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Royal Naval nursing in Scotland and Ceylon in the Second World War: Official histories, memoirs and a representative microhistory

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Abstract

The Second World War was an important, but under-researched, transitional period for naval nursing. This article describes one sister's experience and sets it against the narrative in official histories and wartime memoirs and art. Margaret Wallace, a Scot from the skilled working class, was within the demographic that the service's Victorian founders hoped would be attracted. She worked in representative wartime facilities: the largest British auxiliary naval hospital, a secret multi-national naval base, the Headquarters of South East Asia Command in Ceylon (Sri Lanka), and Haslar, the iconic Royal Naval hospital. She experienced many of the defining characteristics of military nursing during the war: revolutions in medical practice including near-magical cures by the new antibiotics, an urgent need for tri-service and cross-national working which upset centuries of tradition, the censorious attitude of some regulars to civilians drafted in as temporary officers and social mixing in the twilight of Empire.

Keywords

Second World War, Royal Navy, naval nursing, microhistory, Scotland, Ceylon

Introduction

Sociological aspects of the lives of military nurses, particularly army nurses in the First World War (WW1), have received literary, cinematic and scholarly attention, but few historians have focussed on nursing as a skilled profession even though in the Second World War (WW2) nurses 'capitalised on these frontline opportunities to enhance technological skills, to gain greater practice autonomy'.¹ Except in general histories,^{2–4} less has been written about naval than army nurses, although there are occasional accounts of exceptional figures, such as an article in this *Journal* about

a senior American naval nurse who was captured in the Philippines in WW2.⁵

This article explores British naval nursing in WW2 through the life of one woman, Margaret Wallace (1915–76)

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(Figure 1). It sets her experience against the narratives in official histories and wartime memoirs. War art and fiction are also used to illuminate this poorly documented area. In Scotland, she worked in the largest British naval auxiliary hospital and in a secret multi-national naval base, and, in Ceylon, was part of the largest overseas posting of naval sisters. Her social and professional background and her wartime service are representative of those of the many young civilian women who became temporary naval sisters during WW2.

Early history of nursing in the Royal Navy

Nursing in the Royal Navy was not formalised until the late nineteenth century. ‘Loblolly boys’⁶ had assisted barber-

surgeons on warships from Tudor times, and there was some informal nursing by women, described in one older history as ‘anything from sailors’ wives to sea-going prostitutes’.⁷ Ashore, seamen’s wives and widows often provided care for the sick and injured.

Although trained female nurses had volunteered in the Crimean War of 1853–56, including in Therapia naval hospital, it took the Hoskins Committee of 1883 to introduce women to the Navy. An Admiralty minute observed that, ‘The nursing of the sick has of late years become a sphere of useful work for ladies of character and culture, assisted by a staff of respectable under Nurses, whose ranks are filled by servants of the upper class, such as upper housemaids from good families’.⁸ This was part of a general expansion in white-collar work for women, with nurse training a ‘growth industry’ after St Thomas’ Hospital opened its school in 1860.⁹

A small group of unmarried, mature sisters, experienced in working with male patients, was accordingly appointed in 1884 to Haslar and Stonehouse naval hospitals in Portsmouth and Plymouth. An important part of the sisters’ role was training naval ratings in the newly established Sick Berth Branch for work on warships. Harland, in her history of Queen Alexandra’s Royal Naval Nursing Service (QARNNS), stresses professionalisation: the posts had a probationary period, were residential and pensionable and the sisters were ‘officers of the hospitals, taking a position immediately after the surgeon’.¹⁰ As the original caption to Figure 2 states, they were deemed to have ‘a restraining influence on Jack’s command of words’.¹¹ In 1902, the Navy accepted Queen Alexandra’s sponsorship of the service, comprising then only about 30 women.



Figure 1. Margaret Wallace. Clockwise from bottom left: fever nurse (middle); general nurse (left); naval sister. Author’s collection.



Figure 2. Matron and her team, Haslar 1897.¹¹

Social background of nurses

Margaret Wallace's background illustrates many of the demographic characteristics of civilian volunteers who entered the QARNNS reserve during WW2. She was from a small Aberdeenshire village, and there have been periods when Scots made a disproportionate contribution to the seafaring population.^{12,13} Her social class also made her representative: her father and grandfather ran a carpenter's shop, her mother had been in service as a cook and her brother was a stonemason. She was therefore a member of the 'upper housemaid' class identified as suitable entrants when the service was founded only 50 years earlier.

