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“This country is rotten”: Australian Nurses in India during World War I and Their
Encounters with Race and Nationhood

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This article examines the writings of the nurses of the Australian Army Nursing Services, who served in hospitals in India between 1916 and 1919. Their writings show that they practised differences along three lines: colour, culture, and space. The article reveals the plurality of female engagements with empire, highlighting the inherent irony in the imperialist machinations of white women from the dominion nation of Australia. It also demonstrates how these nurses make a “grave” and basic mistake — as expounded by Ernest Renan in his 1882 Sorbonne lecture — by confusing race with nation. It ultimately argues that the Australian nurses in India during World War I had been set as pawns by their own government in the greater game of colonial power, by analysing one instance of sexual control, a “scandal” which was censored by the Australian government, but which demonstrated how the latter used gender inequalities as an essential instrument for the perpetration of colonial racism and imperial authority.

With the outbreak of the war in Mesopotamia in 1916, nurses from the Queen Alexandra’s Imperial Military Nursing Service (QAIMNS) in India were sent to Mesopotamia. However, thousands of British and Indian soldiers wounded in Mesopotamia were still being sent to India. The removal of the QAIMNS nurses had created a shortage of nurses in India, and Indian hospitals struggled to cope. On May 12 1916, the British Government in India cabled to the Egypt Force, urgently asking for 50 “lady nurses” to be employed in British War Hospitals in Bombay. The Australian Imperial Force (AIF), head quartered in Egypt, forwarded this request to the Defence Secretary in Melbourne, reminding them that since 105 nurses were disengaged there, would they be permitted to go to India on a six-month long engagement. On June 3 1916, the Defence Secretary in Melbourne made a formal offer to supply fifty nurses, which was received gratefully by the Viceroy and Governor General of India.

Cable from Chief, India, Simla to Egypt Force 12 May 1916

50 lady nurses urgently required for employment in British War Hospitals at Bombay [. . .]

AIF HQ Egypt to Secretary Defence, Melbourne, 23 May 1916

Indian Government to require 50 nurses. 105 nurses disengaged here. Will you give permission for them to go to India on 6 months engagement.

Reply on 3 June 1916 from defence, Melbourne to AIF HQ

Comm of Aust has made formal offer to Indian Gov. to supply 50 nurses. Will you advise on receipt of reply from Viceroy and Gov Gen of India?¹

The emphasis on the “ladyhood” of the nurses already stresses the importance of class in the selection of nurses who would travel to India to nurse a mix of colonial and British troops. The recruitment procedure for the Colonial Nursing Association (CNA) for instance, relied on the appearance, manner and accent of the nurse. Dea Birkett quotes interview notes from the CNA, one of which read, “dark, very young looking, not a lady. Not very suitable” and comments that while “lack of training was rarely

¹ Cable quoted in Rupert Goodman, *Our War Nurses: The History of the Royal Australian Army Nursing Corps 1902—1988* (Brisbane: Boolarong Publications, 1988), 70—71.

considered sufficient reason for declining an applicant, “not a lady” was.”² The work of the first convoy of fifty Australian nurses who arrived from Egypt in 1916 was unsuccessful: they found the Indian weather taxing, the pay insufficient, and believed that their hospital work did not qualify as “war work”. They were transferred to England after six months service. At the same time, large numbers of Australian nurses were waiting for overseas service, and in reply to another cable from India, the Australian Medical Services agreed to despatch 100 Australian nurses. According to the terms laid down, these nurses would be paid by the Australian government, and despite serving in hospitals in India, the Australian Army Nursing Service (AANS) would still be a part of the AIF.

Under these circumstances some 560 Australian nurses arrived in British India during the First World War. Although the service of Australian nurses in wartime India is a reflection on the interconnectedness of empire and medical care, their letters home and their private diary entries from this time provide a cleavage in this connection: their writings reflect their confused encounters with race and nationhood, and reveal racist and imperialist outlooks in their representations of their Indian and Turkish patients. In this article I will examine the work of these Australian nurses in India during the First World War, and demonstrate how they practised differential treatment in their medical care for wounded soldiers through primarily three lines: colour, culture, and space. Thus, by looking at the figure of the female nurse-colonialist practising racial discrimination in their administration of medical care, I will contest the idea of nursing ministrations as a maternalist endeavour. I will consider how in their writings, nursing work assumes the form of — to quote Raymond Williams — an imperial “structure of feeling” when it encounters race.³ Ultimately I will analyse a particular case — an immorality trial involving Australian nurses in a hospital near Bombay — and reveal the precarious state of the female colonialist, who despite practising imperialist policies, is herself a pawn in the larger game of patriarchal imperial power.

Recently some historians have turned their attention to the presence of Australian nurses in India during the First World War, but they mostly allude to the “adverse conditions” of the country and the consequent bravery of the nurses on having survived it. Rupert Goodman, Marianne Barker, and Ruth Rae have each provided a cursory glimpse of the work of the Australian nurses in India, without addressing the uncomfortable racism and eugenicist practices in the latter’s writings.⁴ Additionally, they fail to analyse the lack of knowledge in the Australian nurses’ assumptions about the functioning of the (British) Indian government, and perpetuate the blame game themselves. Kirsty Harris provides a slightly more balanced view of the episode, but offers only a perfunctory analysis, sometimes editing an uncomfortable quote by an Australian nurse and quoting it out of context to demonstrate the latter’s assertiveness and superior work ethic.⁵ Jan Bassett provides a short but useful reading of the immorality

² Dea Birkett, “The “White Woman’s Burden” in the “White Man’s Grave”: The Introduction of British Nurses in Colonial West Africa” in N. Chaudhuri and M. Strobel (eds.), *Western Women and Imperialism: Complicity and Resistance* (Bloomington: Indiana University Press, 1992), 178.

³ Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1977), 128 — 135.

⁴ Rupert Goodman, *Our War Nurses*; Ruth Rae, *Veiled lives: threading Australian nursing history into the fabric of the First World War* (Burwood: NSW, College of Nursing, Australia, 2009); Ruth Rae, “Reading Between Unwritten Lines: Australian Army Nurses in India 1916 — 1919” in *Journal of Australian War Memorial* 36 (May 2002); Ruth Rae, *Scarlet Poppies: The army experience of Australian nurses during World War One* (Burwood: NSW, College of Nursing, 2004); M. Barker, *Nightingales in the Mud: The Digger Sisters of the Great War 1914 — 1918* (Sydney: Allen and Unwin, 1989).

