

*'Very Busy in Bosches Alley': One Day of the Somme in Sister Kit McNaughton's Diary**

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AT ZERO HOUR—7.30 A.M.—ON 1 JULY 1916, ON A THIRTY-KILOMETRE front north of the Somme River in northern France, men from twenty-two divisions rose up and advanced in an almost continuous line into no-man's land. Their action marked the beginning of the near five months of the Operations on the Somme, a counter-offensive meticulously planned by British Commander-in-Chief General Sir Douglas Haig as a reply to the German attack on Verdun. The men walked out confidently, certain that the one million shells expended in the week-long preliminary bombardment, and the massive underground mines just detonated, had prepared their way. They had not. What happened then, as the new soldiers of Kitchener's army faced the machine guns of the unsurprised and still protected Germans, is remembered by the British as, in Keegan's words, 'the greatest military tragedy of their... history'.¹ The streets in northern English cities left almost completely without men, the monuments on hills overshadowing villages in the surrounding valleys, and the names of sons and fathers, husbands and brothers etched into stone on community memorials throughout Britain and across the globe, all attest to the social, personal and economic dimensions of that tragedy.

This paper looks not at the causes of the tragedy, but at its immediate aftermath—the medical emergency that ensued. Even from the perspective of ninety years, the raw figures are daunting in their magnitude. Of the 100,000 men who went 'over the top' on that first day, 58,000 became casualties.² In the first four days ambulance trains, in 100 journeys, carried 33,392 patients from casualty clearing stations to three British bases.³ By 19 November 1916, when the battle was officially over, there were an estimated 600,000 Allied casualties and an almost equal number of German.⁴ There is a real sense in which the tragedy and scope of the Somme, the level of problems faced, and the ramifications for the societies involved can only be grasped at such a level. Some kinds of understanding, however, require us to telescope our view from the collective to the level of the individual. By focusing our gaze on one base, one hospital within it, one ward and its lone

attendant nurse, and one day that she both experienced and recorded in her diary of the war, we gain access not only to a different order of knowledge about the event, but also to the possibility of considering its meaning to those involved. The diary of Catherine 'Kit' McNaughton, an Australian army nurse from Little River in Victoria, reveals the perspective and experience of an individual participant in this defining and terrible episode of the Great War. Diaries in general are valuable as sources because, as 'a significant text of everyday life', they can give us 'more history', revealing aspects of life that would otherwise remain hidden.⁵ They can also disclose, or provide clues to, private representations of experience which may have been silenced or marginalised, either because they differed from the dominant public accounts⁶ or from contemporary expectations for behaviour. When considered in the context of the diary as a whole, as well as that of other private writings and of official documents, the entry for a single day can answer questions that no other sources can.⁷

It is in the quest for such understanding that we adjust our overview of the Operations on the Somme, and fix our gaze upon the most northern of the eight British bases—the port of Boulogne, close to both the front-line fighting and to England across the channel. It is exactly five days later: 7.30 in the morning on Thursday, 6 July 1916. The day is cold, wet and windy. In the harbour, white-hulled hospital ships, marked distinctively with green bands and red crosses, stand at anchor, their Red Cross flags and Union Jacks snapping in the breeze. At the quay, men of the Royal Army Medical Corps unload the wounded from ambulance cars driven by women of the First Aid Nursing Yeomanry and embark them upon a waiting ship. Once filled with its cargo of wounded men, the ship will sail off on the homeward leg of a continuous round trip to France. The loading is supervised by the base's embarkation medical officer. At 10.30 a.m. he will receive the first of the day's four rounds of evacuation states from the twelve military hospitals at the base.⁸ Three days earlier, the tidal wave of wounded men—which had begun as streams at regimental aid stations, gathered at field ambulances and flowed in great rivers through the casualty clearing stations—had hit the British medical base here with full force. Of paramount importance was the need to keep the cases moving through to England, in order to provide space for the incoming wounded and prevent a damming up on the lines of communication. The hospital ships *Cambria*, *St David* and *St Denis* have already sailed, or are readying to sail, with a cargo of 2200 men between them. During the day, the *St Patrick*, *Jan Breydel* and *Dieppe* will arrive, fill in their turn with 1400 more wounded men, and follow the other ships. By midnight the *Panama* will have arrived and the *St Denis* and *Cambria* will have returned.⁹

Beyond the harbour, the town of Boulogne itself, wrote Miss A. Essington Nelson, 'is like a huge hospital'. Miss Essington-Nelson, who was assisting Lady Gifford in her convalescent home for nurses at nearby Hardelot, visited Boulogne for supplies and to pick up and drop off her patients. '[A]ll the big buildings,' she continued,

have been turned into hospitals & the rest seem to be housing the staffs or are the head quarters of the various military departments stationed there; everyone you meet about the town is engaged in some war work or other... & ambulances fly about at all hours of the day & night.¹⁰

