

# Introduction

*David Durnin and Ian Miller*

Modern wars characteristically disrupt and affect individual life. Civilians are called upon to fight; technologies of war (such as planes and submarines) bring conflict to the domestic front; sophisticated, often lethal, weapons maim and kill.<sup>1</sup> Governments reorganise medical personnel at both sites of conflict and home. In turn, doctors find themselves treating an array of conditions that they would not normally encounter in peacetime. Moreover, war has been known to encourage the spread of disease and illness, as exemplified by the global spread of influenza towards the end of the First World War.<sup>2</sup> Medicine itself has played an important role in treating, managing and understanding the physical and psychological conditions associated with modern war, including shell shock and dismembering conditions requiring amputation.<sup>3</sup> Indeed, patient experiences of war have rapidly adjusted as the so-called modern 'war machine' became increasingly rationalised and effective in its power to maim and kill. The nature of smaller civil conflicts has also been affected by the modern nature of combat, a development with equally important implications for medicine and health. Recent studies of the Northern Irish Troubles have revealed a considerable reorganisation of medical resources, medical ethical problems with managing hunger strikers and the roles of doctors who work in conflict zones becoming severely compromised.<sup>4</sup> Issues relating to medicine and health are, beyond doubt, central to modern conflict.

In recent decades, Irish medical history has blossomed by integrating prominent themes in the international historiography including nutrition, mental health provision, gender and medicine, sexuality, childhood illness and the management of once-fatal diseases including tuberculosis.<sup>5</sup> Yet medical historians of Ireland have paid scant attention to the relationship between health, medicine and conflict, even despite the prominence of war-related studies in the medical historiography of other western countries. Internationally, the

medical, psychological and health aspects of war have been covered in sophisticated, nuanced studies.<sup>6</sup> The absence of similar analyses within Irish historiography is all the more surprisingly, given the prominence of conflict in the country throughout the twentieth century, including participation in the First World War, a war of independence, a civil war and the Northern Irish Troubles. While the political aspects of these conflicts have been discussed in depth, considerable scope exists for historians to expand the analytical boundaries of their research to encompass deeply personal issues such as health, medicine, emotions, psychological well-being, ethics, medical employment and wartime medical migration. Broadening the scope of historical research into Irish conflict seems all the more important given the decade of commemorations, which is occurring at the time of writing.<sup>7</sup> This volume redresses this imbalance with the hope of encouraging future research into relatively unexplored areas of twentieth-century Irish conflict. It is arranged thematically to cover three key areas: (1) health and disease on the domestic front; (2) health and political unrest; and (3) institutions and medical personnel.

### **Part I: Health and disease on the domestic front**

The conflicts that took place between 1914 and 1945 had a significant impact on Irish domestic life. Modern wars were distinct in the sense that they not only affected soldiers on the battlefield, but also took their toll on those who remained at home. In First World War Ireland, concern mounted about the health and vitality of the Irish population; particularly in relation to more vulnerable sections such as the young. The natural flow of food supplies in and out of Ireland was severely disrupted, causing apprehension about national nutritional health. Increasingly sophisticated technologies such as battleships and U-boats made both Britain and Ireland vulnerable to having food supplies cut off; a scenario that, at worst, raised fears of a second Famine.<sup>8</sup> In light of such circumstances, attention became directed to the health and well-being of those living in rural and urban poverty. For many observers, the sprawling slums of cities such as Dublin seemed to breed disease and mental disorder.<sup>9</sup> The anxieties that arose in Ireland were not necessarily unique to the war. Indeed, issues such as poor-quality diet, the health of the poor and alarmingly high tuberculosis levels and infant mortality rates had caused concern for some decades.<sup>10</sup> Yet the new physical hardships created by war drew attention to these pre-existing health problems, prompting considerable debate and discussion.