⁵ Kirsty Harris, *More than Bombs and Bandages: Australian Army nurses at work in World War I* (Newport, NSW: Big Sky Publishing, 2011), 141. In the original quote, Nurse Evelyn Davies engages in vigorous racist language to denounce the Medical Officer. Harris, however, skilfully uses ellipsis to remove the derogatory language to reveal only “substantial evidence” of “organisational and nursing skills” of Nurse Davies. I discuss the original situation later in this article. For other works by Harris, see: Kirsty Harris, ““All for the boys”: the nurse-patient relationship of Australian Army nurses in World War I” in Alison S. Fell and Christine E. Hallett (eds.), *First World War Nursing: New Perspectives* (New York: Routledge, 2013); Kirsty Harris, “New horizons: Australian nurses at work in World War I” in *Endeavour* Vol. 38 No. 2, 111 — 121.

trial, but it lacks an analysis of the circumstances that led to it.⁶ Disagreeing with Rae's assertion that since "we are distant from a period in time" we should consider the attitudes of these "devout Christian" women with understanding and tolerance, this article will resort to a theoretical framework to analyse the reasons behind the racist bias of these women.⁷ By uncovering the relationship between imperialist machinations and patriarchy, it will provide a fuller picture of the work and experiences of Australian nurses posted in India during the First World War.

"Their Ways are not Ours"

One of the first hospitals that the Australian nurses were posted to was the Victoria War Hospital in Bombay. Its close proximity to the sea enabled it to receive a large number of seriously-wounded patients from Mesopotamia — from thousands of British prisoners of war released by the Turks, Turkish prisoners of war captured by the British, and German Prisoners of War from East Africa. Sister Narelle Hobbes, who arrived in July 1916, was transferred from Malta, and wrote in a letter,

Honestly this place is rotten. [. . .] We were dumped down into a place the 17th Stationary Hospital sisters had been looking after. They were suddenly bundled out and there were we. In some wards there were only the beds left with the patients in them. The filth of the place was appalling. We can't stand the 17th Sisters or their medical officers. [. . .] We nearly wept over the ward. We have very little unpacked, but had to do the best we could, and as for the patients I have never met a more grumbling group of men in my life. There were no Australians among them, and evidently they had been allowed to do and say as they liked. The MO is a beastly meddling little pup [. . .] so conceited.⁸

Not only is Hobbes critical of the severely wounded patients she is supposed to look after, but is also severely dismissive of her predecessors, the British nurses. By classifying the "filth" in the hospital where the QAIMNS nurses were working as "appalling", she raises an accusatory finger at the competence of the former. This also reveals a hint of the rivalry between British and Australian nurses. Kirsty Harris notes that "Power was an issue confronting Australian military nurses daily, particularly in relation to military doctors, male orderlies and conforming to unfamiliar systems such as that of the British nursing services."⁹ Several Australian nurses wrote that the British nurses "knew nothing", and even refused to work with them unless the latter were "fully qualified".¹⁰ Nurse Gertrude Moberly believed that British nurses thought that Australian nurses were "wild women from down under".¹¹ Some Australian nurses, as well as a number of historians believed that Australian nurses were "hands-on" in their work practices compared to British nurses, and hence were reportedly always chosen by doctors to work in surgical theatres.¹² However, on critically reading the Australians' confidence on their own superior work skills,

⁶ Jan Bassett, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War* (Melbourne: Oxford University Press, 1992) 74 — 82.

⁷ Rae, *Scarlet Poppies*, 183 — 184.

⁸ Hobbes papers, Australian War Memorial Archives, Canberra.

⁹ Kirsty Harris, "All for the boys".

¹⁰ Margaret Young (ed.) *'We Are Here Too'. Diaries and Letters of Sister Olive LC Haynes, No. 2 AGH, November 1914 to February 1918* (Adelaide: Australian Down Syndrome Association, Incorporated, 1991), 149; Emma Russell, *Bricks or spirit: The Queen Victoria Hospital, Melbourne* (Melbourne: Australian Scholarly Publishing, 1997), 3. Quoted in Kirsty Harris, *More than Bombs and Bandages*, 151.

¹¹ Gertrude Frances Hogan, *Experiences of a "Dinki Di" R. R. C. Nurse* (Sydney: Australasian Medical Publishing Company Ltd., 1933), 46.

¹² Kirsty Harris, 'New horizons', 114. Harris mentions some other sources, as well as some unpublished material only possessed by her: *AG Butler, Official History of the Australian Army Medical Services 1914 — 1918*. Vol 3 (Canberra:

one can lay bare a much more complex notion of inferiority and the necessity for self-assertion.¹³ Edward Said reminds us that Australia was established as a penal colony in the late eighteenth century mainly so that England could

transport an irredeemable, unwanted excess population of felons to a place, originally charted by Captain Cook, that would also function as a colony replacing those lost in America. The pursuit of profit, the building of empire, and what [Robert] Hughes calls social *apartheid* together produced modern Australia, which by the time Dickens first took an interest in it during the 1840s (in *David Copperfield* Wilkins Micawber happily immigrates there) had progressed somewhat into profitability and a sort of ‘free system’ where labourers could do well on their own if allowed to do so.¹⁴

In *The Fatal Shore*, Hughes elaborates on the social “apartheid” apparently imposed on convicts sent to Australia:

They could succeed, but they could hardly, in the real sense, return. They could expiate their crimes in a technical, legal, sense, but what they suffered there warped them into permanent outsiders. And yet they were capable of redemption — as long as they stayed in Australia.¹⁵

Said traces the prohibition on the return of Australians to Britain as an “imperial” prohibition: “subjects can be taken to places like Australia, but they cannot be allowed a ‘return’ to metropolitan space, which [. . .] is meticulously charted, spoken for, inhabited by a hierarchy of metropolitan personages.”¹⁶ That Said’s and Hughes’s analysis of mid-nineteenth century wave of immigration to Australia was still pertinent in pre-First World War Australia, can be established by looking at figures of “assisted” and “unassisted” immigration figures between 1851 and 1906, with the “revival of assisted passage schemes” and British rhetoric on Australian migration, which compared it to “a boa constrictor, taking huge gulps of immigrants when times are good . . . then quietening down for digestion during periods of war and recession.”¹⁷ The First World War caused a disruption of this British nineteenth-century imagination of Australians as convicts relegated to a far corner of the earth. Australian nurses found themselves working alongside British nurses in hospitals in Europe and Britain, as well as elsewhere in British colonies. Symbolically with the First World War, Australian soldiers and medical corps had undertaken a journey from the periphery to the centre, with several Australian nurses joining the QAIMNS, while very few British women undertook the reverse journey.¹⁸ At the same time, the primary eligibility criterion of joining the AANS was to be “a natural born British subject or a naturalised British subject”.¹⁹ Hence there

Australian War Memorial, 1943), 583, 552; Jan Bassett *Guns and Brooches*, 67; Bessie Pocock, diary, 26 July, 2, 4 October 1915; Colonel Barber, memorandum, AWM41, item 1/4/3.

