

Bathing and the British Army on the Western Front.
A Study of Civilian and Military Influences

Catherine Hickman

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Department of History
University of Essex

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ABSTRACT

The dissertation describes how and why systems of bathing were introduced on the Western Front in November 1914 and their further development during the War. It examines the influence of civilians in the Army, both as providers and users of baths, and also that of families and friends at home.

The introduction reviews relevant literature and concludes that although much has been written on various aspects of wartime medicine and morale, little attention has been paid to the significance of bathing.

However, War Diaries of Field Ambulances and Sanitary Sections make it clear that the RAMC spent much time and effort providing bathing facilities for the troops, and private papers of both officers and men refer frequently and positively to their experiences of bathing.

Chapter 1

Describes the recruitment, conditions of service and training of the civilians who by the end of the War would account for 90% of the doctors in the Army. It will examine the different cultures of the regular RAMC medical officers and the civilians and the relationship between them.

Chapter 2

Compares the bathing facilities the soldiers were accustomed to at home and those they were provided with on the Western front before November 1914. It will describe the establishment and development of baths and showers and consider who was responsible for them.

Chapter 3

Assesses the help given by families and charitable organisations at home, both directly by supplying equipment, and indirectly, by putting pressure on the Army.

Chapter 4

Describes the expectations of the soldiers and their reactions to the facilities provided. It will also look at how they used their experiences and needs to form a link with their families.

ABBREVIATIONS

ADMS	Assistant Director of Medical Services
AMC	Army Medical Corps
AMS	Army Medical Service
AQMG	Assistant Quartermaster General
<i>BMJ</i>	British Medical Journal
Brig.	Brigadier
Btn.	Battalion
Capt.	Captain
CCS	Casualty Clearing Station
CMWC	Central Medical War Committee
Col.	Colonel
Cpl.	Corporal
DDMS	Deputy Director of Medical Services
DGAMS	Director General of the Army Medical Service
DGMS	Director General of Medical Services
DMS	Director of Medical Services
DQMG	Deputy Quarter Master General
FA	Field Ambulance
FANY	First Aid Nursing Yeomanry
FRCS	Fellow of the Royal College of Surgeons
GHQ	General Head Quarters
GOC	General Officer Commanding
GP	General Practitioner
HQ	Head Quarters
IWM	Imperial War Museum
JRAMC	Journal of the Royal Army Medical Corps
Lt.	Lieutenant
Maj.	Major
MO	Medical Officer
NA	National Archives
NAM	National Army Museum
NCO	Non-Commissioned Officer
OTC	Officer Training Corps
Pte.	Private
QMG	Quarter Master General
RAMC	Royal Army Medical Corps
RMO	Regimental Medical Officer
Sgt.	Sergeant
SR	Special Reserve
SS	Sanitary Section
TF	Territorial Force
WL	Wellcome Library
YMCA	Young Men's Christian Association

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INTRODUCTION

‘Our Wonderful Army had gone to war without any means of washing either the men or their clothes, and it fell to the lot of the RAMC to improvise both.’¹

In earlier wars, the troops had kept themselves clean by taking advantage of natural facilities for washing. No attempt was made to clean their uniforms which, when they became too filthy or infested with vermin, would be burnt and replaced. Similarly the Army went to war in 1914 without any plans for baths and the purpose of this essay is to establish why in November of that year, a system of regular bathing was introduced and further expanded throughout the war, and who was responsible. A literature review will show that very little has been written about baths, an impression reinforced by the fact that the two volumes on hygiene in *The Official Medical History of the War* in the library of the National Army Museum needed to have the pages cut 90 years after publication.

The efforts of the RAMC were recognised early on, but although their achievements were acknowledged in some of the first histories of the War, they were not described in detail. The official *History of the Great War* conceded that ‘baths and wash houses, establishments for drying and disinfecting clothing, canteens and cinemas’ contributed to the restoration of ‘the health and wellbeing of the troops’, but neither Liddell Hart’s *History of the First World War* nor Churchill’s *The World Crisis* make any mention of medicine or health. However, John Buchan in his *History of the Great War* records that ‘frequent reliefs and better provision for billets and baths in the rear did much to ease their lot. A battalion which came out of the trenches weary, lame

¹ Robert Blackham, *Scalpel, Sword and Stretcher* (London: Sampson, Low, Marston & Co., 1931) p.226

disheveled, spiritless and indescribably dirty, would be restored in a couple of days to a reasonable smartness and good humour'.²

Most of the books published after the War about medicine were personal memoirs or histories of the RAMC. Col. Fred Smith wrote *A Short History of the Royal Army Medical Corps* in 1931, which acknowledged that the work of the Sanitary Sections became more 'scientific and exacting' and twenty years later (1951), Peter Lovegrove published his short history of the RAMC, *Not Least in the Crusade*. A whole chapter is devoted to sanitation and hygiene, laying emphasis on the 'virtue of hygiene' as learnt from the Boer War. In 1972, yet another history of the RAMC was published by Redmond McLaughlin; *The Royal Army Medical Corps* emphasised the importance of success of immunization, but barely mentioned sanitation and hygiene other than to state that their absence is 'highly menacing to wounds and to general health'.³

Other more general accounts of the medical war include John Laffin's *Surgeons in the Field* (1970): his chapter on WW1 and the challenge to the medical profession describes developments in the treatment of the wounded, with little mention of the importance of maintaining good health. In *Before my Helpless Sight* (1999), Leo van Bergen concentrates on military casualties and the medical treatment they might receive and Jeffrey Reznick's *Healing the Nation* studies the system of care-giving provided for the wounded. Ian Whitehead in *Doctors in the Great War* (1999) points out that the doctors played a larger part in WW1 than in any earlier conflict, partly because of the scale of the war but also because of the realization that proper medical care could make an important contribution to keeping the soldiers fit to fight. He discusses the role of the Medical Officer in maintaining the morale and health of the troops and emphasizes the

² John Buchan, *A History of the Great War* (London: Thomas, Nelson & Sons, 1921), Vol.1, p.461

³ Redmond McLaughlin, *The Royal Army Medical Corps* (London: Leo Cooper, 1972), p.35

increased importance of sanitation and preventive medicine, but makes only one mention of bathing facilities in connection with the eradication of lice. More recently Fiona Reid in *Medicine in First World War Europe*, suggests that baths were set up in an attempt to eradicate (if only temporarily) the lice that were recognized as being not only the cause of disease, but of shame and revulsion to the soldiers.⁴

Mark Harrison states in the introduction to *The Medical War*, 'Although numerous articles and books have been written on various aspects of wartime medicine, particularly shellshock, they have yet to make much of an impact upon military historiography. Indeed most general accounts of the war, and even some detailed histories of theatres and campaigns, ignore the subject altogether'.⁵ The stated aim of his book is 'to explain why medicine became so important to the conduct of war between 1914 and 1918 and to account for its increasing visibility in military circles and public discourse'.⁶ Harrison believes that the importance of medicine in morale was recognised to some extent by the official historians of the medical services but that it is hard to establish the relative importance of medicine in relation to other factors such as patriotism, working class solidarity, the paternalism of the officer corps and recreational facilities, and that few attempts have been made to examine this aspect of medical care.

Much has been written about the various contributory factors to morale. Alexander Watson, in *Enduring the Great War*, examines soldiers' resilience in terms of motivation, fears, and coping strategies,⁷ and Rachel Duffett, explains the psychological as well as the physical importance of food in *The Stomach for Fighting*.⁸ *The Secret Battle* by Michael Roper describes how relationships between men and their families at home

⁴ Fiona Reid, *Medicine in First World War Europe*, (London: Bloomsbury, 2017)

⁵ Mark Harrison, *The Medical War* (Oxford: OUP, 2010), p.2

⁶ Ibid. p.14

⁷ Alexander Watson, *Enduring the Great War* (Cambridge University Press, 2008)

⁸ Rachel Duffett, *The Stomach for Fighting*, (Manchester University Press, 2012)

contributed to morale,⁹ and Gary Sheffield's *Leadership in the Trenches* is a study of officer-man relations, discipline and morale.¹⁰

However, the official War Diaries of the Field Ambulances and Sanitary Sections at the National Archives make frequent references to baths and the personnel employed there, and some of the detailed descriptions are written with such a sense of achievement and conviction of the benefits derived by the troops, that it is clear that the officers responsible for the baths believed that they made a significant contribution to the health and morale of the troops. I felt that the role of bathing deserved to be examined. This impression was reinforced by the fact that baths were frequently mentioned in letters from soldiers to their families at home. I selected letters at random at the National Army Museum, but was able to be more selective at the Imperial War Museum with the help of their index. The men might 'grouse' when the anticipated bath was not available, but in terms that make it clear that they understood the reasons for the failure, but most accounts are positive, sometimes euphoric. It was a subject they could write home about knowing that, not only would it pass the censor, but would reassure families that their sons were being cared for by the Army. Michael Roper describes how these letters would help create the bond between mothers and their sons that was so important for morale.¹¹

The first chapter will describe how civilian doctors reacted on the outbreak of war, how they were recruited, their conditions of service and their training. The attitude of an Army Medical Officer to a sick man was very different from that of a civilian doctor to his patient; Captain J.H. Dible, a junior demonstrator in pathology at the University of Sheffield in 1914, summed up the situation in one sentence. 'The traditions of the RAMC

⁹ Michael Roper, *The Secret Battle* (Manchester University Press, 2009)

¹⁰ Gary Sheffield, *Leadership in the Trenches* (London: Macmillan Press Ltd. 2000)

¹¹ Roper, Chapter 1

are not those of medicine, they ape the soldier.’¹² I will examine how difficult it was for the civilians to adopt the more robust military attitude, and whether taking responsibility for the baths gave them a task they could carry out with confidence and enthusiasm; it was a job that was compatible with the caring ethos of a G.P. and a greater knowledge of public health and preventive medicine meant they were probably better qualified for the job than their military colleagues.

The second chapter will describe why, in spite of developments in bathing practices during the early years of the twentieth century and improved bathing facilities in barracks at home, the Army had made no plans for baths on the Western Front. It will examine the circumstances that caused them to be set up at the end of November 1914, who was responsible, and how they responded to the challenge. It will describe how, from 1915 onwards, responsibility for the baths was passed from the Field Ambulances to the Sanitary Sections, which were also staffed by civilians with appropriate professional qualifications. Their duties were described in 1914 as simply ‘digging and clearing up the ground’ but by the end of the War, their responsibilities were ‘similar to those performed in peacetime by Medical Officers of Health and their Sanitary Inspectors’ and I will examine whether it was confidence in their abilities that encouraged them to expand their role and take the lead in organizing baths, solving problems and introducing improvements. I will describe the impact that could be made by a committed individual like Captain Jacobs, a sanitary engineer commissioned into the RAMC, who was not satisfied by simply extending bathing facilities, but throughout the war, was determined to improve both systems and equipment.

¹² IWM, 10927, Papers of Capt. J.H. Dible, p.66

Chapter 3 will examine the civilian contribution to the baths. Complaints from soldiers in the field put direct pressure on the Army to improve the availability of baths, but the knowledge that they were also complaining to their families, and potentially undermining morale on the home front, put indirect pressure on the authorities to improve the situation. Their complaints made civilians at home aware that this was an aspect of the soldiers' lives they could directly improve. Cleanliness was a matter close to the hearts of most wives and mothers, and an area where they had expertise. In the same way that the civilian doctors and the staff of the sanitary sections had risen to the challenge of providing baths for the soldiers, the civilians on the home front realized that they could also contribute, not only by sending soap and towels, but by fund raising in order to provide the baths. It will examine the contribution of the new charitable organisations that sprang up at every level of society, as well as the old established ones that raised funds at home as well as providing facilities at the Front.

The fourth chapter will describe the expectations of the soldiers and their reactions to what was provided for them by the Army, as well as the supplementary facilities they arranged for themselves. Without doubt, for most of the troops, most of the time, a bath on the Western Front was a positive experience. Depending on weather and water supplies, some baths were more enjoyable than others, but diaries and letters home (which also complained of the absence of baths) describe them as recreational, cleansing, health giving and morale boosting.

CHAPTER 1

THE ROYAL ARMY MEDICAL CORPS 1914-1918

With slight exaggeration, the former Director General of the Army Medical Service (DGAMS), Sir Alfred Keogh described the size of the RAMC shortly after the War as similar to that of the original Expeditionary Force in 1914. In August 1914, the total of 1279 RAMC officers and 3811 other ranks enrolled in the regular army together with 1889 officers and 12,520 other ranks in the Territorial Force¹ was less than the required peacetime number but by November 1918, the numbers had increased to a total of 13,035 officers and 131,361 other ranks.² By the end of the War the number of troops serving on the Western Front increased from 190,000 in 1914 to 1,857,026³ in November 1918, and half the nation's doctors were needed to care for them.⁴ This chapter will describe the recruitment and training of the civilian doctors who joined the RAMC, and their relationship with the regular medical officers, and examine the part they played in setting up the bathing facilities on the Western Front.

In the introduction to *Doctors in the Great War*, Ian Whitehead emphasizes that 'Co-operation between the medical profession and the Army was critical to the success of the medical arrangements'.⁵ Historically, the relationship between the Army Medical Services and the regular army had not been a happy one and inadequate pay, lack of status, and the absence of any opportunity to acquire further qualifications had caused

¹ T.J. Mitchell & G.M. Smith, *Official History of the War, Casualties and Medical Statistics of the War*, (London: HMSO, 1931), p.8

² Robert Atenstaedt, *The Medical Response to the Trench Diseases in World War One*, (Newcastle upon Tyne: Cambridge Scholars Publishing, 2011), p.26

³ T.J. Mitchell & G.M. Smith, p.2

⁴ Robert Atenstaedt, p.26

⁵ Ian Whitehead, *Doctors in the Great War*, (Barnsley: Pen & Sword Books, 1999), p.1

the medical schools to refuse to recommend the RAMC to their graduates as a career. Sir Wilmot Herringham of St Bartholomew's Hospital, who served as a consulting physician during the war, confirmed 'None of our best students ever thought of going into the Army, and we teachers always discouraged it, for the Army offered no career to a man who cared about the knowledge or status of his profession'.⁶ As a result the service was undermanned, and those who had enrolled had rarely graduated at the top of the class.

The reforms to the Army Medical Service following the South African War had improved the situation and encouraged recruitment, and after the election of a Liberal Government in 1906, Haldane's reorganization of the non-regular army into Special Reserve, Territorial Force (TF) and Officer Training Corps (OTC) after 1906 assisted the reorganization of the medical services by Sir Alfred Keogh, the Director General of the Army Medical Services (DGAMS). Keogh travelled the country, talking to civilian doctors and listening to their opinions; with their support, the territorial medical units had full or near-full complements of doctors by 1910. Furthermore, as a result of his work with the medical schools, almost 2000 medical students had been members of the OTC before the outbreak of War.⁷ Ian Whitehead suggests that the shortfall of only 18 regular RAMC officers on the outbreak of war should be seen as confirmation of the effectiveness of the army medical reforms,⁸ a view that is supported by contemporary reports. Ronald McNeill M.P, in a speech in the House of Commons in 1916, acknowledged that after the reforms, both the number and the quality of recruits to the RAMC had improved.⁹

⁶ Sir Wilmot Herringham, *A Physician in France*, (London: Arnold, 1919), p.45

⁷ Thomas Scotland and Steven Heys, *War Surgery 1914-1918*, (Solihull: Helion & Co. Ltd, 2012), p.45

⁸ Ian Whitehead, *Doctors in the Great War*, (Barnsley: Pen & Sword Books, 1999), p.23.

⁹ www.hansard/millbanksystems.com, 15 March 1916,

RECRUITMENT AND TRAINING

Recruitment

On the outbreak of war, the War Office immediately initiated a recruiting campaign for civilian doctors, advertising in the national press for doctors to sign up for 12 months or the duration of the war, whichever was shorter. A 'Call for Civilian Medical Practitioners' in *The British Medical Journal (BMJ)* of 8 August 1914, offered registered practitioners, under the age of 35, and prepared to devote their whole time to military service, the temporary rank of lieutenant in the army, with payment of 24/- per day, £30 uniform allowance and a gratuity of £60 at the end of their engagement should they have given satisfactory service.¹⁰ Some advertisements gave the option of enrolling as either a temporary officer for one year or the duration of the war, whichever was the shorter, or as a territorial, signing up for four years.¹¹ Lieutenants who had served in the Territorial Force, some of them since 1908, were paid 14s per day (captains 15s 6d) plus allowances averaging 4s 9d, received a uniform allowance of £40 but no gratuity at the end of their service, which was for as long as the Army chose to keep them.¹² These different conditions of service would soon cause significant dissatisfaction among the doctors.

Doctors enrolled enthusiastically at the outbreak of war, giving the impression that numbers would not be a problem. Typical of them was W.C.D. Maile, who, concerned that he would 'miss all the fun,' made five separate visits to the War Office, attempting to enrol in the RAMC. Told that he was not yet required, but to go home and carry on with his practice until further notice, he enlisted in the ranks of the 2/3rd Home Counties Field

¹⁰ *British Medical Journal (BMJ)*, 8 August 1914, p.318

¹¹ *BMJ*, 5 December 1914, p.995

¹² *BMJ*, 1 May 1915 p.776

Ambulance (FA), a newly formed second-line Territorial unit, where he was soon commissioned.¹³

After the Battle of Mons, Colonel Arthur Lee reported to Kitchener on the shortage of doctors, 'The RAMC staff at that time were undoubtedly over worked and overstrained' and 'there were probably not enough medical officers in the first place, and many had been killed or wounded'.¹⁴ He recommended that 'a considerable addition' to the number of doctors was essential if the wounded were to be treated as promptly as possible.¹⁵ By December 1914, 5144 Medical Officers (MO) were in service, including 102 who had come out of retirement, and 661 from the special reserve. 1138 men had enrolled as temporary officers in the RAMC and the number of territorial officers had gone up to 2131.¹⁶ (Men who were turned down for temporary commissions on physical grounds, were frequently accepted by the Territorial Force, as in the case of the newly qualified Dr. H.R. Parsloe, rejected out of hand with the words 'Good God we do not need blind men!' in 1914 but later commissioned into a Territorial Casualty Clearing Station (CCS) about to leave for France).¹⁷

Some members of the medical profession at home had realised from the start that it might prove difficult to provide a sufficient number of doctors; a letter to the *BMJ* in August 1914 suggested that all medical students who had recently failed their exams should be re-examined immediately and that those who had failed by a narrow margin 'shall at once be given their degrees or diplomas'.¹⁸ In fact, the students were not

¹³ Peter Simkins, *Kitchener's Army* (Manchester: Manchester University Press, 1988), p.169

¹⁴ National Archives, (NA) WO159/16, *Letters from Colonel Arthur Lee to Lord Kitchener*, 12 October 1914

¹⁵ NA, WO159/16, 28 October 1914

¹⁶ *BMJ*, 2 January 1915, p.18

¹⁷ IWM, 16374, Papers of Dr. H.R. Parsloe, p.2

¹⁸ *BMJ*, 8 August 1914, p.320

hesitating; by the end of October 1914 50% of medical students at Cambridge had signed up, either as dressers with the RAMC or the Red Cross, or as regular soldiers.¹⁹ The absence of a large number of 4th and 5th year students who would normally be working in hospitals caused problems at home. It became clear that it would not be easy to balance the needs of the army and the civilian population: significant disruption had followed the rapid mobilization of the Territorial and Reservist doctors which caused the immediate withdrawal of 2000 doctors from their work.²⁰

Appeals for doctors continued to be made in the press with a large number of Field Ambulances (FA) recruiting directly. The appeals became increasingly urgent, with a letter to the *British Medical Journal* in March 1915 from Sir Alfred Keogh, re-appointed DGAMS in October 1914, asking for every qualified man under 40 who was fit and willing to serve, especially GPs; 'This really is a national emergency and we hope that the medical profession who have already done so much will assist the responsible authorities to meet it'.²¹ A letter from the ADMS of the Northumbrian 2nd Field Line Division, at about the same time, urged that any man 'with any love for his country cannot hang back at this most critical time'. As a Territorial officer, he was probably more aware than most of the training that would be required to turn a civilian doctor into a military MO, and reminded the readers that 'It takes time to train men in all the branches of medical work and have them fit to take their places in a field ambulance at the front.'²²

¹⁹ *BMJ*, 31 October 1914, p.766

²⁰ Ian Whitehead, p.36

²¹ *BMJ*, 13 March 1915, p.488

²² *BMJ*, 27 March 1915, p.571

Although, by August 1915, 8530 doctors had joined up²³ (approximately one quarter of the profession),²⁴ it was becoming clear that the voluntary system could no longer guarantee enough doctors to provide adequate care for the troops.²⁵ Not only was the wastage through death or injury among doctors much higher than anticipated, (80 officers per month between May and August 1915),²⁶ but at the same time regular RAMC officers had been withdrawn for duty with the New Armies and not all temporary commissioned MOs were renewing their contracts. Sir Arthur Sloggett noted that '53 TC officers go home on expiry of contract during this month'.²⁷

Letters from doctors to the *BMJ* gave their reasons for not renewing their contracts: one writer pointing out that all the other temporary branches of the Army and Navy (engineers, navigators, paymasters etc.) got rank in proportion to their ability and experience, believed that the doctors' grievances were caused by different conditions of service enjoyed by the regulars, the special reserve and the territorial force. Clearly keen to serve but equally keen for his qualifications to be recognised, he maintained that he would either be a private or major (RAMC). 'I do not mind which but certainly not a lieutenant. Let us be loyal to our country and to our profession at the same time.'²⁸ Another correspondent, working at the depot, was no longer hoping for promotion but planned to "pull out" when my year is up as the position is infra dig and humiliating. If only young enough, I would much rather serve as a private . . . It is all very well for the

²³ W.M. Macpherson, *Official History of the Medical services of the War: General History, Vol. 1*, p.8

²⁴ J.M. Winter, *The Great War and the British People*, (London: Macmillan, 1987), p.157

²⁵ Ian Whitehead, p.43

²⁶ NA, WO95/44, *War Diary of DGMS Sir Arthur Sloggett*, 9 August 1915

²⁷ NA, WO95/44, 8 April 1915

²⁸ *BMJ*, 7 July 1915, p.118

War Office to appeal to the patriotism of the profession, but I fear we have made ourselves too cheap, and are treated accordingly.'²⁹

An article in the magazine in June 1915 confirmed their view, stating that it was lack of promotion and being subordinate to permanent RAMC officers who were 'their junior in age and experience' that was discouraging the temporary lieutenants from renewing their contracts.³⁰ The consulting surgeons and physicians appear to have been surprisingly out of touch, with a letter from Makins, Bowlby, Rose Bradford and Herringham, assuming that the reason the doctors were leaving was boredom with the routine work.³¹

The inadequacies of the voluntary system were tackled when the War Emergency Committee was set up in 1915 to make sure that the medical profession was 'organised for civil and military service in such a way that the medical man could be utilized according to his physical and professional capacity'.³² Renamed the Central Medical War Committee in October 1915, the CMWC instituted a scheme of enrolment for full-time service for all doctors under the age of forty. After enrolment these doctors would be called up as required. Individuals were encouraged to put themselves in the hands of the CMWC and the Local Medical War Committee who were best qualified to decide how they should be employed, hospitals were required to release junior members of staff from their duties and military authorities reminded not to employ fit men of suitable age in home military hospitals.³³

The problem should have been solved by the passing of the Military Service Act in 1916 which made doctors liable for compulsory service. However, there were simply not

²⁹ *BMJ*, 24 July 1915, p.160

³⁰ *BMJ*, 26 June 1915, p.1102

³¹ *BMJ*, 9 October 1915, p.539

³² Ian Whitehead, p.40

³³ Ian Whitehead, p.55

enough doctors and when an article in the *BMJ* in March 1917 warned that as the Army was holding more than twice the length of front than the previous year, a large call for more MOs for the RAMC was likely,³⁴ a letter in response pointed out that it was already difficult to provide adequate medical attention in industrial districts, including munitions districts, and recommending that 'free and frank discussions and economy must be practiced on both sides'.³⁵ By August 1917, the pendulum had swung, and the CMWC told the War Office that any further recruitment of doctors would endanger the health of the civilian population.

THE STRENGTH OF THE RAMC

DATE	OFFICERS	OTHER RANKS	
Aug-14	1279 1889	3811 12520	Regular Army TF & Reserve
Aug-15	6230 2300	49525 ?(sic)	Regular Army TF & Reserve
Aug-16	9000 3300	71276 40500	Regular Army TF & Reserve
Aug-17	10370 3130	93359 33000	Regular Army TF & Reserve
Aug-18	10178 2885	100176 30923	Regular Army TF & Reserve
Nov-18	10190 2845	98986 32275	Regular Army TF & Reserve

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³⁴ *BMJ*, 10 March 1917, p.337

³⁵ *BMJ*, 7 April 1917, p.464

³⁶ W.M. Macpherson, *General History, Vol. 1*, p.8

Not all doctors were anxious to serve: many were torn between a feeling of duty towards their patients and a desire to serve their country,³⁷ whilst some found that a military salary of £8/8/- per week did not compensate for lost income from a private practice. A letter from 'Anxious' in the *BMJ* in March 1915 described his position, and that of many others,

I am 44 and very fit, keen to serve but held back by big industrial practices, large families, no savings, and heavy expenses. I am also of the opinion that many of us could be set free to serve by some arrangement by which 'locums' would expect no higher fees than the Army pay of the practitioners whose place they take.³⁸

It appeared that the law of supply and demand was in control and that a locum tenens was only available at a prohibitive price.³⁹ 'Before the war 5 guineas a week was considered a reasonable remuneration by locum tenents (sic) today 12 guineas is being asked for and paid.'⁴⁰

The RAMC in 1914

During the early months of the War, the higher echelons of the RAMC were in disarray; the DGAMS, Sir Arthur Sloggett, who had been appointed to the post in June 1914, was on sick leave from August until October when he became the Director General Medical Services (DGMS) with responsibility for the Army Medical Services in France.

³⁷ Ian Whitehead, p.39

³⁸ *BMJ*, 27 March, 1915, p.577

³⁹ *BMJ*, 5 June 1915, p.978

⁴⁰ *BMJ*, 7 April 1915, p.692

Sir Alfred Keogh was brought out of retirement to replace him as DGAMS in England and a letter to *The Times* from Lord Esher, the Sub-Commissioner to the Red Cross in France, claimed that 'Some day the full story will be told. The English-speaking world will know what happened in September 1914, and understand the events that led to the recall of Sir Alfred Keogh' (who had served as DGAMS 1904-1910).⁴¹ Whatever happened may have been for the best as the *BMJ* believed that it was confidence in the latter's organizational skills, open-mindedness, energy and 'patriotic enthusiasm' that caused the medical profession to respond so promptly.⁴²

Keogh realized that the regular officers would be needed to fill an increased number of administrative posts and encouraged eminent physicians and surgeons to enrol on temporary commissions, in order to take on responsibility for developing improved methods of caring for the troops.⁴³ Unlike the higher ranks of the regular RAMC, who might not have had any direct contact with patients for twenty years,⁴⁴ these senior consultants were willing to take an active part in the treatment of their patients. Following an urgent call for a surgical specialist for the Meerut CCS at Aire to tend to the victims of a trench mortar, 'Sir A Bowlby went'⁴⁵ and Sir Douglas Haig recorded in his diary a visit to a Casualty Clearing Station 'where I saw Sir Wilmot Herringham with his coat off, setting a fine example, by washing and attending to the slightly wounded cases.'⁴⁶

⁴¹ *BMJ*, 10 February 1917, p.197

⁴² *BMJ*, 27 January 1917, p.129

⁴³ Mark Harrison, *The Medical War*, (Oxford: OUP, 2010), p.99

⁴⁴ Wilmot Herringham, *A Physician in France*, (Memphis, USA: General Books LLC, 2012), p.13

⁴⁵ WO95/50, *War Diary of DDGMS*, 2 March 1915

⁴⁶ Robert Blake (ed.) *The Private Papers of Douglas Haig*, (London: Eyre and Spottiswoode 1952), p.154

In August 1915 their contribution was recognised when the DGAMS recommended that Colonels Sir George Makins and Sir Anthony Bowlby, the two senior consulting surgeons who had arrived in France in September 1914, should be given the rank of Surgeon General because 'Their services in this war have been of the greatest value and their spheres of work have been v. much increased with the growth of the force'.⁴⁷ The number of civilian medical men appointed as consultants increased throughout the war and soon after his arrival in France in October 1914, Sir Arthur Sloggett appointed his senior officers and the consultants (who numbered 6 by the end of 1914) to a council 'which has grown and has been periodically summoned to meet to discuss current questions.'⁴⁸ Surgeon-General Macpherson, the editor of *The Official History of the Medical Services of the War* explained the disorganization of 1914 as due to the different medical requirements of an army in war and in peacetime. 'The longer peace continues, the more difficult it is to prepare for war, ... it lies in lack of experience in handling and making provision for large masses of men.'⁴⁹ From the start the civilians, already critical of their military colleagues ability, found a 'lack of organized control ... exhibited at every turn'.⁵⁰ Capt. W. McK. H. McCullagh, a special reserve officer, wrote 'Everybody is disgusted with the way things have been arranged, and they say South Africa was well managed in comparison to this.'⁵¹

Complaints came from both senior members of the medical profession who had enrolled as temporary officers, concerning their position compared to the regular MO, and territorial officers who were subordinate to recently qualified doctors who had

⁴⁷ WO95/44, 12 August 1915

⁴⁸ *BMJ*, 10 June 1916, p.830

⁴⁹ T.G. Mitchell & G.M. Smith, *Casualties and Medical Statistics of the War*, p.7

⁵⁰ A.A. Martin, *A Surgeon in Khaki*, (London: Edward Arnold, 1915), p.8

⁵¹ National Army Museum (NAM), 2010-01-47-1, Papers of Capt. W.McK.H. McCullagh RAMC, p.12

temporary commissions. Doctors who were on the permanent staff of a large hospital or in a well established private practice would have been earning about £1000 a year, had made a considerable financial sacrifice but found themselves junior to a newly qualified clinical clerk or dresser who had enrolled as a regular officer. Previous war experience carried no weight: doctors who had served in the South African War were asked to join the RAMC as a second lieutenant.⁵²

Territorial officers, 'men who have shown pre-eminent loyalty by preparing in peace time for duties in war' were equally resentful.⁵³ Letters to the *BMJ* described their work before the War when they had examined recruits, given lectures and drills in first aid and sanitary work, gone on route marches, taken courses and exams and attended camp each year instead of going on holiday. All this had been done 'without the incentive of war' but 'to the accompaniment of sneers of those of their medical colleagues who preferred to enjoy themselves'. Their loyalty had been rewarded by being immediately mobilized by telegram, and forced to leave their medical practices without time to make adequate arrangements. Meanwhile, those 'who took no trouble to become efficient and signed up at the eleventh hour' many of whom were only recently qualified, had been given temporary commissions with better pay (24s per day) and senior rank to the trained Territorial officers whose house surgeons and pupils they used to be.⁵⁴

Much of the criticism aimed at the RAMC by the civilian doctors, throughout the War, must have been caused by the rapid and enormous growth of the Service, but greater care on the part of the War Office might have smoothed relations between the different branches. The very different conditions of service offered to the Territorial and Special Reserve officers from those enjoyed by the regular and temporary commissioned

⁵² *BMJ*, 1 May 1915, p.784

⁵³ *BMJ*, 8 May 1915, p.826

⁵⁴ *BMJ*, 8 May 1915, p.826

officers caused considerable dissatisfaction and led to prolonged correspondence in the *BMJ* throughout the War.

