present request was that until the Mother Country asked us to provide nurses it would be almost a presumption to send them. It would look like the interfering with the Imperial arrangements.⁴⁸

What was published in *Kai Tiaki*, and other newspapers, reflected the influence of imperial authority on national policy. As the *Evening Post* published, 'the Minister replied that the

⁴² Ibid.

⁴³ 'Untitled Article', *Norwood News*, 3 December 1915, Royal Army Medical Corps Archive, Wellcome Library.

⁴⁴ 'Nurses Anxious to Serve'.

⁴⁵ Carol Helmstadter, 'Class, gender and professional expertise: British military nursing in the Crimean War' in Jane Brooks and Christine Hallett (ed.), *One Hundred Years of Wartime Nursing Practices, 1854-1953*, (Manchester: Manchester University Press, 2015), p.33.

⁴⁶ Sister Christine Ström, Diary, Wednesday entry, 2DRL/1166, Australian War Memorial, Canberra.

⁴⁷ 'Active Service', *Kai Tiaki*, January 1915, p.13.

⁴⁸ Ibid, p.14.

Government had purposely refrained from sending nurses with the Force, because the Home Government had not made any suggestion regarding this matter'.⁴⁹

During the delegation meeting, Allen reassured the attending nursing body that a 'cable [would] be sent to the War Office to the effect that New Zealand nurses were anxious to serve and that the Government was prepared to send fifty nurses for service under the British War Office or the French Red Cross if acceptable'.⁵⁰ Ironically the stipulations suggested by Allen echo those of the Red Cross' letter to the editor, 'If the British War Office does not want any more nurses, I think our Government should offer a detachment of nurses to the French War Office. According to the British Medical Journal of 7th November [1914], the French Minister of War was asking for 300 fully trained British nurses'.⁵¹ It is unclear whether any formal communication had been made to the British War Office prior to Allen's telegram being sent in early January 1915. Though the New Zealand government was still adamant that no nurses would be required, jubilation in the nursing community was felt when a positive reply was received 25 January. Maclean added a 'Late News' paragraph in the January issues of *Kai Tiaki*,

A cable has been received from the Secretary of State for the Colonies stating that the Army Council accepts with thanks the offer of the New Zealand Government to send 50 nurses, providing the nurses are available for service wherever required and not only for duty with the New Zealand troops. Steps are now being taken to select and get the nurses ready.⁵²

Editorials published throughout New Zealand newspapers conveyed similar sentiments.⁵³

Reasons for the British War Office's acceptance are unclear. It could have related to the level of casualties the Allied forces were experiencing, and the realisation that official military nursing numbers were inadequate to manage the horrific wounds inflicted on soldiers. Support for this argument is evident in the cable, which stipulated that 'nurses are available for service wherever required and not only for duty with the New Zealand troops...'⁵⁴ Support for

⁴⁹ 'Trained Nurses' Request', *Evening Post*, 31 December 1914, p.2.

⁵⁰ 'Active Service'.

⁵¹ 'Nurses Anxious to Serve'.

⁵² 'Active Service'.

⁵³ 'New Zealand Nurses', *Star*, 29 January 1915, p.6; 'New Zealand Nurses for the Front', *Hastings Standard*, 29 January 1915, p.6; 'Nurses for the Front', *Evening Post*, 29 January 1915, p.7; 'Nurses for the Front', *Auckland Star*, 29 January 1915, p.2.

⁵⁴ 'Active Service', *Kai Tiaki*.

this reason also derives from Allen's speech when the nurses were about to depart. As the *Evening Post* reported,

The Hon. J. Allen reminded the nurses that they were going not simply as a batch of New Zealand nurses – they are going as Empire nurses. “We are not sending you,” he said, “to nurse New Zealand troops alone. We are sending you to do whatever the Army Council in England may ask you to do; but whether you are sent to Europe, or Egypt, or Turkey, the good wishes of New Zealand go with you...You carry with you the fair name of New Zealand, and we look to create another tradition for us (this is the time of great traditions), and when you come back we shall look upon our fifty nurses as another of our records...”⁵⁵

The British War Office may not have been aware of the nurses' eagerness to serve given this cable from Allen is the only official communication – it may have been the only one sent. The nursing of all soldiers, not just New Zealanders, did not affect their enthusiasm for wanting to be a part of the Great War.

Despite New Zealand being the first country in the world to enfranchise women and professional nursing through the Nurses Registration's Act in 1901, the government was adamant that no women would be sent overseas. The nurses believed that since the men were fighting, it was only right that they were there doing their duty too. As the nurses had grown up in a society which valued women, it was a shock that the government refused to send nurses overseas. This reluctance derived from an intersection of notions of passive femininity and imperial influence. Despite the 'helpmeet' ideal, and the acceptance of nursing as a feminine occupation, this did not translate into the formation of a New Zealand nursing division for the war. Though not stated outright as an influential factor, gender was most likely a contributing factor to the government's reluctance, alongside the influence of the British War Office, who maintained the belief that the war would be short lived. When it became apparent that the war would not be over by Christmas, the British War Office relented, approving the need for New Zealand nurses.

⁵⁵ 'Nurses for the Front', *Evening Post*, 8 April 1915, p.3.

Chapter Four: Challenging the traditional notions of womanhood

Trying to negotiate the ideal notions of womanhood in a foreign environment was a theme regularly addressed by nurses in their personal writing. Each nurse had a slightly different perception of what was the correct behaviour for a woman in society. Some frowned upon the use of alcohol and cigarettes in a public environment, either by nurses in uniform, or the female population in general. Others frowned upon the interaction between the sexes, particularly 'forward' behaviour towards men of rank. These traditional notions were made more complex by military regulations and diverse social norms encountered in wartime's mixed and mobile context. In addition, the position of women within the military was a highly contested issue. Tensions between more Victorian ideals of womanhood and the practical womanhood of New Zealand existed for the length of the war. High ranking military officials such as New Zealand Colonel W.E. Collins and Australian Colonel Fiaschi maintained very restrictive views and utilised their masculine authority to put the women in their place.

The following chapter is divided into two sections. The first section will be divided into two parts. The first part will focus on the complex issue of marriage for nurses. Marriage, the traditional expectation for women, was difficult for nurses – to be married meant not to work. It took a number of years before any formal regulations about married nurses were introduced for the NZANS, but even then discretion was used by various matrons in regard to nurses wanting to marry and remain in service. The second part addresses how the nurses negotiated ideas of 'proper' womanhood in their writing. At the turn of the century, women, and particularly nurses, were associated with a conservative, angelic image which was reinforced in propaganda during the war. However, women's experiences of independence and freedom from social constraints during wartime saw increased tensions over women's behaviour, both nurses and civilians. Louisa was incredibly critical of women smoking and drinking whisky in the public and nursing environment. Through both parts, double standards between the behaviour of soldiers and nurses is evident.

The second section will address the different types of conflict which derived from the traditional notions of womanhood of the pre-war period. One of the most prominent forms of conflict occurred between matrons and military officials regarding male orderlies. The question of whose orders to follow became confusing for orderlies, who were not used to taking orders from nurses and matrons. In response to the growing tension, all nurses were granted honorary

rank, which many thought would help ease any existing tension. However, this was not to be the case.

The complication of being a woman in a warzone

*'I am very happy and we are going to be married as soon as the war is over or sooner if we can't wait – love is just a wonderful thing...'*¹

Marriage was a complex issue for nurses. To be married was the cornerstone of a woman's role in society. To be a nurse required a number of years of study and training before becoming professionally registered. Therefore, it was impossible for a woman to have both a career and a family in the pre-war period. If a wife wanted to continue her work as a nurse after marriage, it was deemed emasculating for the husband, breaking the masculine 'breadwinning' social norms of the period.² As Barbara Brookes states, 'The role of family breadwinner was so central to what it meant to be a man that for a wife to seek work outside the home brought shame'.³ Consequently, based on social norms, women worked as nurses if single or widowed.

One of the main stipulations for many nursing organisations, including the AANS and QAs, was that candidates needed to be single and between the ages of 21 and 45 to be considered eligible for a career as a professional nurse.⁴ This stipulation of being single translated to those eligible for active service during the war. Nursing associations did not want women to abandon their sacred duty at home, even if they were married but had no children; to remain at home and keep the fires burning was duty enough, even in a national crisis.⁵ Despite strict regulations in other countries, the NRA had no specific restrictions regarding marital status. Only those nurses registered were eligible for overseas service when war broke out. The terms from the NRA translated into regulations governing the creation of the NZANS in 1915, which again held no specific restriction on marital status of women wanting to serve.

