
Book Section:
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"It Still Haunts Me": Trauma and Shell Shock in the Writings of the Nurses of the First World War

> "'The strain all along,'" I repeated dully, "'is very great . . . very great.'" What exactly did those words describe? The enemy within shelling distance—refugee Sisters crowding in with nerves all awry—bright moonlight, and aeroplanes carrying machine-guns—ambulance trains jolting noisily into the siding, all day, all night—gassed men on stretchers, clawing the air—dying men, reeking with mud and foul green-stained bandages, shrieking and writhing in a grotesque travesty of manhood—dead men with fixed, empty eyes and shiny, yellow faces. . . . Yes, perhaps the strain all along *had* been very great. . . .[1]

Almost the whole canon of First World War poetry has been written by shell-shocked men who experienced combat. The frightening image of the shell-shocked soldier cowering in fear, stuttering, unable to hold a cup of tea without being overcome by tremors has endured in the minds of later generations reading about combat in the First World War. Indeed, just like the gendered nature of the War itself, with its dichotomy between the masculine War Front and the feminine Home Front, war trauma has also been irrevocably gendered.[2] In her influential book *The Female Malady*, Elaine Showalter writes,

> The efficacy of the term "shell shock" lay in its power to provide a masculine-sounding substitute for the effeminate associations of "hysteria" and to disguise the troubling parallels between male war neurosis and the female nervous disorders epidemic before the war.[3]

The suffering of war trauma and shell shock were owned entirely by male combatants, while the rhetoric of the treatment was also careful to distinguish this condition from the distinctly female hysteria.[4] However, as subsequent research on First World War neuroses has shown, war neuroses were not the prerogative of only the male combatant.[5] Female nurses working in Casualty Clearing Stations (CCSs) and hospital tents close to the Front, were not only witnesses to the severe physical wounding and mental traumas of soldiers, but were themselves regularly subjected to enemy shelling. As Vera Brittain writes in the lines I have quoted above, these nurses worked under extreme mental strain, especially during the "big push," with their "nerves all awry," and had their own lives constantly under threat. Nurses had experience of and treated extreme mutilation, disfigurement, and wounding hitherto unseen in combat; their stations were bombed, many nurses lost their lives; risking life and safety, many of them fled CCSs.[6] They did show symptoms similar to the neurasthenia suffered by the soldiers, and did have breakdowns, both physical and mental. This chapter will uncover these alternate testimonies and memoirs of suffering, reclaiming some of the ownership of wartime trauma and shell shock from its distinctly masculine domain, thus uncovering what Margaret Higonnet has aptly called "an alternate history of World War I traumas."[7] However, I will not simply look for shell shock symptoms or signs of traumas in their writings. As Higonnet has written, the similarities between the techniques of fragmented Modernist writings and those of testimony and trauma writings may jeopardise the question of "authenticity" of experience.[8] I will also unfold what Jay Winter has called the "metaphor" and "metaphysical" nature of shell shock, uncovering the variety of threats faced by nurses, leading on to parallels in mental suffering between male soldiers and female nurses, thus curbing the gender dichotomy of war trauma.[9] Suffering is subjective, and manifests itself physically and mentally in a variety of ways. The diversity of trauma and suffering, and its (un)conscious representation among certain women will be the focus of this chapter.

However, at the outset, it is important to provide some contextualisation about the use of (medical) terminology in this chapter. Although the term 'shell shock' has been in popular use since the First World War, Charles Myers, the consultant psychologist to the British Expeditionary Forces, who had been the first to use the term officially in a *Lancet* article in 1915, later pointed out its shortcomings: "A shell, then, may play no part whatever in the causation of 'shell shock': excessive emotion, e.g. sudden horror or fear, indeed any 'psychical trauma' or 'inadjustable experience' is sufficient."[10] The literal meaning of the term 'shell shock' suggests an association with trench warfare and direct exposure to shell blasts, thus relegating it only to male combatants, who could have had such an exposure. It is this lack of breadth in the effects of 'shell shock' to non-combatant women which I will redress in this chapter, by reading not only the diagnoses of shell shock but also the gamut of symptoms associated with war neuroses, in the writings of nurses. In 'Beyond the Pleasure Principle', Freud clarified that,

> Such external excitations as are strong enough to break through the barrier against stimuli we call traumatic. In my opinion the concept of trauma involves such a relationship to an otherwise efficacious barrier. An occurrence such as an external trauma will undoubtedly provoke a very extensive disturbance in the workings of the energy of the organism, and will set in motion every kind of protective measure. [. . .] The terrible war that is just over has been responsible for an immense number of such maladies. . . .[11]

W. H. R. Rivers would build upon the Freudian "protective measure" for his theory on war repression. In this chapter, I will read the nurses' experiences against the contemporary medical diagnostic writing and theories, specifically that of Rivers and William Turner, neurologist to the Home Forces. Important work on trauma theory has been developed since the 1960s, especially during the treatment of Holocaust survivors; and I will adapt the theories

of Cathy Caruth, Dori Laub, and Shoshana Felman as an overarching framework to read the traumatic narratives in the writings of the nurses. I will finally refer to Julia Kristeva's theories of abjection in reading certain accounts. Kristeva's theory is especially important here because of how her work centres on "women [who] are marginalised in relation to the symbolic, and thus estranged from linguistic agency."[12] Ultimately, Kristeva's theory of "primal repression" is an important point to consider, when looking at accounts of witnessing severe wounds in Front hospitals, because it ties in with the debate on war repression as a whole:

> We are no longer within the sphere of the unconscious but at the limit of primal repression that, nevertheless, has discovered an intrinsically corporeal and already signifying brand, symptom, and sign: repugnance, disgust, abjection.[13]

The texts I will be reading are Vera Brittain's *Testament of Youth*, Mary Borden's *The Forbidden Zone*, Enid Bagnold's *A Diary without Dates* and Lyn Macdonald's collection of interviews of British and American nurses of the First World War in the late seventies, *The Roses of No Man's Land*.