The Financial Secretary to the War Office, Mr. H. Baker maintained in 1915 that this was because 'It was sometimes necessary to give higher rates to those commissioned on emergency.'⁵⁵ However, these terms were offered in the first advertisement in the *BMJ* on the 8th August 1914, suggesting anxiety that numbers might not be met, but not much thought for harmonious working relationships between doctors doing the same work, but for a different reward. This lack of planning endorses Captain McCullagh's perception of 'a lack of organized control' and might be understandable if a short war was anticipated, as suggested by the contract offered to a temporary officer for one year or the duration of the War.

Furthermore, since regulations prevented doctors over the age of forty from going abroad, 'surgeons to whom the mobilizing telegram meant the wreck of a promising consulting practice who have never had the chance of handling a scalpel since August but who are eating their hearts out doing clerical work and stretcher drill, whilst their recent pupils are sent to the front to enjoy unique surgical opportunities which should be theirs by right.'⁵⁶ As well as causing dissatisfaction among the MOs, the wounded were deprived of the expertise of the most experienced doctors and early opportunities for clinical and scientific research were lost.

⁵⁵ *BMJ*, 1 May 1915, p.776

⁵⁶ *BMJ*, 8 May 1915, p.827

Training

The expansion of the Army was achieved by recruiting civilians and turning them into soldiers and in the same way, doctors also had to adapt to military life and become officers in the Royal Army Medical Corps, 'Not simply a crowd of civilians wearing uniform'.⁵⁷ They were well aware of their ignorance and a letter to the *BMJ* in September 1914 suggested that a committee of men familiar with army medical methods should be formed, and that courses of lectures on the duties of army medical officers should be started in various centres. The writer suggested that 'much time might be saved later on when more men are required for active service whilst the path of the medical recruit would be smoothed by the possession of some elementary knowledge of his duties'.⁵⁸

In order to fulfil their duties effectively, the doctors needed further training to help them understand the relevance of their wider responsibilities and the importance of discipline and leadership,⁵⁹ but as a result of the hurried way in which they were recruited and sent out to the Western Front in August 1914, most of them felt themselves unprepared for their work. The only training provided for the RAMC was at the depot in Aldershot and although additional training centres were soon set up all over the country,⁶⁰ many of the temporary MOs did not seem to find the courses to be relevant. Colonel David Rorie described the hard work done in lecture rooms, hospitals and in the field, where 'they had learned many things – much of which we had to unlearn later in

⁵⁷ Christopher Moore-Bick, *Playing the Game, the British junior infantry officer on the Western Front 1914-1918* (Solihull: Helion & Co. Ltd. 2011), p.15

⁵⁸ *BMJ*, 5 September 1914, p.164

⁵⁹ Ian Whitehead, p.160

⁶⁰ Ian Whitehead, p.160

the bitter school of experience'.⁶¹ Other doctors also found the initial training offered to them by the Army inadequate: the hero of Warwick Deeping's semi-autobiographical novel, *No Hero This*, had learnt that he was responsible for his men's training, care and discipline, but still felt unprepared. 'We remain just doctors, and supremely ignorant of everything save the routine of ward work . . . Their training! Good God, I don't even know how to tell them to form fours! I announce that I will hold a kit inspection, but what does a man's kit consist of?'⁶² Arthur Martin, a New Zealand surgeon who had joined the RAMC in 1914, and his colleagues discussed what their duties would be,

We were all very curious to know the role played by a doctor when he was attached to a cavalry regiment, to a battery or to a field ambulance. None of us knew very much about it, but we were all agreed that we had somehow to get alongside Mr Thomas Atkins when he was wounded, get him to a safe place, and give him of our best.⁶³

Both civilian and military doctors needed to familiarize themselves with the work of the Field Ambulances as most of the temporary officers served as Regimental Medical Officers (RMO) or with a FA, which in the first months of the war, were all commanded by regular RAMC officers. According to Col. David Rorie, one of the few civilian doctors to achieve the rank of ADMS, even some of the senior officers were ill informed as to the identity of a FA,

People with the high intelligence of a Brigade Staff have been known in the days gone by to betake themselves to the telephone, give a map reference, and request that a "Field

⁶¹ Col. David Rorie, *A Medico's Luck in the War* (Uckfield: Naval & Military Press, 2011), p.30

⁶² Warwick Deeping, *No Hero this*, (London: Cassell & Co. Ltd. 1936), p.25

⁶³ A.A. Martin, p.36

Ambulance” be sent there immediately, when all they wanted was an ambulance wagon. But a Field Ambulance is not an ambulance wagon: it is (or was) a medical unit of 241 all told, of which there were three to a Division.⁶⁴

Dr Travis Hampson, a house physician at the General Hospital in Birmingham in August 1914, who had obtained a commission in the Special Reserve following three months of training in 1913, attributed this ignorance to the fact that none had ever been put on a full war footing before mobilization in 1914.⁶⁵ The Field Ambulances would eventually establish and run the baths, but if none had ever been on a full war footing in the past, the duties of their doctors would have been unclear. It is not surprising that it took time for them to accept responsibility, and that the baths were initially set up in a somewhat ad hoc manner.

Originally the main work of a Field Ambulance was to help clear the battlefield, collect the wounded from the regimental aid post and treat them until it was possible to move them to a treatment centre away from the front. However, an article in the *BMJ* in 1914 already predicted that their work might not be quite as anticipated, and this was confirmed in October 1915, by an article in the *Journal of the RAMC* by Lt. Col. G.N. Stephen, describing the variety of work carried out by various field ambulances. He compared three units, A, B, and C, only one of which, B, was caring for the wounded. However B was also running a rest station, a laundry and a respirator factory. A, a completely stationary unit, provided a clearing station for infectious diseases, baths and a convalescent hospital, and C, which had taken over some farm buildings, was running a rest station, baths and a laundry.⁶⁶

⁶⁴ Col. David Rorie, p.5

⁶⁵ www.mywebtiscali.co.uk Maj. Travis Hampson, MC,

⁶⁶ *Journal of the Royal Army Medical Corps, (JRAMC)* Vol. 25, 1915 p.406

Major Hampson believed that this was one area where the Territorial Force had the advantage over the regulars, since they had their personnel ready to staff a Field Ambulance, unlike the officers and men of the regular FAs who came together on mobilization having never served together as a unit before.⁶⁷ Another advantage of a Territorial FA was that the MOs, in civilian life, would have specialized in many different areas of medicine, and as an article in the *BMJ* pointed out 'By making judicious use of the special aptitudes and training of the various officers much good may be done'.⁶⁸ The doctors proved themselves capable of adapting to changing circumstances and their responsibilities continued to expand. By 1917, they were also expected 'to do for Divisions and Corps any work for which provision has not yet been made by the Army, and which requires for its performance the kind of scientific knowledge medical officers commonly possess'.⁶⁹ It was work that was described by Col. N.J.C. Rutherford as 'the organization of the Divisional Public Health Services'.⁷⁰

An article in the *BMJ* in February 1915 pointed out that the absence of almost the entire regular Army Medical Service, engaged in the field operations and unable to share their expertise, caused problems with the formation and training of the new medical corps.⁷¹ A description of the RAMC Depot at the Duke of Yorks Barracks in London in September 1914 illustrates not only the problems caused for a Territorial FA by the departure of all its regular soldiers to the Expeditionary Force and lack of experience of the doctors, but also the contribution that could be made by an individual with initiative.

⁶⁷ *JRAMC*, Vol. 25, 1915 p.406

⁶⁸ *BMJ*, 26 September 1914, p. 553

⁶⁹ *BMJ*, 25 August 1917, p.26

⁷⁰ Col. N.J.C. Rutherford, *Soldiering with a Stethoscope*, (London: Stanley, Paul & Co. 1937), p.165

⁷¹ *BMJ*, 13 February 1915, p. 299.

An elderly medical man, a practicing dental surgeon who had previously commanded one of the Field Ambulances of the Division...Unaided, he brought some order out of chaos. He took responsibilities that later on would have been wrong, but at that time had he not done things on his own responsibility, chaos would have remained. He had enrolled about 800 men and divided them into four FA to which he allotted certain medical men who had been given Territorial Force Commissions. Few of these men knew any drill or anything about military organization. The majority had no idea that there was any difference between being a doctor to the civil population in peace- time and being a medical officer in war. Some of them never learned the difference however much they tried to do so.⁷²

Further training was clearly essential and from the spring of 1915, Surgeon General Sloggett informed all Commanding Officers (CO) of medical units that they were responsible for instructing the MOs under their command not only about the general organization of their unit, but about that of the army in the field. This included equipment of the different medical units, discipline and care of the RAMC personnel as well as map reading and field sketching.⁷³ Regular officers were also told to give guidance to their temporary commissioned colleagues; many of the regulars were retired officers who had returned to duty for the duration and were known as 'dug-outs' whose knowledge was possibly somewhat out of date. Capt. J.H. Dible had experience of a 'dug-out' and found him unhelpful⁷⁴ but others had more positive experiences finding them 'ready to do everything to promote the efficiency of the units under their command'.⁷⁵

Some MOs took it upon themselves to supplement their training as best they could; Col. John Rutherford was the ADMS of a territorial division who arrived in France

⁷² *Tales of a Field Ambulance 1914-1918*, Told by the Personnel, (Southend-on-Sea: Borough Printing and Publishing Co. 1935), p.13

⁷³ *BMJ*, 18 September 1915, p.451

⁷⁴ IWM, 10927, Papers of Capt. J.H. Dible, p.66

⁷⁵ *BMJ*, 18 August 1917, p.217

on 19 April 1915 but even after several months of training before leaving England, he appears to have been feeling his way. Having been shown the systems for bathing and providing the soldiers with clean underclothes, which he found 'interesting and instructive' he took the initiative and asked if he might have the opportunity 'of getting right up to the Front as soon as possible, and thus learn for myself the method of dealing with the sick and wounded from the trench to the CCS'. He was equally keen that his staff should be trained and 'advised GOC that it would be wise to take my staff sergeant with me for instruction in office work. This was agreed and also that I should send for an OC of Field Ambulance if I found that experience and work could be found for him at the Front'.⁷⁶

The inadequate training left doctors unaware of the full range of their responsibilities and led to complaints from them that there was not enough to do, and that their time was wasted. Whilst acknowledging that work in a Casualty Clearing Station was strenuous,⁷⁷ they maintained that it was difficult to 'spin the work out for more than an hour or two each day' and that it was 'Only during a push for the short time that one's own regiment is engaged does our work ever approach the amount done by an average GP in busy practice every day'.⁷⁸ They seem not to have realized that the episodic nature of WW1 warfare meant that if the Army were to be prepared to meet all contingencies, there would, at times, appear to be too many MOs.

An article in the *BMJ* in March 1915 remonstrated with those who thought they could do their work in a couple of hours and accused them of failing to understand the full extent of their duties. The writer explained that a battalion MO was responsible not only for the sanitary arrangements of the unit but for giving lectures on the subject, that,

⁷⁶ WO95/2815, *War Diary of ADMS 50th Division*, 23 April 1915

⁷⁷ *BMJ*, 6 January 1917, p.32

⁷⁸ *BMJ*, 13 January 1916, p.63

as well as inoculating the men, it was up to him to persuade those, who were unwilling, to comply, he should not only look at the men's feet, but also the state of the chiropodists' department, and, as well as being aware of the condition of their teeth, he should also persuade them to clean them. He was responsible for instructing the men how to avoid vermin and how to get rid of them, checking their food, billets and washing arrangements, and finally, knowing the capabilities of every officer and man in his battalion and lecturing about the unfamiliar dangers to health, which they might meet abroad.⁷⁹

As the war progressed, the situation improved, both with the training given before leaving England and at the Front. In July 1917, a single large training centre was formed in Blackpool,⁸⁰ where the course included 'elementary drill and army routine of which they knew nothing', tropical diseases, equitation and bacteriology, with considerable emphasis placed on preventive medicine.⁸¹ In France, in 1915, Col. N.J.C. Rutherford, a regular soldier, observed

We now have the ADMS of a Territorial Division attached to us for instruction...The staff of Divisions marked down at home for coming to France are sent over to spend a week or ten days with the divisional HQ of a division in the line. A very sound idea, because no human being has any idea of what a war is until he sees it going on and IS IN IT himself.⁸²

It was presumably a lack of adequate preparation that inspired Captain P. Wood, after the War, to write *The Whole duty of the Regimental Medical Officer*. 'An attempt to

⁷⁹ *BMJ*, 20 March 1915, p.511

⁸⁰ Robert Atenstaedt, p.27

⁸¹ Ian Whitehead, p.161

⁸² Col. N.J.C. Rutherford, *Soldiering with a Stethoscope* (London: Stanley, Paul & Co. 1937) p.165

record, for the benefit of any MO who may find himself in charge of such a unit without previous training, those particular ideas, suggestions, and details which the writer has found by personal experience to be useful and practical.⁸³ He realised that most of the doctors were GPs, and that the courses given at base were of limited help, as 'at base it is impossible not to get an exaggerated idea of the importance of material as opposed to wits'.⁸⁴

However, military doctors were also in need of further training: an article in the *BMJ* in Dec 1914 pointed out that due to the special character of the injuries of this war, 'both the consultants and the ordinary staff are learners and must remain so for at least 6 months'.⁸⁵ The RAMC was unprepared for a war fought in conditions very different from those of any previous war. It was organized for casualties of a type, and on the scale of the South African War where, in the clean, dry environment of the veldt, wounds frequently healed without immediate surgery. Instead the MOs had to adapt to working in the heavily fertilized farmland of the Western Front, where some of the most serious problems were tetanus and sepsis.

Sir Almroth Wright, who had developed the anti-typhoid vaccine, was critical of the lack of advice given to MOs, claiming that too much responsibility was left to the individual who might be completely inexperienced and that the RAMC should issue guidelines of appropriate treatment for them. Civilian consultants, accustomed to more autonomy disagreed on the grounds that in surgery 'there are many ways of treating the same problem and every one of them is right'⁸⁶ and that 'progress is not made from

⁸³ P. Wood, *The Whole Duty of the Regimental Medical Officer* (London: Forster, Groom & Co. 1919) p.5

⁸⁴ P. Wood, p.18

⁸⁵ *BMJ*, 19 December 1914, p. 1080

⁸⁶ Sir Berkeley Moynihan, Consultant Surgeon to the troops in Northern Command, quoted in Whitehead, p.164

uniformity'.⁸⁷ In fact there is ample evidence of official guidance being supplied to MOs in form of official memoranda and Army Routine Orders, found in the appendices of the war diaries of the FAs, on work done on various subjects including the treatment of injuries, tetanus, sepsis, trench foot and gas, all conditions unfamiliar to most GPs.⁸⁸ *The BMJ* and *The Lancet*, as well as the journal of the RAMC were also good sources of information: an article in February 1915 was entitled 'Duties of MOs of regiments – hints for guidance of MOs attached for duty to regiments'.⁸⁹

Sharing Knowledge in the Field

Knowledge was passed on at all levels at meetings in the field such as the Rouen Medical Society, which was established on Jan. 16th 1915 and met on alternate Saturdays at No.11 Stationary Hospital in Rouen. The ADMS, Col. B.M. Skinner was in the chair, but the membership was extremely varied, with RAMC officers of every rank, including experts like Col. Sir George Makins (in civilian life, consulting surgeon, St Thomas Hospital), Col. Sir Almroth Wright (Professor of Pathology at St Mary's Hospital) and Col. Sir Berkeley Moynihan (Professor of clinical surgery at University of Leeds), but also Professor Tuffier (Hon. FRCS) of Paris, 'who continued the discussion in French'.⁹⁰ Membership was equally varied at the meetings described by Colonel Rutherford 'called by the DDMS which were attended by 30-40 doctors of all ages, backgrounds and

⁸⁷ Sir A. Bowlby in Whitehead, p.164

⁸⁸ IWM, 10927, Capt. J.H. Dible, p.220

⁸⁹ *BMJ*, 13 February 1915, p.297

⁹⁰ *JRAMC*, Vol. 24, 27 February 1915

seniority, ranging from staff officers from GHQ accompanied by a consulting surgeon or physician to the regimental M.O.s in their trench kit straight from the line'.⁹¹

Col. J. Rutherford also reported 'POW WOW of ADMS of Divisions 5th Corps with DMS 2nd Army (Porter) at HQ 5 Corps'⁹² and individual doctors also took the initiative as when Colonel Blackham started a Divisional Medical Society.⁹³ In June 1915, Colonel Skinner became the DDMS of the 3rd Corps and started a Corps Medical Society; with the growth of the armies and constant movement of the Divisions, it became impossible to carry on the Corps societies and in the autumn of 1916, the 2nd Army started the first Army Society. Up to 200 MOs attended these meetings and topics discussed became more diverse as the work of the Casualty Clearing Stations developed, and included sanitary arrangements, gas attacks, trench feet, gas protection and lice prevention as well as treatment of wounds. However, 'Efforts were made to avoid administrative topics, on which discussion by junior officers in the presence of many administrative officers of higher rank was felt to be unwise.'⁹⁴ Few reached high rank other than the regular MOs, which was a cause of great resentment to all civilian doctors, and administration was kept very firmly in the hands of the regulars.

These meetings allowed feedback to be given to MOs at the front about the effectiveness of the treatment they were providing. Nevertheless, lack of communication between units was a problem throughout the war. In 1917 The Report of the Commission on Medical Establishments reported that 'Medical Officers on the Lines of

⁹¹ N.J.C. Rutherford, p.173

⁹² WO95/2815, 22 May 1915

⁹³ Robert Blackham, *Scalpel, Sword and Stretcher* (London: Sampson, Low, Marston & Co, 1931) p.241

⁹⁴ *BMJ*, 20 September 1919, p.383

Communication seemed to know little of the medical arrangements at the front, and vice versa'.⁹⁵

CULTURAL DIFFERENCES BETWEEN THE REGULAR RAMC AND THE CIVILIAN DOCTORS

Dr. H.R. Parsloe, a young doctor commissioned into the 1/4 Home Counties CCS in 1915 called his memoirs 'Soldiers by chance in Battles long ago'. In the introduction, he explained that these battles were the ones fought 'almost throughout the 1914-18 war against the higher ranks of the RAMC and the A.M. Service by junior officers who considered themselves as essentially doctors who happened to be serving in the Army. Against, too, the view that we were in fact soldiers, who chanced to have some knowledge of medicine and surgery'.⁹⁶

On the other hand, the regular MOs saw their role quite differently; according to Captain J.H. Dible, a civilian pathologist 'the traditions of the RAMC are not those of medicine, they ape the soldier.'⁹⁷ An article in the *BMJ* written by an MO in charge of an Infantry Battalion in response to complaints that medical qualifications were unnecessary for the work of many MOs, admitted that the duties of an army MO were remote from the subject of pure medicine but maintained that they could only be properly fulfilled by a medically qualified man. 'A FA could no more be efficiently run by

⁹⁵ Ian Whitehead, p.1

⁹⁶ Imperial War Museum (IWM), 16374, Documents of Dr. H.R. Parsloe, p.1

⁹⁷ IWM, 10927, Documents of Capt. J.H. Dible, p.66

“combatant” officers than an infantry battalion could be led to fame and fortune by the staff and residents of a general hospital.’⁹⁸

At the start of the war, the regular RAMC had little good to say about the civilian doctors: Lt. Col. H.A. Hinge, the C.O. of the 1st Field Ambulance called civil surgeons ‘nothing less than an encumbrance’ and Lt. Col. Nicholson described the civilian MO as ‘a doctor, confident in his powers, individual and autocratic in his methods. His life was devoted to the healing of the sick. He knew nothing of army medical administration; and, after an introduction, made it quite clear that he did not wish to learn’.⁹⁹

The civilians were equally unimpressed by many of the regular RAMC, traditionally regarded as manned by the less intelligent graduates of the medical schools, with little enthusiasm for research or innovation. In his semi-autobiographical novel, *No Hero This*, Warwick Deeping remembers ‘speculating in my student days as to what was the ultimate fate of the many casual young men of limited intelligence who contrived to scrape through their examinations, often after much coaching . . . we appear to be rediscovering some of these botchers and their work here’.¹⁰⁰ An article in the *BMJ* in March 1915 recognised the existence of this problem and that it could only be solved by close co-operation between the military medical authorities and the civil profession, with each attempting to understand the point of view of the other and ‘there must be give and take’.¹⁰¹

⁹⁸ *BMJ*, 14 October 1916, p.527

⁹⁹ Col. W.N. Nicholson, *Behind the Lines* (Jonathan Cape.1939) p.50

¹⁰⁰ Warwick Deeping, *No Hero this*, (London: Cassell & Co. Ltd. 1936) p.33

¹⁰¹ *BMJ*, 20 March 1915, p. 511

Demands of State v. those of the individual

This clash of cultures might have been lessened by more effective training at the start of the war, which, amongst other things, would have helped the newly commissioned doctors adopt the more hard-hearted attitude to a patient required when the perceived needs of state had to take precedence over those of the individual. This robust approach was probably the biggest cultural difference between the military and the civilian doctors, and a hard lesson to learn, requiring a complete change of attitude to the patient.

When a soldier presented himself for treatment especially in or near the trenches, his physician - by much training - was led to adopt towards him an attitude of mind guaranteed to ruin that same physician in the shortest possible time in any other place on earth. That is to say, he endeavored to prove that there was nothing whatever the matter with this patient.¹⁰²

One territorial doctor thought that the result of this policy was to 'Send multitudes back into civilian life permanent enemies of the medical profession'.¹⁰³

Francis Watson, in his biography of Bertrand Dawson, one of the consulting physicians to the Army, described the difference between the attitude of a civilian doctor to whom 'all life was valuable' and the Army, which only found it valuable 'in a chillier sense'.¹⁰⁴ Dawson, physician to four kings, was probably enough of a diplomat to appear to adopt the more robust attitude, but another eminent civilian doctor, Sir Victor Horsley seems to have had less success. At the outbreak of the war Horsley was Professor of

¹⁰² Harold Dearden, *Medicine and Duty*, (London: Heinemann, 1928) p.viii

¹⁰³ *With the Forty Fourths*, (London: Spottiswoode & Ballantine, 1922) p.51

¹⁰⁴ Francis Watson, *Dawson of Penn*, (London: Chatto & Windus, London 1950) p. 125

clinical surgery at UCL and an officer in the Territorial Army, but after a month in France when he tried to 'make the aged and incompetent realize that the British soldier is a human being', he was sent to Egypt and then Mesopotamia where he died of heat exhaustion. The *BMJ* believed that, in spite of the fact that he had done much work on wounds, shock, and fluid replacement, 'the army had no use for this controversial figure'.¹⁰⁵

Not only did the doctor need to turn a blind eye to some genuine illnesses, he needed to be alert to the fakers; Capt. N.P. Pritchard described the likely reactions of both the regular and the civilian MOs; 'A good many sham sick and we have to be careful that we do not get taken in. Major Slater O/C is rather strong in his language when he does find out one. I think he is apt to err on the side of thinking they are shamming sometimes.'¹⁰⁶ Doctors at home were also warned to be careful about granting medical certificates to soldiers who were attempting to get their leave extended. He was 'not necessarily a scrimshanker – the average soldier looks upon civilian medical man as fair game, and is rather pleased with himself as a sportsman if he has hoodwinked the doctor'.¹⁰⁷

Jobs and Status

At the outbreak of war, A.A. Martin commented on the inappropriate allocation of jobs, when men who had left senior surgical and medical appointments in large hospitals 'were enrolled as Lieutenants in the R.A.M.C. on the same footing as junior medical men

¹⁰⁵ *BMJ*, 20 April 1957, p.910

¹⁰⁶ IWM, 11814, Papers of Capt. N.P. Pritchard, IWM, 16 September 1914

¹⁰⁷ *BMJ*, 24 April 1915, p.733

who had perhaps been their pupils but a few weeks before'.¹⁰⁸ Temporary officers were also eligible for promotion after shorter service than the Territorials and Special Reserve, and letters to the *BMJ* complained of the injustice of these temporary officers being automatically promoted to the rank of major after two years service when the territorials had to wait three years,¹⁰⁹ and described the mortification of consultant surgeons in the Special Reserve 'seeing young MOs, not for distinguished service, but in ordinary course, put over their heads and in *some cases* actually commanding them.'¹¹⁰ 'We are told we are lieutenants because we do not know the treatment of military wounds. Where did the young captains (with little more than 12 months qualified in many cases) get their special knowledge of military surgery . . . What the RAMC man must know is military routine; professional knowledge is superfluous perhaps objectionable.'¹¹¹

Even Keogh was protective of the interests of the regular RAMC, telling Sir Anthony Bowlby, one of the civilian consultants, that he was quite convinced that 'selected RAMC officers are as good as anything that the civil profession can produce in France', and that 'every RAMC surgeon would gladly and willingly stand aside for any of the senior consultants whom we have in France . . . but they would certainly not stand aside for anybody else'.¹¹²

The inefficient use of available skills continued to provoke criticism: although civilian doctors outnumbered the regular officers of the RAMC by ten to one by 1917, most of the administrative work was carried out by the latter.¹¹³ At that time, only 22 out

¹⁰⁸ A.A. Martin, *A Surgeon in Khaki*, p.8

¹⁰⁹ *BMJ*, 10 July 1915, p.67

¹¹⁰ *BMJ*, 1 May 1915, p.775

¹¹¹ *BMJ*, 17 July 1915, p.118

¹¹² RAMC 365/2, Letter from Sir Alfred Keogh to Sir Anthony Bowlby, 26 February 1915

¹¹³ *BMJ*, 25 August 1917, p.260

200 administrative posts (Lt. Col and above) were held by Territorials and 14 by those holding temporary commissions.¹¹⁴ The report of the Howard Commission in 1917 gave the official view is that it was not possible to find men with sufficient administrative ability among the medical officers holding temporary commissions and those in the Territorial Force.¹¹⁵ However, a Territorial officer wrote to the *BMJ* complaining that 'Even when Territorial Regimental Officers had made themselves efficient in executive work and demonstrated their proficiency therein by passing examination D for promotion, (from Major to Lieutenant Colonel), they were still "held up" or rather "turned down"'.¹¹⁶ Questioned in Parliament, in December 1916, the Parliamentary Under Secretary to the War Office, Mr Macpherson, still maintained that promotion in the AMS was, as in other branches of the army, determined by seniority and merit, and when asked which took preference if they were not associated, replied that they usually were associated.¹¹⁷

After the war, it was pointed out that one cause of the lack of confidence in the regular RAMC was because so many of the officers were so ignorant of clinical work that they were unable to judge accurately the professional skills of the temporary officers serving under them.¹¹⁸ Dr Parsloe believed that the higher the rank, the less the knowledge and efficiency;¹¹⁹ he had been summoned to Medical GHQ to attend to a colonel who was the victim of an accident (caused by the demonstration of a golf stroke by General Sloggett) and was greeted by a major with the words 'Thank God you have come doctor'. This suggested to him that he was needed in his medical capacity and that

¹¹⁴ Mark Harrison, p.50

¹¹⁵ Wellcome Library (WL), RAMC 1165/1Report of Howard Commission p.94,

¹¹⁶ *BMJ*, 1919 (II) p.87

¹¹⁷ *BMJ*, 30 December 1916, p.914

¹¹⁸ *BMJ*, 18 October 1919, p.511

¹¹⁹ IWM, 16374, Parsloe, p.88

military rank was to be disregarded, (in fact, all the staff of Medical HQ were doctors including the major, colonel and general, and should have been able to treat the wound with a dab of iodine). On another occasion he was called to treat the sick child of the chef at medical GHQ when the combined medical skills of the staff had been unable to diagnose measles.¹²⁰

Even in the allocation of decorations, preference appeared to be given to the regulars: they were more senior and therefore less liable to be serving near the front, so it was unsurprising that, during 1916, only 4 of them died and 14 were wounded. However, in the same year, more than ten times that number (163) of the regulars received honours, when only 372 temporary, Special Reserve and Territorial MOs were decorated whilst 61 died and 375 were wounded.¹²¹ An article in the *BMJ* after the war confirmed that the Territorial Force was 'shabbily treated with cash and honours'.¹²²

Red Tape

Memoirs of civilian doctors are frequently critical of the administration of the RAMC, for their passion for procedure.¹²³ A memo sent from the office of Sir Arthur Sloggett, to DsMS 1st and 2nd Armies, and DsMS Cavalry and Indian Cavalry Corps clearly illustrated the importance of uniformity over initiative.

