

'The impotence of sympathy': service and suffering in the nurses' memoirs

Mary Ann Brown, who served wounded Turkish soldiers in a hospital ship, recorded in her diary on 4 February 1917:

Heard to-day that Miss Rait is leaving us in ten days time.

Very busy. Amp. of rt arm. (Turk died a few hrs later) Amp left leg. Spinal Anaesthetic. Amp. rt leg. Spinal Anaesthetic. Turk quite happy, smoked a cig. all the time they were sawing off his leg. one amp of finger. one amp of thumb one secondary haemorrhage. one incision of leg 7 altogether, no off duty finished 6:30.¹

Written under the exacting compulsion of the moment, Brown's account reads like a relentless catalogue of facts without any emotional outlet. Individuals become a series of body parts on the operation table, jumbled as much into abbreviated syntax as into abbreviated time. The mention of the 'happy' Turk is like the intrusion of macabre humour into the narrative. The emotionless tone is perhaps because of the pressures of time and extreme physical exhaustion; it is also the voice of one who is inside the moment of horror, as if efficient nursing service – the amputation of body parts in this case – had resulted in, or even demanded, the amputation of one's own intimate nerves.

Brown's account is characteristic of the experience of thousands of young women who left home to serve the war-wounded. Brown's more articulate and illustrious colleague Vera Brittain would write about the 'self-protective callousness' required by the young female nurse to cope with the 'general atmosphere of inhumanness' prevailing in the war hospitals. As she dresses for the first time a 'gangrenous leg wound, slimy and green and scarlet', she feels 'sick and faint'; with time and experience, she learns to 'dress unaided and without emotion, the quivering stump of a newly amputated limb'.² Yet, the language itself quivers with the raw

¹ M. A. Brown, 'Diary', IWM, 88/7/1.

² Vera Brittain, *Testament of Youth* (1933; London: Virago, 1978), 176, 211, 216.

precision of the detail, hinting at what Freud in *Beyond the Pleasure Principle* (1920) calls a 'breach' in the protective psychic sheath:³ the repressed emotion surfaces in the form of nightmares as Brittain, like some of her male patients, starts dreaming about mutilated bodies. In her memoir, *Testament of Youth* (1933), she dwells on moments when the young, sheltered, female body comes in actual physical contact with male wounds. Such moments occur obsessively in the nurses' writings, as if the hand was doomed to a compulsion to repeat the experiences from which it most shuddered.

In 'Greater Love' (originally dedicated 'To Any Woman'), when Owen issues his caveat to women, 'for you may touch them not', he at once invokes and throws away the religious allusion – erotic resentment being a powerful undertow – to suggest an integral relation between male experience and the body of knowledge during wartime. Yet, by January 1916, as conscription was enforced in England, it was predominantly women who were entrusted with the repair of the war-ravaged bodies of men. They volunteered in thousands to serve the wounded in France, Belgium, Serbia and Mesopotamia. The experience of women is not comparable, in kind or degree, to the scale of devastation undergone by the soldiers. But at the same time, it is important to remember that these nurses worked amidst horrific conditions and occasionally even came under shelling. Moreover, the Voluntary Aid Detachment or V.A.D. nurses were often genteel Edwardian ladies, and not trained, like the doctors and the medical staff, to be de-sensitized to the sight, smell or touch of exposed flesh. In recent years, there has been a revival of interest in women's war writings, resulting in fresh anthologies and new editions of their memoirs.⁴ Feminist critics such as Margaret Higonnet, Jane Marcus and Claire Tylee have brought important gender concerns to the cultural and literary history of the war.⁵ While there has been extensive

3 Freud, 'Beyond the Pleasure Principle', in *SE*, xviii, 29.

4 See Catherine Reilly, *The Virago Book of Women's War Poetry and Verse* (London: Virago, 1998); Joyce Marlowe, *The Virago Book of Women and the Great War* (London: Virago, 1998); Agnes Cardinal, Dorothy Goldman and Judith Hattaway, *Women's Writing on the First World War* (Oxford: Oxford University Press, 1999); Margaret Higonnet (ed.), *Lines Of Fire: Women Writers of World War I* (Harmondsworth: Penguin, 1999) and *Nurses at the Front: Writing the Wounds of the Great War* (Boston: Northeastern University Press, 2001); Claire Tylee, Elaine Turner and Agnes Cardinal (eds.), *War Plays by Women: An International Anthology* (London: Routledge, 1999) and Angela Smith, *Women's Writing of the First World War* (Manchester: Manchester University Press, 2000).

5 Jane Marcus, 'Corpus/Corps/Corpse: Writing the Body in/at War', Afterword, Helen Zenna Smith, *Not So Quiet . . . Stepdaughters of War* (New York: The Feminist Press, 1989), 241–300; Claire M. Tylee, *The Great War and Women's Consciousness: Images of Militarism and Womanhood*

work on shell-shock and the soldiers, the plight of women as witnesses to violence – particularly of the nurses who were exposed to gruesome wounds – has just begun to be recognised. This chapter examines the relation between testimony, touch and trauma through the writings of the women Owen so uncharitably left out: more specifically, the Voluntary Aid Detachment nurses. While much of recent criticism has fruitfully, if exclusively, employed the category of gender to explore women's relation to the war, I would suggest that the anguish in the nurses' memoirs lies not only in gender difference but in its fraught relation to traumatic witnessing and the limits of empathy: *in the awareness of the incommensurability and absoluteness of physical pain*.

The present chapter and the next examine the experience of the First World War women nurses – the process and the problems of understanding and representing it – through moments of physical intimacy with the male body. These accounts often hint at a hierarchy of horrors: the smell of gas gangrene, for example, causes more distress than the sight of wounds. But it is the shock of actual body contact that forms the tortured core of these nursing memoirs. Brittain writes to her fiancé Roland Leighton in the trenches: 'I don't mind the general butcher's shop appearance, or holes in various parts of people that you could put your fist into, half so much as having to hold a head or a leg for the sister to dress it while the man moans & tries to squirm about'; while another British nurse Irene Rathbone remembers that, while sorting little bones from a raw wound, it was 'sickening' to watch a metallic instrument boring into 'lacerated muscles' but 'to *feel* it [was] almost unendurable'.⁶ Beyond the sight and stench of festering wounds lies the horror of inspecting, washing, bandaging or operating on smashed body parts. E. B. Pemberton observes, 'you turn down the blanket to wash an arm

in Women's Writings, 1914–64 (Basingstoke: Macmillan, 1990); Margaret Higonnet, *et al.* (eds.), *Behind the Lines: Gender and the Two World Wars* (New Haven: Yale University Press, 1987); Higonnet, 'Women in the Forbidden Zone: War, Women and Death', in *Death and Representation* ed. Sarah W. Goodwin and Elisabeth Bronfen (Baltimore: Johns Hopkins University Press, 1993), 192–209, and 'Authenticity and Art in Trauma Narratives of World War I', *Modernism/Modernity*, 9, 1 (January 2002) 91–107. See also Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994); Trudi Tate and Suzanne Raitt (eds.), *Women's Fiction and the Great War* (Oxford: Oxford University Press, 1997) and Angela Smith, *The Second Battlefield: Women, Modernism and the First World War* (Manchester: Manchester University Press, 2000).

6 Alan Bishop and Mark Bostridge (eds.), *Letters from a Lost Generation: First World War Letters of Vera Brittain and Four Friends* (London: Little, Brown and Company, 1998), 179–80; Irene Rathbone, *We That Were Young* (1932; New York: The Feminist Press, 1989), 197. Hereafter abbreviated *WTWY*.

and find no arm only a soaking bandage that was once white'.⁷ Katherine Hodges North recalls how, during particularly painful operations conducted without anaesthesia, '[I used to] give him my hands to hold' and that 'my hands and arms were sometimes black and blue with bruises from the frenzied grips'.⁸ Neither fully assimilated into consciousness nor properly articulated, these moments of physical contact often define the subjectivity of the women, marking their transformation both as witnesses and participants.

