

EDITED BY ANDREA MCKENZIE

War-Torn Exchanges

The Lives and Letters of Nursing Sisters
Laura Holland and Mildred Forbes



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Contents

List of Illustrations / vi

Acknowledgments / vii

Abbreviations / ix

Introduction: Friendship and War / 3

A Note on the Text / 32

1 Journeying to War / 34

2 Lemnos: “Poor Souls” and “Pathetic Sights” / 54

3 Alexandria and Cairo: Mosques and Minarets / 112

4 Salonika: In the Shadow of Olympus / 126

5 England: Officers and Honours / 168

6 France: Trauma and Taking Charge / 188

Conclusion and Epilogue / 208

Appendix: Laura Holland’s Travel Diary, 1907 / 216

Notes / 219

Bibliography / 239

Index / 245

Introduction: Friendship and War

On June 4, 1915, Canadian nursing sisters Laura Holland and Mildred Forbes sailed from Montreal to Europe on their way to four tumultuous years of wartime nursing. In a letter she wrote during the voyage, Mildred promised Laura's mother, "I will always take the best care I can of Lollie [Laura] ... I would rather be torpedoed than ... separated."¹ Laura and Mildred would remain together throughout the First World War, making professional sacrifices to stay together in a relationship that was in some ways as close as a marriage. They would endure privations in what was perhaps the "worst station" of the war, the Greek island of Lemnos; be captivated by the grandeur of Cairo yet appalled at its filth and extreme poverty; explore trenches and refugees' lives in Salonika; revel in meeting royalty in London; and be shelled out of a casualty clearing station in France.² In May 1919, they would be discharged from the army and set sail on the same ship for Canada, still together.

The two women's wartime letters have been separated for decades – Laura's in British Columbia, Mildred's in Ottawa.³ This book reunites their shared experiences of the war, highlighting their individual perspectives and attitudes and illuminating the friendship that sustained them both through those difficult years. Their double account of events, written by two outstanding personalities, offers a rich and compelling journey that dates from their arrival in England in 1915 to shortly before their joint discharge in 1919. Laura Holland, ARRC, CBE, LLD,⁴ wrote to her widowed mother in Montreal, Laura Hadrill Holland; Mildred Forbes – RRC, Médaille des epidémies en argent, mentioned in despatches⁵ – wrote to her close friend Cairine Reay

Wilson, who would one day be appointed Canada's first woman senator but who at the time was busy raising her growing family.⁶ Holland and Wilson would be Canadian pioneers in the postwar world, and Holland's war experiences would influence her revolutionary work in Canadian social welfare.⁷

Narratives by nurses who served with other Allied countries have been published and are widely available.⁸ First-person accounts by Canadian nurses are rare and letters rarer still. Unlike diaries and retrospective memoirs, letters home bring to light the narratives of war that nurses shared with Canadians at home. At a time when newspaper accounts were censored and when visits home by nurses were rare, letters were the primary means of communicating with family and friends. As Laura's and Mildred's letters demonstrate, despite censorship regulations, nurses' letters, with their realistic accounts of hospital life and soldiers' conditions, often undermined publicly disseminated discourses that emphasized heroism and sacrifice. Although letters by other Canadian military nurses, such as Ruby Peterkin and Luella Denton, are publicly available,⁹ they are fragmented and sparse;¹⁰ in depth and duration, only Helen Fowlds's ninety-four letters¹¹ compare to Mildred and Laura's joint 164 letters and approximately 200,000 words across the four years of their war.

Other historians and literary scholars have studied the correspondence between male soldiers and civilian women and found that these exchanged war stories are "defined [as much] by connectedness ... as by separation."¹² The men who fought and the women who worked at home "were not isolated, mutually indifferent communities" but were "intimately connected by networks of correspondence that kept the horrors of combat vividly present ... and the refuge of home never entirely remote."¹³ For soldiers writing to their mothers, correspondence also became a means of recapturing "the lives they had left behind."¹⁴

Yet the letters of women on active service remain unexplored, as does the relationship between the professional nurses who worked abroad and the women who worked at home.¹⁵ Equally lacking is an in-depth analysis of female friendships during wartime. For nurses, including the military nurses in this book, war nursing could be traumatic and draining, with friendship a primary means of sustaining equilibrium amid chaos. The letters of Laura Holland and Mildred Forbes, Canadian military nurses and best friends, enable us to explore both women's relationships and military nurses' friendships. Unlike war diaries, which were usually private, for the author's eyes only, war correspondence illuminates how the writers shaped attitudes and events for those at home, including Laura's and Mildred's views about Canadian women as active war workers. As well, unlike the diaries and letters written by a single individual, Laura and Mildred's joint correspondence reveals

the role their staunch friendship played in enabling both to endure privation, illness, boredom, and emotional trauma, as well as the rich pleasure they could create even in such mundane chores as finding a new laundry for the unit. This book's objectives, then, are threefold: to study the role of friendship in Canadian military nurses' First World War lives; to explore the strategies Laura and Mildred used when representing themselves, their experiences, and the soldiers they nursed in their correspondence with Mrs. Holland and Cairine Wilson; and to make Laura's and Mildred's correspondence available to interested readers.

Laura and Mildred were two of the 2,818 trained nurses who served overseas with the Canadian Army Medical Corps (CAMC) during the First World War.¹⁶ Alone among the Allied forces, Canadian nursing sisters held the relative rank and pay of officers and enjoyed some of the same privileges. The rank of nursing sister was equivalent to that of lieutenant, matron to that of captain, and matron-in-chief to that of major.¹⁷ Their dress uniforms of navy-blue and their working uniforms of medium-blue with white aprons and veils carried the stars of rank – a source of pride for some but of embarrassment for others.¹⁸ Unlike the nurses of Queen Alexandra's Imperial Military Nursing Service (QAIMNS; the QAs), who were “attached to, but not part of, the [British] Army,” Canadian nurses had been an integral part of the CAMC since the Boer War.¹⁹ Nursing in prewar Canada had become a respectable profession, with its practitioners treated accordingly, and the daughters of socially elite families (like Laura's and Mildred's) were entering its training schools. Applicants needed at least a high school education and were “expected to conform to an élite vision of sexual feminine respectability.”²⁰ Janet S.K. Watson rightly contends that “a major shift in the status of the hospital nurse” occurred in Britain in the late nineteenth century, partly as a result of “the interest in nursing as paid employment from a new and respectable female population.”²¹ Yet the distinct class differences in Britain still led to “nurses ... being treated like servants” and having “no standing at all.”²²

When the Canadian nurses went overseas as part of the CAMC, they “expected British nurses to welcome them warmly and treat them as professional equals.”²³ They also expected the British military administration and British citizens to treat them with respect. Yet the Canadians' position overseas was ambiguous. As female officers, they were unique, and men “of all ranks seemed to find” the Canadian nurses' authority “puzzling” because women were expected to defer to authority, not wield it.²⁴ Some British nurses displayed jealousy over the “officer's rank, pay, and privileges that the CAMC nurses had and the QAIMNS nurses did not.”²⁵ Many British also considered the Canadians inferior because they were “colonials,” presumably used to, as

one British officer remarked, “roughing it.”²⁶ These ambiguities and differing attitudes would make life in the military sometimes difficult to bear.

Canadian trained nurses provided essential care for ill and wounded soldiers outside the trenches. Usually, casualties received initial care at a medical post or field ambulance from a male medical team and were then transported to a casualty clearing station (CCS), whose medical staff included nurses. The turnover of patients at CCSs was rapid; soldiers were operated on and kept until their condition stabilized, or they were sent down the line to a stationary or general hospital farther away from the firing line for additional treatment. From there, men could be returned to their regiments or shipped to England for further treatment or convalescence. Hospital trains staffed with nurses and medical officers transported ill and wounded men by land;²⁷ hospital ships, also staffed with medical personnel, transported casualties by sea or canal. On some fronts, such as the Dardanelles, ill and wounded soldiers were treated on site, then sent by ship directly to hospitals on Imbros or Lemnos or at Alexandria, the closest locations.