Historians have long debated the impact of the First World War on medicine and health. Some have argued that the apparent likelihood of war in the opening decade of the century encouraged health reforms and strategies designed to boost the vitality of nations, thereby improving the chances of military victory.<sup>11</sup> Jay Winter posits that in Britain, mortality rates declined, state bodies and voluntary groups reformed aspects of medical care in light of

a growing anxiety about health, and standards of living improved in many countries.<sup>12</sup> However, Roger Cooter has rejected the argument that the First World War benefited medicine and encouraged medical innovations, as ‘overtly positivist, implicitly militarist and profoundly simplistic’.<sup>13</sup> In the opening chapter to this volume, Fionnuala Walsh adds to this debate by demonstrating that the First World War heightened anxieties about the large number of Irish deaths, both on the battlefield and at home. Focusing on maternal and infant health, she investigates the development of wartime initiatives intended to improve health and raise the stock of the Irish nation. Not all were successful, but some measures undoubtedly benefited mothers and infants. Importantly, Walsh examines the political discourses that surrounded First World War health initiatives. During the First World War, discussion of Irish health was played out in the context of differing republican and Unionist perspectives.<sup>14</sup> Walsh firmly demonstrates that discussion of maternal and infant health was deeply inflected by the divergent political perspectives which invariably blamed the failings of British governance for poor Irish health or sought reform within the pre-existing political system. In the 1910s, Irish health was a highly politicised matter; the political discourses that surrounded public discussion differed profoundly compared to other countries.

The First World War also saw a virulent influenza pandemic which struck Ireland between 1918 and 1919 and which, internationally, killed more people than the war itself. The Great Flu permeated all aspects of Irish life, disrupting politics, schools and communities. In Ireland, the flu is thought to have claimed over 20,000 lives and infected up to 800,000 more people.<sup>15</sup> In her contribution to this volume, Patricia Marsh examines the impact of influenza on Irish society, with an emphasis on the province of Ulster (see Chapter 2). She demonstrates that the complex politics of that region – influenced by Unionist politics and a strong desire to support the war effort – shaped media coverage of influenza and the organisation of schemes implemented to tackle the disease. The subject of influenza became entangled with far broader political debates on the introduction of conscription and the need to maintain public morale in a period when Irish independence appeared increasingly likely.

Although Ireland remained neutral during the Second World War, the country did not escape the privations of warfare. Food became scarce, medical supplies began to run out and public health suffered. Diseases such as typhus re-emerged; certain sections of the population began to fear a second Famine; the poor experienced particular adversity.<sup>16</sup> Bryce Evans’s chapter provides a compelling overview of the physical and nutritional hardship endured by the Irish (particularly the poor) between 1939 and 1945. As Evans suggests, Ireland effectively lived through the war despite its neutrality, being subject to a stringent war economy with detrimental health ramifications. Food, in particular, became a highly contentious issue. Indeed, as Evans demonstrates, food had occupied an important place in the Irish national psyche since the Famine and

proved central to sociocultural discourses on Irish health and well-being during the Emergency. Expanding upon key themes opened up in Evans's chapter, Anne Mac Lellan in Chapter 4 demonstrates that Ireland was the only neutral county in which tuberculosis levels rose during the Second World War. Historically, tuberculosis had beset Ireland. In the early twentieth century, tuberculosis death rates continued to rise in Ireland at a time when they were rapidly declining in most other western countries.<sup>17</sup> As Mac Lellan suggests, this presented an increased disease burden at a time of sociopolitical and economic stress. Yet renewed anxiety about tuberculosis encouraged improvements in services and health policies, most notably the widespread extension of the use of BCG vaccines.

Combined, the chapters in Part I demonstrate that international warfare had a profound impact on the spectrums of Irish life during both the First and Second World Wars, despite Irish neutrality in the latter conflict. The chapters illuminate the complexities that became attached to issues such as food, disease, childhood and public health. War often disrupted day-to-day activities such as purchasing food. Yet, in some instances, the crisis produced by international warfare encouraged policy change and improved provision of health services. Irish experiences of health during these two conflicts were varied and multifaceted. The Irish population undoubtedly suffered hardship, but also gained access to some improvements in healthcare. Importantly, the chapters also determine the uniqueness of Irish experiences of health and medicine on the domestic front. In the First World War, health became highly politicised; entangled in far broader debates on whether or not Ireland should gain independence. During the Emergency, Ireland had the unique experience of wartime hardships despite being neutral.

