Sister Ethel McCaul R.R.C. (1867–1931) and the Japanese Red Cross

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INTRODUCTION

During the Crimean War (1853–56) Florence Nightingale became a popular heroine of medical improvement, but her later campaigns, for improved care for the British Army, were often obstructed. Even as late as the South African War (1899–1902) many major failings remained in Britain’s military medical services.\(^1\) One example of unchanging medical attitudes was the decision of the distinguished surgeon, Frederick Treves, to take only two specialist women nurses with him to South Africa. One of these, Sister Ethel McCaul, distinguished herself as a front line nurse, became an articulate critic of current practices, and an advocate of medical reform. Soon she saw Japanese medical systems as a blueprint for change, and sought to learn lessons by visiting Japan.\(^2\)

On returning to England from South Africa, McCaul wrote articles in *The Daily Chronicle* condemning the quality of care provided for British troops in Natal. In one of these she declared:
The impression left on my mind after visiting the Base Hospital . . . was that of inefficiency and want of readiness, and I felt sad that such want of good nursing and organization could be possible in these days of advanced nursing. We look to the Army to have method, but it is lacking where nursing is concerned. I saw two operations . . . which would not have been creditable to a cottage hospital.3

Three months later, in April 1901, the distinguished periodical Nineteenth Century carried a crusading article by McCaul entitled ‘Some suggestions for Army Reform – Army Nursing.’4 In this she recommended the creation of an independent corps of women nurses to place Army Nursing on ‘a proper businesslike footing.’ She condemned the current system which allowed civilian nurses to be appointed as Army Nursing superintendents; and criticized the admission to the service of women who had no experience of working in recognized hospitals. Similarly she condemned the Army Nursing Reserve System as ‘almost ludicrous’ as it permitted those with negligible hospital experience to become Reserve Sisters. The training of male nurses also appeared ‘scanty’, and required greater professionalism. She finally proposed the establishment of a government organization to oversee the careful distribution of charitable gifts to soldiers at the front. In South Africa many gifts had remained undelivered at the quayside.5

In contrast to disorganization in Britain, Japan’s Meiji leaders had moved swiftly to create medical services, in depth, for their armed forces. In May 1877 Sano Tsunetami and Ōgyū Wataru had created the Hakuaisha to treat the wounded during the Satsuma rebellion. Nine years later the Hakuaisha was renamed the Japan Red Cross Society. This organization was under the direction of the Imperial Army, and was effectively controlled by the central government. The Japan Red Cross Society benefitted from Court and aristocratic support and patronage, and became a national mass movement. Governors of prefectures and mayors of cities were appointed as Red Cross representatives, and they in turn encouraged citizens to become subscribing members. In effect the Red Cross Society became a major Army Medical Reserve organization, with a modern hospital, doctors, nurses and two hospital ships. Red Cross personnel were not expected to serve on foreign battlefields, but their work in Japan and on hospital ships, could free Army and Navy medical staff to serve abroad. One outstanding feature of Japan’s Red Cross organization was its reserve of three thousand female nurses, all of whom received three years training. When qualified these nurses remained on the reserve for fifteen years. The national prestige of the Japanese Red Cross was also augmented by the aristocratic character of an important associated body, the Ladies Volunteer, Nursing Association. This