Nursing work fluctuated with the fighting. Lulls in the fighting meant calm, but when an attack occurred, convoys of hundreds of men could arrive at a CCS or hospital, causing frantic work in the operating rooms and in the wards. Nurses performed vital roles, working alongside doctors to perform treatments and operations, providing essential bedside care for their physically – and often emotionally – traumatized patients, and managing administrative work to ensure the smooth flow of drugs, diets, and equipment.²⁸ This indispensable work was physically and emotionally draining,²⁹ especially given the numbers of casualties, the severity of wounds and illnesses, the shelling and bombing of some CCSs and hospitals, and the often severe climates. Throughout, the nurses maintained morale, providing comforts for their patients, flowers and treats for the wards, cheerful Christmases with decorations and special dinners, and open-house teas for male officers.³⁰ In all ways, their work was essential and their presence vital.

BECOMING NURSES

Laura and Mildred came from similar social and cultural backgrounds; they also shared the professional ethics and discipline instilled in them during their training at the Montreal General Hospital School of Nursing. Mildred Hope Forbes was born to an elite family in Montreal on November 18, 1884, the youngest child of Matilda Torrance McPherson and Alexander Mackenzie Forbes, an insurance agent. Her mother was a descendant of the Torrances, one of Montreal’s wealthiest merchant families, and her relatives included the



Montreal General Hospital School of Nursing class, 1908. Mildred Forbes is seated third from the right in the second row. *McGill University Archives, PL007878*

powerful Galt family. One of Mildred's half-brothers from her father's first marriage, also named Alexander Mackenzie Forbes, became a doctor and a founder of the Montreal Memorial Children's Hospital.³¹ Their social circle included Canada's most influential families: the Tuppers, the Galts, Cairine Wilson's family, and others. Given this social and economic background, Mildred's decision to enter the Montreal General Hospital School of Nursing must have been from choice, perhaps influenced by her brother's medical career. She applied there and was accepted for training at the age of twenty-one in 1905, graduating in 1908. Her decision might seem unusual, but the same one was made by other daughters of prestigious families – for example, by Mildred's cousin, Cecily Galt, whose father was a judge,³² and Juliette Pelletier,³³ who came from a well-known political family. These women, like many other Canadian women of the time, had chosen a profession that provided independence and the opportunity to lead. Studies of Canadian nurses show that women who selected nursing were from "a range of family backgrounds – middle class, working class, and agricultural."³⁴ The elite social status of the four nurses mentioned here speaks to the growing prestige and respectability of nursing as a profession. Given the fierce competition for overseas placement, the presence of these four in a single unit of twenty-six nurses with Canadian Stationary Hospital No. 1 speaks to their families' influence and power.

Nursing gave Mildred scope for her abilities as an administrator and organizer, as well as the freedom to travel to places such as Italy and Switzerland with a fellow nurse before the war.³⁵ An exceptionally able executive, she found life in the military difficult when the nursing work and the supplies were poorly organized, to the detriment of both patients and nurses – for example, on Lemnos. Her letters to Cairine Wilson are trenchant and to the point, clearly demonstrating her impatience with a supply system that did not work. For her, writing became both a means of expressing that impatience and a weapon for working outside the system to garner the supplies she and the other nurses needed to do their work effectively. Not surprisingly, her executive abilities and her social status drew the attention of Canadian matron-in-chief Margaret Macdonald.³⁶ As acting matron of the nurses on board the ship to England in 1915, Mildred worked closely with Miss Macdonald to place the nurses in hospitals in England and abroad. This opportunity enabled her to display her abilities – and, unconsciously, the elite social status that enabled Mildred and Laura to remain together throughout the war.

Laura Elizabeth Holland was born a year before her friend, on November 14, 1883, to Laura Elizabeth Hadrill and Arthur Hollingsworth Holland. She was the only girl in a family of four living children. Her mother was born in London, England, and in the 1870s immigrated with her parents and siblings to Montreal, where they opened a dry goods store.³⁷ Her father, born in Tyrconnell, Ontario, was the son of the Reverend Henry Holland, a respected clergyman who ended his long career at St. George's Anglican Church in St. Catharines, Ontario. Arthur, a commercial salesman, moved his family from Montreal to Truro, Nova Scotia, in the 1880s, then to Toronto in the late 1890s. His death in the early 1900s led his widow to return to Montreal in 1904, where her family lived with her brother George Hadrill (secretary of the Board of Trade) and his family. By the beginning of the war, Laura's mother, her uncle George, and her cousin Temple were living in adjoining apartments at 47 St. Mark Place in the affluent St-Antoine district. Temple Hadrill, born in 1895, was a cadet at the military college before he joined the Army Service Corps; he would later transfer to the Royal Flying Corps as a pilot.

Laura's route to nursing was unusual and late. She attended a private school in Toronto, studied music, then taught music for eleven years.³⁸ During this period, she also journeyed to Britain with her mother to visit family, visited New York City, and travelled extensively in western Canada, teaching music for a winter in Alberta.³⁹ Her travel diaries from that time paint a vivid picture of social life in a number of energetic western towns and cities. These two loves – music and travel – would remain with her for life, as would her need to write out her experiences. Her detailed and usually lengthy letters to her



Laura ("Lollie") Holland,
circa 1907. *UBC Archives*
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mother often took the form of diaries expanded from a daily memo book she kept. Laura's letters were a means of drawing her family into her wartime life and space, depicting her daily life and living conditions in tent and hut, the new landscapes and people she met, and the sights she saw. She spent hours writing, sometimes from her night-time ward, sometimes while Mildred was reading; some of the irritation she occasionally expressed about her fellow nurses stemmed from her need for peace to write.

We do not know when Laura and Mildred met, but it was probably between 1908 and 1910, after Laura returned from the west. Perhaps they met through church – both were Anglican – or at a social event. Perhaps it was nursing that brought them together, given that Laura entered the Montreal General Hospital School of Nursing, graduating in 1913,⁴⁰ when she was thirty years old.

By 1915, Laura and Mildred were firm friends, eager and determined to do war nursing. Given the fierce competition among nurses for overseas placements, Mildred's family connections and influence undoubtedly helped them obtain places in the same draft of nurses. They worked in a variety of medical institutions and countries during the war: at the Duchess of Connaught's Red Cross Hospital on the Astors' Cliveden estate in England; at CSH No. 1 on Lemnos and then at Salonika in 1915 and 1916; in London, where Mildred worked in Macdonald's office as her assistant in late 1916 and part of 1917, while Laura worked at No. 1 Hyde Park Place, a hospital for officers; at Crowborough, a small hospital in England that served a Canadian army camp; at CCS No. 2 at Remy Siding and Esquelbecq from mid-1917 to mid-1918, where Mildred served as acting matron; and, finally, at two small hospitals attached to Canadian Forestry Corps units in France,⁴¹ just in time for the deadly influenza epidemic of 1918–19.

COMMUNICATING WAR

The importance of nurses' letters to Canadian First World War studies cannot be underestimated: like wartime diaries, they provide an immediacy and suspense that memoirs written in retrospect do not.⁴² War correspondence is one of the only means available for us to understand just what information about events, attitudes, and personal experience reached Canadian families from the distant war in Europe and Africa. Newspaper accounts were heavily censored,⁴³ and personal leaves to Canada were infrequent. Nurses could visit Canada by serving on transport duty, but Laura and Mildred chose not to.⁴⁴ The pairs' letters, for the most part, ensured that their families and friends had a realistic picture of their war experiences, including the hospitals they worked in, their patients' wounds and illnesses, and their living conditions. Letters from nurses also became a way of disseminating information about the experiences of soldiers in the ranks to those at home. Hospitals and CCSs became places where different experiences of war were shared,⁴⁵ sometimes through words, and often through the physical narratives of wounds and illness, which military nurses could read and communicate to those at home. As such, nurses' letters could counteract the often romanticized or distorted public discourses surrounding nurses' and soldiers' roles and experiences during the war.

Previous studies of wartime correspondence have focused on the letters exchanged between male soldiers and female civilians and have demonstrated that dividing the "home front" from the "battle front" is an artificially imposed construction designed to privilege the experiences of male combatant soldiers.⁴⁶ What such studies have omitted is the very different setting of the

war hospital, where nurses on active service disseminated their own views about the war to those at home. For Laura and Mildred, like other Canadian nurses who worked overseas, correspondence was a precious link to Canada and their families. Keeping in touch meant exchanging letters and packages, and depending on a nurse's location, delivery could be swift or slow. Letters to and from England could take as little as a week, but letters to and from remote locations such as Lemnos and Salonika could take months, with the greater distance to Canada adding to delays. Letters tended to arrive in batches and out of sequence, with packages taking even longer.⁴⁷ Such delays account for Laura and her mother's careful numbering of their letters, and the joy and enthusiasm with which mail was received, especially in isolated postings. The familiar handwriting on an envelope or a carefully chosen gift brought "home" into the war zone.