Circulars or orders before being issued containing general directions as to procedure or principles of carrying out professional work, or measures for preventing diseases, draft copy to

¹²⁰ IWM, 16374, Parsloe, p.31

¹²¹ *BMJ*, 27 January 1917, p.124

¹²² *BMJ*, 28 February 1920, p.309

¹²³ IWM, 10927, Papers of Capt. J.H. Dible, p.2

be submitted to this office... Above instructions not intended to hamper initiative of officers responsible for medical administration of formation or areas, but are issued with a view to securing uniformity of method and procedure throughout medical services.¹²⁴

J.H. Dible's memoirs make clear his feelings about the efficiency, officiousness and personalities of the administrative officers when he refers to 'Correspondence (which) has become lost in the archives of the DDMS, the ADMS, the DADMS or even possibly the DMS. Perhaps it may have strayed into the department of the DAQMG to say nothing of the possibilities of its reposing in the waste paper basket of the DADOS, the DDPS, or having been used by a general to light his pipe with.'¹²⁵ In other words, 'Returns to impolite and insatiable people, who are known by four or five letters of the alphabet, and who only seem to exist for purposes of criticism and condemnation.'¹²⁶

However, once the civilian doctors became accustomed to the administrative procedures and appreciated their relevance in dealing with large numbers of men being cared for by a variety of MOs, they realized that adherence to these procedures was essential. They also came to appreciate that the drill that formed a large part of their course, although it initially appeared quite useless, enabled them to develop the skills essential to lead and discipline their men. A certain amount of red tape being necessary if everything was not to dissolve into chaos. Some individuals seem to have found the Army to be more pragmatic: an article in the *BMJ* advising on uniforms and outfits assured the newly enrolled MO that 'At home in peace the authorities are esteemed worshippers of red tape, but in the field they are above all things practical'.¹²⁷ Another article in the same journal, written by A.A. Martin, a doctor in a Territorial unit, praised 'the wonderful

¹²⁴ WO95/44 *War Diary of DGMS*

¹²⁵ IWM, 10927, Papers of Capt. J.H. Dible, 16 May 1915

¹²⁶ IWM, 10927, Dible 8 July 1915

¹²⁷ *BMJ*, 2 January 1915, p.18

elasticity and adaptability of the medical service at the front'.¹²⁸ There may have been some truth in these comments, but complaints about overenthusiastic observation of regulations predominate. In 1917, excessive red tape, 'confusion between the end and the means',¹²⁹ was still a major bone of contention.

When Dr Parsloe, a territorial MO, had kept a dying patient in the camp hospital for one hour longer than the approved twenty-four, the Colonel insisted on moving him to a large establishment, in spite of warnings that the patient was unlikely to survive the journey. The patient died one hour after arrival, but the Colonel regarded his survival as endorsement of his decision.¹³⁰ It was alleged that in Hooge, the doctors of a Division engaged in fighting, were working for up to 50 hours at a time, whilst other doctors in the town were doing nothing simply because they belonged to different Divisions. The same account described how, in anticipation of an attack, a FA 'probably directed by men of common sense' collected a large number of stretchers, only for Surgeon-General Macpherson to order them to be taken away because they were above the regulation number.¹³¹

The writer considered that the system was 'unsuitable for fighting of today but administered with rigid adherence to formula and rule'¹³² and the authorities appear to have been reluctant to introduce change or to listen to suggestions from the civilian MOs who by then had learnt much about military hospital administration. Their views would have been worth listening to but not only was there nowhere at the Medical Department at the War Office to take their suggestions, there was no one on the staff who had 'passed

¹²⁸ *BMJ*, 16 January 1915, p.146

¹²⁹ *BMJ*, 7 April 1917, p.464

¹³⁰ IWM, 16374, Parsloe, p.88

¹³¹ *BMJ*, 18 March 1916, p. 429

¹³² *BMJ*, 18 March 1916, p.429

through the mill which converts the civilian surgeon or physician... into a temporary MO.¹³³

It might have been helpful to have representatives of the civilian doctors at the WO since by 1917 the regular Army Medical Corps (AMC) was only one tenth of the total Army Medical Service (AMS).¹³⁴

Research

Civilian doctors' criticisms of the RAMC's lack of enthusiasm for research were probably accurate in the early years. In 1919 the chairman of the Medical Research Committee admitted that it was 'increasingly realized during the war...that research work is a vital necessity for success in warfare...This truly has been brought home in a thousand lessons, and as its realization has gained ground during the war, so men fitted for the work of enquiry have been increasingly pressurized to perform it'.¹³⁵

According to Atenstaedt, Keogh was keen that the RAMC should engage in research from the beginning of the war,¹³⁶ as was shown by the introduction in 1914 of both mobile hygiene and bacteriological laboratories. Initially used for diagnosis, the 15 mobile facilities were soon augmented by laboratories in all general hospitals with more than 500 beds,¹³⁷ and were increasingly used for research. It seems that, to begin with, problems were identified by MOs in the field but solutions were proposed and research initiated by GHQ. These official solutions were not always practical and effective, (e.g. the

¹³³ IWM, 16374, Parsloe, p.88

¹³⁴ *BMJ*, 18 December 1915, p.901

¹³⁵ Robert Atenstaedt, p.217

¹³⁶ *Ibid.* p.19

¹³⁷ *Ibid.* p.18

first design of the gas mask in 1915 and some of the early recommendations for dealing with trench foot) and needed to be improved and amended by the doctors at the Front. The first gas mask was based on a respirator made of cotton wool used during Admiralty smoke screen experiments. These were useless as cotton wool could not be breathed through when wet and were replaced by a mask made of cotton waste designed by a civilian, Lt. Leslie Barley.¹³⁸ Early advice from GHQ on dealing with the problem of trench foot suggested that the soldier should 'lie down on his back and wave his legs in the air'.¹³⁹ It was the doctors who had the experience to provide more realistic method of treatment. 'At one of our Corps Medical meetings, the prevention of this trench foot condition was discussed. The experts from GHQ were helpful, but not well informed on actual conditions. When the Corps DDMS drew them a word picture of a listening post standing up to their thighs in mud and water for 24 hours, they understood it better.'¹⁴⁰

However, Harrison reports a less than supportive response from MOs in the regular Army and a complaint by a temporary MO of the negative attitude 'which those at the head of the administrative branch of the medical service adopted towards the scientific worker'. He considers that it was not until later in the war, when the influence of the civilian consultants was increasingly felt that the regular MOs adopted a more positive attitude.¹⁴¹ As well as having influence, the consultants also had the confidence and authority to take the initiative, as when Bertrand Dawson found a pathologist, Dr Sam Bedson serving as a combatant. He arranged for him to be commissioned in the

¹³⁸ Simon Jones, *Military Illustrated*, No. 31, 1990

¹³⁹ Col N.J.C. Rutherford, p.154-155

¹⁴⁰ *Ibid.* p.186

¹⁴¹ Mark Harrison, p.138

RAMC, sent him home to collect the necessary equipment, and then set up a laboratory for him in the house that he (Dawson) was billeted in.¹⁴²

Credit should also be given to research done by the medical profession at home: Fletcher describes the RAMC as cautious and conservative, labelling the men as either 'sick, well, wounded or mad' and equating mental illness at the Front with weakness, 'to be treated by disciplinary methods',¹⁴³ and claims that at a discussion at the Royal Society of Medicine in January 1916, it was accepted that shell-shock 'covered a series of nervous disorders ranging from concussion to sheer funk'.¹⁴⁴ In the Official History of the Medical Services, the editor, General W.M. Macpherson, gave credit to the 'Consideration given to problems by entire medical profession'.¹⁴⁵

An article in the *BMJ* in August 1917 paints an improbably rosy picture, describing a Royal Army Medical Corps 'administered in a spirit which secures unity of effort among men of different mental constitution and previous experience, without trammelling individuality by the imposition of other than necessary rules and regulations'.¹⁴⁶ However, efforts were made to acknowledge the adjustments made by both civilian and military doctors; in a letter to the *BMJ*, Lt. Col. Guy Stephen RAMC paid tribute to the civilian practitioners and their readiness to join the Army in France, recognizing that they had brought not only their professional experience and reputations, but also a readiness to fall in with the spirit of the RAMC and perform the duties assigned to them conscientiously and without question. He also gave credit to the regular RAMC who had

¹⁴² Francis Watson, *Dawson of Penn*, (Chatto and Windus, 1950) p.129

¹⁴³ Anthony Fletcher, *Life, Death and Growing Up on the Western Front* (Yale University Press: 2013), p.107

¹⁴⁴ *Ibid.* p.107

¹⁴⁵ W.M. Macpherson, *Official History of the Medical services of the War: General History, Vol. 4.* p.120

¹⁴⁶ *BMJ*, 25 August 1917, p.260

recognised the size of their task and realized that to perform it efficiently, they had to 'set aside a thousand inherited military scruples and preconceptions'.¹⁴⁷

On the part of the civilians Wilmot Herringham praised the RAMC for assimilating them so readily, 'I did not hear any complaints from the temporary officers of want of cordiality, and I certainly met with nothing but civility and kindness myself. I think that they thought at first that consultants like myself were merely "eyewash" but it seemed to me that we gradually proved our usefulness'.¹⁴⁸

The outbreak of War found the RAMC somewhat disorganized: the DGAMS, Surgeon General Arthur Sloggett took eight weeks sick leave from the end of August and Surgeon General Sir Alfred Keogh was called out of retirement to replace him, the regular RAMC was below strength, and the recruiting campaign for civilian doctors was not well thought out, with the more generous conditions of service offered to temporary officers, compared to those enjoyed by men already serving with the Special Reserve or Territorial Force, suggesting a degree of anxiety that numbers might not be met. Although the need for doctors at the front put pressure on medical services at home, by the end of the War, half the country's doctors were enrolled in the RAMC.¹⁴⁹

Civilian doctors who signed up were critical of the organization, with regard to both the training they were given and the failure to take into consideration a doctor's skills when allocating jobs. They were probably not surprised as traditionally the RAMC was the destination for medical graduates who could not find employment in the outside world. On balance, a fairly newly qualified doctor probably had less to lose from his war service: as well as a regular salary, he had considerable opportunities for improving his

¹⁴⁷ *BMJ*, 2 December 1916, p.772

¹⁴⁸ Herringham, p.16

¹⁴⁹ Robert L. Atenstaedt, *The Medical response to the Trench Diseases in World War One*, (Newcastle upon Tyne: Cambridge Scholars Publishing, 2011) p.26

skills, whereas an older man had made a greater financial sacrifice and was separated from, and worried about, his dependants. Both needed to adopt a new, more robust, attitude to their patients, giving priority to the interests of the fighting majority rather than those of the individual. This also must have been more difficult for a man with years of experience in general practice, who knew his patients well and was accustomed to care for them.

This different approach, and the Army's perceived obsession with red tape were the biggest bones of contention, but as time passed, the civilian doctors understood the need for both if manpower was to be maintained and systems of operation run smoothly. However, more thorough training at the beginning could have reduced these problems. Lack of opportunities for promotion for the civilian doctors was a further cause of resentment, but it possibly worked to the advantage of the soldiers, that these doctors, with their tradition of caring, remained in direct charge of their care, whilst the regular MOs were responsible for administration. The same tradition of caring probably meant that when a civilian MO was put in charge of bathing facilities, he would appreciate the important contribution that they could make, not just to the health of the troops, but to their general well-being and morale.

CHAPTER 2

BATHING FACILITIES ON THE WESTERN FRONT

Bathing Facilities in August 1914

Col. W.M. Macpherson, the editor of the *History of the Great War, Medical Services*, maintained that it had 'long been the aim of military training to form habits of cleanliness in the soldier'.¹ This was not merely because dirty wounds were liable to become infected but because the Army was aware, even before 1914, that lice were carriers of typhus fever and relapsing fever.² This chapter will describe the bathing facilities that were provided for the soldiers, and examine why they were set up in November 1914, by whom and for what purpose. It will then describe how they evolved and who was responsible for the further development.

Colonel Macpherson admitted that, during the early days of the war, it was impossible to maintain the ideal of a bath and change of underclothing once a week, as a result of the constant fighting and movement of the troops. He considered that even after the development of trench warfare after September 1914,³ there was little improvement as troops were frequently in trenches for two to three weeks at a time, and because many of the medical officers were inexperienced.⁴

In previous wars, soldiers had washed themselves when the opportunity presented itself in the shape of a river or stream; however, since the Boer War the habit

¹ W.G. Macpherson, (ed.) *History of the Great War, Medical Services* (London, HMSO 1923) p.306

² Ibid. p.235

³ Gary Sheffield, *Forgotten Victory*, (London: Headline, 2001), p.90

⁴ W.G. Macpherson, *Medical Services*, p.333

of bathing had become more widespread in civilian life and the expectations of the troops had changed. Bathing facilities in barracks had improved, and in 1911 an RAMC training manual recommended that even in semi-permanent camps, 'some initiative and ingenuity should be shown' and that bathing facilities should be provided using marquees or tents equipped with metal baths fitted with wooden plugs, and draining into a soakage pit. 'Unless some devices of this kind are resorted to, and more facilities afforded to the soldier in these fixed camps for obtaining a decent bath with some measure of privacy, it is futile to expect a high standard of personal cleanliness from him.'⁵

Recruits in 1914 led a comparatively normal life whilst training in Britain, with regular meals and reasonable accommodation, as well as leisure time in the evenings and access to bathing facilities. These facilities varied: Ilana Bet El described a conscript claiming that at one camp 'it is ABSOLUTELY COMPULSORY for everyone to have at least one bath a week' whilst at another he was instructed 'to wait till we are told to have one - and they do not seem to care much when you have one'.⁶ The troops of the 18th Field Ambulance, waiting to leave for France in November 1914, had daily marching and bathing parades at a training camp in Cambridge⁷ and William Whittaker, a legal clerk from Lancashire who had volunteered for the RAMC and was stationed at Chelsea Barracks whilst in training in 1915, reported a twenty mile route march to Richmond Park. This was followed by tea and a 'swimming bath parade',⁸ presumably to Chelsea Public Baths, a few hundred yards away in the Kings Road. As well as the baths provided in camps, and the public baths, use was made of the bathrooms of local civilians who

⁵ *Royal Army Medical Corps Training*, (HMSO 1911) p.76

⁶ Ilana Bet-El, *Conscripts*, (Stroud: Sutton Publishing Ltd, 2003), p.55

⁷ National Archives, (NA) WO95/1603, *War Diary of 18th F.A.*, 8th Sept 1914

⁸ W. & G. Whittaker, *Somewhere in France, A Tommy's Guide to Life on the Western Front*, (Glos: Amberley Publishing, 2014), p.19

opened their homes. All this ended when they left for France and they had to 'adapt their habits and to utilize their opportunities so as to provide themselves with the environment upon which they must depend for a healthy existence and for which they have previously largely relied upon municipal aid'.⁹

In August 1914, cleanliness was unlikely to have been a high priority for the RAMC, their first responsibility being to set up Regimental Aid Posts, Dressing Stations and Field Hospitals for the care of the wounded. In the field of preventive medicine, sanitation and immunization will have been perceived as more urgent. Sgt. Victor Shawyer, who felt very strongly that 'as usual we had gone into a war totally unprepared,' described the situation in St Nazaire in 1914

The only fresh water supplies in the whole of the camp were to be found in the horse lines.... personal cleanliness was an almost overwhelming problem. Quite rightly we were forbidden to wash ourselves, or our clothing in animal drinking troughs, which left us with only one alternative, the sea. Since ordinary soap will not lather in sea water, our predicament can be easily imagined. As for our clothing all our shirts, pants and socks ever got was a rinse in sea water, which left these important items of clothing anything but clean.¹⁰

As well as the sea, soldiers made enthusiastic use of streams and rivers for both practical and recreational purposes. Ground sheets were used for improvising baths and some battalions carried large tarpaulins for this purpose.¹¹ Even after more sophisticated arrangements for bathing had evolved, rivers and streams continued to provide reliable bathing facilities and were frequently described in soldiers' diaries and

⁹ Austin Nankivell, *Health in Camp*, (London: Constable and Co. Ltd 1917), p.i

¹⁰ NAM, 78-08-80, Memoirs of Sgt. Victor Shawyer, Vol. 1.

¹¹ W.G. Macpherson, *Medical Services, Hygiene, Vol II*, p.333

letters. Arthur Prescott moved down to the Somme Area for a three week 'rest' period in May 1916 by which time bathing facilities should have been well organized. He considered that 'the Army provided very little' and described how, finding himself near the River Somme, he 'joined a swimming party with a Sergeant in charge'. Later on that year he joined an impromptu swimming party whilst queuing to take a bath in a unit stationed next to some French baths on a riverbank. By the time he emerged from the river, the English bath tent had closed down and he had to take his bath with the French, who also issued him with 'new vests and underclothing'.¹²

Lice

Lice had been a problem from the start of the war, and possibly a worse one than necessary: an article in *Parasitology* by George Nuttall, (Professor of Biology, Cambridge), maintained that the need to process the new recruits fast had caused them to be 'handled in a careless fashion . . . the lousy being intermingled with the clean in reckless fashion whereby the scourge of pediculosis descended as a veritable pandemic upon the soldier population'.¹³ Lice were not officially identified as the cause of trench fever until 1918 but they were already known to be the cause of typhoid. Col. A.A. Martin described them in 1915 as 'without a doubt, one of the terrors of war. These little beasts are not harmless. They take a high place in the sphere of destructive agents. I would group them in the class with shrapnel bombs and high explosives'.¹⁴

¹² NAM, 1990-01-33, Papers of A.W. Prescott, May 1916,

¹³ George H.F. Nuttall, 'Combatting lousiness among Soldiers' *Parasitology* Vol.X No.4 1918, p.413

¹⁴ Col. A.A. Martin, *A Surgeon in Khaki*, (London: Edward Arnold, 1915), p.206

The problem was sufficiently acute at the end of September 1914 for the *British Medical Journal* to claim that ‘The fear of lice keeps many men from enlisting’, and it was the increasing level of infestation, (almost all frontline soldiers were affected – in one unit less than 5% of the soldiers were lice free)¹⁵ made worse by the confined conditions of trench warfare, that provided the impetus for the establishment of the first baths. By early November the RAMC also had time to turn their minds to other problems since the battles of the Lys and the Yser were virtually over, and according to Col. Arthur Lee (the M.P. for Fareham who had been appointed as Lord Kitchener’s personal commissioner to report on the AMS), the general staff believed that ‘the present lull (of exhaustion on both sides)’ was likely to last for some time, and that the medical services would have little to do other than rest and refit.¹⁶

On 4 November 1914 Col. W.W.O. Beveridge, the Assistant Director of Medical Services (Sanitation), wrote recommendations for dealing with lice for the MOs and sent them to be printed.¹⁷ Presumably these were the papers referred to on 11 November by the Assistant Director of Medical Services (ADMS) of the 4th Division when he rather crossly reported a visit of the Deputy Director Medical Services (DDMS) who had arrived at their Head Quarters to consult with him as to the best method to get rid of lice among the men.

Printed papers, evidently written by men with no experience of war, were issued for distribution to units. These papers described how to get rid of lice which is very easy in peace time and very difficult when troops are 4 or 5 days at a time in trenches with no opportunity of

¹⁵ Richard Holmes, *Tommy*, (London: Harper Collins, 2004), p.589

¹⁶ WO159/16, Letter from Col. Arthur Lee to Lord Kitchener, 6 November 1914

¹⁷ WO95/52/2/1, *War Diary of ADMS (Sanitation)*, 4 November 1914

washing. The 4th Division has already made their own arrangements for dealing with lice, and in our opinion these are practicable while the Division is stationary.¹⁸

Clearly those in the field were more aware than their superiors of what was needed, and did not hesitate to introduce appropriate measures. The first priority was to remove the lice from the men's clothes rather than their bodies: on 10 November 1914, Col. H.O. Trevor, the ADMS of the 6th Division wrote 'Water is not plentiful' and described the setting up of a laundry. 'Arrangements are being made to bring in dirty clothes from the trenches and have it washed in a laundry here. There is normal prevalence of lice among the troops in the trenches. Issue of new shirts has been made as far as possible.'¹⁹ The laundry was established the next day at St Maur with capacity to wash 50 shirts and 50 socks per day, but the main problem was that most men had only one shirt and 'when shirts are issued men throw away the old one.'²⁰

Col. Trevor also sent out pamphlets 'dealing with body lice and treatment suggested' and almost simultaneously, on 12 November, the DDMS (Deputy Director of Medical Services) called for a report on the prevalence of lice in the Division and their treatment, suggesting that lice were perceived as a significant problem. At the same time, Colonel Trevor asked for reports from the Medical Officers in charge of Units to learn their varying methods for bathing the troops. '1 N. Staffords allow 10 minutes for ablution every 5th day at Regimental Aid Post. Rifle Brigade allow 12 men from each Company to return to Transport Depot at L'ARMEE and have a hot bath, refitted with clothing as far as possible, and their soiled underclothing taken away to be washed.'²¹

¹⁸ WO95/1461, *War Diary of ADMS 4th Div.* 11 November 1914

¹⁹ WO95/1592, *War Diary DADMS 6th Div.* 10 November 1914

²⁰ WO95/1592, 11 November 1914

²¹ WO95/1592, 13 November 1914

The First Baths

The 4th Division (perhaps with better supplies of water) were already setting up baths in convalescent hospitals: on 6 November, Major F.G. Fitzgerald, the officer in charge of the 12th FA, stationed in Steenwerck received orders from the acting ADMS of the 4th Division, Lt. Col. Kelly, that the Field Ambulance was to be a hospital 'for the treatment of light cases likely to return to duty in a few days.' The same day he took over some school buildings where there was room for about 200 patients and by 9 November had arranged a big room as a bath and washhouse where he was able to give all the men from trenches a hot bath and have their shirts boiled, 'all of which are full of lice. . . most of these men have had their shirts on for months and are filthy'.²² He also gave out over 100 shirts which had been sent from friends at home. It is not hard to imagine the effect of a hot bath and a new shirt after coming out of the trenches in a month when one diary reported 'weather very cold. Had to melt ice'.²³

Lt. Col. Kelly (ADMS 4th Division) visited the convalescent hospital that day and again on 11 November with the DDMS, describing 'the excellent work' of the 12th FA and the very good arrangements. . . made for the destruction of lice, bathing of men, and issue of new underclothing'.²⁴ On 13 November, he returned with General Campbell, the AQMG 3rd Army, who was 'particularly pleased with means taken to bathe the men and wash their clothing'.²⁵ Lt. Col. Kelly must have been rather frustrated when he was relieved as ADMS by Lt. Col D.M. O'Callaghan on 14 November, but his good work was

²² WO95/1474, *War Diary of 12th FA*, 9 November 1914

²³ NAM, 2010-01-47, *Diary of W.M.H. McCullagh*, p.13

²⁴ WO95/1461, 11 November 1914

²⁵ WO95/1461, 13 November 1914

continued and bathing facilities were extended to troops out of the line on 15 Nov, when the ADMS, DQMG and the O/C supply visited buildings near the Pont de Nieppe to find a place suitable to be used as a wash house

For troops whom it is hoped may be withdrawn in a day or two for clothing and rest, . . . a clothing mill was selected for this purpose and it was decided that a tent subdivision of No.12 FA should take over the building on the morrow and make the necessary arrangements. Civilian labour to be employed for washing the underclothing and ironing the khaki etc.²⁶

Major Fitzgerald put Captain J.B. Grogan, a regular RAMC officer, in charge of the arrangements for these baths, which were complete by 10am on 17 November 1915, when 'the personnel of four batteries RFA were bathed and issued with clean clothing . . . the arrangements worked extraordinarily well and by 5pm over 600 men had been bathed'.²⁷

The baths appear to have been perceived as something of an achievement and at 3pm the following day, 'HRH the Prince of Wales with Prince Arthur of Connaught visited the bathing establishment'. The GOC 3rd Army Corps, General Pulteney, with his chief of staff 'had visited the place in the morning and reported their approval of the arrangements', and the Diary of the Medical GHQ described General Campbell as 'especially pleased with these arrangements'.²⁸ There was no delay in extending facilities and after consultation with the QMG and the ADMS, Capt. Grogan 'gave orders for the

²⁶ W095/1461, 15 November 1914

²⁷ Ibid. 17 November 1914

²⁸ Ibid. 13 November 1914

necessary arrangements to be made for the establishment of another bathing establishment in a smaller cotton mill opposite the one already in use.'²⁹

Captain Grogan was equally satisfied with his achievement, writing to the *JRAMC* in response to an article in September 1916, 'A brief account of the method of providing baths for the British soldier in the field',³⁰ confirming that he 'had the good fortune to organize the first baths and laundry that were ever started there' whilst with the 4th Division.³¹ At about the same time, Dr Travis Hampson, a young Special Reserve doctor in charge of an Advanced Dressing Station in a brewery, also claimed to have established the first baths at the front. On 26 November, he had so enjoyed a bath in a vat filled with hot water that he organized baths for his RAMC orderlies the following day in the same way. Dr Hampson clearly felt strongly about the benefits of bathing as he later introduced improvements to the 6th Divisions Baths, saving the two companies out in billets 'the four-mile walk to the bath-house and all the waiting about in the cold' when he found a derelict boiler house with lots of tubs and persuaded the QM 'to draw a coal allowance which he did with considerable wangling'.³²

The initiative for the setting up of baths clearly came at Divisional level rather than from the ADMS (Sanitation) since the first entry on the subject in Colonel Beveridge's War Diary only comes on 25 November 1914 when he gives a brief description of baths being set up by the 4th Division in a linen factory with vats (10-12 men in a vat) and drying rooms, which could deal with a battalion and a half per day. The

²⁹ Ibid. 18 November 1914

³⁰ *JRAMC* Vol. XXVII, September 1916, p.363

³¹ *JRAMC* Vol. XXVII, November 1916, p.662

³² www.mywebtiscali.co.uk, Dr. Travis Hampson,

staff consisted of 124 women (presumably previously employed in linen factory), paid 4fr. per head per day.³³

Fig 1



British soldiers washing in makeshift baths, 1915. (Imperial War Museum)

Other Divisions promptly followed suit; as well as bringing in washing, the 6th Division had set up a convalescent camp.³⁴ This camp included bathing facilities for 400 men daily and as the patients needed only 160 of these places, the others were available for the use of the troops. On 25 November the DDMS saw the DAQMG about increasing bathing facilities for fit men at the convalescent centre and the next day the two men set out with Major N.J.C Rutherford, DADMS 6th Division in search of premises capable of

³³ WO95/52/2/1, 25 November 1914

³⁴ WO95/1592, 12 November 1914

washing 500-800 a day. They found a large linenworks on the Erquinghem-Armentières road;³⁵ the Germans had destroyed the working parts but Major Rutherford called for an engineer from the 3rd Corps and within three days he was 'busy all day at Bath House. 922 men washed and given change of clothing. Question of laundry work is the biggest item. 1158 articles left behind to be washed.'³⁶

In fact, Major Rutherford had delegated establishing the baths to Lt. Col. A.A. Watson, the officer commanding the 18th FA who described how, on 27 November, he 'was fortunate to get possession of a linen factory about a mile away, where there were eleven large vats capable of washing 200 men at a time. Plenty of hot water. Also good convenience for washing and drying soiled underclothes.'³⁷ The following day he went shopping in Armentières and bought 1500 linen towels, 34 irons and three stoves for heating them. Although this expenditure had presumably been authorized by the DAQMG on 25 November, this was possibly not the way in which a regular RAMC officer would have acquired equipment. Lt. Col. Watson was a Special Reserve officer who had previously served in the Boer War and was clearly prepared to take the initiative. He organized the lighting, employed 20 workers for the laundry and appointed two officers and 60 men to run the establishment. HQ provided him with a large supply of shirts, socks and underwear.³⁸ Colonel Watson described the routine at the baths at Equinghem at the end of November:

200 men arrive at the following times 9am, 11am, 2pm and 4pm, 100 men at a time in batches of 9 or 10 occupy each vat. Each batch has a numbered trolley on which their trousers and tunics after being turned inside out are placed and taken away by an orderly to an outside

³⁵ W095/1592, 24 November 1914

³⁶ W095/1592, 29 November 1914

³⁷ W095/1603, *War Diary of 18th FA & 8th SS*, 27 November 1914

³⁸ W095/1603, 28 November 1914

room where each garment is thoroughly ironed so as to destroy any vermin. The soiled underclothes is (sic) taken away by another orderly to the laundry department. Each man before going into the bath is provided with a clean towel thus we are able to deal efficiently with 800 men per day. I consider it to be a great service for the wellbeing of the troops as well as for their personal cleanliness and comfort.³⁹

At the end of December, he reiterated that the 6th Divisional Bath House had proved a great boon in providing the men with the opportunity to have 'a clean change after there (sic) bath and there (sic) clothes ironed'. It was only then that he commented on the fact that 'Since the introduction of this system there has been a marked decrease in the number of vermin found in there (sic) clothes.'⁴⁰ As seen from reading other War Diaries, Watson's attitude was unusual: both because he realized the contribution the baths made to morale, but also because he accepted that the RAMC should be responsible for setting up the baths. His superior officer, Colonel Rutherford appears to have been more reluctant; he described how 'In the early days it was thought the proper thing to leave the care of the men's bodies, feet inspections, lice inspections, itch inspections to the MO. Any subaltern could be taught to do most of these routine affairs in half an hour' and he appears to have thought it equally inappropriate that trained RAMC personnel should be employed in setting up the baths.⁴¹ He clearly perceived the purpose of the baths as being one of efficient cleansing rather than for the comfort and convenience of the troops, complaining to the DAQMG that 'troops constantly arrive late, complicating arrangements, as batches of 200 to arrive at 9,11,2 & 4pm are arranged for,' and resented any suggestion that clothing might be brushed after washing as 'this would

³⁹ WO95/1603, 29 November 1914

⁴⁰ WO95/1603, 31 December 1914

⁴¹ N.J.C. Rutherford, *Soldiering with a Stethoscope*, (London: Stanley, Paul & Co., 1937) p.146

seriously interfere with rapidity of working and would be of little use as there is no doubt the washing destroys all lice.⁴² Whereas Watson, an older civilian doctor, who had served in the Special Reserve after retiring from the Army, appears to have considered the contribution made by baths to the well being of the men, to be of prime importance.

