

**“GO HOME AND SIT STILL”**  
**The Scottish Women’s Hospitals in the First World War**

*Notes for a talk by Chris Short given at the  
Edinburgh International Science Festival 26 March 2016  
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At the outbreak of war in 1914, Dr Elsie Inglis approached the War Office with the offer of a 100 bed hospital unit, staffed entirely by women to be deployed anywhere on the Western or Eastern Fronts. The response is now famous:

“My good lady, go home and sit still.”

But Elsie was familiar with the vagaries of established authority and wasn’t so easily put off.

Born in India in 1864, she had known from her teenage years that she wanted to be a doctor. Not an easy choice for a woman in the 19<sup>th</sup> century, but finally, aged 22, she enrolled at the newly opened Edinburgh School of Medicine for Women.

Misliking the autocracy employed by the founder, Sophia Jex-Blake, Elsie, along with her father, founded the Scottish Association for the Medical Education of Women.

In the closing years of the 19<sup>th</sup> century, Elsie opened a small hospital in George Square and became a senior consultant at the Bruntsfield Hospital as well as doing a lot of work for the women and children in the slums of Edinburgh. As one man remarked:

“That woman has done more for the folk living between Morrison Street and the High Street than all the ministers in Edinburgh and Scotland itself ever did for anyone.”

Always involved in the suffrage movement, Elsie never approved of the militancy of the Pankhursts and their followers, especially when they resorted to arson. So she joined the Scottish Federation of Non-Militant Societies. It was this Federation which supplied the Scottish Women’s Hospitals of the First World War.

Because the staff would be recruited from all over Britain and beyond – and because there would be a London Committee as well as the Edinburgh Headquarters – Elsie wanted the units to be called the British Women’s Hospitals, but for once was over ruled by Edinburgh Headquarters.

Elsie saw the war as an opportunity for women from all walks of life to prove their capabilities outside of the home. Undaunted by the rejection from the War Office, she made the same offer to the French and Serbian authorities. Maybe having a more realistic grasp of the situation, than their British counterparts, they accepted with alacrity. Because the SWH on the Western and Eastern fronts had such very different experiences, I shall take them separately.

Hoping to take Paris as quickly as they had in 1870, the Germans began a massive push westwards. Checked at Liege, they were finally halted at the Marne, but not driven back.

This partial success for the Allies came at a very high price, especially for the French. By December, just four months into the war, France had lost 300,000 killed and another 600,000 wounded, captured or missing. It would get worse, much worse.

Already fifty at the outbreak of war and not in good health, it was not envisaged by the Committee that Elsie would want to take a unit abroad herself. Besides, she was a ferociously hard worker with a strong personality and formidable organising skills. All three qualities were essential for successful fund raising, without which nothing else could happen.

Let us not underestimate the contribution of the fund raisers. Without them, there would have been no hospitals at all. It was a hard and thankless task with intense competition from other voluntary organisations vying for public generosity at a time when money was becoming scarcer by the day.

Throughout the war, these women travelled throughout Britain and abroad. In India, the ex-pat communities gave generously, perhaps frustrated at not being “on hand” to do more. America and Canada were also very supportive, except in America’s Mid West where a strong German immigrant population gave a hostile reception. Australia was a little less forthcoming, but they had their own troops to consider. Any voluntary funds would quite rightly go to them. Besides, as one fund raiser wryly remarked, it was a country “run by men for men” and they weren’t all that keen on supporting a women’s unit.

To encourage donations each unit, ward and bed was named for the donors eg: Canada Ward, Queen Mary Ward, London Unit, Girton and Newnham Unit and even a Dunfermline Bed. This arrangement worked well. A woman in Greenock who had donated money for a bed was so thrilled to receive a letter of gratitude from the bed’s occupant that she immediately signed a cheque to keep the bed going for another six months.

Where ever they went the fund raisers had to be resourceful, strong, healthy, determined, articulate and above all happy with their own company for there was no back-up system. Many had gained experience campaigning for the Suffrage Movement but they found this sort of campaigning a much more lonely experience.

In spite of all the problems, by October 1914 the Committee had raised £1,000 enough to send out two units – one to France and one to Serbia.