¹ Mildred Salt, Diary, 20 October 1915, MSX-8899, ATL, Wellington.

² This theory applied to all women. Barbara Brookes supplies a number of examples in her article 'Shame and its Histories in the Twentieth Century'. One father despised his family for his inability to work, with his eldest son resenting his father's inability to work. This son, when he learned about his father neglecting his duties, went to confront his father and was consequently killed. Brookes also references male suicide as a result of husbands failing to provide for their families. Barbara Brookes, 'Shame and its Histories in the Twentieth Century', *Journal of New Zealand Studies*, iss.9, Oct. 2010, pp.42-44.

³ *Ibid*, p.44.

⁴ Each nursing organisation had a different age range. The one stated here is from the AANS, but many organisations followed a similar bracket. For the Canadian Nurses, the age bracket was between 21 and 38 years of age.

⁵ Janet S.K. Watson, 'Khaki Girls, VADs and Tommy's Sisters: Gender and Class in First War World Britain', *The International History Review*, vol.19, no.1, Feb 1997, p.35.

The conflicting opinions of Mabel Thurston and Hester Maclean about nurses and marriage, as illustrated in their correspondence, highlighted the complexity of the issue and that no universality existed. Mary Ellen O'Connor observes 'Mabel Thurston, matron-in-chief NZANS overseas, thought marriage should mean resignation. Surprisingly Maclean was more pragmatic'.⁶ The correspondence between the two women in early 1917 reflected the difference in opinion. Thurston wrote candidly to Maclean:

More than ever am I convinced that we should adopt the same regulation as the Australians:- that as soon as a Sister marries she automatically leaves the service. It is only natural that a married woman's interest should be solely for her husband. I have had some experience of the inadvisability of continuing to employ married women. Only the other day one who happened to be detailed for a duty that did not quite suit her tastes remarked "Well, I shall resign, I do not need to do this for a living" and that spirit entering the service will not serve to keep up the standard. I have no objection to the nurses marrying, the more the better, but they should leave the service immediately.⁷

Thurston did not receive an immediate response from Maclean, so she pressed the question further in her next communication:

...the more I see of it the more I realise that we should follow the Australians' ruling that nurses automatically retire from active service as soon as they are married. It stands to reason they cannot give their undivided attention to duty when they have the added worry of their husbands, either being in danger at the front or on his return on leave naturally wishing to be with him, and another thing, and this from experience, the fact of having their husbands' pay as well as their own, engenders a too independent spirit. At first it did not seem to matter but now war and its conditions have become intensified and we need women of fire and single purpose.⁸

Thurston had more experience and knowledge than Maclean in regard to the conduct of married nurses in the wards during the war as she had spent time running the New Zealand Hospital at Walton-on-Thames, while Maclean, who had travelled to Egypt with the first fifty nurses, had

⁶ Mary Ellen O'Connor, *Freed to Care, Proud to Nurse: 100 years of the New Zealand Nursing Organisation*, (Wellington: Steele Roberts Publishers, 2010), p.49.

⁷ Mabel Thurston to Hester Maclean, 15 January 1917, Base Records – Defence Department 67/3/1A.

⁸ Mabel Thurston to Hester Maclean, 30 January 1917.

returned back to New Zealand. It was only natural that married nurses would be concerned about their husbands. However, it must not be forgotten that a large majority of unmarried nurses were just as concerned about family members involved in the war, with many wanting leave when their brothers, cousins, or close friends had the ability to visit them.

Maclean finally responded to Thurston's requests, indicating she had already spoken with the Director General of Medical Services (DGMS) in regard to the situation of married nurses.

Another thing the general and I have been talking about [is] the marriage question, we have drafted a regulation which I think should meet the case. I think we must be broadminded in this and I do not think marriage should be forbidden to the sister or that resignation made a rule. In ordinary service I am of [illegible] sister being married but in this war which is going on so long and in which so many lives are being lost I do not think one class should be picked out for such a big sacrifice as to have to choose between their work and the man they are marrying.⁹

Maclean only mentioned the draft order in passing, but spent more time trying to convince Thurston that New Zealand's situation could not be as black and white Australia's, as the latter had a far larger nursing contingent to draw from than New Zealand. As the letter to Thurston has no date, it is difficult to pin point at what stage the discussion with the DGMS took place, whether it was in late 1916 before Thurston suggested the matter to Maclean or in the days between Thurston's first and second letter. What further complicates matters in dating Maclean's letter is that the January 1917 issue of *Kai Tiaki* published the Draft General Order, though both of Thurston's letters date from late January of that year.

Despite the publication of the General Order in January 1917, it was not until March that the order was officially issued, though the martial status of the nurses still remained relatively ambiguous. The Order stated:

NZ ARMY NURSING SERVICE – MARRIAGE ON ACTIVE SERVICE

- (1) Sisters of the New Zealand Army Nursing Service on Active Service abroad must not marry without the special permission of the General Officer Commanding New Zealand Expeditionary Force, which will be applied for

⁹ Hester Maclean to Mabel Thurston, no date (approx.. late January 1917).

through the Principal Matron [Thurston] of the New Zealand Expeditionary Force in England.

- (2) If considered advisable, Sisters who are married may, at any time, be retired from the New Zealand Expeditionary Force or placed on the Reserve.¹⁰

Prior to the creation of the Draft Order, and even when it became regulation, the acceptance of engagements, marriages and those nurses already married came down to the discretion of each matron or manager of a General Hospital. It is clear a number of matrons preferred to have a nurse's resignation if she did marry on active service, while other nurses chose to resign in order to marry. By marrying they would take up the role of wife to their soldier-husband, either staying near the frontlines to be close to their partner, or being transported home after their honeymoon.

Of the three nurses in this thesis, Mildred Salt (née Ellis) was the only one to marry whilst on active service, and she remained nursing overseas until near the conclusion of the war. Mildred did not make any mention of her first meeting with Alec, her soon-to-be husband, which makes it near impossible to construct an idea about their relationship before their engagement. Instead the first mention occurred, while Mildred was recovering from an illness, in late October 1915:

Alec Salt and I have discussed we are everything to each other. I am very happy and we are going to be married as soon as the war is over or sooner if we can't wait – love is just a wonderful thing...Alec comes every evening and sits with me. I don't discuss it [at] all.¹¹

Her simple entry poses some questions, such as how long had they been courting, had they known each other in pre-war New Zealand, and whether their engagement was rushed, like so many others? The latter seems the most plausible as they became engaged in late October. Alec was a Sergeant in the NZMC, stationed with the No. 2 Stationary Hospital in Cairo, arriving in July 1915.¹² Mildred had only arrived in Egypt in mid-August, though she was not working in the same hospital, as Alec paid a number of visits to Mildred's hospital once they were engaged. Her final sentence, 'I don't discuss it [at] all' indicates why Mildred offered no answers to these

¹⁰ 'NZ Army Nursing Service – Marriage on Active Service', *Kai Tiaki*, January 1917, p.59; Hester Maclean to Mabel Thurston, no date (approx.. late January 1917).

¹¹ Salt, Diary, 20 October 1915.

¹² Salt, Alexander Edward Wrottesley – WW1 3/178 – Army, New Zealand Defence Force, Personnel Archives, R20809300 AABK 18805 W5550 110/0101459, Archives of New Zealand.

personal questions.¹³ She was not fond of gossiping about other nurses, which translated into how she wrote about her own relationship with Alec. There is also the possibility that her diary had an intended audience – namely her family or friends back home. If the diary had been intended just for herself, she may have mentioned Alec in earlier entries. However, had she been open about the growing intimacy between herself and Alec and it eventuated into nothing, her family would have reproached her for such foolish behaviour.