"I Shall Never be the Same Person Again"

In October 1915, after spending just over a month at the military hospital in Camberwell, Vera Brittain writes in a letter to her lover Roland Leighton,

> Personally after seeing some of the dreadful things I have to see here, I feel I shall never be the same person again, and wonder if, when the War does end, I shall have forgotten how to laugh. The other day I did involuntarily laugh at something and it felt quite strange.[14]

She notes that witnessing the atrocities of the War reduces individual consciousness until one is left feeling empty. Over the next few months, she too, like most of the other nurses, would perfect the art of working "without emotion".[15]

> I had not yet realised—as I was later to realise through my own mental surrender—that only a process of complete adaptation, blotting out tastes and talents and even memories, made life sufferable for someone face to face with war at its worst.[16]

Despite not being in combat, the nurses were at war, too. Brittain uses the military metaphor of "surrender" to demonstrate how completely these women had to give up all feelings and emotions, and even memories of a happier past, to be able to live through war. The blotting out of memories is also a traumatic after-effect of war; the obliteration is complete—the physical body is wrecked, emotions are killed:

> But the War kills other things besides physical life, and I sometimes feel that little by little the Individuality of You is being as surely buried as the bodies are of those who lie beneath the trenches of Flanders and France.[17]

It is through the metaphor of the burial of one's individuality that Brittain connects the bodies and minds of the nurses with those of the soldiers who had been physically buried in the trenches. By an interesting turn of phrase, the 'Individuality of You', Brittain (like Irene Rathbone just before her in *We That Were Young*) conveys the systematic demise of hope, aspirations, and subjectivity, of the generation that fought in the First World War. The imagery of burial also acts as a metaphor for the repression of war experience, as elaborated by W. H. R. Rivers, as I will discuss shortly.

In his 1915 essay 'Thoughts on the Times of War and Death,' Sigmund Freud refers to the altered attitude towards death which disillusionment with the First World War had brought upon people. At the same time, this inability to feel emotions any more was a prime sign of being shell-shocked. Grief is unquantifiable, and the death of a loved one is certainly a traumatic event, yet the nurses had to go on caring for more wounded men after they lost their loved ones in combat. When Roland Leighton died, Vera Brittain believed that a part of her had died with him: "The last three months have been dark, confused, nightmare-like—I can barely remember what has happened in them, any more than one can properly remember a terrible illness after it is over."[18] Her grief is strikingly physical, manifesting itself through lack of sleep and fatigue.

> As I was conspicuously not sleeping and must have appeared the ghost of the excited girl who went on leave—indeed, I felt as though I had gone down to death with Roland and been disinterred as someone else—the Matron sent for me and offered to put me, with Betty, back on duty.[19]

Her symptoms here match with contemporary diagnosis of war neuroses. In the Bradshaw Lecture on Neuroses and Psychoses of War, delivered before the Royal College of Physicians of London on November 7, 1918, William Aldren Turner listed the symptoms of clinical war neuroses, explaining that in one type, patients present a "dazed and confused appearance" and commonly fall "victim of an anxiety condition in which intense headache, battle dreams, insomnia, vertigo, lack of mental concentration, and fatigue are prominent symptoms."[20] Vera Brittain's sleeplessness, fatigue, and mental confusion match with Turner's diagnosis. Once back on duty, Brittain's psychological misery is in tandem with the physical suffering of a wounded soldier, and her lack of feeling here, which she is slowly beginning to master, is noteworthy: "To complete my nervous misery, a paralytic patient

required constant uninviting ministrations, and drove me half crazy with the animal noises which he emitted at intervals throughout the night."[21]

In addition to experiencing regular shelling of their hospitals, nurses crossing the Channel to serve on the continent were in constant danger of having their hospital ships torpedoed and then drowning in the sea. Brittain writes of a "young, cheerful" Sister she had met on their voyage to Mudros, who was later on the hospital ship *Brittanic*, which was torpedoed.[22] When Brittain went to meet her in Floriana Hospital in Valletta, she found the Sister "completely changed" from the experience—"nervous, distressed and all the time on the verge of crying."[23] She could, nevertheless, succinctly describe the sinking of the *Britannic*: the explosion occurred during breakfast, blowing up an orderly together with the bottom staircase he was standing on; the nurses were asked to quickly snatch any valuables they could get and assemble on the deck, from which they were lowered onto the boats; as they sat on their boats, they saw the propeller of the *Brittanic* cut another boat "in half and fling its mutilated victims into the air."[24] In this scene, in addition to the horror of having their ship attacked in the middle of the sea, it was the witnessing of their neighbouring boat, full of people they knew and worked with, being destroyed, that is especially chilling.