But communicating by letter across such distances and over the course of four years of tumultuous changes and experiences could, for many, cause miscommunications. Seen through Russian genre theorist Mikhail Bakhtin's notion of dialogism,⁴⁸ letters become a series of responses to previous communications, changing roles, and previous and developing cultural and educational perspectives.⁴⁹ Each writer imposes a range of selves both on herself and on her reader: such roles may correspond to familial roles, professional roles, gender roles, and other roles. Such selves can range from the "concrete to the ideal," or from the actual person to, for instance, the idealized war nurse perpetuated by public discourse through such images such as A.E. Foringer's poster of a Madonna-like nurse cradling a soldier on a stretcher in "The Greatest Mother in the World."⁵⁰ The reader, in turn, may accept or reject such imposed roles. For instance, Mrs. Holland reminds Laura, when the latter is on her first active service posting on the Greek island of Lemnos, that a nurse's gender-appropriate role in wartime is to unquestioningly accept hardships. Mrs. Holland is responding to the public discourse of soldier-heroes who may make the ultimate sacrifice in battle; a woman's role should be to accept any sacrifice or hardship as lesser. But Laura prosaically rejects such assumptions, noting that "we are all willing to put up with hardships that can't be avoided – but when it can be remedied why suffer in silence?"⁵¹ Such assumptions and rejections can result in miscommunication – in less intimacy between writer and reader. Fortunately, Laura and Mrs. Holland, as mother and daughter, and Mildred and Cairine Wilson, as friends since schooldays, were sufficiently close that disagreements rarely occurred. Then, too, Laura's and Mildred's vivid, usually direct descriptions of their wartime lives were sufficient to counteract much of the public propaganda about their work and the soldiers they nursed.

A commonly accepted assumption about First World War letters is that the writers passively accepted the censorship regulations that governed letters home and that censorship severely affected the content.⁵² My previous studies, however, have demonstrated that many war writers, including Mildred, Laura, and their colleague Helen Fowlds, actively subverted censorship regulations to maintain stronger connections with those at home, especially when patients and medical staff suffered from shortages, “refus[ing] to remain silent” even when ordered to do so.⁵³ Canadian nurses’ letters were usually doubly censored, as were those of most war participants on active service. The first censor was an officer within the unit, who was usually known to the writers; the second was an impersonal, unknown censor at the base in England. Censorship regulations originally were put in place to prevent leaks of military information to the enemy. In 1915 cameras were banned, as were soldiers’ personal diaries.⁵⁴ Gradually, regulations expanded to the point that criticizing those in authority could be construed as treason. But Laura sent a number of uncensored letters to England and Canada with returning personnel, and so felt freer to “talk” to her mother; she also found two officers at CSH No. 1 who were willing to sign her letters unread, replicating an honour system prevalent in the British army.⁵⁵ She also buried many critiques and comments deep within her lengthy letters. If at times she felt constrained, the feeling usually wore off relatively soon after reaching a new posting. Though careful to avoid most military details, she could not resist describing, for instance, meeting the first soldiers evacuated from Gallipoli or the trenches she visited while at Salonika.

But the privations nurses and their patients suffered on Lemnos with CSH No. 1 were “dangerous territory” to write home about. An international scandal threatened when reports of shortages and careless British administration reached home via letters written by medical staff, including the nurses.⁵⁶ As a result, the nurses were threatened with severe censorship in November 1915. Laura wrote repeatedly to warn her mother not to pass her letters around outside the family, stating the regulations she was supposed to adhere to but making it equally clear that they were being ignored: “It seems we are not allowed really according to military rules & regulations to discuss even the condition of our own hospital – everything except the scenery & sometimes even that is tabooed – needless to say no-body sticks to the restrictions.”⁵⁷ Mildred, more circumspect, subtly wrote around the regulations while she was a nursing sister, dropping hints and using rumours to criticize the authorities on Lemnos while seeming not to do so.⁵⁸ Yet she did mostly adhere to the restrictions when she reached new postings. Her first letter to Cairine from CCS No. 2 in Belgium, for instance, when she was still a nursing sister,

states near the beginning that “it is almost useless to write letters for there is very little we can say.”⁵⁹ After describing the work as “hard,” the camp as “very well-laid out and splendidly run,” and the mosquitoes as “large and hungry,” she calls her letter “stupid,” continuing that “it is hard being tied down. It gives one a feeling of having nothing to say.” The act of describing her work and surroundings in terms innocuous enough to pass the censor changes the “little we can say” in letters to “nothing to say.” In this same letter, though, Mildred states: “One realizes the horrors of war more than ever in this place” – a constrained sentence that paradoxically conveys the depth of emotion she feels at the casualties she deals with. Despite censorship and constraint, feelings do seep through for friends like Cairine to read. Mildred’s next letters are more open, narrating casualties’ stories and her own pity and horror and describing the CCS as a “hot spot” from which she and Laura may not return.

An additional problem was that Laura and Mildred’s unit censor on Lemnos and at Salonika discussed the contents of the nurses’ letters with other personnel; in essence, their private affairs became public knowledge within the unit. As well, Matron Charleson’s friends at home apparently repeated back to her what the nurses had written to their families, who in turn had talked about their letters or circulated them in their home and social circles.⁶⁰ As a result, both Laura and Mildred felt constrained when writing about their colleagues and the causes of the tensions in the unit – though Laura was much more open than her friend, especially in her uncensored letters.

Laura’s and Mildred’s different attitudes towards censorship can be attributed in part to their positions within the medical hierarchy: Mildred, from a powerful family and with years of experience as a nurse and administrator, looked forward to an appointment as matron and recognized the need to remain aloof from controversy, especially about her immediate colleagues, in her writings – so long as she was not herself in power. She openly and severely criticized the British administration until told not to yet, strikingly, she never once made comments, adverse or complimentary, about any of her nursing or medical colleagues (except Laura) in any of her extant letters until she was appointed acting matron of CCS No. 2 in France. Finally in charge herself, she felt free to criticize the commanding officer, the nurses who joined her unit, and their relatives. Laura, in contrast, took many risks even in her doubly censored letters. Her sense of honour caused her to omit military doings in letters that officers signed for her unread, but she had no apparent qualms about fooling the unit censor, nor did she seem to fear censure for criticizing the matron, her colleagues, the medical staff, and the British authorities. Equally, she often praised her fellow nurses.

The impact of censorship, in fact, “was contextual and varied in its effectiveness,” depending on the unit, the writer, and the censors.⁶¹ Surprisingly, neither Laura’s nor Mildred’s surviving letters had any information blacked out by a censor. Self-censorship, the omission or qualification of information to avoid upsetting those at home, was a different matter. For those at home, such as Mrs. Holland, Laura’s Uncle George, and Cairine Wilson, letters were reassurance that the writers were safe and alive “at the time of writing”; families and friends of nurses, like those of soldiers, endured ongoing suspense about their daughters’ safety and health.⁶² As a result, Mildred, for instance, deliberately chose to leave her family and friends uninformed about her 1915 illness on Lemnos until she was better.⁶³ Laura wrote vividly about the shortages of food and water on Lemnos, but after learning of her mother’s deep anxiety, repeatedly emphasized her good appetite, described actual meals to show their improvement, and commented on how “fat” she was getting. She continued to balance honesty with caution – for instance, she does describe air raids in Salonika, but after explaining the nurses’ dash for the dugout, notes that “the Zeppelin wasn’t near us” and dwells more on the “wonderful sight” of the “magnificent search lights all focused on the one object” than on her own danger. Her ending, with the Zeppelin “brought down without having done any damage” emphasizes the excellence of the British defences and the resulting lack of danger for the nurses.⁶⁴ Noticeably, when she and Mildred served in the “hot spot” of CCS No. 2 near Ypres, Laura omitted all mention of the frequent air raids and shelling her CCS underwent; the danger was close and very real, so she spared her mother the anxiety of knowing about it.⁶⁵

