

"Body-Snatching By Great Ladies"<sup>1</sup>  
British Auxiliary Hospitals in the First World War: 1914-1918

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In August 1914, Germany, a country eager to encroach upon Great Britain's security, invaded neutral Belgium. When Great Britain subsequently declared war on Germany on 4 August 1914, the incentive for men to enlist varied, but ultimately, the majority went to war for "patriotic enthusiasm," fearing that "the war would be over" before they arrived on the battlefield.<sup>2</sup> Men from all class denominations of British Society raced to enlist to safeguard their country from an approaching threat. The majority of the men who enlisted in the armed forces were from the middle or lower classes. Just the same, titled landowners, their sons, and other members of the aristocracy also took up arms in the fight. While men, who were born into aristocratic families or were members of British high society were recorded to have

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<sup>1</sup> David Lindsay Crawford and John Russell. Vincent, *The Crawford Papers: The Journals of David Lindsay, Twenty-Seventh Earl of Crawford and Tenth Earl of Balcarres, 1871-1940, During The Years 1892 to 1940* (Manchester: Manchester U.P., 1984) 309. See also, Journal entry 3 February 1915. 349.

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<sup>2</sup> Pamela Horn, *Ladies of the Manor: How Wives & Daughters Really Lived In Country House Society Over A Century Ago*, (Gloucestershire: Amberley Publishing, 2014) 208.

acknowledged similar patriotic motivations for going to war, such as nationalistic responsibility, it was also argued that the war

“Gave them the supreme opportunity to prove themselves and to justify their existence. By warrior class. They rode horses, hunted foxes, fired shot-guns. They knew how to lead, how to command, and how to look after the men in their charge.”<sup>3</sup>

Throughout the two decades prior to the Great War, aristocratic life and luxury was in steady decline in the British dominions, as economic historian David Cannadine argues. A war on landowners by the lower classes and a new democratization threatened to end the prestige of families grounded in the aristocracy. As Cannadine noted, “in many parts of the country, tenants turned against their landlords, frequently refused to pay their rents, and stridently demanded an end to the system of great estates.”<sup>4</sup> The question of who was right to command and lead various institutions in British Society would be put to the test throughout the course of the First World War.

In the first days of the war, institutions such as aid organizations, philanthropies, private donors and newspaper corporations on the homefront were invigorated by the call to action as much as the men who were travelling to confront and combat the enemy on the front lines. Voluntarism among the various classes, including members of the aristocracy, surged exponentially. Among the numerous concerns of the war and its effects on British Society, the care of soldiers was paramount. The British Empire was not a stranger to conflict and war. However, despite being historically experienced in waging and fighting wars, Great

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<sup>3</sup> David Cannadine, *The Decline and Fall of the British Aristocracy* (New York: Vintage Books, 1999), 73-74.

<sup>4</sup> *Ibid.*, 36.

Britain discovered, overwhelmingly, that the country possessed an insufficient number of hospitals needed to care for its soldiers returning from the front lines. An emergency of this caliber prompted aid associations, such as the British Red Cross Society and the Order of St. John of Jerusalem in England to "appeal for funds" to assist the men in arms and establish auxiliary hospitals.<sup>5</sup> Auxiliary hospitals, although temporary and only operated during the war, proved vital to the war effort as countless wounded men returned from the front lines still coated in mud from the fields of France. In a joining effort, "the landed elite were not content with offering only their sons to the war effort. They proffered their homes as well. Numerous mansions were converted into hospitals and convalescent homes to cater for military casualties or to act as temporary lodgings for the Belgian refugees who streamed out of their stricken country in 1914."<sup>6</sup> While Cannadine argues the aristocracy volunteered their grand homes as auxiliary hospitals with the expectation of revitalizing their prestige in high society, he does not address the urgency of war and voluntary caregiving as a motivating factor for titled elites. The predominant motivation for the voluntary donation of grand homes by members of the aristocracy during the First World War was first and foremost the emergency of war. The dedication and experience of those of a particular background and training allowed them to provide leadership and coordination with organizations, such as The British Red Cross Society, The Order of St. John of Jerusalem in England, and the Voluntary Aid Detachments, to establishment many subsequent auxiliary hospitals.

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<sup>5</sup> *Reports by Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919, with Appendices.* London: HMSO, 1921. B1.

<sup>6</sup> Pamela Horn, *Ladies of the Manor: How Wives & Daughters Really Lived in Country House Society Over a Century Ago*, (Gloucestershire: Amberley Publishing, 2014) 209.

The fervor of estate owners to donate their homes and properties began “as early as 21 August 1914” and “by the end of the year accommodation had been found for about 100,000” wounded soldiers.<sup>7</sup> According to *The Reports by Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War*, “from first to last over 5,000 buildings were offered. A roll of the Auxiliary Home Hospitals established in England, Wales and Ireland, approved by the Admiralty and War Office respectively.”<sup>8</sup> The responsibilities of the British Red Cross Society “in time of peace” was to “ascertain what buildings were suitable for the purposes of temporary hospitals, what equipment could be rapidly got together, and how the improvised hospitals could be staffed with the aid of the Detachments.”<sup>9</sup> Not only were country estates donated and converted into auxiliary hospitals, but so were private homes, cottages, schools, and town halls all over Great Britain.<sup>10</sup>

In the establishment of numerous hospitals, “a great deal was the result of local effort, either inspired or directed by the County Directors of the British Red Cross Society, the Order of St. John, or the Territorial Force Association.”<sup>11</sup> In the more vigorous generations of the aristocracy, many of the daughters of noble families became nurses, members of the

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<sup>7</sup> Ibid., 209.

<sup>8</sup> *Reports by Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919, with Appendices*. London: HMSO, 1921. 211.

<sup>9</sup> Ibid., 211.

<sup>10</sup> Ibid., 211.

<sup>11</sup> Ibid., 212

Voluntary Aid Detachments (V.A.Ds), or Commandants for Red Cross auxiliary hospitals and private hospitals during the war.<sup>12</sup> According to *The Reports of the Joint War Committee*, "in all communities the general desire to be doing something for the sick and wounded was so great that the difficulty was not so much to induce people to help as to direct and control their energies."<sup>13</sup> This required volunteers to act as solicitors and venture from home to home in every city and country village to entice people to contribute whatever they had to offer to aid the war effort. Contributions to the war effort took various forms as many women knitted socks and other articles of clothing for the soldiers. Other contributions were noted for auxiliary hospitals, which needed to be equipped with necessary appliances such as cooking and cleaning supplies. Whatever was offered was almost always accepted by the various aid organizations since the auxiliary hospitals needed to be equipped quickly and efficiently considering the rapid pace at which wounded men were returning from the front lines. As one British nurse recounted her experience during the war, preparing a large house or grand home was "rather a big job... the commandant who ran it was a marvelous organizer."<sup>14</sup> Commandants, as head of their respective auxiliary hospitals, were entrusted with meticulous responsibilities that included, "[issuing] the necessary local order for carrying out Hospital duties and for maintenance and discipline... be responsible for all monies belonging to the

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<sup>12</sup> David Cannadine, *The Decline and Fall of the British Aristocracy* (New York: Vintage Books, 1999), 73.

<sup>13</sup> *Reports by Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919, with Appendices*. London: HMSO, 1921. 212.

<sup>14</sup> Edith Cecily Evans. Interview. 508, *Sound Collections*. Imperial War Museum. 14 October 1974 Reel 1.

Hospital and see that all books, returns, records, and documents are properly kept.”<sup>15</sup> It was not uncommon for the estate owners to be self-appointed to the position of commandant. Exceptional commandants took steps to orchestrate and delegate the effectiveness of the staff in the care of the wounded.

Such was the case for the Duchess of Bedford when areas of her estate at Woburn Abbey were converted to accommodate wounded soldiers. As commandant and a trained nurse, the Duchess,

“Took an active part in the venture, often putting in sixteen hours a day on duty. During the time that it was open she never left the hospital for a single night and in the final three years she was responsible not only for all the operating theatre sister’s work but the whole of the official correspondence, book-keeping and returns associated with its running.”<sup>16</sup>

Mary Russell was born on 26 September 1865 in Stockbridge, Hampshire. Mary was the second daughter of Reverend Walter Tribe, the “Archdeacon of Lahore in India.”<sup>17</sup> Once married to Lord Herbrand Russell, ultimately the eleventh Duke of Bedford, it was noticeable that the Duchess did not share the common attitudes of other women within the titled elite, though she did respectfully tend to her duties in British society.<sup>18</sup> She was physically active

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<sup>15</sup> *Reports by Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919, with Appendices*. London: HMSO, 1921. 216.

<sup>16</sup> Pamela Horn, *Ladies of the Manor: How Wives & Daughters Really Lived in Country House Society Over a Century Ago* (Gloucestershire: Amberley Publishing, 2014), 209.

<sup>17</sup> Mary Du Caurroy Russell Bedford and John Robert Russell Bedford, *The Flying Duchess: The Diaries and Letters of Mary, Duchess of Bedford* (London: Macdonald & Co., 1968), 19.

<sup>18</sup> *Ibid.*, 23.

and craved the excitement of outdoors. According to Flora Green, a friend of the Russell family,

“When I came to Woburn in 1895, the shooting season had begun, and the Duchess was apparently absorbed in the sport, to the exclusion of all other interests and occupations. Had I known her better, I should have recognized what was always a marked trait of her character, the habit of throwing herself heart and soul into whatever she happened to be doing at the moment and devoting her whole self, for the time being, to that one particular thing.”<sup>19</sup>

In 1898, Mary designed, constructed, and presided over the Cottage Hospital at Woburn.<sup>20</sup> Her experience from her work as an administrator at Cottage Hospital helped prepare her for the chaos that would consume Great Britain seventeen years later in the summer of 1914 when they were thrust into war with Germany. In a letter written to her eldest sister, Zoe, on 11 August 1914, Mary confides that “I have had 150 applications to join my corps in 24 hours, and I am told may expect double the number in the next 24 hours. I am fitting my hospital for 24 beds and my idea is, if it is used, to draft recovering cases to be nursed by the trained amateurs.”<sup>21</sup> While she received applications for nurses to work at Cottage Hospital from all over, she explained several “qualifications” that must be met and preferred nurses with “many years experience” in the field as opposed to Voluntary Aid Detachment nurses.<sup>22</sup> While Mary’s hospital was prepared to take on wounded soldiers, she was concerned about whether the War Office would follow through with its arrangement to acknowledge her

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<sup>19</sup> Flora Green recollections of her impression of Mary Russell, Duchess of Bedford, 1895. *The Flying Duchess: The Diaries and Letters of Mary, Duchess of Bedford*. 24.

<sup>20</sup> Mary Du Caurroy Russell Bedford and John Robert Russell Bedford, *The Flying Duchess: The Diaries and Letters of Mary, Duchess of Bedford*, 1968. 56.

<sup>21</sup> Ibid. Letter from Mary Russell to sister Zoe. 11 August 1914. 56.