Although Freud mentions "self-reproach" as early as 1896, the clinical concept of survivor's guilt emerges in the 1960s, only during the treatment of Holocaust survivors.[25] Dr. Dori Laub, in *Testimony: The Crisis of Witnessing in Literature, Psychoanalysis, and History*, writes about three distinct levels of witnessing separate from each other, in relation to the Holocaust experience: "the level of being a witness to oneself within the experience; the level of being a witness to the testimonies of others; and the level of being a witness to the process of witnessing itself."[26] There is an uncanny resemblance between the need of the survivors and witnesses of the Holocaust to tell their story and the First World War nurses attempting to take stock of their situation by writing (or narrating) their testimonies. Talking about the

Brittanic disaster that this Sister witnessed and experienced "seemed to bring her relief."[27] This fits in neatly with the argument W. H. R. Rivers made in his post-war paper 'The Repression of War Experience', in which he argued that "The cessation of repression was followed by the disappearance of the most distressing symptoms, and great improvement in the general health."[28] The cessation of repression with the recounting of the traumatic event, however, leads to what Laub calls the "ceaseless struggle" of the process of testimony.[29]

Vera Brittain, who listens to the Sister's testimony and reports it in her diary ("I meditated as I listened"), comes to be "a participant and co-owner of the traumatic event"; through witnessing the Sister's trauma resulting from the sinking of the ship, Brittain comes to partially experience trauma herself.[30] She had herself sailed on the *Brittanic* to reach Malta about a month before the ship's fatal final voyage: ""We are in danger!" I kept saying as I lay awake in the dark that night."[31] Her dread did not leave her after she reached Malta,

> My letters from Malta are full of wrecks and drowning; the sinking of ships provided much the same drama for us as a great battle for the hospitals of England and France. The *Arabia* was torpedoed a month after I landed, and constant rumours of submarine damage or alleged threats of bombardment by Austrian vessels kept our excitement up to fever pitch.[32]

Brittain remembers that the news of the sinking of the *Britannic* "galvanised the island like an electric shock."[33] With news of more sinking of ships, the shock transformed into a long-lasting, "disintegrating" fear.

> Six months afterwards, writing to my mother about the torpedoing of the *Asturias* with two of our most popular Malta V.A.D.s on board, I tried to describe the disintegrating fear which left me with a sick reluctance to undertake long voyages that ignominiously persists to this day.[34]

Felman and Laub write that the listener to the trauma is so impacted by the relation of the victim to the trauma, that they feel "the bewilderment, injury, confusion, dread and conflicts" of the trauma victim.[35] Vera Brittain, the listener to the Sister's traumatic experience, already addresses each of these emotions because she has almost been the victim herself. In her case, the line between the victim and the listener gets blurred, not only because she is so intimately related to the victim(s) and their sufferings, but also because she is suffering with them. Felman and Laub's insistence that the listener is "also a separate human being and will experience hazards and struggles of his own, while carrying out his function as a witness to the trauma witness" assumes special poignancy in the case of Brittain,[36]

> Each new wreck was followed by an influx of half-drowned patients suffering from shock; having lost everything but the clothes they had arrived in, they bought up half the garments in Valletta. [. . .] As the clothing stores in Valletta were now temporarily depleted, we supplied the refugees with our own pyjamas and undergarments and hot-water bottles until they could return to England and re-equip.[37]

Listening to the Sister's testimony of survival makes Brittain an active listener; however, having sailed in the same ship which was later torpedoed makes her a survivor too. Her "hazards and struggles" assume special significance because of this blurring of identities and her involvement with the caring for the survivors.

It is important to note that the etymological roots of the word "trauma" in both Greek and German reveal that trauma originally meant physical wound or damage. Christine Hallett explains that the work of the nurses of the First World War was manifested by a process of "containing trauma"—of creating "safe boundaries within which healing could take place."[38] Any rupture in that containment made appearance in the form of a physical wound—the

"trauma."[39] The First World War was unprecedented in its use of new weapons of warfare as well as chemical weapons, which inflicted hitherto unseen wounds and mutilation on the body. Reflecting on the first operation he observed during the war, the Australian artist Daryl Lindsay wrote, "How was I going to translate what looked like a mess of flesh and blood into a diagram that a student could understand?"[40] Nevertheless, like Lindsay himself, the nurses not only looked upon and treated, but also ultimately translated the mess of flesh and blood into words in their private writings. In addition to looking at grotesque wounds and mutilation, with the strictest injunction against looking away—"'Always look a man straight in the face', one Sister instructed her staff. 'Remember he's watching your face to see how you're going to react.'"—the nurses faced other hazards.[41] Vera Brittain writes of "possibilities hitherto unrealised": of being chased "up and down the hut by a stark naked six-foot-four New Zealander in the fighting stage of delirium," and when the latter was finally strapped to his bed by two male orderlies, Brittain writes of sitting by her table "with a beating heart, listening to his fury exploding in a torrent of such expressive language as had not yet assailed my innocent years even in two and a half years of Army life."[42] It is the additional fear of the possibility of being attacked by a wounded soldier, in addition to the daily threats of Front hospital life, manifested by the "beating heart," that adds to the reasons for neuroses in the nurses.

"My Sword of Damocles, the Ever-Brooding Panic"

The writings of nurses reveal the intense hard work and exertion that they underwent every day. The only entry Enid Bagnold can write in her diary at the end of her first day comprises five words, ellipses, and an exclamation mark:

> My feet ache, ache, ache . . . ![43]

Yet, these brief words and the careful punctuation speak volumes about the tireless service that these women gave over the duration of the War. What they lacked in experience, they made up with physical hard work. Bagnold's writing is so palpable, that reading about their chores fills our bodies with exhaustion and aches.

> Aches and pains. . . .
>
> Pains and aches. . . .
>
> I don't know how to get home up the long hill. . . .[44]

There runs the—by now—common theme of hunger, along with the reassurance that with time and practice, one gets used to starvation, the long hours, and the exertion.