Yet despite these seeming omissions, accounts of the war as perceptive and substantial as Laura and Mildred’s double account are exceptionally rare. They are also the only pair of female friends among the Canadian military nurses whose letters remain extant and have been reunited. For depth and coverage, only *The War Diary of Clare Gass*, edited by Susan Mann, and the letters and diaries of Helen Fowlds, available online at Trent University,⁶⁶ bear comparison in publicly available accounts by Canadian military nurses.⁶⁷ Laura’s and Mildred’s letters, written from Lemnos, Alexandria, Cairo, Salonika, England, Belgium, and different locations in France, provide rich insights about a greater variety of hospitals and fronts than any other Canadian nurse’s narrative now extant. Clare Gass, whose diary covers her four years of war service in France and England, provides a “verbal photograph album” through her diary,⁶⁸ in contrast to Laura’s lengthy descriptions and analyses and Mildred’s trenchant, high-level commentary. Gass provides telling glimpses of daily life as a war nurse in France, where the work could be emotionally draining and difficult but hospitals were well supplied. Laura and



Laura Holland's mother, Laura Hadrill Holland.
Courtesy Stephen D. Cooke

Mildred convey sometimes startling contrasts to Gass's experiences in their depictions of themselves attempting to cope amid physical privations they had never previously experienced in their hitherto privileged lives – hunger, shortages of supplies for patients, and their own and their patients' depression. And Gass's diary and Mildred's letters from CCS No. 2, where Gass served under Mildred when she was acting matron, work together, providing very different perspectives: Gass contributes brief yet telling vignettes of almost unending casualties and frequent dangers, while Mildred conveys the efforts needed to maintain morale within the unit and to keep the station running smoothly, even when it is bombed out.

Helen Fowlds, a colleague and later friend of Mildred and Laura on Lemnos and at Salonika, younger in outlook and perspective than her colleagues, was, in Meryn Stuart's definition, "coming of age through these wartime experiences"; she "constructed herself as a young, modern, 'new woman' in her

letters home.”⁶⁹ Mildred and Laura, older, well-travelled, and mature wage earners for some years before the war, had no need to do so. Their challenge was not, like Fowlds, to see themselves as “free in a man’s world”⁷⁰ for the first time, but to cope with being thrust into a patriarchal military hierarchy – a gendered hierarchy that often chafed – after years of independence. As their letters show, their close friendship sustained both women throughout challenges that sometimes threatened the perspectives, attitudes, and identities instilled by their privileged social and economic status, nursing training, and gender. As well, the contrast in their positions contributed to their different attitudes and ways of communicating their wars.

In a photograph of the staff of CCS No. 2, Mildred sits quietly and with dignity near the centre of the picture, her veil pristinely starched, her sweater elegantly draped over her uniform. Laura stands behind her and slightly to one side, her body turned towards Mildred, her face to the camera. This portrait epitomizes their professional relationship – and their personal closeness – during the war: Mildred in the foreground, Laura deliberately supportive of her friend. Mildred Forbes, related to some of the wealthiest and most influential families in Montreal, was an exceptionally able administrator and an experienced nurse and represented the best of Canadian society and of the nursing corps. These qualities would prove both a hindrance and a help in the pair’s overseas postings. Mildred’s letters to Cairine Wilson are written from the distinctive perspective of a capable administrator who chafes at incompetence in the military system when she does not hold power but who adheres to most regulations for the sake of discipline: she is what Cynthia Toman would call a “good soldier.”⁷¹ But Mildred is fully aware of her own abilities and enjoys using them when she has the chance to do so. As acting matron of CCS No. 2 in 1917 and 1918, she ran that important station, within the reach of the shelling at Ypres, throughout several major battles.

Laura, too, had enormous executive ability and talent, as her postwar career with the Ontario Red Cross and in social work in British Columbia demonstrates.⁷² Yet as the less experienced nurse and administrator, she consciously avoided promotion during the war as her “sacrifice” for the friendship. Hers is a second unique perspective: she is both participant in and observer of the inner circles of power. Whereas Mildred’s letters give the administrative perspective, Laura’s provide one of the deepest, richest, and most analytic accounts of Canadian military nursing life during the First World War. From an impoverished widow in Egypt to King George V, from a tented ward on Lemnos to Matron-in-Chief Macdonald’s beautiful bachelor flat, little escapes her vision. Laura’s astute observations, which often question gender, cultural, and economic disparities, extend beyond the army

system to the often exotic places she inhabits and the people she meets. Toman has observed that many Canadian nurses in the east “described themselves primarily in terms of whiteness, femininity, cleanliness, and British-ness in contrast to Blackness, masculinity, dirtiness, and Greek-ness,” in part because of their relationship with “the British Empire’s long history of dominance and privilege.”⁷³ But Laura’s intelligent observations about gender, imperialism, and the postwar future of refugees signal a developing social conscience and an openness to questioning the established order. Her war experiences clearly influenced her choice of later career and her thoughts about those deprived of power through lack of economic, cultural, or gender privileges. Where others wrote about foreign people and places as novel curiosities, Laura would write, “While one knows the goods of this world are not divided as fairly as they should be – here [in Cairo] it really worries me. [S]omewhat even away out here one feels the world is topsy-turvy, & it is impossible to feel one is on a pleasure trip, even if there is no work at the moment to be done.”⁷⁴

Laura, unlike Mildred, had no compunction about breaking the “proper official silence regarding the contentious or controversial aspects of [her] war experiences,”⁷⁵ especially when she saw no sense in imposed restrictions. Where Mildred hints and is terse, Laura supplies vivid detail. Although she wrote cautiously about her nursing colleagues, her letters reveal much valuable information about the tensions between male and female officers, nurses and orderlies, and Canadian and British medical staff. Although she declares that she is “no ardent advocate for equal rights,” her frequent observations about gender inequities and differences, from the Greek villagers she encounters (the women work, keeping “scrupulously clean” houses and doing the nurses’ laundry, while the men “sit [in the] square and drink – drink – drink”), to men at all levels in the army, demonstrate her developing sense of gender differences and her growing sympathies for women and children living in patriarchal societies.⁷⁶ Together, Laura and Mildred’s narrative of the First World War re-creates the fullness of Canadian nurses’ overseas lives during it, from their professional time on the wards caring for patients to their social activities and pleasures, from their struggles with authority to their ability to wield it.

The paucity of publicly available First World War narratives by Canadian nurses partly accounts for the equally sparse references to them in international studies of Allied war nursing.⁷⁷ Even so, much sterling work has been done in Canada by war scholars in both history and literary studies. Morin-Pelletier’s *Briser les ailes de l’ange*,⁷⁸ the pioneering book-length history of Canadian First World War nurses’ experiences, stands alongside Toman’s *Sister Soldiers*⁷⁹ as an invaluable contribution to the field of Canadian military nursing history

and war studies. Previous histories are partial, from *Three Centuries of Canadian Nursing* to G.W.L. Nicholson's *Canada's Nursing Sisters*, which devotes three chapters to the First World War.⁸⁰ *On All Frontiers: Four Centuries of Canadian Nursing*,⁸¹ contains Geneviève Allard's important chapter, "Care-giving on the Front"; it also includes intriguing short biographies of two First World War nurses, including Laura Holland. Toman has done excellent work in exploring the conflicted yet developing national identities of Canadian First World War nurses on the Mediterranean Front, and Meryn Stuart's study of Helen Fowlds's letters and diary illuminates gendered identity and construction of the "social" self.⁸² Susan Mann's introduction to *The War Diary of Clare Gass* offers a fine overview of nurses' work, position in the military hierarchy, and groundbreaking overturning of traditional gender roles and authority. My own interdisciplinary study of Canadian nurses' relations with patients on Lemnos also contributes an in-depth analysis of censorship in nurses' letters and their rebellion against authorities' attempts to silence their stories of patients' needs, combining historical research with a literary scholar's reading of nurses' narratives.⁸³

Laura and Mildred's double narrative of war illuminates the diverse perspectives and meanings held by Canadian nurses, and the diverse communication strategies they employed, even as they experienced the same events. Reading Laura's and Mildred's rich accounts of their wars in the context of other Canadian military nurses' writings highlights the importance of Helen M. Buss's observations about the diversity of women's writings and viewpoints. Buss points out that each new Canadian women's autobiographical narrative that we encounter "revises ... historical and cultural maps of this place."⁸⁴ When "this place" is the First World War, and Canada's memories of that war remain predominantly male, every woman's account of it adds to our knowledge and understanding of the meaning of war for Canadian women and the roles they perceived themselves playing within it.