<sup>22</sup> Ibid. Letter from Mary Russell to sister Zoe. 11 August 1914. 56.

hospital. In the same letter to her sister Zoe, Mary made the poignant statement that “if they don’t send me patients, I shall ask for Germans!”<sup>23</sup>

The Duchess ultimately took on the task of organizing and managing the Woburn Abbey Base Hospital, an auxiliary hospital that was converted from the estate’s indoor tennis court and riding school. This hospital, though separate from the Cottage Hospital, was situated on the grounds of the Woburn Abbey Estate. In a letter that detailed the Duchess’s eagerness to receive soldiers at her hospitals, the Duchess wrote,

“My little hospital is ready with 24 beds, and I have been accepted by the War Office and properly registered, but whether they send me patients or not is another matter...I am inclined to think that for the women who have some ‘go’ in them and would gladly go to the Front to be shot at, it is hard work sitting still and being told they may send their money and knit socks.”<sup>24</sup>

The Duchess ultimately was faced with the misrepresentations society placed on women in the early twentieth century. As women were not allowed to serve as soldiers, their work revolved around participating in charity, acquiring donations for the Red Cross funds, and knitting for the soldiers in the trenches. Though she was a philanthropist, Mary was determined not to let her war work be consumed by societal misrepresentations.

Not only was the Duchess dedicated to her work as commandant, but also “her involvement reflected a lifelong interest in nursing, and she participated as both administrator and trained nurse, not just on the wards but also in surgery.”<sup>25</sup> Upon learning of the outbreak

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<sup>23</sup> Ibid. Letter from Mary Russell to sister Zoe. 11 August 1914. 57.

<sup>24</sup> Ibid. Letter from Mary Russell to Dr. Long. 19 August 1914. 57.

<sup>25</sup> Keir Davidson, *Woburn Abbey: The Park & Gardens* (London: Pimpernel Press, 2016), 191.



of war, Mary was quick to offer various holdings owned by the Russell family. In an article in *The British Journal of Nursing*, the Duchess explained that "as soon as war was proclaimed I wondered what help I could render."<sup>26</sup> She first offered a family ship, the *Sapphire II*, which was intended for military patrols along the nation's "northern coasts." Furthermore, her offer declared, the ship, "herself, and crew [were] at the disposal of the Admiralty."<sup>27</sup> However, the offer was declined.<sup>28</sup> Ultimately the reason the Admiralty decided to refuse the Duchess' offer lay upon the "ground that they could not allow a woman to take war risks."<sup>29</sup> Paradoxically, despite her efforts to offer the *Sapphire II*, "the yacht was later commandeered by the Admiralty and not returned till after the war. By then hospital work had claimed all the Duchess's time."<sup>30</sup> Nonetheless, the Duchess continued to pursue her drive in doing her part for her country.

Though she was not granted the approval to serve her country through her donation, the Duchess turned her attention to humanitarian aid in the "care of wounded soldiers."<sup>31</sup> The auxiliary hospital at Woburn Abbey was created in response to soldiers returning home from the front lines in vast quantities in ill repair. She believed that "the urgent need for care and comfort in base hospitals" required the hospitals "to be prepared for the sick and wounded"

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<sup>26</sup> *The British Journal of Nursing*. 27th February 1915. 171.

<sup>27</sup> Mary Du Caurroy Russell Bedford and John Robert Russell Bedford, *The Flying Duchess: The Diaries and Letters of Mary, Duchess of Bedford* (London: Macdonald & Co., 1968), 55.

<sup>28</sup> *Ibid.*, 171.

<sup>29</sup> *Ibid.*, 55.

<sup>30</sup> *Ibid.*, 55.

<sup>31</sup> *The British Journal of Nursing*. 27th February 1915., 171.

immediately and with the essential staff needed to carry out the war work.<sup>32</sup> Both the Cottage Hospital and Woburn Abbey Base Hospital ultimately commanded the majority of her time throughout the war. In a diary entry dated on the 26<sup>th</sup> December, 1917, Mary disclosed,

“As the Cottage Hospital used to get empty before the Abbey Hospital was ready for a convoy, we started taking in nerve suture, bone grafting, and other interesting cases from the Command Depot, with the result that we are operating there every second or third day. This keeps me here from 6:30 a.m. to 4 or 5 p.m., as I assist both my surgeons in any private cases...”<sup>33</sup>

During the outbreak of the Great War “there opened out stupendous sacrificial duties for the women” as countless dignitaries took similar actions to Mary’s.<sup>34</sup> There were, of course, controversies regarding the motivations of members of the aristocracy and other wealthy members of British society in conjunction with the opening of hospitals and other kinds of charity for the care of soldiers. Such was the case in the article “A Good Beginning” from *The British Journal of Nursing*, in which the editor, Mrs. Bedford Fenwick, questions the training of nurses and the right of wealthy aristocratic women to place themselves as heads of the hospital organizations and administrations.<sup>35</sup> Fenwick was not in favor of hospitals whose management was left to aristocratic women who were ignorant of the organization of properly run hospitals. “The supervision of the nursing of the sick in hospitals by untrained

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<sup>32</sup> *The British Journal of Nursing*. 27th February 1915. 172.

<sup>33</sup> Mary Du Caurroy Russell Bedford and John Robert Russell Bedford, *The Flying Duchess: The Diaries and Letters of Mary, Duchess of Bedford*. 62.

<sup>34</sup> *The British Journal of Nursing*. 27th February 1915., 171.

<sup>35</sup> *The British Journal of Nursing*. “A Good Beginning” January 16, 1915 No.1398 Vol. LIV. 51.

ladies, even with best intentions, is a fatal mistake;" Fenwick saw the creation of (auxiliary) hospitals as a "society fad" which must be eliminated promptly.<sup>36</sup>

Fenwick's controversial comments stimulated Mary to respond. In a letter to the editor, the Duchess expressed her concerns that the work she was doing in response to the war was being misrepresented. She began by citing the line "dangerous interference by the unskilled" from Fenwick's article. While the Duchess indeed did not possess the technical skills of nursing or have a nurse's education, she was, as she stated, skilled "so far as experience, observation, and I hope a certain amount of common sense."<sup>37</sup> Though careful in her use of language, the Duchess took offense at Fenwick's remarks and criticisms. She continued in her letter to express the efficiency of the two hospitals that she had designed, one of which, the Cottage Hospital, was in its eleventh year of operation. The second hospital, which she noted was a part of the Woburn Abbey estate, had received considerable recognition by the War Office.<sup>38</sup> The Duchess concluded her letter by respectfully inviting a representative from *The British Journal of Nursing* to inspect the Cottage Hospital and the Woburn Abbey Base Hospital for any inadequacies.

A representative of *The Journal* was later dispatched to survey the two hospitals at the Duchess' request. While being guided through the hospitals by the Duchess herself, *The Journal's* representative was impressed to discover both hospitals were indeed staffed with well-trained nurses and medical professionals. The patients, as the duchess explained, were

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<sup>36</sup> Ibid. 51.

<sup>37</sup> *The British Journal of Nursing*. "Letters to the Editor" February 6, 1915 Duchess of Bedford. 118.

<sup>38</sup> Ibid., 118.

sent directly from the front lines in France. The men disclosed that they were comfortable and the treatment by the nurses and the medical staff was satisfactory. In fact, the convalescing men remarked on the beauty of the estate grounds in which they were periodically allowed to walk.<sup>39</sup> In regards to organization and administration, the representative made known that “every convenience [was] provided to enable the nursing staff to perform their duties efficiently.”<sup>40</sup> All in all, the Woburn Military Hospital,

“Began to receive service patients on September 7<sup>th</sup>, 1914, and was closed as a Military Hospital on March 31<sup>st</sup>, 1920, a period of 5 years and 7 months. The accommodation was for 120 beds; 2,453 serving soldiers passed through... There were 45 convoys of wounded, who arrived at the mainline station eight miles distant. The Duchess met each convoy, and arranged for their transport by motor ambulance.”<sup>41</sup>

Ultimately, Mary’s drive to safeguard the validity and legitimacy of country estate hospitals provided more opportunities for women of the landed aristocracy to follow her example.

While a handful of women like the Duchess of Bedford hastened to open their own hospitals, a significant number of women sought to gain medical experience and training as nurses with the British Red Cross and the Order of St. John prior to establishing their own hospitals. Lady Diana Manners, born 29 August 1892, led a life of privilege and even

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<sup>39</sup> *The British Journal of Nursing*. “The Woburn Abbey Base Hospital” February 27, 1915 Duchess of Bedford. 172.

<sup>40</sup> *The British Journal of Nursing*. “The Woburn Abbey Base Hospital” February 27, 1915 Duchess of Bedford. 172.

<sup>41</sup> Mary Du Caurroy Russell Bedford and John Robert Russell Bedford, *The Flying Duchess: The Diaries and Letters of Mary, Duchess of Bedford* (London: Macdonald & Co., 1968) 59. Detailed among the Duchess’ private papers which were compiled on 7 June, 1920.

frivolity. Like many other members of her class, the alarms of war in Europe did not excite her or cause any rush to action during the summer of July 1914. When news broke of the assassinations of Archduke Franz Ferdinand and his wife in Sarajevo, Lady Diana, was in the countryside with friends. The news of the assassinations and the subsequent fate of Europe, "meant very little to our sleepy consciousness," as Lady Diana, recollected in her autobiography.<sup>42</sup>

In the latter days of July,

"War had of course been talked about by the so-called alarmists of the day, with stories of *Der Tag* and the wicked Kaiser, but this poor murdered couple seemed to us unlinked with our country or ourselves, and yet Sir Herbert that Sunday morning was plunged in apprehension and gloom and prophecies of war. We fell upon the hard daisied grass and slept the sleep of happy ignorance."<sup>43</sup>

When war was declared, Lady Diana shared several letters with her friends. One, Edward Horner, on 7 August 1914 conspired with Lady Diana in a heartfelt letter, to resolve Great Britain's turmoil with Germany, instead of accepting war as the only option.<sup>44</sup> Though she advanced an incredible or perhaps merely inexperienced plan for ending what would be a violent and costly war, she was among that small group who worked to end the crisis by means other than violence. Everywhere in England, young men and women were answering the call to arms. Men were called to the front lines to serve in France, while women of all classes applied to become nurses with the Red Cross. Upon hearing of many women of her station travelling to the front lines in France to perform the work of field nursing, Lady

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<sup>42</sup> Lady Diana Cooper, *Autobiography*. (The Chantry: M. Russell, 1979.) 113.

<sup>43</sup> *Ibid.*, 113.

<sup>44</sup> *Ibid.*, 117.

Diana, was eager to discuss the proposition with her family. Many were engulfed in the excitement as “women were taking Red Cross hospitals and dressing stations to France, and they were taking their daughters and their daughters [sic] friends” with them.<sup>45</sup>

As Lady Diana deliberated on the idea of serving as a field nurse on the front lines, she thought of her cousin Angie Manners and her friend Rosemary Leveson-Gower, the daughter of the Duchess of Sutherland, and their current experiences as they had already been deployed to France. Upon voicing her desire to join the others in France, she was criticized by her mother, the Duchess of Rutland, and by Lady Dudley.<sup>46</sup> Lady Dudley spoke of the dangers to young women like Lady Diana travelling to the front lines to tend to the troops and the violent consequences that might become of women at the hands of lonely soldiers so close to the heat of battle.<sup>47</sup> As a result, though she entertained the notion of joining those at the front, “regretfully I abandoned the front in favour of nursing at Guy’s Hospital” in London.<sup>48</sup> Despite her mother’s naïve notions of what tasks Lady Diana would be expected to carry out, such as comforting the patients, Lady Diana was intent on executing the duties of a nurse in the proper and official manner.<sup>49</sup>

It was at Guy’s Hospital that Lady Diana began her training as a Red Cross nurse. Without her mother’s watchful eye and titled protection, Lady Diana, who had grown up in a household full of servants, now tended to the patients of Guy’s Hospital in London. In a

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<sup>45</sup> Ibid., 117.