> The new V.A.D. doesn't talk much at present, being shy, but tonight I can believe she will write in her diary as I wrote in mine: "My feet ache, ache, ache. . . ." Add to that that she is hungry because she hasn't yet learnt how to break the long stretches with hurried gnawing behind a door, [. . .] that her hands and feet grow cold and her body turns to warm milk, that she longs so to sit on a bed that she can almost visualise the depression her body would make on its counterpane, and I get a glimpse of the passage of time and of the effect of custom.[45]

Fatigue features predominantly in Turner's lecture on War neuroses and psychoses. Fatigue and nervous exhaustion are the prominent symptoms of clinical types of war neuroses; along with psycho-genetic factors, physical causes such as fatigue were considered to be a cause for shell shock and war neuroses.[46] On writing about the extreme fatigue and exhaustion that V.A.D.s were subjected to, Vera Brittain uses the violent imagery of "tired girls not yet *broken in* to a life of hardship."[47] It perhaps required the violence of breaking a body to let the

young women's bodies get accustomed to the fatigue and exhaustion. Unsurprisingly, all that exertion eventually led to sickness. Brittain was too preoccupied to notice a mild epidemic of German measles among the nursing staff of several London fever hospitals, and on finding her arms "speckled with red from wrist to elbow", she reported sick and was sent to a fever hospital in south-west London.[48] With her characteristic brevity, Enid Bagnold refers to a similar experience, by writing only one word: "Measles. . . ."[49] On her first foreign service, Vera Brittain, along with most of her fellow-nurses on board the ship *Galeka* to Malta, fell violently sick. A "feverish discomfort" that first emanated from headaches and acute diarrhoea, quickly metamorphosed into a mysterious disease of "shivering fits and a stiffening of the limbs". (Un)Fortunately, it was only as a patient in one of the hospitals that these nurses found "a few days of rest for an aching body and of release from introspective torment for a tired mind."[50]

In his essay 'The Repression of War Experience,' W. H. R. Rivers writes that repression tends to be harmful when it "fails to adapt the individual to his environment," especially during times of special stress, such as wartime.[51] He explains this through the example of the newly- and hastily-trained army recruit.

> The training of a soldier is designed to adapt him to act calmly and methodically in the presence of events naturally calculated to arouse disturbing emotions. His training should be such that the energy arising out of these emotions is partly damped by familiarity, partly diverted into other channels. The most important feature of the present war in its relation to the production of neurosis is that the training in repression normally spread over years has had to be carried out in short spaces of time, while those thus incompletely trained have had to face strains such as have never previously been known in the history of mankind.

> Small wonder that the failures of adaptation should have been so numerous and so severe.[52]

While this is true in case of soldiers (especially Officers—the class with the highest number of patients suffering from war neuroses), it is as true for V.A.D.s, who were similarly positioned in class as the Officers (and hence different from trained nurses), who were untrained in the intricacies of military medical nursing until the outbreak of the War, an event which led to the demand of a large and continuous supply of carers.[53] While their physical bodies needed considerable time to be broken in to a life of supreme exertion, their minds too needed adequate time to adapt to a heightened state of continued danger and urgency. With the duration of the War, there grew a routinisation in the work and stress of the daily machinations of a wartime military hospital:

> my letters home tell the same story of perpetual convoys, of haemorrhages, of delirium, of gas-gangrene cases doomed from the start who watched our movements with staring, fear-darkened eyes, afraid to ask the questions whose answers would confirm that which they already knew.[54]

And what effects do these perpetual convoys have on the nurse? Mary Borden, running the Hôpital Chirurgical Mobile No. 1 near Rousbrugge in Flanders, writes how used to the cannonade she is, which is her "lullaby," lulling her to sleep every night,

> If it stopped I could not sleep. I would wake with a start. The thin wooden walls of my cubicle tremble and the windows rattle a little. That, too, is natural. It is the whispering of the grass and the scent of the new-mown hay that makes me nervous.[55]

The sounds of war get adapted into the sounds of everyday life, until the sounds of the everyday act as an intrusion and affect the nurse. Borden demonstrates how deep the effect of the War has been on the body and mind of the nurse: the rattle of the windows regularly pairs with the rattle of her nerves. Borden also informs that the nurse, who works with drugs all day, administering them to the soldiers, is herself "drowsy and drugged with heavy narcotics, with ether and iodoform and other strong odours," prompting us to think about the very real threat of substance dependence amongst the carers.[56] The strain of working under constant urgency and threat to life ultimately takes its toll on the body and mind of the nurse by making her immune to all feelings and emotions:

> She is no longer a woman. She is dead, just as I am—really dead, past resurrection. Her heart is dead. She killed it. She couldn't bear to feel it jumping in her side when Life, the sick animal, choked and rattled in her arms. Her ears are deaf; she deafened them. She could not bear to hear Life crying and mewing. She is blind so that she cannot see the torn parts of men she must handle. Blind, deaf, dead—she is strong, efficient, fit to consort with god and demons—a machine inhabited by the ghost of a woman—soulless, past redeeming, just as I am—just as I will be.[57]

The erasure of women is a trope that Mary Borden returns to continually in *The Forbidden Zone.* The mutilated bodies of the soldiers have become such a "defaced ideal", that Borden cries out "There are no men here. Why should I be a woman?" In a less than oblique reference to sexuality and the scopophilic drive, she reveals how haunted she is by what remains. "It is impossible to be a woman here" where men have lost their sexuality, where the signifiers of sex have been mutilated. As a result of the witnessing of that mutilation, the nurse is left numb—not only by the loss of her sexuality, but by the loss of all emotions, the death of her "heart." There is a sense of guilt and shame at play, with the realisation that the able-bodied

nurse is alive, while the wounded soldier she is tending to fights for his life. Her unconscious reaction is to shut down her body and her senses, to close her eyes from witnessing anymore mutilated bodies, to deafen her ears to escape the cries of pain, and to shut down her heart to emotions. The War has made her into an automaton, mechanically attending to her duty, while her soul is "past redeeming." Elaine Showalter, in tracing the figure of the literary shell-shocked soldier, writes of Woolf's Septimus Smith, that "Septimus's problem is that he feels too much for a man. His grief and introspection are emotions that are consigned to the feminine."[58] Ironically, it is the annihilation of the feminine emotion in the nurses that makes them more susceptible to war neuroses and trauma.