The nurses in France and in England recorded their experiences in a variety of ways. As we go through the Women's Work Collection in the Imperial War Museum archives, we come across their letters, diaries, journals, memoirs, short sketches as well as letters and Christmas cards from the soldiers. In one of the letters, Sybil Harry, a nurse, sketches an 'O' to describe a bullet wound, concluding, 'I never knew they [wounded soldiers] suffered so horribly'.⁹ Particularly poignant are the autograph books signed by different wounded soldiers on the eve of their departure: these books form a unique genre where the narrative continuity lies not in the author but in the figure of the addressee. They provide a vivid map of personal networks as well as a formal language that legitimises the articulation of intimacy: the entries vary from sentimental farewells and messages to rather risqué poems and even sketches (Figures 5.1–5.3).¹⁰ Though these autograph books are fascinating in the sheer variety of entries, for a more comprehensive account of the life that produced them as well as for a record of female subjectivity, we have to go back to the writings by the women nurses.

The shattered male body is a central concern during and after the war years. What differing claims do the women make upon this body and how do they write it – with their own bodies responding, recoiling or rarefied – in their texts?¹¹ I shall argue for the importance of the tremulous, private body of the young female nurse as a way of knowing and representing

7 E. B. Pemberton, Papers, IWM, 83/33/1, 9.

8 Katherine Hodges North, 'Diary: A Driver at the Front', IWM, 92/22/1, 86.

9 Sybil Harry, letter dated 22 October 1914, IWM, 88/41/1.

10 There are scores of these autograph books in the IWM. They contain a range of responses from maudlin sentiments, common quotations such as 'In your golden chain of friendship / Regard me as a link' and jokes to watercolours, cartoons and original verse. Particularly interesting are autograph album of Nurse E. Campbell (IWM Misc. 93 [1386]) and the Nurses' Autograph Book, Malta, 1915–1916 (IWM Misc. 154 Item 2396).

11 For a compelling literary exploration of the bodily degradation the women nurses and ambulance-drivers had to go through – lice, long hours of driving, lack of sleep – see Marcus, 'Corpus/Corps/Corpses', 241–300.

TELEPHONE:
NETLEY ABBEY 33.

OFFICERS' QUARTERS,
BRITISH RED CROSS HOSPITAL,
NETLEY.

My dear Miss Whitaker!

You will think it very strange of me to leave your kind letter so long unanswered. I cannot yet sit up in bed and as my arm is only just getting fit, letter writing has been out of the question. Your letter came as such a pleasant surprise and thank you so much for it. I too was more than sorry I did not see you before I left Rouen, but I was bundled off very suddenly. Now I am making slow but sure progress: my wounds are clean but still rather deep and I am afraid I shall have at least another month in bed. All the conditions are splendid here

and everybody is most kind. Naturally I like my surroundings better than Rouen for it means so much to be back in Blight. I shall never, never forget your devotion & kindness to me when I really was so ill, especially that one night the 15th November. I cannot thank you enough for all you did for me. Will you convey my kind remembrances to Misses Hollins Nobel, & the tall sister in ward 11, also Sister Nicholas. My wife has written to Major Austin: I hope to visit all my friends at the hospital soon.

I am very happy here and my wife is living in the village so she comes to see me every day.

Well, au revoir Miss Whitaker
again many thanks.
All good wishes
Yours very sincerely
Will Griffiths.

Figure 5.2. A letter from a soldier-patient to Nurse Ruth Whitaker, Papers, 76/123/1, IWM (DOC).

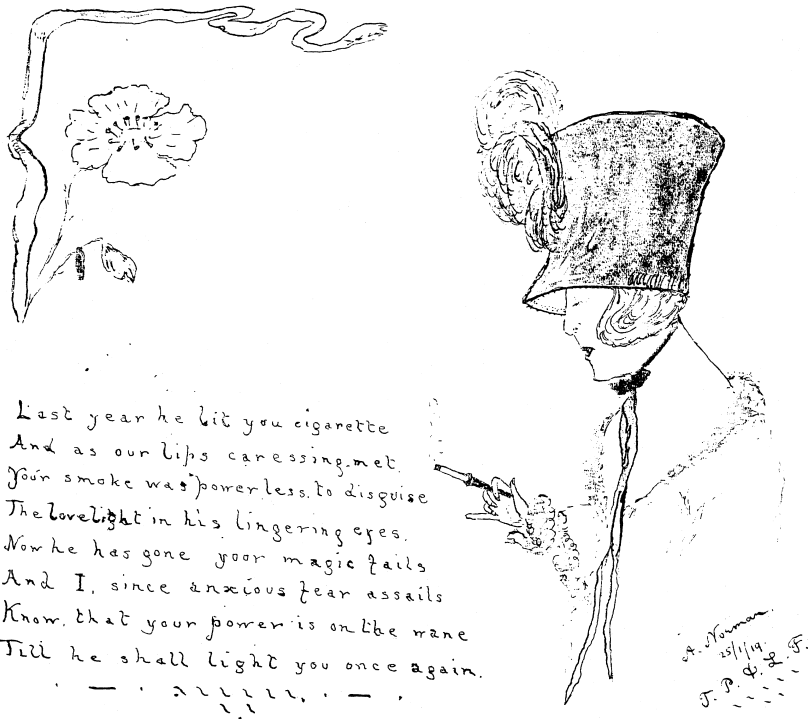


Figure 5.3. An entry in an autograph album, 'Two Autograph Albums', Misc. 31 Item 573, IWM (DOC).

historical trauma. At the same time, these issues raise specific problems about language and therefore, in the next chapter, I do close readings of three 'operating scenes' by three women nurses to analyse the relation between trauma and literary form. In the present chapter, I shall examine a range of writings – from unpublished letters and diaries written under the pressure of the moment to memoirs and fictionalised accounts composed at a later date. The aim is two-fold: first, to understand more fully the hectic tenor of lives, as lived in casualty stations and hospitals; second, to investigate what the experience of the nurses means for the conceptualisation of trauma and its narratives, particularly at a time when Freud and Ferenczi were writing on the subject. I start by looking at V.A.D. nursing during the war.

ACQUAINTANCE WITH GRIEF

If there was a visceral core of secret knowledge about the war, it was *not exclusively* masculine. Consider the preface to *The Forbidden Zone* (1929), a collection of ‘fragments’ by Mary Borden, an American nurse, who set up her mobile hospital behind the lines in the Western Front:

I have dared to dedicate these pages to the Poilus who *passed through our hands* during the war, because I believe they would recognize the dimmed reality reflected in these pictures. But the book is not meant for them. They know, not only everything that is contained in it, but all the rest that can never be written.¹²

The terrible knowledge has already ‘passed’ between fingers: though femininity is partly the hurdle to be ‘dared’, the gap here is between experience and representation, between touching and seeing, the warm bodies becoming unsubstantial spectres – ‘reflected . . . pictures’ – as the body is translated into cold print. Borden points to the limits of understanding, memory and representation (‘all the rest that can never be written’), showing an acute awareness of the problems that the trauma theorists have alerted us to in recent years. But the ‘hands’, engaged in the text and yet locked into the past, also help to bridge the gap as we turn the pages of the book meant for us. Midway through the text, Borden muses: ‘How many men had passed through my hands during the last thirty-six hours?’¹³ Earlier, she notes, ‘You are continually doing things with your hands’: cutting off clothes stiffened with blood, washing the edges of festering wounds, amputating gangrenous limbs.¹⁴ The hands are the actual points of contact between war wounds and the female body. And yet the phrase ‘passed through our hands’ also has a bureaucratic feel: intimacy of gesture is balanced by the professionalisation of service as the patients gradually fade out of the memory of the nurses, often causing feelings of guilt. Almost sixty years after the war, while interviewing octogenarians who served as nurses in the war, the historian Lyn Macdonald writes, ‘What comes through most strongly is their remarkable resilience . . . “Oh dear, I’m sorry to be so clumsy. It’s these stupid stiff fingers of mine.” It was an apology I heard literally scores of times as a photograph slipped to the floor, or two drops of tea into a saucer.’ Macdonald continues, ‘The “stupid stiff fingers” were most scarred when they were

12 Mary Borden, *The Forbidden Zone* (London: William Heinemann, 1929), Preface, my italics; hereafter abbreviated Borden, *FZ*. *Poilu* refers to the French infantryman. The term, meaning ‘hairy’, derives from the customary thick whiskers of the soldier.

13 Borden, *FZ*, 168.

14 Borden, *FZ*, 124.

lanced to release the pus from a septic hand.¹⁵ Gladys Stanford, a First World War nurse, remembers how she got 'a very bad septic hand doing that [dressing], because V.A.D.s [Voluntary Aid Detachment] didn't wear rubber gloves. Only the Sister wore gloves, and if you got the slightest prick it always went septic.'¹⁶ In one of her early diary entries after joining the hospital at Buxton, Vera Brittain comments on the sad state of her fingers, while the nurse-narrator in Irene Rathbone's *We That Were Young* (1932) falls ill from a septic infection in the hand which swells to twice its original size.