At the railway station the No. 15 Ambulance train—the specially built Princess Christian's train—has just arrived with Australian nurse Sister Leila Smith on board.¹¹ It is the fifth such train to arrive since mid-night, and there will be eight altogether by the day's end, bringing a total of 3354 wounded men to the base. Three medical officers are on duty supervising the offloading of the 447 wounded on board, all of whom are exhausted from their long, stop-start journey from the Front. VADs (Voluntary Aid Detachments) give the walking wounded biscuits and cocoa as they pass outside.¹² One officer is in charge of their distribution to the various hospitals at the base, which include, among the more usual general hospitals a number of stationary hospitals.¹³ The static nature of the current warfare and the shorter lines of communication on the Western Front have had an effect on the character and location of these usually small, more mobile units. Having been literally stationary for some time and located at the base, instead of strung out along the lines of communication, the stationary hospitals are now well established and equipped with auxiliaries like X-ray facilities. The policy of expanding existing hospitals to meet emergencies, rather than providing medical units in strict proportion to the units in the field, has also meant that the stationary hospitals are now indistinguishable in size from the usually much larger general hospitals.¹⁴ Most importantly, in these circumstances, the various stationary hospitals have been able to develop specialities.¹⁵ In line with this development, all fractured femurs, suspected self-inflicted wounds and 'mental cases' coming off the train are directed by the officers to ambulances marked with an '8', for No. 8 Stationary Hospital at nearby Wimereux. The No. 8 Stationary, a British unit, has one other speciality of particular importance here. To avoid the need for guards at every hospital, all wounded German prisoners of war are also sent there.¹⁶ Unloaded from Princess Christian's Ambulance train, and bound for this hospital, are nine German prisoners, all stretcher cases and, as the commanding officer of No. 8 will write when he sees them, all severely wounded.

The ambulances containing the wounded prisoners head out of the main town along the coastal road to the large village of Wimereux, a ten-minute tram-ride away. Wimereux was chosen as the site of a group of large 1000-bed military hospitals, placed here when all suitable buildings in Boulogne had been exhausted.¹⁷ '[W]herever one goes you see tents and huts', an Australian matron was to record of the village.¹⁸ No. 8 Stationary was on the west, or seaward, side of the main road. Sister McNaughton had arrived there a week before, detached from her own medical unit, the No. 2 Australian General Hospital at Marseilles, and sent north to reinforce the British hospital as part of the preparations for the advance. The No. 8 Stationary itself, she wrote upon seeing it, was

in a glorious position right on top of the cliffs & you can see the cliffs of Dover on a fine day they tell me—We see plenty of shipping going past.

She added that they also heard an occasional bombardment.¹⁹ The ambulances will make the trip many times today, bringing 267 patients here.²⁰ More tellingly, two-thirds of all admissions in this first week of Operations on the Somme will be stretcher cases.²¹

As the ambulances pull in through the gates, Sister McNaughton is working in her ward in 'Bosches Alley', the German section.²² No. 8 Stationary was a hutted hospital, and the nurse in Sister McNaughton approved of its imperial order.

The wards are glorious just like a big Gen Hos. at home 30 beds in each hut and every convenience... The Hos. is laid out splendidly, & kept so well it is a perfect picture and a credit to the man who laid it out.²³

Now, however, the ward is overcrowded. Many times in the coming days and months it will be 'full to overflowing with Huns, even laying on the floor'; there will be closer to forty patients than thirty, most of them severely wounded.²⁴ The hospital, originally equipped for 200 beds, is currently at Expansion A—830 beds—and as Sister McNaughton says herself, 'I have the heaviest Wd'.²⁵ The pressure on all wards in all hospitals is to evacuate and free beds for the incoming wounded, but although today 171 men from the hospital will be embarked onto the hospital ships at the quay, none of them will be Sister McNaughton's patients.²⁶ While Allied soldiers can be evacuated singly, as they are ready, the German prisoners must remain until a train-load accrues so they can be taken together to Havre. In that busy ward, she has been the lone trained nurse on duty since the rush began on 3 July.²⁷ On that day she had written:

3rd No time off today nothing but convoy after the other & evacuating at the same time some awful wounds... I hadn't time to draw breath all day... The news from the front is great, but the slaughter must be awful, and the wounds are terrible.²⁸

Now, three days later, work has not abated. The day had begun with a special order of the day, read out on parade. It had been a wire sent from the Adjutant General, Advanced Headquarters, to the Director General of Medical Services and commanders of the 3rd, 4th and Advanced Reserve Armies. It read in part:

The Commander in Chief directs me to convey to you and through you to the Directors and all concerned under them his high appreciation of their hard work and the efficiency of arrangement for dealing with the medical aspect of the present situation.²⁹

Sister McNaughton, now receiving her new patients into the ward, would in her own record of the day give a ground-eye view of the 'medical aspect'. 'Things just the same,' she wrote, 'go for all our lives & no time off my feet & back are aching like fun & more and more Germans & all shockingly wounded.' The commanding officer, Lieutenant Colonel Simson, though adopting a more formal tone in the official war diary, agreed. In his record of admissions, it is next to the twenty-four Germans, the last of whom had just arrived, that he would note 'severe' in brackets. Kit McNaughton will characterise the next day, Friday, as 'another wild day', a further indication that today was such a day as well; tomorrow night, Lt Col. Simson will write that 'all personnel showing the strain of last two days'. The British Matron-in-Chief, Emma Maud McCarthy, whose headquarters were at nearby Abbeville, would visit the Boulogne area herself today. She would comment in her own diary, 'staff working day and night'. Throughout the war, there were never enough nurses to meet the demand. Miss McCarthy had it as her policy, however, that while bases such as Boulogne might be short, the Front always had what was needed.³⁰ Sister McNaughton would thus remain the only trained nurse in her ward, and in addition would soon be in charge of the whole 'Bosches Line'.³¹