## **Part II: Health and political unrest**

In addition to being involved in the First World War, Ireland witnessed what is often referred to as the 'revolutionary period'; a ten-year period (c.1913–23) of sociopolitical tumult that led to the formal granting of independence.<sup>18</sup> Class divisions between employers and employees came to the fore during the dramatic Dublin Lockout of 1913; a protracted period of labour tension that raised international awareness of adverse living conditions in Dublin's extensive slum network.<sup>19</sup> Meanwhile, the suffragette movement was making considerable inroads in Ireland. Its members openly questioned the gendered structure of Irish society by upholding the right of Irish women to vote and hold public office.<sup>20</sup> From around the start of the twentieth century, the Irish nationalist movement became increasingly vocal, influential and militaristic.<sup>21</sup> Two paramilitary forces came into existence just prior to the outbreak of war: the Ulster Volunteers – formed in opposition to Home Rule – and the Irish Volunteers, a group founded with the agenda of securing Home Rule.<sup>22</sup>

The First World War added considerable complexity to an already intricate sociopolitical culture. During the war years, the constitutional path to Irish independence promoted since the late nineteenth century by the Irish Parliamentary Party was severely undermined by the electoral gains of the assertively republican Sinn Féin party. In 1918, Sinn Féin secured seventy-three seats out of a total of 105 available for Ireland in the Parliament of the United Kingdom, although Unionists retained a majority in the northern province of Ulster.<sup>23</sup> War also encouraged militarism.<sup>24</sup> For instance, the Irish Republican Brotherhood (IRB) adopted an aggressive approach to securing Irish national freedom and staged the Easter Rising in 1916.<sup>25</sup> Violence and conflict was now just as much a part of life on the Irish home front as it was on the battlefield.<sup>26</sup> In 1918, Sinn Féin members refused to take their seats in the House of Commons and pledged to set up an autonomous Irish parliament. The First Dáil government (legally unrecognised by the British government) met for the first time in January 1919 at Mansion House, Dublin.<sup>27</sup> The Irish War of Independence followed; a period of national violence in which the Irish Republican Army (IRA), the army of the self-proclaimed Irish Republic, fought a protracted guerrilla war against the British government and its forces in Ireland.<sup>28</sup> The autonomous Irish Free State was established in 1922 although conflict ensued between two opposing republican groups over the contested terms of the Anglo-Irish Treaty which left six counties in the north of Ireland within the United Kingdom. Contestation over this matter resulted in the Irish Civil War (1922–23), a violent conflict between pro- and anti-Treaty factions of the republican movement.<sup>29</sup>

The medical aspects of these conflicts have barely been examined.<sup>30</sup> Yet, in this period, men, women and children were shot; politicised prisoners were force-fed; participants suffered emotional distress; doctors treated battle wounds. A recent monograph by Ian Miller on the history of force-feeding, based upon earlier published work on English suffragette hunger striking, has brought to life the ethical complexities of caring for, and managing, hunger strikers in historical contexts including the War of Independence and Civil War.<sup>31</sup> Conflict is always about bodies and minds, even despite an emphasis on the political and military in pre-existing accounts of this period in Ireland. This is aptly demonstrated in Barry Kennerk's contribution to this volume which, uniquely, looks at the children who were shot and injured in the Easter Rising (see Chapter 5). Situating his analysis in the broader context of concern over Irish urban childhood, Kennerk investigates the medical resources and surgical techniques available in 1916, providing a vivid account of injury, suffering and, in some cases, childhood death.

National conflict brought Irish doctors and surgeons firmly into the battlefields of rebellion; medical resources needed to be swiftly reorganised to support the medical needs of the injured. Focusing on medical provision for those wounded in Ireland's domestic conflicts, David Durnin in Chapter 6

explores the role of Ireland's British Army doctors in treating nationalists throughout the revolutionary period. Irish doctors enlisted into the British Army medical services from at least the eighteenth century. This continued throughout the First World War and its immediate aftermath. Durain details the significant role that these men played in treating the wounded nationalists in the 1916 Rising, as well as their experiences of the War of Independence and Civil War. During these conflicts, separatist nationalist groups, such as the IRA, specifically sought the assistance of Irish doctors because of the experience they had gained in treating wounded soldiers in the First World War. As such, ex-British Army doctors returned to Ireland and were able to negotiate their professional positions through the context of Irish conflict.

