

Neutral Caregivers or Military Support? The British Red Cross, the Friends' Ambulance Unit, and the Problems of Voluntary Medical Aid in Wartime

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During the First World War the British Red Cross Society (BRCS) served as the coordinating body for voluntary medical aid giving in Britain. Among the many units which came within its purview was the Friends' Ambulance Unit (FAU), formed by a group of young men whose desire to serve their nation in wartime conflicted with their pacifist principles. Both the BRCS and the FAU were wracked by ideological conflicts in the years which preceded and throughout the war. These struggles over voluntarist identity highlight the contested meanings of service and conscience in wartime. Through a critical examination of the language of official histories and biographies, this article will argue that the war formed a key moment in the relationship between the British state and voluntary medical aid, with the state's increasing role in the work of such organizations raising questions about the voluntarist principles to which aid organizations laid claim. The struggles that both organizations and individuals within them faced in reconciling the competing pressures that this new relationship created form a legacy of the war which continues to have important implications for the place of medical voluntarism in wartime today.

KEYWORDS Friends' Ambulance Unit, British Red Cross, medical aid, voluntarism, First World War

In his 1953 autobiography, *The Grace of Forgetting*, Geoffrey Winthrop Young, one of the founder members of the Friends' Ambulance Unit (FAU) wrote of a meeting he had in London in the early days of the First World War: 'Philip J. Baker came to tell me of the conflict between traditional principles and the call of their country which many young Friends (especially at Cambridge) were finding themselves in,

and of his intention to form them into a trained ambulance corps for field work'.¹ This passage captures much of the ambiguity at the heart not only of a unit in which young men opposed to conflict and combat on ideological grounds could nonetheless experience the adventure and excitement associated with the conflict zone and thus fulfil their gendered duty to the nation,² but also of First World War British medical voluntarism more generally. The history of such voluntary aid in wartime had, in Britain, since the middle of the nineteenth century, involved numerous struggles between different organizations over the scope of their roles in both war and peace. At the heart of these struggles was the conflict between the humanitarian principles of neutral medical aid, as envisioned by the International Committee of the Red Cross,³ and the practical realities of providing care in the highly partisan context of a society of war, when the interests of the military and the nation tended to override all other concerns.

This article examines the struggle over the voluntarist identity of both the Red Cross, the overarching organization for medical and humanitarian aid in Britain during the First World War, and the FAU, a unit within that organization whose debates over the role of the medical volunteer in war time highlight the contested meanings of ideas of service and conscience. Through a critical examination of the language of official histories of both establishments, as well as biographies and autobiographies of key members, it will argue that the war formed a key moment in the relationship between the British state and voluntary medical aid, with the state's increasing role in the work of such organizations raising questions about the voluntarist principles to which they laid claim. The struggles that both organizations and individuals within them faced, to reconcile the competing pressures that this new relationship created, form a legacy of the war which would have important implications for the place of medical voluntarism in Britain throughout the twentieth century. In the context of total war, the need to explicitly locate voluntary medical aid in relation to the state helped define social and cultural understandings of such aid, understandings which continue to shape the place of voluntary medical caregivers in conflict zones to this day.

Medical voluntarism in Britain

The outbreak of war in 1914 united the many groups seeking to provide medical aid to soldiers, both those already established and those formed in direct response

¹ G. Winthrop Young, *The Grace of Forgetting* (London: Country Life Limited, 1953), p. 182. Barker was a member of the Society of Friends, or Quakers, and a pacifist.

² For discussions of the importance of the image of the soldier as combatant in this period, and the gendering of the role of the soldier, see N. Gullace, *'The Blood of Our Sons': Men, Women, and the Renegotiation of British Citizenship During the Great War* (Basingstoke: Palgrave Macmillan, 2002); M. Paris, *Warrior Nation: Images of War in British Popular Culture, 1850–2000* (London: Reaktion, 2000), pp. 47–48; J. Horne, 'Masculinity in politics and war in the age of the nation-states and world wars, 1850–1950,' in *Masculinities in Politics and War: Gendering Modern History*, ed. by S. Dudink, K. Hagemann, and J. Tosh (Manchester: Manchester University Press, 2004), pp. 22–40; L. Bibbings, *Telling Tales About Men: Conceptions of Conscientious Objectors to Military Service During the First World War* (Manchester: Manchester University Press, 2009), p. 89; G. Dawson, *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinities* (London: Routledge, 1994), pp. 104–14.

³ C. Moorehead, *Dunant's Dream: War, Switzerland and the History of the Red Cross* (London: HarperCollins, 1998).

to the declaration of war, under the umbrella of the Joint Committee of the British Red Cross and the Order of St John of Jerusalem. Throughout the war, it was this committee which negotiated a working relationship with the Army Medical Services (AMS) through forms of 'Red Cross patriotism',⁴ which demonstrated the alliance of the actions of volunteers with the aims of the military authorities. Nor was it only, or even chiefly, the administrative level of voluntary medical aid that was forced to integrate with the national military effort during the war. The various units on the ground that the Joint Committee represented also had to find accommodation with the military services they sought to aid. Such accommodation was often problematic, especially as the war went on and military demands for manpower increased. For units such as the FAU, the questions raised by their choice of serving in a non-combatant unit dedicated to care-giving were increasingly inflected by assumptions about combatant military service as the most appropriate role for men in wartime.