Kit McNaughton's diary of her time at No. 8 Stationary during Operations on the Somme contains the richest and most intense passages of her record of four years at war. Her journal is of particular importance because although she shared the psychic shock and the relentless work with her fellow sisters, Kit McNaughton's experience was different from theirs in ways that are significant. Working in an Imperial hospital under the rules of the British QAIMNS,³² which were

added to by the occasional instructions of the redoubtable Miss McCarthy, she was isolated to a degree from other Australian sisters. In her diary, we see her defining her Australian difference against the British and militantly performing it. What made her experience more unique, however, and her responses to it in her diary especially revealing, was the nature of her patients. For the three months she was at the No. 8 Stationary, the men in her wards were exclusively the severely wounded soldiers of the enemy. These circumstances, combined with the extraordinary conditions of the Somme emergency, meant that taboos which operated in other times on what was experienced by a nurse, and in other sections of the diary on what was recorded, were removed. The lifting of such constraints both highlights their presence—allowing us to consider their purpose—and opens a rare window on to the experience of army nurses at work. In the context of other entries in the diary, and of Kit McNaughton's pre-war experience as well as the professional demarcations and discourses of the day, the entry for 6 July 1916, as it continues, is remarkable and revealing.

Scholars of the diary alert us to the value of looking at subjects that are out of place, either within an individual diary or in comparison with the conventions of the genre.³³ Sister McNaughton's record of her time at the No. 8 Stationary is the only part of the diary in which she allows us to see her going about her work as a nurse, right down to task level. By contrast, in her account of her time at a casualty clearing station during the Passchendaele campaign a year later, discussion of her work is almost completely silenced. There are reasons why work was not a normal topic of Sister McNaughton's diary. Katie Holmes has shown in her study of Australian women's diaries between the wars that there were no 'positive... representations of working women' in the public discourses. Thus, even if work was central to a woman's life, it would be the more acceptable pursuits of family and social life and, as Jane Marcus has noted, the description of culture that would take up the major space in a woman's diary.³⁴ These are the more usual topics addressed in Sister McNaughton's diary, which began—as did most of the nurses' diaries—essentially as a travel diary, on the first day aboard ship.³⁵ As a further consideration, Sister McNaughton's diary was also intended to be read by an audience at home, much as a photograph album would be shared today.³⁶ Particular taboos existed, therefore, in regard to her work as an army nurse, given that her patients were usually not only the sons and fathers, fiancés, husbands and brothers of her audience, but also the soldiers of her nation and the army of the Empire. Finally, the concentration on self which is implied by descriptions of herself at work did not accord well with the acceptable identity of the modest and self-effacing 'good woman' or 'good nurse'.³⁷ Indeed, Cynthia Huff has argued that 'to take up a

pen in the service of oneself was a subversive act for women over a hundred years ago'.³⁸

To do so in the service of others, however, by describing culture or chronicling family, was not. What rendered the unsuitable suddenly suitable here, on every count, was the fact that Sister McNaughton's patients were wounded prisoners of war. In a general sense, description of her work now fell into the acceptable category of describing unusual matters of great current interest for her audience, in the travel diary mode.³⁹ This also allowed Sister McNaughton to show herself on centre stage, as the subject of her own narrative—the 'I' rather than the 'eye'.⁴⁰

Sunday As I came on I saw 'Huns' sailing into my Wd. Had 45 in the hut... such chaos I have never beheld & they had to have their wounds dressed & be clothed ready to go by 12m.d. I simply flew from one to the other with the dressing table... And at last off they went. Thirty stretcher cases and the rest able to walk... Altogether we sent out 310—not bad for us.⁴¹

More specifically, the nature of her patients enabled a lifting of the taboo on any description of wounds that reigns in the rest of the diary. The fact that her patients were wounded prisoners of war removed, temporarily, the need to be discreet out of concern for her audience, whose loved ones were away at war. In addition, in her diary entries Kit McNaughton equated the large numbers of severely wounded Germans with Allied success, both for herself and for her audience. 'This book is filled up with chats re Germans', she wrote on completing one notebook, 'but I don't mind so long as the fight goes well with us.'⁴² Marina Larsson's work on disabled soldiers in the Great War has noted the severe limitations placed by censorship on press accounts of Allied wounded.⁴³ '[I]llustrations of the gruesome effects of the war' were forbidden, as they were likely to 'prejudice recruiting.'⁴⁴ As well, Allied wounds were represented as slight, while 'German wounds were represented in a manner which suggested that the war was not going well for them'.⁴⁵ In her diary, at least on the surface, Kit McNaughton was wielding her pen in the service of Empire rather than of herself, a justification that has made other women's private writing acceptable before.⁴⁶ Thus, today, casting her eyes over the men in her care, she can write, 'I have eleven with their legs off and a couple ditto arms & hips and heads galore'. The day before she had written, 'Such wounds as I have never seen'. Over and again during the first week of the battles Sister McNaughton mentions the severity of the wounds, sometimes twice in an entry. Two days hence she will add that 'each man usually has several wounds'. Most confronting for the reader, and certainly coming under the heading of 'gruesome', are her descriptions

of seeing the German soldiers arrive with their wounds infested with maggots, and of such a kind that 'gives me the creeps down the back to see them'. One man, she wrote, had 'a huge wound in his chest you can see his heart beating a most awful wound'.⁴⁷