¹³ For other works on the time that draw significantly on the perceived Australian womens’ notion of superiority to the British, see: F. Adams, *The Melbournians* (London: Eden, Remington, 1892); and entries in *Woman Voter and Labour Call* between 1900 and 1920.

¹⁴ Edward Said, *Culture and Imperialism* (London: Vintage, 1994), xvi.

¹⁵ Robert Hughes, *The Fatal Shore: A History of the Transportation of Convicts to Australia 1787—1868* (London: Vintage, 2003), 546.

¹⁶ Said, *Culture and Imperialism*, xvii.

¹⁷ For a breakdown of immigration figures in charts, demographic patterns, and derogatory rhetoric regarding Australian immigration in Britain, see: Gordon A. Carmichael, “So many children: colonial and post-colonial demographic patterns” in Kay Saunders and Raymond Evans (eds) *Gender Relations in Australia* (Sydney: Harcourt Brace Jovanovich, 1992).

¹⁸ One exception was Sister Kitty Power, an Irish-born member of QAIMNS who joined the AANS on August 11, 1915. See: Ruth Rae, *Veiled lives*, 221—225.

¹⁹ *Ibid*, 223.

is the presence of a status anxiety in the writings of the Australian nurses, and their emphasis on getting recognised as being better workers than the British.

By calling the Medical Officer a “bestly meddling little pup”, Sister Narelle Hobbes not only dehumanises him, but also questions his competence in providing medical care to wounded soldiers. Ultimately, her comment on the absence of Australians among the wounded soldiers echoes a recurring sentiment of Australian nurses, who throughout their post, constantly and overtly sought out Australian soldiers — “our boys”. Another nurse, Sister Tilton, while posted in Cairo, boasts of almost slapping “a French girl’s face because of the way she behaved in the street, accosting one of ‘our boys’. [. . .] We left her weeping copiously.”²⁰ Not only does this incident paint them almost as moral guardians to Australian soldiers, protecting them from the advances of women from other nations, but also covertly reveals them as the sexual competitors of other women. Nurse Vera Norton vehemently expresses her unwillingness to nurse a wounded German prisoner of war in her hospital in India:

I have a boy in my ward who was a prisoner in Germany for ten months; and the other day he was telling me of some shocking things he had to undergo. I felt like going over and poisoning the old squarehead we had got here.²¹

Narelle Hobbes’s letter is the first example in a long list of illustrations that reveals that for Australian nurses, this war provided a premise for the “ontological discourse central to the relations between Self and the Other”.²² Nurse Gertrude Moberly records herself and her fellow Australian nurses of being “rather fed-up” with nursing Turkish prisoners at Cumballa War Hospital, who, she thought, liked “plenty of attention”.²³ At the Victoria War Hospital in Bombay, Australian nurses decided only to attend to the dressings and the diets of the PoWs, and refused to do any other nursing for them, leaving that to the orderlies. This reaching out for only their own kind of people for medical care, contests with the inherent principle of (wartime) nursing, and the terms of the Geneva Convention: to provide care, relief, and service to wounded people, irrespective of nation and race.

The 2nd Division of the British Indian Army was posted in Rawalpindi to curb unrest in the North West Frontier Province. This area was especially volatile during the First World War, and the Third Afghan War broke out in 1919. When fighting broke out in 1917, some Australian nurses were sent to the British General Hospital at Rawalpindi near Baluchistan border. Matron Gertrude Davis (who eventually became the Principal Matron of the AANS in India), described the place as, “Here, where no woman has ever been sent before — the last place God ever made — six of the AANS worked in the most appalling heat one could imagine.”²⁴ Her comment almost has Biblical overtones, and the phrase “where no woman has ever been sent before” draws on the work of the civilising missionaries of the nineteenth century, and is similar in tone to the principles underpinning the work and vision of the CNA. Addressing the annual meeting of the CNA in 1899, Sir George Goldie of the Royal Niger Company noted that the work of European nurses in West Africa was the “white woman’s burden”.²⁵ Mary Chamberlain, the wife of the colonial secretary and the founding member of CNA further wrote that “Any movement which has for its

²⁰ May Tilton, *The Grey Battalion* (Sydney: Angus and Robertson Limited, 1933), 79.

²¹ Sister Vera Norton, ‘A Gippsland Hospital Nurse’ in *Gippsland Farmers Journal*, 4 May 1917, 4. Quoted in Harris, ‘New Horizons’, 118.

²² Inderpal Grewal, *Home and Harem: Nation, Gender, Empire and the Cultures of Travel* (Durham, NC: Duke University Press, 1996), 4.

²³ Hogan, *Experiences of a “Dinki Di”*, 51.

²⁴ Matron Davis’s papers, Australian War Memorial Archives, Canberra.

²⁵ Times, 26 July 1899, p. 12. Quoted in Birkett, ‘The “White Woman’s Burden”’, 179.

object the prevention or cure of disease is therefore a matter of Imperial as well as of private concern.”²⁶ Thus nursing work in the colonies was the foremost civilising mission carried out by the Imperial power, and Davis’s comment portrays these nurses as pioneers of civilisation introducing moral health reform in the ends of the earth.

At the British General Hospital, the nurses nursed numerous heat stroke cases, malaria, and small pox. It is important to remember that the 2nd Division comprised only British units, which meant that these nurses nursed only white soldiers. Rereading Davis’s comment against the background of this information, and the context of the CNA annual meeting of 1899 provides further clarity on the civilising mission of white nurses. Goldie had further clarified:

The conclusion I wish to press upon you is that, lives such as these so precious to the Empire, the lives of those who are the successors of those who gained the Empire for us, such lives ought not to be wasted. We owe it to them and to ourselves to do all in our power to preserve them, and to see, so far at all events may be possible, when they are struck down as unfortunately they often are in the course of their duty, by sickness, that at least they shall not want the tending of skilful and kindly hands and that sympathy, and womanly attention, which will be found to be the best anodyne for their pain and perhaps the most effective cure for their disease.²⁷

Goldie’s address is especially significant in this context because it is a sentimental way of controlling miscegenation, by allowing only “white women” to look after exclusively “white men”.²⁸ That nurses from Australia, a dominion of Britain, practised this, not only reveals the slippery nature of the demarcations between ‘coloniser’ and ‘colonised’, but as I will demonstrate in the following section, also establishes “whiteness” as the inherent deciding factor in the administering of their care. For these Australian nurses, whiteness served as a bridge between the Old and the New Worlds; but also their self-fashioning of whiteness as settler colonials added distinctiveness to their identity as Australians. Matron Davis’s one line of comment on Australian nursing in the North West Frontier during the First World War is extremely important because it is loaded with historical signification, revealing that she was after all a woman from a nation that around this time avidly practised the ‘White Australia’ policy, and was a descendant of settler colonials.²⁹ In *The Wretched of the Earth* Fanon writes,

The settler makes history; his life is an epoch, an Odyssey. He is the absolute beginning: ‘This land was created by us.’ [. . .] Over against him torpid creatures, wasted by fevers, obsessed by ancestral customs, form an almost inorganic background for the innovating

²⁶ Ibid.