The question of the role of the First World War in defining and redefining the place of medical voluntarism in British society must be located within the wider history of British philanthropy and voluntarism. While the importance of these impulses and movements has been extensively investigated in relation to both Victorian Britain⁵ and the development of the welfare state,⁶ Peter Grant has argued that 'the significance of the period [of the First World War] has hitherto been obscured by pervasive misunderstandings regarding the history and development of voluntary action'.⁷ Histories of British philanthropy, he suggests, have ignored the period of the First World War and its aftermath as an inexplicable moment between a mythic 'golden age' of philanthropy and the establishment of the welfare state after the Second World War. He quotes Geoffrey Finlayson's argument that 'studies on the influence of war on welfare in the twentieth century [...] have concentrated almost exclusively on the provision of statutory welfare in Britain to the exclusion of an examination of voluntarism'.⁸

Grant's own argument focuses on the wartime voluntary effort located within Britain which not only supported men at the front, but also provided aid to many other domestic causes. He explores the ways in which the war reshaped the relationship between voluntary and state action so that, by 1918, the idea of 'charity working

⁴ J. F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder: Westview Press, 1996).

⁵ D. Owen, *English Philanthropy 1660–1960* (Cambridge: Belknap Press of Harvard University Press, 1964); B. Harrison, 'Philanthropy and the Victorians', *Victorian Studies*, 9 (1966), 353–74; A. J. Kidd, *State, Society and the Poor in Nineteenth-Century England* (Basingstoke: Macmillan, 1999); P. Mandler, ed., *The Uses of Charity: The Poor on Relief in the Nineteenth-Century Metropolis* (Philadelphia: The University of Pennsylvania Press, 1990); F. Prochaska, *The Voluntary Impulse: Philanthropy in Modern Britain* (London: Faber, 1988); J. D. Smith, 'Philanthropy and Self-help in Britain 1500–1945', in *An Introduction to the Voluntary Sector*, ed. by J. D. Smith, C. Rochester, and R. Hedley (London: Routledge, 1995), pp. 9–39.

⁶ D. Fraser, *The Evolution of the British Welfare State: A History of Social Policy since the Industrial Revolution* (Basingstoke: Palgrave Macmillan, 1973); J. R. Hay, *The Development of the British Welfare State, 1880–1975* (London: E. Arnold, 1978); P. Thane, *The Foundations of the Welfare State*, 2nd ed. (London: Longman, 1996).

⁷ P. Grant, 'Voluntarism and the Impact of the First World War,' in *The Ages of Voluntarism: How We Got to the Big Society*, ed. by M. Hilton and J. McKay (Oxford: Oxford University Press, 2011), p. 27.

⁸ G. Finlayson, 'A Moving Frontier: Voluntarism and the State in British Social Welfare, 1911–1949', *Twentieth Century British History*, 1 (1990), 183, quoted in Grant, p. 29.

hand-in-hand with state welfare, had decisively gained the upper hand'.⁹ This is an argument that tends to ignore the place of medical voluntarism in wartime because, according to Grant, such organizations 'were, to some extent, already systematised or state-controlled, or quickly became so'.¹⁰ Yet, while there was undoubtedly a close relationship between the state and what Michael Barnett has termed 'emergency' humanitarian organizations in Britain in 1914,¹¹ this masked a far more complex and contested relationship between the two that stretched back over half a century. It was this contestation that the First World War was to resolve in favour of the state's domination of voluntary medical relief.

Central to Barnett's thesis is the idea that 'emergency and alchemical humanitarianism began with different relationships to the state. [...] [T]he [International Committee of the Red Cross] ICRC was encroaching on one of the state's most sensitive areas, security, and started as a quasi-public, quasi-private body, an arm of states even as it was independent of them. Consequently, from the very beginning the ICRC's very existence and effectiveness depended on states, which meant an acute sensitivity to their views'.¹² As a result, throughout the nineteenth century, Red Cross societies 'became imprinted by the state system and patriotism. States increasingly treated the national Red Cross societies as part of their war effort, and the Red Cross societies, desirous of being accepted by their governments, accommodated. Far from articulating and aspiring to cosmopolitanism, they developed a patriotic nationalism as they reminded citizens of their duty to help the soldier at the front'.¹³ This is the position that John F. Hutchinson, in his critical history of the Red Cross, defines as 'Red Cross patriotism', a 'selective and distorted realization of [the original founders'] ideas by the national governments of the day' which held that, while 'the true test of philanthropy had been assisting wounded enemy soldiers, [...] now it had become helping your own soldiers and those of your allies'.¹⁴ Hutchinson identifies Japan as being at the forefront of developing 'a carefully organised Red Cross society that serve[d] as a vehicle for rallying the noncombatant population behind the war effort' during the Russo-Japanese war.¹⁵

The British Red Cross Society before the First World War

However, these developments were by no means consistent across the world. In Britain at this time, the Foreign Office had 'a very real spirit of wariness [...] towards the Geneva Convention and the International Committee'.¹⁶ This found expression

⁹ Grant, p. 46.

¹⁰ *Ibid.*, p. 35.

¹¹ M. Barnett, *Empire of Humanity: A History of Humanitarianism* (Ithaca: Cornell University Press, 2011), p. 76. Barnett contrasts emergency humanitarianism, which tackles the humanitarian crises on the basis of superficial human need, with alchemical humanitarianism, which uses aid more systematically to create space for longer-term humanistic change and action within government structures.

¹² Barnett, p. 81.

¹³ *Ibid.*, p. 81.

¹⁴ Hutchinson, p. 6.

¹⁵ *Ibid.*, p. 202.