<sup>46</sup> Ibid., 118.

<sup>47</sup> Ibid., 118.

<sup>48</sup> Ibid., 118.

<sup>49</sup> Philip Ziegler, *Diana Cooper: The Biography of Lady Diana Cooper* (Anstey: Leicestershire: F. A. Thorpe Ltd., 1983) 93-94.

letter sent from France from a friend, Lady Diana's entrance into nurses training at Guy's was well received, with a bit of humor: "I'm thrilled to hear of your resolution; it will be simply bloody but I think it's well worth while and I'm sure you are right. Also, I'm sure you will be able to do it without an excessive amount of nausea. I approve it all the more heartily as I am now out of the country and have nothing to lose by your seclusion – 'internment' is the word, I believe."<sup>50</sup> As a young woman of noble birth, the notion of Lady Diana as a nurse provoked some of her societal companions to scorn her, but, all in all, they continued to encourage her to serve.

In the early stages of her training as a nurse at Guy's, Lady Diana, then Nurse Manners, performed tasks such as cleaning the wards and tending to specifically assigned patients.<sup>51</sup> The hospital was administered and organized by wards with a head-nurse appointed to maintain order and efficiency. Diana was assured early on by friends of her ability to take on the responsibilities of a nurse, such as tending to the horrible war wounds and side effects from surgery. However, the realities of hospital life in the beginning of her stay at Guy's did distress her.<sup>52</sup> The shock of hospital work and hospital culture took some getting use to, especially as Lady Diana attempted to bridge her life at Guy's Hospital with her life as a member of high society. Diana was sometimes "wanted in the Matron's office." As the nurse in charge of the hospital, the Matron sternly lectured Diana on the duties of a

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<sup>50</sup> Lady Diana Cooper, *Autobiography*. 119.

Note: author of letter is not specified. It is signed with the letter "P".

<sup>51</sup> *Ibid.*, 122.

<sup>52</sup> *Ibid.*, 123.

respectable nurse and the sanctity of the hospital that must be free of high society gossip.<sup>53</sup>

Ultimately, Diana had to address and reflect upon her behavior considering:

“Did I not realise what a sacred thing a hospital was? How vowed we should all be to discretion and respect? [Because] in our hands were the sick and dying...[and] the responsibility of their death was often with us” and as a respectable and competent nurse “outside its walls it should not be talked about and certainly not ridiculed.”<sup>54</sup>

In order for Diana to be acknowledged as someone worthy of the white apron and uniform, she was not allowed to display any sense of hierarchy or superiority. Within the walls of the hospital, she was a blank slate, and had to prove that she was strong enough to comfort her patients while remaining emotionally detached from their sufferings and illnesses. With hard work, she became efficient and effective. After demanding nine-hour shifts of tending to patients, “Diana became a hard-working, conscientious and thoroughly competent nurse.”<sup>55</sup>

In 1915, six months after being transferred to a medical ward, Lady Diana left Guy’s to open and run a British Red Cross hospital with her mother in France.<sup>56</sup> Unfortunately, though the location of the hospital at Château de Hardelot had been arranged for, financing the hospital through the British Red Cross could not be finalized. The Château instead was converted “into a School of Instruction for the 1<sup>st</sup> Army.”<sup>57</sup> Lady Diana and her mother, the Duchess of Rutland, were disappointed at this debacle. However, their war work did not come to an end. The family possessed several homes available to be converted into hospitals

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<sup>53</sup> Ibid., 126.

<sup>54</sup> Ibid., 126.

<sup>55</sup> Philip Ziegler, *Diana Cooper: the biography of Lady Diana Cooper*. 96.

<sup>56</sup> Lady Diana Cooper, *Autobiography*. 132-133.

<sup>57</sup> P. Champion, *The Honourable Women of the Great War* (n.d., c .1919), under ‘The Duchess of Rutland’. This book is not paginated.



and agreed to convert and organize their home at 16, Arlington Street in London into a convalescent hospital. Lady Diana poignantly recalled in her autobiography, "frustrated and disappointed, my mother spiritedly decided to turn Arlington Street into an officers' hospital. My father was passive. I was keen. We still had a good bit of capital, and the Red Cross, guilty and thankful to have triumphed, encouraged and contributed to the new scheme."<sup>58</sup> The officers that were cared for at Rutland Hospital were transferred directly from France. Due to the size of the hospital, "twenty beds were provided. Dr. Donald Hood and Sir Arbuthnot Lane were the chief physician and surgeon; while Lady Diana and Lady Elcho acted as nurses; Miss M. Whyte was the matron."<sup>59</sup>

In contrast to Lady Diana, in the summer of 1914 in the countryside of Great Britain. Lady Almina, the fifth Countess of Carnarvon, and daughter of the wealthy Alfred de Rothschild, understood that steps had to be taken in the early days of July 1914 in order to prepare for Great Britain's expected conflict with Germany. Though Lady Almina and her family were quite skilled in philanthropic service, she was eager to gain advice and aid from notable women of her caliber who dedicated their service to the care of soldiers. Her plan ultimately was to convert her home at Highclere Castle into a Military Hospital for wounded officers.<sup>60</sup> Despite not having any experience in financing, nursing, and administration, Lady

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<sup>58</sup> Lady Diana Cooper, *Autobiography*. 135.

<sup>59</sup> P. Champion, *The Honourable Women of the Great War* (n.d., c. 1919), under 'The Duchess of Rutland'. This book is not paginated.

<sup>60</sup> "Lady Fiona Carnarvon, "The Summer of 1914," in *Lady Almina and The Real Downton Abbey: The Lost Legacy of Highclere Castle* (New York, New York: Broadway Books, 2011). 122.

Almina was well connected through her societal and family ties and thus was able to rectify these issues.

First, the financial responsibilities for acquiring medical equipment, medical staff such as surgeons and trained nurses, provisions, and other supplies were very costly, particularly if the hospital was receiving donations from limited benefactors. In order to supply and finance Highclere Hospital, Lady Almina made a personal visit to Alfred de Rothschild. Though he had agreed to help finance private hospitals for several other aristocratic women at the start of the war, Lady Almina did not require much coaxing on her part due in part to his duty as her father.<sup>61</sup> Second, Lady Almina arranged and met with Field Marshal Earl Kitchener, who on 4 August 1914 would be announced the Secretary of the State of War, and was a keen reference in order to gain approval for Lady Almina's hospital for military aid.<sup>62</sup> Due to her father's friendship with Kitchener, her effort to gain approval for the hospital and its finances were successful. Finally, Lady Almina sought out the advice and experience of Sister Agnes Keyser, a prominent and respected socialite of London Society, who during the Boer War, dedicated her time and energy to nursing wounded soldiers and working as administrator to several private hospitals.<sup>63</sup> As the war with Germany was in its infancy, Lady Almina was adamant in gaining council and direction in orchestrating her vision for the Highclere Hospital.

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<sup>61</sup> Ibid., 124.

<sup>62</sup> Ibid., 123.

<sup>63</sup> Lady Fiona Carnarvon, "Call To Arms," in *Lady Almina and The Real Downton Abbey: The Lost Legacy of Highclere Castle* (New York, New York: Broadway Books, 2011) 130.

The first order of business with regards to Highclere Hospital lay in its administrative and functioning foundations. Though the Highclere Castle housed its own staff, which consisted of housemaids, footmen, gardeners, and a kitchen staff, the hospital staff, in contrast, was outsourced from several nursing organizations. In regard to health care workers who were experienced, Lady Almina hired an Irish nursing staff along with two medical doctors as directors of the hospital.<sup>64</sup> The staff was financed provided they had formal training and were not volunteer nurses. Amateur or volunteer nurses with limited medical training were deemed hazardous to administer the treatment desired for wounded soldiers. With Alfred Rothschild's financial backing and support, it was imperative that Highclere Hospital was comprised of a knowledgeable and well-trained staff to care for Great Britain's wounded. Lady Almina, as a statement to the cause, though she had no experience in administration in a hospital, used her experience in delegation, organization, and management of Highclere Castle to compensate and appointed herself matron of Highclere Hospital.<sup>65</sup>

Countess Carnarvon had a specific vision for what Highclere Hospital would offer wounded soldiers. Many military and auxiliary hospitals that opened in the early months of the war were opened on the basis that they would operate within the framework of efficient administration and effective procedures. Commonly, the wards in each hospital, much like the hospitals run by the Duchess of Bedford and Lady Diana Manners, respectively, designed collective wards, in which, men would convalesce together instead of being placed in their own individual rooms. This mode of hospital design favored the inclination to accommodate

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<sup>64</sup> Ibid., 137.

<sup>65</sup> Ibid., 137.

as many wounded as possible. Countess Carnarvon, however, deviated from the standard design. Her deviation was most likely due to the fact that she was not formally trained as a hospital administrator, a common quality of most grand ladies who decided to open private hospitals. The atmosphere of Highclere Hospital, as Countess Carnarvon declared, was to be a mansion of relaxation for the weary and wounded soldier. The entire first floor of Highclere Castle was converted to fit the needs of a proper hospital with the necessary equipment and an operating theatre. The hospital was able to accommodate twenty men at a time, each with his own individual room.<sup>66</sup> This was a drastic change to the conventional effort taken in wartime hospital care. Though Countess Carnarvon was self-appointed matron, she assigned Mary Weekes to the position of assistant administrator, as Mary's duties evolved to organizing doctors' visits and contacting patients' families.<sup>67</sup>

Moreover, the style of caregiving at Highclere Hospital was unorthodox in terms of focusing on healing the body. Countess Carnarvon designated Highclere Hospital to be a place of refuge where not only was the soldier's body treated, but so were their mental and spiritual trauma. The men who were taken to Highclere Hospital suffering from shrapnel wounds, as well as disease from infection and time in the trenches, also suffered from the trauma of persistent explosions, otherwise known as, "shell-shock."<sup>68</sup> With this type of therapy, Countess Carnarvon "understood that to treat the injured soldiers as individuals in need of space, time and comfort, as well as medical attention, was the key to success."<sup>69</sup>

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<sup>66</sup> Ibid., 138.

<sup>67</sup> Ibid., 138.

<sup>68</sup> Ibid., 140.

<sup>69</sup> Ibid., 138.

Countess Carnarvon spared no expense for the soldier's recovery, all the opulence that those in society who visited the castle before its hospital conversion enjoyed would be provided for the soldiers, particularly the privilege to walk through the gardens of the estate and to gain access to the castle's library.<sup>70</sup>

While the soldiers were privileged to enjoy the lavish accommodations of Countess Carnarvon's hospital, the main staff of the castle's duties were doubled due to the drastic increase in occupancy. Because the journey from the field hospitals in France back to Great Britain took weeks, many of the wounded succumbed to their injuries due to infection before reaching Great Britain. Those who did survive were still coated in dirt and soil from the battlefield in France. As self-taught nurse, Countess Carnarvon helped tend to those in her care and maintained pleasant relations with each patient, thus providing individual comforts of the wounded. One such accommodation Countess Carnarvon provided was that she wrote to each of her patient's families to update them on the recovery of the soldier. In good faith, she implored family members to come to Highclere Hospital to visit.<sup>71</sup> If they could not afford the journey, Countess Carnarvon paid for their travel expenses and allowed them to stay at Highclere Castle for the duration of their visit, most particularly if the patient was not expected to survive.<sup>72</sup> Countess Carnarvon received many thanks for her generosity from her patients as well as the patients' family members.

