

“Worthy of the Best Traditions of English Women”: Medical Missionary Work on the Home Front in the First World War

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Abstract

Examining home medical missions during the First World War demonstrates change over time both in professional women's responses to crisis and in the exigencies of war in a working-class borough of London. Arguably, working-class patients seen by medical missions suffered disproportionate hardships in the First World War, yet little attention has been paid to these experiences. London's home medical missions served as a vital source of practical and emotional support for women on the urban home front. Studying them provides the opportunity to gain a greater understanding of working-women's lives between 1914 and 1918. This article will contextualise the turmoil experienced by women on the home front (and medical missionaries' mitigating efforts) within the greater war effort and will explore health care and social care trends that emerged as a result.

Keywords: Medical missions, women, London, First World War, emotions, home front, Bermondsey

Give thanks for all who serve at home,
If only with a quiet mind:
They take whatever chance may come,
Are strong and gentle, wise and kind.¹

Introduction

Medical missions to the poor in London's slums during the First World War occupy a unique position through which women's experiences of war on the home front can be studied. Thousands of women worked in the capital in medical missions to the poor as physicians, nurses, dispensers, almoners, consultants, surgeons, home visitors and midwives in the early twentieth century and their patients numbered tens of thousands. In wartime, many of these women took up new positions outside of medical missions – in government appointments, in voluntary service with the Red Cross, in missionary postings abroad, or as medical support staff on the battle front. However, most remained in their positions within London's medical missions working to meet the needs of their patients. In terms of practical assistance, their efforts ranged from frontline support to victims of air bombing raids to delivering food parcels for hungry women and their families. More exceptionally, however, the study of home medical missions brings to light the emotional and spiritual needs of London's working-class wives and mothers during wartime as well as the support they received.

This article will explore the diverse stories of medical missionary women and their contributions to the practical and emotional survival of their patients on the home front in the First World War. As Michael Roper and others have noted, the historiography of women in

¹ *Bermondsey Medical Mission Annual Report* [hereafter cited as *BMMAR*] (1916), p. 4. Originally published in *The Times*, 23 August 1914.

war has focused on their public roles.² This research seeks to contribute to a greater understanding of the private, everyday lives of women on the home front. Examining home medical missions highlights both the physical and emotional burdens women had to bear during the First World War, while demonstrating a change over time in working-class women's health care services.

Studying working-class women in early twentieth century Britain presents a historical challenge. Few working-class sources relevant to women survive from before the mid-century. Primary material from the period is almost exclusively from a middle-class point of view. Even contemporary newspaper accounts succumb to these limitations.³ However, the narratives of these women are not entirely lost. One can reconstruct this history by turning to other sources such as those employed here. Medical missionary records have been used in other cultural and historical settings to “read against the grain”.⁴ In studying medical missionary work in London during the First World War, a picture emerges of how the conflict impacted working-class women's lives.

Home medical missions to London's poor served a twofold purpose. Referred to as the “double cure” in the nineteenth century, their goals were to heal both the body and the spirit.⁵ The functions of home medical missions included: “free medical attention at the dispensary, nursing in the home [. . .] a hospital for those needing institutional treatment, and arrangements for convalescence.”⁶ Medical missions were keen to keep up with rapidly advancing levels of medical science in the early twentieth century, demonstrated by their commitment to offering cutting-edge treatments and contribution of case studies to the medical

² Michael Roper, “Slipping Out of View: Subjectivity and Emotion in Gender History”, *History Workshop Journal* 59 (Spring 2005), 57-72 (p. 62), and *The Secret Battle: Emotional Survival in the Great War* (Manchester: Manchester University Press, 2009), *passim*.

³ Ursula de la Mare, “Necessity and Rage: the Factory Women's Strikes in Bermondsey, 1911”, *History Workshop Journal* 66 (2008), 62-80 (p. 64).

⁴ David Hardiman, “Knowledge of the Bhils and Their Systems of Healing”, *Indian Historical Review* 33:1 (January 2006), 202-224 (p. 207).

⁵ Margaret Maria Gordon, *The Double-Cure; or, What is a Medical Mission?* (London: J. Nisbet & Co., 1869).