Margaret Wallace's nursing training

From 1935 to 1938 Wallace trained as a fever nurse at City Hospital, Aberdeen. Training in 'fevers' could start a year younger than for general nurse training and took a year off the length of general training. 'Fever' required their own hospitals, the majority run by local councils as a public health measure. They took patients with a variety of conditions, including tuberculosis, smallpox, syphilis, meningitis and childhood epidemic diseases such as diphtheria.¹⁴ May and Baker introduced sulphonamides in the UK in 1937 and Margaret Wallace's training would have been punctuated by optimistic cures as the new 'M&B' cleared up bacterial infections with miraculous rapidity.¹⁵

She then went to Edinburgh for general training. Florence Nightingale had been consulted about the design of the magnificent turreted Royal Infirmary, a voluntary hospital supported by philanthropy.¹⁶ Later, Margaret remembered, with admiration and incredulity, that some older sisters had independent means and waived their salaries because they saw nursing as a calling.¹⁷ WW2 broke out in September 1939 and student nurse Wallace served in the Edinburgh University Home Guard Unit. Lavishly illustrated articles in the nursing press made an appealing

case for the QARNNS (Figure 3) and she applied to the Admiralty in 1941.^{18,19} Her entry was deferred until she had experience as a qualified nurse, and she joined the QARNNS reserve in August 1942.

QARNNS in the Second World War

Since its foundation, and during WW1, QARNNS sisters had worked mainly in the UK, though some were posted overseas and others to hospital ships.²⁰ The regular service remained small and numbered only 90 women at the beginning of WW2. The needs of wartime were met by promoting these regulars to senior positions in an expanded network of hospitals and sick quarters and encouraging the return of retirees. There was also a great expansion in recruitment of civilian nurses to the reserve, which increased from just over 200 in early 1940 to almost 1000 in late 1945. A total of 1341 sisters, regulars and reservists, served during the war, a much smaller total than in the Army nursing service, which numbered about 12,000 women at its peak.

Of the two official histories with information about naval nursing in WW2, Harland's is comprehensive in scope but lacks citations and Coulter's includes only short sections about nursing. The usual arrangement was that on board warships, male doctors and sick berth attendants (SBAs) provided immediate care to wounded or sick sailors who, as soon as practicable, were transferred to naval hospitals on land where SBAs were supervised by QARNNS sisters. During the war, the sisters also managed women from the Voluntary Aid Detachment of the Red Cross (VADs) recruited as temporary nursing assistants. The sisters also ran the sick quarters for minor illnesses in the many naval shore establishments in the UK and overseas.

Compared to peacetime, the war meant more staff, sites, beds and patients, with a constant churn of staff and patients related to the hospitals' role as hubs for receiving patients and for allocating staff (Figure 4). Harland's and Coulter's histories describe a huge increase in administration, an important part of the sisters' role. SBAs and naval VADs greatly outnumbered the sisters and the wartime surge in their numbers increased the sisters' training responsibilities, so that wards supervised pre-war by one sister now required two. By 1943, there were over 7500 SBAs, all trained in batches of 40.²¹ There were also almost 4000 naval VADs. Not all VADs were nursing assistants (many worked as cleaners, cooks, drivers or ward maids) but those who were followed the same 10-week course as SBAs from 1943. The number of Women's Royal Naval Service (WRNS) personnel increased during the war and one sister was posted to each WRNS sick quarters.

The sisters' responsibilities also depended on the posting: Coulter uses the word 'versatility' and Harland repeatedly uses 'varied' and 'diverse'. A naval hospital could resemble a busy army Casualty Clearing Station but at other times



Figure 3. Recruiting article, *Nursing Mirror*, 28 June 1941.¹⁸



Figure 4. Wartime naval hospitals. Clockwise from bottom left: sister training SBAs⁴; sister training a VAD, 1941. Reproduced by permission of Historic England Educational Images: med01_01_1648; RNAH Kingseat. Reproduced by permission of Aberdeenshire Archaeology Service: AAS/00/05/G16/1; Margaret Wallace and another sister with their ward team at RNAH Kingseat. Author's collection. SBA: sick berth attendant; VAD: Voluntary Aid Detachment; RNAH: Royal Naval Auxiliary Hospital.

might have few patients. An auxiliary hospital at some distance from shells and bombs could function as a rehabilitation centre, tuberculosis sanatorium or long-stay psychiatric hospital. A sick quarters on a quiet naval base could provide work broadly similar to home nursing or general practice.

Coulter confirms that naval hospitals treated soldiers and airmen as well as sailors. Their patients also included service personnel from Britain's dominions and colonies or from other Allied forces, civilians and enemy prisoners. At times, it made sense to run combined hospitals with the Army or RAF (as would occur in Ceylon), though both Coulter and Harland comment on the difficulties of harmonising differing military cultures and ways of working.

Eight naval sisters died during WW2, two from enemy action. Three were captured by the Japanese in Hong Kong in December 1941 and joined a larger group of Army sisters in providing care in Stanley civilian internment camp.