²⁷ Minutes of CNA Annual Meeting 1899, quoted in *ibid.*

²⁸ See George Hardy’s 1926 comment in Ann Laura Stoler, *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial order of Things* (Durham, NC: Duke University Press, 1995).

²⁹ During Australia’s first federal election in March 1901, the *Sydney Morning Herald* published an editorial stating, “The experience of all countries shows the danger of unrestricted coloured immigration”, further commenting that “if we are to have “a white Australia”, the Federal Parliament must devote its attention to the matter at an early stage”. The perpetrators of this dangerous unrestricted immigration were considered to be Chinese, “Hindoos”, and “men of other Eastern races”. On passing one of the first pieces of legislation of the new Federal Government, the Immigration Restriction Act 1901, the first Prime Minister Edmund Barton insisted that “The doctrine of the equality of man was never intended to apply to the equality of the Englishman and the Chinaman.”, and his successor John C. Watson expressly excluded “any person who is an aboriginal native of Asia, Africa, or of the islands thereof”. For research on White Australia Policy, see: David C. Atkinson, ‘The White Australia Policy, the British Empire, and the World’ in *Britain and the World* 8.2 (2015) 204 — 224; Andrew Markus, *Fear and Hatred: Purifying Australia and California, 1850 – 1901* (Sydney, 1979); Jane Carey and Claire McLisky (ed), *Creating White Australia* (Sydney: 2009); Sean Brawley, *The White Peril: Foreign Relations and Asian Immigration to Australasia and North America, 1919 – 1978* (Sydney: 1995); Keir Reeves & Benjamin Mountford, ‘Sojourning and Settling: Locating Chinese Australian History’, *Australian Historical Studies*, 42:1: 111 – 125.

dynamism of colonial mercantilism. The settler makes history and is conscious of making it. And because he constantly refers to the history of his mother country he clearly indicates that he himself is the extension of that mother country. Thus the history which he writes is not the history of the country which he plunders but the history of his own nation in regard to all that she skims off, all that she violates and starves.³⁰

Matron Davis's emphasis on whiteness here is important because when she insists that no other women had lived there before, she actually means no other white women. These women were the harbingers of moral health and civilisation, and in doing that they appeared to be making history.

Evelyn Davies arrived in the Station Hospital at Peshawar in August 1916, and fiercely criticised the Indian medical staff working in the hospital. She had arrived from the Gerrard Freeman Thomas Hospital in Bombay where she and eleven other Australian nurses had worked with "some of the sisters in charge of the ward [who] were Eurasian" which she found "a bit off", but thankfully "they were mostly nice women". Unfortunately her encounters with "Eurasians" did not come to an end with her time in Bombay, and while in Peshawar she reported one particular incident in her letter home to her mother:

Last night I was on duty and had a most dreadful time. We are dependent on Eurasian doctors. I had an officer who was very sick. The assistant surgeon was worse than useless. Of all the broken reeds [. . .] I was nearly demented. First of all he wouldn't get up at night. When I insisted on it, he crawled out in three quarters of an hour, and then I had to tell him what to do. I nearly wept, we are not allowed [to] give Hypodermic injections as some old fossilized sister gave a wrong one once. The man had no pulse. I insisted on him having an injection and the fool gave only one sixtieth strychnine [sic], a child's dose. I told him what I thought of him. It's a mistake to mix black and white [. . .] the children have no stability whatsoever.³¹

Davies casually blames his race for the difference between the work ethic of the Indian medical officer and the Australian systems, which she thinks "excel anything I have yet come across, and we are thoroughly trained".³² She finds it disturbing that the "Eurasian" man belongs neither to the "blacks" nor the "whites", and attributes his apparent incompetence to that sense of racial non-belonging. Her labelling of him as "Eurasian" and her belief that it's a mistake to "mix" is explicitly eugenicist. Edward Said wrote that Orientalism promoted the "difference between the familiar (Europe, the West, "us") and the strange (the Orient, the East, "them")", which created and "served the two worlds thus conceived. Orientals lived in their world, "we" in ours."³³ The medical officer did not fit into this neatly demarcated binary between "us" the whites, and "them" the blacks, and according to Davies that consequently made him too unstable to perform his job. The term 'Eurasian' encompasses "historically embodied racial and spatial connotations", and according to Julie Matthews, "Eurasian" demarcates "a hybrid state which includes the transposition of 'Asian' signs and symbols into predominantly Anglo-European settings; and the transposition of 'Anglo-European' signs and symbols into 'Asian' settings."³⁴ Essentially this "mix" of "black and white" signifies a subversion, which Ann Stoler articulates as "a threat to white prestige, an

³⁰ Frantz Fanon, *The Wretched of the Earth* (New York, NY: Grove Weidenfeld, 1991), 50.

³¹ Davies, letter 12, November 1916, Australian War Memorial, Canberra.

³² Ibid.

³³ Edward Said, *Orientalism* 43—44.

³⁴ Julie Matthews, 'Eurasian Persuasions: Mixed Race, Performativity and Cosmopolitanism' in *Journal of Intercultural Studies* 28:1, 45.

embodiment of European degeneration and moral decay”.³⁵ What Davies terms as a question of “stability” is in fact the threat to colonial structures: racial unbelongingness by mixing would threaten all the visible signs of European identity, jeopardising the criteria under which “[European] citizenship could be accorded, and [European] nationality assigned.”³⁶ Davies’s comment on the racial origin of the medical officer also demonstrates what Reina Lewis notes as our experience of ourselves as “female/ male but also and already as black/ white”.³⁷ While treating one of their “own boys” in one of their own hospitals, the whiteness of the Australian nurses would have been normative. Their awareness of it was triggered by the experience of working in a racially-heterogeneous hospital, their whiteness serving as the control when put in comparison with not only non-white people, but also with a “mix [of] black and white”: “the gender specificities that accrued to women qua women were always built on their differences as *white* women.”³⁸ Ultimately the inter-penetration of discrimination in Davies’s complaint is interesting. While pointing out that she was being discriminated against as a white, qualified woman by a man of mixed-race, she reveals that it was through the mistake of a white woman, which had put the ban against white nurses.