⁶ Kathleen J. Heasman, “The Medical Mission and the Care of the Sick Poor in Nineteenth-Century England”, *The Historical Journal* 7:2 (1964), 230-245 (p. 231).

literature.⁷ The spiritual work included daily prayers and sermons, social gatherings and parties, and particularly schemes allowing overworked, tired, and chronically ill patients to enjoy several weeks of holiday at the seaside or in the country. This article will explore both the practical and emotional support that medical missionary women provided to their patients.⁸

Bermondsey

This article concentrates specifically on the Bermondsey Medical Mission (BMM) in south London. Dozens of medical missions existed in early twentieth century London, but most left behind little or no records. However, larger medical mission networks – agglomerations of mission sites established by a central mission – tended to leave behind much larger and more complete records. The BMM went on to establish more than ten mission sites throughout southeast England by the mid-twentieth century and still exists today (now renamed Mission Care) over five sites in southeast London. The BMM was likely the largest home medical mission network in Britain in the twentieth century. Because of its endurance and size, studying the BMM allows a broader historical insight into the activities of home medical missions and their patients.

Bermondsey was very densely populated in the early twentieth century and was one of the worst slums in the metropolis. Manufacturing, food processing, leather tanneries, and dockyards dominated the area. The strategic importance of its industries caused Bermondsey to be the target of air raid attacks during the First World War, which wrought physical devastation on the borough.⁹ The convergence of the BMM's size, the current availability of

⁷ For descriptions of tuberculosis treatment, see *BMMAR* (1911; 1913; 1915), *passim*; distinguished mission consultants, such as Dame Louise McIlroy, contributed case studies to publications such as the *British Medical Journal* and the *Lancet*.

⁸ Other organisations including the Women's Land Army sought to look after the emotional well-being of women on the home front through similar activities as home medical missions. See Bonnie White, *The Women's Land Army in First World War Britain* (Basingstoke: Palgrave Macmillan, 2014), pp. 67-68.

⁹ Bermondsey was one of the most heavily bombed areas of London in the Second World War. See Patricia L. Garside, "The Significance of Post-War London Reconstruction Plans for East End Industry", *Planning Perspectives* 12:1 (1997), 19-36 (p. 24).

its records, and the intensity of suffering experienced in wartime Bermondsey make this case a unique historical study. Maggie Andrews and Janis Lomas have argued that “there was not just one experience of the Home Front but numerous infinitely varied experiences”.¹⁰ Therefore, the experiences of the BMM's staff and patients represent just one type of experience during the First World War.

Dr Selina (Lena) Fitzherbert Fox, a failed missionary to India and upper-middle-class woman, founded the BMM in 1904 after the nearby Church Missionary Society Medical Training Centre (where she had worked) closed in 1902.¹¹ She founded it to “enable the poor women and children of Bermondsey to obtain medical treatment within their limited means”.¹² Along with this, the other primary (though unstated) goals of the BMM were to provide a medical training facility for women eager for nursing training before they applied to join a missionary society and, also, to provide a place for professional medical women who, upon returning to Britain from the mission field, were unable to find employment. The only men involved with the BMM were members of the Executive and Finance Committees; these were generally members of Fox's family, local businessmen, and members of the clergy. The BMM was nominally Anglican, though functionally it was non-denominational. It also had no official affiliation to any of the large overseas mission societies. The staff varied between incredibly affluent and lower middle-class women; the workers mostly came from Britain, though usually from outside London, while some workers came from overseas to receive training.

The socio-political milieu in which the BMM operated is complex and cannot be fully addressed here. However, Bermondsey was one of the most left-leaning areas in Britain throughout the early twentieth century. The nascent Labour Party found an early (and long-

¹⁰ Maggie Andrews and Janis Lomas, “Introduction” in *The Home Front in Britain: Images, Myths and Forgotten Experiences since 1914* edited by Maggie Andrews and Janis Lomas, (Basingstoke: Palgrave Macmillan, 2014), pp. 1-5 (p. 2).

¹¹ Dr Fox spent less than twelve months as a medical missionary in India before returning to England due to poor health; she was considered to have failed because a missionary commitment was intended for life. She was the daughter of a prominent family of civil engineers whose firm's more notable works included the Crystal Palace, Sydney Harbour Bridge, and innumerable colonial railways, bridges, and tunnels.