The 'our' in Mary Borden's preface is also a footnote to history, stressing female presence and communality within the forbidden zone. Many of the hospital units were close to the actual trenches. The two extraordinary 'Women of Pervyse', Baroness de T'Serclaes and Mairi Chisholm, drove the wounded to the hospitals and tended to soldiers 'laid out on the floors'; the American nurse, Ellen N. La Motte, served in the mobile surgical hospital which was assembled by Borden and was 'situated ten kilometers behind the lines, in Belgium'; Evadne Price (Helen Zenna Smith), in her novel, lays claim to what was usually seen as men's experience when she writes about 'blood and mud and vermin'.¹⁷ Nor did all women escape violence. Mabel Lethbridge was seriously wounded in a munitions factory explosion that killed seventy-one women; Edith Cavell, the Red Cross Nurse who helped Allied soldiers to escape, was court-martialled by Germans and hastily executed in 1915; on 27 June 1918, the hospital ship, *Llandovery*, was shot at and destroyed, killing fourteen Canadian nurses.¹⁸ A look at the names listed under just the first two letters of the alphabet in the Roll of Honour of British nurses gives one some idea of the considerable death toll among the female nursing community as well.¹⁹

Though my study focuses on the memoirs of the nurses, it is important to pause and reflect briefly on the experience of civilian women and their written responses. The war records of women, as Tylee notes, often 'tend to be much wider and more subtle in scope than battle-tales'.²⁰ The war

15 Lyn Macdonald, *Roses on No Man's Land* (Basingstoke: Papermac, 1980), 12.

16 Macdonald, *Roses*, 169.

17 Baroness de T'Serclaes, *Flanders and Other Fields* (London: George G. Harrap, 1964), 46; Ellen N. La Motte, *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse* (London: Putnam, 1919), v; Smith, *Not So Quiet*, 59.

18 Women's Work Collection, IWM, BRCS 25.8

19 'British Women's Work During the Great War 1914-1918', IWM 13924.

20 Tylee, *Women's Consciousness*, 13.

becomes a consciousness rather than an event, so central that often it does not need to be mentioned at all. Thus Cynthia Asquith, wife of the Prime Minister and glamorous socialite, writes about taking back ‘a hat which made a trench in my forehead . . . hellish morning in pursuit of my summer tweeds . . . sharp skirmish with Harrods’.²¹ Or consider the following diary entry of Virginia Woolf for 18 February 1921:

The most significant sign of peace this year is the sales; just over; the shops have been flooded with cheap clothes. . . . And I have found a street market in Soho where I buy stockings at 1/ a pair: silk ones (flawed slightly) at 1/10. . . . Milk is high, 11d a quart. Butter fallen to 3/- but this is Danish butter. Eggs – I don’t know what eggs are . . . I think it true to say that during the past 2 months we have perceptibly moved towards cheapness – *just* perceptibly. It is just perceptible too that there are very few wounded soldiers abroad in blue, though stiff legs, single legs, sticks shod with rubber, & empty sleeves are common enough. Also at Waterloo I sometimes see dreadful looking spiders propelling themselves along the platform – men all body – legs trimmed off close to the body. There are few soldiers about.²²

The transition from silk stockings with the wonderful aside, ‘(flawed slightly)’ – unnecessarily meticulous but yet so essential to the writing of history for Woolf – to ‘empty sleeves’ uncovers a body of hurt, and of knowledge, as scarred as Borden’s. But ‘old Virginia’ with characteristic appetite takes in everything – even observing that the butter is Danish – exposing history as it impacts the intimate self with its contingent and quirky materiality. Taste, texture, travel all mesh in with Woolf robustly engaging with each: not only an ‘empty chatterbox’ or a bourgeois consciousness but rather stubbornly resisting prioritisation, the appetite for life and the threnody of loss yoked fiercely at the experiential and linguistic threshold – ‘*just* perceptibly’. She brings her own body – and the readers’ – so close to the surface of her writing through clothes and food that the sudden intrusion of ‘single legs, sticks shod with rubber’ grates. Pathos is compacted with repulsion – in ways the reader at once empathises and flinches – as the image of the man-spider slowly moves across the fragmented syntax and fixes itself on ‘trimmed’, a residue in language from the world of clothing evoked a few sentences earlier. Bodies of soldiers become the swathes of cheap clothing sewn up hastily for consumption: the fabric of Woolf’s prose becomes her critique. The combination of pathos with repulsion, the involuntary flinching of young

21 Asquith, *Diaries 1915–18* (London: Hutchinson, 1968), 5.

22 Woolf, *The Diary of Virginia Woolf*, 11, 1920–24, ed. Anne Olivier Bell (London: Hogarth, 1978), 92–3.

female bodies before what Brittain calls the 'jarringness' of even healed mutilation becomes very much part of the women's consciousness.²³ This is particularly true in the post-war years, as men such as Clifford Chatterley are sent back to their young wives in 'bits'. In *Bid Me To Live*, Julia complains of the smell of battlefields as she sleeps with her oversexed husband-officer just returned from the trenches; in Mary Borden's 'The Beach', a beautiful young woman is 'tied' to her mutilated husband who 'could never touch her again'.²⁴

During the war years, nursing was considered to be woman's best chance to make up for the missed encounter with history that many, like Freud's little Hans, believed had happened only at 'the fwoot'.²⁵ Brittain, on beginning probation work in the local Buxton Hospital, writes in her diary, 'I shall hate it, but I will be all the more ready to do it on that account. *He* has to face far worse things than any sight or act I could come across; he can bear it – & so can I'; in her memoir, she notes, 'I wanted to do the next best thing'.²⁶ The Voluntary Aid Detachment or V.A.D. Organization was created on 16 August 1909 but it was the First World War that changed its function and public role.²⁷ On 14 September 1914, two remarkable women doctors, Dr Flora Murray and Dr Louisa Garrett Anderson, left England for France, having assembled Women's Hospital Corps to turn the newly built, luxurious Hotel Claridge into a hospital for the Allied troops. On 1 August 1914, there were 47,196 female Voluntary Aid Detachment nurses and by 1 April 1920, this had swelled to 82,857; in August 1918, the number of women working with the British Expeditionary Force, France was 7,123 while Queen Mary's Army Auxiliary Corps employed 7,808 women.²⁸ The V.A.D. recruitment campaign conflated class prejudices with the idea of service: it worked on the assumption that upper- and middle-class women, by dint of their 'character' and 'breeding', were more fit to serve and represent the country than working-class women. In fact, there was often tension, even antagonism, between these

23 *Testament*, 220.

24 Hilda Doolittle, *Bid Me to Live* (1960; London: Virago, 1984), 39; Mary Borden, 'The Beach' in *FZ*, 48.

25 Freud, 'Beyond the Pleasure Principle', *SE*, xviii, 16.

26 Vera Brittain, *Chronicle of Youth: Great War Diary 1913–17*, ed. Alan Bishop (1970; London: Phoenix, 2000), 186 (hereafter abbreviated *Chronicle*); *Testament*, 213–14.

27 See Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994), 7–46 for an excellent account of V.A.D. nursing. For a more general history of army nursing, see Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854–1914* (London: Routledge, 1988), 237–90.

28 Arthur Marwick, *Women at War 1914–1918* (London: Fontana, 1977), 168.

privileged but relatively untrained V.A.D.s and the professional nurses who worked for a living. In an attempt to erase visible tokens of class as well as to forge a sense of common identity, a rigid dress code was implemented (stiff white and $2\frac{3}{8}$ inches deep collars, $3\frac{3}{8}$ inches deep cuffs) which often engendered a sense of loss of individuality among the middle-class women, as evident in the writings of both Brittain and Bagnold.