At the same time, the 7th and 8th Divisions were also making their own bathing arrangements; on 1 December 1914, the DDMS of the 4th Army Corps 'had visited the Ambulance of the 7th Division and inspected the bathing arrangements which have been made in a factory where there are 25 tubs filled with hot water accommodating 100 men at a time. After the bath the clothing is run over with hot irons to kill the vermin.'⁴³ A couple of months later, a report to the HQ of 8th Division gives a detailed description of a more comprehensive establishment set up in the bleaching section of a linen factory at La Gorgue where, in addition to baths and ironed clothes, men were issued with clean underclothes and uniform was repaired. The bath personnel consisted of one RAMC officer and a sub-division of the 25 FA, with two French male civilians as engineer and machinist, one French woman superintendent and 120 French women working in the laundry. The report warned that

An accurate estimate of costs cannot be given until it is decided how much is to be paid to Messers Honnart and Bloeme, who own the factory, for rent, use of machinery, lighting &c. The bills for these items have, in accordance with your instructions, been forwarded to the Claims Commission at Boulogne for adjustment. It is probable that the amounts entered on these bills will be considerably reduced as some of the charges are obviously exorbitant.⁴⁴

⁴² WO95/1592, 14 December 1914

⁴³ WO95/734, *War Diary of DDMS 4th Army Corps*, 1 December 1914

⁴⁴ WO95/1680, *Report HQ 8th Div. 116/1(A)* 26 January 1915

The costs included 42 francs per week for coffee for the women and the cost of baths was not irrelevant: Colonel Rutherford paid the washerwomen 3F40 for washing an average of 45 articles during a nine hour day, but he was aware that women employed by other divisions in Poperinghe were only earning 3F and were only working 8 ½ hours.⁴⁵ When Lt. Jacobs of the 8th Sanitary Section set up a bath house in a brewery near Divisional Headquarters in 1916, and paid the owner 1F per day,⁴⁶ he was probably sensitive to the cost as the 6th Division had recently had 'correspondence concerning expense of bathing establishment forwarded by Q branch for our remarks'.⁴⁷

A meeting of Regimental Medical Officers called by the ADMS 1st Brigade in early December was told that endeavours were to be made to provide baths for the men⁴⁸ and on 4 January 1915, the DMS 1st Army was able to claim that all Divisions of the 1st Army had bathing facilities.⁴⁹ Owen Spencer Watkins, a Methodist chaplain attached to the 14th FA, described how 'this apparent impossibility' was solved by using seminaries and breweries, distilleries, dye works, and other similar factories as baths for the men and where, at the same time, their uniforms would be cleaned and ironed to kill the lice. He thought this was 'Truly a marvel of organization which can only be fully appreciated by those who know the conditions'.⁵⁰

Responsibility for this 'organization' was initially given to the RAMC and was greeted with mixed reactions by the regular MOs, some of who appear to have thought that it was the regimental officers who should ensure the cleanliness of their soldiers. It was frequently civilian doctors in the Special Reserve who were put in charge and

⁴⁵ W095/1592, 4 December 1915

⁴⁶ W095/1603, 21 March 1916

⁴⁷ W095/1592, 8 March 1915

⁴⁸ W095/1257, *War Diary of No.1 FA*, 5 December 1915

⁴⁹ W095/192, *War Diary of DMS 1st Army*, 1 January 1915

⁵⁰ Owen Spencer Watkins, *With French in France and Flanders*, p.184

accounts in official war diaries describe the methods and achievements of these individuals. The regular Army recognised the contribution of the RAMC in a letter to the *JRAMC* from Lt. Col. E.S. Hoare Nairne of the General Staff 1st Division, which acknowledged that the health and wellbeing of the troops had materially improved 'Thanks to the efficient and sanitary manner in which the bathing and laundry establishments have been conducted by the Royal Army Medical Corps'.⁵¹ A dispatch from Sir John French on 5 April 1915 gave credit for 'the excellent general health of the Army' to 'the skill and energy of the RAMC' and praised the establishment and maintenance of baths and wash houses, and 'the ingenious means universally employed throughout the Forces to maintain the cleanliness of the men'.⁵²

By April 1915 a significant number of the regulars were needed to serve with the New Armies.⁵³ They were replaced by territorial and civilian doctors who, with the Sanitary Sections, were responsible for the development of more efficient and reliable bathing facilities for the troops. These were the doctors described by Macpherson as 'inexperienced' but like the civilian soldiers they may have had different standards of hygiene for the troops to the regular RAMC Medical Officers. With the arrival of the Sanitary Sections in early 1915, responsibility for setting up the baths was handed to them, and both the number and quality of baths improved. At first, the Sanitary Sections (SS) were commanded by doctors and manned by personnel with appropriate skills, and baths were administered and built by them in a highly competent manner.

⁵¹ *RAMC Journal*, Vol. 24, Jan-March 1915, p.2

⁵² *BMJ*, 17 April 1915, p.695

⁵³ WO95/44, *War Diary of DGMS*, 8 April 1915

The Sanitary Sections

The 1st London (City of London) Sanitary Company was an experimental Territorial unit, formed in June 1908 as part of the Haldane Reforms. Initially, the officers and NCOs were selected from men employed in occupations connected with sanitation and included sanitary inspectors, surveyors and builders. Later in the war, demand exceeded supply of these trades, and members of the 41st Sanitary Section included a schoolmaster, an architect, a woodwork instructor, a plumber and two commercial travellers.⁵⁴ The Company was mobilized on the outbreak of war, and on the 31 October 1914, the commanding officer, Major H.S. Fremlin received the following telegram 'Can you provide 1 officer, 2 staff sergeants, 23 rank and file volunteers for overseas, to be ready to move tomorrow, Sunday?' On the 29 November, a message was received asking for one Sanitary Section to be attached to each Division of the Expeditionary Force in the field⁵⁵ and on Christmas Day 1914 the first twelve sections and twelve lorries of equipment left for France.⁵⁶ In February 1915, when planning for the arrival of the New Armies, Sir Arthur Sloggett requested that a Divisional Sanitary Section should be sent out with each of the new Divisions.⁵⁷ This was not easy to achieve as all Sanitary Sections were Territorials, and recruits were drawn from friends of those already in the Company or by advertising in Sanitary Journals.⁵⁸

⁵⁴ George Foster, *History of the 1st London Sanitary Company*. p.73

⁵⁵ Ibid. p.20

⁵⁶ *BMJ*, 5 February 1916, p. 215

⁵⁷ WO95/44, 22 February 1915

⁵⁸ George Foster, p.22

On the arrival of the Sanitary Sections in France, their responsibilities were still unclear: the officer commanding the 41st SS described their experience as being 'left very much to ourselves to develop our work in our own way...the work undertaken varied to a certain extent in each area that we went to.' When he reported to the ADMS of the Division, he discovered that the latter had no idea of their duties, or even their existence. 'He was studying a handbook on Field Service Regulations assiduously while I was waiting, and after an interval that seemed an age, he shut the book, gave me one look and said "I cannot find you, you must try and make yourselves useful."'⁵⁹

The orders to the Sanitary Sections sent abroad in 1914 informed them that 'Men will have to do digging, etc, work will be to clear up the ground after the Div. has moved on'. By 1916, they had made themselves so useful that Col. P.S. Lelean described their duties as 'similar to those performed in peacetime by Medical Officers of Health and their Sanitary Inspectors'.⁶⁰ By the end of the war there were 66 Sanitary Companies working in France and Flanders under the control of the ADMS (Sanitation) each consisting of twenty five other ranks and one officer, and working with three Field Ambulances. The officers were medically qualified at first but later in the war, doctors were replaced by non-medical officers with relevant skills, such as pharmacy and engineering. By 1917, only one in four Sanitary Sections was commanded by an MO, who acted as supervisor for the other three.⁶¹ This may have been encouraged by a shortage of doctors during the summer of 1915; during that May, 43 MOs were reported killed, wounded, gassed or

⁵⁹ Ibid. p.74

⁶⁰ Ibid. p.34

⁶¹ Report of the Commission on the Medical Establishment in France, September 1917, 73-7, RAMC 1165, WL. In Harrison, p.126

missing, and by September doctors on temporary commissions were going home when their contracts expired.⁶²

The Sanitary Sections worked under continually changing conditions; originally designed as units to be employed on the lines of communication and at the bases, they were soon attached to Divisions, and then in mid - 1917 they were detached from the Divisions, became Army troops and were posted to areas. Capt. P. Hartley of the 81st SS, 16th Division believed that the constant moving of Divisions had made their work very difficult. 'On arrival in any new Divisional area it took a considerable time to investigate the water supplies... existing sanitary conveniences etc. By the time this knowledge had been gained, deficiencies made good, and the work generally going forward again there would often be a new order to move, and in a day or two the same process had to be gone through all over again.'⁶³ He concluded that the final arrangement made the work not only easier but 'better done . . . sanitary structures of a permanent character were established, new ones made when required, old ones kept in repair, and new enterprises undertaken'.⁶⁴

Developments in Bathing Facilities

Finding suitable sites for bath-houses was challenging, not simply because there was stiff competition from those who had an alternative use in mind, as well as from the French and Belgians,⁶⁵ but because conditions were far from ideal. Some suitable

⁶² *BMJ*, 9 October 1915, p.539

⁶³ *Ibid.* p.67

⁶⁴ *Ibid.* p.68

⁶⁵ WO95/51/1, *War Diary of DADMS, GHQ*, November 1914

buildings were badly positioned: the Diary of the ADMS of the 6th Division, described a visit to Armentières to inspect the Public Wash House, when the officers were driven away by shellfire before any arrangement could be made.⁶⁶ Baths that were operational also had problems, such as those set up in Albert by the 35th SS where 'a Hun plane mistook our Foden disinfector for some kind of gun, and made good practice on us with high explosive shells',⁶⁷ and those opened in a school in Ypres in February 1915, and warmly received, which were soon forced to close.

None of those who were there last February will forget the delight of the men at the sight of the hot baths and the hot beef-tea on coming out of the trenches, or hearing their witty comments, and seeing them in such high spirits in spite of all they were going through. At last the enemy got the exact range of the buildings. The position became untenable, and other baths had to be found at breweries and other places further back.⁶⁸

Baths occupied a wide variety of premises including the ruined church in Albert with the leaning Virgin and Child where a bath house, 'equipped with a wonderful shower bath which squirted hot or cold water from above, beneath and all around' had been made in the remains.⁶⁹ Sgt. R.J. Stratton described some of the sites he discovered; as well as the more predictable collieries and breweries 'the beer-drinking portion of the detachment were very happy here', he found at Gouvehem a little theatre belonging to the village. 'There we slept on the stage, provided baths for the troops in the auditorium during the day (the seating arrangements were of the simplest kind and easily moveable) and on two evenings enjoyed a concert there.' Having found the site, he was also

⁶⁶ WO95/1592, 12 November 1914

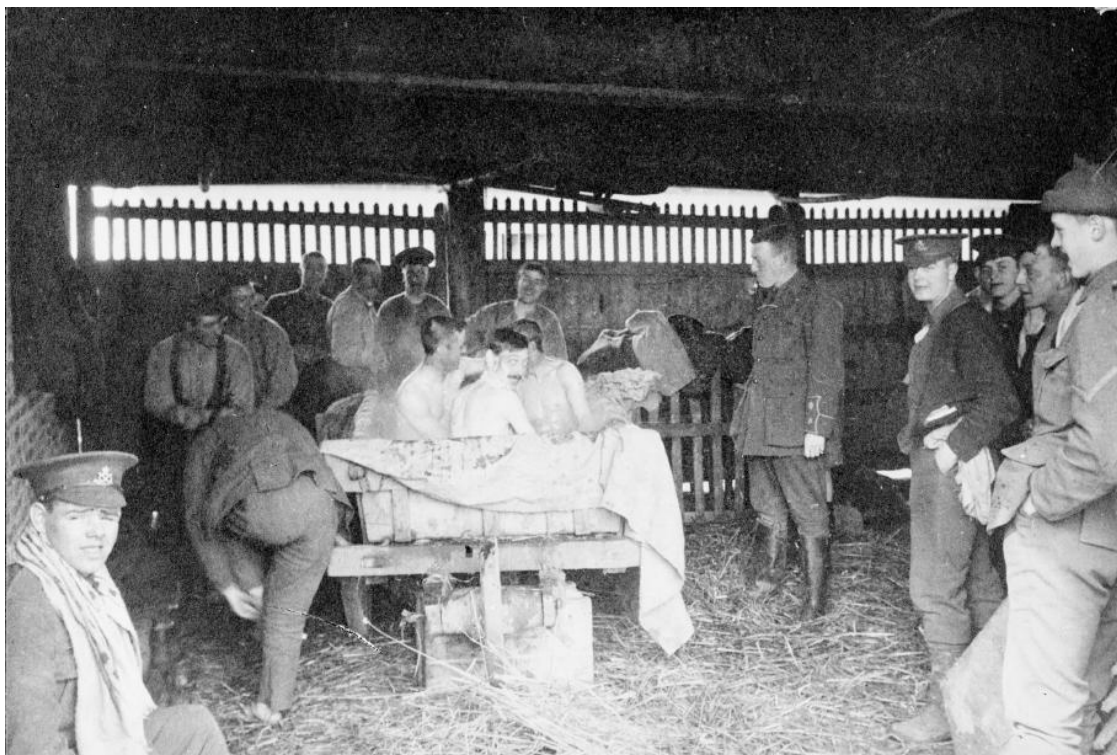
⁶⁷ Foster, p.48

⁶⁸ *BMJ*, 5 February 1916, p.215

⁶⁹ Capt. Henry Ogle, *The Fateful Battle line*, (London: Leo Cooper, 1993), p.120

responsible for setting up the baths; a process that he described as experimental with many difficulties to overcome.

Fig 2.



Troops having a bath in an old cart using water heated in biscuit tins, 1915
(Imperial War Museum)

At first the water had to be heated in large pots and even dixies, over a trench fire, pumps and boilers were gradually obtained by any means that offered. (Anyone who knows anything of the Army ways will understand what this means). The tubs were wine casks sawn in halves. It was impossible at first even to give each man fresh water, but at least it was better than no bath at all.⁷⁰

⁷⁰ NAM, 1992-04-73, Papers of Sgt. R.J. Stratton, 5 Oct 1915

There was plenty of scope for initiative in improving both provision of baths and equipment, and methods of operation. Imaginative improvisations included the use of a portable kitchen to provide showers and a disinfector reported in the *JRAMC*,⁷¹ and a hot water circulation improvised from a beer barrel and a boiler.⁷² Colonel Dent simply extended the working hours of the baths at Neuve Eglise; 'permission has been obtained for bathing all day instead of the early morning and evening only'.⁷³

Initially the Sanitary Sections worked with equipment, and under conditions very similar to those of the Field Ambulances but perhaps with greater expertise. In February 1915 a Section had some 'excellent baths' going in a badly shelled school in Ypres within hours: having found some tubs and old baths and pumped water into the boilers in the kitchen, 'Everything was carried out with system and despatch'.⁷⁴ Capt. P. Hartley the C/O of the 81st SS described the baths he organized for the 16th Division as 'a very simple affair of washtubs and a huge copper boiler established in a convent laundry',⁷⁵ and the 35th SS who arrived in France with the 18th Division in July 1915 adapted a brewery into baths and a laundry for the Division, using any equipment available. This included a horse drawn steam sterilizer which 'turned up', a dilapidated tank boiler, and a wooden washing machine discovered near Amiens 'a relic of the German invasion of 1871'. The Royal Engineers fitted up a large hydro-extractor designed for beet sugar works, found in the shelled ruins of a factory and repaired an 'out of action' water wheel to drive it all. The section 'scoured the countryside for tubs for baths and washing, and also secured

⁷¹ *JRAMC*, Vol.25, July-December 1915, p.138

⁷² WO95/1603 *War Diary of 18th FA & 8th SS*, 21 March 1916

⁷³ NAM 1986-06-78-03, Diary of Lt. Col. H.H.C. Dent, 11 April 1915

⁷⁴ *BMJ*, 5 February 1916, p.215

⁷⁵ George Foster, *The First London Sanitary Company*, p.66

two 'pukka' baths from ruins in Albert. The flues from the boiler and steam sterilizer heated a drying kiln for clothes.'⁷⁶

Initiative was also shown in ensuring supplies of clean underclothes as when the Quartermaster of the 2nd/3rd East Lancs. F.A sent out his scouts.

Prowling about at the Rail Head they found a big truck load of new garments which had been consigned to another Division. Without delay, the scouts returned and related to Gregory the good news. Of course it did not take long to transfer the information to Lt. Bounds, nor did it take Lt. Bounds long to get hold of the stuff and stow it away in the stock rooms of the Baths.⁷⁷

There was a constant shortage of water, and everyone was on the alert: 'After tea I expect we shall go for a bit of a walk and look for some water...it is always a good thing to know where it is.'⁷⁸ Heating and lighting were also a problem,⁷⁹as was managing the staff. Lt Bramwell, who ran the baths in Poperinghe was described as 'an extraordinarily good man at the job', which involved organising 50 or 60 French or Belgian women and 'prevent them from stealing soap and clothing'⁸⁰ and Lt. Col. H.H.C. Dent, a G.P. serving with the 1/3 Midland F.A. not far from the front, had difficulty persuading the women to work by day in the bath house he ran for fear of 'souvenirs'.⁸¹ On occasion the women also caused problems for some of the bathers; in one bath house, where they were working in an adjoining room with an open door, Sgt. Sawyer was shocked by the way

⁷⁶ Ibid. p.46

⁷⁷ Eric Hunter and Lesley Oldham, *The Manchester Medics*. (Architects Publishing Partnership Ltd. 2015) p.50

⁷⁸ Anne Nason, *Letters of Lt. Col. E.W. Herman 1914-1917*, (London: Preface, 2009), p.78

⁷⁹ Robert Blackham, *Scalpel, Sword and Stretcher*, (London: Sampson, Low, Marston & Co, 1931) p.240

⁸⁰Ibid. p.242

⁸¹ NAM, 1986-06-78-03, Dent, 11 April 1915

'these wenches enjoyed the sight of scores of naked men in all sorts of poses, climbing in and out of vats. Unashamedly they gazed at us'.⁸²

As the new Divisions arrived in France, they set up baths as soon as possible. This could take a while; the 50th Division's arrival in April 1915 coincided with the first gas attack and it was not until 8 July that the ADMS, Col. J.V.W Rutherford (TF) reported that he had managed to open baths at 53 Rue de Furnes in Poperinghe and was washing and supplying with clean underclothing 100 men an hour. It was a fairly basic establishment; he was in need of a Thresh disinfecter, and three days later was still looking for women to iron the clothes to kill the lice and nits. Aware that ironing failed to eliminate all the nits, he planned to experiment with 'sulphur, paraffin and mercury to treat different batches of clothes infested with lice and compare results'.⁸³ Col. Rutherford was a civilian doctor from Newcastle-upon-Tyne, and it was perhaps a greater familiarity with domestic life that made him aware of these options. It was certainly not an approach that would have been adopted by an MO from the regular RAMC whose pre-war motto was N.B.R (No Bloody Research).

With the expertise of the Sanitary Sections and support from the Army, baths began to be set up in 1915 in a less ad hoc manner. The supportive attitude of Medical HQ is confirmed by the War Diary of Lt. Col. W.W.O. Beveridge ADMS (Sanitation) who, in November 1914, was still relying on portable laundries and disinfectors to tackle the lice problem, but once he had received a report from the 4th Division in December 1914 about the success of their baths and laundries, his diary frequently records recommendations for increased bathing facilities.⁸⁴ In March 1915 he visited the camp at Janual where 1000 men were housed ten to a tent: 'No bathrooms which I

⁸² NAM, 78-08-80, Papers of Sgt. Victor Sawyer, p.225

⁸³ WO95/2815, *War Diary of ADMS 50th Div.* 8 June 1915

⁸⁴ WO95/52/2/1, 11 December 1914

recommended.⁸⁵ A few weeks later, when he inspected the accommodation for Base Mechanical Transport where 1600 men had only six baths, he recommended ten more, and ten hot baths were also required for the 3000 men at the camp in Calais where '6 Cold water baths very much not enough'.⁸⁶

He was equally keen to improve the equipment used and worked with the proprietors of commercial enterprises in both England and France to achieve this. Having been given a demonstration of the Clayton disinfecter by its inventor, he agreed to acquire one apparatus and a hut for each Division,⁸⁷ but on other occasions he took the initiative, asking Mr Watson of Horsfalls if he could devise a water heater that could be attached to the Horsfall destructors. 'He thought it quite possible and is submitting a plan next week'.⁸⁸ He also worked with the French, jointly attending a demonstration of the 'Exshaw' disinfecter and bathing wagon equipped with showers, by a French civilian. On this occasion, Col. Beveridge again suggested improvements to the design and then recommended them for use in divisional areas, where it was not possible to arrange baths, 'If found suitable after French Army trials'.⁸⁹

There was also the 'transportable shower bath, as used by the French Army and capable of washing 1000 men per day,' discovered by Major P.H. Henderson whilst on leave in August 1915. It came in three sizes with 4 sprays, 6 sprays, and 8 sprays costing fr. 425, fr. 500, and fr. 600, respectively and could be purchased through the French voluntary aid society at 57 Rue St Dominique, Paris. The whole apparatus when fitted into four packing cases, weighed three cwt, and was easily transportable. It took an hour

⁸⁵ W095/52/2/1, 23 March 1915

⁸⁶ W095/52/2/1, 9 July 1915

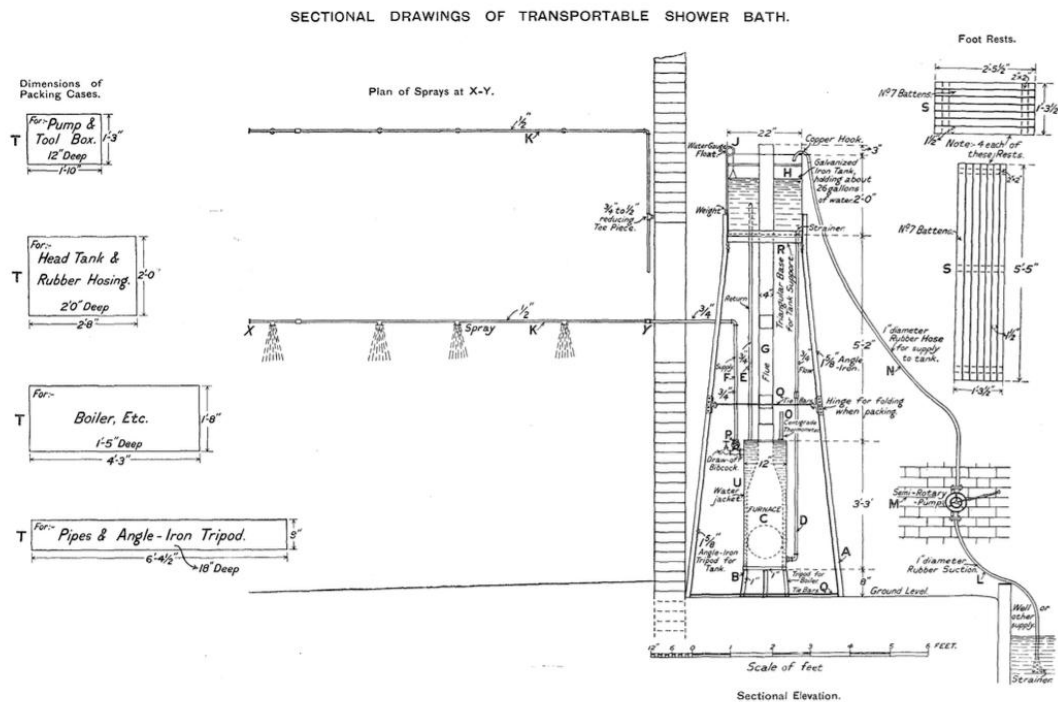
⁸⁷ W095/5/2/1 16 May 1915

⁸⁸ W095/52/2/1 17 September 1915

⁸⁹ W095/52/2/1, 31 July 1915

to take down and pack up, and same to put it together and in the summer could be set up under a tree with a canvas screen.⁹⁰

Fig. 3



Sectional Drawings of Transportable Shower Bath, 1915 (JRAMC)

To the Army, constantly aware of the shortage of water, to be able to wash a man with two gallons of water rather than the eight used by the tub method, was a significant advance. The following year an even more efficient version was introduced, these were 'excellent in all respects, using very little water, small quantity of fuel & very portable. These spray are capable of bathing about 70 men per hour, 1/2 gall of water per man and 35lbs of coal per day.'⁹¹ How enjoyable a shower using only 1/2 gall of water could be is

⁹⁰ JRAMC Vol.25, July-December 1915, p.700

⁹¹ WO95/1603 War Diary of 18th FA & 8th SS, 14 March 1916

debatable but according to the Official History, not only were they popular but were even 'established in large dugouts in the trenches'.⁹² Colonel Watson, O/C of the 35th Sanitary Section also described 'a form of portable spray bath' that was 'especially popular' and could be fitted up in all sorts of places including 'some old farm buildings from which all tiles had departed', 55 yards from the front line and less than a thousand from the Germans and a howitzer battery. In spite of the fact that 'every time they fired the rafters of our shower bath jumped some inches in the air . . . one of our men writing home after the battle of July 1st said of these baths, that they were the best and most refreshing he had ever had'.⁹³ These showers, and the sets of portable baths similar to those installed by Sir Arthur Sloggett in the barracks at St Omer in June 1915, made it possible to set up bathing facilities anywhere there was a suitable building and water and by August 1917, procedures appear to have been well established.

Some of the later baths were purpose-built. In December 1915, Capt. Jacobs, an RAMC officer commanding a Sanitary Section, described the building of some new Divisional Baths, which included separate facilities for officers and men.