While Davies complained that Indian medical bureaucracy did not allow the Australian nurses to administer to the sick and the wounded, another Australian nurse, Sr. Moreton, complained of having to “do everything ourselves” as “We do not have any orderlies, only dark boys and they do not understand us”.³⁹ Moreton’s comment implies that the skin colour of the “boys” is a marker for their professional competence, and that automatically disqualifies them from being orderlies, and from their working in the hospital wards alongside the nurses. Sister Jessie Tomlins wrote to her mother that,

the niggers have taken possession of the ward, about 20 or more of them, so Sister and I are sitting out on the balcony [. . .] It is perfectly hopeless to do any work — even if we wanted to — while the scrubbing performance goes on, so have left them to it. We can hear buckets and basins going galore. They are a rough and ready lot of workers but it is useless to try and reform them. Besides whats [sic] the use?⁴⁰

In this explicit passage Sister Tomlins juxtaposes numerous racist stereotypes. It is unclear if the men referred to here were recuperating soldiers eager — like in the other hospitals of the Great War, recorded by Vera Brittain and Irene Rathbone — to help with the chores of the nurses, or hospital orderlies whose job was to work alongside nurses. Tomlins dismissively announces that the wards have been taken “possession of” by these men, and it is their presence which makes it impossible to do any further work. Like the missionaries before her, she feels it necessary to “reform” these men, however admitting that attempting reformation would be useless. She does not state a reason. Said quotes from Lord Cromer’s *Modern Egypt* to list the characteristics that the Westerner believed were intrinsic to the Oriental: “Sir Alfred Lyall once said to me: “Accuracy is abhorrent to the Oriental mind. Every Anglo-Indian should always remember that maxim.” Want of accuracy, which easily degenerates into untruthfulness, is in fact the main characteristic of the Oriental mind.”⁴¹ Important that Cromer’s friend included that racially-ambiguous group “Anglo-Indian”, falling under the category “Eurasian”, to remind Cromer that accuracy is hateful to them. This ideology, hence, would also fit with Nurse Davies’s belief on the instability of “Eurasian” M.O.s. Tomlins’s belief that black men’s physical labour is merely performative neatly

³⁵ Ann Laura Stoler, ‘Sexual Affronts and Racial Frontiers: European Identities and the Cultural Politics of Exclusion in Colonial Southeast Asia’ in Frederick Cooper and Ann Laura Stoler (ed.) *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley and Los Angeles, California: University of California Press, 1997), 199.

³⁶ *Ibid.*

³⁷ Reina Lewis, *Gendering Orientalism: Race, Femininity and Representation* (London: Routledge, 1996), 15.

³⁸ *Ibid.*

³⁹ M. Barker, *Nightingales in the Mud*, 72.

⁴⁰ Letter, Jessie Tomlins to Margaretta Tomlins (mother), 5 January 1918, in Ruth Rae and Joan Wheeler (ed.) *Correspondence of Fred, Jessie and William Tomlins 1914 — 1919* (unpublished). Quoted in Ruth Rae, *Scarlet Poppies*, 183.

⁴¹ Said, *Orientalism*, 38.

dovetails into Cromer's and Lyall's idea. Another AANS member, Nurse Gladys Walter noted that "One was surrounded by a confusion of strange tongues, weird [sic] customs and diverse stinks".⁴² She clearly distinguishes the difference between "us"—comprising familiar language, familiar customs, and familiar smell—and the language, customs, and smells of the Other. Yet her differentiation is striking because it refers to the sensory (especially the affect of disgust) to illustrate the boundaries. Another nurse wrote that her Indian patients "seemed so much alike that we could not tell one from the other so could only go by the number of their beds."⁴³ This implies that, although there exists specific ontological, epistemological, and cultural differences between the Other and "us", the white Australians, there exists no differences among the Others themselves. Irrespective of their racial origin, religious, and cultural background, the Other, distinct from "us" as being not white, are a homogenous group of similar ["weird"] tongues, customs and stinks. These women's categorisation of the Other as the homogenous Oriental, despite the obvious plurality in their identities (Indian, Turkish, "Eurasian") indicate the simplicity in the binary between "us" and "them" that the dominant imperialist culture perpetuates.

These instances reveal the selective amnesia of Australian nurses: despite originating from a colonised dominion of Britain themselves, they support the "hegemonic discourse of empire" in another British colony, and practise imperialism and racism.⁴⁴ Nevertheless such a deconstruction of their imperialism is too simplistic, and needs further unravelling. The attitudes of Australian nurses towards their non-white soldier-patients and colleagues were perpetuated via (to quote Catherine Hall in a different context) "an emphasis on cultural distinctions between peoples and insistence on the immutable character of racial difference."⁴⁵ However, the premise of the perpetuation of these differences existed because of power play in the context of imperial domination — the power that is exercised by a strong body over a weak body, effectively drawing from the Gramscian concept of 'hegemony'.⁴⁶ Yet, the perpetrators here are *Australian* women.

So far my criticism of their imperialist and racist ideologies has hinged on theories which essentially serve to critique the imperialist policies of Europe. Using the same theories in such a transnational context is problematic especially because, as I have stated, Australia was itself a dominion of Britain. It is here that Homi Bhabha's theory of mimicry serves to function as a bridge between European imperialist policies, and Australian women's imperialist, racist, and eugenicist ideologies during the First World War. In his essay 'Of Mimicry and Man: The Ambivalence of Colonial Discourse', Bhabha writes that, mimicry is "a complex strategy of reform, regulation and discipline, which "appropriates" the Other as it visualizes power."⁴⁷ For Bhabha, it is the colonial subject who aspires to be the Other, the reformed and disciplined subject by mimicry. In the case of the Australian nurses, they mimic the imperialist ideology of the hegemonic British. This mimicry exposes an inherent difference in the two bodies, an "ambivalence": in Bhabha's writing it reveals the slippage between the colonised body and the ruling class, in the case of the Australians it lays bare an innate difference, "almost the same but not quite."⁴⁸ Thus even as these women practise the dominant hegemonic discourses of imperialism by mimicking British racial ideologies, they are already Othering themselves ("almost the same").

⁴² Letter by Sister G. Walter, Australian War Memorial.

⁴³ Australian War Memorial 27 373/61, 'Isolation — Port Said', no author.

⁴⁴ Billie Melman, *Women's Orients: English Women in the Middle East, 1718 — 1918* (Basingstoke: Macmillan, 1992). xxiii.

⁴⁵ Catherine Hall, *Cultures of Empire: A Reader* (Manchester: Manchester University Press, 2000), 19.