Kit McNaughton's shock, despite the year she has already spent at war, is understandable. Her experience on Lemnos Island in 1915, nursing the wounded and sick from the Gallipoli Peninsula, and in the 2nd Australian General Hospital in Egypt and France, had mainly been of infectious disease and gunshot wounds.⁴⁸ Here, she was seeing high-explosive shell wounds. Equally appalling, to a nurse trained in the rigorous contemporary principles of aseptic or germ-free surgery, was the infected nature of the wounds. The battles in France were taking place on soil that had been heavily manured for centuries, and the new missiles and bullets drove clothing contaminated with a cocktail of toxins into the victims' bodies. W. Rankin, a surgeon at another stationary hospital, had argued in March 1916 that '[a] rigorous aseptic technique is a farce in such a type of work, because nearly all the cases are septic'.⁴⁹ One result of this was gas gangrene, in which an infected limb would blow up with gas produced by these organisms, followed by gangrene and death within hours if amputation was not carried out. Lt Col. Simson would record in the unit diary for today that '[a]dmisions... very severe, many of them gas gangrene'. Sister McNaughton's ward was thus full of its odour: 'the awful smell from the wounds is the limit,' she wrote, 'as this gas gangrene in the most awful thing imaginable, a leg goes in a day.' An article in the *British Medical Journal* declared that '[t]he onset and progress of the gas distension of a limb which precedes the gangrene is rapid beyond belief, unless seen'. Gas gangrene was most uncommon in civil practice, the article added, occurring only in crushed limbs of the 'run over by a motor bus variety'.⁵⁰

Given that the wounded she saw were enemy soldiers, Kit McNaughton was free to express her shock at their condition onto the page, granting her readers a rare glimpse of the grim reality of both warfare and nursing on the Western Front. By contrast, later in the war at the clearing station, where if possible her work in the operating theatres was even more confronting, not a single mention of a wounded man or of wounds of any kind appears in her account. During the Somme campaign itself when a close friend, Australian soldier Harold Burke, visits her from the front line, she records that he told her 'more about the war & their [the Australian 5th Battalion's] hardships that evening than I have ever heard'.⁵¹ Ruthlessly selective in what she records, however, she shares not one word of it with her audience.

The second taboo that was removed by the fact that her patients were prisoners of war relates to the actual tasks that Kit McNaughton was performing during the emergency. In common with those of other

base hospitals, the number of medical officers attached to the No. 8 Stationary was being depleted in order to reinforce the Field Army.⁵² ‘There is a great shortage of medical officers for a hospital of this size,’ Lt Col. Simson would write tonight, ‘and three have today received order to transfer. There are now only 10 available for looking after wounded.’⁵³ The loss of these three left them fourteen officers under establishment for their current size, one day away from further expansion to 1040 beds.⁵⁴ Due to the severity of the day’s admissions, the surgeons were busy. ‘Operations are carried on day and night at three tables,’ Simson recorded. It is against this background that Kit McNaughton would write of her day’s work: ‘I extracted a bullet from a German’s back today, and I enjoyed cutting into him.’⁵⁵ Kit McNaughton’s diary will chronicle her change in attitude towards her patients, who move rapidly from being the enemy ‘other’ to ‘my Huns’, whom she is loathe to leave. Given the anti-German propaganda and feeling that abounded, however, the extraordinary point about this early statement is not that she enjoyed cutting into her patient.⁵⁶ Rather, it is that she was allowed to perform this task—and that she admits it.

At the time, due to the general shortage of medical officers, there was debate over whether to train nurses as anaesthetists. Although the most common argument against such training was that if complications arose only an ‘experienced person would be able to recognise the fact and take remedial action’, the ultimate objection appeared to concern professional boundaries. If nurses could administer anaesthetics, the argument ran, then they could also do other things, and ‘[i]n this way the door will be opened to every kind of unqualified practice’.⁵⁷ The last bastion here was surgery.⁵⁸ As indicated by articles in Kit McNaughton’s own professional journal *Una*, as well as by Royal Victorian Trained Nurses’ Association exam papers and various syllabi, the actual performance of surgical procedures was not part of a nurse’s training or official practice before the war—nor has it been since.⁵⁹ Although a theatre nurse’s work in preparing lotions and instruments and in assisting the surgeon demanded rigour and efficiency, it did not formally involve the use of the instruments.⁶⁰ Indeed, the *Wellcome Professional Nurses’ Diary for 1911/12* declared that it was a theatre nurse’s business ‘to wait on the surgeon, to keep out of the way and to see that nothing is handed to him which has touched any doubtful surface’.⁶¹