¹² *BMMAR* (1904), p. 2.

lasting) foothold in the borough and radical politicians such as Dr Alfred Salter lived and worked in Bermondsey.¹³ The BMM and its staff generally refrained from any explicitly political activities. A few exceptions give an interesting insight into the Mission as an organisation that tried to straddle the gulf between the overwhelmingly conservative nature of its benefactors and the largely Labour-voting population of Bermondsey. For example, during the labour strikes of 1911-1912¹⁴ and the General Strike of 1926, the BMM provided practical support for families with “empty cellars” by providing food parcels and free meals to those in need.¹⁵ Further, the Mission published sympathetic accounts of the strikers in annual reports, which were read by donors and supporters of the Mission.¹⁶ In contrast, the BMM inaugurated a new hospital ward in 1926 and invited Dr Orissa Taylor to be a guest speaker. Orissa Taylor was a prominent member of the Baptist Missionary Society and campaigned for decades against homosexuality in Britain.¹⁷ Because of the BMM’s lack of explicit commitment to any political affiliation, and because of these contrasting examples, it is difficult to align the Mission with any specific political ideology.

The BMM treated only women and children; this was in large part because they were the populations least likely to benefit from other health care schemes and legislation before the introduction of the National Health Service in 1948. This became particularly true after the introduction of the National Insurance Act in 1911.¹⁸ The state largely overlooked women with children, elderly women, and women with chronic illnesses. Frequently excluded from formal waged labour, these women were often forced to perform casual labour such as laundry mangling, garment sewing, and matchbox making to make ends meet. This type of labour was not recognised by the 1911 act. Further, all married women were excluded from the 1911

¹³ Sarah Williams, *Religious Belief and Popular Culture in Southwark c. 1880-1939* (Oxford: Oxford University Press, 1999), p. 41.

¹⁴ During 1911 alone, over 15,000 workers went on strike in Bermondsey and several thousand of whom were reckoned to be factory women working within a mile of the BMM. See Nicholas Hartley, *Bittersweet: The Story of Hartley’s Jam*, (Stroud, Gloucestershire: Amberley, 2011), pp. 89-93. Selina F. Fox, *The Story of the Bermondsey Medical Mission, 1904-1947*, p. 18, Southwark Local History Library, PAM 361.1 BER.

¹⁶ *BMMAR* (1911), p. 7; *BMMAR* (1912), pp. 14-17.

¹⁷ Anthony Ludovici, “Homosexuality, the law, and public sentiment”, *International Journal of Sexology* 5 (1951-52), 143-148, p. 144.

¹⁸ Anne Hardy, *Health and Medicine in Britain since 1860* (Basingstoke: Palgrave, 2001), p. 80.

act as their income was considered a supplement to their husbands' wages.¹⁹ In all, the 1911 act only provided for ten percent of British women.²⁰ Thus, the BMM was attempting to fill a major need for women's health care in industrial Bermondsey.

The BMM provided a wide range of medical services. These included: dispensaries, outpatient consultations with physicians, an array of specialised clinics (such as ophthalmic, dental and gynaecological), on-site surgical treatment (and, following the War, inpatient hospital care), district visiting, and midwifery. The original site of the BMM in Crimscott Street alone accounted for nearly half a million attendances between 1904 and 1921.²¹ Thus, to a borough whose population was between 130,760 (1901) and 119,452 (1921), the BMM represented a major provider of health care for women and children. The availability of these services fluctuated over time and were significantly affected by the War. Despite the upheavals of wartime, its goals remained the same: to treat the body *and* the spirit. However, the emphasis did shift somewhat from the former to the latter, as war imposed limitations on resources for health care organisations, while causing extreme emotional circumstances for working-class women.

First World War

The War caused a surge in the flow of staff in and out of the BMM. The outbreak of hostilities caused a mass exodus of medical missionary women from London in favor of foreign mission fields.²² Other BMM staff saw patriotic war service with the Red Cross and other organisations as a more pressing need than evangelical service and thus voluntarily left the BMM. One such woman was Dorothy S. Courtauld, who joined the Red Cross. She wrote in 1914 that of the "Lady Workers" at the mission many "are Red Cross workers, and this autumn a great many

¹⁹ Karen Hunt, *Equivocal Feminists: The Social Democratic Federation and the Woman Question 1884-1911* (Cambridge: Cambridge University Press, 2002), p. 145.