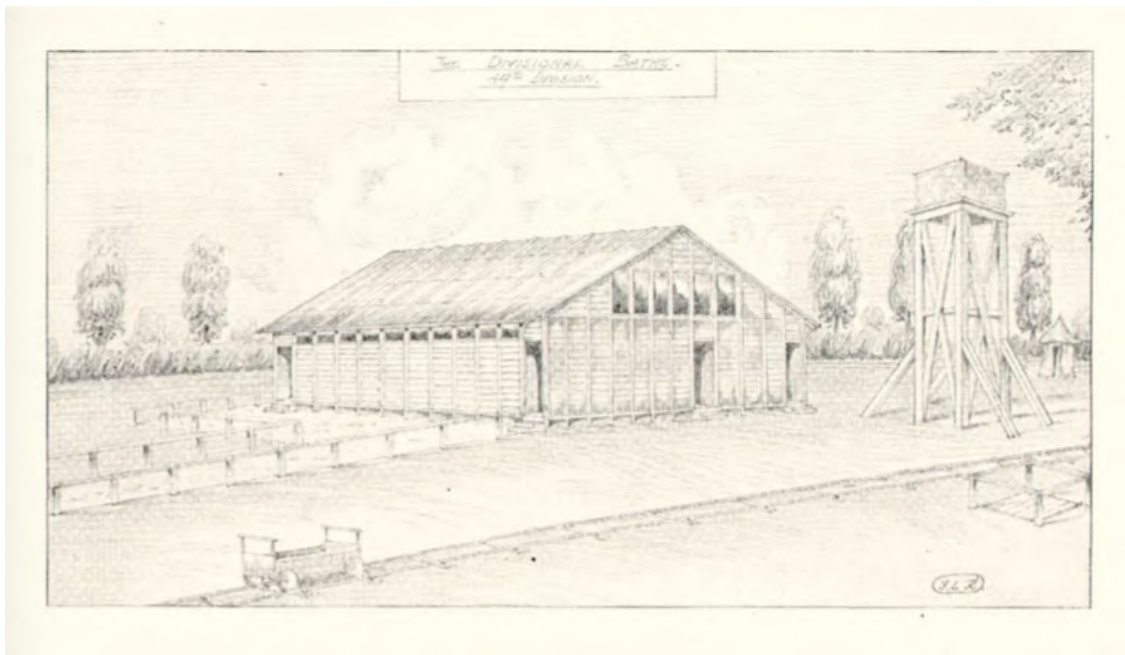
On the last day of November the site which was virgin woodland was cleared & the work of construction commenced on Dec. 1st. This was promised for opening on Xmas Day. The scheme was as follows. The building occupied a space of 50 ft long by 25ft wide, & was built of timber, the walls resting on concrete copings. The accommodation consisted of one men's bath-house, 29ft X 12ft containing 22 baths with spray to each. A dressing-room for men 29ft X 12ft, seating for 40 men. A bathroom for Sergts. containing 4 baths with H&C water and dressing room adjoining

⁹² W.G. Macpherson, p.339

⁹³ WO95/4208, *War Diaries of 14th, 35th, 59th Sanitary Section*,

seating 8 men. Two self-contained bathrooms for officers, a waiting room for officers, a clothes issuing & receiving room & store and a boiler house.⁹⁴

Fig. 4

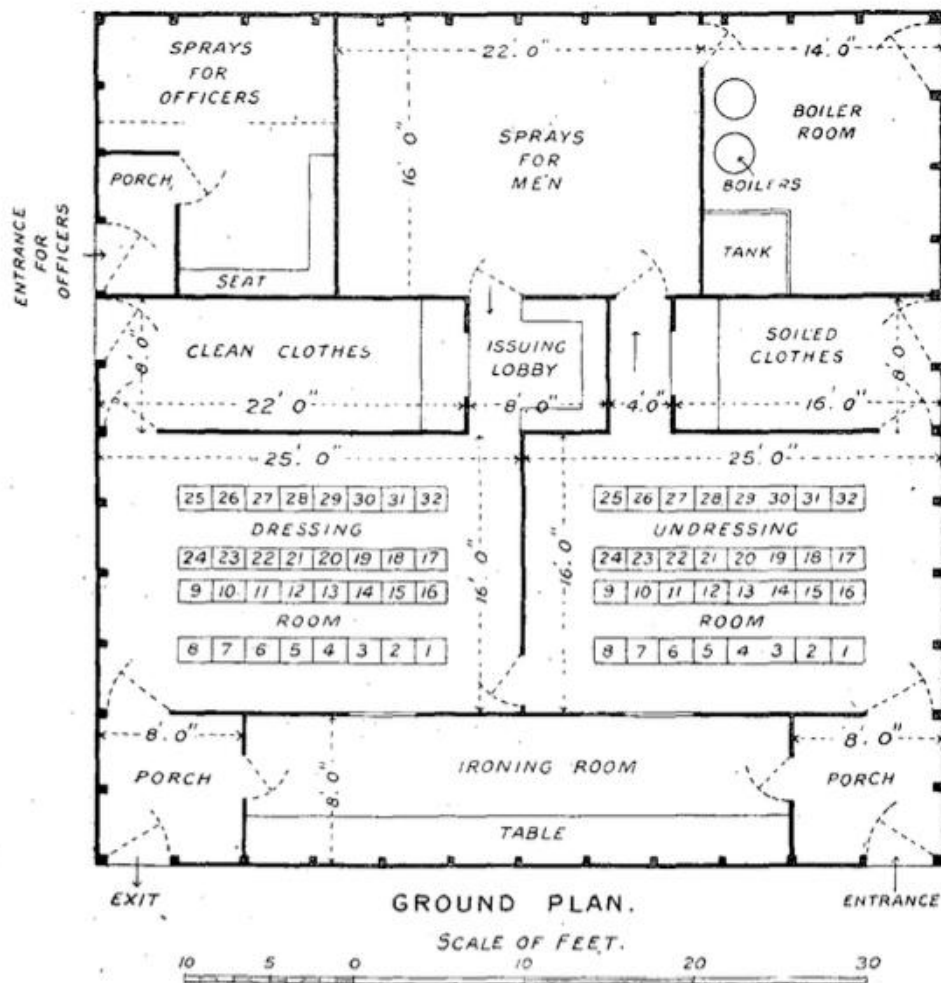


Exterior of the 49th Division Bath House, 1916 (JRAMC)

These provisions for bathing reflected the facilities that would have been enjoyed by the men in peacetime and would have provided a reminder of home. The communal baths for the troops gave them an experience similar to the weekly bath taken in the Public Baths, and the facilities for officers gave them privacy not unlike that of their bathrooms at home.

⁹⁴ WO95/1603, 1-31 December 1915

Fig. 5



Suggested Design for a Bath House, Dec 1916 (JRAMC)

After the invention of the Nissen Hut, which went into production in August 1916, premises for baths could be easily provided. A hut could be packed in a standard army wagon and erected by six men in four hours.⁹⁵ Once equipped with a set of portable baths like those provided by the charity 'Tubs for Tommies' all that was needed was a supply of hot water.

⁹⁵ www.nissens.co.uk

Fig. 6

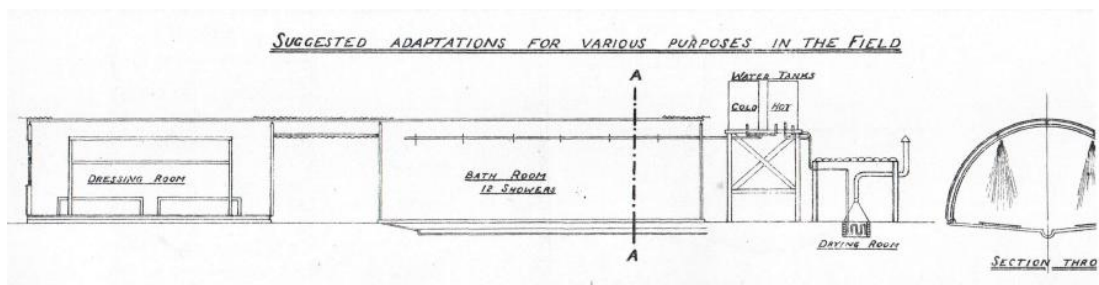
Diagram of a Nissen Hut used as Bath House⁹⁶

Fig. 7



Soldiers outside Nissen Huts used as Divisional Baths, 1917 (IWM)

⁹⁶ Nissen Hut Memorandum issued by Engineer in Chief GHQ, April 1917 in Nissen family papers.

Nevertheless, throughout the war, some baths were still enjoyed in somewhat ad hoc conditions: a captain in the Flying Corps proudly showed Colonel Beveridge some baths he had erected in a tented enclosure where the baths themselves were also made from old tenting by folding and pinning the corners, but each man had a bath in a separate cubicle.⁹⁷ Even Captain Jacobs, the sanitary engineer, was unable to provide such privacy in the establishment he had under his supervision in July 1917, 'Open air swimming baths made of tarpaulin . . . one bath is reserved for washing with soap, the other for rinsing.'⁹⁸

Water Supply

As a result of the outbreaks of disease resulting from dirty water during the Boer War, the Army had done much work on improving the supply of drinking water. This continued throughout the War as lack of water was a persistent problem; some water came from wells sunk by the Army, but this 'barely supplied enough for cooking and washing'⁹⁹ and streams that rose behind enemy lines were feared to have been poisoned. In early October 1915 S.T. Kemp described going without a wash for about ten days, but he also gave the reasons: 'We had trouble getting rations and water up to any of us. We

⁹⁷ W095/52/2-1, 25 May 1915

⁹⁸ W095/1603/2-1, 19 July 1917

⁹⁹ W095/1603, 1-31 November 1915

couldn't use water to wash, and we couldn't make tea because we had no spare water, and the parties who went to the rear to get food and water just did not return.'¹⁰⁰

When choosing a site for baths a fine balance had to be struck between convenience for the troops and availability of water. In 1916 the *JRAMC* described the problems caused when with priority given to convenience, baths had been set up in a field 1½ miles from the nearest stream and 'every drop of water had to be carried to the baths by means of a motor tank, holding 120 gallons'. The problem was solved by digging a shallow well (1000 gallons per day), a storage tank for the water brought from the stream and rainwater from its roof, and a concrete well containing purified used water.¹⁰¹ It was perhaps with this bath house in mind that the August-October edition of *The Yellow Band*, the quarterly journal of the 1st London Sanitary Company stated 'the first important point to remember in selecting a site for baths – examine existing water supplies and determine best available source. Better to construct baths close to running water than to erect one depending on well supply as latter will probably fail in summer'.¹⁰²

To deal with inadequate or intermittent supplies, methods were devised for purifying and re-using the water an indefinite number of times, including the clarifying plant, devised by Captain Jacobs in 1916, which treated 1000 gallon tanks of dirty bath water with lime, 'cracking out' the soap to form a calcium compound insoluble in water which sank to the bottom of the tank, allowing the clear water to be pumped out and re-used.¹⁰³ Methods for purifying water were also described in the *JRAMC*;¹⁰⁴ the authors were presumably hoping to share their knowledge in the same way as Captain Jacobs

¹⁰⁰ NAM, 2006-10-6, Papers of S.T. Kemp, p.32

¹⁰¹ *JRAMC*, Vol. 27, July-December 1916, p.363-7

¹⁰² *The Yellow Band*, August-October 1916, p.6

¹⁰³ WO95/1603, 28 April 1916

¹⁰⁴ *JRAMC*, Vol. 27, July-December 1916, p.363

when he wrote his very detailed account in the Field Ambulance War Diary. A memo from Colonel Beveridge, ADMS Sanitation to Sir Arthur Sloggett, DGMS suggested the installation of clarifying and sterilization equipment onto barges so that water could be obtained from canals and rivers.

Both military and civilian doctors made good use of the *British Medical Journal* and *The Lancet* for sharing their knowledge and MOs employed in Field Ambulances who were in close contact with the men, also continued to work on improvements and improvisations. The *JRAMC* published articles on steam baths,¹⁰⁵ transportable bath showers,¹⁰⁶ a combined incinerator and water heater made out of a paraffin barrel by a corporal in a Territorial FA,¹⁰⁷ and methods of heating water using horse litter.¹⁰⁸ Another forum for the passing on of information was the exhibitions of sanitary appliances for use in the field, collected at Hazebrouck and Bailleul, which attracted a large number of visitors. In 1915, Colonel J. Rutherford, of the 50th Division, which was responsible for a couple of the exhibits, found 'such a show is interesting and excites a healthy competition in constructive initiative'.¹⁰⁹ It was, apparently, a popular destination for soldiers on leave. In June 1917, Captain Jacobs also set up an exhibition of appliances made by his section in his workshop 'for the purpose of sanitary education' and the 1st Army and 1st Corps HQ Staff who inspected it were so impressed that a corps exhibition of sanitary appliances was arranged in Bethune. A large number of officers, NCOs and men visited it during August, and presumably continued to do so, since the

¹⁰⁵ *Ibid*, p.112

¹⁰⁶ *JRAMC*, Vol.25. July-December 1915, p.698

¹⁰⁷ *JRAMC*, Vol.24, January-June 1915, p.385

¹⁰⁸ *JRAMC*, Vol. 27, July-December 1916, p112

¹⁰⁹ WO95/2815, 11 July 1915

persistent bombing of Bethune in December did not result in the demonstration centre being closed down, but rather being moved to Bruay.¹¹⁰

The increased number of troops was presumably the main reason for the increase in provision of baths,¹¹¹ but an awareness of the importance of the baths to the soldiers must have contributed. The Army had realized the benefits to both the morale and health of the men; a letter from Col. Arthur Lee to Lord Kitchener in December 1914, reported 'One of the most interesting sights of the war is to see a company of mud-caked, verminous and woe-begone looking scarecrows entering one end of these improvised bath-houses and emerging three-quarters of an hour later, rosy-cheeked, bright-eyed, comparatively well-dressed, and in wildly hilarious spirits.'¹¹²

The troops knew what they needed when 'at rest'; 'what with Company Concerts, rigger and soccer matches and water to wash in, we are really enjoying ourselves' and were appreciative of the baths.¹¹³ 'A God send', 'As good as a furlough' and one said he 'Felt equal to forty Germans' and another 'It seems a shame to go back to the trenches and get killed after that.'¹¹⁴

Since leave was scarce and unpredictable, time at rest out of the line was almost the only opportunity to rebuild morale. Before November 1917, a front line soldier could expect to go home for only 10 days in 15 months.¹¹⁵ It was particularly important that morale should be restored, not only to prepare the men to return to the trenches, but because it was during this time of preparation that the risk of insurrection was greatest.

¹¹⁰ WO95/261/5, *War Diary of 8th SS*, December 1917

¹¹¹ WO95/1592, 25 February 1915

¹¹² WO159/16, 13 December 1914

¹¹³ *The Outpost*, March 1916 in Fuller, p.110

¹¹⁴ NAM, 92-04-73, Papers of Sgt. R.J. Stratton, 10 February 1915

¹¹⁵ Fuller, p.72

The French mutinies in 1917 had started among troops on rest or reserve.¹¹⁶ Pressure from the home front may also have played a part: families and friends were sufficiently aware of the need for more baths to have set up the charity 'Tubs for Tommies', which by July 1915 had provided 2000 portable zinc baths complete with heaters, towels and soap to the Army on the Western Front.¹¹⁷

The Contribution of the Civilian Doctors

Although the first baths were set up and administered in November 1914 by regular and Special Reserve RAMC officers, by the spring of 1915, further developments were largely in the hands of civilians. Even in August 1914 the doctors of the RAMC were outnumbered by those in the Territorial Force and by December roughly 1500 more civilians had enrolled either as temporary officers or as territorials. It is likely that these doctors, many of whom will have been in general practice, will have been inclined to care for their patients in the holistic manner of a family doctor. Territorial Divisions like the 50th Division which arrived in April 1915 were accompanied by their own Field Ambulances: the officers and men of the Division had trained together for years and the doctors expected to be looking after their own soldiers. If these doctors were uncertain of their responsibilities and wanted to improve the living conditions of their men, providing them with baths was something they could do with confidence and gave them a chance to use their initiative and take control. As early as December 1914, Col. Arthur Lee commented on the freedom given to individual Medical Officers and was 'much

¹¹⁶ Fuller, p.78

¹¹⁷ WO95/44, *Diary of DGMS*, 9 July 1915

struck by the high standard of ingenuity and resource which prevail in the RAMC'¹¹⁸and an editorial in the *JRAMC* credited the development of a large number of original ideas to the presence of 'all sorts and conditions of men' in the new armies. 'No sooner is an idea thought of, than there are a dozen willing helpers at hand to give it being . . . someone is already ready to suggest ways of overcoming difficulties that may arise & the result is the production of scores of most useful and novel inventions dealing with grease pits, incinerators, baths etc.'¹¹⁹

Some individuals became identified as having particular expertise. Capt. Jacobs was a trained sanitary engineer in civilian life and had a great influence on sanitation and hygiene on the Western Front. He had signed up with the 1st London Sanitary Company on the second day of the War and like the doctors, had to adapt his working methods. He succeeded to such an extent that his commanding officer, Col. N.J.C. Rutherford, described him as a perfect genius at improvisation 'once he got away from thinking in terms of the borough council of an up to date English town'.¹²⁰ Jacobs was highly critical of both facilities and personnel, improving equipment wherever he went, including 'latrines, laundry, ablution benches at K & L camps, and incinerators. (allowed to fall into bad state of repair. No attempt to mend them. Nor to leaking hosepipe at bathhouse at Wormhoudt'.¹²¹

However he also had the expertise to build from scratch; as well as the Divisional bath house, and the clarifying plant that 'received the soapy water from the ablutions of men and changed it back again into clear washing water',¹²² he was commissioned in

¹¹⁸ WO159/16, *Letters from Col. Arthur Lee to Lord Kitchener*, 25 December 1914,

¹¹⁹ *JRAMC*, Vol.29, p.584

¹²⁰ Col N.J.C. Rutherford, *Soldiering with a Stethoscope*, (London: Stanley, Paul & Co. 1937) p.177

¹²¹ WO95/1603/2-1, *War Diary of 18th FA & 8th SS*, 17-18 June 1916

¹²² Rutherford, p.177

April 1916 by the DMS Second Army to submit a scheme for a new laundry at Hazebrouk. This laundry must have been intended to set new standards as the DMS suggested to him that he should spend three days inspecting various other facilities.¹²³

His skills were such that not only was he consulted by General Porter, the DDMS of the XIV Corps about water supply, he gave lectures at the 1st Army RAMC School to officers and NCOs of 1st Army, as well as to the Portuguese Expeditionary Force and senior MOs of US Army.¹²⁴ Twice mentioned in dispatches, and twice personally congratulated by Haig, he was aware of the importance of his contribution, recording in the War Diary in May 1916, 'During morning was repeatedly complimented and introduced as being the authority on question of water supply and disposal. Moreover Q looked to me for reliable information and practical schemes'.¹²⁵

Captain Jacobs was probably looking forward to benefitting from his work on the Western Front in peace-time; in June 1918 he was granted 14 days special leave for business purposes, presumably to discuss the commercial development of one of his many inventions. Sadly, on July 20th 1918, he died of wounds received when a bomb fell on his billet.¹²⁶ It seems that he had become something of a legend; the district sanitary engineer in R.H. Mottram's novel *The Spanish Farm* is 'a red-headed Welshman, answering to the name of Jacobs . . . although adorned by the title of "doctor," and adorning the rank of Captain, Jacobs was by profession a Borough Sanitary Engineer'.¹²⁷

The Army had made no provision for baths for the troops: the traditional use of natural facilities for bathing had been adequate in South Africa and it seems not to have

¹²³ WO95/1603, 15 April 1916

¹²⁴ WO95/261/5 *War Diary of 8th SS*, December 1917

¹²⁵ WO95/1603/2-1, 13 May 1916

¹²⁶ www.ramc-ww1.com

¹²⁷ R.H. Mottram, *The Spanish Farm*, (London: Chatto & Windus, 1928), p.210

been taken into consideration that the next war might be fought in very different conditions. By November 1914, the deteriorating weather brought cold and mud, and made the use of open water for bathing unsuitable. Combined with the epidemic of lice and a period of relative calm for the RAMC this meant that it was both desirable and possible to start providing the troops with baths.

The methods of dealing with the lice suggested by the higher echelons of the RAMC failed to impress the doctors in charge of the Divisions, who were in closer contact with the soldiers, and who set about making more effective arrangements. The first baths for men from the trenches were set up on 17 November 1914 by Major F.G. Fitzgerald, a regular RAMC officer in charge of the 12th F.A. (4th Division) but many of the subsequent ones were in the hands of Special Reserve officers who tended to be rather older than the regulars holding similar rank and whose combination of military and civilian experience may have made them particularly suitable for the responsibility. They seem to have been more aware of the pleasurable aspects of a bath than the regular RAMC.

My word, you ought to see all the men's faces now, they have just awoke and been told that we are going for a hot bath and we aren't long about it either. "No sooner said than done." And I never felt such a change in all my life before, in fact I never thought that hot water could have such effect, and I cannot describe the spirit of the men that day, which was one of idleness.¹²⁸

The first baths were set up in a very ad hoc fashion, making use of buildings, such as schools and seminaries where baths were already installed, or factories and breweries where large tubs and a good water supply could be found. Following the arrival of the sanitary sections with their appropriately qualified personnel in early 1915, systems

¹²⁸ IWM, 11573, Papers of 2 Lt. W.V. Hindle, IWM, 3 July 1915

were steadily improved. At first, baths continued to occupy a wide variety of premises and to use a great deal of improvised equipment but as time went on, some buildings were purpose built and sets of baths and showers became widely available, making it possible to have established procedures.

After April 1915 it seems likely that most bathing facilities were administered either by civilian doctors or individuals with sanitary qualifications commissioned into the RAMC. It must have been particularly appropriate work for a doctor unsure of his responsibilities, more familiar with the life-style of the civilian soldiers it was something he felt he could do better than his military counterpart, and realizing that there were no established procedures to conform to, he would be reasonably safe from criticism and could exercise his initiative. It was something he could do that would improve the circumstances of the men he was looking after and War Diaries show that some individuals like Major Fitzgerald, Lt. Col. Watson, Col. J.V.W. Rutherford and Captain Jacobs took a real interest in the work and pride in the results.

CHAPTER 3

THE CIVILIAN CONTRIBUTION TO HYGIENE ON THE WESTERN FRONT

This chapter will examine the contribution made by civilians on both fronts to the establishment, development and maintenance of baths and bathing on the Western Front. According to Jerry White, the notion of ‘civilian’ was blurred as a result of so many Londoners being closely involved in the war effort¹ and Jay Winter agreed that ‘far from there being a division between the civilians and the troops there was a commonality of purpose [which] fused home and battle front.’² John Bourne believed that shared adversity led to community solidarity and an extraordinary degree of mutuality,³ and described WW1 as a ‘war of the masses’ fought on two fronts. The majority of the soldiers were ‘citizens in uniform’ dependent on workers at home to provide them with weapons, clothing and supplies, whilst letters, the press, and the fact that the war was being fought only 70 miles away, enabled the civilian population to follow their progress closely, and to be aware of any problems at the front. The home front was not only as important as the war front, but also inseparable from it.⁴

The respectable working classes were prejudiced against the pre-war regular army, which had been recruited from the lowest echelons of society. According to Field Marshal Wavell, ‘There was in the minds of the ordinary God-fearing citizen no such

¹ Jerry White, *Zeppelin Nights*, (London: Vintage, 2015), p. x

² ‘Popular Culture in Wartime Britain’ in *The Arts, Entertainment and Propaganda 1914-1918*, ed, Ariel Roshwald & Richard Sites. Camb U. Press 1999, p.347-8 cited in Grant, p.161

³ J.M. Bourne, ‘The British Working Man in Arms’ in *Facing Armageddon*, ed. Cecil, H. & Liddle, P. (London: Leo Cooper, 1996), p.346

⁴ J.M. Bourne, *Britain and the Great War 1914-1918*, (Kent: Hodder & Stoughton Ltd, 1989), p.199

thing as a good soldier; to have a member who had gone for a soldier was for many families a crowning disgrace.⁵ The volunteers who signed up to Kitchener's Army after September 1914, and who were described by Major-General Maxse as 'of a higher standard than that of the average men we usually recruited in the old army',⁶ mostly came from the skilled working class and the middle class. Since the working class made up 80% of the population their support was essential.⁷

These men had enlisted because they believed they were fighting a just war, and because they were concerned about the effect a German victory might have on their homes and families.⁸ This thought, that they were fighting to protect their families, remained with them throughout the war. Alexander Watson suggests that families provided emotional support merely by being there. Corporal Laurie Rowlands wrote to his girlfriend in 1918 telling her 'It's just the thought of all of you over there – you who love me and trust me to do my share of the job that is necessary for your safety and freedom . . . that keeps me going and enables me to "stick it"'.⁹ Their families would also play an important part in maintaining their health, wellbeing and morale directly, by sending parcels and fund raising, and indirectly because the Government realized that it was essential to maintain morale at home, and that one way of doing that was to reassure civilians that their loved ones were properly cared-for.

Families were concerned because during the nineteenth century cleanliness had

⁵ Edward Spiers, 'The Regular Army of 1914', in *A Nation in Arms*, eds. J.F.W. Beckett and K. Simpson, (Barnsley: Pen & Sword, 2004), p.46

⁶ Anthony Fletcher, *Life, Death and Growing Up on the Western Front* (Yale University Press: 2013), p.192

⁷ Bourne, p.200

⁸ Alexander Watson, *Enduring the Great War* (Cambridge University Press, 2008) p.232

⁹ IWM 93/20/1. D.L. Rowlands 5 February 1918 in Watson. p.83

become an essential ingredient of respectability.¹⁰ Epidemics of cholera and typhoid had resulted in the concept of 'public hygiene' becoming more widespread and 'hygiene', as opposed to sanitation, became associated with the social and moral health of society. Domestic hygiene would remove dirt whilst moral hygiene would exclude evil. It was thought that living in less crowded conditions with regular access to bathing facilities would lead to the moral improvement of the people,¹¹ with the public baths being described in 1892 as 'an instrument of the most powerful order for elevating the masses and stimulating the desire for improvement. To make a habitually dirty man clean is to create in his innermost soul...a desire to rise out of the squalor and filth with which he may ordinarily be encompassed.'¹² By WW1 proper hygiene was regarded as a duty that all citizens owed their society; exterior cleanliness was essential and the bath house was invaluable as 'Dirt and vice in low places, dirt and slipshod morality in places not quite so low, go together as invariably as berry and flower'.¹³ The acceptance of the germ theory of disease encouraged this trend focusing public health measures away from the general environment towards personal practices, since the actions of apparently healthy people were now seen to be the means of spreading illness.

As a result, families probably did not trust an Army accustomed to providing for soldiers from the lowest ranks of society, to look after their sons, and felt that it was their responsibility to help to keep them clean. This impression was reinforced by letters from the front complaining about the quality and quantity of food, the inadequacy of clothing, and lack of opportunity to keep clean. Complaints that were confirmed in memoirs after

¹⁰ Helena Barrett and John Phillips, *Suburban Style*, (London: Little, Brown & Co., 1993), p.120

¹¹ www.science.jrank.org/pages/9722

¹² Lawrence James, *The Middle Class, A History*.(London: Little, Brown Book Group, 2006), p.300

¹³ *Ibid.* p.306

the war which describe 'how the soldiers were treated whilst fighting for their King and Country and of the lack of proper arrangements which marked every movement undertaken by the Army in France'.¹⁴ If they did not fully realize the conditions their sons were living in, the home leave of filthy, lice-ridden men in urgent need of a bath would have emphasised the fact that normal standards of cleanliness did not prevail. One man's mother kissed him when he arrived home, then she said 'What's all this crawling about all over you?' I said, "well, mother, they're lice."...She was horrified. Of course, she never dreamt that conditions were such out there'.¹⁵ Another mother looked at her son 'and tears rolled down her face. She said "I'll clean you up." "No' I said, you can't do that yet." I put my hand in my armpit and took out a handful of lice. "Look," I said. "Lice, hordes of them, I can't come in like this." Soldiers were supposed to be fumigated before going home on leave, but if there were a long queue for the fumigator, catching the boat would take priority.¹⁶

SUPPORT FROM FAMILIES AND FRIENDS

Comforts and aids to Cleanliness

Women's War Work, published in 1916, described the 'work of mothering' as not just giving the soldier what 'he ought to appreciate and require, but whatever will help make him happy and to keep him content'.¹⁷ Mothers needed to know that their sons

¹⁴ S. Bradbury, IWM, 81/35/1, in Ilana Bet-El, *Conscripts* (Stroud: Sutton Publishing Ltd, 2003), p.1

¹⁵ Max Arthur, *Forgotten Voices of the Great War*, (London: Ebury Press, 2003), p.91

¹⁶ Ibid. p.260

¹⁷ Lady Randolph Churchill (ed) *Women's War Work*, (London: C. Arthur Pearson Ltd, 1916), Ch. 6.

were well and being cared for, they could understand their domestic needs, and by sending parcels and practical items, could feel closer to their sons. The soldiers were equally anxious for the reassurance provided by maternal involvement in their lives, and assured themselves of this involvement by asking for basic necessities (including soap, sometimes a specific brand) to be sent from home. Soap, towels and clean clothes gave him the wherewithal to keep clean, and also reassured her that he was maintaining her standards to the best of his ability. There were also many older men serving in the ranks and as officers; they also missed their wives and families and needed their practical and emotional support. Letters and parcels, normally arriving within two days,¹⁸ not only helped the Army to keep the soldiers fed, healthy and clothed, but also provided the men with the continuing links with home essential to their morale and emphasized the continuing importance of the family.