FRIENDSHIP AND WAR

Carolyn Heilbrun, writing of the renowned friendship between British writers Vera Brittain and Winifred Holtby, tells us that "friendship between women is seldom recounted" and that when it is, it is limited to "those family crises" of "marriage, birth, death, isolation. From the love of women for one another as they work and live side by side ... recorders of civilization have averted their eyes."⁸⁵ This "continued marginality" occurred because women's eighteenth- and nineteenth-century friendships were constructed as "second best to heterosexual marriage," which offered "social and economic security."⁸⁶ Lilian Faderman

observes that “early twentieth-century women ... had grown up in a society where love between young females was considered the norm,” a preparatory state for heterosexual marriage.⁸⁷ By the late nineteenth and early twentieth centuries, too, female friendships, seen as “more influenced by sincere emotion than by reason, and motivated more by feeling and sympathy than by practical issues,” were being used to reinforce perceptions that women’s place was in the home, as wives and mothers.⁸⁸ But the “second generation”⁸⁹ of Canadian trained nurses chose economic independence outside the home; their profession, though calling for sympathy, emphasized reason and science over sentiment. Three years of arduous apprenticeship-style training and residence with fellow students naturally led to friendships based on proximity, shared ethics, and common goals.⁹⁰ Marriage was not an economic necessity for such women, though many eventually chose to marry and resign from their nursing positions.⁹¹ For student and trained nurses, friendships took place outside the home, in the profession.

In contrast to women’s friendships, male friendships have been celebrated since Greek and Roman times, and male comradeship has become a trope of the First World War. As Canadian historian Jonathan Vance explains, “friends were linked by common interests and tastes” whereas “comrades ... were joined in a common fate. The strength of their relationship lay in a shared response to the conditions they experienced at the front.”⁹² Male comradeship, for Canada, was one of the saving graces that took the “sting” out of veterans’ memories of loss, battles, and trench conditions.⁹³ In contrast, Joanna Bourke’s study of British soldiers argues that comradeship was enforced, imposed by military rituals and regulations. As a result, male friendships became tenuous and fragile.⁹⁴

Not surprisingly, given the contemporary privileging of male battle experience over female war service, Janet Lee’s study of friendship and comradeship among the British volunteers with the First Aid Nursing Yeomanry (FANYs) shows that they called on “the feminine appropriation of military heroism ... expressed in acts of physical courage” to justify their feminine presence in the war zone.⁹⁵ Like untrained volunteer nurses, who “saw themselves as the female counterparts to soldiers,”⁹⁶ the FANYs, also volunteers, measured themselves by male standards. But trained military nurses had no need to appropriate masculine military standards. Volunteers saw war work as temporary and extraordinary, as “doing their bit” for the war effort, as their brothers were doing by enlisting.⁹⁷ Trained nurses such as Laura and Mildred, in contrast, would have been working in hospitals even if the war had not occurred,⁹⁸ and they tended to record only what they saw as new or “novel” in their war letters.⁹⁹ During the war, they knew that their training and experience was

essential, and they saw nursing as a gendered and distinctive profession. War acted, however, as a forcing house for nurses' friendships and comradeship, and not always positively; its rapidly changing circumstances tested individuals and units alike.

The friendship of women works on many levels in the letters of Laura Holland and Mildred Forbes, but is shown to be essential, accommodated, and encouraged in the extraordinary circumstances of war; friendship provided a trusted emotional centre that imposed stability and order on suspense and chaos. Mildred and Laura's friendship was in itself unique, yet also representative of the many strong friendships that developed among the nurses: Bertha Merriman kept a photograph of her friend, Gertrude Donkin, on her dressing table for many years after the war;¹⁰⁰ Helen Fowlds left Salonika to emotionally support her friend Myra Goodeve when Myra had a second brother killed in action;¹⁰¹ and Katharine Wilson and Sister Willett¹⁰² became known as the "Siamese twins" for their closeness.¹⁰³ Such intimate friendships helped the women endure the "isolation and sadness that were the realities of the front."¹⁰⁴

Canadian military nurses seldom stayed at the same posting for long periods of time; they went where they were needed. Although when Matron-in-Chief Macdonald knew of friendships, she usually supported them,¹⁰⁵ Laura and Mildred still feared separation. Mildred's rank of acting matron of the draft of nurses who sailed with her gave her rare direct access to Miss Macdonald, and she took the opportunity to tell her "that [she and Laura] were great friends & would like ... to stay together."¹⁰⁶ Others were not so fortunate: Helen Fowlds, writing in early 1915, wrote that "in truly Biblical fashion one friend was taken and the other left out of every group" when half the unit's nurses were transferred.¹⁰⁷ Despite Macdonald's support, Laura and Mildred took no chances: Laura deliberately refused any chance of promotion so that she and Mildred could have the same hours off, and Mildred turned down the prestigious matronship of a large hospital in England because she was afraid she would be separated from Laura.¹⁰⁸

Friendship was to prove vital on their first foreign posting. At the end of July 1915, when they had barely unpacked at their first English hospital, Macdonald offered them the chance to join Canadian Stationary Hospital No. 1, which was about to sail for an unknown destination in the Mediterranean. They had only "half an hour" to decide. "I didn't hesitate," wrote Laura, because "our being together meant more than everything." Mildred, too, "was dying to go, but wouldn't say so," because she thought, protectively, that the less robust Laura "couldn't stand the heat."¹⁰⁹ Their decision made, they left in such a hurry that they had to leave their laundry behind. They were destined for the Greek island of Lemnos, sixty miles from the Gallipoli

Peninsula and six hundred miles from Alexandria, to nurse the ill and wounded soldiers from the fighting in the Dardanelles. The British medical administration, unprepared for a prolonged campaign and caught without sufficient medical facilities, requested that three Canadian hospitals join the Mediterranean Expeditionary Force: CSH No. 5 set up in Cairo, while CSHs Nos. 1 and 3 pioneered tent hospitals on Lemnos.¹¹⁰

"It seems customary for the Eng[lish] Govt. to send a Hosp. Unit to a desert island, & make *absolutely* no provision for them," wrote Mildred to Cairine shortly after the unit arrived. "Water is very scarce.... It is not fit for us to drink – & we get a *very* small allowance for washing."¹¹¹ Food was equally scarce and unappetizing: as Laura wryly observed, "To-day @ dinner while eating, 8 [flies] fell dead on my plate from over feeding, & I have become so hardened to the sight, I don't even pick them out & throw them on the floor but just keep a grave yard in one corner."¹¹² The heat soared to over 100 degrees F (38 C), the winds swirled dust into the tents and wards, and most of the patients were ill with dysentery and other enteric diseases.

Friendship became essential for physical survival when dysentery swept the hospital staffs, causing the deaths of the matron and a nurse at nearby CSH No. 3.¹¹³ Mildred contracted the disease and was confined to her tent for three long weeks, dependent on Laura – who refused to leave the camp for five weeks while her friend was ill – for nursing care. Laura wrote hopefully about Mildred's progress but could not hide her fear, juxtaposing her "up-set" and "loneliness" about Matron Jaggard's funeral and the medical personnel being invalidated back to England with the story of Mildred's illness. Separation, even death, was a very real possibility. Mildred had not told her family or friends of her illness; tellingly, Laura's anxiety overcame her loyalty. Unable to express her fears to Mildred, Laura repeatedly cautioned her only confidante, her mother, to keep the secret.¹¹⁴ When Laura in turn became ill, Mildred, barely recovered herself, protected her friend when their tent blew down. "The sensations I felt trying to get Lollie safely out of bed," wrote Mildred to Cairine. "We were two pitiful objects staggering out into the dark stormy night, leaving our 'home' in what seemed to be ruins."¹¹⁵ Mildred's almost Gothic language reveals the strength of their bond: "home" may have been a tent, but it was a place they had created together and where they helped one another through illness and deprivation. When the nurses moved into new huts, each nurse was allotted one, but Laura and Mildred promptly created a two-hut "home," moving their beds into one hut and using the other as their living room, so creating a shared space of night-time "safety" and intimacy and a daytime space for reading, writing, chatting, and entertaining when off-duty.¹¹⁶ They would follow this practice throughout the war, in Salonika, London, and Belgium.