²⁰ Jane Lewis, "Gender and the Development of Welfare Regimes", *Journal of European Social Policy* 2:3 (August 1992), 159-173 (p. 163).

²¹ Statistics of attendances and services can be found in *BMMAR*.

²² The majority of the BMM's workers who departed in 1914 did so for this reason. See *BMMAR* (1914-1918), *passim*.

have come for a short time preparatory to nursing wounded soldiers in their different Red Cross Hospitals".²³ Between 1914 and 1918, the BMM trained upwards of one hundred nurses and others for work with the Red Cross, St John Ambulance, and other organisations. In 1917, the BMM reported that one of these women, Connie Faber, had earned the French decoration *Le Croix d'Epidemies* for "doing such excellent and responsible work with the Red Cross in France".²⁴ The BMM's connection to this type of service at the front would, after the War, become a point of pride for the BMM as a way of contributing to the greater war effort.

Another form of staff loss during the First World War was through government service appointments. These assignments usually came to the BMM's senior medical staff and were sometimes fulfilled unwillingly. The two most prominent examples were Dr Emma Christiana Rolfe-Fisher and the founder and head of the BMM, Dr Fox. The government pressed Rolfe-Fisher into service as a Female Medical Officer with the Post Office, a role in which she remained until after the cessation of war. Fox first became Deputy Governor – and then later Governor and Medical Officer – of HM Female Convict Prison and Borstal Institutional for Girls at Aylesbury. She was the first woman to serve as a prison governor in Britain. Yet she disliked the work and quickly left Aylesbury after the War. The BMM therefore provided a recruitment ground for the government, highlighting the experience of professional women and their usefulness to the war effort.

The permanent staff of the BMM, however, largely remained in home missionary service throughout the length of the War. They were critically curtailed in what medical services they could offer during this time, as reflected in Figure 1. In response, the BMM made creative use of what they could. For example, the missionaries began reconstituting "fine muslin, calico, linen and brown Holland" from old architectural and engineering plans as surgical dressings and cotton wool at the behest of a Mission benefactor, Sir Francis Fox; this innovation quickly caught on throughout the country.²⁵ Indeed, the shortage of both staff and

²³ *BMMAR* (1914), p. 13.

²⁴ *BMMAR* (1917), p. 6.

²⁵ Fox, *The Story of the Bermondsey Medical Mission*, p. 10.

medical supplies meant that the BMM had to cease its health care activities completely for a month in the summer of 1916. (Jokingly, a staff member asked patients to “try not to be ill”).²⁶ The inescapable curtailment of medical services prompted a growing interest in the social and mental well-being of home medical mission patients during this time.

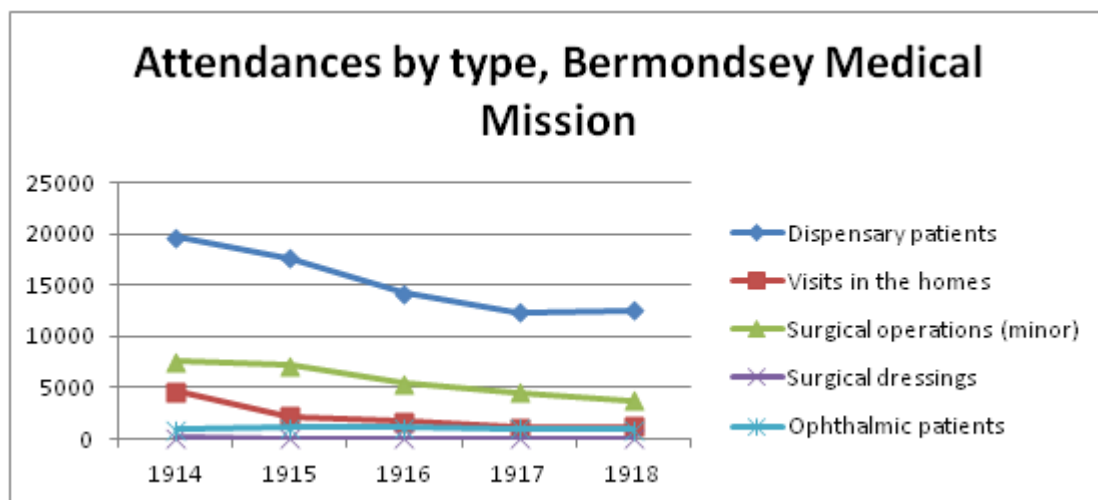


Figure 1.