During her service in France, Brittain writes, "The roar of bombs dropping on Camiers soon after I arrived had awakened me to the petrifying realisation that there were no cellars in a camp."[59] Her petrification arises from never having experienced bombing before: the evening after she had departed for Malta, German zeppelins had dropped bombs on Purley, Streatham Hill and Brixton, places through which she and her mother had passed before. She reminiscences later,

> how frightened I had been of air-raids when I first went to London, and reflecting that so close a conjunction of Zeppelins and submarines might entirely have annihilated that modicum of courage which, throughout the War, only just enabled me to keep my dignity in perilous situations.[60]

Therefore her fear of being caught in the middle of a bombing raid in her hospital in Camiers is understandable, although it is the long-term effect of that fear, as she writes in retrospect, which is of interest while studying the effect of trauma on these women. During the great German offensive of March 1918, which was preceded by the bombing, the nurses were stretched to their limits by caring for the enormous numbers of wounded soldiers, as well as

constantly facing threats to their lives. Nurses from the stations which were engulfed by the offensive, had to flee further down the line, and in many cases, they retreated for days, without sleep or food, without any belongings, and in constant threat to their safety. Several nurses died as a result of the bombing. Brittain vividly describes the state of her hospital tent during one such day,

> myself standing alone in a newly created circle of hell during the "emergency" of March 22nd, 1918, and gazing, half hypnotised, at the dishevelled beds, the stretchers on the floor, the scattered boots and piles of muddy khaki, the brown blankets turned back from smashed limbs bound to splints by filthy blood-stained bandages. Beneath each stinking wad of sodden wool and gauze an obscene horror waited for me—and all the equipment that I had for attacking it in this ex-medical ward was one pair of forceps standing in a potted-meat glass half full of methylated spirit.[61]

Her "sword of Damocles" is her persistent panic, yet she wasn't solitary in her demonstration of it—these nurses embarked on "the daily battle against time and death which was to continue, uninterrupted, for what seemed an eternity."[62] The manifestation of their trauma appears in the form of the "half hypnotised" stare, and being rooted to the spot in a "circle of hell," the site of "obscene horror," while death and destruction unfold around them. Several nurses did not survive the "crushing tension of those extreme days":

> One young Sister, who had previously been shelled at a Casualty Clearing Station, lost her nerve and rushed screaming through the Mess; two others seized her and forcibly put her to bed, holding her down while the raid lasted to prevent her from causing a panic.[63]

The parallel between the neurasthenic New Zealander running through the length of the hospital hut, and this Sister who had "lost her nerve" running through her mess is remarkable; both were held down and forcibly put to bed. The assault on the senses continued uninterrupted: sharp flashes of fire in the sky at night; "thudding crescendo," "ceaseless and deafening roar" caused by motor lorries and ammunition wagons on the move all day, and "thundering" trains with reinforcements, stretcher cases full with mutilated soldiers, suffering from wounds with congealed blood. The business of repairing them was a ceaseless process as one convoy followed another. There were physical manifestations of the stretching of unreliable nerves this emergency elicited. Groups of nurses with their teeth chattering out of sheer terror made their way to their huts when they were ordered to scatter, mirroring the familiar image of shivering soldiers in the trenches, with their teeth chattering in fear of the sniper's bullet. At the end Brittain writes,

> An uncontrollable emotion seized me—as such emotions often seized us in those days of insufficient sleep; my eyeballs pricked, my throat ached, and a mist swam over the confident Americans going to the front. The coming of relief made me realise all at once how long and how intolerable had been the tension, and with the knowledge that we were not, after all, defeated, I found myself beginning to cry.[64]

Being able to cry at last would have been cathartic. The "insufficient sleep" and fatigue that Brittain mentions, exactly match Turner's symptoms of war neuroses. Yet it is through the "uncontrollable emotion" of relief, tears, and the final release of the unbearable tension of the extreme mental strain that her neuroses find a physical manifestation.

"It Still Haunts Me"

In *Powers of Horror*, Julia Kristeva refers to the 'abject', and identifies it as "the jettisoned object, [which] is radically excluded and draws me toward the place where meaning collapses."[65] Such a reaction is primarily caused by witnessing a corpse; such a reaction is also elicited by looking at an open wound. Reading the nurses' accounts and placing them against Kristeva's theories of abjection helps one identify similar reactions as they struggled with the spectacle of wounded men's bodies. In her afterword to Helen Zenna Smith's *Not So Quiet* . . . Jane Marcus calls a section 'Ears Only',

> to mark the experience of war in Helen Zenna Smith's writing as a bombardment of the reader's ears in a text pock-marked with ellipses of silence and rushes of noisy belligerent words.[66]

While the daily work of the nurses in the Front was regularly interrupted by the sound of battle, bombs, bullets and other belligerent noises, I would like to extend the different sensations experienced by these women from auditory and touch, to olfactory and sight. While trying to imagine what walking down a hospital ward would feel like at this time in history, one would often forget the smell. Yet the strong smell of disinfectants used to scrub the floor, mingled with the smell of the sterilising solutions of instruments, the smell of dressing solutions used to dress wounds, and finally the smell of wounds, of gangrene, and of rotting flesh would assault the olfactory senses of the nurses.