In Chapter 7, Fiachra Byrne examines the hallucinations suffered by an IRA member during the War of Independence. He demonstrates that mental disorder could be experienced and interpreted in light of the social and sectarian conflict that afflicted the north of Ireland in the early 1920s. Michael Nolan was the medical superintendent of Down County Mental Hospital where he encountered this anonymised patient. The hallucinations which he recorded provide a record of how psychiatry, warfare, religion and society intersected; psychological distress was recorded using politico-military metaphors, once again demonstrating that the various conflicts in revolutionary-period Ireland had important implications for patients and medical staff. Combined, the chapters in Part II highlight the unique medical ramifications of conflict for Irish civilians, participants, doctors and psychiatrists, offering a lens into the physical, emotional and ethical ramifications of Irish conflict.

### **Part III: Institutions and medical personnel**

Medical personnel played a considerable role in both world wars. Doctors, general practitioners, surgeons and nurses, among others, provided healthcare to sick and wounded soldiers on the battlefields and in the numerous hospitals located in Britain and Ireland. The role of medics in the wars has been the subject of several recent studies. In particular, there has been an upsurge in historical interest in medical provision during the First World War. Ian Whitehead's research has focused specifically on the enlistment of medical officers into the Royal Army Medical Corps, a specialist corps responsible for providing medical care to all British Army personnel, to serve in the war. Whitehead demonstrates that large numbers of doctors throughout Britain enlisted into the corps from 1914 to 1918.<sup>32</sup> Leo Van Bergen has explored the wounds and illnesses suffered by combatants on both sides of the conflict and the role of doctors in treating these men, arguing that medical personnel were one of the largest groups of academically trained professionals participating directly in the war effort.<sup>33</sup> In 2010, Mark Harrison, in his groundbreaking study *The Medical War: British Military Medicine in the First World War*, has

explored the role of the British Army medical services in the First World War and detailed the development of the casualty clearing process in several theatres of war, including the Western Front, Mesopotamia, Gallipoli and East Africa. Harrison argues that the Royal Army Medical Corps' casualty-clearing process reduced the wastage of military personnel.<sup>34</sup> These studies have significantly enhanced our understanding of the British Army's medical arrangements during the First World War.

Recently, significant work has been carried out to examine Irish medical involvement in the First World War.<sup>35</sup> Yet there is still much historical analysis required. Several chapters in this volume explore aspects of Irish medical provision during the war that has up until now been neglected. In Chapter 9 Seán Graffin examines the role of Belfast nurses in the First World War. It has been estimated that approximately 4,500 Irish nurses participated in the conflict.<sup>36</sup> Through an analysis of a cohort of these, Graffin offers an insight into Irish nurses' motivations for enlisting and their wartime experiences. The outbreak of the war necessitated a considerable administrative effort from those responsible for providing healthcare in Belfast. Throughout the conflict, hospital governors and the medical profession strived to ensure that the enlistment of medics into the British Army did not disrupt healthcare in Ireland. Graffin interrogates this complex undertaking in Belfast and analyses the significant reorganisation of the nursing profession in the city to cater for the unprecedented number of casualties transported into the hospitals in the region.

From 1914 to the 1920s, soldiers returned to Ireland for treatment in civilian hospitals, asylums and specially established war wards. Focusing on this, Ronan Foley in Chapter 8 analyses the complex geographical networks that led the sick and wounded soldier from the battlefields to treatment in Irish domestic hospitals. Importantly, Foley contextualises these networks by mapping the locations and routes of wartime medical care. A considerable expansion of military and voluntary medical infrastructure occurred in Ireland during the war to treat returning sick and wounded soldiers. Foley explores the establishment of specialist wartime hospitals in Ireland and in doing so, demonstrates the considerable efforts of voluntary bodies in providing healthcare facilities for the military. Building upon this key theme, Clara Cullen in Chapter 10 explores the work of the Sphagnum Moss Depot, established in the Royal College of Surgeons in Ireland in 1914. In doing so, Cullen demonstrates the notable expansion of voluntary work in Ireland from August 1914 to meet the demands of war.