Naval hospitals in wartime

Most QARNNS sisters did not serve overseas and Harland estimates the average number of wartime postings per sister at about six. War planning assumed that the three major peacetime naval hospitals at Portsmouth, Plymouth and Chatham would all be bombed, and so auxiliary hospitals were set up which together treated over 150,000 patients.²² Sister Wallace's military service record shows that her first appointment was at one of these hospitals, the Royal Naval

Auxiliary Hospital Kingseat, in Aberdeenshire farming country.²³

Before its requisition by the Admiralty, Kingseat was a civilian mental hospital, the first in the UK to be set up on the European 'village hospital system' with 'low density pink granite villas strategically laid out within a planned parkland landscape'.²⁴ The psychiatric patients were relocated and temporary Nissen huts erected to supplement the hospital buildings. Capable of accommodating up to 800 patients in emergencies, from Scapa Flow and other northern bases, Kingseat became the largest naval hospital in the British Empire and Coulter's and Harland's accounts show that the hospital treated almost 40,000 patients during WW2. It was a major training establishment, with a staff of 30 to 40 sisters and up to 100 VADs.

Margaret Wallace was transferred to the west of Scotland for the first six months of 1943 to become one of two sisters who ran the WRNS sick quarters at Rosneath, on the Gareloch, a sea loch near Glasgow. Rosneath was a busy, multi-national naval base, closer to frontline action than Kingseat (Figure 5). It was constructed in secret, largely by the US Navy, as a base for submarines and other warships.^{25,26} Many servicemen passed through this remote area, the training ground for landings in North Africa in 1942 and the Normandy landings in June 1944. About 1000 British sailors were treated in Rosneath's sick quarters over the course of WW2 and the base also included a 200-bed hatted US Navy hospital.

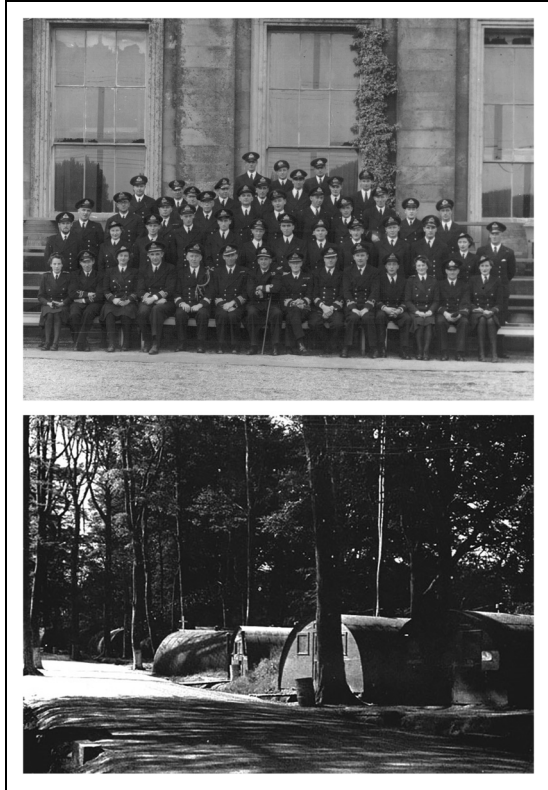


Figure 5. Rosneath naval base, 1943. Top: Naval personnel outside Rosneath Castle (Margaret Wallace seated extreme left). Author's collection. Bottom: Seabee quarters and chapel, Rosneath.²⁶

The war in the Far East

Japan joined the Axis in December 1941 with a series of stunning surprise attacks on the American naval base of Pearl Harbor in Hawaii and on Allied strongholds throughout Southeast Asia. The conflict in the Far East would become the background to Margaret Wallace's military service.²⁷⁻³⁰ During 1942, the Japanese consolidated their victories, capturing around 300,000 Allied prisoners who were transferred to over 300 camps in the huge area that Japan controlled in Southeast and East Asia and the Pacific.

The war was at a tipping point during Margaret Wallace's service in Scotland in late 1942 to early 1944. Germany was out-fought in 1942 in the North African desert and the Soviet Union defeated Germany at Stalingrad. Italy capitulated in 1943 and the Normandy landings, whose training she had supported at Rosneath, took place on 6 June 1944 and would herald Germany's eventual defeat in May 1945. Japanese forces, however, continued to fight and surrender was delayed until several weeks after atomic bombs were dropped on Hiroshima and Nagasaki in August 1945.

Ceylon and South East Asia Command

After a second spell at Kingseat, Sister Wallace left Scotland in March 1944, sailing from Glasgow and through

the Mediterranean and Red Sea to Kilindini in Kenya, and then to Ceylon. Her convoy was the next after the ill-fated convoy *KR8* from Kilindini to Colombo, in which the troopship *Khedive Ismail* was attacked by Japanese submarine *I-27* and sank within minutes.³¹ Amongst the over one thousand lives lost were 77 women, army sisters and WRNS, the greatest loss of life amongst female Commonwealth service personnel during the War.³² Margaret heard about the tragedy at the time and her sense that she had escaped death by random chance remained fresh.