The V.A.D. units drew women who would be identified as the first generation of 'feminists' and many of whom had participated in the suffragette movement. Yet, ideologically, the V.A.D. as an institution was circumscribed within a patriarchal and patriotic mould. 'The daughters are wanted by the Country as well as the sons' wrote Katharine Furse in 'The Ideals of the V.A.D.s'. Thekla Bowser, an Honorary Sister of the Order of St John, wrote:

The highest privilege goes to the man who may fight his country's battles, give his life for his King, risk living a maimed man to the end of his days; next comes the privilege of being of use to these men who are defending us and all we love.²⁹

The V.A.D. nurses started their work in France in October 1914. Katharine Furse, the Commandant of the Paddington division, London, left for Boulogne with members from her division on 19 October. In January 1915, Furse came back to England to form the Central V.A.D. Head Quarters Office at Devonshire House, London.³⁰ Women trained to be genteel Edwardian ladies suddenly found themselves forming a 'curious community of suffering', especially after the Somme battles of July 1916 'in which one is glad to have been allowed to take one's part'. For many women, it signalled emancipation. Katherine Hodges North captures the mood of initial enthusiasm when she writes, 'We were young and to us it was going to be a wonderful adventure' and that it was 'the greatest adventure one could have'.³¹ Statements such as these have led Sandra Gilbert to argue that the 'war's "topsy-turvy" role reversals did bring about a release of female libidinous energies' that women found 'exhilarating'.³² Of course, there was excitement about breaking free from the shackles of the Edwardian home, of being in charge of hospitals and at the new-found sense of female

29 Katharine Furse, Women's Work Collection, IWM, BRCS 10/1; Thekla Bowser, *The Story of British V.A.D. Work in the Great War* (London: Andrew Melrose, 1917), 16.

30 These details can be found in Ouditt, *Fighting Forces*, 13.

31 E. M. Spearing, *From Cambridge to Camiers* (Cambridge: W. Heffer, 1917), 59; Katherine Hodges North, 'Diary: A Driver at the Front', IWM, 92/22/1, 3, 23.

32 Gilbert, 'Soldier's Heart: Literary Men, Literary Women, and the Great War', in *Behind the Lines*, ed. Higonnet, 197–226 (212).

communities and service in a man's world. But such exhilaration was usually laced, as North gradually realises, by a sense of horror and helplessness. Brittain likens the grief of a nurse at the death of a patient to the agony suffered by her fiancé, Roland, when losing a comrade in battle.³³

Knowledge flows across genders not just in silent sympathy but through active service. Ruth Whitaker, a V.A.D. nurse, quotes one of her wounded soldiers, 'You know what I want before I do myself, Sister. What should I do without you?'³⁴ The vulnerability of the wounded soldiers, their child-like dependence on and attachment to the nurses, are particularly evident from the letters and cards they sent the nurses once they were transferred to other hospitals or were back home. In *The Forbidden Zone* (1929), Borden recasts the hospital as a 'second battlefield': this is where the 'real' battle is fought between the medical staff and their old enemies – death and pain. Boundaries break down: 'We are locked together, the old ones, and I, and the wounded men; we are bound together. We all feel it. We all know it. The same thing is throbbing in us, the single thing, the one life.'³⁵ And yet, the strident repetition of 'we' as 'one life', cancelling all distance between the soldier and the nurse, shows an over-eagerness to stake a claim on contemporary events whose underside is moments of isolation and anxiety. After all, in the initial stages of the war, there had been scepticism about the role of women. Katherine Furse, when she arrived in Boulogne, was told: 'women were such a nuisance in war time and who were these odd women in uniform, anyway'; the British War Office told the suffragist Dr Elsie Inglis 'to go home and keep quiet' for the commanding officers 'did not want to be troubled with hysterical women'.³⁶

Borden's sentiments are echoed by the male French doctor, Georges Duhamel: 'My fingers have groped in his flesh, his blood has flowed over them, and this creates strong ties between two men'.³⁷ Like Borden, Duhamel emphasises the bodily intimacy with the patient but there is also a fundamental difference. The strong tie, joining combatant and non-combatant, is here imagined as a homosocial bond to which the woman has no access. Moreover, Duhamel was a doctor, and this changes

33 *Testament*, 176.

34 Ruth Whitaker, 'Memoirs', TS, IWM, 76/123/1, 127.

35 Borden, *FZ*, 147, 155.

36 Katharine Furse, *Hearts and Pomegranates: The Story of Forty-five Years* (London: Peter Davies, 1940), 308; Margot Lawrence, *Shadow of Swords: A Biography of Elsie Inglis* (London: Michael Joseph, 1971), 98.

37 Georges Duhamel, *The New Book of Martyrs*, trans. Florence Simmonds (London: William Heinemann, 1918), 90.

the relationship with the patient's body. At the same time, for the male medical staff – doctors, nurses and stretcher-bearers – the war experience was closer to that of the women nurses, not only in relation to combat, but in terms of the repeated exposure to wounds. Patrick MacGill, who served as a stretcher-bearer on the Western Front, observes: 'The stretcher-bearer sees all the horror of war written in blood and tears on the shell-riven battlefield. The wounded man, thank heaven! Has only his own pain to endure.'³⁸ Like the memoirs of the women nurses, the narratives of the male doctors and nurses – such as Duhamel's *The New Book of Martyrs* (1918) or Voigt's *Combed Out* (1920) – give graphic descriptions of war wounds.

As the war progressed and the women proved their indispensability, the sense of 'oddity' came back at moments not only through patriarchal resentment or resistance but through an internal awareness of inhabiting different worlds. The hospital, to Enid Bagnold, was 'alive'; she felt it 'like a living being' and yet it made her acutely conscious of her status as a woman and as a witness rather than as a participant: 'It is only I who wonder – I, a woman, and therefore of the old, burnt-out world'.³⁹ Gender that excluded women from battle also threatened to bar them from a full understanding of the male ordeal. While the act of 'witnessing' suggests a certain degree of exteriority and detachment, the idea of 'service' is of the order of action and participation. These two categories are conflated in the nurses' 'testament': these memoirs become a covenant between marginality and intimacy. These two senses – of at once being at the periphery and at the centre – are the twin forces driving the nurses' narratives. The sense of alienation that one detects in the extract from Bagnold arises not merely from the feeling of being cast-out denizens of an outmoded past – 'the old burnt-out world' – or through the asymmetries of gender. Both the alienation and the agony spring also from witnessing the actual debris of the male body at hand, from a realisation of the gap between the witness and the body in pain.

THE IMPOTENCE OF SYMPATHY

In *The Body In Pain* (1985), Elaine Scarry powerfully argues for the interiority and the absoluteness of physical pain. Having no referential object – 'It is not *of* or *for* anything' – and stubbornly resisting objectification in

³⁸ MacGill, *The Great Push*, 96.

³⁹ Enid Bagnold, *A Diary Without Dates* (1918; London: Virago, 1979), 39, 56.

language, pain is something that can neither be denied nor confirmed. Medical language is a courageous but often an inadequate attempt to coax the language of pain into clarity, and interpret it. Scarry continues:

Whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language. . . . Physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned.⁴⁰

Enid Bagnold seems to have come to the same conclusion in 1918 when, after nursing the war-wounded in the Royal Herbert Hospital, she writes: 'The pain of one creature cannot continue to have a meaning for another. It is almost impossible to nurse a man well whose pain you do not imagine. A deadlock.'⁴¹ A deadlock in understanding results in a deadlock in representation. Flora Sandes writes about her early nursing experience, 'I used to ask the men where it hurt them, I had often been rather puzzled at the general reply of the new arrivals, 'Sve me boli' ('Everything hurts me')'. Similarly, C. E. Tisdall is haunted by the 'one English word' of her German patient, 'Pain'.⁴²

Trench poetry was a rare genre where the body in pain was fluently translated into a lyric voice: the soldier-poet who wrote of 'vile incurable sores on innocent tongues' could and often did die the very next moment.⁴³ Wilfred Owen, as the previous chapter shows, had an uncanny ability to empathise with bodily pain and transmit it through reflexes of sound. Yet, the appeal of his verse is indissolubly bound up with our knowledge of his ordeal in the trenches, his ability to own the experience he describes. The unique phenomenon of soldier-writers and our awareness of their private hell – the weight of historical knowledge – succeed in surmounting an ontological impossibility: to participate in another's physical pain. In prose works such as Remarque's *All Quiet On the Western Front* or Manning's *The Middle Parts of Fortune*, the readers' empathy is largely contingent on the writer's effortless empathy, even identification, with the tragedy of the protagonist: we almost kiss the hand that smells of mortality. In women's writings, empathy becomes a yoke of conscience: we are made to feel the burden of the nurse-narrator,

40 Scarry, *The Body In Pain*, 5, 4.

41 Bagnold, *Diary*, 88.

42 Flora Sandes, *An English Woman-Sergeant in the Serbian Army* (London: Hodder and Stoughton, 1916), 161–2; C. E. Tisdall, 'Memoirs of the London Ambulance Column, 1914–18 by a V.A.D.', *IWM*, 92/22/1, 30.