At first, a unit consisted of:

- 2 Senior doctors
- 10 trained nurses
- Administrator
- Senior and junior cooks
- Clerk
- Junior doctors
- Orderlies
- Chauffeurs

They were an interestingly mixed bunch. Some were in the Suffrage Movement but others were opposed to it. Some were happily married while others had chosen to stay single. Some wanted to prove their worth in the world of work and war. Some had brothers, husbands, fiancés at the Front and wanted to do something more than just keep the home fires burning. Some of the doctors had already applied to other medical units and had been rebuffed. Others saw it as a marvellous adventure, an opportunity to break free of the restrictions of home life. Not by any means were they militant man haters.

For all of them the war was an opportunity to prove themselves both as individuals and as professionals. This was especially true of the doctors. Their CVs are littered with Gold Medals, distinctions and credits. Yet few of them could find work outside the traditional female roles of Obstetrics, public health, child welfare and the workhouse. Working in mission hospitals abroad was one of the few ways in which these women could gain experience in general surgery. And some of the doctors had to work as nurses to get any gainful employment at all. Elsie insisted that all women doctors worked as doctors with the same salaries and conditions as their male colleagues.

The first unit left on December 2<sup>nd</sup>, 1914 destined for France with Frances Ivens as Chief Medical Officer – another very strong minded woman who was to prove not only an excellent surgeon but a first class leader as well. They were to be based 25 miles from Paris in the 13<sup>th</sup> century Abbey of Royaumont. Once a magnificent edifice, by 1914 its beauty was only skin deep.

Cold, damp, derelict with high vaulted ceilings, ornamental pillars and gothic windows; no running water, no electricity and no heating save for one stove in the kitchen. The cook had to provide meals for 25 people using 2 saucepans, a kettle and a stub of candle to see by. Let them try that on Ready Steady Cook.

Rather interestingly at first the cooks, although quite happy to cook for men, resented cooking for women. But as time went on there was no room for such pettiness. It quickly became apparent that a knowledge of plumbing and carpentry was going to be every bit as useful as medical and nursing skills.

Women who had never done a hand's turn of work in their lives found themselves carrying buckets of coal or water up 71 steps, scrubbing decades of dirt from stone floors or unblocking drains.

Even Elsie on her first visit remarked: "I am not at all proud of our hospital at the present moment." Nonetheless, she proved to be a useful mediator between the unit who knew what was needed and the Committee back home who thought they knew what was needed. By April 1915 she was able to report: "The wards are beautiful ... the whole place is in perfect order."

In spite of the hard work, there was still energy left for grumbling, especially about the uniforms. Actually, there were a rather nice shade of grey with a fetching touch of Gordon Tartan on the collar. But the doctors complained that it made them look like nannies. The nurses were already

kitted out in nurses uniforms – complete with starched white veil and the orderlies wore blue overalls and matching mob caps.

The women worked so hard that by January 1915, just a month after their arrival, the unit was ready to receive patients and not a moment too soon. Being so close to the Front, Royaumont immediately began to receive very seriously wounded casualties.

Modern technology had altered the nature of war wounds drastically. Shells, shrapnel and machine guns caused multiple injuries, driving shattered bone, clothing and dirt deep into the wounds. Rifles were more accurate and caused disastrous internal injuries. Flame throwers caused dreadful burns and, after 1915, the use of Diphosgene gas caused blindness, skin lesions and lung damage. Add to this the mud and manure of the farmlands and the length of time – up to twelve days – between being wounded and arriving at a hospital, the chances of survival were small.

Unfortunately the treatment of wounds had not kept pace with the weapons and was exactly as it had been at Waterloo a hundred years previously. In the pre-antibiotic era, once infection had become established, amputation was the only hope of saving a life.

But Royaumont quickly gained a reputation for saving limbs which might well have been amputated in other hospitals. As soon as the patient arrived all dirty clothing was removed and swabs taken from all wounds. Then up to X ray to detect the presence of gangrene and then to theatre.

Foreign bodies were removed, wounds cleaned, drains inserted and the wounds dressed with sphagnum moss sent from Scotland. This moss is highly absorbent and is known to have disinfectant properties.