The nurses' professional distress on behalf of their patients meant that friendship was essential for emotional stability and balance. "We can give so little to the men," wrote Mildred, "for we have so few things to work with."¹¹⁷ Laura echoed her friend, writing to her mother that "it is heart-breaking ... the shortage is appalling."¹¹⁸ Just as disturbing as the shortages was the discovery of the "colossal ... mis-management"¹¹⁹ of military matters on the peninsula, which caused the unnecessary "sacrifice" of men.¹²⁰ Wartime medical staff built "resilience" – protection from emotional breakdown – through knowing they were constructively helping their patients.¹²¹ In contrast, the two nurses found the work "routine,"¹²² "depressing," and "un-satisfactory."¹²³ They could not "contain ... trauma"¹²⁴ for their patients physically or emotionally, and they could not build resilience through knowing that their training and experience were being fully used. Instead, they justified their presence through gender, by comparing the "some good" the female nurses were doing with the "awful" conditions of the hospitals run by all-male staffs.¹²⁵ Laura and Mildred's friendship became a safety valve, for they "let off steam"¹²⁶ to one another in the privacy of their tent, which helped them endure these traumas.

Though Laura and Mildred's friendship remained strong and stable, tensions among the nurses and within the hospital unit were rife, especially on Lemnos and to a lesser extent at Salonika, due to the poor facilities and scanty supplies. The army system was inherently competitive: nurses who ran wards had to requisition supplies and equipment, and those who had established good relations with quartermasters and others in charge of supplies could garner what they needed or wanted, often at others' expense.¹²⁷ The set-up of the wards on Lemnos, with each nurse on duty running her own hut as of the end of October, led to fierce rivalry for scarce supplies for patients. "The hardest fighter & worst kicker," as Laura commented, "usually [came] out on top,"¹²⁸ meaning that some nurses were able to supply their patients' needs while others went short. The aggressiveness of this infighting meant an overturning of professional and gender-appropriate behaviour: nurses' training had taught them to place the good of the hospital above the individual,¹²⁹ while loud voices contradicted ladylike behaviour. But the issue was more complicated: those who won the competition had the satisfaction of knowing that their patients were better cared for; those who lost would suffer greater emotional trauma because their patients also lost out.

Length of active war service replaced the professional status experienced nurses had gained at home: Mildred, acting matron of her draft of reinforcements in June 1915, was relegated to the newest of the new, along with Laura, because Lemnos was their first posting on active service. CSH No. 1 had been one of the first Canadian medical units organized, and it had sailed with the

First Canadian Contingent in 1914. The original nurses called themselves “the First Contingent” and took pride in their status, at times wielding it in an effort to gain prestigious positions, such as when nurses were called for to sail on a hospital ship to the peninsula.¹³⁰ This privileging caused some resentment on the part of nurses who had joined up later: Laura and Mildred, for instance, were nicknamed “The 1st Reinforcements.”¹³¹ Those who were new had to establish contacts with those who controlled supplies, struggle with army paperwork, and prove themselves on the wards and in daily life in camp.

Laura was left alone to fight for supplies for her patients and to appropriate food and drink for Mildred during the latter’s long illness on Lemnos. The others had been together long enough to form friendships and cliques, but Laura knew few people in the unit and had no good friends other than Mildred. Although she did know Colonel McKee, the CO, he became seriously ill during the first week and was invalided home. This isolation would have affected her ability to obtain supplies for her patients and caused her acute anxiety because she needed food fit for her only friend. Unable to leave camp, she gave an officer £5 to obtain eatable fresh fruit, biscuits, and ginger ale; she sold some to the other nurses to provide a “treat,” showing altruism even in desperate circumstances.¹³²

Food was an ongoing source of tension for the nurses. Laura was “unfortunate” enough to be made mess sister during the first ten days at Lemnos and was acutely aware of her inability to perform her responsibilities satisfactorily – and of the poor impression she was making on her fellow nurses.¹³³ No rations had been arranged for the unit, the cooks used an open fire, few dishes or pots were available, water was chlorinated and rationed, and the little food available was unpalatable. Also, cracks appeared in her relations with Matron Charleson and the male cooks. Laura blamed the poor food directly on the matron, who “seems to antagonize everyone with whom she comes in contact,” especially the men who could have arranged for shipments of food or for transport to the villages and naval ships in the harbour. She lacked “energy” and “tact” and would not allow the nurses under her (including Laura) to take over such arrangements.¹³⁴ The matron’s stubbornness caused another flare-up when the nurses took matters into their own hands, pooling their funds and creating their own messing arrangements in early September, thus improving their buying power and the quality of their food while condemning their matron’s efficiency by doing so.¹³⁵

Still more friction was generated by the nurses’ right of command over orderlies and non-commissioned officers. On the wards, there was “quite a bit of trouble regarding the orderlies’ attitude,” which led to criticism of those nurses who were the “least bit familiar with any of them.”¹³⁶ Orderlies

rebelled at doing the “menial work” of the ward, and “if forced to do it [did] it very badly.”¹³⁷ Faced with cleaning and other jobs that women usually performed at home, the men resented nurses’ orders; they refused to recognize that nurses’ training and rank meant their time was better spent treating patients.

Mildred and Laura’s own privileged status proved both detrimental and beneficial to them, depending on the circumstances. From the very beginning of their war service, they judged people by manners and appearance: a colonel on board ship was a “splendid organizer” but “far from being a gentleman,”¹³⁸ while the nurses at Cliveden were “indifferently nice, decidedly dull but very chatty.”¹³⁹ Though both were cautious about describing the nurses at CSH No. 1, a comment Laura made about Matron Charleson is telling: “To meet socially, if one didn’t know her too well, she might be alright.”¹⁴⁰ To be socially acceptable meant having qualities that, according to Laura, the matron lacked, including appropriate clothing, emotional self-control, tact and diplomacy, altruism, and interesting conversation that did not include gossip. Noticeably, many of these qualities were those that nurse training schools had tried to instill in them, blurring the line between social acceptability and professionalism.

Paradoxically, young and attractive nurses were both lauded and condemned. The naval ships in Mudros Harbour were “a kind of wonderland” for any peninsula soldiers invited on board because of the contrast in conditions.¹⁴¹ The variety and quantity of food, the china dishes, and the possibility of baths were equal attractions to the nurses – as were, for some, the attentions of young naval officers. “I don’t know how we ever would have existed if it hadn’t been for these naval men,” commented Laura. “Of course we have several very pretty girls in our unit & that has helped more than a little.”¹⁴² The naval officers sent daily provisions for the nurses and often invited them to meals and entertainments.¹⁴³ Good looks and attractiveness were approved, then, when they benefited the collective, but considered a drawback when it came to attitude. Those “out for a good time”¹⁴⁴ were considered selfish for foisting their work onto others,¹⁴⁵ while nurses who were “young” and made regular dates with officers could be considered “flighty,” their dedication to work suspect.¹⁴⁶

But by 1916, Laura’s judgments were based more on work ethics than on social status. Nurses who were invalided home were gauged by their dedication, their calming and beneficial influence on patients, and their skills; social judgments came second. For instance, Laura described Miss Hervey as “a good worker” with “splendid principles” after working with her; when she asked Mrs. Holland to receive Miss Hervey when the latter reached Canada, she added that Miss Hervey was “rather a peculiar, reserved woman” but with

“a heart of gold” and “the disposition of a saint ... after you get to know her.”¹⁴⁷ Laura’s appreciation of character and professionalism now had priority over social capacity, in a reversal of her earlier judgments.