43 Owen, 'Dulce Et Decorum Est', in *CP&F*, 117.

of bearing witness to another's pain. Called upon to serve the shattered remnants of the body, the subjectivity of the female nurse is doubly eroded – first, through the gap with the male trench experience and second, through the sheer magnitude of male suffering, an experience that can never be owned by them, either historically or ontologically. Young, healthy and mostly upper-middle class, these V.A.D. nurses experience embarrassment – a rite of shame – before male vulnerability, as in the cries of the men in Evadne Price's *Not So Quiet* or the sight of tears in Enid Bagnold's *A Diary Without Dates*. This is what makes women's war writings often far more depressing and painful than the men's memoirs: the helplessness of the nurse is translated into the haplessness of the witness – and in turn, the reader.

The personal and the subjective, which are so thoroughly denied in Brown's diary entry, later well up in memoirs and narratives:

The feeling of his bare body on my bare arms, his screams, his breath, the odour of blood and the sound of the knife softly passing through the flesh were too much for me. I managed to stand it until the operation was over and then went into the open air and was deathly sick.⁴⁴

Responses in the nurses' narratives tend to be visceral, the body expelling what the mind cannot assimilate. Lesley Smith describes how she nearly fainted while replacing tubes in a pus-ridden shoulder.⁴⁵ Yet such moments are repeatedly dwelt on in women's writing, not only because of the acuteness of body memory but to establish some sort of bridge, a physical continuum with the male body and experience. At a deeper level, it is an attempt to redress what Robert Browning, though in a different context, called 'the gaping impotence of sympathy'.⁴⁶ This sense of powerlessness is a recurrent theme in the memoir *One Woman's Story* (1934) by Mary Britnieva who served at a hospital near Pilvishki, close to the German Frontier. After witnessing the agony of a dying man, she writes: 'I have never seen anyone dying before and the feeling of my utter helplessness was terrible'. But such experiences are eclipsed as she sees the victims of a gas attack stretched out on a field:

They lay on their backs mostly, their upturned faces terribly swollen and livid – some almost blue – choking and coughing, their bloodshot eyes protruding, unable to utter a word, yet fully conscious, only their eyes and their occasional

44 Ruth S. Farnam, *A Nation at Bay* (Indianapolis: Bobbs-Merrill Co., 1918), 18.

45 Leslie Smith, *Four Years Out Of Life* (London: Allan, 1931), 65.

46 Robert Browning, *The Ring and the Book*, ed. Richard D. Altick (Harmondsworth: Penguin, 1971), Book IX, 458.

spasmodic feeble movements proclaiming the supreme agony that they were enduring. . . . We felt utterly helpless, there was no remedy, we were powerless⁴⁷

Nothing could be further from Sargent's depiction of the tall, blond heroes in *Gassed*. The account matches in horror, or even exceeds through its testimonial force and graphic details, Owen's description of the gas attack in 'Dulce Et Decorum Est'. In Britnieva's narrative, there is a crushing sense of 'helplessness' on part of the nurse-narrator with which the reader is partly led to identify. Traumatized by what she had witnessed, she is led to repeat her sense of inadequacy once more, as if only endless retelling would enable her to bear the burden of testimony: 'The realization of our helplessness was almost unbearable' (36).

Discussing the relation between pain and testimony, Susan Sontag in *Regarding the Pain of Others* (2003) passionately argues for a pacifist politics to be born out of our affective response to gruesome images of war. She observes, 'Photographs of the mutilated bodies certainly can be used the way Woolf does, to vivify the condemnation of war, and may bring home, for a spell, a portion of its reality to those who have no experience of war at all'.⁴⁸ The detailed description of wounds that we find in the nursing memoirs can be said to have a similar political aim: these nurse-narrators may be regarded as some of the first women to employ an affective mode to convince their anticipated audience about the futility of war and convert future generations of readers – 'who have no experience of war at all' – to pacifism. But there is also a fundamental difference. Sontag's aim is to rouse the masses to a political consciousness through photographs, television and journalism. She is thus primarily interested in the transmission of the horrors to people far away from the war zone rather than in first-hand experience; she is curiously silent about the feelings of the photographer or the photographed (she mentions photographs of facial injuries from the First World War). By contrast, it is the rawness of the first-hand encounter – the relationship between the witness and the victim of violence – that is fundamental to our understanding the experience of the nurses. The pain of others as mediated

⁴⁷ Mary Britnieva, *One Woman's Story* (London: Arthur Barker, 1934), 18, 35–6.

⁴⁸ Susan Sontag, *Regarding the Pain of Others* (Harmondsworth: Hamish Hamilton, 2003), 10. A critique of the United States governmental policy during its invasion of Iraq, Sontag's angry book is a plea for peace and justice, and the strident language overrides some of the ontological problems I have been hinting at, though she is aware of them: 'Let the atrocious images haunt us. Even if they are only tokens and cannot possibly encompass most of the reality to which they refer, they still perform a vital function' (102).

through representation and that encountered first hand are two different orders of experience. In *We That Were Young*, Joan mentions one of her patients, McIvor, whose face had been completely wrecked except the eyes. As she instinctively gaped at him in horror, 'she was always aware, too late, of having registered horror for those pathetic eyes to devour – no doubt wounding his spirit afresh'.⁴⁹ It is the perilous intimacy between the nurse and the patient – she watching the wounded men watch her watching their wounds – and her sense of powerlessness and even shame that are key to understanding her trauma.

For the First World War nurses, the fundamental unsharability of the ordeal, and yet the juddering of the senses by knowing and serving the wounded body so closely, leads to a crisis of experiencing: 'She [the nurse] is dead already just as I am – really dead, past resurrection. Her heart is dead. She killed it. She couldn't bear to feel it jumping in her side when Life, the sick animal, choked and rattled in her arms.'⁵⁰ If active service at the front was considered the supreme form of sacrifice, nursing – deemed the 'second best' – becomes a more insidious form: a constant emptying out of oneself before great need and greater pain, and yet somehow always falling short. Nausea – the literal flushing out of the body – only adds the shame of 'female fragility' to the torment of incomplete sympathy. In the nurses' accounts, the voice of the server is forever being choked before the absolute-ness of physical pain; the youthful female flesh is constantly being made to witness the obscenity of male wounds. Mary Borden writes:

There are no men here, so why should I be a woman? There are heads and knees and mangled testicles. There are chests with holes as big as your fist, and pulpy thighs, shapeless; and stumps where legs once were fastened. There are eyes – eyes of sick dogs, sick cats, blind eyes, eyes of delirium; and mouths that cannot articulate; and parts of faces – the nose gone, or the jaw. There are these things, but no men; so how could I be a woman here and not die of it?⁵¹

Being woman, being young, becomes an unbearable burden. Female identity can only be salvaged through the bits and pieces of male flesh strewn no man's land. At the end of the war, Vera Brittain had lost all her male companions: her fiancé, her brother and her two closest male friends. Behind the debris of male bodies resonates the desolate cry of the woman: 'But there are years and years in which we shall still be young'.⁵² Heads and legs and eyes are not just anatomical parts; they make sense

49 Rathbone, *WTWY*, 201.

50 Borden, *FZ*, 59.

51 Borden, *FZ*, 60.

52 Margaret Postgate Cole, 'Praematuri', in Reilly (ed.), *Women's War Poetry and Verse*, 22.

only in the embodied terrain of learning and hardihood and romance, all of which are destroyed now. The eyes become the twin concentrated points of pain and its inarticulateness. In *All Quiet*, Remarque writes, 'What great misery can be in two such small spots, no bigger than a man's thumb – in their eyes'. In Ellen N. La Motte's 'Alone', a story about the desolation of a dying man, the focus narrows down to the eyes: a red blind one and a dull white one.⁵³

In the above extract from Borden, the terrible phrase 'mangled testicles' moves beyond the tightening, the violation and the waste to the absolute crushing of female subjectivity: these mangled 'things', neither human nor yet wholly objects, unmake the fundamental categories of gender and sexual difference that structure the human world: the woman is rendered irrelevant, unwanted. The process of de-individualisation that has started with the starched whiteness of V.A.D. uniforms culminates in the spectacle of the 'vile, incurable' debris of male bodies. As mouths gape open and horror usurps sympathy, the eyes of the witness – sick and delirious – seem almost to be scooped out in some absurd ritual of penance: 'the ghost of a woman – soulless, past redeeming'.⁵⁴ Though the nurses did not suffer from mutism or repetitive re-enactments that are usually associated with clinical definitions of First World War trauma, the experiences of the nurses can be said to have a traumatic component in the numbness of their senses at the time of nursing and a retrospective reckoning with what Cathy Caruth calls 'unclaimed experience'. Consider the following accounts from Mary Borden and Vera Brittain, both of whom served amidst horrific conditions and were haunted by their experiences for many years:

I think that woman, myself, must have been in a trance, or under some horrid spell. Her feet are lumps of fire, her face is clammy, her apron is splashed with blood; but she moves ceaselessly about with bright burning eyes and handles the dreadful wreckage of men as if in a dream.⁵⁵

Having become, at last, the complete automaton, moving like a sleep-walker through the calm atmosphere of Millbank, I was no longer capable of either enthusiasm or fear. . . . with the ending of apprehension had come a deep, nullifying blankness, a sense of walking in a thick mist which hid all sights and muffled all sounds.⁵⁶

53 *All Quiet*, 164; La Motte, *Backwash*, 58.