¹⁶ Moorehead, p. 132.

in a sense of rivalry between the British military medical service, itself in its formal infancy in the late nineteenth century,¹⁷ and the British National Aid Society, the body set up in 1870 to provide humanitarian aid during the Franco-Prussian War. Such was this sense of rivalry that, in 1885, the Army Medical Department rejected the Society's offers of help during the Egyptian campaign. It was not until 1899, during the Second Anglo-Boer War, that the War Office convened a separate recognized Central British Red Cross Committee with the intent of planning voluntary aid to meet the supplementary requirements of the Army Medical Service.

Nor were the divisions only between the armed forces and the National Aid Society. There were equally important divisions within the Society itself, principally over how to use funds donated for the relief of suffering in wartime at the end of the conflict. While some members, including Sir John Furley and Sir Henry Brackenbury, wanted to use the funds to provide peacetime training for volunteers, who would assist at civil and industrial accidents in peace and act as supplementary stretcher bearers in war, Robert Loyd-Lindsay, the Society's chairman and a hero of the Crimean War, believed that funds should be left gathering interest for use in future conflicts. Furley, along with Sir Edmund Lechmere and Francis Duncan, would, in 1887, go on to form the St John Ambulance Association 'to train men and women in First Aid to minister to the sick and wounded in war and for the benefit of the civil population in peace'.¹⁸ It was Furley, in his role as co-founder of the St John Ambulance Association, with its belief in 'hospitaler work on an extended scale [...] whether as a civilian reserve for the Army Medical Department or beyond that as voluntary aid movement for the benefit of all in time of peace',¹⁹ rather than as representative of the National Aid Society, who would lead the representation of British voluntary aid associations at the congresses of the International Red Cross for the next twenty years.

Although the National Aid Society and the Central British Red Cross Committee were forcibly merged in 1905 to form the British Red Cross Society (BRCS), with the king as patron, the queen as president, and Sir Frederick Treves, surgeon to the king and veteran of the South African conflict, as chairman of the executive committee, divisions continued to affect the organization of voluntary medical aid in Britain. Following the 1908 Haldane reforms to the military, the BRCS was asked to provide supplementary aid to the Territorial Medical Services, principally through the organization of county-based Voluntary Aid Detachments (VADs). However, the Admiralty and the War Office insisted that the St John and St Andrew Ambulance were also able to provide personnel trained under their own, separate, VAD scheme.²⁰ This exemption irritated the leadership of the BRCS, not helped by the fact that the two groups had very different ideas about the level of training needed to qualify as a VAD member. Thus 'by 1914 many people had come to view the BRCS and the St John Ambulance Association as two separate bodies, which not only did not make

¹⁷ N. Cantlie, *A History of the Army Medical Department*, Volume 2, (Edinburgh: Churchill Livingstone, 1974).

¹⁸ Lord Scarborough, 'Forward' in N. Corbet Fletcher, *The St. John Ambulance Association: Its History and its Part in the Ambulance Movement* (London: The St John Ambulance Association, 1930), p. 3.

¹⁹ J. Clifford, *A Good Uniform: The St. John Story* (London: Robert Hale, 1967), p. 22.

²⁰ Hutchinson, p. 250.

common cause with one another but which were open rivals, not only over the VAD scheme but on a broader philanthropic front'.²¹

The British Red Cross in the First World War

Thus, despite the moves towards national unification, and the international 1906 revision of the Geneva Conventions which recognized all national Red Cross societies as an integral part of their own army medical services in time of war,²² when war broke out in 1914, the established voluntary medical aid organizations in Britain were ill-prepared for a major European conflict. Not only were the BRCS and St John Ambulance in competition with each other, they were also poorly coordinated with the military medical services, a fact that was to have practical implications for medical care in the early months of the war.²³ Arriving in Brussels on 19 August, Sir Alfred Keogh, Chief Commissioner to the BRCS overseas Commission found that three-quarters of the medical unit already sent out was unemployed. By 26 August he 'was in Rouen telegraphing for ten cars for recumbent wounded and two small cars. Next day he was in Havre reporting unfavourably on the lack of bearers to deal with battle casualties.'²⁴ Keogh set about coordinating with representatives from the St John Ambulance Association and placing 'independent' British voluntary aid parties in France and Belgium under the direct authority of the Commission,²⁵ while Lord Northcliffe announced that 'he would refuse to publish in *The Times* or any other newspaper he owned advertisements from two separate societies appealing to the public for the same purpose'.²⁶ An agreement for the two societies to work together as the Joint War Committee of the British Red Cross and the Order of St John of Jerusalem (hereafter referred to as the Joint Committee) was eventually arrived at on 24 October, following the intervention of the king.

There continued, however, to be a lack of coordination with the military authorities, as seen in the initial confusion over rail evacuations, which saw the Adjutant-General, the Director General of Medical Services (DGMS), and the Red Cross Commissioner all issuing uncoordinated orders. Who precisely was responsible for this confused state of affairs remains a matter of some debate. Mark Harrison, for instance, has argued that the lack of coordination was due to the fact that 'The Red Cross was rather jealous of its independence and resentful of War Office interference, if not of War Office funds'.²⁷ By contrast, in its 1921 report on the activities of the British Red Cross during the war, the Joint Committee made a case for the AMS to take greater responsibility for an initial refusal to take up many of the early offers of assistance made by the BRCS, despite the fact that it found itself 'at short notice, obliged to

²¹ Ibid., p. 253

²² J. Clifford, *For the Service of All Mankind: Furley, Lechmere and Duncan, St. John's Ambulance Founders* (London: Robert Hale, 1971), p. 180.

²³ M. Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010), p. 19.

²⁴ B. Oliver, *The British Red Cross in Action* (London: Faber & Faber, 1966), p. 227.

²⁵ Harrison, p. 50.