In the tradition of hospitals everywhere, the 100 beds quickly became 178, the 200, then 400 until by the end of the war the SWH at Royaumont had 600 beds. Dreadfully hard work for everyone, but especially for the surgeons who put a whole new meaning to the phrase 9-5, by working from 9am one morning to 5am the following morning.

It was certainly an enlightening experience for some of the orderlies who had led a sheltered existence. Up at 4.30 to make 40 beds, change stinking dressings and coax food past a shattered jaw – a far cry from placing cool hand on fevered brow as they might have fondly imagined.

Night duty came as something of a relief for them. At least they only had to stoke the ward stove. Then they could always do a stint in the kitchens, laundry or store rooms. These weren't easy options but it relieved the psychological stress for a while.

Most coped magnificently and make it clear in their diary writings that they loved the hard work and the challenges. But not all were suited to their task. The first matron, already retired in civilian life, heartily disapproved of women doctors. For her a woman's "reputation" was more important than her skills. Women who scented their bath water, wore face powder or (worst of all) worse silk underwear were doomed to perdition whatever their qualifications. Not surprisingly she soon left.

The chauffeurs had a hard time too. A woman driving a car was a whole new experience for many people – including the women themselves. Not only were they drivers, but mechanics as well with responsibility for the maintenance of their vehicle. It wasn't an easy option. Waiting around for hours in the bitter cold, wet and wind. Then the mad dash from the railhead to the hospital with desperately ill men. Then back again over damaged roads, no lights and always the fear of bombardment, to meet a seemingly endless stream of trains bringing the wounded from the Front. No wonder they wrapped up well.

Of the four chauffeurs, three were women and one was male. But only the man was given a salary; the women were expected to work for free.

Throughout the entire war on both Fronts, there were running battles between the units and the Committee. Running costs were high and the staff were furious at being accused of “extravagance” by people who could not comprehend the situation. And in an apparent suicide bid, the Committee upset the nurses.

The Committee wanted to recruit women with “some nursing experience” rather than trained nurses. They had no idea that the work required highly skilled care, nor did they understand the resentment caused by their actions.

Nurses were still in an ambiguous position. Many had trained for 2-3 years and were campaigning for registration. Others worked as nurses with no formal training at all. When the Committee and CMO Frances Ivens tried to promote orderlies to nurses' posts, all hell broke loose. Eventually a compromise was reached by which suitable orderlies would work as auxiliary nurses.

One woman sent out to liaise deserves a special mention on her own. She was the exceptional Mrs Robertson. She had a gift for getting both sides to understand the opposing view and won every one's respect by not being afraid to roll up her sleeves and help out. As she remarked:

“Four qualities are essential for a visiting delegate:

- Boundless tact
- Even temper
- Nerves of steel
- Constitution of iron.”

The Somme offensive began on 1<sup>st</sup> July 1916 and the wounded arrived in hordes in the worst possible condition. Can see that the Somme is quite far away so it would be quite an ordeal for the wounded even to get to hospital. Most patients were French and came from Verdun where the Germans were applying intense pressure in order to lure allied troops away from the Somme. Once at Royaumont, the stretchers had to be carried up the 71 steps by four orderlies – so much for the weaker sex. Three hours' sleep was an unbelievable luxury for the women and they found themselves working almost independently of their exhausted bodies. So many X rays were taken that the X ray staff received radiation burns. Yet not one patient was lost through delay.

Incredibly amongst all this carnage, they still had to find time to attend to important visitors. It sounds trivial but these visits were important for the morale of both patients and staff and for the continuation of donations. The Queen of Serbia chose to visit just when the cess pits were being cleaned out, which must have been a whole new life experience for her.

After the dreadful experience of the Somme, the comparative calm of winter must have been a relief. Hallowe'en was celebrated with apple ducking and fancy dress in which both patients and staff joined in with energy and ingenuity. One orderly put a tin bath tub over her head and went as a tank.