While not subject to the same recent upsurge in historical interest as the First World War, several international studies have examined various facets of health and medical provision during the Second World War. For instance, Mark Harrison has authored a comprehensive account of British military medicine during the conflict, examining medical work in the main theatres of war.<sup>37</sup> Ben Shephard has examined psychiatry during the conflict, while Lesley

A. Hall has explored the attempts to control sexually transmitted diseases in the British Army.<sup>38</sup> There has been minimal work completed on Irish medical involvement in the conflict. Despite being neutral, the Irish political and social situation during this conflict was inherently complex. Partition had separated northern counties of Ireland from the south, while the traditional Irish propensity for emigrating to countries including Britain (encouraged by deep levels of poverty and hardship) persisted even after independence. Seán Lucey examines the Emergency Hospital Services in Northern Ireland during the Second World War (see Chapter 11). These services, which included casualty services, blood transfusion and a pathological service, were vital to paving the way for the National Health Service. Lucey argues that following the establishment of the Emergency Hospital Services, large numbers were entitled to free health services for the first time, which widened expectations of the role of the state. In addition, Lucey determines that the medical profession played a significant role in the establishment and shaping of these services, demonstrating their highly influential role in healthcare politics in Northern Ireland.

The final chapters in Part III demonstrate that the arrival of independence did not signal the end of the participation of Irish medical personnel in the British Army. Instead, and perhaps surprisingly, Irish doctors continued to be over-represented in the British forces during the interwar years and into the Second World War. In Chapter 12 Steven O'Connor examines the continuation of the enlistment of Irish doctors into the Royal Army Medical Corps from 1922 to 1945. O'Connor suggests that several complex and multifaceted factors, including the state of Ireland's medical profession, motivated this continued involvement. Importantly, O'Connor explores the social backgrounds of a sample of those who enlisted from 1922 to 1945 to give further insight into the motivations for enlistment. In doing so, O'Connor demonstrates that, despite the fraught relations between Britain and Ireland during the interwar years, ultimately, the British and Irish medical professions retained their professional links to the benefit of Irish doctors. Expanding on this theme, Jennifer Redmond (Chapter 13) examines the experiences of Irish immigrants in the wartime British sector. Not all of Ireland's medical participants in the Second World War joined directly from Ireland. Instead, there were many who had already migrated to Britain and held various hospital posts and general practices. These men and women assisted the British war effort. Through a thorough investigation of travel permit application files, Redmond argues that Irish doctors and nurses in the British medical profession occupied the full spectrum of roles and contributed much during the Second World War. The chapters in Part III make clear that nurses, doctors, volunteers and military medical staff from Ireland were central to the First and Second World Wars. Ireland was very much a part of modern warfare, even in conflicts in which the (southern part of the) country did not partake.



Overall, this volume brings to life the multifaceted, and often highly unique, experiences of the Irish as their country transitioned through a traumatic period of partaking in international conflict, staging a war against the British state, fighting against one another during a civil war, gaining semi-independence, and navigating the problems associated with staying neutral in a further international war. It recaptures the experiences of medical staff, armed rebels, emigrants, patients, mothers and volunteers. Perhaps most importantly, it makes a case for the relative uniqueness of Irish experiences of war and conflict.