²⁶ Moorehead, p. 210

²⁷ Harrison, p. 42.

organize on a scale which makes efficient assistance offered to it from outside not only welcome, but at times a necessity'.²⁸ It was only, Caroline Moorehead argues, when Viscount Esher, chairman of the Territorial Forces Association of the County of London, returned from inspecting the front, and confronted Lord Kitchener with the reality of lack of resources available to the AMS, that a working partnership began to be established. Even then, 'During the early years of the war, various sections of the British military medical services remained sniffy about the Red Cross, preferring to ignore its growing numbers of experienced surgeons and nurses, and dismissing its admirably run stores and depots as no more than little luxuries'.²⁹ As Geoffrey Winthrop Young recalled of the early days of the FAU, which was authorized by the BRCS:

the RAMC would have none of our aid. [...] It was a feature of that war [...] that when once battles began, all medical provision or supply of ambulances was found hopelessly inadequate for the countless wounded. Our volunteer help was then accepted and claimed and even clamoured for, so long as battle continued. But no sooner had the fighting died down than our emergency presence became an offence. It reflected upon the foresight of the senior officers responsible for the regular provision [...]. We were then abruptly disclaimed, and an attempt made to shuffle us back out of sight.³⁰

How, then, was the BRCS and its dependent units eventually able to work with the British Army in France and Belgium, to meet 'the constantly growing demand of the Army, not only on the traditional Red Cross lines of supplementing the work of the RAMC in the care of the sick and wounded, but also in the many new directions which experience suggested, the most notable of which was the transport of the wounded'?³¹ This was achieved, principally, through the ever-closer integration of the Joint Committee with the medical military services and, by extension, with the military's priorities and the national war effort. At one level, this involved the simple military takeover of the aspects of the evacuation, as in the case of hospital trains, where, 'By the end of 1914, all matters concerning the fitting and running of hospital trains came under a new Advisory Committee, which consisted entirely of Army officers, with the addition of a single French railway officer'.³² Conversely, there was also devolution of some authority by the military to the BRCS, which eventually supplied ten fully administered war hospitals and three complete ambulance units.³³ Actual partnership is clearest, however, in the policy shifts relating to BRCS recruitment as manpower shortages worsened. As the Report of the Joint Committee noted, 'In 1915, at the request of the War Office, we ceased to send out men under forty who were fit for the Army, and on the passing of the Military Service Act the War

²⁸ *Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross 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: His Majesty's Stationary Office, 1921), p. 3.

²⁹ Moorehead, p. 220.

³⁰ Winthrop Young, pp. 185-86.

³¹ *Reports by the Joint War Committee*, p. 227.

³² Harrison, p. 42.

³³ *Reports by the Joint Committee*, p. 350.

Office allowed us to engage only men of low category'.³⁴ Such changes in recruitment reflect the extent to which voluntary medical aid, like other forms of British voluntary aid in the First World War, was increasingly coming within the remit of state intervention.³⁵

The *Report by the Joint War Committees* would claim in 1921 that 'Undoubtedly the chief factor in our usefulness was the confidence with which from the beginning they were able to inspire the military authorities and the cordial relations which always existed between the Red Cross, the [Royal Army Medical Corps] RAMC and the [Royal Army Service Corps] RASC, without which our work would have been impossible'.³⁶ While not all adaptations were as smooth as this assurance might indicate, by the end of the war, the work of the BRCS and its associated units was closely integrated with that of the military on a variety of levels, including the provision of nursing, the supply of medical materiel, and the running of evacuation transport. The only way in which the British Red Cross could achieve the success it ultimately did was by allying itself directly with the aims of the military body authorizing its activities. It was during the war, then, that the BRCS fully embraced 'Red Cross patriotism', the prioritizing of cooperation and identification with national war aims and effort in the provision of medical aid. In doing so, the organization reinforced wartime cultural narratives which defined appropriate voluntary service, almost exclusively, as that offered to one's nation and those who defended its interests.

The Friends' Ambulance Unit

While the increased coordination between the BRCS and the AMS, at the administrative level, demonstrates the role of the First World War in defining the parameters of medical voluntarism, it also had a more ambiguous impact, as this definition struck at the roots of the ideological aims of medical relief as an international act of humanitarianism in wartime.³⁷ Nowhere is this better illustrated than by the conflict that the increasing cooperation between voluntary medical aid and the British state caused for the FAU, as a unit officially authorized by the BRCS but with strong ties to the Society of Friends, whose pacifist principles many members shared. Formed in 1914, with the initial intention of providing relief to Serbia, the Unit first went into service, with the authority of the BRCS, under the title of the 'Anglo-Belgian Ambulance Unit'. The name was changed in early 1915. According to Geoffrey Winthrop Young, a founder member of the unit, the new name was chosen because 'Two of our officers were Quakers by birth, while three were not; but we were all personal friends'.³⁸

This description is slightly disingenuous. While the unit was never entirely made up of Quaker members, the bulk of its funding in the early days did come from the British Society of Friends, and fund-raising was led by Sir George Newman, Chief Medical Officer to the Board of Education and the editor of the Society's journal,

³⁴ *Reports by the Joint Committee*, p. 94.

³⁵ Grant, p. 46.

³⁶ *Reports by the Joint Committees*, p. 278.

³⁷ For a discussion of the ideological underpinnings of the International Committee of the Red Cross, see Moorhead, pp. 28–29.

³⁸ WinthropYoung, p. 188.