With the formation of 'Hypochlorous Acid ¼% Solution' by Doctors Carrel and Dakin, it was possible to treat early cases of gangrene. Nurses would have to inject the solution into tubes connected to the wounds every three hours all day and through the night. If it wasn't too late, a limb could be saved from amputation, but although people still died from serious gangrenous wounds, the solution brought the numbers down. Nevertheless, the soldiers "hated it, it was so cold," and it was not especially popular with the nurses.[67]

Looking back at the treatment using the Carrel and Dakin solution in the 1970s, VAD Hester Cotton remembers,

> I could never get the smell of that stuff out of my nose. I can still smell it even now, a sort of chlorate of lime smell, and of course the smell of the wounds themselves was terrible. If there was a case of gas gangrene in a ward you could smell it as you opened the door.[68]

Hester Cotton accurately describes the smell of the new solution—one of the many advances made in medical sciences entirely by necessity during the War years—and points out something that was perhaps true in most cases, and important to remember: "I could never get the smell of that stuff out of my nose. I can still smell it even now . . ." She further recalls her initial experience with a wounded man,

> It was very hard to do the dressings sometimes, because we weren't trained nurses and were only helping to hold things and pass them to Sister, but it was dreadful to look at them nevertheless. I only had to leave the ward once, and that was for the very first wound I saw. It was a man who'd had half his buttocks shot off, all the fleshy part, and never having seen a real wound before I was a bit taken aback. If the wound had been clean, it would have been red, because it was absolutely raw flesh. As it was, it was full of pus, absolutely suppurating with pus. You simply couldn't clean it up; you just had to keep on putting these wet things on until gradually it got cleaner and cleaner.[69]

For someone unaccustomed to seeing dreadful, open wounds, the first encounter with raw flesh and pus can come as a shock. The advice that was often dispensed was to "Put your head between your knees and you will be all right."[70] A new V.A.D. who came to Enid

Bagnold's hospital turned away her face when she saw a patient's bloody arm. Bagnold wrote that she had done that too, when she was new. The first dressing that Vera Brittain assisted, a "gangrenous leg wound, slimy and green and scarlet with the bone laid bare," turned her sick and faint for a moment.[71] She later remembered that experience with humiliation; the nurses simply got used to the suffering. As Kristeva writes, abjection "is not the white expanse or slack boredom of repression, not the translations and transformations of desire that wrench bodies, nights, and discourse; rather it is a brutish suffering . . ."[72] She complicates Rivers' concept of war repression as a means of treating war neuroses, by recognising the gamut of suffering always already present behind the veil of repression. The nurses did suffer, but there were rewards. Hester Cotton recalls, "He did get better, that man, but he had a terrible time. He had to be lying on his stomach and I remember when he was first able to inch round on to one side for the first time. That was a great day."[73]

Kristeva emphasises the necessity to be aware of the link between the subject and the abject, especially because though the border between the two positions is imaginary, the abject does exist, in a liminal space, in the unconscious mind. It manifests its presence by nausea, fear and adrenalin. Nursing probationer, Drusilla (Maisie) Bowcott talked about her initial experience, before she got "hardened" to it.

> I was absolutely shaking at the knees as I approached the team at the bed where the dressing trolley stood. 'Hold that stump', said Sister, and the poor chap must have felt dreadful because I gripped his leg well above the knee, and as the solution of Eusol and Peroxide was poured onto the stump the pus was pouring over my hands. Then I had two stumps, two Sisters, and I must have started to sway because I was carted out very ignominiously to the fire escape.[74]

It is noteworthy that the particular adverb "ignominiously" crops up quite regularly in the musings of the nurses. Feeling ignominious or being ashamed was a layered affect for these women. Being barred from actively serving their country like men could, at the hour of utmost need made them ashamed to have been born a woman. For V.A.D.s like Enid Bagnold, new to nursing and swiftly trained to meet an urgent demand, shame could be interspersed with the idea of being an impostor. Did they misconstrue their failure to provide immediate and complete relief to the soldiers' pain with their own failings in medical skill? Or did they misapprehend the failure of language to convey the depths of pain as their personal failure? Finally, as I have demonstrated earlier, were they shameful of their strong, able bodies in front of the quivering wreckages of the soldiers? "Ignominiously" carries refrains of all these layers of shame.

In some cases, hardening took time, and some nurses were haunted by the cases they treated or witnessed for years afterwards. Claire Elise Tisdall was a VAD ambulance nurse, who travelled with the ambulances, and took the wounded from the trains to the hospitals. The case that she encountered, that would haunt her for the next sixty years, took place at the Somme,

> The worst case I saw—and it still haunts me—was of a man being carried past us. It was at night, and in the dim light I thought that his face was covered with a black cloth. But as he came nearer, I was horrified to realise that the whole lower half of his face had been completely blown off and what had appeared to be a black cloth was a huge gaping hole. That was the only time that I nearly fainted on the platform, but fortunately I was able to pull myself together. It was the most frightful sight because he couldn't be covered up at all.[75]

Claire Tisdall's recollection and description of her "worst case" is very remarkable, as one can immediately draw parallels with Freud's theory of the 'uncanny.' There is an 'uncanny' confusion between her *Phantasie* (imagination) and *Wirklichkeit* (reality)—the imagined black cloth vis-à-vis the hole in the soldier's face. In E. T. A. Hoffmann's story 'The Sandman,' Freud noted that the more striking instance of uncanniness was the idea of being robbed of one's eyes. In Claire Tisdall's narration, this idea of being robbed of sight acquires a double significance: first through the hindrance in the line of vision by what is assumed to be a black cloth; second, the negation of the existence of the black cloth, to reveal a gaping hole, an absence where the face should have been, and hence a hollowness, a vacuum in sight. On his seminars on anxiety delivered in 1962 and 1963, Jacques Lacan returned to Freud's notion of the uncanny, and lucidly explained the connection between absence and fantasy.