The Royal Navy had a historical presence in Ceylon since the Napoleonic wars and the island was a British colony from 1815 to 1948. Spices were traded, planters developed coffee, tea and rubber estates, and Ceylon became a colonial backwater, with the familiar tensions of imperial rule that are covered well in fiction.^{33,34} After the loss of Malaya and then Singapore's fall in February 1942, Ceylon became the main source of rubber for the British Empire and Trincomalee ('Trinco') became the home port of the British Eastern Fleet. The RAF established important bases at China Bay and Colombo. A Japanese aircraft carrier fleet attacked Ceylon in April 1942 and fear of invasion had several effects: civilian support for the Allies strengthened despite an active pre-war independence movement and, while the British Eastern Fleet temporarily withdrew to East Africa, additional Army formations were deployed to the island.

The Eastern Fleet, whose sailors Sister Wallace would nurse, was based in Ceylon for most of 1942, 1943 and 1944. It lost many ships from enemy action and by transfer to other theatres and initially had difficulty defending merchant shipping in the Indian Ocean: 385 Allied and neutral ships were lost in the Indian Ocean during the war.³⁵ Militarily, Ceylon was part of the Asia-Pacific region. Operations in the Pacific were led by the Americans and a short-lived, American-British-Dutch-Australian Command was replaced by South East Asia Command (SEAC), led from August 1943 by British Admiral Lord Louis Mountbatten (1900–79). Casualties were high in the area covered by SEAC, with disease an even more important cause than injury in battle.³⁶ Her training in 'fevers' may have been a factor which determined Margaret Wallace's posting to Ceylon.

The Allied situation gradually improved during 1943 and 1944, with combined air–sea–ground operations in the Pacific and land victories in Burma. In April 1944 Mountbatten moved SEAC headquarters from Delhi to Kandy, the former capital of the kings of Ceylon. Success in other theatres released British warships for service in SEAC and offensive naval operations could start again. After American advances in the Pacific, the Eastern Fleet was incorporated into the British Pacific Fleet. Few Allied ships were lost in 1945, though suicide attacks by *kamikaze* planes became a risk. At the end of the war, ships would become venues for

Japanese surrender ceremonies and military objectives shifted to disarming Japanese soldiers and peace-keeping in newly liberated countries. As the camps were relieved, former prisoners-of-war were repatriated by sea.

Ceylon in wartime

Ashley Jackson has described Ceylon in WW2, with its tens of thousands of temporary 'migrants' that the war brought.^{37,38} 'After the fall of Singapore [in February 1942], Ceylon became its surrogate' and was 'teeming with troops' and 'seething with the Military'. They arrived first as refugees and then as reinforcements for Ceylon's defences. Finally the island became 'an offensive base where ... imperial divisions involved in the Burma campaign trained' as well as 'a giant naval base, aircraft carrier and military nerve-centre'.³⁹ There were over 7000 SEAC headquarters staff, according to Jackson, and other sailors, soldiers and airmen distributed around Ceylon. The island hosted extensive intelligence-gathering facilities, connected to Bletchley Park, and special forces from several countries. There were Indian and African troops, personnel from Allied nations such as France, Poland and The Netherlands, and Italian prisoners-of-war. The presence of SEAC headquarters brought a constant traffic of those civilians who transit through war zones: politicians, civil servants, contractors, entertainers, journalists, entrepreneurs, philanthropists, activists and spies.

The Royal Navy provided only part of the medical support to the military 'migrants' but Mountbatten himself was appreciative 'of the work of the QARNNS nursing sisters' and named his personal Dakota aircraft 'Sister Ann' after Ann Ramsden, the headquarters QARNNS sister who nursed him during an episode of amoebic dysentery.^{40,41}

European 'migrants' found Ceylon abundant and exotic after their rationed, blacked-out and bombed countries. The island was set in 'a sea of shining glass in which sleepy whales lay below the surface like waterlogged hulks', and 'jungle forest came everywhere down to the shore' so that 'the exotic smell of the island hung softly on the balmy air'.⁴² A journalist sent to Ceylon to cover the aftermath of the Japanese raid in 1942 wrote about the 'almost crazy fertility of the place' and every writer of the period made a similar comment.⁴³ Another memoir describes Ceylon as 'rich in warm possibility' and hints at affairs with local women against a background of lushly described buildings and beaches.⁴⁴

Naval nurses in Ceylon

Margaret Wallace served for two years in Ceylon, arriving in April 1944 in the same month as Mountbatten and SEAC Headquarters, and the flood of 'migrants' to this strategic hub. This was the period of 'the greatest activity' for the Royal Naval medical services supporting the Eastern

Fleet, despite difficulties in cross-service working and 'tortuous administrative channels' within naval traditions, leading to 'improvised' organisation, according to Coulter.⁴⁵ Three ambulance trains moved patients between ports and hospitals. Admiralty papers include correspondence about the possibility of transferring the old hospital ship *Maine* from the Mediterranean to Ceylon, but it was unsuitable for the tropics, infested with vermin, and 'a stinker of a ship'.⁴⁶ Harland's tables suggest that by 1945 95 sisters were distributed between four hospitals in Ceylon, a naval air station and two WRNS sick quarters.⁴⁷ At this time only about 200 QARNNS sisters were overseas, so those serving in Ceylon formed the largest group.