54 Borden, *FZ*, 60.

55 Borden, *FZ*, 151.

56 *Testament*, 458.

Both these accounts were, or perhaps could only be, written a decade after the war; at the time of occurrence, the experience is not fully understood and both writers invoke the trope of ‘dream’ or ‘sleep’. Brittain suffered from repetitive nightmares for ten years after the war. The nursing memoirs provide us, as Higonnet suggests, with ‘an alternate history of World War I traumas’.⁵⁷ The psychoanalyst Sandor Ferenczi in ‘Trauma and Splitting of the Personality’ (1932) – written three years after Borden’s *The Forbidden Zone* (1929) and a year before Vera Brittain’s *Testament of Youth* (1933) was published – notes with reference to one of his patients: ‘The unbearable nature of a situation leads to a sleeplike state of mind, in which all that is possible can be altered as in dreams’.⁵⁸ This is not to establish any direct link between Ferenczi and the nurses’ accounts but to suggest how theories and narratives of trauma resonate with each other at a particular historical juncture. The splintering of the self that Ferenczi writes about is echoed in the nurses’ memoirs through fantasies of bodily transformation: Vera Brittain thinks that she is growing ‘a beard, like a witch’, and ‘my hand began, at regular intervals, to steal towards my face’.⁵⁹ For both Borden and Brittain, the act of writing becomes a way of ordering experiences. The very titles of these works – *The Forbidden Zone* and *The Testament of Youth* – echo the act of reclaiming their previous selves which, having hovered too long in No Man’s Land, have become ‘No Women’.

‘GERMAN SAUSAGE’: TRAUMA AND GUILT

The word ‘trauma’, long in use in medicine and surgery, comes from Greek, meaning ‘wound’. The notion of trauma has a primary somatic association but acquired a more psychological meaning when it was employed by J. M. Charcot, Pierre Janet, Alfred Binet, Josef Breuer and Sigmund Freud to describe the wounding of the mind due to sudden and unexpected emotional shock.⁶⁰ In an article in *The Lancet* (18 March

57 Higonnet, ‘Authenticity and Art’, 92.

58 Sandor Ferenczi, ‘Trauma and Splitting of the Personality’, in *The Clinical Diary of Sandor Ferenczi*, ed. Judith Dupont and trans. Michael Balint and Nicola Jackson (Cambridge, Mass.: Harvard University Press, 1988), 202.

59 *Testament*, 484.

60 See Ruth Leys, *Trauma: A Genealogy* (Chicago: University of Chicago Press, 2000); also see Shoshana Felman and Dori Laub, *Testimonies: Crises of Witnessing in Literature, Psychoanalysis, and History* (London: Routledge, 1992); Caruth, *Unclaimed Experience*; Caruth (ed.), *Trauma: Explorations in Memory* (Baltimore: Johns Hopkins University Press, 1994); Geoffrey Hartman, ‘On Traumatic Knowledge and Literary Studies’, *New Literary History*, 26, 3 (Summer, 1995).

1916) on 'Neurasthenia and Shell Shock', the writer, referring to its epidemic among soldiers, sadly notes: 'In medicine there is a neutral zone, a no-man's land, a regnum protisticum, which really defies definition. This nebulous zone shelters many among the sad examples of nervous trouble sent home from the front.'⁶¹ The causes of such a state, a previous article reasoned, was not just the result of high explosives or participation in an offensive, but being a witness – often a passive witness – to 'the horrors of the battlefield', to 'the sight of blood, of suffering, and of death'.⁶² The nurses, it is important to remember, were by no means exempt from such sights. War trauma or shell-shock can result from witnessing rather than direct participation; another article in *The Lancet* argues that it can affect civilians, even cows.⁶³ And yet, from both accounts, the figure of the nurse is strangely left out: neither a soldier nor a civilian, she is not granted a place even in this medical 'no man's land'. Entrusted with the repair of minds and bodies the war has ravaged, she is thought to be immune to war trauma. If the nurse falls prey to trauma herself while sifting through her cargo of mutilated flesh, hers is a shame that dare not speak its name.

Freud, in 'Beyond the Pleasure Principle' (1920), while discussing 'traumatic neurosis', attributes it to the 'condition' which occurs 'after severe mechanical concussions, railway disasters and other accidents involving a risk to life': 'The terrible war which has just ended gave rise to a great number of illnesses of this kind'. He continues, 'We describe as "traumatic" any excitations from outside which are powerful enough to break through the protective shield'. The traumatised subject is doomed to 'repeat the repressed material as a contemporary experience instead of, as the physician would prefer to see, remembering it as something belonging to the past'.⁶⁴ To Sandor Ferenczi, 'repetition compulsion in the traumatized is a renewed attempt at a *better resolution*'.⁶⁵ Much of the recent theorisation of trauma centres upon this compulsion to repeat, but adds to Freud's thesis the problems of cognition, memory, knowledge and

536–63; Dominick LaCapra, *Writing History, Writing Trauma* (Baltimore: Johns Hopkins University Press, 2000); Mary Jacobus, *Psychoanalysis and the Scene of Reading* (Oxford: Oxford University Press, 1999), 124–62.

61 'Neurasthenia and Shell Shock', *The Lancet*, (18 March 1916), 627. Also see Frederick Walker Mott, *War Neuroses and Shell Shock* (London: Oxford, 1919) and Rivers, *Instinct and the Unconscious*.

62 *The Lancet* (4 September 1915), 553.

63 'War Shock in the Civilian', *The Lancet* (4 March 1916), 522; 'Shell Shock in Cows', *The Lancet* (2 February 1918), 187–8.

64 Freud, 'Beyond the Pleasure Principle', *SE*, xviii, 12, 29, 18.

65 Ferenczi, 'What is "Trauma"?', in *Clinical Diary*, 182.

representation. While Dr Dori Laub goes as far as to say that ‘massive trauma precludes its registration’ creating a ‘black hole’ in the consciousness, Cathy Caruth holds that the flashback or re-enactment conveys both ‘*the truth of an event* and *the truth of its incomprehensibility*’.⁶⁶ Traumatic knowledge thus refuses to be assimilated into consciousness or ordinary memory, resisting understanding, figuration or transmission. Can these theories be extended to understand the experience of the nurses as witnesses to horror, or, to put the question differently, what does the experience of these nurses mean for the theorisation about the relationship between trauma and witnessing?

Consider the following two scenes. The first is from the memoir of Maria Luisa Perduca, who was awarded the Silver Medal of Merit of the Red Cross for her nursing service in the war zone and the second from the diary of Katherine Hodges North who served primarily as an ambulance driver:

He placed the tool between the torn limbs and began to saw.

A long crack, a blunt blow, it was over.

That instant penetrated us, our brains, our nerves, our flesh, our spirits, and did not abandon us for many days.

The leg fell by sheer force into the basin placed below, like an object that was dead, finished.

...