Medical missionary women soon saw their primary role as providing a bastion of reassurance to enable women's emotional survival on the home front. Of their role in the First World War, the BMM published this description in 1917:

Rising prices, falling funds, shortage of staff, strain of air-raids, were a few of the obstacles that beset our path. But the Medical Mission has become something of an institution in the district, and the great need of the women and children was uppermost in our minds, for as they said, “It is a comfort to have someone to turn to in distress and perplexity.”²⁷

The BMM was framing its patients as tense and bewildered; its role, therefore, was to soothe and bolster these war-weary women. In providing this service, the Mission staff felt they were “most truly serving the Empire” by “faithfully following the well-known Fleet instructions to ‘carry on’ [caring] for the needs of the women and children in this obscure corner of the great

²⁶ *Ibid.*, p. 9.

²⁷ *Ibid.*

Metropolis".²⁸ Looking after the psychological exigencies of London's working-class women was, therefore, directly linked to the war effort.

The First World War radically altered the lives of Bermondsey's working-class women. These women experienced numerous practical difficulties including vastly extended working hours, increased domestic responsibilities, unreliable food supplies, inflationary prices, unreliable war allowances and Zeppelin air attacks. Shopping, in particular, became a daily struggle for most women, which added hours of walking and queuing to one's daily duties. Food provisions were especially difficult to come by. Annie Howell, a teenaged factory worker in Bermondsey at the time, recalled that there were frequent rushes on shops when supplies arrived. In particular, she stated that throughout the War food items such as meat, cheese, fruit, and eggs were virtually impossible to find; most meals consisted of potatoes, carrots, and onions.²⁹ Another Bermondsey-ite, a child at the time of the War, recalled that it was more difficult to obtain food then than during the Second World War: "There was no ration cards you see, you got what you could get and that was the end of it."³⁰ He added that he and his sister would alternate with their mother in the queues at the butcher's shop alone for upwards of five hours on days when meat shipments arrived.

The ill and the aged were unable to stake a place in shopping queues that lasted for hours and endured every variety of weather. These already vulnerable populations therefore began to suffer severe nutritional disorders.³¹ The BMM struggled to keep up with the nourishment needs of these populations. During the War years, the largest single expenditure, aside from staff salaries, was the purchase of food. (Outside of wartime, the BMM's food costs, domestic costs, and medical costs were all roughly equal.) To this end, the BMM sought donations of groceries and was able to obtain them from English "kinsfolk overseas", such as

²⁸ *BMMAR* (1916), p. 6.

²⁹ Imperial War Museum, Sound Archives, interview with Annie Howell, 10 February 1975, Reel 4.

³⁰ Southwark Local History Library, Alan Bartlett, *Memories of Bermondsey's Churches: Oral History Interview Transcripts*, vol. 2, Interview 7, p. 7.

³¹ For more detail on wartime nutrition, see Ian Gazeley and Andrew Newell, "The First World War and Working-Class Food Consumption in Britain", *European Review of Economic History* 17:1 (2013), 71-94 (pp. 87-88).

in Australia.³² They distributed the food chiefly among “old Grannies [who] have felt the pinch of war sadly, and [among] the sick and ailing”.³³ Caring for elderly and invalided patients eventually emerged as a key element of the BMM's services.³⁴

Working hours, too, became much longer for women during the First World War, often extending beyond 60 hours per week in Bermondsey's factories.³⁵ Women's factory work was notoriously harsh even before 1914, but the War increased demands on workers to the detriment of their health.³⁶ The surge of extra work, including activities such as sewing, knitting and making bandages, stretched the time of Bermondsey's women even further.³⁷ The BMM organised Sewing and Knitting Depots in which they employed Bermondsey women to sew garments in exchange for a “fair price”, which were then sent to Queen Mary's Needlework Guild to contribute to the war effort. A Mission report quoted a patient involved as saying: “We can't afford to do it for nothing [. . .] with so many mouths to feed at home, but we do like to feel we're helping them and doin' our bit – they're fighting for us, and we knows it.”³⁸ Through these Depots the BMM's patients were able to contribute directly to the war effort while supplementing their meagre earnings.