Yet Sister McNaughton’s account of her time in the Germans’ ward is peppered with references to her taking an active surgical role. ‘We do great op. in the Wd—My surgery is coming on,’ she declared.⁶² On another day she reports: ‘[h]ad a gala day, 5 ops in theatre & 9 in Wd—some surgery—What.’⁶³ Since the hospital performed 318 operations in the first week of the Somme campaign, it is likely that it is

not the number of 'ops' that prompts the recording, but rather her participation. The suggestion seems to be that it is her own surgery she is writing about. On yet another day, she was disappointed because she was not free to see a friend who visited her in the ward, '[b]ecause we had a man under chloro ready to open up his arm'.⁶⁴ Of note here is Sister McNaughton's use of the egalitarian 'we' rather than the more hierarchical 'the Medical Officer'. Sister Effie Garden, in her post-war account of nursing during the Great War, records that hard-pressed surgeons at a casualty clearing station taught the more capable nurses minor surgical procedures.⁶⁵ Similarly, Sister May Tilton, in her memoir written, again, after the war, describes an American surgeon at a clearing station encouraging her to assist him by taking care of the minor wounds. She wrote: 'I trembled at the knees, for it meant using the scalpel—work I had never done before.' The doctor then praised her capabilities and ordered her to forget herself and think only of the patient. Quoting this, Tilton thus reassured her audience that, although these were Allied men, she was skilled enough for the work and that she had stepped over the boundary with reluctance and selflessness rather than ambition.⁶⁶

However, admitting such work as it occurs, in a diary that is going to be read by those at home, is another thing. Kit McNaughton, in charge of operating theatres herself later in the war, never mentions performing such tasks there, although it is a reasonable assumption that she did, and, as her diary of her time at No.8 Stationary shows, she would have been quite proud of the fact. Her later silence may have resulted from a consciousness that her actions, in transgressing traditional boundaries, might have attracted censure from her audience.⁶⁷ She is, however, able to show herself stepping outside the boundaries of nursing and performing the work of the much higher status doctors at No. 8 Stationary, confident that there would be no censure, because, again, her patients are the wounded soldiers of the enemy.⁶⁸ Like encoding a new task as 'for the duration only', this set limits on the performance of an out-of-boundary activity.⁶⁹ However, nothing could change the fact that it occurred, and that such experience would have an effect both upon her self-esteem and on her perception of what it could mean to be a nurse. The effects would also be a factor in eroding the automatic deference towards doctors that was a cornerstone of her training. On her return to her own unit, Sister McNaughton, believing it to be in the interest of her patients, criticised one medical officer in her diary and disobeyed the orders of another a year later—unheard of behaviour in the context of her pre-war training.⁷⁰

At 7.30 p.m. Lt Col. Simson sits down in his office to complete the day's entry in the unit's official war diary. 'July 6', he writes, and then the time. The summer's evening is still light. In Kit McNaughton's ward

in Bosches Alley, in the rest of the No. 8 Stationary and the eleven other hospitals at the base, in the hospital ships sailing to England and the ambulance trains pulling into the station, and in the casualty clearing stations receiving wounded from the field, hundreds of nurses are still working or taking a brief respite from the rush. Among them, across northern France, are more than 200 Australians.⁷¹ Given Garden's and Tilton's accounts, and the pressure on staff in all base hospitals and clearing stations, it is unlikely that Kit McNaughton was alone in performing the surgical tasks she did, or that she herself only performed them at No. 8 Stationary. Nor is it true that the Allied soldiers did not share the detailed wounds of the German prisoners, though even in extreme circumstances they were described only broadly as being 'knocked about frightfully'.⁷² The unique circumstances in which Kit McNaughton found herself, however—nursing wounded enemy soldiers in the conditions of the Somme emergency—allowed her to describe, in her own extraordinary particular, aspects of her work as an army nurse that were more general, but also more generally silenced. Her record of her experiences in her diary gives us a rare glimpse of the otherwise 'hidden in history'. Her temporary breaking of the silences highlights their existence, and allows us to consider their cause and purpose, and the effects of the experiences themselves.

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1. John Keegan, *The First World War*, Alfred A. Knopf, New York, 1999, p. 299.

2. *ibid.*, p. 295. One-third of them were killed—a record of lost lives that still stands.

3. Lyn MacDonald, *The Roses of No Man's Land*, Penguin, London, 1993, p. 168.

4. Keegan, *The First World War*, pp. 298–9.

5. Suzanne L. Bunkers & Cynthia A. Huff, *Inscribing the Daily: Critical Essays on Women's Diaries*, University of Massachusetts Press, Amherst, 1996, p. 5. Laurel Thatcher Ulrich, who used the diary of midwife Martha Ballard as a way of 'restoring a lost sub-structure of eighteenth century life', points to the invisibility of such women in the public records; Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary 1785–1812*, Vintage Books, New York, 1990, pp. 27, 100.

6. Popular Memory Group, 'Popular Memory: Theory, politics, methods', in R Perks & A. Thomson (eds), *The Oral History Reader*, Routledge, London and New York, 1998, pp. 75–86. See also Alistair Thomson, 'Anzac Memories: Putting popular memory theory into practice in Australia', in Perks & Thomson, *The Oral History Reader*, pp. 300–10.