Matrons and high-ranking military officials discouraged nurse-soldier relationships, as they compromised the pure and angelic image of nurses. Due to this discouragement, Mildred did not make her engagement public knowledge immediately. It was not until eleven days later that ‘Alec told matron...we were engaged and she was quite decent. I thought she would get into a huge rage’.¹⁴ Based on Mildred’s entries, and the frequency that Alec visited her, with the addition of matron acting as her chaperone on a number of occasions, her matron would have been fairly certain what direction Mildred’s courtship was heading. For the next seven months, before they wed in late May 1916, Mildred wrote of nothing else but her time spent with Alec.

Mildred and Alec both sought special permission to wed. In a letter to her mother, Mildred told of rushing to get the required permissions, ‘...but we couldn’t do anything first until our Colonel has got ‘special dispensation’ from General Murray and Alec special permission from his Colonel and that couldn’t be got until 9am on Sat morning when Alec could finish his time at Zeitoun...’¹⁵ What is intriguing is the couple wed in mid-1916, before the Draft General Order was enacted, but both Mildred and Alec needed permission to marry. For Mildred, the differing rules between matrons can explain this, but the situation with Alec is more uncertain. As Alec was not a soldier in the Expeditionary Force but a Sergeant in the NZMC, it suggests that there were marriage regulations for the Medical Corps, at least informally.

As mentioned previously, Maclean had a more fluid opinion surrounding nurses and marriage, which was reflected in the quarterly publication of her nursing journal. Starting in January 1915, *Kai Tiaki* dedicated a section of the journal to recent engagements and marriages

¹³ Salt, Diary, 20 October 1915.

¹⁴ Salt, Diary, 27 October 1915.

¹⁵ Mildred Salt, Letter to Mother, 24 May 1916, MS-Papers-11253-44, ATL, Wellington.



Staff Nurse Mildred Ellis marries Alec Salt, 21 May 1916.

Lyna Todd Diddle Collection, PA1-o-1913, ATL, Wellington.

of nurses both at home and on the battle front, entitled 'Notes from the Hospitals and Personal Items'.¹⁶ Each edition published the names of the nurses who had announced their engagements or who had married recently. The marriage of Mildred and Alec was reported in July 1916:

From Egypt comes the news of the marriage of Sister Mildred Ellis, of the Staff of the New Zealand General Hospital, to Lieutenant Salt eldest son of late Rev. Edmond Salt of Standon Rectory, Eccles Hall, Staffordshire. The engagement was announced some months ago and the marriage was celebrated as Lieutenant Salt was under orders probably for France, and Sister Ellis was accompanying her own unit to England. The military wedding took place on the 21st May and was celebrated by Chaplain Major Gibson, or Chaplain Captain Macdonald, after a week of amusements prior to winding up the Hospital in Egypt. There

¹⁶ 'Notes from the Hospital and Personal Items', *Kai Tiaki*, January 1915, p.55, then subsequent publications.

were sports for the staff and a great prize after a very good concert and nice supper, and lastly the wedding.¹⁷

In amongst the report it is evident that their wedding was an added festivity to the conclusion of a concentrated medical force in Egypt after the evacuation of Gallipoli, rather than a separate celebrated event like many other weddings mentioned. *Kai Tiaki*'s statement that 'Lieutenant Salt was under orders probably for France' was contrary to the couple's knowledge about Alec's next assignment; he was discharged from the NZMC three days after their wedding to take up 'an Imperial Commission' with the Royal Army Medical Corps (RAMC) where he served for the remainder of the war.¹⁸ Mildred remained working as a nurse until she resigned in 1918 prior to the end of the war.

The situation of Elsie Cook, an AANS nurse, demonstrated that the Australians could also be pragmatic. Elsie married Sydney 'Syd' Cook days after the declaration of war, then the couple 'enlisted and set off on transport ships to Egypt – Syd first, as an officer, then Elsie, who joined the Australian Nursing Service under her maiden name to get around a rule requiring nurses to be single'.¹⁹ As mentioned above, the AANS regulations stipulated that 'the appointment of any member of the Australian Army Nursing Service who marries will cease from the date of marriage'.²⁰ With the constant, unchaperoned visits with Syd, the truth surrounding their relationship became public knowledge. Technically, Elsie should have been sent home immediately, however this was not to be the case. To avoid confusion, as Elsie documented in her diary, 'Miss Gould [her matron] desires me to take my proper name "Cook" – "to avoid complications"', indicating that special dispensation was granted to Elsie to continue nursing within the AANS.²¹ When Syd was invalided home after the Battle of Lone Pine, Elsie had two choices – stay in Egypt and nurse with the AANS or return home with Syd and cease working within the AANS. She chose the latter, relinquishing her connection with the AANS.

The complications surrounding marriage highlighted the gender inequalities experienced by the women in the nursing services. After the introduction of the Draft General Order, matrons had the ability to dismiss any sisters 'whose marriage [was] affecting her work',

¹⁷ 'Wedding Bells', *Kai Tiaki*, July 1916, p.177.

¹⁸ Ibid; Alexander Salt, Personnel Archives; Daphne Rowena Commons, Letter, 16 May 1916, MS-Papers-1582-11, ATL, Wellington.

¹⁹ Georgina Mitchell, 'Anzac Girls: The couple who went to war', *Newcastle Herald*, 8 August 2014, <http://www.theherald.com.au/story/2474103/anzac-girls-the-couple-who-went-to-war/>.

²⁰ Peter Rees, *The Other Anzacs*, (New South Wales: Allen and Unwin, 2008), p.18.

²¹ Elsie Cook, Diary, 22 February 1915, PR82/135, Australian War Memorial, Canberra.

which happened on occasion.²² In other cases, nurses resigned from their post at the hospital as they found their duties as a married woman and as a nurse did not quite fit, or, in other circumstances, they became pregnant.²³ Marriage was never a hurdle for men wanting to serve their country; they could still perform the duties of a husband whilst being a soldier. In many cases, the government utilised the family ideal to entice the men to go and fight, defend their homeland and prevent the atrocities of Belgium taking place in other areas. In contrast, the nurses had more regulations and obstacles placed in front of them, restricting their ability to do their duty for their ‘boys’ on the front lines.

‘The restaurant I may say was filled practically by NZ Sisters and men whom they had met. Please do not think by this we are not careful. Some of them were doctors from the hospitals the girls had been at or friends of their friends etc’²⁴

As the above quote from Daphne suggests, being a single woman meant being careful with one’s reputation was important. The nurse embodied the ideal notions of womanhood expected of all women in the pre-war period – purity, chastity and an angelic countenance. Posters during the war depicted the generalised image of the generic ‘nurse’, not a professional nurse, dressed in white with the red cross emblazoned on her person. The woman would sometimes have an outstretched hand, tending to an injured soldier or holding a wounded soldier to her bosom.²⁵ Military officials saw it as their duty to maintain the conservative and modest image of the nurses. By controlling the behaviour of the nurses, officials could placate any social anxieties they had regarding the presence of nurses among young soldiers. Despite officials’ attempts to restrict nurses’ movements by controlling who nurses could spend time with, a new era of women was emerging in society; one in the form of drinking, smoking, and loose morals.

Minnie Goodnow, author of one of the most popular wartime nursing textbooks, stated ‘Nursing involves a...peculiar sort of intimacy [between] both patient and nurse. There must be real friendliness without loss of respect, a fine balance between condescension and

²² Hester Maclean to Mabel Thurston, 24 May 1917.

²³ Mabel Thurston to Hester Maclean, 27 July 1917; 21 February 1918.

²⁴ Daphne Rowena Commons, Letter, 10 June 1915, MS-Papers-1582-09, ATL, Wellington.

²⁵ Katie Holmes, ‘Day mothers and night sisters: World War I nurses and sexuality’, in Joy Damousi and Marilyn Lake (ed.), *Gender and War: Australians at War in the Twentieth Century*, (Cambridge; Melbourne: Cambridge University Press, 1995), p.43.

cordiality...The war nurse should, therefore, maintain a dignity and purity of life...'²⁶ Historians have shown that there were three views of women in nurse-soldier relationships – the sister, the mother and the lover.²⁷ Through these familiar and intimate identities, nurses became an anchor of home for the soldiers whilst being treated in hospital.