But under the gaiety there were other troubles. The day of the lady of independent means was passing into history. Because most of the staff were volunteers, a lot of them were now in financial straits, especially those who had dependent relatives at home. Many had, no matter how reluctantly, to leave and find paid employment elsewhere.

1917 brought the 3<sup>rd</sup> battle of Ypres, commonly known as Passchendaele. But it was too far north to affect Royaumont. Some women wanted to move the unit nearer to the fighting – it was hard to do nothing when there was so much to be done. But Frances Ivens held firm. She knew that, before the war ended, Royaumont would be needed again.

Sure enough the relative calm came to an end in March 1918 when the Germans began their final push westwards. Once more the wounded poured into Royaumont and their advance hospital at Villers-Cotteret found itself perched precariously right on the front line.

The noise of the guns was constant, both the road and the hospitals became targets for aerial bombardment. Operations were conducted by candle-light – except when an exploding ammunition train lit up the sky.

By August the German push had failed and a month later, the retreat began. On November 11<sup>th</sup> 1918 at 5am an Armistice was signed. The women of Royaumont ended the war with an unassailable reputation for excellence and had earned the great affection in which they were held by patients, civilians and the French authorities.

“If the skies were all paper and the seas were all ink we could not even then write the sorrows of our country” wrote one Serbian. We must remember that in the east, the First World War was simply an escalation of wars which had been rumbling on for centuries between the Balkan states, the Turks of the Ottoman Empire and the Austro-Hungarian Empire.

The Serbs had withstood the Austrian invasion but at considerable cost. Large numbers of wounded were added to the disease and privation caused by years of turmoil.

The second SWH arrived in Belgrade in December 1914 and others followed quickly to find the need was less for surgical skills and more for public health. Some described the patients as “...looking barely human ...so wasted with fever ...the bed sores they had got from neglect were worse than the original wound ...”

Some places had changed very little since medieval times and had become a breeding ground for typhus, typhoid and cholera. Conditions were worse than “the worst slum dwellings in Britain”. The usual practice was for sewage to drain through holes in the ward floor into a ditch which drained into a central pond which remained uncleaned for several years. Not surprisingly in these conditions, nurses with fever training were in great demand; soap and water essential ingredients in the fight to regain control of the situation. And if the cooks at Royaumont thought they had a rough deal, they should have seen the make shift kitchens on the Eastern front.

The infectious diseases quickly claimed their first victims from the women. Several doctors and nurses fell ill from enteric fever. The CMO died of diphtheria in April 1915 and Elsie Inglis at last seized her chance to lead the unit.

Elsie had very clear vision. She knew what she wanted and how to achieve it. A Colonel of the RAMC who met Elsie in Serbia later wrote to The Times:

“I have never met with anyone who gave me so deep an impression of single-mindedness, gentle heartedness, clear and purposeful vision, wise and absolutely fearless judgement.”

But she could be impatient with people who could not see as clearly as she did and was not always a good team leader. But she was good at both medicine and surgery and she loved Serbia and the Serbs. Released from the restrictions of Committee work, she was in her element.

Throughout the summer of 1915 there was a lull in the fighting. But as the weather cooled down, the situation warmed up.

If Germany wanted to send supplies and transport to her ally Turkey, Serbia stood in the way. So Serbia must be eliminated. Unlike the war in France events happened very quickly. German and Bulgarian forces encircled Serbia and Belgrade fell. As German units crossed the Danube and the Bulgarians occupied Macedonia, Greece backed out of her alliance with Serbia. Heavily outnumbered, the only way to prevent the entire Serbian army from being captured was to retreat over the mountains to Scutari in Montenegro.

November was not an ideal time to begin the Great Retreat. In the rain, mud and plummeting temperatures 100,000 soldiers died, plus some 50,000 civilians for it wasn't just an army but an entire nation passing into exile. And with them went some of the SWH units.

But some did not retreat, notably Elsie Inglis and her London Unit. Cut off from all news they set about caring for both German and Serbian wounded. Once again cleanliness was the essential component and it worked. Typhus was raging in the countryside all around but in the SWH unit there was not a single case.