⁴⁶ See: Himani Bannerji, 'Politics and the Writing of History', in Ruth Roach Pierson and Nupur Chaudhuri with the assistance of Beth McAulay, *Nation, Empire, Colony: Historicizing Gender and Race* (Bloomington, IN: Indiana University Press, 1998); Antonio Gramsci, *Selections from the Prison Notebooks*, Translated and edited by Quintin Hoare and Geoffrey Nowell Smith (New York: International Publishers, 1971); Said, *Orientalism*.

⁴⁷ Homi Bhabha, 'Of Mimicry and Man: The Ambivalence of Colonial Discourse' in Cooper and Stoler (ed.) *Tensions of Empire*, 153.

⁴⁸ *Ibid.*

Mimicry of the colonial subject “poses an immanent threat to both “normalized” knowledges and disciplinary powers”, because mimicry does not “re-present[s]”, it only “repeats”, posing a threat to colonial superiority and status.⁴⁹ What makes the racism practised by the Australian nurses stand out so starkly is their desperate “camouflage” to fit in with the dominant imperialist discourse despite emerging from a dominion nation. Of mimicry and camouflage, Lacan writes, “It is not a question of harmonizing with the background, but against a mottled background, of becoming mottled.”⁵⁰ Contextualising the rivalry between Australian and British nurses that I discuss earlier helps us understand this mottled presence of Australians in British hospitals in British colonies. The imaginary social inferiority that these women suffered from made them more active proponents of mimicking hegemonic imperialist discourses.

Alongside colonial mimicry, I also want to draw attention to the dual identity of both coloniser and colonised in settler colonial societies like Australia. Marilyn Lake’s project on the forging of Australian national identity against these contradictory qualifiers is an important reference point. Australian women’s insistence to define themselves as outside of the local “primitivism” of indigenous people, as well as their construction of themselves as different from the “old world oppressions of Britain” forms the crux of Australian national identity in early twentieth century. The status anxiety I elucidate earlier springs from being subjected to “the humiliations of being treated by the British as ‘colonials’”.⁵¹ Lake argues that it is in response to this humiliation that Australians asserted their identity as white, thus distinguishing themselves “from other (coloured) colonised peoples [. . .] Australian settlers attached special significance to the status and meaning of ‘whiteness’.”⁵² Hence they practice such vigorous racism in their treatment of Indian soldiers in India—as British colonial subjects, these soldiers were of the same status as these women. In order to establish their superiority, they fell back on whiteness as a mechanism to assert both power and supremacy.

Critics like Bhabha, Stoler and Tabili have warned against covert surveillance of the coloniser, whose object it is to discipline and control subversive colonials.⁵³ Bhabha turns the partial presence of mimicry, producing a partial vision of the colonizer, into “the look of surveillance”, which offers a “displacing gaze of the disciplined, where the observer becomes the observed and “partial” representation rearticulates the whole notion of identity and alienates it from essence.”⁵⁴ In 1918, the Australian nurses working in No. 34 Welsh Hospital, Deolali (near Bombay), were subjected to a trial presided by British officers and British medical services, on grounds of “immoral behaviour”. The case had been constructed by drawing together reports of secret surveillance by British officers, and speculations on their behalf. It was quite literally the subject of Bhabha’s and Lacan’s “scopic drive”, and the aim of the trial was to discipline desire.⁵⁵ The case did not cut short the racist rejoicings of Australian women in their writings about their non-white patients, but it rendered a different colour to it. In the following section, I will examine the background to the trial and its representations by the Australians, and demonstrate how these women were ultimately pawns in a greater game of colonial power, and the essential ambivalence in the position of the Western woman: despite practising racial superiority, they are themselves considered inferior by the very power structures that they support.

⁴⁹ Ibid, 153, 155.

⁵⁰ Lacan, “The Line and the Light” in *The Four Fundamental Concepts in Psychoanalysis*, Translated by Alan Sheridan (New York: Norton, 1978), 91—104.

⁵¹ Marilyn Lake, “Colonised and colonising: The White Australian feminist subject” in *Women’s History Review* 2:3, 1993, 379.

⁵² Ibid.

⁵³ See: Bhabha, ‘Of Mimicry and Man’, 152—160; Stoler, *Carnal Knowledge and Imperial Power*, (Berkeley: University of California Press, 2002); Tabili, ““Women of a Very Low Type””: Crossing Racial Boundaries in Imperial Britain”, in Laura Frader and Sonya O. Rose (eds) *Gender and Class in Modern Europe* (Ithaca: Cornell University Press, 1996,) 165—190.

⁵⁴ Bhabha, ‘Of Mimicry and Man’, 156.

⁵⁵ Ibid.

“How wicked”

The Australian nurses’ constant criticisms of the wickedness of the “Indian” Government who seemed to have forcefully kept a few hundred highly-trained Australian nurses in India, when they could have been more useful elsewhere, coloured this controversial episode. Hannah Arendt writes that the society of the nation in the modern world is “that curiously hybrid realm where private interests assume public significance”.⁵⁶ Most of the Australian nurses posted in India intensely desired to serve in the Western Front or Mesopotamia as they believed they would be more “useful” there as those places experienced “active service” unlike India. How much of their desire to move elsewhere was prompted by their desire simply to escape from India and go to a Front where predominantly their own “boys” were fighting (Gallipoli for instance) would be a sensitive question. However, a quantitative analysis of the workload in the Indian hospitals where these nurses were employed quickly dispels the myth that India was the hub of “inactivity” during the War. At the No. 34 Welsh General Hospital at Deolali, for instance, Australian nurses treated over 2000 patients comprising British Tommies, French Algerians, Mauritius Labour Corps, and Turkish soldiers. The diseases ranged from malaria and smallpox, to plague, cholera, and “Bombay fever” (Spanish influenza). However, for Nurse Alma Bennett, who together with her staff was entrusted with the running of the hospital, only found the place a “second-class hill station”.⁵⁷ In a letter home on August 2, 1916, Narelle Hobbes informed that four of them had asked for a transfer to Mesopotamia as “There is plenty there for the nurses to do and they are supposed to be putting a big hospital up the river.”⁵⁸ Despite the constant influx of severely wounded patients from Mesopotamia to the Victoria War Hospital where she was posted, Hobbes considered the work-load inadequate enough to merit a longer stay. Matron Gertrude Davis at the Victoria reveals an unaffected demeanour while treating Turkish PoWs, gloating instead on the medical case itself: “[the Turkish prisoners] provided us with the best experience we have had out here. There was so much sepsis we fairly wallowed in pus. Secondary haemorrhages were numerous.”⁵⁹ Hence the Matron-in-Chief of the AANS, Miss Tracy Richardson’s claim that the Australian nurses were forced to serve in India which is “not Active Service”, had little truth.⁶⁰

In their criticisms of India and the Indian government, these nurses make a “grave” and basic mistake, as expounded by Ernest Renan in his Sorbonne lecture of March 11, 1882: “race is confused with nation and a sovereignty analogous to that of really existing peoples is attributed to ethnographic or, rather linguistic groups.”⁶¹ The “black” and “Eurasian” Indians that they were so critical of were not responsible for their presence in India. These nurses did not realise that the Indian Government was in fact only the colonial British Government in India; the orders were given out by the British Viceroy, and carried out by British officials. The nurses’ understanding of nationhood in the Indian context, as appears in their writings, is very sketchy and confused.