## Notes

- 1 D. Pick, *War Machine: The Rationalisation of Slaughter in the Modern Age* (New Haven, CT: Yale University Press, 1996).
- 2 See R. Cooter, 'Of war and epidemics: unnatural couplings, problematic conceptions', *Social History of Medicine*, 16:2 (August 2003), 238–302. Literature on influenza is vast (and is thoroughly covered in Patricia Marsh's contribution to this volume – see Chapter 2).
- 3 J. Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion Books, 1999); B. Shephard, *A War of Nerves: Soldiers and Psychiatrists, 1914–1994* (Cambridge, MA: Harvard University Press, 2001).
- 4 F. Manzoor, J. McKenna and G. Jones, *Candles in the Dark: Medical Ethical Issues in Northern Ireland during the Troubles* (London: Nuffield Trust, 2009).
- 5 See, among various others, G. Jones and E. Malcolm (eds), *Medicine, Disease and the State in Ireland, 1650–1940* (Cork: Cork University Press, 1999); G. Jones, 'Captain of All These Men of Death': *The History of Tuberculosis in Nineteenth and Twentieth Century Ireland* (Amsterdam: Rodopi, 2001); L. McCormick, *Regulating Sexuality: Women in Twentieth-Century Northern Ireland* (Manchester: Manchester University Press, 2009); C. Cox and M. Luddy (eds), *Cultures of Care in Irish Medical History, 1750–1970* (Basingstoke: Palgrave Macmillan, 2010); M. Preston and M. Ó Hógartaigh (eds), *Gender and Medicine in Ireland, 1700–1950* (New York: Syracuse University Press, 2012); C. Cox, *Negotiating Insanity in the Southeast of Ireland, 1820–1900* (Manchester: Manchester University Press, 2012); A. Mac Lellan and A. Mauger (eds), *Growing Pains: Childhood Illness in Irish History, 1750–1950* (Dublin: Irish Academic Press, 2013); I. Miller, *Reforming Food in Post-Famine Ireland: Medicine, Science and Improvement, 1845–1922* (Manchester: Manchester University Press, 2014); A. Mac Lellan, *Dorothy Stopford Price: Rebel Doctor* (Dublin: Irish Academic Press, 2014).
- 6 See, among others, D. Dwork, *War Is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898–1918* (London: Tavistock, 1987); R. Cooter, M. Harrison and S. Sturdy (eds), *War, Medicine and Modernity* (Stroud: Sutton, 1998); M. Harrison, *Medicine and Victory: British Military Medicine in the Second World War* (Oxford: Oxford University Press, 2009); M. Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010); A. Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014).
- 7 J. Horne and E. Madigan, *Towards Commemoration: Ireland in War and Revolution, 1912–1923* (Dublin: Royal Irish Academy, 2013).

- 8 Miller, *Reforming Food in Post-Famine Ireland*, pp. 173–96.
- 9 J. Prunty, *Dublin Slums, 1800–1925: A Study in Urban Geography* (Dublin: Irish Academic Press, 1998).
- 10 Jones, ‘*Captain of All These Men of Death*’.
- 11 See, for instance, Dwork, *War Is Good for Babies*.
- 12 See J. M. Winter, *The Great War and the British People* (Basingstoke: Palgrave Macmillan, 1985), pp. 103–248.
- 13 R. Cooter, *Surgery and Society in Peace and War: Orthopaedics and the Organization of Modern Medicine, 1880–1948* (London: MacMillan, 1993), p. 105.
- 14 For discussion of the politicisation of Maud Gonne’s school meals campaign in the 1910s, see Miller, *Reforming Food in Post-Famine Ireland*, pp. 155–72.
- 15 C. Foley, *The Last Irish Plague: The Great Flu Epidemic in Ireland, 1918–19* (Dublin: Irish Academic Press, 2011).
- 16 C. Wills, *That Neutral Island: A Cultural History of Ireland during the Second World War* (London: Faber and Faber, 2007), pp. 239–45, pp. 257–62; B. Evans, *Ireland during the Second World War: Farewell to Plato’s Cave* (Manchester: Manchester University Press, 2014).
- 17 Jones, ‘*Captain of All These Men of Death*’.
- 18 For recent treatments, see D. Ferriter, *A Nation and Not a Rabble: The Irish Revolution, 1913–23* (London: Profile Books, 2015); M. Walsh, *Bitter Freedom: Ireland in a Revolutionary World 1918–1922* (London: Faber and Faber, 2015).
- 19 P. Yeates, *Lockout: Dublin 1913* (Dublin: Gill & Macmillan, 2001); F. Devine (ed.), *A Capital in Conflict: Dublin City and the 1913 Lockout* (Dublin: Dublin Corporation Public Libraries, 2013).
- 20 See R. C. Owens, *Smashing Times: A History of the Irish Women’s Suffragette Movement, 1889–1922* (Dublin: Attic Press, 1984); L. Ryan and M. Ward (eds), *Irish Women and the Vote: Becoming Citizens* (Dublin: Irish Academic Press, 2007).
- 21 For an overview of the various forms of nationalism, see T. Hennessey, *Dividing Ireland: World War One and Partition* (London: Routledge, 1998), pp. xi–xxi. For Unionism, see P. Bew, *Ideology and the Irish Question: Ulster Unionism and Irish Nationalism, 1912–16* (Oxford: Clarendon Press, 1994).
- 22 For Unionism, see T. Bowman, *Carson’s Army: The Ulster Volunteer Force, 1910–22* (Manchester: Manchester University Press, 2012). A standard text on the Irish Volunteers is F. X. Martin, *The Irish Volunteers 1913–15: Recollections and Documents* (Dublin: James Duffey, 1963).
- 23 M. Laffan, *The Resurrection of Ireland: The Sinn Féin Party, 1916–1923* (Cambridge: Cambridge University Press, 1999).
- 24 D. Ferriter, *The Transformation of Ireland, 1900–2000* (London: Profile Books, 2004), p. 111.
- 25 O. McGee, *The IRB: The Irish Republican Brotherhood from the Land League to Sinn Féin* (Dublin: Four Courts Press, 2007).
- 26 For discussion of violence in revolutionary Ireland, see T. Fanning, *The Fatal Path: British Government and Irish Revolution, 1910–1922* (London: Faber and Faber, 2013).
- 27 Laffan, *Resurrection of Ireland*, pp. 266–303.
- 28 For the Irish War of Independence, see, among others, M. Hopkinson, *The Irish War of Independence* (Dublin: Gill & Macmillan, 2002). For discussion of IRA activities in this period, see P. Hart, *The IRA and Its Enemies: Violence and Community in Cork, 1916–1923* (Oxford: Clarendon Press, 1998) and *The IRA at War, 1916–1923* (Oxford: Oxford University Press, 2003).
- 29 M. Hopkinson, *Green against Green: A History of the Irish Civil War* (Dublin: Gill & Macmillan, 1988).