The Germans behaved well and tried to persuade Elsie to sign a document to that effect. But she smelt a rat. Nurse Edith Cavell had recently been executed in occupied Belgium and Elsie suspected (correctly) that the Germans were seeking propaganda to offset the bad publicity. So she refused to sign.

Eventually the unit was packed off to Hungary. Under the Geneva Convention it is illegal to make prisoners of hospital staff. But the women were made to live in very cramped conditions where they staved off boredom by playing charades, hockey, rounders and organising a Burns' Night – which would have confused the enemy if nothing else. They went walking at such a pace that their guards complained they couldn't keep up. Probably everyone was relieved when the women were repatriated to Britain.

This left just one unit remaining in Serbia. This was ordered to Salonica where they set up hospital in a series of tents with wooden floors.

The refugees still pouring out of Serbia ended up in Corsica and an SWH unit went along with them. Corsica was as chaotic as elsewhere. Typhoid, meningitis, abscesses, pneumonia, dysentery, fevers; a public health nightmare of overcrowding, poor sanitation, under nourishment and the despair of a people who had lost everything.

To cap it all the head of the Serbian Relief Fund – another British voluntary organisation – thought that he was also in charge of the SWH as well as his own organisation. It didn't take long for the women to set him right but it created a lot of unnecessary unpleasantness.

The Transport Group had a particularly hard time in Serbia. The scenery which reminded the women of the Scottish Highlands was a nightmare for transport. There were hair pin bends to negotiate, so high up that they were looking down on eagles. Wheels slipped towards the edge of ravines in the mud and ice. A few cars did go over but the drivers managed to jump clear in time. There were fuel shortages and bombs to deal with as well as a lack of spare parts.

Obviously not a job for long skirts and corsets. One wrote home: "We wear our skirts up to our knees here." Others went a stage further and wore shirt and breeches and cropped their hair. Sounds sensible to us but then it was dreadfully radical. Can see from their expression that these women had found a new confidence in themselves and their abilities which they could not have achieved if they had stayed at home.

By 1916 the war was becoming increasingly bitter. It was bad enough on the Western Front but at least there were occasional flashes of humanity. But the fight between Bulgaria and Serbia was amongst the most vicious of the war. There were generations of scores to settle. Often the SWH were hard pressed to explain and insist upon the humanitarian principles of caring for wounded enemies as well as allies.

With all this happening it was unlikely that Elsie Inglis would stay at home, much less sit still. Although now very ill, she took her unit out to Russia. The unit was really needed near the Black Sea. With the Dardanelles closed to allied traffic they had to sail to Archangel on the White Sea and then travel south to Odessa on the Black Sea.

In the nine days it took them to travel through Russia, they caught a tantalising glimpse of a country and culture wholly unknown to them. Their amazement was reciprocated. They were asked if they were Boy Scouts, their independence commented on as was their warmth and sense of fun which was contrary to reports of British coldness.

Once at the Black Sea they were given a barracks for a hospital – which had to be scrubbed from top to bottom – and the staff slept in tents. They weren't given time to settle in. In the face of a joint German and Bulgarian advance, they had to retreat again, this time back into Russia. To make matters worse, it was a dreadfully cold winter. The Danube froze for the first time in 70 years, wolves could be heard near the camp and, worst of all, tea froze in the cups.

In spite of being in the fore front of so much innovation, Elsie still had her blind spots. She threatened to send someone home for swearing, although there was plenty to swear about. She fretted that she could not chaperone a concert given in their honour by Russian officers. Just as she herself had successfully rebelled against the restrictions imposed on female medical students, naturally, the women who had been through so much and proved themselves time and again, resented this attitude. It does demonstrate the dilemmas in a world which was rapidly changing out of all recognition.

By spring 1917 there were the first stirrings of the Russian Revolution and inevitably the SWH became caught in the cross fire. Elsie and an orderly were arrested for “spying”. They were released on the intervention of a Russian Admiral but the situation remained fraught.

As the year wore on Elsie could see very little reason to stay in Russia and plenty of reasons why they should return to the Balkans. She proposed that the unit, along with the Serbian soldiers, be disengaged from Russia and sent back to Macedonia.

Unfortunately, Bulgaria stood in the way.