Most requests were for food, explained by the monotony of rations and the prices in local shops, as well as for tobacco, proprietary health remedies (including remedies against lice), soap, and shirts and socks. When Lt. A. MacIver wrote home in June 1915, soap topped his list of requests, (followed by Three Castles cigarettes and Three Nuns tobacco, as well as 'a fairly small towel')¹⁹ and Private George Adams thanked his mother for the cake she had sent but asked that in future it should be packed away from the soap.²⁰ Harold Hague asked his mother for a shirt to replace the lice-ridden one that had 'a great tendency to walk off and leave me' and a tin of Boots vermin powder which might 'persuade some of the animals to find a different home'.²¹ However a list of

¹⁸ William & Geoffrey Whittaker, *Somewhere in France*, (Glos: Amberley Publishing, 2014), p.215

¹⁹ NAM, Letters of Lt. A. MacIver 1 June 1915

²⁰ Alan Weeks, *Tea, Rum and Fags*, (Stroud, The History Press: 2009), p.89

²¹ H.W. Hague, 12 April 1918 IWM 98/33/1 in Michael Roper, *The Secret Battle*, (Manchester University Press, 2009), p.97

requests from a prisoner of war to his mother probably indicates the relative importance of his needs, 'Boots, socks, underclothes, flannel, shirts, tobacco, cigarettes, chocolate, packs of cards, Keating's powders, books and coal tar or carbolic soap'.²²

By 1917, a building that covered 5 acres of Regents Park was processing 60,000 parcels each day,²³ sent not only by families and friends, but also by the general public. Many soldiers, like Sergeant J. Hancock of the 1/ Royal Fusiliers, who was adopted as her 'front line champion' by Amy Griffiths of St John's School, Isle of Dogs in London, received parcels from unknown donors.²⁴ The volume and content of parcels changed during the war as a result of rationing and declining quality (the soap used at the Reform Club became unpleasant to the touch).²⁵ By the autumn of 1916, some domestic goods were in short supply and prices were rising, in February 1917 voluntary food rationing was introduced,²⁶ and by May 1917 food prices had almost doubled since July 1914.²⁷ Although the rising wages of a total family in London had led to improved living standards for the poorest households and a decline in inequality between the middle class and the working class,²⁸ to send a parcel represented a sacrifice for the families.

The contents of the parcels were also influenced by advertising; by 1914, most of the population were literate and had access to one of the 11 daily newspapers: 4.5 million of which were sold each day.²⁹ Within days of the first baths being organized on the Western Front, *Daily Mail* readers had been informed 'Hot baths are being arranged

²² FO383/19, Nat. Archives, letter from Lt. A.J. Brown RAMC to his mother 17 February 1915 cited in Peter Grant, *Philanthropy and Voluntary Action*, (London: Routledge, Taylor & Francis Group, 2014) p.20

²³ Michael Roper, *The Secret Battle*, p.9

²⁴ Alan Weeks, p.89

²⁵ Jerry White, *Zeppelin Nights*, p.173

²⁶ Ibid. p.204

²⁷ Ibid. p.206

²⁸ Ibid, p.232

²⁹ Peter Grant, *Philanthropy and Voluntary Action*, (London: Routledge, Taylor & Francis Group, 2014) p.19

for the men when their tour of duty is over. The arrangements for bathing at one place already described have now been elaborated and after bathing a man can rest, drink a cup of coffee and smoke a cigarette'.³⁰ Clearly baths were perceived as recreational as well as functional which must have been reassuring to family and friends. The Paris edition of *The Daily Mail* was available throughout the war area every morning, sometimes sold by French newsboys at entrances to communications trenches.³¹ Soldiers bought it both to find out how the war was progressing, and as a reminder of normal life, and their letters suggest that it was not just readers at home who were influenced by the advertisements.

Newspapers and magazines, like *The War Budget*, *Chambers Journal* and *The Sphere* played an important part in conveying information and forming opinion, and also provided the best arena for advertising products that might be welcomed by men going off to war. It was important that they should be appropriately equipped and advertisements increasingly used military and patriotic images to persuade people to buy products to send to men at the front, and to convince them that these products had been proven in wartime.³² Everyday objects like cigarettes, pens, toiletries and medicines were promoted with martial imagery and testimonials from soldiers at the front. Advertisers also took the opportunity to proclaim their patriotism when German owned 'Formamint', 'Lysol', and 'Aspirin' were replaced by 'Boots British Formeloids' (at exactly half the price), 'Toxol' and 'Regepyrin'.³³

Soap was an especially appropriate commodity to be sent to a dirty, muddy, lice-ridden environment and these advertisements were mostly aimed at family and friends.

³⁰ *Daily Mail*, 1 December 1914

³¹ Paul Fussell, *The Great War and Modern Memory*, (Oxford University Press 1977), p.65

³² <http://library.brown.edu/exhibits/sphere/>

³³ *Daily Mail*, 2 November 1914

An advertisement for Fels Naptha Soap describing it as “One of the few comforts here” writes he from the trenches to his mother³⁴ was clearly aimed at all mothers, whilst Wright’s Coal Tar Soap targeted wives, with an image of a soldier taking leave of his wife with the words ‘Good-bye dear! You won’t forget to send me some Wrights Coal Tar Soap’, and also suggested to friends ‘When sending a Xmas Present to your Soldier Friend be sure and include a Box of Wright’s Coal Tar Soap’.³⁵ An advertisement for Sunlight Soap described the British Tommy as ‘The Cleanest fighter in the World’.

Fig 8.



Advertisement for Wrights Coal Tar Soap, 1915.

³⁴ Ibid. 1 March 1915

³⁵ Ibid. 23 March 1915

Aspirational readers were encouraged to contribute to the further cleanliness and wellbeing of their loved ones with gifts of Colgate's shaving stick 'packed in a handsome rust proof nickelled box suitable for an officers kit bag' whilst advertisements for Eucryl Tooth Powder were perhaps aimed at a wider audience.³⁶ Vermijelli, Keatings' lice powders and other remedies were widely advertised, as were shirts, which were frequently requested.

Parcels from home enhanced the comfort and morale of everyone at the Front, but the experiences of the officers and the troops were very different, not only in what was provided by the Army, but also by their ability to improve their living conditions. Officers frequently asked their own families for help in looking after their men: this was perhaps not simply because they were the obvious source of help, as when Julian Grenfell turned to his mother Ettie Desborough for comforts for the troops, requesting underclothes as well as cigarettes, and Edward Chapman asked his seven sisters to knit socks for his men.³⁷ Finding themselves almost 'in loco parentis' where better to ask for help and advice than their own mothers.

SUPPORT FROM CHARITIES

On the declaration of war, the charitable instincts of the country were roused. In the same way that young men had enlisted, there was a similar response from men and women at home, from those who wanted to volunteer at the front and from others who

³⁶ Ibid. 24 March 1915

³⁷ Anthony Fletcher, p.150

could not leave home, but who were keen to support the war effort. For the middle classes and above, 'all usual activities, social duties and established standards of life being dropped, everybody *had* to get busy on some 'war work' or other.'³⁸ However, Peter Grant points out that the working class also displayed their solidarity by means of charitable activity, and maintains that more organisations were run by ordinary men and women than wealthy ladies of leisure.³⁹ Frank Prochaska suggests that the church-going working-class were particularly active, as philanthropy was an indication of respectability, and that only those at the bottom of the social scale were 'altogether free from social obligation'.⁴⁰ Grant draws the distinction between existing charitable organisations such as the Red Cross, The Salvation Army and the YMCA (re-named 'The Red Triangle'), which were able to redirect their resources to the War and soon be in the field, and the new organisations, which sprung up in response to a need, comparing them to the regular Army and Kitchener's Army.

Many causes benefitted; including those connected with refugees, prisoners, the wounded and comfort funds for the troops, whilst the methods of raising the funds were equally varied – whist drives, dances, house to house collections, cinema and theatre collections, bazaars, war teas, flag days. 18,000 new charities were created during the War by 2.4 million volunteers (defined as those who worked regularly for a charity for at least three months), almost as many as the 2.4 million men who volunteered for the Army.⁴¹ Many of these organisations were run by women who had gained experience in the large number of women's groups that had been emerging since the late nineteenth

³⁸ White, p.143

³⁹ Grant, P.4

⁴⁰ Prochaska, Frank, 'Philanthropy' p.29 (in Thompson, F.M.L. (ed.) Cambridge Social History of Britain Vol.3) Camb. Univ. Press 1990) quoted in *Philanthropy and Voluntary Action in the First World War*

⁴¹ Grant, p.144

century.⁴² The Charity Organisation Society calculated that in the first two years, donations to war charities exceeded £30 million,⁴³ and Peter Grant, in *Philanthropy and Voluntary Action in the First World War*, estimates total fund raising to have been in excess of £100 million.⁴⁴

Charitable provision of Comforts and aids to Cleanliness

The Army had made little provision for medical supplies and comforts for the troops, and both established and new organisations focused largely on remedying this. 'Comforts Committees' organized parcels for local men, as in the case of the 'The Huntley Lasses' who took responsibility for the Gordon Highlanders. The wives and mothers of the officers of the Second Battalion Rifle Brigade organized a comfort fund on a remarkable scale. Financed by Battalion funds, donations from the Vickers Company, magazines, newspapers and Queen Mary's Needlework Guild, and responding to information from the Quartermaster as to what was needed, by the end of the war the fund had sent out nearly 1.75 million cigarettes, 10,226 socks and 2,901 gloves and mittens.⁴⁵

National newspapers ran fund raising campaigns and sent out thousands of parcels, encouraging further generosity by printing lists of names of donors of money and goods of every kind.⁴⁶ Queen Alexandra gave her support to a Field Force Fund: their parcels were always particularly welcome as their contents were always useful and

⁴² Ibid. p.17

⁴³ White, p.138

⁴⁴ Grant, p.3

⁴⁵ Roper, p.94

⁴⁶ *Daily Express*, 3 September 1915

included soap and a towel as well as 'Mittens, Writing tablet, Laces, Muffler, Sleeping helmet, Handkerchief, Box of Matches, Toilet paper'.⁴⁷

Large local charities also raised funds to provide equipment. Typical of these was the Kensington War Hospital Supply Depot, which was opened in early January 1915 'for the purpose of supplying to various British and Allied Hospitals at home and at the Front, Surgical Dressings, bandages and general Hospital Requisites' (including baths). It was an immense organization, with more than six thousand men and women enrolled as volunteers working in nineteen different departments spread around eight large buildings in Kensington. The papier-mache department made the baths, whilst other departments manufactured bandages, swabs and splints, and the ironwork and carpentering shops, produced crutches, bed tables and leg cradles. Thousands of dressing gowns, shirts, pyjamas and slippers emerged from the Needlework and slipper departments, and volunteers who lacked the skills to work in any of these departments could sort old linen, list and store gifts or pack it all up for transit. Furthermore, 'By a scheme of small weekly collections amongst the Voluntary Workers the running expenses of the Depot are met, so enabling donations sent by the Public to be used for purchases of raw materials'.⁴⁸

⁴⁷ Richard Holmes, *Tommy*, (London: Harper Collins, 2004), p.325

⁴⁸ Women at Work Collection, IWM Kensington War Hospital Supply Depot, ref. B.O.2 7/2

Provision of Baths by Charitable Organisations

Many of these charities like the Red Cross, St John's Ambulance, VAD and FANY operated on both fronts, raising funds at home in order to support volunteers and operations in the field.⁴⁹ In the early days of the War, before official baths were widespread, the Salvation Army provided baths for soldiers back from the Front, realizing that 'a hot bath was the greatest luxury you could give the soldier fresh from the trenches.'⁵⁰ The YMCA also provided baths as well as beds, meals and refreshments for men on leave, together with lectures, concerts and 'a hundred other aids to cheerfulness and hope' in 1,600 centres worldwide. These were funded by donations from the public and with the help of 'a score of thousand voluntary workers'.⁵¹ A poster advertising 'YMCA Hut Week' which depicted a British infantryman on the battlefield handing a letter to his wife through a large YMCA emblem, is captioned 'The Link with Home' and reminded the public that the charity was providing the home comforts they wanted for their men.⁵² It also implied that comfortable surroundings away from the trenches might encourage a soldier to write home.

The Women's Emergency Canteen for Soldiers set up a canteen and rest-room at the Gare du Nord in Paris: as well as providing British and Allied troops with a hot meal at any hour of the day or night, free sleeping accommodation and baths were also available.⁵³ The canteen was known as 'Our English home in Paris'.⁵⁴ The Wounded Allies Relief Committee sent caravans equipped with hot baths, disinfecting apparatus

⁴⁹ Grant, p.46

⁵⁰ IWM, B.O.3 6/65 Booklet, The Serving Men

⁵¹ IWM, B.O.3 10/50 Women at Work collection, Y.M.C.A leaflet

⁵² IWM, 13210 YMCA Poster,

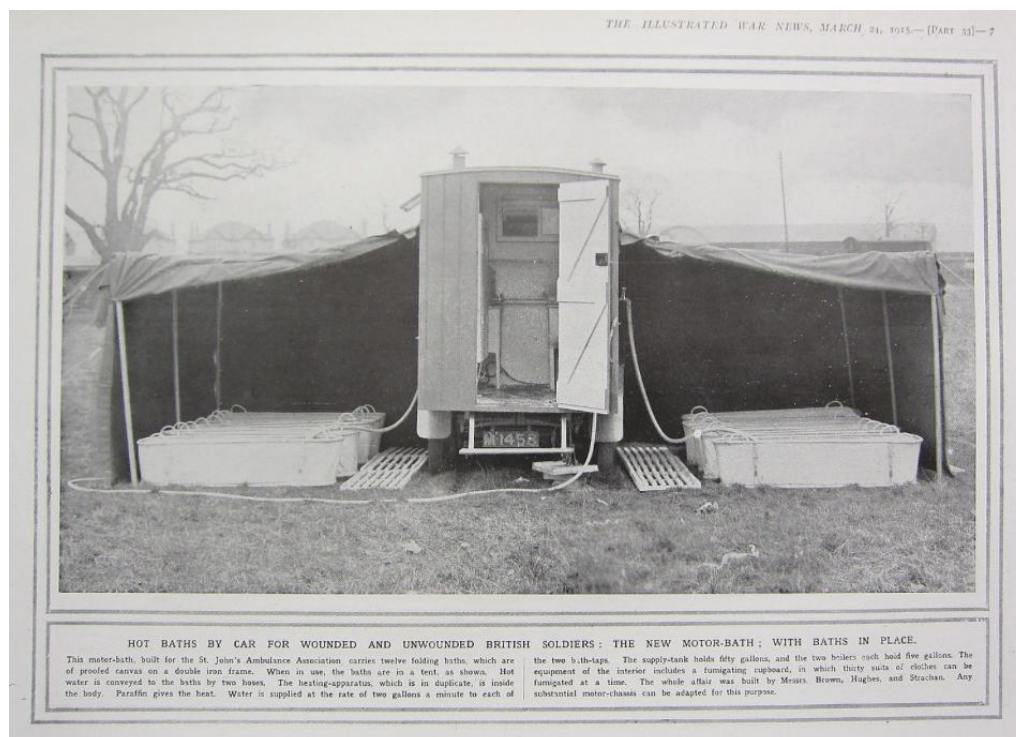
⁵³ IWM, FRANCE 5 1/19 Women at Work, Appeal leaflet, The W.E.C for soldiers,

⁵⁴ IWM, FRANCE 5 1/12 Newspaper cuttings,

and soup kitchens to the Belgian Army. An article in the *British Journal of Nursing* in November 1916 perceived the hot baths as being a luxury that was much wanted and described the contents of the vans;

Twelve light steel baths, 5ft. 3in. long by 2 ft. 2 in. wide, nested one inside the other . . . along the whole length of the van on both sides are fixed roller-controlled waterproof sheetings for forming tents with the aid of light spars and poles. . . Each tent enclosure affords accommodation for six baths, the water for which will be heated by petroleum. These novel caravans will be drawn by horses from place to place wherever water can be obtained from rivers and streams. Moreover, it will be possible to take them quite near to the trenches, where, under ordinary circumstances, it is so difficult, if not impossible, to get a hot bath.

Fig 9.



The New Motor Bath (*Illustrated London News*)

It was estimated that the caravans would be able to operate continuously for 14 hours, each bathing 800 men in that time.⁵⁵ The FANY had a similar vehicle, a 40hp Daimler with a boiler fired by two furnaces fitted to the chassis, twelve collapsible canvas baths, six a side, a tank, a pump, and a canvas screen to preserve the bathers modesty. Two girls would start it by hand and then drive 'this monster' all round the Calais area, on occasion 'bathing' 600 men in two days.⁵⁶

These organisations not only raised the funds but also operated the facilities abroad. Others took a more detached approach and supplied the equipment to be operated by the Army, as in the case of the 'greatly required' baths given to the 3rd Division in April 1915, by the St John's Ambulance Association,⁵⁷ and the equipment for a laundry and baths provided by Lord Derby, who cared for the four Pals Battalions he had raised in the King's Liverpool Regiment in a paternalistic fashion.⁵⁸ 'Tubs for Tommies' was a scheme initiated by The Empress Club Emergency Voluntary Aid Committee in February 1915 and was described in an article in *The Day* in May 1915 as being set up by 'Britains (sic) at home Affected by Visions of Unwashed Soldiers'. The scheme provided portable galvanized metal baths with a stove and hot water boilers, and 'plenty of soap and towels' for distribution at various points near the fronts where facilities for hot baths did not exist, 'thus adding materially to the comforts and wellbeing of our soldiers and those of our Allies.' The article went on to claim that the scheme 'is warmly endorsed by the medical officers, who say that cleanliness will do much to prevent the infection of wounds', suggesting that in 1915 most of the MOs were still unaware of the

⁵⁵ *The British Journal of Nursing*, 25 November 1916, p.428

⁵⁶ Hugh Popham, *The F.A.N.Y. in Peace and War: The Story of the First Aid Nursing Yeomanry* (IWM), p.21

⁵⁷ NA, WO95/52/2/1, *War Diary of ADMS (Sanitation)* 13 April 1915

⁵⁸ Helen McCartney, *Citizen Soldiers*, (Cambridge University Press, 2005), p.211

dangers posed by lice-borne diseases and perceived the benefits of bathing as purely fighting infection.⁵⁹ However, it seems clear that to women who had welcomed their men home, in some cases literally dripping lice, and to the beneficiaries, the purpose of the baths was to imitate the cleansing and enjoyable aspects of baths at home. The Committee of the Empress club reported the reactions to the distribution of the initial order of 100 baths at various points near to the Front:

Within two hours of arrival the Baths were in constant use. So immensely has it added to the comfort and wellbeing of our Soldiers that the committee have been deluged with applications from officers on behalf of their men. Such expressions in letters received as; "A long-felt want." "Send 12 more Baths." "We hope your generosity will extend to more' indicate clearly the appreciation of the men after their terribly trying experiences in the muddy and dirty trenches.⁶⁰

A letter to the editor of *The Spectator* in July 1916 compared these baths to those provided by the Army:

We have splashed and almost swum in huge laundry vats; we have doubled ourselves into exiguous half-tubs; we have experienced the gentle and refreshing rain from the 'rose-shower'; but now, best of all, thanks to the Empress Club, we can recline in something which looks and feels like a bath, the real goods! The Empress Club: I know not what it is or who its members are; to me it is only a name, though a name of power stenciled in black on the iron sides of its thrice-blessed gifts; but were it a club of Empresses, the thanks of many a weary soldier, eased of his aches, cleansed from his stains, would be a not B.B.F.⁶¹

⁵⁹ NA, MEP02/1732, *Tubs for Tommies*,

⁶⁰ IWM, Women at Work collection, The Empress Club Leaflet

⁶¹ *The Spectator*, 28 July 1916, p.12

Fig 10.



Tubs for Tommies Poster, 1915 (IWM)

Although 6086 baths and 1324 heaters were provided between February 1915 and March 1919,⁶² the story was not one of unmitigated success: they were funded by private donations, voluntary contributions, and a variety of organized events, one of which ended badly. The Emergency Voluntary Aid Committee had adopted a commercial money-raising scheme which involved selling 6d puzzle cards with four revolving discs printed with the letters of the alphabet; the aim being to spell out three words of four letters, the most original winning a prize. The plan was to buy out one of the inventors of the scheme, Crawford Ely, for £1000, and to use half the proceeds for prizes and expenses, the other half going to the charity. One million tickets were printed with the intention of selling them over three days, and had the scheme worked, it would have made £10,000 for 'Tubs for Tommies'. Unfortunately, the charity only managed to get a permit for one day (15th January 1917), a mere 87,000 tickets were sold, and after paying off Mr Ely and allocating £500 for prizes, the profit was £763. The ladies of the Empress Club were well and truly out of their depth, the prize fund was handled incorrectly, and both the Charities Commission and the Police were called in.⁶³

Nevertheless, a bath unit like those provided by St John's Ambulance and 'Tubs for Tommies', when combined with a Nissen hut (designed by a Canadian civilian who had enrolled with the Sherwood Foresters) made it possible to construct baths, quickly and with minimal effort, for soldiers wherever sufficient water was available. It seems likely that a significant proportion of bathing facilities on the Western Front were provided in this way. Applications were received for these baths from officers on behalf of their men, and it seems likely that the original impulse to raise funds for this purpose

⁶² IWM, Women at Work collection, The Empress Club leaflet

⁶³ Grant, p.120

was inspired by letters describing the lack of facilities. Civilians enjoyed baths for some of the same reasons as the men, and their appreciation of their importance may have been increased by the families' own reduced access to public baths at home, many of which had been adopted for war use.⁶⁴

It was inevitable that most of the charitable work was done by the women at home, applying their mothering instincts to a wider community of men. They believed that it helped if the 'gallant lads at the Front' were reminded that those at home were working for them. 'The wonderful mother-thought is there, and the echo is sounded in the rain-sodden trenches under the blinking stars in the long night watches, when Tommy's heart grows warm and glad at the thought of home'.⁶⁵ They could not influence the outcome of the war, but they could follow their instincts to care for their menfolk, and improve the quality of their lives in areas that would have traditionally have been the responsibility of mothers and wives. To be acknowledged as making a difference would have made them feel valued and boosted their morale. The Government was aware of the importance of maintaining morale at home, and officers could gauge it when censoring letters home. Positive reports of life at the Front boosted morale at home, but the civilian population also had to be seen to be valued.

As Brigadier-General John Charteris put it: 'Unless we have the nation with us, and believing in us, we may just as well give up at once.'⁶⁶

⁶⁴ Dulwich Baths housed Belgian refugees in 1914 and were then occupied by troops and Hammersmith baths were used as a public food kitchen. IWM Photograph Q54563

⁶⁵ Lady Churchill, *Women's War Work*, Ch. 6

⁶⁶ John Bourne, p.199

CHAPTER 4

THE SOLDIERS, THEIR EXPECTATIONS, AND THEIR RESPONSE

In this chapter I shall discuss the backgrounds of the soldiers, their expectations and experiences, how they felt about the baths and how they used them to create a link with home. The recruits who signed up to the First New Army in August and September 1914 were generally 'of the same class as the average run of regular recruit'¹ in the pre-war army, and included the unemployed, unskilled labourers and a large number of 'town casuals'.² These men were motivated to enlist by the provision of board and lodging, as well as the opportunity to earn a regular wage. However the numbers needed by the Army could only be achieved by recruiting men of every social class, who would have never considered enlisting in peacetime. The later volunteers, who hesitated for at least two months, came from the skilled working-class and the middle class, and were the men described by Germaines as the 'superior type of citizen'³ of the Second and Third New Armies.

Jay Winter believes that when working men signed up to join the Army, they continued to be members of the working class, whose way of life, involving hard work, long hours, an environment of 'normal' deprivation and a familiarity with death, was a good preparation for life at the front,⁴ whilst John Bourne describes the British soldier of the Great War as 'essentially the British working man in uniform', who did not come through the War by adopting the values of the pre-war Regular Army but by being a

¹ V.W. Germaines *The Kitchener Armies*, quoted in Clive Hughes, in *A Nation in Arms*, ed. Beckett and Simpson, p.104

² Edward M. Spiers, in *A Nation in Arms*, p.44

³ Clive Hughes in *A Nation in Arms*, p.101

⁴ Jay Winter in *A Nation in Arms*, p.196

soldier 'only for the duration', who took pride in being unmilitary.⁵ Their expectations were low and they could tolerate much as long as there were times of light relief. Sport, concert parties and baths, not only improved living conditions, but were reminders of civilian life that helped to maintain morale, and Bourne believes that it was working class culture and sense of community, replicated in the army that supported its capacity for endurance.⁶

Continuation of familiar patterns of life eased the transition to military life and normalized it. Fuller compared the activities of rest periods to peacetime recreation, pointing out that human needs do not vanish simply because a man is in uniform.⁷ Ilana Bet-El described the soldiers as being obsessed by food, clothes and cleanliness, and believed that this had nothing to do with being soldiers or civilians, but simply with being human beings.⁸ Just as food or a lack of it has a psychological as well as a physical impact,⁹ cleanliness is important for the same reasons. In fact, Richard Holmes claimed that the self-respect resulting from being clean and louse-free was almost as important as rest and food.¹⁰ Niall Ferguson has emphasized the importance of everyday pleasures such as cigarettes and rum,¹¹ and the requirement for a daily wash and shave will have had a similar significance.

The bathing facilities these men were accustomed to in civilian life bore little resemblance to those acceptable to men in the regular army as well as most of the early volunteers, and even less to those provided by the Army during previous wars. During

⁵ John Bourne, in *Facing Armageddon*, p.336

⁶ *Ibid*, p.341

⁷ J.G. Fuller, *Troop Morale and Popular Culture*, (Oxford: Clarendon Press, 1990) p.176

⁸ Ilana Bet-El, *Conscripts*, (Stroud: Sutton Publishing Ltd, 2003), p.130

⁹ Rachel Duffett, *The Stomach for fighting*, (Manchester University Press, 2012) p.5

¹⁰ Richard Holmes, *Tommy*, (London: Harper Collins, 2004), p.589

¹¹ Niall Ferguson quoted in Christopher Moore-Bick, *Playing the Game*, (Solihull: Helion & Co. Ltd, 2011) p.207

the Boer War, baths had been taken in rivers and streams whenever available, but no formal arrangements had been made, and were probably not expected by the troops of the regular army. However, bathing provision in camps at home had improved by 1914, and it is probable that even the regular troops had expectations of some sort of provision for keeping themselves clean. The baths provided by the Army on the Western front reflected the facilities that would have been enjoyed by the men in peacetime: the communal baths provided for the troops gave them an experience similar to the weekly bath taken at the Public Baths, and the facilities provided for officers gave them privacy not unlike that of their bathrooms at home.