The Friend. The original appeal for volunteers had appeared in *The Friend* on 21 August 1914, and the Meeting for Sufferings, the representative body of the Society, 'was inevitably drawn in by many appeals for guidance'. However, the scheme 'was never laid before the Meeting in the same way as [...] other proposals',³⁹ such as those for relief committees, including the Emergency Committee for the Assistance of Germans, Austrians, Hungarians and Turks in Distress and the War Victims' Relief Committee. Indeed, for some Friends, the use of the word 'Friends' in the unit's title was viewed as objectionable, although such an objection was 'hard to sustain since, by Quaker custom, the title had been allowed for almost a century to bodies which drew their officers and most of their members from the Society'.⁴⁰ After the war, the FAU claimed that seventy per cent of its members, of whom there were approximately 1800 over the course of the conflict, were Quakers, although this was not a constant proportion throughout.

The relationship of the unit with the BRCS, and through it, to the British military and national war aims, dates from early on in the war. On 26 October 1914, Philip Baker (later Philip Noel Baker) and Geoffrey Winthrop Young met with Sir Arthur Stanley, the Chairman of the Joint War Committee: 'They asked his acceptance of the Unit under the auspices of the Joint War Committee, and his help in providing ambulances and equipment to enable them to set off for Belgium at the earliest possible moment. Both were readily granted, and it was arranged that they should leave London on October 30th'.⁴¹ The manpower of the unit came from a group recruited by Baker, mainly from fellow Cambridge undergraduates, who had undertaken unofficial training at Jordans, a hamlet in Buckinghamshire with strong Quaker roots, with the original intention of providing aid to Serbia. This plan had been abandoned when Serbia had appeared to have been 'knocked out of the war', and the unit had been disbanded. In October, therefore, the unit's leaders were faced with the question, 'Could it be reassembled at once? [They] were certain it could. Messages flew over the country. Forty men and some eight ambulances were collected and driven rapidly down to the coast. [...] On the second day after my return we were already embarked and on our way to Dunkirk'.⁴²

Young's recollections, as might be expected of those of a former journalist, are full of energy and vividly convey youthful enthusiasm. What is notable about all the recollections of the formation of the unit and, indeed, its first year and a half of service, however, is the consistency of this enthusiasm of recollection. Meaburn Tatham and James Miles, in their official history of the unit, describes 'the Unit setting out, almost in knight-errant fashion, to look for work wherever it thought such might be found'.⁴³ This echoes the language used by Sir George Newman in the book's introduction where he talks of 'A band of English Quaker youths [who] [...] could not by

³⁹ J. Ormerod Greenwood, *Quaker Encounters: Volume 1: Friends and Relief* (York: William Sessions Limited, 1975), p. 181. Greenwood traces the history of Quaker involvement with humanitarian relief back as far as the sixteenth century.

⁴⁰ Ormerod Greenwood, p. 182.

⁴¹ M. Tatham and J. E. Miles, eds., *The Friends' Ambulance Unit 1914-1919: A Record* (London: The Swarthmore Press Ltd., 1919), p. 4.

⁴² Winthrop Young, pp. 182-83.

⁴³ Tatham and Miles, p. 8.

their religious bonds join the Colours; nor, by the same bonds, could they return to college or calling. So they set forth on a quest of chivalry — a quest which became a conquest — the service of healing and “the care of him who shall have borne battle”.⁴⁴ He goes on to explain the reasons for such enthusiasm:

I think there were three motives. First, they were not content to remain passive with folded hands in the midst of the conflict, because of their religious views, upbringing, or conscientious objection to war. Secondly, they desired to stand beside their companions and friends who went to fight, and share their dangers, their self-renunciation, devotion and sacrifice. Thirdly, they were impressed with the inadequacy of the means and agencies then existing for dealing with the miseries and desolations of war, particularly in the invaded portions of Belgium.⁴⁵

The result he described as ‘a record of the adventure and chivalry of Youth [...] a harvest of splendid achievement’.⁴⁶ The language is that of a heroism and idealized masculinity that comes directly from the pleasure culture of war, and the cult of reimagined chivalry, that so saturated British middle- and upper-class culture in the decades preceding the First World War.⁴⁷ It is the language of knights and adventure, translated from conquest and conflict into the realm of medical aid and succour.

Such a use of language allowed young men, whose religious convictions set them against militarism and warfare, to lay claim to a share of the ethos of service in wartime, an ethos that was key to ideals of appropriate masculine identity.⁴⁸ Just as the BRCS sought to identify its cooperation with, and help to, the AMS and the British war effort as a key achievement during the war, so too did members of the FAU, and its sponsors, seek to justify their individual roles through the retrospective construction of their actions as those of chivalric aid. Such a position allowed them to garner cultural approbation and status for actions that might otherwise have condemned them in a wartime culture which gave primacy to combatant service.⁴⁹ Significantly though, for the FAU, war service, and the adventure that might accompany it, was always to be voluntary, and always for the relief of the suffering individual, rather than the nation. In this way, the FAU was, at least initially, able to position itself in relation to both the Red Cross patriotism of the BRCS, and the humanitarian pacifist traditions of the Meeting of Sufferings, in a way that could be acknowledged as valid, if not fully accepted by both these institutions.

⁴⁴ G. Newman, ‘Introduction’ in Tatham and Miles, vii.

⁴⁵ Newman, vii–viii.

⁴⁶ Newman, vii.

⁴⁷ Graham Dawson argues that ‘Images and stories about military war [...] clearly provided pleasure and excitement for very large numbers of men and boys, to the extent that it seemed feasible to speak of a popular masculine pleasure-culture of war.’ (Dawson, p. 4) For discussions of the popular representation of this culture in relation to the First World War in particular, see Paris, chapter 4. On the nineteenth century cult of chivalry, see Mark Girouard, *The Return to Camelot: Chivalry and the English Gentleman* (New Haven: Yale University Press, 1981).