7. Much current scholarship is concerned with questions of representations of self in diaries, and the thesis from which this article is drawn considers changes in such representations in response to Kit McNaughton's experience of war.

8. Public Records Office (PRO) WO 95/4013 War Diary, Deputy Director of Medical Services (DDMS), Boulogne, Routine Orders, 3 July 1916.

9. War Diary, DDMS, Boulogne Base, Return to Midnight, 6 July 1916, 'Movements: Ships'.

10. Imperial War Museum (IWM) 86/48/1, Miss A Essington-Nelson scrapbook 'The Great War 1914–1918', 27 March 1915, 'With the Army in France: Under the British Red Cross Society'.

11. Smith, one of three nurses who 'lived entirely on the train', has left a harrowing descrip-

tion of picking up wounded from the clearing station at Gezaincourt in this first week. '[P]atients were lying everywhere in the grounds... the walking wounded were in hundreds.' With the CCS' small staffs of nurses overrun, Smith and her fellow sisters on the train 'were working at high pressure, practically day & night', at times removing first field dressings and dealing with unsplinted fractured limbs. 'Chest cases,' she added, 'traveled very badly.' Australian War Memorial (AWM) 41 1043, Sister Leila Smith Narrative, pp. 2, 4, 5.

12. *ibid.*, p. 2.

13. Figures on wounded arriving by train, War Diary, DDMS, Boulogne Base, Return to Midnight, 6 July 1916, 'Movements: Trains'. For description of officers distributing wounded at Boulogne, see 'Some Impressions of a Civilian at the Western Front,' *British Medical Journal*, 30 September 1916, pp. 467–8.

14. The requirement was for two general hospitals, two stationary hospitals, one casualty clearing station, 220 cots on hospital ships and 100 lying down cases on an ambulance train, complete with personnel, per division. This would have severely strained resources in Britain, *British Medical Journal*, 22 January 1916, p. 141.

15. 'The War: General and Stationary Hospitals (from a Correspondent in Northern France)', *British Medical Journal*, 22 January 1916, pp. 141–2.

16. For order relating to SIW, see PRO WO 95/4101 Confidential War Diary, No. 8 Stationary Hospital, 19 June 1916. For German POWs see War Diary, DDMS, Boulogne vol. 24, Routine Order No. 619, 14 September 1916. For 'mental cases' see PRO WO 95/3989 Confidential War Diary of the Matron-in-Chief, British Expeditionary Force, 10 May 1916. For well-known wards for fractured femurs, under Majors Sinclair and Jones, see Parliament of the Commonwealth of Australia, Department of Defence, Report by Surgeon-General R. H. Fetherston, February–November 1918.

17. McDonald, p. 69.

18. AWM, 2DRL/1326, Matron Ethel Gray, diary entry, 1–16 January 1917, p. 7.

19. Sister Kit McNaughton diary, 23 June 1916.

20. War Diary, DDMS, Boulogne Base, Return to Midnight, 6 July 1916, hospital bed states, 'Other Ranks'. By the 10th, the total for the month will be 2500; by the end of the month, 6000. Figures tabulated from War Diary No. 8 Stationary Hospital, July 1916.

21. War Diary No. 8 Stationary Hospital, 8 July 1916.

22. McNaughton diary, 23 August 1916.

23. *ibid.*, 23 June 1916.

24. *ibid.*, 4 July 1916.

25. *ibid.*, 19 July 1916.

26. War Diary, D.D.M.S. Boulogne Base, Return to Midnight, 6 July 1916, hospital bed states, 'Other Ranks'.

27. The proportion of nurses to patients in a heavy surgical ward in Victoria today is 1:4, with access, in addition, to the advice of a clinical educator. Conversation with Jenny Morris, Nurse Education Manager, Royal Melbourne Hospital, 29 August 2003. Kit McNaughton later mentions a VAD, 'Miss Manby', and she was assisted by the more able German patients.

28. McNaughton diary, 3 July 1916.

29. War Diary, DDMS Boulogne Base, Orders, 6 July 1916, Order No.479, 'Special Order of the Day'.

30. McNaughton diary, 6 & 7 July 1916; Confidential War Diary, No. 8 Stationary Hospital, 6 & 7 July, 1916; Confidential War Diary, Matron-in-Chief, BEF, 6 July 1916. Policy on nursing staff for the Front from RAMC Museum, Aldershot, Emma Maud McCarthy papers, 'Annual Report of the Work of the Nursing Services in France, 1917', p. 1. Figures on nurse shortages from McCarthy Papers, Annual Reports, 1916, pp. 2, 16, and 1917, pp. 2, 3.

31. McNaughton diary, 15 August 1916. On Saturday, the Matron-in-Chief would visit the No. 8 Stationary itself. She would record in her diary, 'same complaint everywhere—everyone shorthanded'. She would add, 'saw large numbers of severely wounded Germans'; Confidential War Diary, Matron-in-Chief, BEF, 8 July 1916.

32. Queen Alexandra's Imperial Military Nursing Service. Unlike the Australians, who were civilian nurses, the 'QAs' were Regulars. Responsibility for the discipline and deployment of nurses in France, including to a degree the Australian nurses, rested with Miss McCarthy.