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<sup>70</sup> Ibid., 140.

<sup>71</sup> Lady Fiona Carnarvon, "Paradise Lost," in *Lady Almina and The Real Downton Abbey: The Lost Legacy of Highclere Castle* (New York, New York: Broadway Books, 2011) 144.

<sup>72</sup> Ibid., 148.

One downside to having lived a life of privilege was the lack of understanding of the worth of the British Pound. Since Countess Carnarvon had been wealthy since birth, and also did not possess the proper training as a hospital administrator and matron, she did not understand the need to conserve and spend the money designated for the hospital in a wise manner. While she was concerned with comfort for the patients and made sure the hospital was endowed with a home-like atmosphere, she consistently pressed Alfred de Rothschild for additional funds as the war continued.<sup>73</sup>

The process in which homes or buildings were offered to the war effort was at times taxing and time consuming, often involving a considerable amount of paperwork which was submitted to the aid organization backing the auxiliary hospital and ultimately approved by the War Office. The same may be said about the appointment of personnel such as doctors and other medical staff who offered their services in the early months of the war. In the “selection and appointment of candidates” for the Red Cross, “the method adopted for persons offering their services was as follows: each one was interviewed by the Head of the Department, and if considered suitable was asked to fill up an application card.”<sup>74</sup> Sir Frederick Treves, as a member of the Joint War Committee, created a system in which the applicants’ designated positions were determined based on their qualifications. The positions available to be applied for were medical officers, Dressers, Nurses, or Orderlies.<sup>75</sup>

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<sup>73</sup> Ibid., 145.

<sup>74</sup> *Reports by Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919, with Appendices*. London: HMSO, 1921. 74.

<sup>75</sup> Ibid., 75.

The system proved to be thoroughly effective as it helped determine applicants' qualifications, medical school education, and residency. Similarly, it also determined where their skills were deemed most effective. More specifically, following the completion of the applications and interviews, each file was "labeled under distinctive headings, as: - Home work only...Belgium preferred...With Indian Troops...Tropical Diseases..." and so on.<sup>76</sup> These labels determined whether medical personnel were best stationed in the field hospitals in Northern France or on the home front in Great Britain where they were assigned to military and auxiliary hospitals.

The task of finding doctors and other personnel with medical experience suitable to serve during the war was not burdensome, as countless medical professionals were quick to offer their services. However, certain requirements had to be met before assignments were given out. Though finding doctors to volunteer their services was not difficult, the qualifications to serve as a military medical professional presented some challenges, as "in November 1915,... the War Office claimed the services of all Doctors under 45 years of age who were physically sound. This immediately reduced the number and quality of the candidates for Red Cross appointments."<sup>77</sup> The age for medical candidates was eventually increased in order to maximize the number of trained professionals. In the course of the war, on the homefront and abroad in France, "the total number of Doctors engaged by [the] Personnel Department for service at home and abroad was about 400."<sup>78</sup> Consequently, of the

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<sup>76</sup> Ibid., 75.

<sup>77</sup> Ibid., 76.

<sup>78</sup> Ibid., 77.

four hundred doctors appointed by the Personnel Department, 157 of them were appointed to serve in “various positions in Auxiliary Home Hospitals.”<sup>79</sup>

The appointment of nurses in various Red Cross and Auxiliary Hospitals was also cloaked with misinterpretations of their official duties. This was primarily due to the fact that women of various stations, including women of the aristocracy, claimed to be Red Cross nurses without any official training. Apparently this was a consequential problem for the Joint War Committee: the official reports dedicated several pages dictating the qualifications of trained nurses and their distinction from V.A.D. nurses throughout the course of the war.<sup>80</sup> In the section “Use of the Title ‘Nurse,’” the official title of a “fully trained nurse” during this time was restricted to women who had been “trained for three years in a hospital having a recognized school” of nursing.<sup>81</sup> In accordance with the hierarchy of hospital administration, “in every large hospital there is a matron...sisters, staff nurses and probationers. The matron and sisters are addressed by their titles, but staff nurses and probationers are alike addressed as ‘Nurse’.”<sup>82</sup> Official titles were necessary to distinguish professionals from volunteers because women from the V.A.D. possessed remedial training in comparison to officially trained nurses who had more than three years’ experience in the medical field, and as a result “were only addressed as nurses in the wards” when in the presence of patients.<sup>83</sup> Consequently, the Joint War Committee did have some difficulties with women who chose not to follow the Red Cross protocol. These individuals were deemed

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<sup>79</sup> Ibid., 77.

<sup>80</sup> Ibid., 80. See also, 80-93.

<sup>81</sup> Ibid., 80.

<sup>82</sup> Ibid., 80.

<sup>83</sup> Ibid., 80.



reckless, as the Red Cross believed that certain women "calling themselves nurses and wearing the Red Cross symbol were masquerading" and disrespecting the professionalism of the nurses' work.<sup>84</sup> This was apparent as certain women attempted to set up their own hospitals at home and even abroad with their own personal funds. Eventually "some were ultimately brought into line with [The British Red Cross's] regulations" on hospital administration and nursing care, so as not to further upset the communal process by their independent work.<sup>85</sup>

It was through the main office of the Joint War Committee that the process for supplying trained nurses for Auxiliary Hospitals was handled. Each nurse was interviewed and asked to fill out an application dictating where they trained, how many years of experience they had, and when they had received their training certificate. Other necessary inclusions to the application were letters of reference from the "Matron of the candidate's training school" to maintain the legitimacy of her work as a nurse.<sup>86</sup> Following approval, the nurses were dispatched to their respective hospitals. Auxiliary Hospitals were "usually staffed by the Counties, but in certain cases it was found impossible to obtain the staff locally."<sup>87</sup> This problem was quickly remedied as a staff was provided or sourced from other counties.

The staff for each hospital possessed "Commandant, Quartermaster and other honorary workers who performed the duties of a Woman's V.A.D. ... [And] in many

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<sup>84</sup> *Ibid.*, 81.

<sup>85</sup> *Ibid.*, 81.

<sup>86</sup> *Ibid.*, 86.

<sup>87</sup> *Ibid.*, 198.

cases ladies in the neighborhood gave part-time services...” for those who needed extra help with food preparations and tidying up.<sup>88</sup> Commandants, as head of their respective hospitals, were appointed with specific duties such as “[issuing] the necessary local order for carrying out Hospital duties and for maintenance and discipline...be responsible for all monies belonging to the Hospital and see that all books, returns, records, and documents are properly kept.”<sup>89</sup> The responsibilities of the Matron included directing the nursing staff, and “be[ing] responsible to the Medical Officer for the treatment and care of the sick...”<sup>90</sup> Overall, the Matron as the administrator dictated management and control of all nursing staff and patients.

Dorothy Harriet Julia Wright, born 3 July 1894, spent her time as a Red Cross nurse on the homefront during the course of the war. As a British nurse, her time served during the war was orchestrated through the British Red Cross Voluntary Aid Detachment. Born to a wealthy family, Dorothy enjoyed a blissful upbringing with her parents and five brothers at their home in Bedale, North Yorkshire, England. Though she was only twenty when the Great War began, she was not hesitant to begin nurse’s training for the war effort. While many women were influenced by the rush to travel to northern France to care for soldiers in the field hospitals, Dorothy drew considerable inspiration in joining the Red Cross to care for soldiers from her mother. In the early days of the war, like many ladies, Dorothy’s mother opened Bedale Auxiliary Hospital.

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<sup>88</sup> Ibid., 215.

<sup>89</sup> Ibid., 216.

<sup>90</sup> Ibid., 216.

Like so many others at the time, the Auxiliary Hospital in Bedale was converted from a family home into a hospital that was equipped to accommodate twenty beds in the first days of the war.<sup>91</sup> When asked by interviewer Margaret A. Brooks what nursing experience Dorothy's mother possessed and how that experience contributed to the formation of the Red Cross Detachment in Bedale, Dorothy replied, "they did bandaging classes, First Aid classes" before the outbreak of the war as "they couldn't have formed a hospital with people who haven't got some kind of nursing experience."<sup>92</sup> The first patients who arrived at Bedale Auxiliary Hospital were Belgian refugees and soldiers. Most were suffering from bullet wounds and broken bones, though none had fatal injuries.<sup>93</sup>

Dorothy wanted to do her part in the war effort and work as a nurse in a hospital on the home front, she was required to attend first-aid classes through the British Red Cross and pass a formal examination. Though her mother was the commandant of Bedale Auxiliary Hospital, it was made clear very quickly that Dorothy was not allowed to work there. Dorothy's mother made it clear that she must work at a different hospital. The primary reason for this was out of respect for the patients and other nursing staff at the hospital. Because Dorothy's mother was the commandant, there was a fear that Dorothy would have special advantages above the other members of the nursing staff of the hospital.<sup>94</sup> Though she did not formally work at Bedale Auxiliary Hospital, she did participate in taking "the men who could be pushed in a chair off around the garden or take them out in a pony cart" for fresh

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<sup>91</sup>Dorothy Harriet Julia Wright. Interview 510. *Sound Collections*, The Imperial War Museum, 1974, Accessed online 19 February 2017. Reel 2.

<sup>92</sup> Ibid., Dorothy Harriet Julia Wright. Interview. Reel 2.

<sup>93</sup> Ibid., Dorothy Harriet Julia Wright. Interview. Reel 2.

<sup>94</sup> Ibid., Dorothy Harriet Julia Wright. Interview. Reel 2.

air.<sup>95</sup> As a result of her mother's encouragement to volunteer her services to a different hospital, Dorothy set off to work at Harewood House Convalescent Hospital in Leeds.

Harewood House was offered to the Joint War Committee under The St. John Ambulance on 15 December 1914 and was formally accepted by the committee as a convalescent hospital six days later.<sup>96</sup> The grand home was offered by the Earl and Countess of Harewood with the capability to accommodate fifty beds preferring "rank and file," noting Harewood Hospital was "not for officers."<sup>97</sup> Similar to the Duchess of Bedford and others, Lady Harewood was self-appointed Commandant of Harewood House Convalescent Hospital. However, though Lady Harewood also held the title of Commandant, it was later established that Agnes E. Foster would hold the position of Commandant and Miss Jackson would hold the position of Matron, though Lady Harewood remained the hospital's main organizer.<sup>98</sup> The convalescent hospital at Harewood was later attached to Beckett's Hospital, a military hospital in Leeds.<sup>99</sup>

While serving in the war effort at Harewood, Dorothy also lived on the estate. She arrived at Harewood as a blank slate as she did not know anyone working there prior to her arrival in August 1915. Though the Harewood estate was rather large in size and stature, the living quarters for the nursing staff and household staff were not nearly as grand. The nursing

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<sup>95</sup> Ibid., Dorothy Harriet Julia Wright. Interview. Reel 2.

<sup>96</sup> St. John's Gate Museum and Archive, OSJ/1/1/42/1/29, Harewood House, Leeds, formal application to offer property as medical facility for wounded soldiers approved by The St. John Ambulance Association, received 15 December 1914, accepted 21 December 1914.

<sup>97</sup> Ibid., OSJ/1/1/42/1/29, Harewood House.