Increased domestic duties, working hours, and other responsibilities often resulted in exhaustion; injuries from overwork became common among the women treated by the BMM during wartime. From its beginnings the BMM had always placed a great emphasis on countryside and seaside convalescence. The BMM annually funded trips for hundreds of women who were overtired, overworked, and recovering from illness and injury that lasted between two and three weeks. A smaller number of children participated in these schemes

³² *BMMAR* (1917), p. 5. See also *BMMAR* (1915), p. 6.

³³ *BMMAR* (1917), p. 6

³⁴ By the late 1940s, the BMM established nearly a dozen mission sites that exclusively served the aged and chronically ill.

³⁵ There were at least twelve food processing plants within a one mile radius of the BMM's Crimscott Street site, in addition to other types of factories. Factory women and girls represented a significant portion of the Mission's patients.

³⁶ Hilary Marland, *Health and Girlhood in Britain, 1874-1920* (London: Palgrave Macmillan, 2013), p. 178.

³⁷ Henry Fuller Morriss, *Bermondsey's "Bit" in the Greatest War* (London: Clifton Publishing, 1923), p. 232.

³⁸ *BMMAR* (1914), p. 7.

as well. However, the established schemes for convalescence were affected by the outbreak of war. In the latter half of 1914, virtually all of them ceased operation and sent patients home.³⁹ For the rest of the War, the BMM was able to call upon its donors and subscribers to open up their private homes in the countryside and at the seaside to be able to continue providing this relief service for the women of Bermondsey.⁴⁰

Zeppelin air raids presented the most tangible form of physical danger to the inhabitants of Bermondsey, as demonstrated by the destruction in Figure 2. The BMM and other religiously affiliated sites (such as churches, mission halls and vicarages) took on a new sacred meaning to the population. People believed that these locations would be “safer” due to their Christian affiliation and sought refuge within them during air raids.⁴¹ Bermondsey's women had been turning to the BMM for protection – from abusive husbands, starvation, and ill health – for a decade. Therefore it was unsurprising that their patients turned to the Mission staff both in hopes of added protection from bombs and for support in rebuilding their lives after a devastating raid. A visitor to the BMM in 1917 commented that the composure and labours of Mission staff during and after the air raids “was worthy of the best traditions of English women”, while the patients who lost their homes demonstrated remarkable “fortitude and self-control”.⁴²

³⁹ Ibid., p. 8.

⁴⁰ *BMMAR* (1916), p. 5.

⁴¹ Sarah Williams, “Urban Popular Religion and the Rites of Passage” in *European Religion in the Age of Great Cities: 1830-1930*, ed. by Hugh McLeod (London: Routledge, 1995), 216-238 (p. 228). Williams specifically references Bermondsey in this example. In another work, Williams argues that the popular religious beliefs of neighbouring Southwark (of which Bermondsey is now part) were a combination of orthodox Christianity and “urban folk religion” centred on fate, magic, and luck. See S[arah] C. Williams, *Religious Belief and Popular Culture in Southwark c. 1880-1939* (Oxford: Oxford University Press, 1999).

⁴² *BMMAR* (1917), p. 5.



Figure 2. Two police officers stand amidst rubble beside a crater caused by bombs dropped from German airship L15 on Chambers Street, Bermondsey. 14 October 1915. [© Imperial War Museum]

BMM records indicate a change in situation for some of its patients later on in the War. As Jerry White has pointed out: “The enormous capacity of London manufacturing was turned over to war production and everywhere it fattened on the proceeds.”⁴³ Bermondsey, at the heart of London's industrial hub, was re-enlivened by this as the War wore on. By 1915 the BMM observed that the poor were better off since the outbreak of war because of war “allowances” that made it possible for them to afford the rising prices in food. They stated that, “there is no doubt that with more food there has been less sickness, and this fact has lightened

⁴³ Jerry White, *London in the Twentieth Century: A City and Its People* (London: Penguin, 2002), p. 185.

our anxieties".⁴⁴ Two years later, they continued by saying that: "The health of the people on the whole is certainly better – with more money in circulation, more food has been obtainable."⁴⁵ Isolated, older women who could lay no claim to war allowances were the major exception to this phenomenon. The BMM actively recognised that this population was more vulnerable to the practical exigencies of war: "Our old patients [. . .] are chiefly affected by the higher prices."⁴⁶ To combat this problem, the Mission regularly provided dinners and tea to its "oldest" and "most lonely" patients who were "not benefitting by war allowances".⁴⁷