When a soldier first arrived at Casualty Clearing Stations (CCS) or Field Hospitals (FH), the nurse represented the mother. As Kirsty Harris observes, 'Mothering came naturally, as many of the soldiers were under the age of twenty-six, and the absence of family in wartime strengthened the soldiers' need for their mothers' solace'.²⁸ Professional nurses, for the most part, were older than many of the soldiers they treated, therefore their age gave them authority as the mother figure.²⁹ As one nurse experienced, she 'heard a soldier crying for his mother, she said, 'I'll be your mummy tonight', gave him a hug, and he went to sleep quietly'.³⁰ The maternal imagery associated with nurses eschewed their sexuality, reducing their powerful presence in the wards and diffusing any sexual dimensions that could be associated with their work.³¹ To further support this imagery, the maternal language, such as 'boys' or 'lads', was used by the nurses when, and if, they discussed their patients, portraying the soldiers as helpless children.³²

Once a soldier had begun to recover, moving from the CCS or FH to Stationary Hospitals (SH) or General Hospitals (GH), the image of the nurse often evolved from the mother to the sister. The patient was no longer a helpless, emasculated child in need of motherly love, but a wounded brother who was on the road to recovery, with the sister assisting in restoring his masculinity.³³ As official Australian war historian C.E.W. Bean observed, 'there grew up between the Australian soldiers and the Australian nurses a comradeship which resembled nothing so much as the relations between brother and sister'.³⁴ As the soldier recovered, moral ambiguity began to colour how a nurse and soldier interacted. The nurses

²⁶ Minnie Goodnow, *War Nursing: A Text-Book for the Auxiliary Nurse*, (Philadelphia; London: W.B. Saunders Company, 1917) in Christine Hallett, *Veiled Warriors: Allied Nurses of the First World War*, (Oxford: Oxford University Press, 2014), p.202.

²⁷ Holmes, 'Day mothers and night sisters', p.46.

²⁸ Kirsty Harris, *More Than Bombs and Bandages*, (New South Wales: Big Sky Publishing, 2011), p.132.

²⁹ Jaclyn Hopkins, 'Not like ordinary times': aspects of Australian nurses' experiences during the Great War', Bachelor of Arts – Honours thesis, University of Wollongong, 2014, p.36.

³⁰ Lelia Brown in Morris, *Mutiny on the Western Front*; similar in Steve Humphries (producer), *The Roses in No Man's Land*, BFI National Film and Television Archive, 1997, part one in Harris, *More than Bombs and Bandages*, p.133.

³¹ Holmes, 'Day mothers and night sisters', p.46.

³² Ibid.

³³ Ibid, pp.47-48.

³⁴ C.E.W. Bean, *Official History of Australia in the War of 1914-18*, vol.1, Sydney, 1921, p.571 in Holmes, p.51.

were still family, highlighted through their title of ‘Sister’, but they were also recognised as women. The uniform, veiling the body, and the fact that nurses were addressed as ‘Sister’ protected them from the growing sexual element that began to be attached to the nurse-soldier relationship. As German sociologist Klaus Theweleit observes, as a nurse, ‘she unites in herself the opposing poles of mother and sister, burying all of their dangerous enticements inside: the fiction of a body, which men need in order not to feel threatened’.³⁵

VADs were the most prone to being perceived as sexually available, embodying the ‘lover’ image. The main reason for this derives from the place VADs held – they were not professional nurses with medical responsibilities, they were the volunteers undertaking the more intimate tasks of undressing and washing patients. By undertaking these duties, VADs tended to grow attached to certain patients as they did not have the professional training which advocated for a nurse to distance herself from patients. Soldiers sometimes failed to recognise the difference between VADs and professional nurses, therefore any flirtation with a VAD negatively reflected on the wider nursing community.

The sexualisation of nurses became complicated to negotiate, particularly when soldiers were recovering and becoming restless with their confinement to a hospital or convalescent home. As British historian Lyn Macdonald states ‘It was when the men were convalescent that the trouble began, and with their returning strength they also developed a disturbing tendency to fall in love with the VADs’.³⁶ This tendency highlights the romantic imagery between the soldier and nurse – the woman was fulfilling her duty by helping the soldier recover which formed an attachment between the pair. Dorothy Nicol, a VAD in Camiers recalled an officer, who thought himself as an actor, reciting a little poem, ‘She was a little slip of a girl – /(Probably a V A D!)/A girl with a pure white soul – /(Not a V A D this time!)’.³⁷ This poem highlights the dubious image VADs held whilst in the hospital, and how men perceived these women, which is what the military wanted to avoid at all costs.

By restricting who nurses could associate with, officials hoped the behaviour of soldiers could be controlled. However, this was not always the case. VADs were notorious for flirting with patients, and being more familiar when encountering men on outings or when on leave. As Margaret Ellis recalled, ‘Of course, in normal times or even at home we would never have

³⁵ Klaus Theweleit, *Male Fantasies, Vol. 1, Women, Floods, Bodies, History*, (Minneapolis: University of Minnesota Press, 1977, trans. 1987), p.134.

³⁶ Lyn Macdonald, *The Roses of No Man’s Land*, (London: Penguin Books Ltd., 2013), p.163.

³⁷ *Ibid*, pp.226-227.

dreamed of ‘picking a man up’, as they used to call it, because we were very well brought-up girls, but out there it seemed the natural thing to do’.³⁸ VADs knew their behaviour was against the regulations and expectations of not only the military but society in general. However, for many, this was the first time away from parental authority and they decided to rebel against the norms and forge a new identity for themselves. Ellis also stated, ‘Of course, we had to be very careful not to be seen with them on the road back to the hospital, because our Matron, Miss Hartigan, had absolutely gimlet eyes’.³⁹ Mary Hall gave one perspective as to why many behaved as they did, ‘Some of the older Sisters, well they weren’t really human, we used to think. Of course, we were very young, but we perhaps had more regard for these men...It was completely innocent...’⁴⁰ It appears war changed the behaviour of younger women, as society was beginning to move towards the ‘flapper’ generation of the 1920s, but some of the professional nurses were not entirely pleased with this behavioural change. This new type of behaviour again was something the military was fearful of, as it undermined discipline.

Regulations enforced the wearing of uniform at all times from mid-1915. Daphne wrote a lengthy complaint about this regulation being implemented:

You see it has come out in “Orders”, much to the disgust of our little community, that in future the sisters are not to go out in mufti, but must wear uniforms, including those absurd little red capes, and no veils (which I think is a pity in this country). If you only saw the rakish sights and dowdies we look! As you know I was never very particular, at least not as particular as some, (!!) about my appearance, but even I feel ashamed to go out with gentlemen friends or to be seen in the street in this costume! I suppose we shall get use to it; at any rate it will prevent any undue pride or vanity with regard to our good looks!⁴¹

As illustrated, Daphne was not happy and, most likely, reflected the opinion of the wider nursing community. Daphne later wondered ‘what will happen now we are not allowed to wear private dress at all; certainly we shall want to go out,’ despite her dislike for wearing the ‘costume’.⁴²

³⁸ Ibid, p.200.

³⁹ Ibid, p.201.

⁴⁰ Ibid, p.202.

⁴¹ Daphne Rowena Commons, Letter, 24 September 1915, MS-Papers-1582-10, ATL, Library.

⁴² Ibid.

In order to maintain the chaste and angelic image of the nurses, their uniform was conservative in design which was not necessarily functional in a number of the climates the nurses worked in. There were some variations between the different organisations, but for the most part the uniform was of a standard design - a white cuffed, long sleeve, ankle length dress with a high white starched collar. As one nurse recalled, 'Every morning we reported to [Matron] for uniform inspection...No showing ankles. Black shoes and stockings, white spotless aprons, collar, cuffs and cap...'⁴³ The white apron was important, as the colour signified purity and innocence. It was also a practical colour and material, as white was easy to boil, or bleach, in order to get blood and other stains out. Their uniform had been designed to veil all parts of the female anatomy which could prove distracting to soldiers. This uniform design was problematic; the length and fabric was not functional for the work load nurses had to endure or the weather condition they were working in, with inches of mud staining the hems of their dresses and aprons in many circumstances.

The enforced wearing of uniforms, even when off duty, provided a visual distinction between those serving and young civilian women, about whom there was much concern. The war created anxieties about 'modern' behaviour, as women were away from parental control and had disposable income. Many of the British women working on the home front, on the farms as Land Army girls or in munition factories, worked set hours each day and had the ability to 'let loose' after work.⁴⁴ Louisa, displaying her critical nature in her writing, encountered many displays of the new female behaviour in society and was not impressed.