The stump resembled the trunk of a tree that had been sawn, within which we could see the nerves and the white circle of the marrow.⁶⁷

I had never fainted in my life, but I came nearest to it one morning in the dressing room. I was working with B. on a patient and at the other end of the room a man who had a dreadful head wound was being dressed. The top of his head was split open and his brain was bulging out, suddenly he began to scream, a scream that I soon began to know only too well. I hope I may never have to hear it again. His voice went up into a high thin piercing shrill note, it was inhuman, it was frightful. One realized that it was the sound produced from a human being in a state of agony, which eliminated reason. It was so appallingly dreadful that for a minute or two the room was black and swaying in front of me.⁶⁸

In the first case, the description of the moment having ‘penetrated’ the witnessing subject is akin to Freud’s notion of traumatic knowledge

66 Dori Laub, ‘Bearing Witness or the Vicissitudes of Listening’, in *Testimony*, 57, 64; Caruth (ed.), *Trauma*, 153–4.

67 Maria Luisa Perduca, ‘An Amputation’, trans. Sylvia Notini from *Un anno d’ospedale: giugno 1915–novembre 1916* (Milan: Fratelli Treves, 1917, 54–57) in Higonnet (ed.), *Lines of Fire*, 218.

68 Katherine Hodges North, ‘Diary: A Driver at the Front’, IWM, 92/22/1, 85.

breaking through the 'protective shield' and falling directly on the psyche, and hints at repetitive re-enactments ('did not abandon us for many days'). In the second case, the sudden 'blackness' with the 'swaying' suggests a momentary psychic 'disintegration' during an 'unbearable' encounter that, as Ferenczi noted, helps 'in a diminution of the pain'.⁶⁹ The first case involves sight, the second sound; but both seem to touch the body. What is common to both accounts is the remarkably acute corporeal memory: instead of a 'black hole' or a gap in consciousness that is usually associated with the experience of trauma, there is vivid power of recall. The recollection of these moments, set in linear narratives, does not fit either into the angry, fragmented textuality of Borden's *Not So Quiet* or the soothing anaesthetic of Rathbone's *We That Were Young*, the two modes of traumatic retelling that Marcus has uncovered in these respective texts. On the other hand, Higonnet has drawn our attention to the complex relation between an obstructed, specific consciousness of violence and a more philosophic knowledge in the experience and representation of such harrowing moments.⁷⁰ A fragmented, elliptical style, as exemplified by *Not So Quiet* or *The Forbidden Zone*, has become the favoured aesthetic form for such narratives. What interests me, in the context of the nurses, is not what is forgotten but what is *remembered*: the ways in which the astonishingly detailed description of wounds can help us to understand – or can even be interpreted as a function of – a particular relation between trauma and witnessing, and may point us to a different form of memory and narrative.

In his discussion of traumatic neurosis, Freud repeatedly stresses the 'factor of surprise, of fright' – he attributed the causation 'not to the effects of mechanical violence but to fright and the threat to life'.⁷¹ He makes a careful semantic difference: "Anxiety" ["Angst"] describes a particular state of expecting the danger or preparing for it, even though it may be an unknown one. "Fear" ["Furcht"] requires a definite object of which to be afraid. "Fright" ["Schreck"], however, is the name we give to the state a person gets into when he has run into danger without being prepared for it; it emphasizes the factor of surprise.⁷² *Schreck*, to Freud, is usually central to traumatic neurosis. The recent work on trauma has

69 Ferenczi, 'What is "Trauma"?', 181, 182.

70 Marcus, 'Afterword. The Nurse's Text: Acting Out an Anaesthetic Aesthetic' in Rathbone, *WTWY*, 477; Higonnet, 'Authenticity and Art', 101. According to Higonnet, 'The two kinds of consciousness cannot be separated but there is a movement from one to the other in the most creative and powerful of these World War I narratives'. (101).

71 Freud, 'Beyond the Pleasure Principle', *SE*, xviii, 12, 31.

72 *SE*, xviii, 12.

focused on its relation to testimony in the context of the Holocaust survivors who were kept in unbearable suspense about their fate. The case of the nurses was different, both from the First World War soldiers and the Holocaust survivors. Though some women ambulance drivers and nurses were exposed to shelling, or infections from the soldiers, and worked amidst horrific conditions, their lives were not usually actively endangered. Does the lack of surprise and the absence of direct threat to one's life modify the psychodynamic structure of traumatic witnessing and account for the detailed body memories of the nurses, set forth with such painful accuracy and articulacy, rather than a blank, a gap, a void? The ordeal of the nurses was usually one of witnessing and helplessness rather than of survival or of any direct 'threat to life'. While the narratives of the soldiers and the survivors are marked by an active 'fright' or *Schreck* – the memoirs of the nurses are marked more by 'anxiety' or 'Angst'. The nurses usually did not suffer from symptoms such as amnesia, mutism or partial paralysis that were widespread among the soldiers but they were also severely traumatised: the 'anxiety', as we have noted in the passages from Brittain, Borden or North, fails to 'protect' the witnessing subject from psychic wounding.⁷³ After describing some horribly 'smashed up' men she had driven to the hospital, North writes, 'It's difficult to realize how all this is affecting one's point of view. At present I am quite incoherent in my mind. I suppose it will adjust itself in time.'⁷⁴ Mrs M. A. A. Thomas mentions the case of 'Miss J' who, after having served the war-wounded in Mesopotamia, had 'taken to the bottle to blot out the memory of her horrible experiences'.⁷⁵

I shall conclude the present chapter by examining an episode from Irene Rathbone's *We That Were Young* (1932) and observing how densely knotted are traumatic witnessing, service and gender in the experience of First World War nursing. Irene Rathbone's *We That Were Young* is a relatively happy text. Joan, the nurse-heroine, is the darling of the ward: she brings a sunny temperament and good cheer. Rathbone's novel is a traditional third-person narrative, beginning with a spring day at Hampstead in 1915 and moving beyond the war and post-war disillusionment to the dream of

73 Freud notes, 'In the case of quite a number of traumas, the difference between systems that are unprepared and systems that are well prepared through being hypercatheted may be a decisive factor in determining the outcome' (*SE*, xviii, 31–2).

74 Katherine Hodges North, 'Diary', 24. Mary Jacobus notes how trauma narratives are bound to be belated 'both in telling and its meaning retrospective' (*Psychoanalysis and the Scene of Reading*, 134).

75 Mrs M. A. A. Thomas, *IWM*, 85/39/1.

a League of Nations. In her insightful analysis of the novel, Jane Marcus argues that the nurse in Rathbone's novel is a 'figurative painkiller', 'injecting the reader with a narrative aesthetic meant to function as a soothing anodyne to the reader's memories . . . Rathbone's writing is an exact mimesis of nursing'.⁷⁶ In spite of the attempt to repress the horrors, Rathbone's novel is nonetheless haunted by sensory memories of gruesome wounds. Every night during her first week in the hospital, Joan dreams about wounds, 'saw them floating before her eyes, almost had the stench of them in her nostrils'.⁷⁷ During the day, she would fortify herself with a 'safety-curtain' as she went about her duty; at night, 'the safety-curtain no longer functioning the horror rushed in on her in the shape of dreams'.⁷⁸ Joan is traumatised; her nightmares resemble those of the soldiers she nurses but after a week, the dreams cease. Meanwhile, the list of horror continues: with the Somme offensive in July, hideously wounded soldiers pour in. While Joan presents 'the face of gay endurance', the text cannot forget the sight, smell or touch of wounds. The accounts of the injuries are detailed and vivid. There is the description of McIvor, 'the jaw case' who, underneath his dressings, reveals 'flat holes plugged with gauze where a nose had been' and the wounds give off 'an acrid, putrefying' stench. McNeil writhes and screams as Joan sorts out loose bits of bone from his gangrenous limb; she peels the lint, piece by piece, off the body of Little O'Leary, aged nineteen, who has been burnt by liquid fire. And she continues, 'And the next, and the next, and the next. From bed to bed all morning. Lifting and holding mangled limbs.'⁷⁹ But Joan does not suffer from nightmares any more: she has triumphed. The safety-curtain has now been drawn even over the penumbra of dreams.

But there is a sudden tear. One evening, Joan is called upon to tend to a ruptured artery that seems fatal: 'She compressed with her two thumbs. . . . *Could* she hold on? Must. Mustn't relax pressure for an instant. Life and death. What did her silly wrist matter? That white face . . .'.⁸⁰ The patient is saved but Joan develops a septic infection in her finger and runs a high temperature. The nightmares crowd back, but this time in a more personal guise:

76 Jane Marcus, 'Afterword. The Nurse's Text: Acting Out an Anaesthetic Aesthetic', in Rathbone, *WTWY*, 476 (467–98).

77 Rathbone, *WTWY*, 195.

78 Rathbone, *WTWY*, 195.

79 Rathbone, *WTWY*, 200, 201, 202.

80 Rathbone, *WTWY*, 235–6.

Her head was becoming worse, and her arm, now swollen to the dimensions of a nightmare German sausage, was causing her a lot of pain. She looked at it with stupid eyes as it lay crimson and tight-skinned on the counterpane. She didn't recognize it. She thought at moments that it must be her leg, which had somehow got outside the bedclothes.