In addition to everyday obstacles and dangers, Bermondsey's working women faced a collective emotional strain that had never before been encountered on such a wide scale. These women felt the absence and loss of their husbands, fathers and sons acutely. In their anxiety and grief, they turned to medical missionary women for support. The industrial working classes formed the "mainstay" of British troops.⁴⁸ Virtually every Mission patient had loved ones in frontline service.⁴⁹ Ellen Ross has shown that the mothers of these soldiers had close relationships with their children, closer than found among other classes.⁵⁰ London's working-class mothers were the centres of their households. Their children usually went to work at an early age while remaining in the household and handed their wages directly to the matriarch. In return, she took care of their daily necessities such as food and clothing. Working-class offspring also tended to marry later, meaning that they would have spent more time within the family unit. Thus the absence of male relatives would have been a major change to these women's everyday lives.

The lines of communication between working-class soldiers and their mothers and wives were sparse. As Roper has shown, letter-writing in the First World War was affected

⁴⁴ *BMMAR* (1915), p. 5.

⁴⁵ *BMMAR* (1917), p. 5.

⁴⁶ *BMMAR* (1915), p. 5. For more context on the vulnerability of the aged during the First World War, see Hardy, *Health and Medicine in Britain since 1860*, pp. 54-58.

⁴⁷ *BMMAR* (1914), p. 11; *BMMAR* (1916), p. 5.

⁴⁸ Michael Roper, *The Secret Battle*, p. 180.

⁴⁹ *BMMAR* (1918), p. 4.

⁵⁰ Ellen Ross, *Love and Toil: Motherhood in Outcast London, 1870-1918* (Oxford: Oxford University Press, 1993), p. 153.

both by gender and class status.⁵¹ Wartime letters appear to have been overwhelmingly written by middle- and upper-class male writers on the battle front. Certainly at the time of the First World War, working-class women such as those in Bermondsey would have been hard-pressed to write letters to their sons and husbands fighting in Europe. Just before the beginning of the War, a BMM staff member wrote that “quite a sprinkling of our women can neither read nor write, and it has not been unknown for a woman to seek the aid of a neighbour who in exchange for 2d. will write a letter for her”.⁵² Indeed, most Bermondsey children – especially girls – left school by the age of fourteen.⁵³ Middle-aged and older women were likely to have left school even earlier. Census figures showed nearly universal literacy rates at this time, but these figures were based on the ability to read and write one's name.⁵⁴ By this definition, one could be considered literate yet still be functionally illiterate as was undoubtedly the case with many of BMM's patients. Therefore, the separation between the war front and the home front was more absolute for working-class families, intensifying women's apprehensions.

The staff of the BMM observed these difficulties and initiated services to offer emotional support. Because they were evangelical medical missionaries, this often took the form of religious services and prayer. The staff conducted religious services seven days a week in the Mission's waiting hall that lasted between twenty and thirty minutes. These consisted of “a few prayers, some hymns and a short address” that were “very much appreciated [as] some of the women come in just for that only, and they all seem to find it cheering and helpful in what, for the most of them, must be very hard and dreary lives”.⁵⁵ Soon, a special prayer meeting was “inaugurated on Wednesday evenings for Special

⁵¹ Michael Roper, *The Secret Battle*, pp. 27, 56.

⁵² *BMMAR* (1913), p. 16.

⁵³ Southwark Local History Library, Bartlett, *Memories of Bermondsey's Churches*, vol. 2, Interview 9, p. 11.

⁵⁴ Carl F. Kaestle, “The History of Literacy and the History of Readers”, in *Perspectives on Literacy* edited by Eugene R. Kintgen, Barry M Kroll, and Mike Rose (Carbondale, IL: Southern Illinois University Press, 1988), 95-126 (p. 108).

⁵⁵ *BMMAR* (1914), p. 14.