London opened Louisa's eyes to a whole new society and way of living. Soon after arriving in London, Louisa documented a peculiar encounter, 'Caught express back to town, was near compartment in tube to number of young women, who looked very like the "Arriet" type'.⁴⁵ The 'arriet type described by Louisa derives from a series of cartoons published in *Punch* during the 1880s, which depicted 'arry and 'arriet, a representation of 'the unlovely and odious attributes of lower middle-class vulgarity'.⁴⁶ As summarised by Graves, 'they form a sort of composite photograph of the mean Cockney who belongs neither to the classes nor the

⁴³ Lyn Macdonald, p.115.

⁴⁴ Angela Woollacott, 'Khaki Fever' and Its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War', *Journal of Contemporary History*, vol.29, no.2, April 1994, pp.325-347; Philippa Levine, 'Battle Colors: Race, Sex and Colonial Soldierly in World War I', *Journal of Women's History*, vol.9, no.4, Winter 1998, pp.104-130.

⁴⁵ Louisa Higginson, Diary, 17 April 1915, MS-Papers-2477, ATL, Wellington.

⁴⁶ Charles Larcom Graves, *Mr. Punch's History of Modern England Vol. III - 1874-1892*, (United Kingdom: Cassell and Company Ltd., 2014), p.106.

masses, who lacks that breeding and reticence of the one and the primitive virtues of the other'.⁴⁷ This image of the ill-bred 'arriet was further emphasised in the travelling musical comedy show 'arry and 'arriet performed by the Taylor-Carrington Company, which toured New Zealand in 1911. These plays received great reviews, with encores, 'roars of laughter and thunders of applause' present at every show'.⁴⁸ Louisa's use of comparison in her diary highlighted a number of things: first, she had a very low opinion of women trying to behave like a lady when they did not have any of the qualities or airs about them to reflect such an upbringing; second, she did not like the new modern women and the behaviour associated with it; finally, that the class structure in Britain had transferred, to an extent, to New Zealand society with Louisa believing her behaviour to be above that of the lower classes, giving her authority to pass judgement as she did.

Louisa also documented and passed comment on women, and particularly nurses, who spent their leisure time smoking and drinking. In almost all cases that Louisa mentions, these activities went hand-in-hand. Smoking had two images depending on the classes of society. Firstly, the untidy and vulgar working class where men chewed tobacco during work and smoked cigarettes when able. This contrasted significantly with the respectable upper-class men, smoking tobacco in a pipe on evenings in the drawing room. As one British man correctly observed in late 1915, 'The Nation had gone mad on tobacco'.⁴⁹ Smoking became a soldier's pastime whilst in the trenches, with tobacco companies using the ideals of patriotism and comradeship to promote the smoking of their product.

Smoking was a masculine activity but began to influence images of femininity during the war period. Regardless of gender, it was wholly accepted for those in the armed forces and those engaged in war production to be provided with tobacco.⁵⁰ As Chris Wrigley states, there were 'accounts of young female munitions workers...smoking publicly, a practice almost unimaginable before the war'.⁵¹ Technically, nurses were neither involved in the armed forces nor involved in war production, therefore the supply of tobacco was rather ambiguous. Due to the perception of nurses in society, smoking, and by extension drinking, compromised the image of the clean and pure women.

⁴⁷ Ibid, p.108.

⁴⁸ 'Taylor-Carrington Musical Comedy Company', *Otautau Standard and Wallace County Chronicle*, 4 April 1911, p.1.

⁴⁹ Chris Wrigley, 'Smoking for King and Country', *History Today*, vol.64, no.4, April 2014, p.25.

⁵⁰ Ibid, p.29.

⁵¹ Ibid, p.25.

Louisa is a good source of information regarding British women, and specifically nurses, smoking in public because she found it necessary to comment on such behaviour. Her first encounter with women smoking was met with shock: ‘First time of seeing ladies smoke in public, can’t say I like it’.⁵² Her second encounter was met with the same distaste: ‘What seems to me shocking is the way women drink whisky, also smoke cigarettes, I do not mind the smoking, but they make a habit of it. I tell M [Mary] she smokes too many, does not make an impression on her’.⁵³ As historian Penny Tinkler states, ‘smoking emerged as an important feature of relaxation and of leisure’ in the nursing environment.⁵⁴ Despite smoking being seen as a form of coping with the horrors of war, many women, including Louisa, did not view such behaviour as justifiable.

In the majority of cases mentioned by Louisa, drinking various forms of liquor accompanied smoking cigarettes. Alcohol consumption, much like smoking, had class associations. Drinking excessive quantities of ale or other cheaper forms of liquor was again associated with the working- or lower-class males. The upper-class consumed the more sophisticated liquors – wine, whisky and port. Through Louisa’s writing it is evident that whisky, a traditionally elite drink, was being consumed, sometimes in excessive quantities, by nurses and other military officials. An evening picnic which Louisa and a number of other nurses went on, highlights the influence of whisky on nursing outings:

Some people have queer idea about picnic, we all were invited to a moonlight one, found out we were not to start till 10 p.m. so everyone sat up, said it was too cold yet everyone went. Went to go onto the Peninsula, but was too wet underfoot, so walked along the beach then sat down, nearly everyone drank whisky, ate sandwiches which had sand in them, felt cold, sand damp, then back again. Nothing here can be done without whisky.⁵⁵

In addition to this episode, with similar events taking place during her time in Egypt, Louisa was concerned about the impression this type of behaviour was having on her friend Mary:

Dinner, began quietly, number of men drink whisky also women...everyone drinks whisky including the women, except a few old fashioned people like

⁵² Higginson, Diary, 19 April 1915.

⁵³ Higginson, Diary, 4 January 1916.

⁵⁴ Penny Tinkler, ‘Rebellion, Modernity and Romance: Smoking as a gendered practice in popular young women’s magazines, Britain 1918-1939’, *Women’s Studies International Forum*, vol.24, no.1, 2001, p.115.

⁵⁵ Higginson, Diary, 18 February 1916.

me...smokes and then to bed some may have more whisky before going. In one way I will be glad when we leave here, Mary is too easily led, likes to do what others do and make them think that she is just the shiny shilling, for when she first came here she thought it was awful of the girls to drink whisky and talk such nonsense at the table and throw things about. She is too nice to become like some of them.⁵⁶

Much like smoking, the use of whisky in the nursing environment could be viewed as a coping mechanism for the endless traumatic injuries the nurses witnessed and treated. It was, however, still frowned upon by officials for any military person to be seen consuming such quantities of alcohol in a professional environment.⁵⁷ Whether Louisa considered whisky as a coping mechanism is unknown, but taking into account her tone and overall character, as shown through her diary entries, it would be unlikely that such a notion would have been seen as justifiable to consume alcohol so readily. Louisa stated quite openly in her diary ‘the women here think I am old fashioned because I disapprove of it’.⁵⁸ Her critique highlights her conservative view regarding the public image portrayed by women in society. The constant and open atmosphere of drinking strong alcohol and smoking challenged the ideal notions of womanhood, with Louisa viewing these more modern forms of behaviour detrimental to their sex.

Gender expectations were a significant aspect of a nurses’ overall experience during the war. For professional nurses, they were already defying the social norms of the period by taking up a career ahead of getting married and having a family. For the majority of nurses, they had to be single or widowed and willing to dedicate their life to caring for others, which derived from the vocational calling nursing was once associated with. If they were to marry, resignation was often expected. For the NZANS this was not the case until 1917, but even then marriage did not mean immediate resignation. In addition to marriage, maintaining the clean and angelic public image of the nurses was of key importance to the military, though in a number of cases this proved difficult. Traditionally, women were to be modest and chaste, but a new era of women was challenging the norms of society. Women were now drinking,

⁵⁶ Higginson, Diary, 3 February 1916.

⁵⁷ For more on drunkenness in the military see Peter Stanley, *Bad Characters: Sex, Crime, Mutiny, Murder and the Australian Imperial Force*, (New South Wales: Murdoch Books Pty Limited, 2010), pp.85-90; Christopher Pugsley, *On The Fringe of Hell: New Zealanders and military discipline in the First World War*, (Auckland: Hodder & Stoughton, 1991), pp.28; 47; 54.