33. This highlights the value of looking at diaries such as those of the Australian army nurses as a sub-genre, rather than discounting them because they were written to be read.

34. Katie Holmes, *Spaces in Her Day: Australian Women's Diaries 1920s–1930s*, Allen & Unwin, St Leonards, 1995. pp. 31, 25, 40. The idea of positive models for alternative behaviours is also explored in Suzanne L. Bunkers, 'Diaries and Dysfunctional Families: The case of Emily Hawley Gillespie and Sarah Gillespie Huftalen', in Bunkers & Huff, pp. 220–35. Jane Marcus, 'Invincible Mediocrity: The private selves of public women', in Shari Benstock (ed.), *The Private Self: Theory and Practice of Women's Autobiographical Writings*, University of North Carolina Press, Chapel Hill and London, 1988, pp. 114–46.

35. Richard White has explored the idea of the Australian soldier as tourist, See Richard White, 'The Soldier as Tourist: The Australian experience of the Great War', in *War & Society*, vo. 5, no. 1, May 1987, pp. 63–78. The relative dearth of British nurses' diaries in comparison to those of Australians also suggests that the Australian diaries began with this function.

36. The weight of evidence suggests in fact that most women's diaries were meant to be read by others, or written with the expectation that this was probable. See Bunkers, p. 221; Harriet Blodgett, *Centuries of Female Days: Englishwomen's Private Diaries*, Rutgers University Press, New Brunswick, NJ, 1988, p. 38; Cynthia A. Huff, 'Textual Boundaries: Space in nineteenth century women's manuscript diaries', in Bunkers & Huff, p. 131.

37. See Marcus, p. 120.

38. Cynthia Huff, 'Reading as Re-vision: Approaches to reading manuscript diaries', in *Biography*, vol. 23, no. 3, Summer 2000, pp. 504–23, p. 514.

39. Similarly, in 1917, when the relocated No. 2 Australian General Hospital had to accommodate the overflow of German prisoners during a rush, Matron Grey wrote in detail about them, devoting a full page of her summary of a seven-week period to the description of the incident and their care. AWM 2DRL 1326 Matron Ethel Grey diary, 6 April–28 May 1917, pp. 31–2. For the importance of the interesting setting, and of intriguing the audience, in diaries of migration and travel, see Judy Nolte Temple, 'Fragments as Diary: Theoretical implications of the *Dreams and Visions* of "Baby Doe" Tabor', in Bunkers & Huff, pp. 72–85.

40. On a woman's inability to make herself the 'I' rather than the 'eye', see Virginia Woolf, quoted in Benstock (ed.), *The Private Self*, p. 23.

41. McNaughton diary, 9 July 1916. Though McNaughton still gives a nod to the convention of self-effacement and modesty here with the final references to an 'us' rather than 'I', the entries mark a progression over earlier ones. She allows us to see her carrying out responsibility under stress, and being praised for her work.

42. McNaughton diary, 19 July 1916. Because of her particular circumstances, there is a question mark over how aware Kit McNaughton was in the very early days of the Operations on the Somme, but the Allies shared the severe wounds and the losses of the Germans. Certainly her full realisation is one factor explaining the despair which tinged her attitude to the war as it continued into its third year.

43. 'Dead and wounded soldiers,' she argues, 'were central to public morale because... they embodied the cost of war and possible victory or defeat.' Marina Larsson, 'Their Cheers Resounded throughout the Night': War Wounded Anzacs 1914–1918, unpub. seminar paper, La Trobe University History Program Postgraduate Seminar, 4 September 2003, pp. 5–6.

44. Australian Department of Defence, Deputy Chief Censor, Rules of Censorship of the Press (January 1917) quoted in Larsson, *op.cit.*, p. 6.

45. Larsson, 'Their Cheers Resounded throughout the Night', oral presentation and discussion, La Trobe University History Program Postgraduate Seminar, 4 September 2003.

46. See Cynthia Huff, 'Reading as Re-Vision'. Huff examines the travel diary of the sister of James Estcourt, a British Army officer in the Crimea, and considers how her writing as official family chronicler 'serves the British Empire'. See especially pp. 518–19.

47. McNaughton diary, 19 July 1916, 31 August 1916 and 15 August 1916.

48. The largest numbers admitted to December 1915 at No.2AGH in Egypt were gunshot wounds, followed by influenza. AWM 224 MSS372, 2nd Australian General Hospital, Monthly Reports April 1915–November 1917, 'List of cases treated by category to December 1915'. At Moussa, near Marseilles, it was in fact the function of No. 2 AGH to act as a filter for the Australian and New Zealand troops as they came in from the Middle East, to prevent the entry of infectious disease.

49. *British Medical Journal*, 11 March 1916. Methods were reversed to those of former years: excision and drainage, together with the use of antiseptics. In an article on 26 August, medical staff were advised not to be afraid of pus, so long as it was not under pressure, and urged to resist the desire to change large dressings frequently because of it, as this caused pain and distress to patients. Meanwhile, in the spirit of scientific inquiry with which the medical services approached the problems of the war, research was carried out to try to isolate the organisms responsible. See *British Medical Journal*, 5 August 1916, p. 191; 26 August 1916, pp. 286–9.