Few signs of *esprit de corps* are evident in any nurses’ letters from Lemnos. This dearth reflects the tensions among the nurses as well as with the matron, the medical officers, and the orderlies.¹⁴⁸ But despite tensions among themselves, the nurses did unite on behalf of their patients. Mildred and Laura, like other nurses, made “bally nuisance[s]” of themselves with the medical staff by demanding improvements.¹⁴⁹ As a unit, the nurses refused to be silenced: their ethics called on them to challenge military regulations and gender barriers on behalf of their patients.¹⁵⁰ The nurses were also united in their desire to “make good” for Canada. At the worst of the infighting, Laura declared firmly, “Not one of us would go back if we could under present conditions.” Mildred echoed her, constantly using “we” to convey the unity of the nurses in the unit and their determination to serve their patients.¹⁵¹

Above all, the Canadian nurses were united in their condemnation of the British administration’s careless treatment of its own soldiers and the medical units who tended them. Mildred, angered by the nurses’ treatment on Lemnos, declared in a statement echoed in other nurses’ writings that “the British have only recently sent their Sisters here. I suppose by sending Australian & Canadian ones they would see how they stood it – before venturing to send their own. But we will show them ... the stuff we are made of.”¹⁵² Toman rightly argues that the nurses’ “resistance” to the British “preconception” of them as “second class” resulted in a collective “emerging self-awareness of Canadian difference.”¹⁵³ But as I argue elsewhere, the nurses’ experience of privation, which they shared with their British patients on Lemnos and at Salonika, complicated notions of nationality: the Canadians certainly “came to a sense of distance from imperialism, which they identified as the misuse of power for troops, patients, and nurses.”¹⁵⁴ Yet nurses also identified with their patients, the British soldiers, whom they saw as victims of the higher British authorities. As a unit, the nurses also collectively condemned any British authorities, including British matrons, who treated them as “colonials” or as second-class citizens.¹⁵⁵

The “comradeship” that some other scholars claim for nurses¹⁵⁶ was not present on Lemnos, though the common purposes of caring for patients and of proving their own worth did unite the Canadian nurses when they spoke out against authority. Yet the daily tensions and frictions, the constant fighting for desperately needed supplies, the struggles with illness, the perceived differences in status, and the seeming lack of leadership among the nurses meant that no cohesive sense of comradeship was created. *Esprit de corps* did

develop in urgent situations, such as during CSH No. 1's efforts to care for the huge influx of wounded soldiers from the 1915 Second Battle of Ypres in France.¹⁵⁷ But this group loyalty only developed when nurses' training and experience were valued, used, and appreciated in a crisis, which it was not on Lemnos. Comradship did develop retrospectively¹⁵⁸ after the nurses had left the Mediterranean and returned to England, and it sprang from their shared experiences and endurance of harsh physical and emotional conditions. When Laura and Mildred were stationed in London in 1916 and 1917, they had tea or dinner with many of their colleagues from Lemnos and Salonika and made special trips to see others who were nursing outside London. When twelve of the "original" Mediterranean group met for tea in London, Laura commented, "You can imagine how we talked."¹⁵⁹ With hindsight, the frictions were forgotten, leaving the memory of challenges shared and overcome for patients and for themselves – and these bonds would last, for many, throughout their lives.¹⁶⁰

Personal and professional contact eventually created bonds within the group of nurses. At the same time, letters and packages provided friendship outside the medical unit and army, with those in Canada. Letters and packages served as essential reminders of the life Laura and Mildred had left behind in Canada and that they hoped to return to, but Laura's detailed letters to her mother demonstrate her equal desire to bring her mother into her overseas life. She recorded almost every aspect of the nurses' lives, from using biscuit tins as chamber pots on windy nights, to critiquing medical inspectors, to biting descriptions of royalty. In turn, her mother and Uncle George sent news of relatives and neighbours, recorded their daily activities, and did their best to keep Laura current with changes in Canada, large and small. Their letters, throughout the war, served as preparation for her return.

Mildred, more trenchant and discreet, confessed her nostalgic longing for the "lovely peaceful" life at home.¹⁶¹ But she also shared her emotions with Cairine. "One sees so many tragedies all the time that one feels positively sick," she wrote from CCS No. 2.¹⁶² Laura was her support in the hospital; Cairine was a trusted friend in whom Mildred confided the "utter misery" of one of her patients,¹⁶³ so bringing Wilson into overseas life.

But additionally, the packages that those in Canada sent strengthened personal relationships, bestowed prestige on Laura and Mildred within the unit, and bolstered Canadian hospitals' reputations within the Allied army's medical corps. Helen Fowlds's packages from home, containing such things as underwear, stockings, and food, and her distribution of some items to her soldier brothers, "tended to fix Fowlds' identity within the family ... she remained a good, dutiful, middle-class daughter, still leaning on her parents for support



Portrait of Cairine Reay Wilson, circa 1930, by George Horne Russell. *Library and Archives Canada C-018713*

... [d]espite her status as an independent woman.”¹⁶⁴ Most of Fowlds’s packages were personal, though she did receive from her family the occasional case of goods intended for soldier-patients. Laura and Mildred’s packages, in contrast, are a telling indication of their economic status and independence: Uncle George supplied whiskey, cocktails, and a lamp for their tent, while Mrs. Holland and Cairine Wilson sent luxury items such as teaspoons and glasses, olives and hors d’oeuvres, chocolates, galantine of turkey, cigarettes, soup mixes, Washington coffee, home-made candy and cakes, and underwear handmade by the Hollands’ maid. These were gifts: other requests that Laura made, such as for made-to-measure boots from a Montreal store, she paid for long-distance, keeping accounts and asking her mother to take the money from her bank account, so demonstrating her status as an independent wage earner who did not expect her family to pay for her needs.

Fowlds sent “exotic ... souvenirs” to her mother, such as “Turkish brass and Belgian lace,” things that would mark her travels in her “North American, middle-class home.”¹⁶⁵ Laura felt no need to do so but spent much time in London hunting for commissions and gifts for her British-born mother and uncle: for her mother, a coat and dress and a switch (hair extension) to match her greying hair; for her uncle, menu cards and a silver biscuit box. She also sent money for special gifts such as a travelling trunk and Christmas presents, ordered flowers for her mother long-distance, and sent her a cheque for several hundred dollars.

Such a system of exchange emphasized the Holland family’s stability and comfort with their social status: already a well-travelled family, they felt no need to keep souvenirs, though the luxury gifts they sent to Laura, and her return packages, emphasize their elegant manner of living and their links to their British roots. Laura justified the large cheque she sent her mother as reassurance that “in the event of anything happening to Uncle, I would love to feel that you [were provided for].”¹⁶⁶ But this statement comes shortly after Laura’s description of another air raid. Although she rationalizes her gift through her Uncle George’s potential death, it is clear that she is also concerned about her mother’s future if she – Laura – is killed in a raid or dies of illness. This gift of a large sum is Laura’s way of ensuring that despite the uncertainties of war, her mother will be taken care of. It also redefines the traditional mother–son, mother–daughter relationship: unlike Fowlds, the traditional, “dutiful” daughter, Laura takes the place of her brothers as her widowed mother’s support.

But the packages sent through Mrs. Holland and Mrs. Wilson also endowed personal prestige on Laura and Mildred. The portable organ that Laura received acknowledged her personal love of music, but also gave pleasure to the entire unit, given that the only musical instrument they had was a badly tuned portable piano.¹⁶⁷ More practical gifts, such as a complete laundry kit for the nurses, baking powder (which Laura immediately turned over to the nurses’ mess), a toolkit and tacks, and a baseball kit for the men in the unit,¹⁶⁸ would also have reflected glory on the pair and smoothed their paths. Some jealousy may have been aroused, but it would have been difficult to find fault with women who proved to be such generous benefactors through their connections at home.