⁵⁸ Higginson, Diary, 25 April 1916.

smoking and moral standards were relaxed, which many associated with masculine behaviour. VADs were most noted for their more flirtatious behaviour, featuring heavily in historical narratives about their behaviour compromising the nursing image. Louisa critiqued women who displayed such radical behaviour, and she did not want other nurses to be led astray by their new-found freedom.

Overcoming the misogyny of the older military generation

*'Why would they take notice of a mere woman in charge of nurses, who had not been wanted by the military in the first place?'*⁵⁹

Beyond the variety of social obstacles nurses encountered during their service overseas, military opposition to their presence continued. Though the nurses' service had been sanctioned by the government, many of the older generation of military officers did not believe war was a place for women, nor that women should have senior authority. These two particular issues were experienced by a number of ANZAC nurses during their service overseas, with the issues surrounding their settler heritage also embedded in how they were treated. Ida Willis, a NZANS nurse, faced discrimination from Colonel W.E. Collins whilst travelling on the *Maheno*. Australian Colonel Fiaschi was notorious for such treatment of the AANS nurses during their time on Lemnos Island. Matron Grace Wilson and Fiaschi spent a number of months clashing over issues including supplies for nurses, authority over the orderlies and control over nurses' behaviour.

In the pre-war period, there was a specific ranking structure for nurses within the hospital system. The highest rank was Matron-in-Chief, then Matron, Senior Sister, Sister and finally Staff Nurse. Each rank signalled the amount of training and experience a nurse had, with ranks sometimes differing between public and private hospitals. When war was declared and the NZANS created, four ranks existed; there were two Matrons-in-Chief, Hester Maclean in New Zealand and Mabel Thurston in England, Matrons stationed at each New Zealand General Hospital or Hospital Ship, a proportion of the total nurses having the title Sister, whilst the remainder were Staff Nurses, addressed as 'Nurse'. Promotion was difficult for Staff Nurses as there was an allocated number of Sisters on the wards, and it was only through resignation

⁵⁹ Susanna De Vries, *Australian Heroines of World War One: Gallipoli, Lemnos and the Western Front*, (Brisbane: Pirog Press, 2013), p.161.

or relocation of more senior nurses to CCS or FH than any promotions were granted.⁶⁰ As a source of conflict within the nursing community, there was debate amongst officials over how VADs should be addressed by patients or more senior officials. It was eventually settled that they should be addressed as ‘Sister’ even though they were not technically professionally trained nurses, and did not have the required training to assist medical officers in treating more complicated injuries.⁶¹

In theory, the same nursing hierarchy that existed in the wards should have translated to the various medical units on the frontlines. However, the fact they were women in roles of authority within a typically masculine organisation complicated relations considerably. Traditionally, doctors, medical officers and male orderlies were used in any form of frontline treatment of wounded soldiers. NZANS nurses had professional training and believed they would be an asset to frontline treatment of wounded and sick patients. As Janet Butler states in her book on Australian sister Kit McNaughton, it was recommended that placing

...male orderlies in stationary hospitals, clearing stations, advanced dressing stations and field ambulances was efficient enough that female nurses [were] not needed. The attitude of officers to the presence of female nurses in frontline areas [was] that they [were] out of place – and it [was] not intended to make this a place for them. The issue [was] not one of skill, but of gender.⁶²

Many senior medical officers were accustomed to working with an entirely male personnel and the addition of nurses to the medical units was often deemed unnecessary. Ida Willis encountered hostility from Colonel W.E. Collins on the hospital ship *Maheno*. On the voyage to England, Collins, the officer in charge, informed Willis ‘...that ten orderlies who had been assigned to the nurses were to be ‘withdrawn forthwith’ and that she was to appoint fourteen nurses daily ‘to wait at tables and to keep the wards and toilets clean’.⁶³ Traditionally, orderlies were employed to do the mundane tasks on the wards or on Hospital Ships. Through putting nurses in their traditional, domestic place as women, by waiting tables and constantly cleaning, it is clear he did not hold professional nurses in high regard.

⁶⁰ Various letters between Hester Maclean and Mabel Thurston; Lyn Macdonald, p.111; Kirsty Harris, *More Than Bombs and Bandages: Australian Army Nurses at work in World War I*, (New South Wales: Big Sky Publishing, 2011); Anna Rogers, *While You're Away: New Zealand nurses at war 1899-1945*, (Auckland: Auckland University Press, 2003).

⁶¹ Lyn Macdonald, p.111.

⁶² Janet Butler, *Kitty's War: The Remarkable Wartime Experiences of Kit McNaughton*, (Queensland: Queensland University Press, 2013), p.65.

⁶³ Rogers, p.77.

An Australian case brought such tensions in the Australian Imperial Force/AANS and NZEF/NZANS to a head. Australian Colonel Thomas Henry Fiaschi, born in Florence, Italy and moving to Australia at age 21 to study medicine, quickly rose through the military ranks in the pre-war period. During the South African War, he was appointed Major, then, due to gallantry on the battlefield, he was promoted to Lieutenant-Colonel shortly after the conclusion of the war. In 1911 he was appointed principal medical officer of the 2nd Military District, gaining the ranking title of Colonel to coincide with his new role.⁶⁴ Once war was declared, he set sail from Sydney in May 1915, aged 62, with his pregnant wife Amy Curtis who was a nurse, to the post of commanding 3rd Australian General Hospital (3AGH) on Lemnos Island. His wife remained in Cairo until the baby was born, with Mrs Fiaschi having AANS Nurse Anne Donnell remaining at her side during the latter months of her pregnancy. The forward treatment unit on Lemnos Island was established at the request of the British War Office, with the intention of 3AGH being the general hospital and treatment centre, besides the Hospital Ships, closest to the casualties being evacuated from the Gallipoli peninsula. As Rees observes,

Originally Lemnos was planned as a forward medical base to receive and treat the slightly wounded troops so they could be sent back to fight after a few days. The plan broke down under the weight of casualties. Instead, the slightly wounded were sent to Egypt, while the more seriously wounded stayed on Lemnos.⁶⁵

The casualties from the Gallipoli campaign were grossly underestimated, therefore more medical staff were needed on Lemnos to assist Fiaschi and his unit. The sending of many AANS nurses, and later the arrival of the first NZANS contingent, was the beginning of the notorious conflict between Fiaschi and Australian Matron Grace Wilson.

The conditions on Lemnos were disgusting. They were by no means sanitary for treating the heavily wounded, but it was also barely survivable for the nurses. There was no running water, no proper facilities to treat patients, and many essential supplies had yet to arrive on the island in August 1915 when the first contingent of nurses arrived, which led to many nurses tearing up their own clothing for patient dressings.⁶⁶ And Fiaschi did not make life any

⁶⁴ 'General Fiaschi', *Star*, 25 September 1916, p.1; G.P. Walsh, 'Fiaschi, Thomas Henry (1853-1927)', *Australian Dictionary of Biography*, <http://adb.anu.edu.au/biography/fiaschi-thomas-henry-6165>, accessed: 7 December 2015.

⁶⁵ Rees, p.102.

⁶⁶ *Ibid*, p.103.

easier for the nurses. Immediately upon the nurses' arrival on Lemnos, he made his opinion of their presence on Lemnos quite plain – he did not meet the contingent of nurses in person when they arrived, nor did he supply suitable transport for them. Instead, 'the nurses in heavy ankle-length dresses and cotton petticoats walked the mile and a half to Turk's Head Point, often stumbling over the stony ground in the heat of summer'.⁶⁷ However, the worst was yet to come for the nurses. Matron Grace Wilson approached Fiaschi many times in order to gather suitable supplies for the treating of patients, establishing suitable quarters for the nurses and even chasing up supply orders which had gone missing, but did not achieve much due to his unwillingness to assist the nurses.