⁴⁸ M. Roper, *The Secret Battle: Emotional Survival in the Great War* (Manchester: Manchester University Press, 2009), pp. 167–70, 178–80.

⁴⁹ Bibbings, p. 89.

Yet the conflict between, on the one hand, their desire for a form of war service, and the cultural approbation such service would bring, and, on the other, the principles of Quaker pacifism, could not be eliminated by the gloss of chivalry which clothed the desire of a group of young men to engage with what they perceived as the great adventure of their lifetime in romantic language. An equally powerful motivation for the founder members was that of service to the suffering, a motivation had its roots in the pre-war Quaker organizations, the 'Friends Christian Fellowship Union' (male) and the 'Friends Fellowship of Service' (female), which combined to form the 'Young Friends Group' by 1911. All three groups had a missionary tenor, aiming to engage young Quakers in their religion through active service for the alleviation of suffering, whether in peace or war. Indeed, Margaret Hirst argued that the Ambulance Unit was a direct result of the activities and ideas promoted by the Young Friends Group, arising as it did 'from the desire of many young men to serve in the war zone, where their countrymen were in hourly danger'.⁵⁰

At the same time as the Young Friends Group was mobilizing young Quakers for service, however, many of these same young Quakers were taking a more vocal stance in defence of the Friends' tradition of pacifism. In 1911, at the Swanwick Conference, John Percy Fletcher and Alfred Barrett Brown had emerged as two of the best known and most respected young Friends for the debate they initiated over 'concern at the use of military force' against striking railwaymen. Although their motion was defeated, it nonetheless precipitated a clear declaration of pacifist principles on the part of the majority of those present. When John William Graham argued in debate that 'Force [...] would always be necessary in dealing with savages, lunatics, children and strikers [...] [t]he reaction was vociferous; "Speaker after speaker voiced the hope that he would hold to his convictions to the uttermost. Both men and women repudiated his suggestion that any many should lose his soul by doing the killing for their sakes"'.⁵¹ Nor did the outbreak of war significantly affect these principles. At the Yearly Meeting in 1915, the first following the outbreak of the war 'it became clear that the Society would remain pacifist — more and more emphatically so as time went on'.⁵²

Yet even as the Meeting was declaring its pacifism, 'some Friends were recruiting, and 250 young men who were members of the Society had voluntarily enlisted; by the end of the war 560 out of the 1,666 noted as eligible for military service were in the armed forces'.⁵³ Indeed, the position of the Meeting was never intended to be, or viewed by Friends as, binding on the conscience of individuals. Rather:

Each young [male] Quaker had personal decisions to make; and from the first there was a whole spectrum of choice before him. He might volunteer as a soldier, or join the non-combatant service in the Forces, or work in ancillary bodies such as the Red Cross or the Y.M.C.A. [...] [H]e might volunteer for one of the non-Quaker relief bodies such as the Belgian or Serbian Relief Funds. He might apply to the Friends Ambulance Unit;

⁵⁰ M. E. Hirst, *The Quakers in Peace and War: An Account of Their Peace Principles and Practice* (London: The Swarthmore Press, 1923), p. 501.

⁵¹ Ormerod Greenwood, pp.176–77.

⁵² *Ibid.*, p. 179.

⁵³ *Ibid.*, p. 178.

or prepare, as conscription grew near, for alternative service on the land, in forestry or in a hospital. He might offer to go to France or Holland, or later, to Poland or Russia, for the Friends War Victims Relief Committee; or he might stay at home and work for the Emergency Committee set up for the relief of distressed enemy aliens in Britain. He might refuse to acknowledge the authority of the state and prepare for a series of prison sentences, or even (at one stage) the distinct possibility of being shot as a traitor.⁵⁴

Thus the FAU's position in relation to the Society of Friends was ambiguous from its very inception. While deeply imbued with Quaker principles of service to the suffering of others, which also animated the war relief campaigns, and eager to avoid overt militarism through its use of the language of romantic chivalry, the unit was not an official body of the Society. It was also, as we have seen, implicated in the nation's military endeavours, and those of its allies, from the outset. Nonetheless, it continued to raise money via the Society, publicize its doings in the *Friend* and, above all, use the title which established a close association in the mind of the public. for whom 'a Friends Ambulance Unit was the Ambulance Unit of the Society of Friends'.⁵⁵

The ambiguity of the unit's status in relation to the Society was relatively unproblematic in the early years of the war, although it is clear that some members found the fact that the unit was so closely allied with the war effort, through its answering formally to the BRCS, difficult to square with Quaker pacifist beliefs.⁵⁶ It was the introduction of conscription in 1916, however, which brought the problem of the unit's ideological position into sharp focus:

During the passing of the Military Service Act four leaders of the Friends Ambulance Unit had been called into consultation by the War Office, and asked to collaborate in arranging work of "national importance" for members of the Society coming under the Act; so that all Quakers coming before the tribunals to be set up for conscientious objectors could be referred to the Friends Ambulance Unit. By entering into these negotiations and agreeing to such a scheme, the Unit were putting themselves in a doubly false position; for they were not an official Quaker body, and they had no authority to represent the Society of Friends, which had repeatedly and emphatically declared that it would accept no special arrangements or privileges for its members. In March, 1916, the Friends Service Committee was driven to disown the Friends Ambulance Unit, and a period of intense suspicion and bitterness followed. This was deepened [...] by the conduct of the Friends Ambulance Unit itself. It advertised its willingness to help the government, and allowed its principal field officers — who by this time were not Quakers — to accept honorary commissions in the Army to facilitate their work.⁵⁷

The stance taken by the FAU leadership was thus consistent with that of the BRCS, in its policy of refusing to employ men otherwise eligible for military service. It conflicted, however, with the pacifist principles of many Quakers, who believed that not only engaging in conflict themselves, but also acting in ways that forced others to engage in conflict, was morally wrong. Although the Military Services Act contained a 'conscience

⁵⁴ *Ibid.*, pp. 178–79.