Amongst the various military hospitals in Ceylon, there was a combined services hospital in Trincomalee, initially under army direction but later naval, a hospital converted from a former Royal Navy rest camp at 4500 feet in the hills at Diyatalawa, and a naval block in Colombo General Hospital, where Margaret Wallace worked initially. The wards and staff accommodation in Colombo became overcrowded as the number of naval personnel on the island grew and St Peter's College, a Roman Catholic boys' school with 'delightfully planned' grounds,⁴⁸ was requisitioned as an auxiliary naval hospital, to which she transferred in 1945. Surviving photographs suggest a relaxed atmosphere on her wards, with Sister Wallace in tropical uniform, surrounded by smiling staff and patients (Figure 6). In contrast to the equivalent volumes for the army, the naval official medical history contains no lists of diagnoses, or of operations performed, at these hospitals.

Ceylon was a playground for the young military personnel, with excursions to palm-fringed beaches, sightseeing tours round the island's ancient royal and religious sites, trips on a vertiginous railway line to tea plantations in the hills and shopping expeditions in the bazaars. The island's tropical beauty captivated its visitors as the 1945 Christmas card shown in Figure 7 illustrates.

The few women in the services were in demand as dance partners and companions on outings, and they worked and played hard. The Royal Navy was the first of the three services to approve the use of amphetamines during military operations and benzedrine soon found non-operational uses.⁴⁹ Margaret recalled taking 'pep pills' after long work shifts in order to stay awake for dances. One of her contemporaries, Geraldine Horton, was in Ceylon for two years as a naval VAD and her memoir describes 'nothing but a crazy round of laboured routine, nothing but a gay whirl of synthetic parties [and a] clammy, light-headed blare of night clubs' as well as 'monsoon breakers ... stars ... palms ... cicadas'.⁵⁰

The appraisals written by her matrons survive in Sister Wallace's service record and show that her nursing skills were consistently good and she was a 'pleasant member of the Mess' but civilian culture was less hierarchical than in the military and Coulter and Harland repeatedly draw a



Figure 6. Naval hospitals in Colombo, 1944–45. Top: Margaret Wallace surrounded by patients and ward staff; bottom: RNAH St Peter's College. Author's collection. RNAH: Royal Naval Auxiliary Hospital.

distinction between regulars and the reserve with both expressing the anxiety of the time about what was perceived as the civilian nurses' relaxed attitude to discipline. In keeping with this anxiety, Wallace's first QARNNS matron wrote that 'her manner to subordinates is too familiar' but by the end of her time in Scotland she 'managed a difficult and heavy ward very efficiently. Her patients were well-disciplined and happy'. In Ceylon, she was 'an efficient ward sister, but has not a strong personality'. She was by temperament a civilian and, with naval traditions in mind, her superiors wavered in their opinions about whether she was 'suitable for permanent service' sometimes answering 'Yes' in the appraisal questionnaire, but sometimes 'No'.

Memoirs and biographies

Life writing as a source for historians was seen as innovative 50 years ago, when John Keegan advocated its cautious use.⁵¹ Nurses' life writing from WW2 has received less attention than that from WW1 and, perhaps because the wartime QARNNS sisters were so few in number, the search for this article failed to identify memoirs by them. In contrast, there are good examples of memoirs by the more numerous army sisters.⁵²⁻⁵⁴

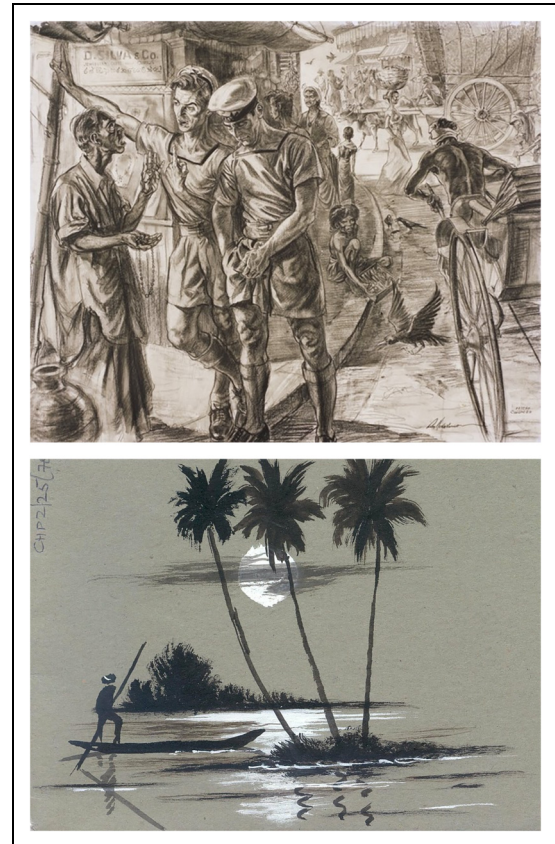


Figure 7. Ceylon and the military migrants. Top: Sailors in the bazaar, Colombo, 1944. Roy Hodgkinson. Reproduced by permission of the Australian War Memorial: ART22772. Bottom: Christmas card, Colombo 1945. Sydney Lennon. © Irish Jesuits. Flickr CHP2-25-7.