Fiaschi was one of the main instigators in the mistreatment of nurses, but it was not just him causing issues when it came to the correct supplies for Lemnos. As historian Susanna De Vries states,

It seemed no one on the administrative staff of the British Army or Navy on Lemnos saw it as their responsibility to find out what happened to the 3 AGH's missing tents and equipment. Why would they take notice of a mere *woman* in charge of nurses, who had not been wanted by the military in the first place?⁶⁸

Fiaschi's unwillingness to accept the presence of nurses extended further than a reluctance to chase missing equipment. He made the nurses' authority within hospital structure even more ambiguous. Christine Hallett offers a succinct explanation in regard to what the nurses endured:

Working and living conditions for the nurses at No.3 AGH were made even worse by a chauvinistic and harsh medical director, Colonel Fiaschi, who encouraged his medical officers to ignore the nurses' claims to seniority over orderlies in the care of patients...Such deliberate obstruction from the officer-in-charge of the hospital could make life very difficult for nurses, who had no formal rank of seniority over orderlies, but were accustomed to 'taking charge' in their own wards.⁶⁹

Matrons, and to a certain extent Sisters, were accustomed to giving orders and having them followed. They believed their authority from pre-war life should and would translate to their

⁶⁷ De Vries, p.156.

⁶⁸ Ibid, p.161.

⁶⁹ Christine Hallett, *Veiled Warriors: Allied Nurses in the First World War*, (Oxford: Oxford University Press, 2014), p.137.

work within the military system. Their authority lay in the organisation of the wards, particularly the control over directing orderlies, and the treatment of the patients. However, many army medical officers and male orderlies thought it was unnatural to take orders from women.

The position of the medical orderlies on Lemnos was a difficult one, as they were bystanders to the conflict between Fiaschi and Wilson. Traditionally, orderlies took their directions from medical officers, who were senior ranking officers, but the introduction of nurses complicated arrangements. Australian nurse Sister Nellie Morrice commented on such issues:

I have known the officers in charge of the ward to come in and fire an order direct to the orderly in front of a sister. At times our presence was ignored by the officer, with the result that we have very little control over the orderlies, the officer seemed to want the orderly to know that they were quite satisfied with the work the orderlies were doing and the sisters were quite unnecessary.⁷⁰

De Vries further explains the situation of Lemnos stating, ‘taking their cue from Colonel Fiaschi, some medical officers’ attitudes could only be described as insulting. They often ignored the nurses and chose to communicate only with male orderlies, undermining the authority of experienced nursing sisters over relatively untrained orderlies’.⁷¹ Patients became spectators of the ongoing conflict, with their care compromised. Orderlies struggled to remain in the good graces of both sides – if they did not follow the orders of a nurse or the matron, Wilson would complain. However, if an orderly did not follow the direct order of a medical officer, they would be reprimanded.

Under military law in 1914, a ‘woman could not then in a legal sense be either an “officer” or a “soldier”’.⁷² However, in light of the tensions that existed between Matrons and officials, an attempt to curtail such conflicts was introduced by the New Zealand and Australian governments in the form of granting honorary rank to nurses in overseas service. In theory, nurses now held officer ranking which gave them the same authority and privileges as medical officers. This was not reflected in their wages: nurses were still paid less than orderlies. In reality, the new ranks did very little to further their position within the military system as many

⁷⁰ Nellie Morrice, narrative 41 1013, Australian War Memorial, Canberra, pp.7-8 in Rees, p.107.

⁷¹ De Vries, p.162.

⁷² Michael Tyquin, ‘Doctors and Nurses: Gender Relations, Jealousy, and Maladministration in Wartime’, *Health and History*, vol.13, no.1, 2011, p.28.

officers continued to disregard the position of women. Under the NZANS the Chief Matron (Matron-in-Chief) ranked as a Major, Matron as Captain, Sisters as Senior (2nd) Lieutenants and Staff Nurses as Junior Lieutenants.⁷³

Though honorary rank had been granted in October 1915, there was debate over whether badges should and could be worn. Hester Maclean remained persistent about the issue, writing to General Henderson, DGMS, 'In reference to this subject which I discussed with you last week, may I ask if you have further considered the question of sisters wearing the badges of the military rank to which their several positions correspond'.⁷⁴ The need for badges became more evident when a number of medical officers apparently did not know that officer rank had been granted to nurses, or they chose not to recognise it because it was not obvious:

The Sister-in-Charge of the 'Willochra' states that the matter came up for discussion on the voyage out when she had occasion to report an orderly. Neither the Senior Medical Officer nor the Adjutant was aware that sisters ranked as officers. I believe also that unless an officer wears his badge of rank he need not be recognised as an officer or his authority obeyed.⁷⁵

However, Maclean received the following response from Henderson, 'I do not consider that a badge of rank indicating the status of officer is necessary. England, India and Australia do not adopt badges of rank and in Canada the manner of doing so has been subject of much discussion'.⁷⁶ However, it appears Henderson was incorrect in his knowledge of Australian nurses not wearing badges as Butler states 'This [Australian nurses wearing badges of rank] was instituted in 1916'.⁷⁷ If no official announcement was made regarding the granting of honorary rank or, since no badges were to be issued, soldiers and orderlies could successfully argue that as there was no visible statement of rank they did not have to follow any orders issued. As Butler claims, 'all the problems disappeared' with the introduction of the badges.⁷⁸ Without badges, nurses remained in an ambiguous position.

For nurses, negotiating the traditional notions of womanhood within the military environment was a difficult task. There was some fluidity in regard to marriage regulations,

⁷³ Sherayl Kendall and David Corbett, *New Zealand Military Nursing: A History of the R.N.Z.N.C. Boer War to Present Day*, (Auckland: Self-printed, 1990), p.35.

⁷⁴ Ibid.

⁷⁵ Ibid, pp.35-36.

⁷⁶ Ibid, p.35.

⁷⁷ Butler, p.66.

⁷⁸ Ibid, p.66.

but it was preferred for nurses to be single, though discretion was exercised in a number of cases. However, singlehood was also problematic for women due to the emerging 'modern' behaviour of smoking, drinking, and socialising with men in society. Though nursing was an accepted profession in New Zealand, their authority from hospital wards did not translate to the military context. The older generation of military officials, such as Colonel Collins and Colonel Fiaschi, did not believe war was a place for women, and this was reflected in how they treated the nurses. To solve authoritative issues, nurses were granted honorary rank, which proved ineffective as tension remained between the two parties until the end of the war.

Conclusion

The writings of Louisa, Daphne and Mildred broaden our view of nurses' wartime experience beyond the traumatic loss of innocence that has saturated the public perception of nursing in the Great War. Most historiography surrounding this period has focused on the single theme of 'trauma', both physical and mental. Historians Christine Hallett and Kirsty Harris have meticulously documented how nurses experienced and wrote about trauma – the trauma of treating shrapnel and bullet wounds, the effects of gas warfare and trench foot, and the stress of bombardment. Given the emphasis on trauma in British historiography, it is apparent that British nurses recorded this aspect of their experience.¹ However, the three New Zealand nurses analysed in this thesis chose not to document the most apparent and confronting aspect of military nursing. Therefore, the question is raised – in the absence of trauma, what did they write about? This thesis sits alongside the current historiography, establishing a new framework in which to examine other aspects of nurses' experience, creating a more comprehensive picture of nursing in the Great War. Instead of trauma, the New Zealand nurses wrote about a variety of experiences that illuminate aspects of their identities as tourists, imperial subjects and women.

New Zealand's colonial heritage defined the experiences of the three nurses. Being raised in an era where all sectors of society were fully immersed in British culture, the identity of New Zealand was shaped, with many wanting to travel 'Home' and personally experience the Old World. New Zealand nurses and soldiers went to war fighting for 'King and Country', believing their worth to be equal to the soldier from Surrey or the nurse from Yorkshire. However, they were not treated in this manner. As Louisa experienced first-hand, 'colonial' citizens were 'less than civilised' in the eyes of many.² Furthermore, 'colonial' nurses were regarded as 'inferior in character and nursing skills', but were also seen as 'social inferiors and hence second rate' by the British nurses.³ This treatment influenced how the nurses understood themselves – they were no longer colonials *travelling* 'Home' to experience the Old World, they were *tourists* experiencing the culture they had grown up knowing from afar. In both

¹ For examples see Edith Appleton, *A Nurse at the Front: The First World War Diaries of Sister Edith Appleton*, Ruth Cowen (ed.), (London: Simon & Schuster UK Ltd., 2012); Dorothea Crewdson, *Dorothea's War: A First World War Nurse Tells Her Story*, Richard Crewdson (ed.), (London: Orion Books Ltd., 2014).

² Angela Woollacott, *To Try Her Fortune in London: Australian Women, Colonialism and Travel*, (Oxford; New York: Oxford University press, 2001), p.14.