<sup>98</sup> Ibid., OSJ/1/1/42/1/29, Harewood House, St. John V.A. Hospital. Note: The first name of Miss Jackson was not noted on original document.

<sup>99</sup> Ibid., OSJ/1/1/42/1/29, Harewood House, St. John V.A. Hospital.

staff and household staff lived on the top level of Harewood House. Dorothy described the living arrangements to be similar to an attic where she lived with four other members of the staff.<sup>100</sup>

Dorothy's time at Harewood was similar to many other V.A.D. nurses during the Great War as their duties and responsibilities were mostly delivering meals to the soldiers, "scrubbing the floors, polishing the floors, dusting, and cleaning," and "washing bandages."<sup>101</sup> As a member of the Voluntary Aid Detachment, the separation between V.A.D. and a trained nurse or Sisters were intensely strict. At the start of Harewood House's operation as a hospital, V.A.D.'s performed ward maid work and were only allowed limited communication with the soldiers. It was the responsibility of the trained nurses or Sisters to tend to the soldiers, which included talking to them, comforting them, "writing letters and playing cards."<sup>102</sup> As Dorothy affirmed, "there was a very strict line drawn there."<sup>103</sup> Nevertheless, as time went on, the responsibilities deemed specific to trained Sisters "became more lax" as they were later given the privilege write letters for the soldiers which were sent to their families.<sup>104</sup>

After a little less than a year's service at Harewood House Convalescent Hospital, Dorothy left to join several friends in Tunbridge Wells to work as a nurse at Kingswood Hospital in May 1916.<sup>105</sup> There she tended to patients and was given more responsibilities

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<sup>100</sup> Dorothy Harriet Julia Wright. Interview Reel 3.

<sup>101</sup> Ibid., Dorothy Harriet Julia Wright. Interview. Reel 4.

<sup>102</sup> Ibid., Dorothy Harriet Julia Wright. Interview. Reel 4.

<sup>103</sup> Dorothy Harriet Julia Wright. Interview Reel 4.

<sup>104</sup> Dorothy Harriet Julia Wright. Interview. Reel 4.

<sup>105</sup> Dorothy Harriet Julia Wright. Interview. Reel 4.

when interacting with soldiers. Although she enjoyed her time at Kingswood Hospital, her time at there ended in April 1917 when she volunteered to work as a nurse at St. Dunstan's Hospital in London.<sup>106</sup> It was at St. Dunstan's Hospital where Dorothy was able to care for and watch over soldiers who had been blinded by chemical weapons such as mustard gas and those who suffered from "shell-shock."<sup>107</sup>

In the aftermath of the war, countless British citizens struggled and sought to make sense of their lives and experiences of loss and trauma following the sudden declared suspension of violent hostilities on November 11, 1918. The persistent roar of artillery shells was finally quiet in the fields of Northern France, Flanders and elsewhere in the East. While countless British men were praised for their service to their nation and their King, considerable praise was bestowed upon the British men and women of the Red Cross and Order of St. John for their heroic efforts in the care of their nation's wounded soldiers and sailors. As a token of appreciation for their work during the war, a collection of about 210 noble women were recognized for their patriotism and sacrifice throughout the war years in *The Honourable Women of the Great War*. As a tribute to these honorable women, illustrious descriptions of their kind nature were rampant throughout the collection, characterizing them as "worthy kinswomen of our soldiers and sailors."<sup>108</sup> As it was not commonplace for women of noble birth to set aside the advantages and benefits of the privileged aristocracy, author P. Campion, acknowledged their willingness to do so. These noteworthy "women of distinction,

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Note: Dorothy Wright's war work at Kingswood Hospital lasted from May 1916-April 1917.

<sup>106</sup> Dorothy Harriet Julia Wright. Interview. Reel 5.

<sup>107</sup> Dorothy Harriet Julia Wright. Interview. Reel 5.

<sup>108</sup> P. Campion, *The Honourable Women of the Great War* (n.d., c .1919), under 'Foreword.' This book is not paginated.

of gentile birth and cultured tastes" voluntarily cast aside "the ease and amenities of their sheltered lives to devote days and nights to strenuous and unaccustomed work" so that the "scarred and maimed fighting men home from the battle fronts might be given the care and attention which was their due."<sup>109</sup> Furthermore, these notable women, so eloquently recognized for their patriotic service, opened their homes as Auxiliary Hospitals, organized these hospitals as either the Commandant, Matron, or Lady Superintendent, and trained as nurses, or as members of their local Voluntary Aid Detachment. Among the noble women of the titled elite, which Campion selected, the Duchess of Bedford, Lady Caillard, the Marchioness of Londonderry, the Duchess of Northumberland, and the Duchess of Rutland dedicated their homes and services to the war. Two of the titled women listed, the Duchess of Bedford and the Duchess of Rutland, have already been elaborated on. However, there are a select number of individuals noted within the collection whose war work represented the exceptional strength and sacrifice of British patriotism and citizenry. These noteworthy women included in Campion's work are The Viscountess Boyne, The Honorable Mrs. Burn, O.B.E., Lady Caillard, Lady Cornelia Wimborne, Miss Elizabeth Hadfield, and Mrs. Gwynne Holford.

Margaret Selina Hamilton-Russell, the Viscountess Boyne, and daughter of the Earl of Harewood, opened her home at Brancepeth Castle in Durham in 1914. As the seventh Voluntary Aid Hospital in Durham, Margaret managed the duties and responsibilities of the overall staff as Commandant of the hospital. While the capacity to accommodate wounded men reached a total of 126 at a time, in the span of the four years in which the hospital was in

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<sup>109</sup> Ibid., 'Foreword.' This book is not paginated.

operation, about “4,090 patients passed through the institution.”<sup>110</sup> Not only did Margaret take on the task as Commandant of her respective hospital, but she also held positions as “President of the County Branch of the British Red Cross Society; Assistant County Director of the V.A.D.; [and] Chairman of the Durham Women’s War Agricultural Committee” to name a few.<sup>111</sup> In recognition of her service to Great Britain, the Viscountess was awarded the title “Lady of Grace of St. John of Jerusalem.”<sup>112</sup>

In the case of Lady Ethel Burn, who was another recipient titled with the Lady of Grace of St. John of Jerusalem, the war had taken an immense toll on her family. By October of 1914, the war claimed her son Arthur Herbert Rosdew Burn. While serving his country under the mounted cavalry regiment, known as the Royal Dragoons, at the first battle of Ypres, Lady Burn’s son was tragically killed in Flanders.<sup>113</sup> Though she had lost her eldest son to the war, Lady Burn persevered in her service with her own hospital at her own private residence located at Stoodley Knowle in Torquay. In September 1914, Lady Burn travelled to France as a member of the V.A.D. Devon County Branch with her Red Cross unit and, in response to what she had seen on her travels, shortly after her returning home in October, established Stoodley Knowle as an Auxiliary Hospital and appointed herself Matron and Commandant.<sup>114</sup> In the following year, “their Majesties the King and Queen visited” the acclaimed hospital and expressed “their appreciation” not only to the soldiers as their service and bravery for their country, but also to Lady Burn for her kindness, sacrifice and

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<sup>110</sup> Ibid., ‘The Viscountess Boyne.’ This book is not paginated.

<sup>111</sup> Ibid., ‘The Viscountess Boyne.’ This book is not paginated.

<sup>112</sup> Ibid., ‘The Viscountess Boyne.’ This book is not paginated.

<sup>113</sup> Ibid., ‘The Hon. Mrs. Burn, O.B.E.’ This book is not paginated.

<sup>114</sup> Ibid., ‘The Hon. Mrs. Burn, O.B.E.’ This book is not paginated.



generosity.<sup>115</sup> From the time of its inauguration in October of 1914 to its official closure in June of 1918, Stoodley Knowle Auxiliary Hospital housed over 800 wounded officers.

In a similar instance, Lady Caillard of Wingfield House was another decorated recipient who was titled with the Lady of Grace of St. John of Jerusalem.<sup>116</sup> With a majority of her family serving in both political and military institutions, her sense of duty and responsibility was established at the outbreak of war. With the approval of her husband, Sir Vincent Caillard, the two established their private residence of Wingfield House in Trowbridge, Wiltshire, as a military auxiliary hospital on 9 October 1914.<sup>117</sup> Among the numerous patients who were admitted to Wingfield House Red Cross Hospital, both British and Belgian soldiers were treated. Due to the design of the residence, alterations had to be made, but altogether, the hospital "possessed an admirable operating theatre [and] day rooms."<sup>118</sup> The staff of the hospital included Lady Caillard as Commandant, Lady Caillard's daughter Esmah Caillard as staff Sister, "a Matron, three Sisters, two Nurses, and four V.A.Ds., with a doctor in constant attendance."<sup>119</sup> By January of 1915, following the success of the hospital's operations, Wingfield House was soon "attached to the Second Southern General Hospital" in Bristol with a total of over 500 patients being admitted and cared for by Wingfield House Red Cross staff.<sup>120</sup> In the final year of the war Lady Caillard was recognized and awarded for her service to her country as she "was presented with the order

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<sup>115</sup> Ibid., 'The Hon. Mrs. Burn, O.B.E.' This book is not paginated.

<sup>116</sup> Ibid., 'Lady Caillard, O.B.E.' This book is not paginated

<sup>117</sup> Ibid., 'Lady Caillard, O.B.E.'

<sup>118</sup> Ibid., 'Lady Caillard, O.B.E.'

<sup>119</sup> Ibid., 'Lady Caillard, O.B.E.'

<sup>120</sup> Ibid., 'Lady Caillard, O.B.E.'

of the British Empire in January, 1918, and made a Lady of Grace of The Order of Saint John of Jerusalem in August of the same year.”<sup>121</sup>

Cornelia Lady Wimborne excelled in her duty and patriotic service to her country during the First World War. As a daughter of the 7<sup>th</sup> Duke of Marlborough, Cornelia Wimborne was linked to a distinguished family of aristocratic elites. She was especially well connected in the political sphere because of her late husband, Ivor Guest, the First Baron of Wimborne, an “ardent politician.”<sup>122</sup> Their firm convictions in the political arena lead to connections with well-known statesmen such as Lord Beaconsfield and Joseph Chamberlain, to name a few.<sup>123</sup> Because of Lord Wimborne's position in British society, his wife, Cornelia Wimborne focused her attention on philanthropic service within the community of Poole.<sup>124</sup> Despite her husband's death in February 1914, Cornelia continued to participate in the community and with local businesses in town. As a gift to the community, Cornelia donated "Poole Park- forty acres of charming pleasure – ground... and very many other local and county institutions owe there [sic] existence and prosperity to Lady Wimborne and her late husband."<sup>125</sup> As a constant force at Poole, Cornelia was adamant about establishing a hospital in the village primarily for the townspeople. In 1886, Cornelia Hospital was open and in full operation for any public needs. Having handled the cost of the Hospital and its maintenance for twenty-one years, by 1907, Cornelia and Lord Wimborne finally turned the hospital over

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<sup>121</sup> Ibid., ‘Lady Caillard, O.B.E.’

<sup>122</sup> Ibid., ‘Cornelia Lady Wimborne.’

<sup>123</sup> Ibid., ‘Cornelia Lady Wimborne.’

<sup>124</sup> Ibid., ‘Cornelia Lady Wimborne.’