50. The need for 'flush' amputations had been questioned from Britain. The article cited the case of a man fine at 9 p.m., and dead ten hours later; *British Medical Journal*, 1 April 1916, p. 479.

51. McNaughton diary, 28 October 1916.

52. The *British Medical Journal* published a weekly list of medical officers killed, wounded, died of wounds or taken prisoner. As an example, the issue dated 30 September 1916 listed 26 names.

53. War Diary, No. 8 Stationary Hospital, 6 July 1916.

54. *ibid.*, 7 July 1916.

55. Again, equating it with Allied success, she writes, '[t]he bullet is my small treasure, as I hope it saved a life as it was a revolver one'.

56. A special illustrated supplement to the *Field*, for example, was entitled 'The Crimes of the German Army'. Under headings such as 'Burning, looting and pillage' and 'Crimes against women and children', it purported to bring together 'in an accessible form' reports of the 'forms of cruel, cowardly and bestial crimes... committed by the Germans and their allies in the last eighteen months.' *British Medical Journal*, 29 January 1916.

57. *British Medical Journal*, 18 March 1916, p. 425.

58. The boundaries around surgical practice had a gendered component, as well. Richard Rawstron has drawn my attention to the case of pioneering New Zealand doctor Agnes Bennett, who, as a woman, was unable to secure a surgical position at a hospital in Great Britain, Australia or New Zealand before the war, 'while men students who had not done so well as she, [found] appointments with ease.' Cecil & Celia Manson, *Doctor Agnes Bennett*, Michael Joseph, London, 1960, pp. 40–2.

59. I am grateful to Kirsty Harris, whose thesis investigates how the war influenced nursing practice, for her informed comments in discussion of this matter, and in particular for drawing my attention to the Tilton quote below, and to the Wellcome nurses' diary. The conclusions reached were reinforced by discussions with Col. Jan McCarthy, (Ret.) Australian Army Nursing Service, President of the Victorian Returned and Services Nurses' Club, nursing historian Judith Godden, of the University of Sydney, and nurse education manager Jenny Morris, of the Royal Melbourne Hospital.

60. Liz Harford, whose own doctorate concerned casualty nursing, including that in the Great War, has noted that while the theatre nurse could be asked to extend her role to holding retractors and cutting sutures if no junior resident was available, the fluidity of her role would not normally extend to tasks such as that under consideration. Communication with Liz Harford, 20 October 2003.

61. *Wellcome Professional Nurses' Diary 1911/12* (Australasian edn), Burroughs Wellcome & Co., London, p. 107.

62. McNaughton diary, 7 September 1916.

63. *ibid.*, 9 August 1916.

64. *ibid.*, 23 July 1916.

65. IWM Misc. 47 Item 790, Mrs Fussell, 'Early Account of the Australian Army Nursing Service'. Many such accounts, given to other professionals as part of an official record, address topics on which the diaries are silent. This is due both to the different audience, and to the different perceived purposes of the accounts. The learning of lessons with an eye to the future was an acceptable justification of the breaking of silence.

66. May Tilton, *The Grey Battalion*, Angus & Robertson, Sydney, 1934, p. 264.

67. The issue of fear of censure about actions undertaken in the context of war, and resulting silences about them, has been particularly addressed by oral historians. See Naomi Rosh White, 'Marking Absences: Holocaust testimony and history,' in Perks & Thomson, pp. 172–82, esp. p. 174, and Alessandro Portelli, 'What Makes Oral History Different?', in Perks & Thomson, pp. 63–74.

68. A member of the New Zealand Army Nursing Service who trained to give anaesthetics at a British CCS during the war wrote: 'We took German wounded, so I was able to "practice" anaesthetics on them'. 'Experiences in France by a Member of the NZANS' quoted in Sherayl Kendall & David Corbett, *New Zealand Military Nursing: A History of the Royal New Zealand Nursing Corps, Boer War to Present Day*, S. Kendall & D. Corbett, Auckland, 1990, p. 224.

69. In a similar way, British nurses who were trained and who worked as anaesthetists during the war were refused certificates attesting to their qualifications afterwards, as such boundary crossing behaviour had been resorted to 'to meet an emergency... which emergency terminated on the cessation of hostilities'. PRO WO 95 3991 War Diary, Matron-in-Chief, August 1918–March 1920, 22 July 1919. Kirsty Harris and Richard Rawstrom, in their work on Australian and New Zealand army nurses trained as anaesthetists, have also read the defended boundary as a professional rather than a gendered one. Dr Richard Rawstrom, 'Army nurse Anaesthetists 1918' and Kirsty Harris, "'Slinging the Slumber Juice": The role of Australian nurse anaesthetists in the Great War', unpub. papers presented to 8th Biennial Conference, Australian Society of the History of Medicine, 23 April 2003. The failure to deploy Australian nurse anaesthetists when trained may also have had a gendered component.

70. McNaughton diary, 1 October 1916, 14 June 1917.

71. McCarthy papers, 'Annual Report..., 1916', p. 3.

72. McNaughton diary, 21 July 1916.