...

In a detached way she wondered whether she would mind dying, and found that she wouldn't very much. Half of the youth of the world was dead already; she would be in good company.⁸¹

This is an intrusion of a traumatic moment into Rathbone's narrative, retelling a moment of physical and psychic wounding. The 'protective barrier' has been perforated as abruptly as the skin of Joan's finger, and with it, the 'anaesthetised' texture of Rathbone's narrative. If psychic disintegration is one of the characteristics of trauma, Joan, in her delirium, has fantasies of bodily fragmentation. As the gramophone from the officer's ward blares out the strains of the popular song of 1916, 'Broken Doll' which gets woven into her dreams, she herself becomes, as it were, the 'ghastly broken doll – half-waxen, half-human' whose arms and legs can be twisted, repaired and interchanged. The nurse as the 'broken doll' becomes an inversion of the image of the nurse in her Pietà-like posture in the popular recruiting poster, cradling her toy-like soldier. What essentially is a reversal of roles, facilitating a process of identification – the nurse in pain, like her patient – is intruded upon by a grotesque image: 'her arm, now swollen to the dimensions of a nightmare German sausage'. Where does this image come from, and what does it mean? Is it a metaphor employed by the narrator or is it spawned out of the fevered consciousness of Joan – or indeed, is it a moment of traumatic recollection that momentarily collapses the boundaries between autobiography and fiction?

Ferenczi, in 'Trauma and Splitting of the Personality' (1932) – written in the same year as Rathbone's text – argues that 'after a shock the emotions become severed from representations and thought processes and hidden away deep in the unconscious, indeed in the corporeal unconscious'.⁸² In Joan's delirium, feelings of guilt and shame are dredged up from the 'corporeal unconscious' and grafted onto this all too solid flesh: the heavy, swollen, infected hand. In Joan's fevered consciousness, her fingers become enemy cartridges, digging holes into the soldier's

81 Rathbone, *WTWY*, 238–9.

82 Ferenczi, *Clinical Diary*, 203.

body, adding insult and pain, as in Borden, to injury. The bizarre image shows a tortured relation between the tropes of guilt, service and gender that has otherwise been repressed in the narrative. Abjection – the infected and swollen finger emitting pus – is presented through a food metaphor, the sausage hinting at cannibalism. Gender and political connotations are sharp with reproach. While the guilt, as Marcus has argued, is partly an internalisation 'of the guilt male writers also projected upon the disturbing figure of the nurse', repressing it into the hallucinatory image,⁸³ there is also the repression of a more immediate experience within the textual unconscious. The 'nightmare' happens after the sudden and painful dressing of Sergeant King. This brings in its wake not only the previous horrors for Joan but the pain she had inadvertently inflicted on the patients while dressing wounds. One of her patients, McNeil, had to shut his eyes and clutch Joan's arm as a little bodkin-shaped instrument started 'probing' into his lacerated muscles: 'to *feel* it [was] almost unendurable'.⁸⁴ In Joan's nightmare, acts such as probing, plunging, digging into men's bodies, that one comes across in nurses' memoirs, are not just phallic clichés ('sausage') or a shameful reversal of gender roles: the act is figured as unambiguously hostile, even predatory ('German').

Freud, while discussing the 'compulsion to repeat' even in 'normal' people, recounts two tragic narratives: a woman who nurses her three husbands but each of them dies, and the tragic story of Tancred who, twice by mistake, wounds and kills his beloved.⁸⁵ Freud's two examples, while explicating the temporal structure of trauma, also raise fascinating questions about the relationship between intention and inadvertency, witnessing and agency, the wound and the voice. What is common to both stories is an irrational and yet almost inevitable sense of guilt: with the woman, it is her misfortune; with Tancred, misfortune is further compounded with the problem of knowledge on one hand, and active agency on the other. In Rathbone's narrative, Joan does exactly the opposite: a nurse, she saves the life of the patient but her nightmare is infected with the anxious qualms of Freud's hapless woman as well as the remorse of Tancred at his unwitting act of aggression. Is a sense of guilt endemic to witnesses (and ineffectual participants) to trauma,

83 Marcus, 'Afterword', in Rathbone, *WTWY*, 492.

84 Rathbone, *WTWY*, 197.

85 Freud, 'Beyond the Pleasure Principle', *SE*, xviii, 22. The story of Tancred has become a site of critical controversy in trauma theory, especially between Caruth and Leys. See Caruth, *Unclaimed Experience*, 1–9; Leys, *Trauma*, 266–97.

and can such guilt be attributed to issues of empathy, survival and responsibility?

As Joan recovers, she realizes that ‘there would always be a scar . . . Horrid it would look.’⁸⁶ The livid scar forms the basis of her war-ravaged identity. In its exacerbated sense of guilt, the image of the swollen hand as ‘German sausage’ strikes a discordant note in Rathbone’s text and indeed, in the oeuvre of First World War nursing memoirs. The fetishisation of nurses as healers, as angels of mercy and compassion – a tool of state propaganda – was internalised by many nurses including women such as Rebecca West and Irene Rathbone. This feeling was compounded by a sense of satisfaction after a successful operation or after having saved a life. But there were also feelings of guilt and shame resulting from the involvement, voluntary or involuntary, in the nationalist and patriarchal war machine through the institution of nursing. La Motte and Borden openly attack the very ideology of V.A.D. nursing – the men are repaired and remade only to be sent back to the trenches: ‘we send our men to the war again and again, just as long as they will stand it; just until they are dead’.⁸⁷ La Motte, Bagnold and Borden debunk the fetishisation of women as healers and expose the complicity of V.A.D. nursing in the carnage. Elizabeth Haldene, a V.A.D. nurse, writes, ‘that she who binds up the wounds that war has made has also helped that war to be carried on’.⁸⁸ Death becomes a saviour to this endless recycling, an end to pain: in Borden, the nurses become ‘conspirators’ against the right to die, pointing one towards La Motte’s ‘A Surgical Triumph’ where a blinded and mutilated boy keeps jerking his four stumps and begs: ‘Kill me, Papa’.⁸⁹ Bagnold writes, ‘When one shoots at a man it makes a hole, and the doctor must make seven others’.⁹⁰ In Borden, hospitals become the ‘second battlefield’ so that towards the end of ‘Conspiracy’, the sound of cannon and the sound of ambulances are fused.

In Virginia Woolf’s *The Years* (1937), Peggy and Eleanor pass the statue of the martyred war heroine, Nurse Edith Cavell, shot by the Germans. Eleanor thinks that the only sensible words uttered in the Great War were Edith Cavell’s ‘Patriotism is not enough’. To the tragedy of the execution, the government added the insult of propagandist commemoration. ‘For King and Country’ reads the banner at the top, overriding the opposite and original sentiment which is banished to the base of the statue in very

86 Rathbone, *WTWY*, 240.

87 Borden, *FZ*, 117.

88 Elizabeth Haldane, *The British Nurse in Peace and War* (London: John Murray, 1923), 3.

89 La Motte, *Backwash*, 155.

90 Bagnold, *Diary*, 90.

small letters.⁹¹ The statue persists, speaking to future generations in this double voice. Similarly, the memoirs of the nurses speak to us in a double voice: the exhilaration of service – of taking part in a man's world and actively moulding the course of history through the remaking of the soldiers – often has as its underside the trauma of the helpless witness. If moments of actual physical contact help the nurses to stake their legitimate claim on history and establish a common ground with the soldiers, the recollection of the traumatic moments also serves as faultlines within the text, marking points of ideological rupture. While the appeal to Christian iconography – one of the most popular posters during the war years was that of the nurse depicted as the Madonna with her Christ-soldier – was a propagandist tool, many women internalised the notion of the nurse as the healer, investing the profession with a certain 'devotional glamour'. In the process, the hands of these devotees, having known the wounds too intimately, could also be marked with stigmata.

91 William Kent's *Encyclopedia of London* reports that 'Patriotism is not Enough' was added to the statue by the Labour Government in 1924 (524).