<sup>125</sup> Ibid., ‘Cornelia Lady Wimborne.’

to the public, where its medical staff later attended to civil and military patients by the wartimes of 1914 to 1918.<sup>126</sup>

Because the hospital was initially equipped to accommodate no more than twenty patients at a time, major modifications needed to be made in order to attend to as many military patients as possible. As a result, the hospital tripled its patient capacity, with the addition of "two temporary wards [which] were erected with the necessary annexes, at a cost of £1200, largely subscribed by the Red Cross (Dorset branch)."<sup>127</sup> Though Cornelia Hospital received the majority of its funding during the war from the British Red Cross, the hospital modification still could not accommodate the vast numbers of wounded soldiers which were being sent there. In order to alleviate the stress and "congestion," Lady Wimborne provided lodging at one of her estate homes at "Court House, Canford" for convalescent soldiers who were not suffering from any life-threatening injuries.<sup>128</sup>

Throughout the duration of the war, "over two thousand military patients were treated at the Cornelia Hospital" these men were transported "direct from the battle fronts."<sup>129</sup> Though Cornelia Wimborne did not personally work as an administrator or a nurse within the hospital that bore her name, she was instrumental in establishing other auxiliary convalescent homes for wounded soldiers, organizing the "East Dorset Guild of Workers" which was dedicated providing "socks and other woolen [sic] comforts" to aid the soldier in the trenches

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<sup>126</sup> Ibid., 'Cornelia Lady Wimborne'

<sup>127</sup> Ibid., 'Cornelia Lady Wimborne'

<sup>128</sup> Ibid., 'Cornelia Lady Wimborne'

<sup>129</sup> Ibid., 'Cornelia Lady Wimborne'

in Northern France.<sup>130</sup> In acknowledgement of her war work, the work of the aid organizations, the Guild, and the men in arms, Cornelia proclaimed in a passionate oration,

“As regard the future...co-operative work must be our motto and object in life. It is by working together for a common cause, such as the work of the Guild has been, that most can be achieved, and the war has taught us there is no happiness in life which does not consist of work. We must have no more of what has been known as the leisured classes, with their amusements and pleasure and indulgence. They are all very well in their way, but they must not be the key-note of life. It must be work, work for our country and the good of others.”<sup>131</sup>

Cornelia’s experience in the war through her work with Cornelia Hospital and the East Dorset Guild of Workers allowed her to gain a new outlook on the class system within Great Britain, eventually inspiring her to actively and publicly promulgate the participation of all classes to work to build a stronger community.

Of the various Auxiliary Hospitals which were established in Dorset, England, Marion Hughes-Onslow and her husband, Major Denzil Hughes-Onslow, joined the ranks of elites in a slightly different manner than Lady Cornelia Wimborne in the cause of protecting and caring for their country’s wounded. Following the outbreak of hostilities, Marion and Denzil “engaged in a strenuous campaign for recruits.”<sup>132</sup> As the war drastically affected the security of Great Britain, upper class elites constantly encouraged the young men who lived

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<sup>130</sup> Ibid., ‘Cornelia Lady Wimborne’

<sup>131</sup> Ibid., ‘Cornelia Lady Wimborne’

Note: This speech was made on 31 March 1919 prior to the signing of the Treaty of Versailles on 28 June 1919. In the closing minutes of a meeting of the East Dorset Guild of Workers, Lady Wimborne voiced her concerns for the public and the aristocratic class, as she feared they would return to privileged life isolated from the realities of the common man.

<sup>132</sup> Ibid., ‘Mrs. Hughes-Onslow.’

in their village and those who were under their employment, to enlist in the military. Eight days after the declaration of war, Marion and Denzil Hughes-Onslow "handed over their English residence, Colliton House, Dorchester, to the British Red Cross Society as a Red Cross Auxiliary Hospital."<sup>133</sup> By October of 1914, the Colliton House Red Cross Auxiliary Hospital was equipped with several wards as well as an operating theatre. Because the property was previously a substantial private residence, the hospital was sizable enough to accommodate over two hundred patients at a time.<sup>134</sup> In the span of five years while Colliton House was in medical operation, the primary patients who were cared for were predominantly British and Belgian soldiers and sailors. Both Marion and Denzil were eager to participate in service to their country. By reason of duty and responsibility to King and Country, Major Denzil "volunteered for foreign service" in 1914.<sup>135</sup> Tragically, by 1916 at the Battle of the Somme, Major Denzil Hughes-Onslow was killed in the line of duty.<sup>136</sup> During the course of her husband's military service, Marion was appointed "Commandant of Ayr 50 V.A. Detachment [sic] of the Red Cross" and served as President of an auxiliary aid organization dedicated to assisting the families of soldiers and sailors.<sup>137</sup> Though devastated by the demise of her husband at the Battle of the Somme, Marion continued with her war work in service to her nation.

During the course of the war, it was discovered that although the instillation of various hospitals throughout Great Britain was instrumental to the care of untold numbers of

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<sup>133</sup> Ibid., 'Mrs. Hughes-Onslow.'

<sup>134</sup> Ibid., 'Mrs. Hughes-Onslow.'

<sup>135</sup> Ibid., 'Mrs. Hughes-Onslow.'

<sup>136</sup> Ibid., 'Mrs. Hughes-Onslow.'

<sup>137</sup> Ibid., 'Mrs. Hughes-Onslow.'

wounded soldiers and sailors, the violence and destruction brought about by the assorted types of weaponry utilized had ultimately created difficulties for special cases of wounded men, most particularly, men who had lost limbs. Elizabeth Hadfield, of Queen Victoria's Jubilee Institute for Nurses, was transferred to various V.A.D. hospitals throughout the war.<sup>138</sup> As she worked as a nurse and sometimes a Matron at these various hospitals, Hadfield witnessed and learned the stories of countless wounded whose medical aid required special attention that could not adequately be provided at most standard hospitals. In January of 1915, while serving at Millbank Military Hospital, Hadfield joined the Matron, Gwynne Holford, on a tour through the medical wards. As they walked through the hospital, Holford observed a patient who sat alone at a table. As the two walked closer, they noticed the man displayed "a look of unutterable sadness and hopelessness on his face..." as he attempted to make sense of his uncertain future as "a man who had lost both his arms."<sup>139</sup>

Holford approached the man and gently inquired about his life and what was ailing him. The patient, "Private F.W. Chapman of the 23<sup>rd</sup> R.W.F.", was disturbed not only by his future, but by the idea that the "substitute for arms – two leather sockets with hooks attached" which lay on the table in front of him made him question why he decided to reenlist in the military. With a somber gaze, Private Chapman professed, "Is this all my country can do for me?"<sup>140</sup> Private Chapman's story was all too common during the First World War because the majority of hospitals were general hospitals or in the case of Auxiliary Hospitals, possessed V.A.D. medical staff with only remedial instruction in First

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<sup>138</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>139</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>140</sup> Ibid., 'Miss Elizabeth Hadfield.'

Aid. Also, because patients were admitted so quickly and were discharged soon after their injuries were no longer life threatening, the results for patients who had lost limbs were not kind. This was due to the fact that, for hospitals that did not already possess a center for artificial limbs, orders had to be made, and once the limbs were manufactured, they were then sent off to the patient long after the patient was discharged from the hospital.<sup>141</sup> In nearly all cases, "the artificial limbs never fitted comfortably, and were a source of trouble and pain to the wearer instead of being a comfort."<sup>142</sup> Unhinged by Private Chapman's disappointment, Holford, "made a vow that she would work for one object – to start a hospital where by all those who had the misfortune to become disabled in this terrible war could be fitted with the most perfect artificial limbs human science could devise."<sup>143</sup>

In the months that followed, Holford, moved by Private Chapman's fate as a disabled casualty of the war, developed the idea for a convalescent hospital that operated specifically for the care and rehabilitation of wounded and limbless soldiers and sailors. After a large amount of advertisement among the elite masses, "her scheme was taken up by various influential people, including the Duke of Portland, Lady Falmouth, Mr. Walter Long, Sir George Murray, and Mr. Kenderline."<sup>144</sup> With a large amount of support and capital to design and establish Holford's institution, the location was secured at Groves House at Roehampton. The hospital was in due course, named Queen Mary's Auxiliary Hospital at

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<sup>141</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>142</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>143</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>144</sup> Ibid., 'Miss Elizabeth Hadfield.'

Roehampton.<sup>145</sup> Holford's ultimate venture to establish and organize the Queen Mary's Auxiliary Hospital at Roehampton fulfilled her patriotic responsibility as she sought to "provide an institution where artificial limbs could be properly adjusted and fitted, and where the wearers could be taught how to make the best use of them, before being discharged from the service."<sup>146</sup> Although the hospital was fitted to initially accommodate one hundred seventy patients, the number was later increased to "nine hundred."<sup>147</sup> Overtime, Holford's vision for the hospital steadily came to fruition. Fully immersed in her duties, Holford remained an ever-present force in the hospital as she occupied her time as administrator in the "Limb Office," where she was able to build considerate and kind hearted relationships with each of the patients that were sent there.<sup>148</sup> As the hospital grew to accommodate over nine hundred servicemen, so too did the difficulties to find craftsmen who were capable of manufacturing custom artificial limbs as the orders increased.

Overall, the Queen Mary's Auxiliary Hospital at Roehampton was a successful endeavor. The institution proved to be essential to the care of over thirteen thousand wounded soldiers and sailors of Great Britain as the men were given time to cope with their disabilities caused by the war and were taught how to make use of their lives once they were discharged from service and had to assimilate back into British society. Upon reflection of her work, Holford remarked,

"None but those who work among these gallant men can realise their superhuman courage and unselfishness. The greater the disability it

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<sup>145</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>146</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>147</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>148</sup> Ibid., 'Miss Elizabeth Hadfield.'



seems to me the greater the courage; never have I heard a word of complaint from these men; so often they came to me with their troubles and place in me a child-like confidence and trust, that whatever happens the best would be done for them."<sup>149</sup>

Throughout her time at Queen Mary's Auxiliary Hospital at Roehampton, Holford worked closely with the patients. Her interactions with the disabled men left an impression as she was continuously inspired by their courage, bravery, and optimism for the future.

The criticisms against Auxiliary Hospitals in recent years have not been kind because of judgments from soldiers' testimonies regarding their treatment. Addressed in 1921 with the release of the *Reports of the Joint War Committee*, critiques and disapproval surfaced around the members of the Voluntary Aid Detachments and their war work. It asserted,

"Among the criticisms which have been made from time to time in regard to the work of the Voluntary Aid Detachments is the suggestion that the fullest use was not made of the organization already set up before the war, and that consequently a new organization had to be created to meet new emergencies. From such a statement the conclusion made to be drawn that the organizers of the Voluntary Aid Detachments in the period preceding the War were wanting in foresight or energy, And that their work lacked continuity of effort and result. But, as we have said, the preparations made before the war contemplated conditions such as would follow on an invasion."<sup>150</sup>

In the first days of the war, it was widely believed that the conflict would come to an end by Christmas. Since military leaders did not anticipate a lengthy war abroad with mass casualties and wounded to tend and care for, the necessary accommodations, such as the

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<sup>149</sup> Ibid., 'Miss Elizabeth Hadfield.'

<sup>150</sup> *Reports by Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919, with Appendices*. London: HMSO, 1921. 212.

preparation of hospitals, which needed to be equipped and staffed, were both done in a haphazard, rushed manner as the need arose.