Bathing and Swimming in Civilian Life in early twentieth century England

By 1914, education and a greater awareness of the connection between hygiene and disease had increased demand for both public and private bathing facilities in civilian life. The success of the bathhouse and laundry built in Glass-house St, East Smithfield in 1844 by the Association for Promoting Cleanliness among the Poor had led to the Public Baths and Wash-houses Act of 1846, which allowed any parish or borough to build public baths.¹² In the early years of the movement a significant number of baths and washhouses were built but were used by only the poorest section of society, and regarded almost on a par with the workhouse. Unlike baths in Roman and Tudor times these ones provided no social atmosphere and bath building slowed until given a fresh impetus by the 1878 Act, which authorized local authorities to construct swimming

¹² George Ryley Scott, *The Story of Baths and Bathing*, (London: T. Werner Laurie, Ltd. 1939) p.158

baths.¹³ From then on, the public baths kept their quasi-charitable status but their disease- fighting and cleanliness functions began to take second place to recreational activities. The bathing and washing facilities were now combined with swimming baths, and frequently auditorium and gymnasium spaces, and were largely used for exercise or learning to swim. During the last decade of the nineteenth century, about a hundred towns built baths,¹⁴ and Agnes Campbell in her *Report on Public Baths and Wash-houses* in 1918, asserts that the increasing popularity of the public baths is shown by this growth of building activity, which was maintained until the outbreak of war. Further indication of increasing interest can be found in the numbers of those using the public baths, as in Newcastle where, in spite of the fact that no new baths had been built between 1901 and 1914, the number of bathers had increased from 214,000 to 361,000.¹⁵ Agnes Campbell discovered that, apart from those at the extreme ends of the social scale, the public baths were used by all classes, and that in the summer, the customers would even include those who would normally bath at home but who were reluctant to light a fire to heat the water.¹⁶ Owners of coalmines and employers of workers in industries where lead and arsenic were used were compelled to provide baths for their employees,¹⁷ and baths were also sometimes occasionally provided for workers in less dangerous industries when it was in the interest of the employer that the product was kept clean. ¹⁸

Whilst the urban working classes were increasingly visiting public baths, the more affluent, and those living in the countryside, were taking baths in the privacy of

¹³ Ibid. p.160

¹⁴ Ibid. p.158

¹⁵ Agnes Campbell, *Report on Public Baths and Wash-houses in the United Kingdom*, (Edinburgh University Press, Edinburgh: 1918), p.6

¹⁶ Ibid. p.28

¹⁷ Ibid. p.9

¹⁸ Ibid. p.43

their own homes. After 1870 a separate bathroom became a status symbol for every new middle class home and after 1900 all but the smallest London houses were built with an upstairs bathroom.¹⁹ The cast iron bath was introduced around 1880 bringing the fixed bath within reach of a wider market.²⁰ A child from a middle class family described the installation of a bathroom in his home; ‘they put quite a nice bath into the room, and divided it off so that other people could come in when they wanted a bath. It was in our bedroom’. Bathrooms were not commonly found in working class homes pre-1914,²¹ but even in houses without plumbing it was possible to take a bath, using a jug and basin for a stand-up wash, or a small tub for a sponge bath.²² For the poor, even this would require considerable effort, carrying and heating the water. For those bathing at home, once a week also seemed to be the norm: interviews with elderly people born in the late 19thC, give consistent accounts of bathing habits in childhood. The interviewees from poorer backgrounds reported ‘You must be joking about a bathroom, Unheard of’ ‘a bath every Friday’ and ‘just once a week’.²³

State schools gave strong support to the encouragement of bathing, seeing it as not only a enjoyable substitute for the drill normally used for PE, but as contributing to the development of habits of personal hygiene which would persist into later life.²⁴ The headmaster of a poor Board School in South London, when asked in 1900 how children compared with their parents in 1882, described them as ‘Greatly improved . . . as to dirt it is necessary to distinguish between recent dirt got at play and the ancient kind that gives

¹⁹ Helena Barrett and John Phillips, *Suburban Style: The British Home 1840-1960*, (London: Little, Brown & Co., 1993), p.120

²⁰ Helen Long, *The Edwardian House*, (Manchester University Press, Manchester: 1993) p.97

²¹ Joseph Skoski, p.151

²² Katherine Ashenburg, *Dirt on Clean*, (New York: North point Press, 2007) p.162

²³ Edwardian Interviews, www.qualidata.essex.ac.uk

²⁴ Christopher Love, *A Social History of Swimming in England* (Abingdon, Routledge: 2008) p.97

the tramp smell. . . Swimming is taught and has a good effect. The really dirty, seen when stripped, would not be allowed to bathe, but would be sent home to wash there first. This now seldom happens.'²⁵

Agnes Campbell believed that swimming instruction promoted cleanliness among children, as they were required to be clean before entering the swimming pool.²⁶ After the Children's Act of 1908 it was even more likely that only vermin free children would come forward for a bath as it provided for an infested child to be cleaned at public expense and the parents to be summonsed for neglect.²⁷

In 1910, a meeting of the International Congress on School Hygiene in Paris agreed that the use of shower baths should be compulsory in all educational establishments, and that no future school should be built without them. The practice of school bathing was already widespread in Europe and at least fifteen Education Authorities provided spray baths rather than swimming baths.²⁸ The Director of Education in Warrington, where the first 'douche baths' had opened in 1909 was enthusiastic about their advantages as there was apparently 'A marked improvement in the cleanliness (i.e. free from vermin) and general condition of the children's under-clothing. Moreover...there is a marked increase in the interest which the children themselves are taking in their own cleanliness . . . the atmosphere in the schoolroom is much improved' and the children 'return to their lessons with smiling faces and a keener interest in their work.'²⁹

²⁵ Jerry White, *London in the 19th Century*, p.476

²⁶ Christopher Love, p.136

²⁷ Agnes Campbell, p.93

²⁸ *Ibid*, p.78

²⁹ *Ibid*, p.80

Cleanliness had become an essential ingredient of respectability³⁰ (per capita soap consumption almost doubled between 1861 and 1891),³¹ and a connection had been made between cleanliness and the health-giving properties of swimming, which was thought to deliver both moral and physical benefits to the swimmer.³² In 1898, Archibald Sinclair, one of the founders of the life saving Society wrote an article 'Swimming as a national Exercise'. He believed it to be beneficial not simply because it rid the body of dirt, but because of the great mental and physical benefits which it gave. He described it as a 'Capital form of exercise', which developed powerful respiration, helped the circulation of the blood, strengthened the digestive organs, and generally purified the body.³³ The public schools gave equally strong support; the headmaster of Marlborough being quoted as saying

Every boy here has to learn to swim unless he is forbidden to bathe by the school doctor, or, of course, if, has happened in a few cases, his parents do not wish him to bathe . . . I have only known this done in some half dozen cases . . . and it is an interesting, if tragic fact, that three of these boys have since been drowned.³⁴

The Scouts Handbook of 1908 took a more positive view of the sport, describing it as a joy and a duty - a joy because it is such fun, a duty because no scout can consider himself a full-blown Scout until he is able to swim and save life in the water. ³⁵

By 1914, a weekly visit to the public baths had become a habit for a large number of people, particularly men, and those who could not afford it, or who lived in the

³⁰ Barrett and Phillips, *Suburban Style*, p.120

³¹ Skoski, p.42

³² Ibid, p.137

³³ Love, p.133

³⁴ Chris Ayriss, *Hung Out to Dry, Swimming & British Culture*, (Lulu.com: 2009), p.31

³⁵ Ayriss, p.28

countryside used ponds, lakes and rivers. (In London it was possible to swim for free in the Serpentine in Hyde Park, and in Victoria Park). In 1875 the *New York Times* described the impact of the first cross-channel swim by Captain Matthew Webb when young men crowded the public baths, as well as 'each village pond and running stream' hoping to emulate his achievements, and the 1880s saw a huge surge of interest in swimming. Hundreds of clubs emerged, not only in swimming pools, but also in ponds, lakes, rivers and the sea. (In 1868 the Army had already declared that swimming should be taught as a military duty at all stations where these facilities existed).³⁶ The expansion of the railway system and increased prosperity meant that more people who had been attracted to the towns by the Industrial Revolution could afford to visit seaside resorts. Some longed for the freedom of the countryside, and a trip to the sea provided an escape from the reality of their living conditions. In the same way, swimming in the rivers and streams, that provided reliable bathing facilities throughout the war, was perhaps an even greater boost to relaxation and morale than the baths provided by the Army. It replicated enjoyable peacetime experiences, reminding the men of their visits to ponds, lakes and rivers with friends. Photographs of bathers in the Bathing Lake in Victoria Park in the early years of the century are virtually indistinguishable from photographs of troops bathing in open water on the Western Front. On a hot day up to 1,200 Londoners swam in the Serpentine Lake in Hyde Park; in the year up to October 1911, they totaled 275,745.³⁷

³⁶ Ibid. p.9

³⁷ Ayriss, p.27

Fig 11.



Bathing Lake, Victoria Park, London pre-1914 (*Hung Out to Dry*)

Fig 12.



Soldiers having a bath in the sea at Etaples, 1917

THE SOLDIERS' EXPERIENCE ON THE WESTERN FRONT

Conditions in the theatre of War

A party of Scottish soldiers coming out of the trenches were described as 'clay and mud from head to foot, over uniform, equipment, rifle and everything. Boots and puttees were indistinguishable. Their faces were white and strained, but their chins were black and stubbly with a fortnight's beard'.³⁸ The only things that were not covered in mud were their rifles and ammunition, which had to be kept clean at all costs. It was hardly surprising, the average trench was described as being six to eight inches deep in slushy chalk of the consistency of whipped cream, in some places two or three feet deep in water, with a smell reminiscent of a pantry, a stable loft, a coal cellar and the hold of a ship.³⁹

A dugout provided minimal protection 'the whole place leaks like fun and you have to keep your oilskins on all the time',⁴⁰ and many billets were not much better. 2 Lt. H.E. Pennington described 'the unfortunate men...lying on the opposite side of the yard in a cow shed. No lights or smoking in them is allowed as they are lined with straw, hence the men are really back in the middle ages or earlier'⁴¹ and Harold Dearden's bed was 'a quantity of mud soaked straw... and a smell like a damp grave. Mud is simply everywhere'. Dearden was the MO to the 3rd Battalion Grenadier Guards and presumably could have allocated himself more comfortable accommodation if it had been available.⁴²

³⁸ Tales of a Field Ambulance, p.46

³⁹ NAM, 9801-131-17, Capt. Edmund Hakewell-Smith, 21 December 1915

⁴⁰ NAM, Ibid.

⁴¹ NAM, 06/57/1, Lt. H.E. Pennington, 2 September 1915

⁴² Harold Dearden, *Medicine and Duty*, p.56,

Harry Drinkwater joined the Birmingham Pals of the 15th Royal Warwicks and, after his arrival in France in December 1915, his diary makes virtually daily references to mud: 'It is not the Germans we are fighting here, but the weather'.⁴³ His first experience was when he saw men returning from four days in the trenches, covered in mud, 'it would have been difficult to find on them a clean part the size of a man's hand.' Later entries, during the same month, described the rancid smell of mud in a dugout, which was stirred every time they moved their feet, and problems caused by eating with hands 'perpetually caked in mud and stone cold,' which not only 'refused to perform the somewhat delicate operation of writing.' but caused 'in many cases acute dysentery amongst the fellows'.⁴⁴ There are many references to 'sucking mud' in diaries, letters and memoirs, including a letter from Wilfred Owen to his mother describing the ground as 'not mud, not sloppy mud, but an octopus of sucking clay, 3,4 and 5 feet deep'.⁴⁵

The mud not only made every movement an effort, clinging in balls of 10lb. to men's feet⁴⁶ (an officer of the 19th London Regt. at Ypres Salient in Dec. 1916 took 3hours to walk 400 yards),⁴⁷ but also presented a physical threat. As well as active medical dangers involving hygiene and infection, burial in mud, weighed down by equipment, was one of the soldiers' greatest fears.⁴⁸ 'Many men were wounded and trying to get back to Dressing Stations, slipped in holes and were drowned' and Boyd Orr recalled that in the winter of 1916-17 soldiers 'were liable to stumble into a shell hole and with the

⁴³ J. Cooksey and D. Griffiths, *Harry's War*, (Ebury Press: 2014), 19 December 1915

⁴⁴ Ibid. 9 December 1915

⁴⁵ Santanu Das, *Touch and Intimacy in First World War literature*: (Cambridge University Press, 2005),p.37

⁴⁶ Martin Pegler, 'The British Tommy' in Gary Sheffield (ed.)*War on the Western Front*, (Oxford: Osprey Publishing, 2007) p.110

⁴⁷ Das, p.23

⁴⁸ Ibid. p.37

weight of their equipment sink like a stone to the bottom where rescue was impossible'.⁴⁹ As Mary Borden, an American nurse, wrote

This is the song of the mud, the obscene, the filthy, the putrid.

The vast living grave of our Armies

It has drowned our men

Its monstrous distended belly reeks with the undigested dead.⁵⁰

Trench mud consisted not only of mud, but also of organic waste, bodily fluids and the rotting flesh of men and animals. The disgust this inspired must have been compounded by the fact that so much of life in the trenches was carried out in darkness. The reference manual *British Trench Warfare 1917-1918* issued for soldiers by the War Office stressed in a section titled 'Training in Night Work' how essential nocturnal duty was to trench life.⁵¹ The resulting ignorance of the precise contents of the mud must have made the need to be clean more urgent, to wash away the dangers and implications.

The Army may have regarded the baths primarily as a means of combatting lice, with some doctors also aware of their therapeutic value, but it seems that they were equally important to the soldiers as a means of washing away the dirt of the trenches. Not only were their hands and clothes stained by constant contact with oily weapons, 'A stain which no cold water will remove',⁵² but they were desperate to wash away the mud described by Ilana Bet-El as 'permeating every aspect' of their existence'.⁵³ Santanu Das believed that 'the glutinous chaos of matter' caused more anxiety to the soldier than 'the

⁴⁹ Ibid. p.36

⁵⁰ Dr Kate McLoughlin, 'Beyond the Trenches' *Birkbeck Magazine*, Issue 32, p. 32

⁵¹ Das, p.6

⁵² *Daily Mail*, 3 Dec, 1914, p.7

⁵³ Ilana Bet-El, *Conscripts*, p.90

ravages of industrial weaponry' as illustrated by the popular song: 'It wasn't the foe we feared/ it wasn't the bullets that whined/...it was the MUD-MUD-MUD'.⁵⁴

The soldiers' feelings towards their baths may have been more complex: Dr Ernest Dichter conducted research into the ritual meaning of bathing, cleanliness and soap in the 1930s when using psychology to advertise soap and discovered the erotic overtones of the Saturday night bath. He described the 'primal pleasure in the smooth, slippery soapiness of that gratifying contact' when someone had 'permission' to caress him or herself and believed 'bathing, in it's old ritualistic, anthropological sense, is getting rid of all your bad feelings, your sins, your immorality, and cleansing yourself, baptism, etc.'⁵⁵

Mary Douglas in *Purity and Danger*, described dirt as offending against order, and cleaning as a positive attempt to organize the environment.⁵⁶ Dirt can be seen as a threat to hygiene, especially after the nineteenth century discovery of bacterial transmission of disease, but it also challenges the established values of a community. By attempting to maintain conventional standards of cleanliness, the soldiers were also trying to impose some kind of order in their lives, and provide some continuity with the habits of civilian life. In *In Parenthesis*, David Jones describes soldiers holding on to anything that made them feel human, 'to make order, for however brief a time and in whatever wilderness'. Whether through discussing poetry or in recreating domestic rituals like hanging up clothes.⁵⁷

⁵⁴ Das, p.72

⁵⁵ Ernest Dichter quoted in James Garvey, *The Persuaders*, (London: Icon Books Ltd. 2016), p.165

⁵⁶ Mary Douglas, *Purity and Danger*, p.12

⁵⁷ Das, p.68

The Expectations of the Soldiers

The troops had no idea what to expect on arrival in France but they seem to have assumed that basic washing facilities reflecting the civilian way of life would be available. It is likely that the 'daily' wash and shave, and the 'weekly' bath fulfilled different functions. The first was probably considered by most men to be a basic essential. It was what they were used to at home, it was an official regulation, and it was therefore the least the Army could provide for them. However, they were realistic about lack of washing facilities in the trenches, acknowledging that this was the result of circumstances and that it was 'very different in the trenches to what it is to think about it at home'.⁵⁸

Many of the troops will have been in the habit of a weekly bath in peacetime, which will have been both cleansing and recreational, and cleanliness and relaxation were both desperately needed at the front to deal with unprecedented levels of stress and filth. Owen Spencer Watkins was a chaplain in Flanders and recalled men telling him that 'The only thing left that we really need is a hot bath, and how much we need that nobody knows but them wot (sic) has been through the same mill'.⁵⁹ The men seemed to think that only those who have experienced the trenches could appreciate the comfort that could be provided by a bath, and that if those in authority realized their importance, more effort would have been put into providing regular baths of good quality.

The British troops appear to have had a reputation for cleanliness: a photograph of a barber's tent in the *Daily Mail* in December 1914, was said to show 'the British fighting man's passion for nicety of appearance under all circumstances' which was 'a

⁵⁸ NAM, 96-05-119, Letters of Pte. T.G. Ashburn, 11 October 1915

⁵⁹ Owen Spencer Watkins, *With French in France and Flanders*, p.184

constant source of wonder to his allies'.⁶⁰ This view was endorsed by Wilmot Herringham, a consultant physician to the Army, who described seeing a French musical comedy in Paris,

In which the scene was in the trenches, and one of the characters represented a British soldier. He had been taken prisoner, but had escaped into the French lines. The moment he came in he produced Boap(sic) and a razor, and had a shave. That was the French view of us, and the French officers themselves thought our men much cleaner than theirs.⁶¹

The Soldiers' response to Washing and Bathing Facilities

A beneficent government had given a lot of thought and attention to the cleaning and upkeep of its weapons of war and not but a damn little to the men who have to use them . . . If we could have been relieved more frequently to change our soaking and verminous clothing and cleanse our stinking bodies; if there were more opportunities to get hot food too, even then our existence would have been thoroughly miserable . . . without these few amenities we lived the life of the damned.⁶²

Throughout the war, washing facilities frequently failed to meet expectations, both in and out of the trenches. A.G. Sadd, who was serving with the 8th Battalion, Norfolk Regiment in France, maintained that

⁶⁰ *Daily Mail*, 4 December 1914

⁶¹ Wilmot Herringham, *A Physician in France*, p.29

⁶² NAM 78-08-80, Sgt. Victor Shawyer, p.193

The great thing wrong with this place is the difficulty in getting water even for washing. We shall have been in the trenches for a week tonight and it means that we haven't had a wash for a week and as we are here for at least another week, I suppose it means that we shall go until then without one. Just fancy going for a fortnight without even washing your hands let alone having a bath. It's not to be surprised at when you itch a bit.⁶³

Even when at rest, water was not always available; Major Swindell of the Manchester Regiment described being billeted in a barn where the owner 'wanted one penny per bucket for water. We had no money so she took away the handle of the pump. That meant a walk of half a mile through the muck for water.'⁶⁴ G.H. Lacey arrived in France in March 1915 and his first letters home all refer to the difficulty in keeping clean; his first problem was 'shaving and washing when there are only two taps to a battalion' but he managed 'at least one wash per diem and a shave every other day'. A few days later, he found it 'heartbreaking trying to keep clean when the only place to wash is at a pump in a dirty farmyard'.⁶⁵ This was perhaps to be expected early in the War, but in 1917 washing facilities were still unreliable. J.M. Humphries wrote to his mother in Surbiton telling her 'I have not washed or shaved since yesterday morning (it is now 2pm)'.⁶⁶ A fortnight later it was still newsworthy but by then, it was four days since he had been able to wash.⁶⁷ W.C. Harper experienced a variety of washing arrangements with varying degrees of enthusiasm; on January 26th, he admits to not having washed for several days 'I simply can't face our washing arrangement, it is in the open air and the bowls and the tables they stand on are frozen ice'.⁶⁸ Harry Drinkwater described finding

⁶³ IWM 6313, A.G. Sadd, 11 September 1915

⁶⁴ www.tameside.gov.uk/museumgalleries, Major E.J. Swindell, p.9

⁶⁵ NAM, 1999-12-134, Papers of G.H.Lacey, March 1915

⁶⁶ NAM, 98-02-232, Letters of J.M. Humphries, 17 November 1917

⁶⁷ Ibid. 2 December 1917

⁶⁸ NAM, 87-03-30, Letters of W.C. Harper, 26 January 1917

some clean rainwater which he used for a 'very welcome . . . wash and a shave in the usual manner when close to the line, in half a mug of water'. Even during the Battle of the Somme, sleeping in the open, washing was a priority; 'The fellows who have a drop of water to spare, wash and shave. As I write now in the evening, several fellows are doing this. One is putting on a clean shirt as if he were going home – he may be, but everything points to it not being his earthly one.'⁶⁹ When Harry came out of the trenches on 7th January, after sleeping for most of the day, he described a wash as 'the best part of a wretched business' and on rest in April, the only comment was about a daily wash and shave which was described as 'great', and when there was enough water for both a wash and shave every morning and a wash again at night, he felt he was 'living a great life'.⁷⁰

Most references to baths in private papers, apart from the comments on their infrequency, are positive.

None of us will ever forget the utter and exquisite loveliness of such a commonplace commodity as hot water on those rare occasions we got a bath. A little had to go a long way, or a brewery vat had to be shared by many, which amounts to the same thing. But by gum! It was lovely, if only for an hour.⁷¹

F.G. Senyard's letters also confirm that bathing was a rare occasion when he refers to a bath in a brewery and a change of clothes as 'a change in more ways than one'⁷² whilst R.E.P. Stevens described his 'welcome bath parade and full change' which made him feel very much better for some time' as occurring 'so seldom that they rank as a special event

⁶⁹ Cooksey and Griffiths, *Harry's War*, 25 July 1916

⁷⁰ Ibid, 17 October 1916

⁷¹ NAM, 78-08-80, Sgt. V.Shawyer, p.193

⁷² IWM, 7953, F.G. Senyard, 22 December 1916

in our daily routine and therefore I cannot leave them out from these notes.⁷³ Even when his bath required a twelve mile route march, Stevens did not complain.⁷⁴ S.T. Kemp had already been in France for two months when, out on rest, he marched to Pont de Nieppe 'where we were able to have a lovely bath. This was the first real bath I had had since leaving England'⁷⁵ and A.G. Sadd had waited a month after his arrival for 'the luxury of a hot bath'.⁷⁶ Even in 1916, Harry Drinkwater had to wait six months for his first bath: 'it was unique . . . the sensation was great . . . What a difference that bath made; still filled with the novelty we marched back to the billet singing for all we were worth, as if we had never heard of the trenches.'⁷⁷ Thereafter, he seems to have had regular baths when out of the trenches, and he makes it clear that he associates them with relaxation and 'days of tranquility'. He believed that 'such a place has its effect. It serves to bring us back to civilization'. He appeared to be referring to living conditions, but he was surely relieved to leave behind the frame of mind and actions, sometimes required in the trenches, which he was reluctant to talk about and which, however just the cause, must surely have preyed on his mind. 'They talked about food, railways, jokes, old acquaintances – never about the cosmic murder in which they were engaged, or their daily decreasing belief that they might escape alive.'⁷⁸

Captain Henry Ogle observed the effect that the baths had on the troops:

The hot bath was a joyful event . . . marching companies of soldiers in fatigue dress, carrying towels only, were a familiar sight . . . They marched briskly along, always singing, arms swinging high . . . The rest was undiluted joy. The big, steamy room with its great tubs and

⁷³ IWM, 12521, R.E.P. Stevens, 9 December 1915

⁷⁴ Ibid. 23 November 1915

⁷⁵ NAM, 2006-10-6, S.T. Kemp, 4 August 1915

⁷⁶ IWM, 6313, A.G. Sadd, 25 September 1915

⁷⁷ Cooksey and Griffiths, *Harry's War*, 13 May 1916, p.75

⁷⁸ R.H. Mottram, *The Spanish Farm*, p.46

innumerable steam pipes rang with the noise of many voices raised in song or badinage or in exultant whoops of sheer delight . . . Then they dressed and paraded outside in the street with pleased and shining faces, ready and willing to tackle the war, including its minor evils, once again'.⁷⁹

For some, the effect of a bath could be almost euphoric:

This afternoon I bathed... after that, a shave and a clean change of clothing. Wonderful the effect of taking off about seven days' growth of beard and with its departure the mud and dirt; add to that a warm bath and afterwards clean underclothes and one feels for the moment that the preceding week was worthwhile to experience the effect of this.⁸⁰

One appreciative soldier described his as 'A God send, Good as a furlough' another said he 'Felt equal to forty Germans' and another 'It seems a shame to go back to the trenches and get killed after that'.⁸¹

Occasionally, baths were not mentioned in positive terms. Sidney Platt arrived in France in November 1915, and although he complained bitterly six weeks later that he had had only one bath since leaving England, further references were brief and he appeared be less concerned with hygiene than his brother Vincent; on one occasion complaining that he had no time to have breakfast as he had to clean himself: 'Just like the Army – clean yourself first and then think about more necessary things in the way of food'⁸² and another time having to 'attend orderly room for not having a bath and got five days CB.' (Vincent had little sympathy and pronounced in his diary 'Serve him jolly

⁷⁹ Capt. Henry Ogle, *The Fateful Battle Line*, p.32

⁸⁰ Cooksey and Griffiths, *Harry's War*, 17 May 1918

⁸¹ NAM, 92-04-73, Papers of Sgt. R.J. Stratton, 10 February 1915,

⁸² NAM, 99-09-74, Papers of Ptes. Sidney and Vincent Platt, 2 January 1916

well right.’).⁸³ H.R. Taylor mentions only one bath during his first year in France. This was memorable probably not because it was his only bath, but because he had ‘marched 10 miles for a hot bath at Poperinghe. One bucket of dirty hot water for two men’.⁸⁴ Inevitably some bathing arrangements must have been less enjoyable than others, particularly in the winter, and there will have been some men who were not concerned with, or even averse to, personal cleanliness. Lt. Overton described one of his soldiers who was giving trouble as ‘the sort of chap who doesn’t bother about anything and never washes’.⁸⁵ As G.H. Lacey remarked, ‘Of course we need to be inspected otherwise some would get very slack in their personal appearance. It is such a job washing, shaving and keeping one’s clothes clean that it would be left altogether were it not for orders.’⁸⁶

The Army approved of the introduction of showers because they could be built easily and quickly, and because they used less water, but for that reason alone, they must have provided a less relaxing and more functional experience. Pte D.J. Polley’s memoirs describe a march of only about a mile for him, but he does not seem to have enjoyed it:

When about 25 of us set out the snow was a foot deep and an icy wind, which might be described as half a gale, was blowing. The bath house was the usual thing, a roughly constructed hut, with a few pipes running overhead with sprinklers at intervals at a height of about 8 feet. We stripped at one end and each made a dash for a sprinkler. An imposing picture all in our birthday suits, and tastefully decorated with dirt of varying degrees. A few had managed to find bits of soap and were manfully endeavouring to make a lather with the half frozen water on the ground. At one end of the hut stood an orderly with his hand on the stopcock. “All ready?” he shouted and was answered by a unanimous “Yes” Then he turned his attention to the tap. He turned and

⁸³ NAM, 99-09-74, Papers of Ptes. Sidney and Vincent Platt, 21 April 1916

⁸⁴ IWM, 11611, H.R. Taylor, 25 October 1915,

⁸⁵ NAM, 1999-03-128, Lt. Overton, 28 January 1918

⁸⁶ NAM, 1999-12-134, G.H. Lacey, 31 July, 1915

turned and turned and at last a few of the sprinklers began to drip, this developed into a thin trickle lasting about half a minute, and our 'bath' was over.⁸⁷

F.G. Senyard had been more fortunate with a bath and change of clothes: he was probably billeted in a reasonably large town where the Army was making use of local facilities.

The baths are very good here – vapour ones like Russian baths. We need no soap. We strip in a room with a stove in it, and enter a concreted chamber enough to hold about 24 and stand on a wooden grating. Hot steam is then turned on and absolutely fills the chamber to about 102 degrees heat. It comes up from the floor. We stay there about 5 mts and then pass out under a warm shower and from that to a luke warm shower and from there to the dressing room again. That did my cold some good but unfortunately we can only go once a week.⁸⁸

Letters and diaries suggest that the soldiers expected better washing facilities than those they found on arrival in France in 1914, and as a result of unreliable water supplies they continued to be disappointed on and off throughout the war. Washing was important to them. They needed to cleanse themselves of the mud that repulsed them and made their lives so unpleasant. It was the first thing they did when they came out of the line, and one of the last things when preparing to go into battle.

⁸⁷ NAM, 1997-07-60, D.J. Polley, p.34

⁸⁸ IWM, 7953, F.G. Senyard, 15 November 1916

Fig 13.**Washing in a shell hole** (*National Library of Scotland*)

A bath was welcomed when it was their turn but they were aware of the problems with water supply and as a result, the absence of a bath seems not to have been a cause of serious resentment. They might have grouched but their complaints give the impression that they understood the reasons for their disappointment. On the other hand, when they did get a bath, unless it really failed to live up to expectations, descriptions were approving, sometimes verging on ecstatic. Official bathing parades sometimes took place in open water; in the right conditions, i.e. clean water and warm

weather, such an experience, which combined cleanliness, exercise, camaraderie, probably provided the most enjoyable experience.

Self help

Although the Army made increasingly successful arrangements for bathing when at rest, it was impossible to make sure that the troops should have a bath and change of clothing once a week and any opportunity of supplementing the official arrangements was seized. Wilmot Herringham described the soldiers as bathing 'in every bit of water that would hold a man'⁸⁹ and they may have been instinctively aware, like Greek athletes, of the healing properties of cold water on strained and aching muscles, but more importantly, bathing in open water will have reminded them of their peacetime recreational outings with friends and was, almost certainly, a more enjoyable experience than some of the showers. C.P. Blacker consciously compared bathing in the Somme with peacetime experiences: 'At one point there was a pleasant grassy verge from which you could dive into deep water which was about as clean as the water at Parson's Pleasure in North Oxford'.⁹⁰

Arthur Prescott moved down to the Somme Area for a three week 'rest' period in May 1916 by which time bathing facilities should have been well organized, but he felt that 'the Army provided very little' and described how, finding himself near the River Somme, he 'joined a swimming party with a Sergeant in charge.'⁹¹

⁸⁹ Wilmot Herringham, p.29

⁹⁰ John Blacker, *Have you forgotten yet?* p.156

⁹¹ NAM, 1990-01-33, A.W. Prescott, May 1916

Fig 14.

**Troops ready for a bath, 1916 (IWM)**

However, even when baths were available, soldiers would make the most of the opportunity for a swim, as when F.G. Senyard managed a dip in the sea on the same day as a compulsory bath parade.⁹² In *A Saturday Night Soldiers War*, Norman Tennant was determined not to be 'done out' of his daily swim in the moat surrounding an old defended farm 'of which nothing now remains' and described it as 'our greatest pleasure here'.⁹³ W.C. Harper had several swims in a swimming bath he had found, 'evidently by the ruins around, it must have been some sort of factory or works, the water was very

⁹² IWM, 7953, F.G. Senyard, 7 June 1917

⁹³ Norman Tennant, *A Saturday Night Soldier's War*, p.87

cold but I enjoyed it'.⁹⁴ C.J. Thomas bathed daily in the River Somme during May and June 1915,⁹⁵ and Norman Tennant seized every opportunity for a swim, sometimes twice a day, in a moat, a canal and a stream, damned with sandbags 'to form a pool about one foot deep which served to give us a bath.'⁹⁶ He believed his apparent obsession for water to be 'perfectly understandable when one never quite knows when the next opportunity for a bath will be.'⁹⁷ A.G. Sadd also swam whenever possible; even when the water was very cold, he described it as 'a ripping bathe'. On another occasion he had 'a most welcome bath- went down to the river, swam out, came back, soaped all over and had another swim to rinse it. It was fine',⁹⁸ but not always, 'I had a bath yesterday but swimming is almost out of the question. On account of weeds.'⁹⁹ The troops seized every opportunity for a swim; this may well have been the experience that combined the physical and mental benefits most effectively, since the endorphins released by exercise will have reduced stress levels.