The only way to get to Macedonia was to go to Britain first, which meant travelling back through Russia to Archangel. It was not an easy task but it almost certainly saved the lives of the Serbian soldiers who would have been massacred as Russia went into a tailspin.

They arrived in Archangel in the middle of a general strike but Elsie finally managed to persuade a man to shunt all the SWH equipment onto the quay for embarking.

In spite of the dangers there was a lot of sadness at leaving Russia. Orderly Elsie Butler had become very fond of Russia and had hoped to stay. She wrote:

“Elsie Inglis broke a strike, breaking my heart in the process. Far from being left behind in Russia, I left Russia behind for ever and the Russia I left behind me vanished away.”

When they finally sailed on November 15<sup>th</sup> Elsie sent a telegram to the London Committee: “On our way home, everything satisfactory and all well except me.”

This was the first indication that she was unwell, and even then, people at home assumed it was something minor.

Through blizzards, storms, icebergs and submarine scares they made their way home to sail up the Tyne – in another blizzard – on 25<sup>th</sup> November 1917. Once there Elsie dressed in full uniform and medals and bade goodbye to the Serbs.

She died during the following night.

Her body was taken to Edinburgh where she lay in state in St Giles cathedral. British and Serbian royalty attended the funeral and the crowds lined Princes street eight deep to watch her coffin go past on the way to Dean Cemetery. In London there was a memorial service in St Margaret's, Westminster and the press demanded:  
"Why no VCs for women?"

It was a good point. Both France and Serbia had decorated the women with their highest honours which fully acknowledged that they had participated directly in the war. Yet from Britain there was nothing. It was argued that as the SWH were working for foreign authorities, they were not eligible for British decorations. It's a feeble excuse. The women were British and through their unstinting bravery had enhanced Britain's reputation abroad. To refuse them decorations on such flimsy grounds was a cheap way to repay the sacrifice.

The unit which Elsie had led through so many vicissitudes was renamed the Elsie Inglis Unit and in true Elsie spirit went straight back to Macedonia.

1918 was as decisive in the east as it was in the west. As the Germans retreated from France, the Bulgarians were pushed back at a rate of five miles a day. An armistice was signed on 30<sup>th</sup> September. Now there was time for the women to visit the battlefields which had influenced their lives for four years in both east and west.

Desolation is the word they use most. A mangled countryside full of shell holes and water and the graves of both allied and central powers with nothing to distinguish them but the occasional helmet. No birds; no trees or flowers; not even any houses. These scenes often traumatised where the work of the previous four years had not.

The war might be over but the work of the SWH went on, especially in the flu epidemic of 1918. There was also paperwork to complete, essential for continuing treatment and for war pensions. Royaumont didn't close its doors until March 1919. In Serbia there were SWH people still working in rehabilitation centres in the 1920s.

Gradually, as Europe struggled to come to grips with post-war reconstruction, the women came home. A lot had great difficulty in adjusting to post war life.

Dr Leila Henry, the youngest doctor at Royaumont, described her two years there as the happiest of her life. Yet she still had nightmares about 1918 when she was well into her 80s.

Dr Berry, again of Royaumont, spent much of the rest of her life severely depressed. She had given tremendous support and expertise to both patients and staff, but because she was not a surgeon, she felt valueless.

The women of the transport column found their contribution totally ignored or denigrated not even allowed to drive a car when they got home.

As early as 1919 medical schools once more began to close their doors to women students.

Some women simply couldn't readjust and went to live in Rhodesia, India, Australia. Others returned to Serbia and Romania to try to set up badly needed nurse training schools. Yet each woman had developed new skills, discovered strengths which they didn't even know they had. After such an experience, it's impossible to turn the clock back.

On february 6<sup>th</sup> 1918, the Representation of the People Act decreed that women householders and wives of householders age thirty or over could now vote.

1919 saw the Nurses Registration Act finally making it illegal to work as a trained nurse without being entered on the Register.

I am certain that the work of the SWH throughout the First World War heavily influenced these political decisions which affect us even today and which we take so much for granted.

The French and Serbians were proud of their "little grey partridges" as they called the women of the SWH. We should be proud of them too.