Some short biographical vignettes of naval nurses appear in Harland and in anthology collections.^{55,56} But often these books, or the various websites which collect first-person narratives, such as the BBC's *People's War* archive,⁵⁷ are dominated by the recollections of the many VAD nursing assistants. The editors of these collections often elide the VADs with trained sisters but this is not helpful in understanding the history of professional nursing. The VADs, with no prior nursing training, provide powerful accounts of the 'shop floor' from an outsider perspective but were not part of naval planning or hospital management.

This article mentions particularly interesting creative work by three former VADs. Horton, mentioned above, wrote one of the liveliest examples of a full-length VAD memoir. Like Margaret Wallace, she served in Haslar hospital and Ceylon. Her observations on the 'drab horror' of Haslar wards and corridors, painted a depressing green and infested with cats and cockroaches, are amusing but also make it clear that the QARNNS sisters had a profound influence on the atmosphere in their wards. Horton describes them variously as starved dragons, lazy and arbitrary

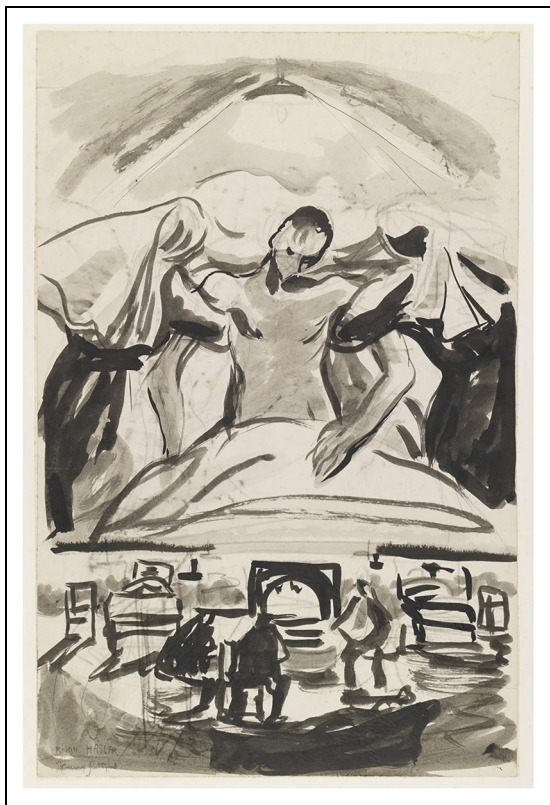


Figure 8. A sailor patient and two nurses, Haslar, 1943–44. Rosemary Rutherford. Reproduced by permission of the estate of Rosemary Rutherford. National Maritime Museum, Greenwich. ZBA7305.

bureaucrats, ‘old dears’ and ‘charmers’.⁵⁸ Artist Rosemary Rutherford, a naval VAD who was in Ceylon at the same time as Horton and Wallace, was given a drawing permit from the War Artists’ Advisory Committee and her work is in several public collections. Figure 8 shows her drawing of a patient and two nurses, its composition reminiscent of traditional images of the deposition. Novelist Lucilla Andrews was an Army VAD who trained as a nurse later in WW2. She became ‘the best-known exponent of romantic “hospital fiction”’,⁵⁹ and also wrote a memoir.⁶⁰

Perceptions of nurses

One noticeable feature of the memoirs by military nurses, compared to those by doctors, is their self-deprecating tone, which continues in accounts by nurses of more recent conflicts, such as the Falklands War.⁶¹ Their memoirs and vignettes also provide greater anecdotal detail about personal relationships and domestic arrangements than comparable narratives by male doctors.

More surprisingly, the domestic and personal feature in Coulter’s official history, which contains several approving passages describing activities far outside a sister’s strictly professional role. For example, nurses who accompanied

repatriated prisoners-of-war on an aircraft carrier ‘soon found [their] spare time fully occupied with mending and darning for the ship’s officers and men’, and the sister based on Tristan da Cunha taught needlework in local schools and kept chickens and goats to supplement the sailors’ diet.⁶² A section on ‘wastage’ contains remarks which would not have been made about a corps of men, that ‘marriage provided the greatest cause [of ‘wastage’] ... a tribute to the charm of the Service as a whole’.⁶³