Such packages for nurses and medical staff, and the many large cases of goods intended for patients, reinforced personal and professional connections beyond immediate relatives and friends. The shipments that Mrs. Holland and Mrs. Wilson organized reverberated on the nurses’ personal and professional reputations within the unit, on their patients’ health, and on the reputation

of the Canadian hospitals. It took “endless hours [of] planning, asking and interesting people,” then careful “packing,” to ensure the goods arrived safely.¹⁶⁹ These actions created extended “families,” mostly of women, within the home communities and generated personal interest in the nurses’ work and their patients. Boxes sent included such thoughtful and disparate goods as towels and pyjamas for the patients, condensed milk, games and playing cards, socks, cigarettes and tobacco, powdered drink mixes, soups, medical supplies, Christmas stockings, and other goods. “When I start in thanking people for all they’ve done I do feel so helpless,” Laura wrote, “for nothing I can say seems to give any idea of what all their thought & trouble has meant to us & the men.”¹⁷⁰ Mildred, too, wrote about the impact of the special Christmas goods that Cairine’s Red Cross chapter had made for the men in 1917, late in the war: “When I went into the tent the men were lying very dejectedly in the darkness. When the stockings appeared they bucked right up and their pleasure was a sight to behold.” One “old Scotchman” even “burst into tears.”¹⁷¹ Such stories, told to Cairine, who would in turn relate them to her group of workers, assured the women at home that their efforts to raise large amounts of money, contribute handiwork, then collect, organize, and pack goods were boosting the nurses’ professional reputations, raising the patients’ morale, and helping to make the Canadian hospitals stand out among the Allied forces.¹⁷² Both Laura and Mildred repeatedly describe the women at home as active war workers who bolstered the nurses’ professional reputations and helped make “a wonderful name” for the Canadian hospitals.¹⁷³

As the war continued, colleagues, friends, and family acknowledged Laura and Mildred as a couple; rarely did one receive an invitation without the other. When Holland’s uncle visited London in 1916 and she was on night duty, he took Mildred out instead,¹⁷⁴ and even Matron-in-Chief Macdonald learned that Mildred was reluctant to accept invitations unless Laura was invited, too.¹⁷⁵ Packages sent to Laura were also designed for Mildred, as one of the family: special cocktail mixes for the two of them, and furnishings for their shared hut or tent.¹⁷⁶ But we cannot know, so many years later, if Laura and Mildred were lovers. Faderman claims that the concept of lesbianism was constructed as a category during the twentieth century, meaning that Laura, Mildred, and their families and friends would probably not have seen their friendship in terms of sexuality. Female friendship was unquestionably encouraged within nursing circles and in the pair’s social and cultural circles. Sexual “inversion” was suspect and discouraged,¹⁷⁷ though “the norms of compulsory heterosexuality” within nursing made “homoeerotic relations” largely “invisible.”¹⁷⁸ In fact, anxiety about sexuality was mostly about heterosexual

relationships pursued outside marriage, which might compromise Canadian nurses' reputations.¹⁷⁹ Certainly Laura and Mildred never constructed themselves as actively heterosexual in the way that their younger colleagues at CSH No. 1 did.¹⁸⁰ Whereas other nurses wrote enthusiastically about outings with officers, Laura's detailed letters focus mostly on herself and her friend. She does recount expeditions with officers, especially when the nurses were forbidden to leave camp without a male escort, but she rarely names the officers. Laura calls herself as a "really truly 'old maid,'"¹⁸¹ and Mildred describes herself and her friend (at ages thirty-two and thirty-three) as "elderly."¹⁸² Both remarks place them outside the marriage market. Younger nurses buy extravagant lingerie and uniforms, presumably as means of affirming their femininity after a hardship posting;¹⁸³ simultaneously, Laura claims that she and Mildred are the two "common sense" women in the unit – and also the "shabbiest." But she contradicts herself: both buy silk uniforms, spend hours shopping for clothes in London, and – extravagance of extravagances – purchase new evening dresses at a time when few wore them.¹⁸⁴ They seek to be attractive and feminine, but not to attract men. Possibly the two, loving one another, took this way of communicating to friends and relatives their lack of interest in men; equally possibly, they genuinely did consider themselves beyond marriageable age, especially given their debilitating war experiences in the Mediterranean. It is clear that other nurses used their social life and relationships with men to escape from the trauma of the wards and to re-create the social atmosphere of home. Laura and Mildred, in contrast, escaped from the war through and with one another. Not surprisingly, when the two left Salonika for England, Laura remarked, "We are enjoying to the full being off alone once more," by themselves, away from the group¹⁸⁵ they had been with for a full year.

If the Battle of Vimy Ridge became a male-based battle myth that supposedly created national unity within Canada,¹⁸⁶ then the Canadian military nurses' wartime experiences created an actual nationwide community of women, including Laura and Mildred. Working together during the war and coming in contact with nurses from across the country helped the network of nurses realize their common bonds instead of their differences. Standing with them were larger communities of women across Canada who had actively worked to uphold the nurses' work and the reputations of the Canadian hospitals. Women such as Mrs. Holland and Cairine Wilson, to whom Laura and Mildred wrote about their daily lives, their work, and their needs, represented the thousands of Canadian women who supported the nurses and hospitals, who spearheaded fundraising and drives to obtain supplies, and who took pride in their daughters and friends.

The friendship of Laura Holland and Mildred Forbes was deep and intense, made more so by the crucible of war. Together, they cared for one another through sickness and health, air raids and bombings, emotional trauma and enjoyable leaves. Yet their friendship was only one of many such throughout the Canadian nursing corps. To have a close friend in wartime meant creating stability in the midst of chaos, laughter during privation, and resilience in the face of adversity. Unlike soldiers, whose friendships could be fragile and comradeship enforced,¹⁸⁷ the Canadian nurses forged lasting bonds through the chaos and trauma of war.

THE LETTERS

The balance of this book presents an edited version of Laura Holland's and Mildred Forbes's letters home, divided into chapters by their geographical locations and war postings. Laura, known in her family as "Lollie," sat down on the very first day of their voyage to England to write to her mother. Her first letters, in Chapter 1, document the experience that every Canadian First World War nurse underwent: initiation into war nursing, usually by being posted to hospitals in England, as Laura and Mildred were, followed by the excitement and apprehension of a first posting on active service. Unusually, the pair were posted to the Mediterranean front instead of France. Their letters from Lemnos, in Chapter 2, movingly testify to their shock at the privations they and their patients encountered and their determination to cope. Chapter 3, about their recuperation in Cairo, highlights attitudes towards the very different cultures they encountered there, while Chapter 4 shows the two now experienced campaigners on the Salonika front, improvising ice-boxes and describing air raids with humour. Chapter 5, with letters written from England after their recall in 1916, illuminates the stark contrasts between conditions in the Mediterranean and nursing in Britain. Laura and Mildred were posted to France in July 1917, arriving at CCS No. 2, near Ypres, just in time for the Third Battle of Ypres (Passchendaele). Chapter 6, the final chapter, tells of their year there, with Mildred as acting matron, then of their transfer to the more peaceful hospitals of the Forestry Corps, still in France. Laura and Mildred's war ended on May 7, 1919, when they sailed, still together, on the same ship for Canada and home. The Conclusion and Epilogue reflect on their postwar lives and accomplishments, illuminating how their wartime experiences influenced their career and life choices.

A Note on the Text

Laura Holland wrote approximately 182,000 words home to her mother in 133 extant letters between June 4, 1915, and July 12, 1917. Mildred Forbes wrote approximately 20,000 words in thirty-two extant letters to her close friend, Cairine Reay Wilson, between September 7, 1915, and January 25, 1919. (Cairine did not keep all of Mildred's letters.) To create a publishable volume, I have cut much material pertaining to personal family matters; Laura's reviews of the plays, concerts, and church services that she and Mildred attended as frequently as possible while in London; descriptions of cathedrals, cathedral towns, and other descriptive passages from Laura's and Mildred's letters while they were on leave; and much material from their time in England. Throughout the editing process, I have tried to give a balanced perspective of Laura Holland's and Mildred Forbes's experiences, development, and attitudes throughout the war years.

To create a readable narrative while maintaining the nurses' personal styles and the flavour of the times, I have indicated omissions of paragraphs and words with ellipses. In four places, I have silently moved words within sentences to make them readable. I have silently expanded abbreviations except where the meaning was clear in the original. Nurses tended to use dashes instead of commas and periods, but because readers found the original text difficult to navigate, I have silently edited punctuation throughout. I have added no unmarked words, and have retained the original sense wherever small marked deletions have been made.

I have changed all instances of "could'nt," "would'nt" and similar words to "couldn't" and "wouldn't," because readers found these spellings distracting. I have not, however, changed Laura's use of hyphens in words such as "to-

morrow,” feeling that these spellings give the sense of the time. Similarly, I have left words such as “un-doubtably” unchanged. I have silently corrected the spelling of words to clarify the sense, but I have not changed British, Canadian, or American versions of words. I have silently corrected some misspellings of some nurses’ names. Letter and diary dates and place names in headings have been regularized. Finally, underlining in the letters has been changed to italics.

Throughout the editing process, I have endeavoured to do justice to Laura and Mildred by leaving their voices and meanings distinct and unchanged.