⁵⁵ *Ibid.*, p. 182.

⁵⁶ *Ibid.*, p. 182.

⁵⁷ *Ibid.*, pp. 183–84.

clause', the only one of its kind among the European nations engaged in the conflict,⁵⁸ which provided for exemption from military service to be granted on application to a tribunal system, the support for conscription implied by the FAU's agreement was a step too far for those who set their faces firmly against military compulsion of any sort.⁵⁹

The result of this agreement between the officers of the FAU and the War Office was a formalization of the status of the unit as a legitimate and expected space for service for those with conscientious objections to combatant service.⁶⁰ The conscience clause covered motivations that included political convictions, as well as a wide variety of religious groups, whose beliefs about what level of wartime service was unconscionable for an individual were extremely variable. Thus some would commit to service providing aid for suffering servicemen, some would contribute to war work as long as it did not involve actually taking up arms, and some, of whom 958 are recorded, were so-called absolutists, who refused to undertake any form of war work that might assist the continuation of the conflict in any way. Although part of the agreement between the FAU and the War Office included the exemption of men already serving in the FAU from conscription, a number of the unit's members were in this last group of objectors. For them, objection to conscription entailed resigning from the service of the FAU and resisting the call up to combatant service that followed. The resignation of these men, including Corder Catchpool, one of the founder members and later Adjutant of the unit, stretched the actual connection with the Society of Friends even thinner. It also opened up, once again, the question of the meaning of voluntary medical service as a philanthropic act in wartime.

Corder Catchpool

Corder Catchpool is an interesting case study, because his path through the war most clearly exemplifies the complexities of the Quaker stance on service in wartime, and the problems that voluntary medical service in particular could pose. A school friend of Philip Baker, Catchpool was one of the earliest recruits to the unit and, 'early in November 1914, he donned the khaki uniform of the FAU, and marched with his comrades through London streets to Charing Cross, bound for France, and chanting the inevitable "Tipperary"'.⁶¹ Once arrived at Dunkirk, as he wrote in a letter home, 'they asked immediately for volunteer dressers; hundreds of wounded at the station, and no one to attend them. I am not rated as a dresser, but was mad to go — and *went* — got round a Doctor somehow — I believe I was almost irresistible just then'.⁶² Whatever his views on conflict, Catchpool's appetite for adventure and experience was strong in the early years of the war.

⁵⁸ Bibbings, p. 29; A. Gregory, *The Last Great War: British Society and the First World War* (Cambridge: Cambridge University Press, 2008), p. 91.

⁵⁹ This stance on conscription predated 1916. When a form of conscription was introduced in Australia, between 1905 and 1909, in response to the perceived threat of Japan in the region, 'Friends from Great Britain went out to give counsel and encouragement to the small and scattered groups of Quakers and their companions in conscientious objection. It was during this campaign that many stalwarts of Quaker war-time activities first [...] "smelt powder".' (Ormerod Greenwood, p. 167).

⁶⁰ Bibbings, p. 208.

⁶¹ W. R. Hughes, *Indomitable Friend: Corder Catchpool 1883–1952* (London: Housmans, 1956), p. 23.

⁶² T. C. Catchpool, *On Two Fronts* (London: Headly Bros. Publishers, Ltd., 1918), p. 21.

For six months Catchpool worked tirelessly as part of the FAU, providing both military and, increasingly, as the RAMC became better organized and deployed more men, civilian relief in Belgium and Flanders. According to his biographer William Hughes, he ‘found tremendous satisfaction in being able to give himself so completely to this work’.⁶³ By midsummer 1915, he had been made Adjutant of the unit, and found himself dealing largely with office work. By November, he was writing, ‘I am getting soul-sick of the work out here the last four months, mending motor-cars instead of men’. In December he complained, ‘I should be more content as a hospital orderly than doing the work I have had to do. Often I have gone about my work all day with a pathetic longing to find someone to be kind to, gentle and loving with. I have felt the funds of sympathy in me drying up for want of exercise’.⁶⁴ As an adventure, the war was proving as disillusioning to a man who approached it in a spirit of service as to those who entered into it with dreams of glory.

At the same time that Catchpool was losing his enthusiasm for the type of work he was doing with the FAU, the status of the unit, as a voluntary service unit of those opposed to conflict, was being called into question by the British government’s ever-increasing demands for manpower. Despite the ‘conscience clause’, the introduction of conscription posed a very real problem for pacifists of conscience such as Catchpool, who were working in roles that might be seen as supporting the war effort indirectly. In total war, those civilian and voluntary occupations, to which confirmed conscientious objectors might be assigned by a military service tribunal, could be seen as aiding the war effort, either through the provision of materiel or through the freeing-up of the labour of men, who were then conscripted into the combatant forces. Both of these facts were problematic for a number of members of the FAU. Catchpool described the ideological challenges that conscription posed in a statement made before his second court martial:

[T]he medical service had been completely reorganised. Voluntary units were either dispensed with, or practically absorbed into the regular armies. The wounded no longer lacked help, and the R.A.M.C. was often closed to applicants. Men displaced from the service taken over by the Unit ...were often drafted into the firing line and complained bitterly that I and my comrades had sent them there. [...] The primary object of our work was the refitting of men to take their places again in the trenches.⁶⁵

It was this last objection, rather than the narrowing options for providing wartime medical service outside of the official military structure, which appear to have prompted Catchpool to become one of the 142 so-called ‘absolutist’ conscientious objectors associated with the Society of Friends who refused to engage with the war effort in any way. The man who had marched off to war as a volunteer in 1914 in a khaki uniform was imprisoned in 1917 for refusing to obey a military order as a conscripted soldier to put on a soldier’s uniform.