Intercession for 'Our Men at the Front' at the request of the patients".⁵⁶ These meetings had high attendances and "proved to be a help and comfort to many anxious wives and mothers" whose family members were serving in battle.⁵⁷ One such attendant was the mother of one of the War's first recipients of the Victoria Cross, Frederick William Holmes.⁵⁸ The Wednesday evening service continued for years afterward as "a source of inspiration and encouragement".⁵⁹ Ethel K. Bayley, BMM's Nursing Sister throughout the War, "was never too tired to listen to the troubles of a weary woman, or a tiny child: both were sure of her whole-hearted sympathy and advice, and went on their way helped and cheered".⁶⁰ The BMM also hosted social events and gatherings as a means of bringing people together and offering welcome distractions, such as Christmas parties for children at which gifts were distributed, garden parties and tea socials.⁶¹

Medical missionary work in Bermondsey in the First World War, therefore, demonstrates several trends. First, there was a significant loss in staff who went to serve elsewhere at the outset of hostilities, which resulted in steadily decreasing medical services on the home front over the course of the War. Many sought to contribute more actively to British endeavours and others avoided the devastation of war by departing for foreign mission fields. The staff who remained fulfilled an important role in women's survival, both physical and emotional, on the home front. Missionaries provided spiritual services (such as special prayer meetings, convalescent schemes and social events) as well as practical assistance (such as food parcels, shelter during air raids and wages in exchange for needlework). BMM staff and patients faced heavy burdens and yet sought to directly contribute to the war effort wherever possible. The War proved a boon to some, providing greater incomes, allowances

⁵⁶ *BMMAR* (1915), p. 6.

⁵⁷ *Ibid.*

⁵⁸ *BMMAR* (1914), p. 8.

⁵⁹ *BMMAR* (1922), p. 6.

⁶⁰ *BMMAR* (1919), p. 4.

⁶¹ *BMMAR* (1914), p. 11; *BMMAR* (1915), p. 6; *BMMAR* (1916), p. 6. The BMM also distributed fresh flowers among factory girls and women as means of spreading cheer.

and food supplies, but not for all; it exacerbated and highlighted the vulnerability of older women within urban British society.

War Legacy

The First World War left long-lasting effects on the BMM. The Mission identified itself as deeply connected to the conflict both during and after the War. In early 1921, a surplus of army supplies allowed the Mission to acquire a ready-made hospital ward in the form of a disused army hut that had housed army offices. Within this “Hut Hospital”, the Mission dedicated a space to a chapel that ultimately functioned as a war memorial to medical women's contribution to the war effort. The Communion table and vessels had been in service by women on the frontline in France. And the plaque erected therein read:

This chapel is dedicated to the glory of God and to the memory of all women doctors and nurses who gave their lives in the Great War 1914-1918. “Tell England ye who pass that we who died serving her rest content.” June 10th, 1921.⁶²

The BMM remembered the “splendid self-sacrifice of these noble women” as “an inspiring example for those who follow after, even in times of peace”.⁶³ The missionary women who had served on the home front regarded the work of medical women on the war front to be part of a single, united cause. The “Hut Hospital” thrived and by 1929 had proved so successful that the BMM was able to open a larger, brick hospital on the hut's previous location. From its humble beginnings in a recycled First World War hut, the BMM Hospital remained in operation for over seven decades.⁶⁴

⁶² *BMMAR* (1921), p. 6.

⁶³ *Ibid.*

⁶⁴ The building itself was renamed Lena Fox House in 1963.

Conclusion

Examining the lives of medical missionary women and their patients on the home front during the First World War brings to light several findings. Firstly, attention to emotional well-being and social care emerged during the First World War as the primary element of home medical missionary work. Medical missionaries increased their efforts to minister to women's "souls" through increased prayer meetings, scripture readings, tea parties and convalescence schemes, each of which allowed women a time to be heard and to unburden themselves while receiving comfort and solace.⁶⁵ Secondly, during the First World War, the combined burdens of anxiety over loved ones serving at the war front coupled with increased duties toward factory work and domestic responsibilities overwhelmed many working-class women. Women's tendency to sacrifice their own physical and mental health meant that they had a greater need for the services of medical missionaries during wartime. Thirdly, this study shows an emerging focus on older women as the most vulnerable group of people in working-class London. They were the least likely to qualify for schemes by which others on the home front benefitted during times of war, such as allowances and pensions, and medical missions made special efforts to help this population. Medical missions, therefore, serve as a mirror in which one can view the needs of London's working-class women in the early twentieth century and voluntary efforts to ameliorate them.

⁶⁵ *BMMAR* (1920), p. 4.

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