As many counties had prepared for conditions of invasion, the Voluntary Aid Detachments “rapidly adapted to the new conditions.”<sup>151</sup> The reorganization, which followed, consisted of re-“directing personnel;” however, “those changes were not so general or frequent as to affect the smooth working of the administrative machinery, in the various hospitals.”<sup>152</sup> In *The Reports of the Joint War Committee*, several counties are listed which provided a minute case study of how the alteration to the preparatory plans were made and how each of the counties adapted to the outbreak of war. The counties that were examined were Cambridgeshire, Gloucestershire, Derbyshire, and Lancashire.<sup>153</sup> Of the “8 hospitals” which were established in Cambridgeshire, the “Commandant and Quartermaster served for the whole period” at their respective hospitals, with “77 V.A.D. members continuously during the same time.”<sup>154</sup> While the amount of V.A.D. members who served at each of the Cambridgeshire hospitals was not unusual, many demanded work after they received their certification as a V.A.D.<sup>155</sup>

The effectiveness of leadership and administrative duties rested upon the Commandant and sometimes the Quartermaster, and while “changes of personnel occurred in the larger hospitals; the others scarcely changed a single member.”<sup>156</sup> It was rare that

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<sup>151</sup> Ibid., 212-213.

<sup>152</sup> Ibid., 212-213.

<sup>153</sup> Ibid., 213-214.

<sup>154</sup> Ibid., 213.

<sup>155</sup> Ibid., 213.

<sup>156</sup> Ibid., 213.

"Commandants were changed" and in the event that a Commandant was replaced it was "only in consequence of family ties, failing health, and so forth."<sup>157</sup> In Gloucestershire the hastened mobilization of hospitals was calm because "before the outbreak of war every detachment in the county was expected to be able to provide at 12 hours' notice a 50 bed hospital, and there was no difficulty in mobilizing the hospitals when hostilities commenced."<sup>158</sup> Since the war work within hospitals during the First World War demanded long and laborious hours,

"Many members of the detachments who originally immersed in the hospitals at the commencement later transferred their services to a military hospitals and were encouraged to do so as it was felt that experience gained in auxiliary home hospitals would be of value is more important units and that detachments would be extending their usefulness in training fresh recruits."<sup>159</sup>

Soldiers whose wounds did not threaten their lives were sent to Auxiliary Hospitals. Some men suffered from broken bones, gunshot wounds, and infection. While many suffered "from the less serious wounds or ailments," soldiers sometimes recuperated at the Military Hospital in which an auxiliary hospital was attached to. However, "much, of course, depended on the situation and accommodation of the hospital and on the recovery congestion in military hospitals occasioned by the course of the war."<sup>160</sup> Regardless, the convalescent soldiers were held to the military standard of conduct towards the medical staff. While under the supervision of the Commandant, soldiers were still under the strict discipline of military regulations.

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<sup>157</sup> Ibid., 214.

<sup>158</sup> Ibid., 213.

<sup>159</sup> Ibid., 214.

<sup>160</sup> Ibid., 214.

“Every Auxiliary Home Hospital was attached to some Central Military Hospital, which directed the movements of the patients, who remained under Military control, and were, returned to the Military Hospital in case of insubordination. To be returned to a Military Hospital was felt, rather than regarded, as a severe punishment by soldiers, who were fully alive to the advantage and comfort of the Red Cross Hospitals with their milder discipline, more generous of conditions, and homelier surroundings.”<sup>161</sup>

This observation of soldiers’ desire to behave themselves to the best of their ability in order to avoid the strict regulations of Military Hospitals was significant given the predominantly kind-nature of convalescents.

During the First World War, the process to offer a residence or privately owned building as an Auxiliary Hospital was met with tedious and bureaucratic approval measures. However, such measures had to be followed if the hospitals were to be viewed as legitimate medical facilities, and for the successful transfer of patient officers and soldiers by the War Office. The petition to register property as a hospital was fair, straightforward, and not riddled with ambiguous terminology, though the process itself had definite weaknesses and complications. The standard application from The St. John Ambulance Association, a branch of the Order of St. John, indicated the applicant must identify the title of the building, residence, estate, etc. Furthermore, the applicant must specify whether the tentative hospital was to be “Officers only” or “for officers and Rank & File” and how many men accommodation could be provided for.<sup>162</sup> Secondly, the applicant must list the number of

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<sup>161</sup> Ibid., 214.

<sup>162</sup> St. John’s Gate Museum and Archive, OSJ/1/1/42/1/29, Harewood House, Leeds, formal application to offer property as medical facility for wounded soldiers approved

medical physicians and fully trained nurses. Thirdly, whether the beds, "Hospital stores and drugs," and food would be provided at the expense of the owner.<sup>163</sup> Finally, the applicant must divulge whether they were "prepared to undertake the whole cost of maintainance [sic], including pay of entire staff."<sup>164</sup> If the applicant, though certain in contributing to the war, was not able to provide for those costs already mentioned, financial aid provided through the Joint War Committee was arranged.

Similarly, in light of bureaucratic administration within the aid organization, if a financial grant was approved, any changes to the hospital or requests had to be similarly applied for. For example, in January of 1917, Lady Evelyn L. Lascelles, commandant of the Grove House Auxiliary Hospital at Harrogate made a special request to the St. John's Ambulance Association for the approval to transfer a specific nurse to her hospital.<sup>165</sup> In the request, Lady Lascelles petitioned for Nurse Lechmere "who was trained at the Middlesex Hospital [to] be appointed as trained nurse for the Grove House Hospital Harrogate."<sup>166</sup> As Commandant of an Auxiliary Hospital to the Second Northern Base hospital in Leeds, Lady Lascelles maintained her skill and tact in order to gain approval for Nurse Lechmere. As for

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by The St. John Ambulance Association, received 15 December 1914, accepted 21 December 1914.

<sup>163</sup> Ibid., Harewood House, Leeds, , formal application to offer property as medical facility for wounded soldiers approved by The St. John Ambulance Association, received 15 December 1914, accepted 21 December 1914.

<sup>164</sup> Ibid., Harewood House, Leeds, , formal application to offer property as medical facility for wounded soldiers approved by The St. John Ambulance Association, received 15 December 1914, accepted 21 December 1914.

<sup>165</sup> St. John's Gate Museum and Archive, OSJ/1/1/42/1/19, Grand Hotel Auxiliary Military Hospital, Harrogate, Letter Evelyn L. Lascelles to Mrs. Oliver. Date January 1917.

<sup>166</sup> Ibid.

Lady Lascelles, no amount of financial aid was required, as she acknowledged that she would pay for any travel expenses and lodged Nurse Lechmere needed as a result on travelling to Grove House Hospital Harrogate at her request.

Overall, arrangements for funds were made through various networks, several of which were through subscriptions from *The Times* newspaper, advertisements, general collections, street collections, charity, and personal or private donations. Throughout the course of the war, *The Times* designated space in almost every issue to continue to make known the hard war work of those in all types of uniforms, whether on the battlefield or in the wards, and paid respect to the work of which these men and women in uniform dedicated their lives. The newspaper dedicated space to solicit funds for “four years and free of all charge, not only for the purpose of acknowledging donations, but also of informing the public as to the course of our work and thus stimulating it to continued generosity.”<sup>167</sup> In regard to private donations,

“Many were the result of passing the local efforts, such as concerts, sales etc.; in the case of others we were indebted to a variety of funds and schemes of varying importance, some in direct connection with Headquarters, others initiated on private responsibility.”<sup>168</sup>

Ultimately, the aid efforts of local organizations as well as individual action, was imperative and influential to the aid of financial ineptitude of certain hospitals, including those run by aristocrats, in Great Britain.

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<sup>167</sup> *Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919, with Appendices*. London: HMSO, 1921. 15.

<sup>168</sup> *Ibid.*, 16.

Following the application, the potential hospitals had to be approved and registered through the War Office before they were added to the British Red Cross and Order of St. John roster for auxiliary hospitals. On many occasions, applicants' offers were not well received. However, the War Office received offers by the hundreds everyday and as a result, decided for reasons such as poor condition of the building or inadequate facilities to not accept offers for auxiliary hospitals at certain times. Therefore, they proceeded to be more selective. Such was the case for the potential of Lumley Castle as an Auxiliary Hospital. After offering Lumley Castle to the war effort, Lord Scarbrough received word from the British Red Cross Society that "at the present moment... abundant hospital accommodation [already] exists for immediate needs."<sup>169</sup> The perhaps naïve comment that there were already sufficient numbers of hospitals suggests that, at the beginning of the war, Great Britain's aid organizations failed to anticipate the vast number of casualties that would befall the country. In that oversight, the organization started to reject offers of large estates, which could accommodate many patients while discussions persisted on what would become of them as the war went on.

Following Lord Scarbrough's offer of Lumley Castle, the secretary of the British Red Cross Society wrote a letter to Major Hodgson detailing his observations and reservations in regard to the effective use of grand homes as Auxiliary Hospitals. Certainly, the primary and original use of these homes which were offered were never intended to accommodate vast amounts of people for recovery and convalescence in respect to hospital care. Though the renovations attempted to transform these homes into tentative hospital sites, these grand

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<sup>169</sup> St. John's Gate Museum and Archive, OSJ/1/1/12/20, Lumley Castle, Durham, British Red Cross Society, Frank Hastings to The Lord Scarbrough, 14 August 1914.

homes still reflected the luxury and wealth of elite families. Evidently they did not possess the appropriate accommodations for patients' numbers that exceeded the number of elite family members and staff who still lived in the home. The secretary of the British Red Cross Society exclaimed,

“Since doing so I have gone more closely into the matter and made enquiries from Hospital Authorities and I have come to the conclusion that a Country House is not, as a rule, well adapted for such a purpose. Although the space available is probably sufficient for the number of beds I have mentioned, the ordinary sanitary accommodation is, I believe, wholly inadequate, also sinks, and provision for washing up, etc.

I feel therefore that in this case, as well as in many others, it is very necessary that an inspection should be made by the Medical Authorities to decide how such houses can best be made use of, if required, before expense is incurred or any preparation is made. If there is really a likelihood of these places being wanted it would be a great advantage if this course could be adopted, and I should be certainly glad if it could be done in my case as I am anxious not to mislead the authorities through ignorance of what is essential for Hospital purposes.”<sup>170</sup>

The secretary of the British Red Cross Society indeed acknowledged a major criticism as to why country houses may not have been suitable as Auxiliary Hospitals in regard to sanitation protocols even in the early months of the war. However, regardless of this opinion, many country homes were accepted later on by the War Office as Auxiliary Hospitals out of imminent necessity.

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<sup>170</sup> St. John's Gate Museum and Archive, OSJ/1/1/12/20, Lumley Castle, Durham, British Red Cross Society, Secretary to Major Hodgson, 6 September 1914.