When circumstances permitted, soldiers also did their own laundry, not simply washing their clothes, but when possible tackling the problem of lice more thoroughly in a variety of ways. When a billet in a hayloft was equipped with an old oil drum for sanitation purposes, 'Before leaving here, every man boiled his shirt in the oil drum'.¹⁰⁰ The 'chat hunt' could also be a form of entertainment. R.E.P. Stevens wrote home describing an evening's hunting experience 'You would have laughed to see us all in our bare skins sitting in a circle trying for the biggest score. I'm glad I lost by a long chalk'.¹⁰¹

⁹⁴ NAM, 8703-30-16, W.C. Harper, 31 May 1917

⁹⁵ IWM, 11913, C.J. Thomas,

⁹⁶ Norman Tennant, *A Saturday Night Soldier's War*, p.89

⁹⁷ *Ibid*, p.90

⁹⁸ IWM, 6313, A.G. Sadd, 19 September 1915

⁹⁹ *Ibid*. 28 August 1915

¹⁰⁰ NAM, 2001-07-253, *Memoirs of Herbert Gutteridge*, p.14

¹⁰¹ IWM, 12521, R.E.P. Stevens, 13 November 1916

A different game could be played after a successful hunt: a few minutes after a 'glorious louse-out' F.G. Senyard and friends found a tin of louse powder in an old dugout and wanted to find one to try it out on, 'it took the three of us about ten minutes to find one . . . I think that is a record for the British Army.'¹⁰²

Troops also took advantage of facilities offered by enterprising French civilians, who although baffled by The British Army's desire for cleanliness and thinking it a sign of madness, realized that they could make money from it. "To that end they installed large tubs, sometimes in their front rooms and sometimes in their kitchens. The sign "Bains Chauds" would be placed in the window and soldiers were charged a franc for the luxury of a hot bath'.¹⁰³ These reminders of home were important in reducing stress and maintaining morale. A letter to the *Daily Mail* gave an account of a shave in a private house: although not an enjoyable experience, it had the desired result,

The chap was out, so the 'missus' took on the job. She started by giving my chum, who went first, a basin to hold under his chin, while she washed his face. She then got hold of about 2lb. of ordinary floor-scrubbing soap... she started to use the razor, which pretty nearly pulled his head off. When finished, he had to wash his face in a rain tub outside the house . . . I am not going to have another one for some time to come . . . once again we are clean little mothers boys.¹⁰⁴

The Army was greatly assisted by the self-help attitude of the soldiers to lice. Pte Harper described 'the daily "chat hunt" the same as we have the "daily rifle clean" or the

¹⁰² IWM, 7953, F.G. Senyard, 18 September 1917

¹⁰³ Edward Charles Munro, *Diaries of a stretcher bearer 1916-1918*, (Boolarong Press 2010), p.209

¹⁰⁴ *Daily Mail*, 4 November 1914

“daily wash” (sometimes)’.¹⁰⁵ Both the chat hunt and the desire to provide themselves with extra bath-type experiences will have given the soldiers a degree of control over their living conditions and were possibly as important and effective as the official arrangements.

Bathing as a means of communication

Frequent mention of washing and bathing is made in diaries, letters and memoirs, and it was clearly a subject that provoked strong feelings. References to bathing in diaries tend to be brief entries but give an idea of the frequency of baths, whilst letters and memoirs give more detailed descriptions of mostly enjoyable experiences. The vast majority of letters studied at the National Army Museum and the Imperial War Museum either complained about lack of washing facilities in the trenches or extolled the joys of a bath. A letter written in the trenches was likely to take a fairly negative view of life, compared to one written from a rest camp, where most baths were taken. All the letters were written to their families, most of them to their mothers; baths provided a safe topic for letters home, inoffensive to the censor and reassuring families that their sons were being cared for. The men were putting their mothers in the picture, they remembered how she liked him to behave and wanted to make her proud. They knew she would be worrying about their welfare, and washing facilities were something that she could relate to and understand. G.H. Lacey must have thought it important to keep clean, or perhaps it was the only news suitable for his mother, but at the end of March, in a letter thanking her for a parcel, the only other topic was his bath. ‘This afternoon 100 marched

¹⁰⁵ NAM, 87-03-30, Papers of W.C. Harper, 12 June 1917

to some coal mines about 2 ½ miles away and had a fine bath. There was room for all of us at once in a large well-appointed place.' She might not be happy about the situation, but it would at least not cause her too much concern. 'It is always a point of discussion among us out here whether we should tell people at home what happens.'¹⁰⁶

Writing about baths allowed the soldiers to remember childhood experiences involving warmth, playfulness and their mothers' whole attention. Colonel W.N. Nicholson observed that 'The Regular Soldier, like Peter Pan, has no maternal relation' but that the Territorial, and presumably, also the conscript, depended on his mother. 'What would the Territorials do without their mothers? Our men wrote home to their mothers to ask if they had had measles; to enquire whether they might enlist for Imperial Service; they even asked what their age might be. Their mothers decided everything.'¹⁰⁷ Anthony Fletcher agreed, describing the soldier's mother as the centre of his emotional world.¹⁰⁸

¹⁰⁶ NAM, 1999-12-134, G.H. Lacey, 14 June 1916

¹⁰⁷ Col. W.N. Nicholson, *Behind the Lines*, (Strong Oak Press, 1990) p.40

¹⁰⁸ Anthony Fletcher, *Life, Death and growing up on the Western Front* (Yale University Press, 2013) p.82

Fig 15.



Example of postcards for sale on the Western Front

The need for contact with home worked both ways, mothers wanted to know that their sons were well and being cared for, but the soldiers were equally anxious for the reassurance provided by maternal involvement in their lives, and derived comfort from

writing letters as well as receiving them. They assured themselves of this involvement by asking for basic necessities to be sent from home. As well as food, these tended to be the essentials needed 'to repel the common enemy'.¹⁰⁹ 'Soap occasionally...a fairly small towel sometimes is also welcome',¹¹⁰ 'a new shirt. We get clean stuff about once a fortnight but they are not reliable as to vermin',¹¹¹ and 'Keatings I don't think is strong enough. Boots vermin for the trenches is best'.¹¹²

If letters had not made clear the importance of a bath, once a soldier was at home on leave, his mother would have been in no doubt. The urgent need for a bath persisted and the first priority appears to have been to remove all traces of the battlefield as soon as possible. William Whittaker had gone without a bath or a clean shirt for weeks on end and looked forward to having a bath every morning when he went home on leave, 'I have known what it is to be "lousy" and admit that one never feels clean out here.'¹¹³ On the 28th November 1917 W.S.C. Anderson 'arrived home 2.30pm HOT BATH immediately'¹¹⁴ and S.T. Kemp had a similar reaction when he reached home in March 1916. 'Well I walked the three and a half miles to my parents house... I said to my mother, get me some hot water . . . get your biggest bath into the scullery, and then let me try and clean my body on the outside.' He only then sent a note to his fiancée to say he was home. Kemp was a gardener in civilian life and presumably accustomed to mud but he felt strongly about the therapeutic role of baths. If he could not cleanse his mind of the sights he had seen, and perhaps, his conscience of his actions, he could at least remove every trace of his other life so as not to pollute the one he was returning to.

¹⁰⁹ NAM, 1999-12-134, G.H. Lacey, 6 August 1915

¹¹⁰ NAM, 1989-08-6-1, Letters of Lt. A.Maclver, 1 June 1915

¹¹¹ NAM, G.H. Lacey, 3 July 1915

¹¹² NAM, G.H. Lacey, 25 July 1915

¹¹³ W & G. Whittaker, *Somewhere in France*, p.49

¹¹⁴ NAM, 1999-12-156, W.S.C. Anderson, 28 November 1917

Officers' experiences

'The good thing about this war it makes one appreciate the little comforts and pleasures of this life . . . I had a lovely bath, real hot. With the exception of a wash all over which I had yesterday it is the first bath I have had since about the 30th March.'¹¹⁵

Baths were mentioned less often by officers: they were probably able to bathe more frequently as, in addition to their official bathing facilities which were significantly more comfortable than those provided for the troops, the billets allocated to them may have been of a standard that included decent washing facilities, or at least gave them freedom to make their own arrangements. Advertisements in the contemporary press for portable baths give the impression that officers might manage to maintain a reasonably hygienic lifestyle. Captain Edmund Hakewell-Smith described his billet near an abandoned village where they had acquired some furniture as well as a bath 'and a special heating apparatus which allows us all to have a bath at least every other day'.¹¹⁶ In this, as in respect to their food and clothing, they were more in control of their lives. However, some experiences were less relaxing than others: C.P. Blacker was billeted in a small house where the 'patronne' and her parents would walk through his room without knocking, 'In the morning after our arrival I was soaping myself as I sat in a canvas bath when the old man passed through'.¹¹⁷ However, expectations were occasionally fulfilled; Colonel Dent of the 1/3 North Midland FA was billeted at a chateau where his hostess provided him with hot water and he was able to bathe in his portable bath 'in the wash

¹¹⁵ NAM, 1999-03-128, Lt. Overton, 18 April 1918

¹¹⁶ NAM, 98-01-131, Letters of Capt. Edmund Hakewell-Smith, 13 April 1916

¹¹⁷ John Blacker (ed), *Have you forgotten yet*, (Barnsley: Pen & Sword Books, 2000)

house in front of a large wood fire'.¹¹⁸ His seniority may have been responsible; Captain Charles Overton described 'a bunch of new officers ...they apparently thought they could carry all their furniture about with them and have washstands, chairs etc. They got rather a nasty shock when I cut it all out.' Water for an officer's bath would have been carried by his batman; when Harold Dearden and his fellow officers came back from the trenches at 4.15 a.m. 'The servants who had been left behind had got everyone's kit out and hot baths ready'.¹¹⁹ It was a duty that seems to have been accepted without resentment except on one occasion when the water was supposed to be destined for the canteen, although one wonders what Major E.S.B. Hamilton's servant was thinking when he left him a bucket of water with a sheet of ice on top to take his bath in.¹²⁰ However, even for officers, baths were not so frequent that they did not take advantage of, and enjoy natural facilities in the same way as the soldiers; the water that provided a bath in a crater in Blangy Wood for Robert Lindsay Mackay may have been cold but, nevertheless, was described as lovely and clear.¹²¹

Officers also had the freedom, and could better afford to organize their own outings to a local town where, if they used their initiative, baths could be found in all sorts of places. Major Hamilton asked at the convent if he could have one and after an interview with the mother superior was taken to a room with a tin bath big enough to lie down in, 'and very enjoyable it was'¹²² and Harold Dearden persuaded a nurse in St Omer to allow him to use one of the hospital baths. He found 'a perfectly wonderful installation, porcelain baths and any amount of hot water. Had a perfectly gorgeous bath; with

¹¹⁸ NAM, 86-06-78, Diary of Lt. Col. H.H.C. Dent, 8 March 1915,

¹¹⁹ Harold Dearden, *Medicine and Duty*, p.195

¹²⁰ IWM, 1501, Major E.S.B. Hamilton, 16 November 1916

¹²¹ *Ibid.*

¹²² IWM, 1501, Major E.S.B. Hamilton, 25 July 1915

gratitude for the bath, and that exquisite languor induced by it, I fear I took longer drying myself than I have hitherto found necessary'.¹²³

Baths were frequently followed by dinner in a restaurant. Both experiences were invariably described in the same sentence giving the impression that they were equally enjoyable. Lt. W.S.C. Anderson was commissioned into the Royal Engineers in August 1916 and arrived in France on July 31st 1917. From the day after his arrival, he kept a diary with daily entries consisting of one sentence about work and further comments on a variety of subjects and events. Frequent mention is made of baths, both official ones 'Company baths at 8.30a.m.' and those organized for his own pleasure. 'Arras by 11.00 launch and a bath in a real bath. Lunched there and returned to tea.' The bath in Arras seems to have been almost on a par with light entertainment – the next entry describes another trip 'Arras again by motorboat and went to see the Follies. Dined at the Commerie.'¹²⁴ Capt. H.G. Picton Davies also seems to have considered baths as recreational; in March 1917, an outing to Amiens with '(Robert) Graves, Canning and . . . Owen for a bath and a good dinner at the Godbert restaurant . . . was a cheerful experience anyway'.¹²⁵ Lt Overton returned from town, 'We had a bath each, a dozen oysters and dinner'.¹²⁶ and for Robert Lindsay Mackay, an officer in the Argyll and Sutherland Highlanders, a hot bath taken in Arras was so good that he hoped 'we can get them in Heaven'¹²⁷ Sgt. E. Blaikley was an artist who signed up with the Artists Rifles in October 1914 and spent the war map-making rather than fighting. He probably had less need than most to wash away the dirt of the battlefield, but he mentions five visits to baths in the three months between the end of January and the end of April 1916. Like

¹²³ Harold Dearden, p.205

¹²⁴ NAM, 1999-12-156, W.S.C. Anderson, 6 February 1918

¹²⁵ NAM, 03-04-256, Capt. H.G. Picton Davies, March 1917

¹²⁶ NAM, 1999-03-128, Lt. Overton, 28 March 1918

¹²⁷ www.bobmackay.com, Diary of Robert Lindsay Mackay, July 1917

others, he seems to regard a visit to the baths as a form of relaxation as on 17 March, 'Went to baths with Corp. Case in the afternoon and strolled round the town shopping. Lunch at the old refugees in Grande Place.' Two weeks later, he was again 'out with Case to baths and round the town. Dinner out at refugees.'

Captain Dible paid a nostalgic visit to the Hotel du Commerce in St Omer many years later and fondly recalled 'Fat Marie shouting up the stairs "Henri! Henri! It a un monsieur qui veut prendre un bain."' ¹²⁸ The bath he recalled had been an uplifting experience:

I'm now damned dirty – only managed to buy some soap today – so I'm going to have a good old steamy, stewy, unhealthy bath whilst I can. Bless your hearts, this is going to be no ordinary bath – no crude cleansing of the outer man. Nay, this is to be a gorgeous sacrament: a pageant worthy of the high rite of the Roman Church. A feast after many days of fasting. The bath of a king. A warm bath to one who has not known the touch of warm loving water for many days; a bath redolent with scented soap and followed by drying with a real towel. The warm water shall lap me in its loving embrace and I shall therein wallow, and smoke a Turkish cigarette to the honour and glory of these sensuous luxuries of civilization, such as my body panteth after. ¹²⁹

Gallipoli and Mesopotamia

Conditions in Gallipoli were very different from those found in France and so were the attitudes of the soldiers. The biggest problem was the shortage of water. The

¹²⁸ IWM, 10927, Capt. J.H. Dible, p.2

¹²⁹ Ibid p.4

ADMS for the 2nd Australian Division, Surgeon-General Howse gave evidence at the Dardanelles Commission that 'the health of the men was very greatly impaired by the shortage of water'¹³⁰ which not only caused dysentery when the troops were driven to drink from polluted sources and inhibited the rehydration of the sick, but made it hard to mix antiseptic solutions, sterilize instruments and clean wounds. In such circumstances it seems most unlikely that the setting up of a bathing system would seem to be a priority by the doctors and it appears that the soldiers agreed. Like the Western Front, the lack of washing facilities is mentioned in correspondence but this must have paled into insignificance compared to the shortage of drinking water mentioned in almost every letter home. The final report of the Dardanelles Commission claimed that, for several months, the average water ration was half a gallon a day, but anecdotal evidence suggests that it was closer to half a bottle a day.¹³¹

Interviews with Gallipoli veterans also suggest that the lack of drinking water was the overwhelming problem. Without exception, all the interviewees volunteer the information that 'getting water was one of the biggest jobs,'¹³² and that 'the men suffered terribly from thirst'¹³³ and gave detailed descriptions of how they obtained water. Also without exception, they made no comment on washing and shaving until asked a direct question: their answers included 'Didn't bother to shave or wash – don't remember ever having one', the possibility didn't seem to have occurred to them. 'From a hygienic point of view, the sea was the salvation of the men. Everyone near the beach bathed twice a day, even at the risk of "stopping one", while the men from the hills came down

¹³⁰ Alison Wishart, 'As fit as fiddles' and 'as weak as kittens', *First World War Studies*, Vol. 7, No. 2, July 2016, p.146

¹³¹ *Ibid.* p.146

¹³² IWM interview. Dawson

¹³³ IWM interview. Hancock

whenever reliefs took over.’¹³⁴ Just as baths on the Western Front were recognised as beneficial to morale, it seems that in Gallipoli, it was acknowledged that bathing was, not simply the only way to wash, but also a means of relaxation and exercise for the troops. According to Tyquin ‘The only bright spot in an otherwise dismal unhygienic environment was the proximity of accessible, if dangerous, beaches for bathing’.¹³⁵

There is no mention of baths or washing facilities in the *Official Medical History of the War in Mesopotamia*, and since the Indian Army provided most of the troops before February 1916, it was probably thought that traditional bathing methods would suffice. For those coming from France, expectations were low; by July 1915 Captain H.O. Owen had already heard from ‘men who have tried both’ that ‘France is a place of enjoyment compared to the Dardanelles’.¹³⁶ For those who had experience of Gallipoli, facilities in Mesopotamia, although unreliable, were generally an improvement.

At times, water was in similarly short supply and the men had ‘ parched tongues and lips swollen, in some cases and some could hardly speak’.¹³⁷ Nevertheless, there were more opportunities to wash in Mesopotamia, although most were offered by natural facilities and the quality of the water varied. Lt F.J. Cathcart wrote to his mother describing his experience near Amara ‘I have just had a bath and feel most delightfully fresh. The water was straight from the river and exquisitely cool, gave me delicious shivers down my back as I was sponging myself. Unless you send me an occasional cake of soap (NOT Wrights coal tar, please) your Francis may have to go dirty’.¹³⁸ Even in less

¹³⁴F. Waite, *The New Zealanders at Gallipoli*, (Adelaide: Whitcomb and Tombs: Auckland 1921), p.161 cited in Michael Tyquin, *The Medical War*, (New South Wales University Press, 1993) p.114

¹³⁵ Michael Tyquin, *The Medical War* (New South Wales University Press: 1993), p.114

¹³⁶ David Wyn Davis, *A Welshman in Mesopotamia, The Letters of Captain H.O. Owen*, (Gwasg: 1986)

¹³⁷ WL, RAMC/1004/2 Pte. A.S. Horrocks, 5 August 1916

¹³⁸ IWM, 1995-04-19, Letters from Mesopotamia, Lt. F.J. Cathcart,, 2 May 1916

congenial conditions the need for a bath persisted. In August 1916, Captain Owen was bathing every evening in the River Tigris even though he found it muddy and containing 'All the benefit of Johnny Turk's carcasses, corpses, rubbish and everything in it & is like no river in England'.¹³⁹ Capt. Owen's persistence suggests that the primary purpose of a bath in Mesopotamia was to cool down.

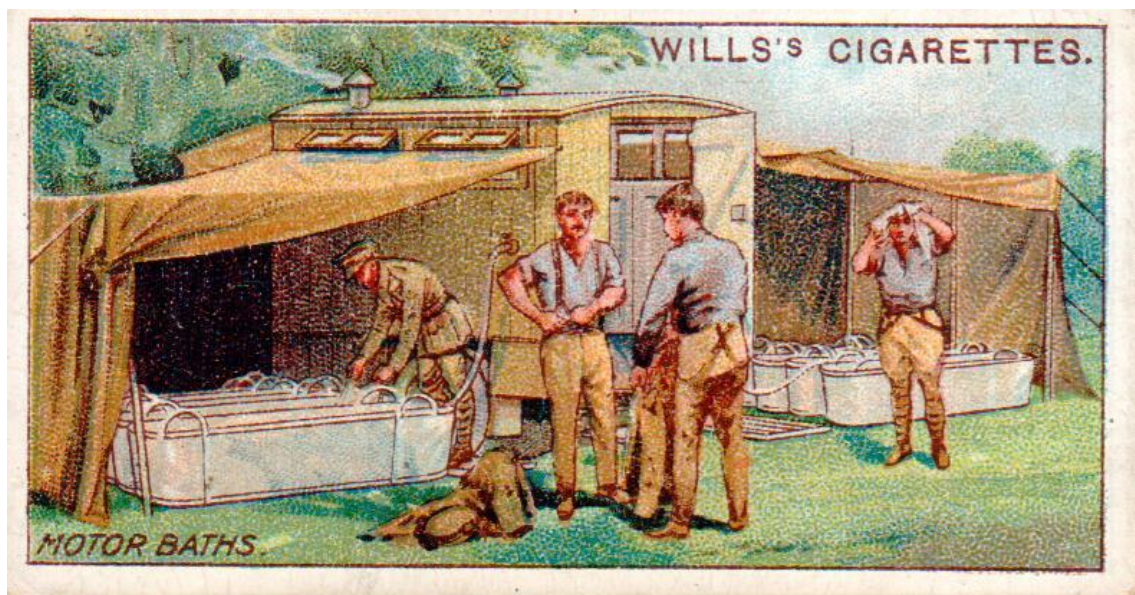
The lack of water meant that the Army was unable to provide the same system of baths and laundries in the Middle East as had been set up on the Western Front, and it seems likely that any provision that was made for bathing was in response to a different set of circumstances. Although lice were present and were still conveyors of disease, they were certainly perceived as less of a problem by the men, and very probably by the Army as well. The purpose of bathing in these warmer climates appears to have been to cleanse, cool and relax. When water is in seriously short supply, nobody even mentions a bath, but as soon as some is available, even if it is cold and dirty, bathers are drawn towards it.

The Army may have set up the baths to cleanse the troops of lice, but the soldiers derived far more from them than just cleanliness. By the end of November 1914, they were muddy and cold as well as lousy, and although they could tackle the lice themselves with the help of of proprietary remedies, matches, or just their fingernails, there was little they could do about the mud. Most of them were accustomed to either a weekly bath at home or to a visit to the Public Baths with friends, and although they seem to have understood the reasons why this could not be provided at the front, letters and diaries which frequently record how long it has been since the last bath, emphasise how much they miss it.

¹³⁹ Wyn Davis, *Letters of Capt. H.O. Owen*, 17 August 1916

As far as the men were concerned, the main purpose of the bath, whether in a tub, a shower or open water, was to rid themselves not just of the lice, but the mud that was not only dirty, but also repulsive in its content. However, it was also an enjoyable experience and a boost to morale: it happened when they were away from the trenches and would therefore be associated with relaxation, it was accompanied by clean clothes which helped to make them feel civilized again, it was a safe topic for the letters home they would, no doubt, be writing while at rest, and it brought a sense of community reminiscent of bathing in civilian life. If further evidence is needed, it can be seen in the photographs and postcards which were commissioned by the Army to be seen at home, the cartoons and watercolours painted by soldiers back from the trenches, and even the cigarette cards which were collected with equal enthusiasm by civilians and troops.

Fig 16.



Cigarette card probably depicting Tubs for Tommies in use on the Western Front

In the colder months, wallowing in a warm bath, whether in an individual tub or a shared vat, would have been preferable to a shower or a dip in open water, but in the summer, bathing facilities provided, officially or unofficially, in rivers and ponds, would be not only refreshing and cleansing, but recreational. Showers were probably the least enjoyable, providing a more functional way of getting clean, but because they were easier to erect, they provided a more regular positive experience. The soldiers rarely complained about a bath or shower, other than its scarcity: even apparently less than ideal baths are described as enjoyable. Everything had to be wrong with a bathing experience for it to be criticized.

CONCLUSION

The British Army had learnt from the Second Boer War (1899-1902) the importance of sanitation and hygiene when 22,000 out of a total strength of nearly 500,000 men had been treated for injuries and twenty times as many had been admitted to hospital suffering from various diseases, including dysentery, cholera, typhoid and bubonic plague. There were 74,000 victims of typhoid fever and dysentery and 8,000 men died of typhoid alone.¹ As a result, Sir Alfred Keogh who had been appointed DGAMS in December 1904 had spent his first term of office in the job directing research towards immunization, purification of the water supply and disposal of waste products. Expecting that the same problems would be repeated and not anticipating trench warfare with a new set of problems, requiring their own solutions, no thought had been given to the provision of bathing facilities for the troops.

The changes of command at the start of the War, when Sir Arthur Sloggett, the DGAMS was ill and Sir Alfred Keogh was called out of retirement to replace him, must have left the RAMC somewhat disorganized and disinclined to add to their responsibilities. The division of the duties of the DGAMS after Sloggett's eight -week sick leave left Keogh as DGAMS in London, and Sloggett in France as Director General of Medical Services (DGMS) on the Western Front. Sloggett was surrounded by excellent deputies, including civilian consultants, and his official War Diaries give the impression that he was happy to delegate to them. Since Keogh admitted that he didn't concern himself with detail on Western front, it was probably left entirely to one of the deputies, Lt. Col. W.W.O

¹ Peter Lovegrove, p.26

Beveridge the ADMS (Sanitation), to carry out any improvements he thought appropriate. It was not he who first suggested offering bathing facilities to troops at rest, but it is obvious from his diaries, that he played an active part in extending them. Beveridge had been sufficiently influenced by the hygiene disasters of the Boer War to study for a D.Hy. at Cambridge in 1904 and was one of the authors of the manual on practical hygiene for sanitary officers. These experiences, combined with his work as a GP before he joined the Army, may explain why he was ready to give support to improving bathing facilities when he saw it was possible to provide them.

In his handbook, *Military Hygiene and Sanitation*, Colonel Charles Melville had warned that 'Military Sanitation was the art of the possible: a practical discipline born of a compromise between scientific ideals and the often unfavourable conditions in which military medics were forced to work'.²

By November 1914, the right conditions were in place for the setting up of baths: not only was trench warfare well established making it possible, with the resulting muddy conditions making it desirable, but the RAMC, with the battles of the Lys and Yser virtually over, had fewer responsibilities to the wounded, and having made progress with immunization and sanitation, had time on their hands. The impetus was provided by the epidemic of lice. It was in these circumstances that Major Fitzgerald of the 12th FA was asked to set up the convalescent hospital; baths for the men were probably an obvious requirement, and it seems likely that once a system had been established, similar to the one recommended for use in semi-permanent camps in peace-time, it would have been a small step to extend it on a larger scale to men at rest. However, Major Fitzgerald must be given credit for having the initiative to take such a step, (he was probably a M.O. of above average ability and initiative as he retired in 1936 as Major-

² Col. Charles Melville, *Military Hygiene and Sanitation*, 1912

General Fitzgerald, C.B., D.S.O.) It is possible that his decision to extend the baths was influenced by the enjoyment the baths gave to the patients, not simply to clear the lice.

In November 1914, most Field Ambulances were commanded by regular Medical Officers, not all of whom, felt that baths should be their responsibility, but those who did, like Major Fitzgerald and Captain Grogan, carried out the job enthusiastically and efficiently. However, War Diaries suggest that the Special Reserve doctors who soon took over the running of the baths, were more inclined to use their initiative in extending facilities for the troops. These civilian doctors may have been pleased to have the opportunity to improve the living conditions of their men. Possibly uncertain of their other duties, it was work the civilian doctors could do with confidence and enthusiasm, knowing the contribution it made to both health and morale. In civilian practice, they will have known their patients and been familiar with their life styles and their expectations, and running the baths gave them an opportunity to behave in a caring fashion, rather than with the hard hearted approach required at other times. It was, most certainly, an area in which a knowledgeable individual, like Lt. Colonel Watson, Colonel Rutherford, and Lt. Hampson could make a significant difference.

The personnel of the Sanitary Sections who later took over responsibility for the baths were even better qualified for the task than the doctors. Like the civilians serving with the RAMC, their duties were unclear in the early months of the war, and they must also have welcomed an opportunity suitable for their expertise. Aware of the importance of public health, and equipped with the appropriate sanitation and construction skills, Captain Jacobs was able to improve bathing facilities throughout the War to such an extent that he appears to have been the acknowledged expert by 1918.

The *BMJ* described the RAMC as carrying out 'any work for which provision has not yet been made by the Army, and which requires for its performance the kind of

scientific knowledge medical officers commonly possess'³ and according to Harrison, medical arrangements evolved rapidly after July 1916 as a result of improvisations and the communication of best practice between units.⁴ There was clearly scope for individual enterprise and Major-General W.G. MacPherson, the editor of *The Medical Services: General History*, emphasised that 'the initiative and resourcefulness of the officers and men of the sections was remarkable. They rapidly grasped the value of improvisation to meet the varying needs and displayed an ingenuity which developed a high standard of efficiency.' He was almost certainly referring to the civilian doctors since it would have been the junior and middle ranking officers on the ground who could see where improvements could be made and were perhaps less inclined than RAMC regulars to accept established procedures and to defer less readily to commanding officers.⁵ It is also possible that the significant number of civilian doctors with with experience in the Special reserve and the Territorial Force may have increased the likelihood of their opinions carrying weight.

In 1915, the commanding officer of the 71st Sanitary Section wrote 'the army left two strong impressions on me: one was a sense of appalling ineptitude within; the other a feeling that the situation had been saved by the introduction of brains from without'.⁶ He was not referring to bathing facilities specifically, but his comments are apt: the Army had made no plans for providing the troops with baths, other than a convenient stream or pond, but when the acute lice problem required something more efficient, it was the civilian doctors and sanitary engineers who had the enthusiasm and expertise to solve the problem, whilst the civilian soldiers longed to be clean, and did what they could to

³ BMJ, 25 Aug. 1917

⁴ Harrison, p.65

⁵ Harrison, p.301

⁶ Foster p.56

help themselves, assisted by their families and friends at home. The soldiers' letters and diaries, as well as their cartoons and drawings, leave no doubt that the baths provided the soldiers with one of the few enjoyable experiences at the front.

The post card 'Fighting Fleas (?) in Flanders' sums it all up: Steam rising and water splashing from a vat crammed with ten smiling soldiers, and columns of lice scurrying away make it clear how the soldiers felt about the baths. That it was sent as a Christmas card by the 4th Division in 1914 would suggest that the Army saw the baths as something to be proud of, and wanted families and friends to know that their men were well cared for. There was not much else in their lives that could be portrayed as a cartoon.

Fig 16.



Christmas Card sent by the 4th Division 1914

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