⁶³ Hughes, p. 28.

⁶⁴ Catchpool, pp. 30–31.

⁶⁵ Corder Catchpool quoted in Ormerod Greenwood, *Quaker Encounters*, p. 183. This statement was included in the pamphlet ‘I Appeal Unto Caesar: The Case of the Conscientious Objector’, which caused a sensation when it was published by Allen & Unwin in 1916. I am grateful to Dr Jane Potter for drawing this controversy to my attention.

Despite the resignation of Catchpool and others, the link with the Society was maintained, once again through the concept of service. On 19 May 1916, Newman, as editor of *The Friend*, wrote, 'We are not willing, though differing in method, to be pitted against each other. We decline to be divided. Some Friends undertake one form of service and some another, each according to his conscience, but all forms of true service spring from a common source, and may be inspired by one and the same spirit'.⁶⁶ The work of the unit continued, reinforced by non-absolutist (and often non-Quaker) conscientious objectors such as D. J. Bolton, a Non-Conformist who actively sought service with the FAU as an alternative to either military service or prison.⁶⁷ However, after the second battle of Ypres, as Catchpool had observed, the work of the unit shifted substantially from front-line medical care, now undertaken by military medical units, to work such as the staffing of ambulance trains. This was particularly monotonous, uncomfortable, and labour-intensive work, and Tatham and Miles noted in their official history that the Unit

would have preferred employment which, if not in essence more useful, would bring its work nearer to the actual fighting line. In all sincerity it may be said that the Unit never wished to avoid the more acute hardships and dangers of the campaign by taking advantage of its members' exemption from military service. For any unenlisted Red Cross body, and especially perhaps the FAU, the situation was almost inevitable, but, though the official point of view was realised, there were many members who felt acutely the meagreness of their share of sacrifice.⁶⁸

In the midst of the war, the service and sacrifice that medical voluntarism outside of the military effort offered could not compete with that of the enlisted serviceman, a figure increasingly associated with ideals of Christian sacrifice and suffering as the war continued.⁶⁹ Service was no longer enough to give status to the work of medical voluntarism as appropriate work for men in wartime.

Conclusion

The histories of both the BRCS and the FAU during the First World War, therefore, demonstrate the validity of Grant's argument that medical voluntary services came under state control with relative rapidity. As has been argued here, however, the ever-closer identification of voluntary medical care with the aims and priorities of the nation at war was not uncontested. For the members of the FAU, in particular, such contestation was to last throughout the war, leading to some members renouncing their positions in the unit to become absolutist conscientious objectors, while sections of the unit resisted the restrictions of supporting the British war effort by offering their services to other allied nations, including France and Italy.

⁶⁶ George Newman, quoted in Hirst, p. 510.

⁶⁷ Papers of D. J. Bolton, CO 010, Liddle Collection, Special Collections, University of Leeds.

⁶⁸ Tatham and Miles, p. 134.

⁶⁹ Such enlisted men included members of the RAMC, particularly the stretcher bearers whose endurance under fire was the subject of much praise. The spirituality of the suffering of the stretcher bearer was often made explicit, for example in the poem 'To Stretcher Bearers' by Geoffrey Anketell Studdert Kennedy, better known as 'Woodbine Willie'.

This continuing contestation highlights the limits of ‘Red Cross patriotism’ as a social motivator for male volunteers, even in the midst of total war. Throughout the war, the BRCS appealed to the public’s desire to assist their own soldiers, and those of their allies, as reflected in their post-war report of their activities and relationship with the British military. Nonetheless, the Committee attempted to retain a sense of its own identity, expressed through its comparison of the efficiency of its provision, of both personnel and materiel, with that of the AMS. The voluntarist ethos of medical care-giving could thus be valorized as a form of service, as much as that of the combat volunteer. The prioritization of ideals of service is even clearer in the case of the FAU, where such service could form a compromise between a desire for adventure and principles of conscience. The introduction of conscription, however, created a complicating factor that placed a question mark over the meaning of medical voluntarism within a framework of military compulsion. In this context the willingness to serve in a strictly humanitarian capacity was no longer enough. Both the BRCS and the FAU were forced to compromise the definition of their roles as voluntary medical organizations separate from the work and aims of the military medical services.

Yet the work of both the BRCS and the FAU also complicates any simple narrative of a move from independence to partnership with state welfare systems. In their post-war self-constructions, seen in publications such as the Report of the Joint Committees and Tatham and Miles’ official history, both organizations laid claim to a role which was based on an understanding of medical voluntarism as a distinct form of wartime service. While they demonstrated the ability of voluntary groups to work with the state to achieve its ends, an understanding of the independence of medical care-giving as a purely humanitarian service, voiced through both institutional and individual contestation, remained. This desire for a dual definition of voluntary medical service in wartime continues to shape the contested understanding of non-governmental medical care providers in war zones to this day.

Acknowledgments

The author would like to thank Alison Fell, Christopher Phillips, Dominic Berry, and Cyril Pearce for their comments on this article as it evolved. A very early draft was presented at the Legacies of War seminar at the University of Leeds, where audience feedback gave much food for thought. The research for this article was generously funded by the Wellcome Trust, grant number WT094154MA.

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