General Fetherston, the Major General of medical services based in Melbourne, conducted an inspection tour of the Australian Army Medical Corps in 1918, and wrote a report on the AANS in India. Fetherston had been the nurses’ point of contact for the Australian Government, and a few matrons had written to him with complaints throughout their service in India. In his report, Fetherston criticised the “Indian”

⁵⁶ Hannah Arendt, *The Human Condition* (Chicago: University of Chicago Press, 1956), 35.

⁵⁷ Bassett, *Guns and Brooches*, 76.

⁵⁸ Barker, *Nightingales in the Mud*, 73.

⁵⁹ Davis letter 960, Australia War Memorial. Cited in Harris, *More than Bombs and Bandages*, 148.

⁶⁰ Goodman, *Our War Nurses*, 75.

⁶¹ Ernest Renan, ‘What is a Nation?’ (translated by Martin Thom) in Bhabha, *Nation and Narration*, 8.

Government's deduction of money from the nurses' salaries against broken equipment, and the fact that the nurses had to pay part of their own earnings for railway fares for their holiday:

It is hardly fair that Australians should be treated as if in the permanent Indian employment, for they cannot avail themselves of many allowances granted to the Indian Nursing Service, such as long leave at the end of 5 years, 60 days a year retiring allowance or pension. These alone are a great saving to Indian government when comparing cost of Australian and Indian Nursing Services.⁶²

However, the Australian nurses did not realise that their employment and pay in India was entirely under the jurisdiction of the Australian Government, who had agreed on those terms with the British Government, as revealed in the cables exchanged in 1916. Thus, while Australian nurses wrote to their government and families, criticising the policies of the "Indian" Government, those very policies had been set and approved by their own government, who were covertly generating this sense of dissatisfaction amongst them. This not only reflects that these women had been pawns in the hands of the Australian and British governments, but also that despite practising imperialism, they had themselves fallen victim to it. This reveals the shift in the boundaries between the coloniser and colonised, with the Western woman being considered inferior, even while she herself portrayed a sense of superiority built on the construction of race.

It is necessary to unpack this shift in power dynamics. Ann Stoler has noted that "Racism is the central organising principle of European communities in the colonies."⁶³ By engaging the work of the Australian nurses in India along lines of racial difference, the Australian government was complicit in the strict production and control of knowledge. Within their own borders, Australia was vigorously practising the racist principle of 'White Australia'. By extending this production of racial knowledge to India, the Australian government successfully kept the focus away from itself despite orchestrating the running of the affairs for the Australian nurses. This does not take away the blame from the Australian nurses for engaging in racism towards their non-white patients and colleagues in India, yet it reflects them as pawns in a larger game of colonial power. Stoler asks "in what ways were gender inequalities essential to the structure of colonial racism and imperial authority?"⁶⁴ One particular instance regarding the treatment of the Australian nurses answers this question.

On 13 and 14 May 1918, a court of enquiry conducted by several British officers, and presided by an assistant director of medical services was made at the Welsh General Hospital in Deolali. The inquiry was held to investigate six charges of alleged immoral conduct against Australian nurses working there.⁶⁵ The primary witnesses were Colonel Seddon, the Camp Commandant at Deolali, and Signor Martrirossi, an interpreter for the Turkish prisoners in the hospital. Together they detailed five of the six cases involving AANS members: the first nurse, whose husband had been missing in Gallipoli had been spotted in the arms of a sergeant one evening; another nurse had been seen walking 'side by side' with a Lieutenant towards Temple Hill at ten o'clock one evening; one V.A.D. had sent messages to a particular sergeant in the Garrison Theatre; and one nurse had been seen "in action" with a Turkish sweeper on the ground in an empty tent after midnight. Two of the cases did not proceed due to mistaken identities. The nurse who was accused of having sexual intercourse with a Turkish sweeper was subjected to a medical examination and was found to be *virgo intacta*. The court ultimately dropped all charges against the nurses, put Seddon

⁶² Department of Defence correspondence files 527/1/122, Australian Archives. Quoted in Bassett, *Guns and Brooches*, 77.

⁶³ Stoler, *Carnal Knowledge and Imperial Power*, 13.

⁶⁴ *Ibid*, 42.

⁶⁵ For details on the scandal see: Jan Bassett, *Guns and Brooches*, 78 — 80; Ruth Rae, 'Reading Between Unwritten Lines'; Ruth Rae, *Scarlet Poppies*, 190 — 196.

on leave and dismissed Martirossi. The Australian Government censored the event after a request from the Viceroy of India to the Governor-General of Australia.⁶⁶

Matron Davis wrote to General Fetherston, informing him that the nurses “had been refused” copies of the report of the event which had been sent by the Viceroy of India to Melbourne. She reported that the treatment that the Australian nurses had been subjected to by the authorities was “scandalous”. Fetherston wrote a detailed report, in which he accused the court of not providing any help to the nurses.