> there is profiled an image of ourselves that is simply reflected, already problematic, even fallacious; that it is at a place that is situated with respect to an image which is characterised by a lack, by the fact that what is called for there cannot appear there, that there is profoundly orientated and polarised the function of this image itself, that desire is there, not simply veiled, but essentially placed in relation to an absence, to a possibility of appearing determined by a presence which is elsewhere and determines it more closely, but, where it is, ungraspable by the subject, namely here, I indicated it, the o of the object, of the object which constitutes our question, of the object in the function that it fulfills in the phantasy at the place that something can appear.[76]

Yet Tisdall's "worst case" falls between Lacan's analysis of the uncanny and desire, and Kristeva's theory of the abject. If the soldier's missing face casts him out of the symbolic order, then Tisdall's reaction of horror at the sight is a prime example of abjection.

These moving accounts of nurses reveal how intricately their horrific experiences were directly responsible for neuroses, and dispel any notion of trauma by proxy for female non-combatants. In her influential work *Unclaimed Experience*, Cathy Caruth defines trauma as "the response to an unexpected or overwhelming violent event or events that are not fully grasped as they occur, but return later in repeated flashbacks, nightmares, and other repetitive phenomena."[77] This belatedness and repetition-compulsion certainly hold true for the nurses who spoke of their experiences to Lyn Macdonald in the 1970s. The other texts I read here also represent trauma in retrospect: Vera Brittain published *Testament of Youth* in 1933, fifteen years after the end of the War, and Mary Borden published *The Forbidden Zone* in 1929. Whether these women and others like them were wracked with undiagnosed neuroses in the intervening years is a matter of speculation; there were no adequate convalescent hospitals for nurses suffering from shell shock or war neuroses.[78] Brittain wrote of crippling "nervous fatigue" while in Oxford, in the immediate years after the War, ultimately hallucinating that she was beginning to "grow a beard, like a witch."[79] It is ironic that while PTSD is often seen as a failure of masculinity, its effects among women are ignored. These women experienced extreme physical and emotional strain and collapse over the course of the War. Their writings reflect the stress they experienced, from witnessing death and mutilation first hand, to being attacked, wounded and being killed themselves. If shell shock was, as Showalter puts it, "the body language of masculine complaint, a disguised male protest, not only against the war, but against the concept of 'manliness' itself," then shell shock and trauma for the woman was a protest against the masculine industry of war, and the gender dichotomy between the War and Home fronts; lodged between the two, the nurses silently suffered in the metaphorical "No Man's Land."[80] Just like the shell-shocked men who struggled to fit in with civilian life after the War, these women too laboured to return to the lives they had left behind. We can only fathom the enduring effects of trauma on these

women by looking for covert signs in their lives several years after the War ended. In one instance, an octogenarian former nurse holding on to tea cups with shaking fingers, talks about scrubbing and cleaning hospital floors, unpacking supplies, making beds, beating and airing mattresses, setting up operating rooms, dressing wounds—there was always dressing to do. Their trembling hands are remnants of the experiences their bodies lived through, the wounds they sustained. This is most clearly reflected in the words of one of Lyn MacDonald's interviewees:

> What comes through most strongly is their remarkable resilience, the casualness with which they refer to work in circumstances and situations which would appall [sic] most other people, the matter-of-fact way in which they refer to their 'war wounds'. 'Oh dear, I'm sorry to be so clumsy. It's these stupid stiff fingers of mine.' It was an apology I heard literally scores of times as a photograph slipped to the floor, or two drops of tea slopped into a saucer. The 'stupid, stiff fingers' are mostly scarred where they were lanced to release the puss [sic] from a septic hand.[81]

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[1] Vera Brittain, *Testament of Youth*, (London: Penguin Books, 2005), 423.

[2] Indeed, Sandra Gilbert and Susan Gubar offer a powerful counterpoint to this argument in their book *No Man's Land*, where they claim a sense of female autonomy in women's First World War work-experience. However, critics such as Jane Marcus and Sharon Ouditt problematise this view by urging to look at "alternative feminist" histories and "ambiguous subject" identities. See: Sandra M. Gilbert and Susan Gubar, *No Man's Land: The Place of the Woman Writer in the Twentieth Century, Volume 3: Letters from the Front* (New Haven, CT: Yale University Press, 1996); Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994); Jane Marcus, "Corpus/Corps/Corpse: Writing the Body in/at War," Afterword to Helen Z. Smith's *Not So Quiet . . .* (New York: Feminist Press, 1988).

[3] Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830—1980* (London: Virago Press, 1987), 172.