- 30 One exception is I. Miller, 'Pain, memory and trauma in the Irish revolutionary period', in F. Dillane, E. Pine and N. McAreavy (eds), *Memory and Trauma: The Body in Irish Culture* (Basingstoke: Palgrave Macmillan, 2016).
- 31 Ian Miller, *A History of Force Feeding, 1909–74: Hunger Strikes, Prisons and Medical Ethics* (Basingstoke: Palgrave Macmillan, 2016). For earlier publications on medical ethics, prison medicine and hunger striking, see Ian Miller, 'Necessary torture? Digestive physiology, vivisection, the suffragette movement and responses to new forms of clinical practice in Britain, c.1870–1920', *Journal of the History of Medicine and Allied Sciences*, 64:3 (October 2009), 333–72; Ian Miller, "'A prostitution of the profession?'" Forcible feeding, prison doctors, suffrage and medical ethics', *Social History of Medicine*, 26:2 (April 2013), 225–45.
- 32 I. Whitehead, *Doctors in the Great War* (Barnsley: Leo Cooper, 1999).
- 33 L. Van Bergen, *Before My Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914–1918* (Surrey: Ashgate, 2009); L. Van Bergen, 'Military medicine' in J. M. Winter, *The Cambridge History of the First World War: Civil Society* (3 vols, Cambridge: Cambridge University Press, 2014), vol. III, pp. 287–309.
- 34 Harrison, *Medical War*.
- 35 D. Durmin, 'Medical provision and the Irish experience of the First World War, 1912–25' (Ph.D. dissertation, University College Dublin, 2015); P. J. Casey, K. T. Cullen and J. P. Duignan, *Irish Doctors in the First World War* (Dublin: Merrion Press, 2015); Y. McEwen, *It's a Long Way to Tipperary: British and Irish Nurses in the Great War* (Dunfermline: Cualann Press, 2006).
- 36 C. Clear, 'Fewer ladies, more women', in J. Horne, *Our War: Ireland and the Great War* (Dublin: Royal Irish Academy, 2008).
- 37 Harrison, *Medicine and Victory*.
- 38 Shephard, *War of Nerves*; L. A. Hall, "'War always brings it on': war, STDs, the military and the civilian population in Britain, 1850–1950", in R. Cooter, M. Harrison and S. Sturdy (eds), *Medicine and Modern Warfare* (Amsterdam, Rodopi Press, 1999).