³ Cynthia Toman, "'Help us, Serve England": First World War Military Nursing and National Identities', *Canadian Bulletin of Medical History*, Spring 2013, vol.13, no.1, p.154; Susanna De Vries, *Australian Heroines of World War One: Gallipoli, Lemnos and the Western Front*, (Brisbane: Pirgos Press 2013), p. 148.

London and Egypt, the nurses held a dual identity, the nurse-tourist, which influenced what they documented in their diaries and letters. Rather than the trauma of nursing, or how it felt to be 'Home', they focused on visiting the royal sites of London, highlighting their patriotism towards the British Empire, despite feeling detached from her citizens, and the historic sites of Egypt which were 'wonderful, beyond words'.⁴

As Raewyn Dalziel argues, 'The colonial environment opened new doors. It gave...a greater degree of independence than the women migrants had experienced before'.⁵ New occupations and a greater contribution to the daily running of the household and family enterprise gave colonial women a degree of autonomy. The Nurses' Registration Act of 1901 professionalised nursing in New Zealand, introducing a more structured training programme which, in turn, created a more capable nurse. Despite the greater autonomy in colonial society, and nursing as a recognised profession, nurses had to fight for their right to serve in the war. Furthermore, they were subjected to harsh treatment by military officials when they arrived on the front lines, based purely on their gender. New Zealand nurse Ida Willis and Australian Matron Grace Wilson both experienced hostility from their commanding officers due to the inherent belief that women were too weak and fragile for the harsh realities of life in a warzone.

The experience of the three nurses also highlights the intersection of imperialism and gender during the Great War period. Despite military officials viewing women as unnecessary, their feminine qualities, which were embodied in the nursing profession, assisted in the treatment and recovery of patients on a daily basis. Not only were nurses' skills utilised in medical facilities, but, particularly for colonial nurses, their heritage became a vital connection for many soldiers. For New Zealand men home was a great distance away; New Zealand nurses were both a physical and mental connection to home. Through taking the time to talk to individual patients, and reading and writing correspondence, the significance of their shared camaraderie is evident. The nurses' worth in these situations cannot be overstated – the presence of a familiar accent and a shared knowledge of home could be just as important as a clean uniform, with the women re-establishing some form of normality for soldiers.

Alongside the theme of identity, the concept of 'place' was also evident in the nurses' writing. This concept came in a variety of forms – the nurses' place within the military, their place in society, their shared place with New Zealand soldiers, and their physical place in New

⁴ Mildred Salt, Diary, 10 January 1916, MSX-8899, ATL, Wellington.

⁵ Raewyn Dalziel, 'The Colonial Helpmeet: Women's Role and the Vote in Nineteenth-Century New Zealand', *New Zealand Journal of History*, vol.11, no.2, 1977, p.115.

Zealand, London and Egypt and their movement between these areas. The concept of ‘place’ intersects with the other themes explored in this thesis, which creates a greater understanding of nurses’ experiences during the Great War.

The physical significance of place, and the movement between the different locations, was the most evident aspect of the nurses’ accounts. Travel, and playing the tourist, permeated each of the nurses’ writing, as illustrated in chapter one. Leaving New Zealand marked the beginning of the nurses’ journey but also their movement away from the familiar, as Louisa wrote ‘Left Wgton by R.M.S. Corinthic 6am bright but chilly morning, not many people down to see boat off’.⁶ Arriving in London, the centre of the British Empire, opened the nurses’ eyes to a new culture, reflected in the emphasis on royalty and the royal sites. Buckingham Palace, the Tower of London and seeing the King and Queen at the theatre were all mentioned by nurses, highlighting how different ‘Home’ was as a place to colonial citizens. Egypt, in comparison to London, was a foreign place, with nurses not entirely certain what they should expect. As the Egyptian theatre of war was the focus of this thesis, the frequency in which the historic sites of Egypt were mentioned, almost on a daily basis, is significant. ‘The chief amusements are of course the excursion to the Pyramid and Sphinx’ *Kai Tiaki* wrote, which was reflected in the nursing accounts.⁷ The various places the nurses visited, either on leave or on half-days, allowed them to establish distance from the trauma they experienced on a daily basis.

The nurses’ accounts also highlight the evolving place of women in colonial and Imperial society. For New Zealand women, ‘life within the bounds of home and family and respectability was not as frustrating for women in New Zealand as it had become for women of Great Britain’.⁸ However, whether in colonial society or in Britain, women were to be conservative, modest and wise, with domesticity the greatest focus. The Great War led to the mass mobilisation of the male population, with women filling the gaps in the factories, on the farms and in offices which, in turn, challenged the domestic role of women in society. With new occupations, women had disposable income, which gave them the means to go out on the town, smoke and drink. Louisa documented this behaviour extensively, both in London and Egypt, openly shunning their immoral conduct. Her comments highlighted the growing

⁶ Louisa Higginson, Diary, 26 February 1915, MS-Papers-2477, ATL, Wellington.

⁷ ‘Sketch Impressions of Egypt as a Military Hospital Centre’, *Kai Tiaki*, October 1915, p.181.

⁸ Dalziel, p.115.

division between the 'old fashioned' generation and the new, with the behaviour of the new generation defining the 'flapper' movement of the 1920s.

The nurses' place within the military was remarkably ambiguous throughout the Great War. To begin with, the presence of women in an active war zone was not something wholly accepted by military officials. To men like Colonel Fiaschi and Colonel Collins, a woman's place was at home while the men defended their country, with the treatment the nurses received from these men reflecting this belief. As Janet Butler states, 'the issue [was] not one of skill, but of gender'.⁹ In some instances it could be perceived that the men were trying to force the women back into their traditional domestic roles. However, nurses held their ground on the frontlines, in hospitals and on hospital ships and proved their worth. In addition to this hostility, nurses held no specific authority in the wards which complicated who had authority over the daily running of the wards. As Susanna De Vries observes, 'Why would they take notice of a mere *woman* in charge of nurses, who had not been wanted by the military in the first place?'¹⁰ To combat this ambiguity and cementing an 'official' place for the nurses in the military, they were granted honorary rank. In theory this meant the nurses' held the same authority as officers and had command over medical orderlies. In practice, many males ignored their rank as it was unnatural to take commands from a woman. Furthermore, as nurses from New Zealand, their place within the British nursing organisation was also uncertain. They were colonial women not specifically trained in military nursing and were therefore 'inferior'.¹¹ The symbolic red cape, which was adopted by the NZANS, did nothing to assist in establishing a place for colonial women within wartime nursing, as the QA women resented their uniform being worn by those of inferior character and training.¹²

At the conclusion of their wartime involvement, after the Armistice, each nurse ended their chronicle in a variety of ways. Louisa's last days of her diary reflect her excitement at returning home, a place she was familiar with: 'Will be in Auckland tomorrow evening, landing Monday, then home it is wonderful to think of the word'.¹³ On the following Monday, she simply wrote 'on the boat, so near and yet so far'.¹⁴ Unlike VAD memoirs, the nurses of this thesis did not reflect on their experiences in their last entries nor did they attempt to make

⁹ Janet Butler, *Kitty's War: The Remarkable Wartime Experience of Kit McNaughton*, (Queensland: Queensland University Press, 2013), p.65.

¹⁰ De Vries, p.161.

¹¹ Toman, p.148.

¹² *Ibid.*

¹³ Higginson, Diary, 23 August 1919.

¹⁴ Higginson, Diary, 25 August 1919.

meaning out of their years of service. The women had gone overseas to serve alongside their 'Brothers in Arms'. They had witnessed trauma on an unprecedented scale, visited ancient sites in Egypt and royal sites of London, lived among new people, made new friends, fallen in love and observed broad changes in society. As Kirsty Harris states, 'In the nine decades since the Armistice...the considerable achievements of World War I army nurses appear to have faded from the nation's memory'.¹⁵ As illustrated by Louisa, Daphne and Mildred's personal accounts, there is ample evidence to explore New Zealand nurses' experiences during the Great War. Their diaries are diverse, giving a daily insight into women's lives at war, halfway across the globe.

¹⁵ Kirsty Harris, *More Than Bombs and Bandages: Australian Army nurses at Work in World War I*, (New South Wales: Big Sky Publishing, 2011), p.220.

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