

## **WORLD WAR 1 - THE VOLUNTARY AID DETACHMENT (VAD)**

**by John Cunningham and Ed Gilbert**

It had been recognized since the end of the Boer War in 1901 that there was a shortage of qualified nurses in Britain and it was felt workload could be lessened if some of the more mundane jobs of nursing such as looking after convalescents could be given to less qualified volunteers, thereby freeing up more time and staff for nursing the patients who needed expert care.

A solution, which would be as yet untried and untested in 1914, was created in August 1909, not for World War I which could not then have been anticipated, but for any major military emergency which might develop. This may be indicative of underlying fears and insecurity at the time, but also possibly of a certain prescience. This was the VAD - the Voluntary Aid Detachment - which was a volunteer organisation established by the British Red Cross and the Order of St John (St John's Ambulance) to run auxiliary military hospitals in houses, church halls, schools and even tents. However in 1914 while it has been established, it was still a relatively undeveloped and untrained reorganisation.

The Detachments were originally intended to staff only auxiliary hospitals in the UK and initially they received no payment or salary for these duties. At the beginning, the type of woman recruited would have been in a position to offer her services without pay, since most of the initial VADs, as all personnel were called, were of the middle and upper classes. Subsequently, they would be paid - for the first seven months at the rate of £20 a year, then at £22-10s-0d, with a uniform allowance of £2-10s-0d every six months and quarters, food, washing and traveling provided.

The role of the volunteer was essentially a supportive one. Trained in basic first aid and they assisted qualified nursing staff to keep hospitals and services operating. Volunteers were required to achieve certificates in First Aid and Home Nursing, issued by one of the various bodies such as the Red Cross and St. John Ambulance They cleaned, cooked and acted as porters as well as basic nursing and surgical support and care, in order to release the qualified staff for clinical duties. Volunteers additionally spent time with the wounded, and wrote letters for those unable to do so.

The involvement of the VADs in nursing the war-wounded was not without controversy. The nursing profession, who had been campaigning for state registration and professional recognition since the early years of the century disapproved of the involvement of VADs who they felt, represented an essentially outdated view of nursing as a philanthropic, but not practical approach to the care of the ill and injured. They pointed to the contrast between the three years professional training for a qualified nurse and the much poorer levels of skill of the VADs. Moreover, many qualified nurses feared that the VADs would be competing with the professional employment market following the war. While many VADs were expected to be little more than ward maids, many of them eventually became highly skilled military nurses, if only because the sheer volume of patients flooding in meant they had no alternative but to do more than was originally expected of them.

The patients with whom they dealt, ranged from the bed-ridden to crippled and walking wounded, and some would be terminal cases. One of the worst type of wound was gas gangrene \*, which could lead to amputation and death, for which the only

(then known) treatment was 'Carrel and Dakin Solution', also known as Eusol. Hester Cotton, a VAD at Rust Hall VAD Hospital in Tunbridge Wells records \*\* 'I could never get the smell of that stuff out of my nose. I can still smell it even now, a sort of chlorate of lime smell, and the smell of the wounds themselves was terrible. If there was a case of gas gangrene in a ward, you could smell it as you opened the door.'

Most VADs were unaccustomed to both the hardship and discipline of hospital life and when VADs started to be sent abroad, many military authorities would not accept them at the front line and so when they were stationed in France, they were generally placed in hospitals located on the coast.

There were about 50,000 women involved on a fairly light part-time basis in the VAD before the start of the War. It has been estimated that between 70-100,000 served as VADs during the War, most on a full-time basis and some for up to five years.

Detachments were officially numbered by the War Office. Women detachments were given an even number and the men's detachments an odd number. There would be a total of 32 men's and 95 women's detachments in Kent.

Although the War Office paid a daily allowance for each patient, a part of the equipment and running costs of the hospitals was met through local fundraising and support.

Kent would have over 127 VAD units during 1914-1918, about a third of them being mixed detachments of men and women. These units provided 4,730 beds, an average of about 40 beds per unit. Each unit Commandant who was more often than not a woman, a Medical Officer, a Quartermaster, a Lady Superintendent for the female staff, a Pharmacist and other personnel of all ranks.

Kent would accommodate more wounded soldiers than any other area of country and by the end of the War, its VAD hospitals had cared for 125,000 patients - about a third more than any other county. Pembury Hospital (the Sandhill Infirmary) was the infirmary of the Pembury Workhouse which was outside the Borough of Royal Tunbridge Wells. It had over 100 beds before the War and became a major VAD hospital, converting its Outpatients Department to a ward of 32 beds.

END

(From *The Shock of War* Royal Tunbridge Wells Local History Monograph No 13)

\* Gas gangrene can cause muscle tissue death, gas production, and sepsis.  
(Wikipedia)