This is not the place to review the large topic of the nurse as a character in novels and films, except to note that the representation of nurses reflects ambivalences in real life. Fictional nurses are often presented as angels or heroines, a perspective that has the unintended consequence of de-professionalising nurses’ work.⁶⁴ Wartime issues of the *Nursing Mirror* included ‘clarion call’ articles and images to encourage prospective ‘heroines’ to join the military, as well as more down-to-earth classified advertisements for comfortable shoes and remedies for period pain. The word ‘heroine’ is often used in book titles when, objectively, most military nurses were doing their normal work, based far from the fighting.⁶⁵

In contrast, the fact that nurses are, in Leslie Fiedler’s words ‘privileged, even required, unlike other members of their sex, except for prostitutes, to touch, handle, manipulate the naked flesh of males’ leads to the pervasive image of the nurse as sexual object.⁶⁶ This large topic in cultural history is beyond the scope of this article except to observe that military nurses are often presented, even in official histories, as romantic or sexual partners. The women whose memoirs were consulted for this article all mention constant banter and innuendo from servicemen, including their patients. Horton wrote that ‘they made tongue and whistle noises at you and looked at you as if you were a model out of “Men Only”’.⁶⁷

It is easy to look back at the history of naval nursing and see these ambivalent perceptions already there in the Victorian attitude to female nurses, the Admiralty taking pains to recruit ladies whose character was above suspicion while simultaneously accepting that decorum did not always prevail in the wards. The ‘Dickensian Sairey Gamp stereotype’⁶⁸ of the nurse as drunken slattern was imperfectly papered over with the image of the lady with the lamp with her retinue of respectable ‘upper housemaids’. Current online sources sidestep rougher, more raffish historical times in favour of Mrs Eliza Mackenzie, a contemporary of Florence Nightingale and one of the philanthropic gentlewomen of the Crimean War, an Edinburgh clergyman’s wife who took a party of nurses to the naval hospital at Therapia.⁶⁹

After the war

The QARNNS today emphasises ‘unrivalled experience’,⁷⁰ and cross-service working is encouraged.⁷¹ Although there

are still only 90 regular QARNNS officers,⁷² men were admitted from 1982 and the service is now a full part of the Royal Navy.

The wartime period was an important transitional phase for naval nursing. Respectable ‘upper housemaids’ and ‘heroines’ became skilled professionals. Margaret Wallace and her contemporaries were part of that transition. She applied to join the regulars in January 1946 but the QARNNS was contracting to a peacetime staffing level. Instead, she was repatriated to Haslar and left the service on her marriage in September 1946 to Dr Harry Walker, who had served in a mobile surgical unit in the Burma campaign.⁷³ She did not work as a nurse again and the war had become, in Horton’s phrase, ‘a series of vivid pictures like a cinema show’.⁷⁴

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References

1. Toman C. Front lines and frontiers: war as legitimate work for nurses. *Histoire Sociale* 2007; 40: 45–74.
2. Stanley J. *Women and the Royal Navy*. London: Tauris, 2018, pp. 37–52.
3. Harland K. A history of Queen Alexandra’s royal naval nursing service. *Portsmouth: Journal of the Royal Naval Medical Service* 1990.
4. Coulter JLS. *The Royal Naval medical service. Volume 1: Administration and Volume 2: Operations*. London: HMSO, 1954 and 1956.
5. Lucchesi E. Lt. Cmdr. Laura M. Cobb (1892–1981). *The Journal of Medical Biography* 2021; 29: 270–275.
6. ‘loblolly, n’. A thick gruel or porridge ... sometimes used as a simple medicinal remedy. *OED Online*, Oxford University Press, February 2025.
7. Lloyd C and Coulter JLS. *Medicine and the navy, 1200–1900: Volume IV–1815–1900*. London: Livingstone, 1963, p. 61.
8. Quoted without citation. Harland, p. 15.
9. McLean D. *Surgeons of the fleet*. London: Tauris, 2010, pp. 220–221.
10. Quoted without citation. Harland, p. 19.
11. Anonymous. *The Naval and Army Illustrated*. 19 February 1897, p. 111.
12. Caputo S. Scotland, Scottishness, British integration and the Royal Navy, 1793–1815. *The Scottish Historical Review* 2018; 97: 85–118.
13. Thomas B. The importance of being a reservist. *The Scottish Historical Review* 2018; 97: 187–210.
14. Currie M. *Fever hospitals and fever nurses*. London: Routledge, 2005.
15. Davenport D. The war against bacteria. *Medical Humanities* 2012; 38: 55–58.
16. Catford EF. *The Royal Infirmary of Edinburgh*. Edinburgh: Scottish Academic, 1984.
17. This memory, and other first-person information mentioned in the text, was told to the author during informal conversations.
18. Anonymous. Nursing sisters of the senior service. *Nursing Mirror* 1941.
19. Editorial. *Nursing Mirror*. 16 August 1941.
20. Harland, pp. 70–71.
21. Clark G. ‘Doc’: 100 year history of the sick berth branch. London: HMSO, 1984, pp. 81–82.
22. Coulter, *Administration*, pp. 340, 351–353.
23. *Military Service Record: Margaret Jean Wallace*, Royal Navy: MDG 53287/41. Author’s collection.
24. Aberdeenshire Council. *Kingseat Hospital Development Brief*. Aberdeenshire Council Planning & Environmental Service, 2002.
25. Royal D. *The United States Navy Base Two: Americans at Rosneath, 1941–45*. Glendaruel: Douglas Press, 2000.
26. Manning JJ. *Building the navy’s bases in World War II*. Washington: US Government Printing Office, 1946.
27. Keegan J. *The Second World War*. London: Century Hutchinson, 1989.
28. Mountbatten of Burma. *Report to the Combined Chiefs of Staff by the Supreme Allied Commander, South-East Asia, 1943–1945*. London: HMSO, 1951.
29. Allen L. *Burma: The longest war 1941–45*. London: Dent, 1984.
30. Kovner S. *Prisoners of the Empire: Inside Japanese POW camps*. Cambridge, MA: Harvard University Press, 2020.