Despite the difficulties and disappointments as certain homes and properties were not always accepted by the War Office on some occasions, in truth, it took a fair amount of time for hospitals to gain approval. In some cases, potential hospital locations needed promulgation within the branches of the organization to gain approval. One such example was demonstrated in a collection of documents provided by the Order of St. John Archive, which called attention to the installation of Warren House Auxiliary Hospital and Hopton Grove Auxiliary Hospital.<sup>171</sup>

Warren House and Hopton Grove were located in Mirfield, a region historically part of West Ridding of Yorkshire. In the case of both hospitals, as indicated in a letter dated 27 March 1917, "Mrs. Sutcliffe [bore] the whole cost of the Hopton Grove Hospital."<sup>172</sup> However, in the case of covering the two hospitals at the same time, it was clear that Mrs. Sutcliffe required financial aid for not only the maintenance of Warren House, but also the cost of the staff, food, and other hospital supplies.<sup>173</sup> The following day, the County Director, Colonel C.W.E. Duncombe declared positively regarding the fate of the two potential hospitals. Duncombe affirmed,

"In these circumstances it is difficult to see how registration can be refused. In the matter of Warren House, equipment has already been purchased and all arrangements made. With regard to Hopton Grove, no maintenance grant is asked for, in the whole of the expenses are borne by the owner."<sup>174</sup>

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<sup>171</sup> St. John's Gate Museum and Archive, OSJ/1/1/42/1/33, Warren House, Mirfield and Hopton Grove, Mirfield. File.

<sup>172</sup> St. John's Gate Museum and Archive, OSJ/1/1/42/1/33, Warren House, Mirfield and Hopton Grove, Mirfield. Letter Chief Secretary to Colonel C.W.E. Duncombe. Date March 27, 1917.

<sup>173</sup> Ibid., Letter. Chief Secretary to Colonel C.W.E. Duncombe. Date March 27, 1917.

<sup>174</sup> Ibid., Letter. Colonel C.W.E. Duncombe to unknown recipient. Date March 28, 1917.

While both hospitals eventually acquired funds and were fully equipped with proper medical supplies, beds, food stores, etc. for patients, approval from the War Office at times required pressure and increased promotion of said hospitals from within the branches of the aid organizations. On March 29<sup>th</sup> Duncombe wrote to the War Office “urging that the Hopton Grove and Warren House Hospitals, having been already accepted by the D.D.M.D., Northern Command, should be registered.”<sup>175</sup> Twelve days later, Hopton Grove Auxiliary Hospital and Warren House Auxiliary Hospital were both approved and accepted by the War Office and “added to the St. John List.”<sup>176</sup> In respect to these two auxiliary hospitals, the art of advocacy and boosterism aided the successful registration of some hospitals during the war.

Unfortunately, for some initiatives, which bolstered Auxiliary Hospital support and funding, there were instances where applicants’ offers of property were denied. This was a common case, especially for hospitals in which the applicant inquired about grant financing. To privately fund a hospital required a reliable financier who would be prepared to cover the overall cost of maintenance and staff. For many who were not able to acquire a private donor, the option to apply for a grant from the state to organize the hospital, pay for its staff, food, and lodging for patients was provided. In each case, the secretary of Convalescent Homes and Auxiliary Hospitals handled the news of approval or denial by the committee personally. One such example of a request being denied was as follows:

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<sup>175</sup> Ibid., Letter. Colonel C.W.E. Duncombe to unknown recipient. Date March 29, 1917.

<sup>176</sup> Ibid., Letter. War Office to Colonel C.W.E. Duncombe. Date April 10, 1917.

“Mrs. Oliver has handed me your letter. I regret to tell you that the War Office have informed us that they are not prepared to accept any further offers of Convalescent Homes... The only way to obtain convalescents would be to have Officers and arrange privately with the various Hospitals for Officers, but I fear there would be no chance of obtaining any grant from the Government for maintainance [sic].”<sup>177</sup>

Applicants had the few options in such circumstances if state funding, primarily in the form of a £10 grant, could not be obtained. As £10 was a sizable and substantial amount in the early twentieth century, organizers of potential auxiliary hospitals were faced with either acquiring private donations or orchestrating the transfer of soldier or officer patients to their hospitals, without the aid or organization of the Joint War Committee.<sup>178</sup>

The suggestion to privately organize the transfer of wounded soldiers, as mentioned earlier, unfortunately, became a predicament for the committee and its overall administration throughout the war years. David Lindsay Crawford, the Twenty-Seventh Earl of Crawford and Tenth Earl of Balcarres, and well-known aristocrat in the political sphere, provided his contemplation of the grand ladies and their ventures in organizing their hospitals at home and abroad in France. One evening, Sir Arthur Stanley, a son of the 16<sup>th</sup> Earl of Derby, amused Crawford and his guests with a report on the many elite women who were determined to organize their own hospitals. Among the women mentioned were the Duchess of Sutherland, the Duchess of Westminster, Lady Diana Manners, and Lady Sarah Wilson.

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<sup>177</sup> St. John's Gate Museum and Archive, OSJ/1/1/24/1, "General Correspondence about hospitals in the county of London. Convalescent Homes and Auxiliary Hospitals." Letter Hon. Secretary to Mrs. Sartorius. Date 16 April 1915.

<sup>178</sup> Note: In comparison with today's economic inflation rate, £10 in 1914 would equate to £1050.00 in 2017; £10 in 1915 would equate to £1060.00 in 2017; £10 in 1916 would equate to £940.00 in 2017, etc.

Consequently, Millicent, the Duchess of Sutherland, had become riddled with “debt and seemed to expect the Red Cross” to disentangle her from her mounting predicament.<sup>179</sup> As she was not approved to receive a financial grant from the state and was therefore on her own to organize the transfer of wounded men to her hospital, the Duchess of Sutherland thus orchestrated such transfers in a highly questionable and an unorthodox manner. Proclaimed by Crawford, the Duchess of Sutherland’s “chief crime [was] body-snatching.”<sup>180</sup> Based on Crawford’s knowledge of the situation, “all these ladies are known as ‘body – snatchers’ for they seize an invalid wherever they can catch him, and carry him off willy-nilly to their private hospital.”<sup>181</sup> Disturbed by their actions, Crawford also described the unorthodox removal of wounded men from transport convoys to their hospitals.

He asserted,

“So – and – so is envied as having an admirable motor ambulance driver who will squeeze onto a rail way excited and web a wounded man out of a wagon while the orderlies are looking the other way. The worst case was where a consignment of eight men were being escorted to some hospital... in order to be treated by some surgeon famous for his handling of abdominal wounds. These eight men were all specially selected cases, and all very seriously in need of expert care. She got a hold of them all – snatched them out of the train while the RAMC was absent, and took them all to her hospital! It is really cruel.”<sup>182</sup>

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<sup>179</sup> David Lindsay Crawford and John Russell. Vincent, *The Crawford Papers: The Journals of David Lindsay, Twenty-Seventh Earl of Crawford and Tenth Earl of Balcarres, 1871-1940, During The Years 1892 to 1940* (Manchester: Manchester U.P., 1984) 309.

See also, Journal entry 3 February 1915. 349.

<sup>180</sup> Ibid., 349.

<sup>181</sup> Ibid., 349.

<sup>182</sup> Ibid., 349.

It was apparent, given Crawford's entry that the behavior of these aristocratic women had made a negative impression in their pursuit to perform their patriotic service. In fact, instead of being praise by their acts during the war, these aristocratic women were designated as "adventuresses" by other members of the aristocratic class.

Throughout the span of the First World War Auxiliary Home Hospitals were essential and were given high amounts of praise in the years that followed the war. In a letter from Sir Alfred Keogh, the Director-General of the Army Medical Service, to Dame Sarah Swift, expressed great commendation for the work of the Voluntary Aid Detachments. He proclaimed,

"It would be idle to claim that there were no defects in the great system which of the Joint Committee administered when the V.A. Detachments were utilised for the work in which they had been previously trained. There were defects, but these were of an administration and not of a professional nature; for I do not suppose that sick and wounded were ever so well cared for as in the Auxiliary and Private Hospitals. The highest medical and surgical skill was available for them on all occasions, and the guidance of the necessarily limited number of trained nurses enabled the "probationers" and "V.A.D.'s" to provide a standard of nursing as high as we could expect or desire. I am not sure that we have even yet fully realised the work of the fully trained nurses in these institutions. Their task of supervision and training must have been excessively onerous, especially at the beginning. No praise is too great for the example they set and for the patience they have displayed. It is also difficult to express admiration for the extraordinary devotion shown by the 'V.A.D.'s' and the administrators of these hospitals, and by the public in the neighbourhoods. The whole movement formed a splendid spectacle of patriotism which has far surpassed my sanguine expectations."<sup>183</sup>

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<sup>183</sup> *Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919, with Appendices.* London: HMSO, 1921. 231.

Sir Alfred Koegh was poignant and rational to acknowledge that the system as a whole was not without its countless imperfections. As a sign of good faith and appreciation, ultimately as a representative of the Joint War Committee, Koegh took responsibility and admitted that though the Voluntary Aid Detachments were essentially the ground forces that tirelessly conducted their work to care for wounded soldiers. It was the inefficient work of the Joint War Committee administrators that were to blame for any frustrations. Furthermore, the insufficient number of fully trained nurses was a major problem throughout the war. This issue was most likely because nursing was not considered to be among the most respectable professions at the time. This societal way of viewing the medical professional was a precursor, among other reasons already stated, to the expedient, and perhaps sometimes improper, training of Voluntary Aid Detachment nurses in the First World War.

Sir Alfred Koegh acknowledged all parties who devoted their time and energy to serving their nation and their wounded warriors. The desire for commemoration of the inestimable work that had been performed at each respective Military, Auxiliary, and Private hospital in Great Britain was made known. As a physical sign of respect and appreciation for the care of British soldiers, an engraved banner was designed and distributed to the various hospitals. The “inscribed Scroll” which adorned each former hospital building in commemoration declared,

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Note: Letter from Sir Alfred Keogh to Dame Sarah Swift, G.B.E. Passage from letter was published in the *Reports by the Joint War Committee*.

“During the great war of 1914–1919 this building was established and maintained as a hospital for British sick and wounded. The Army Counsel, in the name of the nation, thank those who have rendered to it this valuable and patriotic assistance in the hour of its emergency, and they desire also to express their appreciation of the whole – hearted attention which the staff of this hospital gave to the patients who were under their care. The War has once again called upon the devotion and self – sacrifice of British men and women, and the nation will remember with pride and gratitude their willing and inestimable service.”<sup>184</sup>

Between 1914 and 1918, Great Britain had been tremendously affected not only because the conflict alone had decimated an entire generation, but also because it affected the dynamic of British society on an intimate scale. Classes formerly separated by wealth and politics were forced to integrate to defeat a common enemy. As British men were sent to confront German forces in the trenches of Northern France, at the same time, on the home front, aristocratic and wealthy families donated buildings, homes, and other properties, which were then converted into auxiliary hospitals to aid wounded soldiers and sailors. The insufficient quantity of hospitals, which were needed to adequately tend to Great Britain’s wounded warriors as they returned from the battlefield, the emergency of war energized the British public to confront the inadequacy and contribute to their patriotic war work. These women, though rooted in Great Britain’s landed elite, were instrumental in aiding the war’s wounded. Though they did use their power and the status of their positions and titles in high society, their motivations for opening and running Auxiliary Hospitals were not primarily influenced by a need to revitalize their prestige within British society. As demonstrated, the Duchess of Bedford was already devoted to hospital care and

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<sup>184</sup> Ibid., 230.

administration prior to the Great War. Lady Diana was, like many young women of her station at the time, influenced by the responsibility of war work while also focusing on proving her capability and seriousness as a caregiver. Lady Almina dedicated herself to providing convalescing wounded warriors care and solace from the chaos and devastation of the battlefield. Though high society women's hospital work was met with some controversy, their constant campaign on behalf of Britain's wounded was instrumental in the country's ultimate victory.