In fact everyone seems to have taken the whole matter as settled and proved without trial. Insinuations at the inquiry were made and not allowed to be contradicted at the court. Hearsay evidence was admitted. No one was allowed to be with the nurses in court, and Sister [. . .] had to sit alone for hours in the presence of several officers and hear the vile charges made against her without anyone as a companion. [. . .] In justice to the Australian nurses, I consider that further action should be taken to ensure their protection or else they should be withdrawn from India [. . .] Not one word of sympathy was spoken to any of the nurses and not a word written by those in authority.⁶⁷

A combination of reasons and misunderstandings had led to the event. General Fetherston, who had himself been instrumental in introducing badges of rank for AANS members to prevent them from socialising with non-commissioned officers, analysed one reason as:

Speaking to a Non-commissioned Officer which, in the eyes of many Imperial officers, is an unpardonable sin, and not being able to prove anything against these two nurses the Camp Commandant started a foreign spy [Signor Martirossi] to work, who to show his zeal and acumen trumped up some cases and told lies.⁶⁸

Two nurses had been spotted as having visited an “immoral house” for afternoon tea, run by the widow of a non-commissioned officer. They had spoken to a non-commissioned officer there, but were ultimately not charged. Looking back at their encounters with Turkish prisoners, Matron Davis wrote,

The T.O.s [Turkish officers] were amused at our badges of rank and the conclusion they came to was:- That I was the wife of a captain; the sisters wives of 1st Lieuts. and the s/nurses wives of 2nd Lieuts. We did not bother to disillusion them.⁶⁹

The fact that the nurses did not attempt to speak Hindi or Turkish with the workers and prisoners in the hospital contributed a lot to the (essentially cultural) misunderstanding: “Many were the mistakes made at first and as none of these servants could speak English and the sisters did not know Hindustani so all communication had to be made by sign and gesture.”⁷⁰ The effectivity of signs in this context is highly doubtful, as envisaged by the events that followed. Stuart Hall reminds us that “It is through culture and language that the production and circulation of meaning take place.”⁷¹ The Australian nurses were constructing race and culture through “sign and gesture”, and not through language.

⁶⁶ Bassett, *Guns and Brooches*, 79.

⁶⁷ Memorandum for Surgeon General Fetherston, DGAAMS, National Archives of *Australia False accusations against Australian nurses serving in India* series MP 367/1, item no. 527 27 516, 26 May 1918. Quoted in full in Rae, *Scarlet Poppies*, 192.

⁶⁸ Memorandum Davis to Fetherston, 20 August 1918. Quoted in Ruth Rae, *Reading Between Unwritten Lines*, 7.

⁶⁹ Matron Davis's Papers, Australian War Memorial.

⁷⁰ *Ibid.*

⁷¹ Stuart Hall, *Representation: Cultural Representations and Signifying Practices* (London: Sage, in association with the Open University, 1997).

The circumstances of the court of enquiry unleashed the racist wrath of Australian nurses. One of the nurses described Martrirossi as,

supposedly an Italian, but more likely a mixture of foreigner and native. This creature was always regarded by us as objectionable, though he was ranked as an Officer and messed with them. He made many unsuccessful attempts to become friendly with Sisters whose duties brought them into contact with him.⁷²

For Matron Davis, one of the Turks who had testified against them was, “a Turk, a Mohammedan, who doesn’t know the word morals let alone practice [sic] or live a moral life.”⁷³ Ultimately since British Officers were implicitly connected with the inquiry, the Australian nurses were forced to reconsider their attitudes towards them: “How decent Britishers could resort to such low methods is beyond us.”⁷⁴

This incident reveals the management and control of white women’s sexual activities in the colonies, as a perpetuation of colonial control. These nurses had been conditioned to behave as moral guardians on their postings abroad, as laid down by the tenets of the CNA, and demonstrated by the actions of several Australian nurses in different Fronts. A nurse called Miss Wilson wrote,

Men came to the Sisters for safety among pressing temptations. In many instances they were kept from women they wished to avoid by spending time in the Sisters mess and by the Sisters going to dinner or to entertainments with them. I think there was a big field of influence exercised here — that cannot very well be put into print.⁷⁵

As long as the influence was asexual, the nurses were safe. Sexual attraction between the nurse and her patient was a taboo, but attraction for a patient belonging to a different race carried with it fears of degeneracy and miscegenation. The allegations against the nurses in Deolali were especially scandalous because they did not fit in with the accepted discourse of innocent white women falling victim to the “primitive” sexual urges of the Other; in this case, the Other — Turkish men — were testifying against the alleged promiscuity of white women. This situation was also complicated because, as Stoler writes, “rape charges against colonized men were often based on perceived transgressions of social space”.⁷⁶ However, a wartime hospital in a colony contested the idea of “social space”, as here white women worked with men of colour, treating white patients as well as non-white patients. Besides, since “native” men had offered evidence against the morality of white women, male colonial authorities were denied the excuse of flexing their power over the native population. Nevertheless, one thing that remained unchanged even in this instance was the blame accorded to white women for promiscuity. The AANS had a long culture of covertly punishing its nurses for transgression of accepted moral codes, with transgressive members being made ‘C.B.’ or ‘Confined to Barracks’ — the names of the nurses would not be recorded, but they would be “made an example of for the benefit of others.”⁷⁷ Some nurses would be sent home and given work only in Australia. Hence, when ultimately found innocent in Deolali, the AANS members fiercely urged for a public apology from British and Australian authorities.

The unpleasant experience in Deolali however, achieved one of the primary motives of the colonial power. As evidenced by the nurses’ negative comments about the Turks, this incident only further “demarcated positions of power” and “prescribed the personal and public boundaries of race.”⁷⁸ The

⁷² Department of Defence correspondence files, 527/ 276/ 531, Australian Archive. Quoted in Bassett, *Guns and Brooches*, 80.

⁷³ Letter from Miss Davis to Miss E. Tracy Richardson, 26 May 1918. Department of Defence correspondence files, 527/ 276/ 531, Australian Archive.

⁷⁴ Department of Defence correspondence files, 527/ 276/ 531, Australian Archive.

⁷⁵ Grace Wilson, ‘Problems of the Nursing Service’, Butler Papers, 5/46, Australian War Memorial, 41.

⁷⁶ Stoler, *Carnal Knowledge and Imperial Power*, 59.

⁷⁷ Bassett, *Guns and Brooches*, 81.

⁷⁸ Stoler, *Carnal Knowledge and Imperial Power*, 42.

paymaster representing the AIF in India and Mesopotamia, and a champion of the Australian nurses in India, Captain F. H. Wickham, noted in his scathing report at the end of the Deolali scandal,

The nurses have been lent to the Indian Government and naturally the Indian Government may locate them where they wish, but it is hardly fair to the girls who have enlisted in the service of their country, thereby making great sacrifices, that they should be further sacrificed merely for the financial gain of the Indian government.

[. . .]

In the history of India it is only during this war that Indian troops have been nursed by white women. Formerly the work was carried out by native orderlies. General Fetherston might consider the advisability of probing into this point.⁷⁹

The narratives of race and nationhood gleaned from the writings of Australian nurses in India complicate discourses of Orientalism. Their knowledge of the Orient which was considerably influenced and nurtured by the 'White Australia' policy was also problematized by the heterogeneous space of wartime India, where they encountered multiple races. As Wickham's report states, they believed in racial segregation even when it came to administering medical care during war. That they perpetrated their lines of difference through their nursing work makes this encounter both controversial and poignant.

⁷⁹ For Captain F. H. Wickham's full report, see: Goodman, *Our War Nurses*, 76—80.