[4] See ibid.
[5] Trudi Tate writes a chapter on 'Civilian war neuroses' in her book *Modernism, History and the First World War* (Manchester: Manchester University Press, 1998), 10—40.
This is also an important point to pause and think about the work on Post Traumatic Stress Disorder (PTSD), brought to notice especially after combats in the late 20th and 21st centuries, and the gendering in its treatment. While PTSD treatment also began as programmes to treat male combat veterans, subsequent measures were introduced for the treatment among female veterans, and their different needs were recognised. PTSD now extends beyond combat to include cases of sexual assault. See: Quyen Q. Tiet, Yani E. leyva, Kathy Blau, Jessica A. Turchil, Craig S. Rosen, 'Military Sexual Assault, gender, and PTSD Treatment Outcomes of U.S. Veterans, *Journal of Traumatic Stress*, 28 (2), April 2015, 92–101.
[6] While an exact number of nurses who lost their lives during the First World War is not available, some estimates reveal that roughly 236 nurses were killed during the war. Source: http://www.redcross.org.uk/~/media/BritishRedCross/Documents/Who%20we%20are/History%20and%20archives/VAD%20casualties%20during%20the%20First%20World%20War.pdf Accessed on July 20, 2017.
[7] Margaret Higonnet, 'Authenticity and Art in Trauma Narratives of World War I' in *Modernism/ Modernity*, 9 (1), 92.
[8] Ibid.
[9] Jay Winter, 'Shell-shock and the Cultural History of the Great War', *Journal of Contemporary History*, 35, 1 (2000), 7—11.
[10] C. S. Myers, 'A Contribution to the Study of Shell Shock: Being an Account of Three Cases of Loss of Memory, Vision, Smell, and Taste, Admitted into the Duchess of Westminister's War Hospital, Le Touquet', *Lancet*, 13 February, 1915.
[11] Sigmund Freud, Beyond the Pleasure Principle (London: The International Psychoanalytic Library, 1922), 34, 8.
[12] Jane Garrity, Step-daughters of England: British Women Modernists and the National Imaginary (New York: Manchester University Press, 2003), 250.
[13] Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982), 11.
[14] Brittain, *Testament of Youth*, 215.
[15] Ibid, 216.
A number of critics have commented on Brittain's war-work as a means of her mourning the deaths of her lover, brother, and friends. See: Victoria Stewart, *Women's Autobiography: War and Trauma* (New York: Palgrave Macmillan, 2003); Richard Badenhausen, "Mourning through Memoir: Trauma, Testimony, and Community in Vera Brittain's Testament of Youth," *Twentieth Century Literature* 49, no. 4 (2003): 421–48; Austin Riede, "Vera Brittain's testaments of Labor, Work, and Action," *Iowa Journal of Cultural Studies* 12/13 (Spring & Fall 2010): 79–95.
[16] Ibid, 217.
[17] Ibid, 218.
[18] Ibid, 263.
[19] Ibid, 245.
[20] William Aldren Turner, 'The Bradshaw Lecture on Neuroses and Psychoses of War' in *The Lancet*, November 9, 1918.
[21] Ibid, 246.
[22] Brittain, *Testament of Youth*, 312.
[23] Ibid.
[24] Ibid, 313.
[25] John J. Hartman, 'Anna Freud and the Holocaust: Mourning and survival guilt' in *The International Journal of Psychoanalysis*, 95 (6), December 2014.
[26] Shoshana Felman and Dori Laub, M.D. *Testimony: The Crises of witnessing in Literature, Psychoanalysis, and History* (New York: Routledge, 1992), 75.
[27] Brittain, *Testament of Youth*, 312.
[28] W. H. R. Rivers, "The Repression of War Experience", *Lancet* February 2, 1918.
[29] Felman and Laub, *Testimony*, 75.
[30] Brittain, *Testament of Youth*, 313; Felman and Laub, *Testimony*, 57.
[31] Brittain, *Testament of Youth*, 296.
[32] Ibid, 311.
[33] Ibid, 312.
[34] Ibid, 297.
[35] Felman and Laub, *Testimony*, 57.
[36] Ibid

[37] Brittain, *Testament of Youth*, 312.
[38] Christine Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 16.
[39] For a detailed analysis of physical wounding and the containment of trauma, see 'Containing Physical Trauma on the Western Front' in Christine Hallett's *Containing Trauma*, 27–83.
[40] Sir Daryl Lindsay, 'The Sir Richard Stawell Oration', *The Medical Journal of Australia* 1, no. 3 (1958), 62. Quoted in Suzannah Biernoff, 'Flesh Poems: Henry Tonks and the Art of Surgery', *Visual Culture in Britain*, 11 (1), March 2010.
[41] Lyn Macdonald, *The Roses of No Man's Land*, (London: Papermac, 1984), 149.
[42] Brittain, *Testament of Youth*, 394.
[43] Ibid, 15.
[44] Enid Bagnold, *A Diary Without Dates* Oxford: Benediction Classics, 2014), 45.
[45] Ibid, 66.
[46] Turner, 'The Bradshaw Lecture'.
[47] Brittain, *Testament of Youth*, 208. Emphasis mine.
[48] Ibid, 265.
[49] Bagnold, *A Diary*, 45.
[50] Brittain, *Testament of Youth*, 265.
[51] Rivers, "The Repression of War Experience", 2.
[52] Ibid.
[53] For an analysis of hysteria and neuroses among officers see 'Male Hysteria: W. H. R. Rivers and the Lessons of Shell Shock' in Showalter, *The Female Malady*, 167–94.
[54] Ibid, 383.
[55] Mary Borden, *The Forbidden Zone* (London: Hesperus Press, 2008), 39.
[56] Ibid, 42.
[57] Ibid, 43.
[58] Showalter, *The Female Malady.*
[59] Brittain, *Testament of Youth*, 408.
[60] Ibid, 295.
[61] Ibid, 410.
[62] Ibid, 411.
[63] Ibid, 417.
[64] Ibid, 421.
[65] Julia Kristeva, *Powers of Horror*, 2.
[66] Jane Marcus's Afterword, in Helen Zenna Smith's *Not So Quiet . . .* (New York: The Feminist Press, 1989), 261.
[67] Ibid, 91.
[68] Ibid.
[69] Macdonald, *Roses*, 92.
[70] Ibid.
[71] Brittain, *Testament of Youth*, 211.
[72] Julia Kristeva, *Powers of Horror*, 2.
[73] Ibid.
[74] Ibid, 92.
[75] Ibid, 165.
[76] https://www.valas.fr/IMG/pdf/THE-SEMINAR-OF-JACQUES-LACAN-X_1_angoisse.pdf Accessed on September 23, 2016.
[77] Cathy Caruth, *Unclaimed Expereince: Trauma, Narrative and History* (Baltimore: Johns Hopkins University Press, 2016), 94.
[78] Denise J. Poynter, *'The Report on her Transfer was Shell Shock.' A Study of the Psychological Disorders of Nurses and Female Voluntary Aid Detachments who Served Alongside the British and Allied Expeditionary Forces during the First World War 1914—1918.* Unpublished Thesis.
[79] Brittain, *Testament of Youth*, 478, 484.
[80] Showalter, *The Female Malady*, 172.
[81] Macdonald, *Roses*, 12.