31. Arnold Hague Convoy Database. convoyweb.org.uk (accessed 6 June 2025).
32. Crabb BJ. *Beyond the call of duty*. Donington: Shaun Tyas, 2006, pp. 156–162.
33. Woolf LS. *The village in the jungle*. London: Edward Arnold, 1913.
34. Hudson C. *Colombo heat*. London: Macmillan, 1986.
35. Banks A. *Wings of the dawning*. Malvern: Images, 1996, p. 364.
36. Mountbatten, pp. 16, 246–251.
37. Jackson A. Military migrants. *Britain and the World* 2013; 6: 5–26.
38. Jackson A. *Ceylon at war, 1939–1945*. Warwick: Helion, 2018.
39. Aldrich RJ. *The faraway war*. London: Doubleday, 2005, p. 496.
40. Anonymous. Obituary: G A Ramsden: Mountbatten's nursing sister. *The Independent*, 25 November 2004.
41. Mortimer M. *Sisters*. London: Hutchinson, 2012, pp. 232–233.
42. Young EP. *One of our submarines*. London: Hart-Davis, 1952, pp. 197–198.
43. Moorehead A. *A year of battle*. London: Hamish Hamilton, 1943, p. 151.
44. Thompson JA. *Only the sun remembers*. London: Andrew Dakers, 1950, p. 187.
45. Coulter, *Administration*, p. 416.
46. Admiralty. *Hospital ships for the Pacific war*. The National Archives: ADM 1/17237.
47. Harland, pp. 153–164.
48. Coulter, *Administration*, p. 423.
49. Pugh J. Not ... like a rum-ration. *War in History* 2017; 24: 498–519.
50. Horton G. *No nightingale sang*. Hythe: Volturna Press, 1996, pp. 327–331.
51. Keegan J. *The face of battle*. London: Cape, 1976, pp. 27–36.
52. McBryde B. *A nurse's war*. London: Chatto & Windus, 1979.
53. Morris M and Acton C (eds.). *A very private diary*. London: Weidenfeld & Nicolson, 2014.
54. Beaumont WH. *A detail on the Burma front*. London: British Broadcasting Corporation, 1977.
55. Taylor CM. *Nursing in the senior service, 1902–2002*. Gosport: QARNNS Association, 2001.
56. Taylor E. *Combat nurse*. London: Robert Hale, 1999.
57. People's war. bbc.co.uk/history/ww2peopleswar.
58. Horton, pp. 143, 151, 166, 174–175, 185–187, 255.
59. Anonymous. Obituary: Lucilla Andrews. *The Guardian*, 17 October 2006.
60. Andrews L. *No time for romance*. London: Harrap, 1979.
61. Pugh N. *White ship – red crosses*. Ely: Melrose Books, 2010.
62. Coulter, *Administration*, pp. 58–59, 61.
63. Coulter, *Administration*, p. 71.
64. Stokes-Parish J, et al. Angels and heroes. *Journal of Nursing Scholarship* 2020; 52: 462–466.
65. Taylor E. *Heroines of World War II*. London: Robert Hale, 1991.
66. Fiedler LA. Images of the nurse in fiction and popular culture. *Literature and Medicine* 1983; 2: 79–90.
67. Horton, p. 208.
68. Spinney EE. *Naval and military nursing in the British Empire c. 1763–1830*. PhD thesis, University of Saskatchewan, 2018, p. 3.
69. QARNNS, Haslar Heritage Group. haslarheritagegroup.co.uk (accessed 6 June 2025).
70. QARNNS, Royal Navy. royalnavy.mod.uk (accessed 6 June 2025).
71. Ford M, Hodgetts T and Williams D. Innovation strategies for defence. *RUSI Journal* 2017; 162: 52–58.
72. Touhig D. *Nurses*. Hansard, HC 443, col 2436 W, 16 March 2006.
73. Venables KM. Surgery on the battlefield. *The Journal of Medical Biography* 2023; 31: 202–211.
74. Horton, p. 340.

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