

Sister Soldiers of the Great War
The Nurses of the Canadian Army Medical Corps

Cynthia Toman



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Introduction

IN AUGUST 1917, THE *Canadian Nurse* published an article by an unidentified nursing sister of the Canadian Army Medical Corps (CAMC), which was titled “Military Nursing.” The author referred to the Great War (later known as the First World War) as an opportunity to carry out important but arduous work for the British Empire – a privilege reserved for specific women who served as military nurses and who were known simply as “sisters”:

To combine a great adventure within the classic realms of history, romance and beauty with an important, arduous work, undertaken with eager enthusiasm and burning patriotic zeal does not often fall to the lot of the ordinary woman, but when it is her lot one might expect her to be so dazzled by the fascination of the adventure that the grave work would become secondary and the patriotism and zeal lose their ardor – let no one say that of Military Nursing Sisters – in spite of undreamed-of travels, such as might have been wrought by the wand of a fairy god-mother, their work remains the one thing of supreme importance, all the other events being merely incidental ... Wherever the British soldier goes, and that is as far and wide as the British Empire extends, she is there to tend him when wounded and nurse him when sick. In the present war, Canadian Sisters have nursed in France, Belgium, Russia, Macedonia, Lemnos, Gallipoli, Egypt and Malta, and perhaps elsewhere that the writer has not heard of. To be a Military Nurse at this time, when our nation, with her Allies, is in mortal combat for the cause of Truth and Liberty, is the greatest privilege that is a woman’s – and that privilege ... belongs to-day to thousands of women who are appropriately and beautifully named “Sisters.”¹

Canadian Prime Minister Wilfrid Laurier (1896–1911) had reminded Parliament in 1910 that when Great Britain was at war, so was Canada.² Thus when England declared war on Germany in August 1914, like many of their brothers, fathers, and uncles, large numbers of Canadian nurses expressed a strong desire to be part of “history in the making” and to participate in what was expected to be “the last great war.”³ When the call came to mobilize a military nursing force as part of the CAMC, the number of applicants far exceeded the

established quota, as it would continue to do for the rest of the war. For the first time ever, nurses would serve as fully integrated members of the Canadian Army. It was also the first time that they would work together as a large cohort of experienced graduate nurses⁴ instead of pursuing individual practice in private-duty nursing – the most common form of paid nursing employment at that time. As Nursing Sister Mabel Lucas declared, “We had never gone out from Canada as a group of women for a purpose before.”⁵

Who were these nursing sisters, individually and collectively? What was the nature of their work in caring for sick and wounded soldiers? How did they negotiate various social relationships within the military medical system as well as with their families from whom they were separated for long periods? How did they understand their own roles and participation in the war?

Nursing was just emerging as a profession in Canada at the turn of the twentieth century, and trained nurses had not been valued for their technical skills on such a large scale and in such a public manner previously. Indeed, skill was the essential qualification for becoming a Canadian military nurse, to be known by rank and title as lieutenant/nursing sister. The regulations stated that only fully trained graduates of recognized schools could apply for appointment to the CAMC, although a small number of non-nurses would eventually obtain appointments as well. As sister soldiers, they were in a unique position – fully enlisted, commissioned officers with relative rank and equal pay, incorporated within a masculine military world, unlike the other Allied forces’ nurses who served in auxiliary or voluntary nursing organizations.

Before the Great War, the Canadian militia had employed physicians in each of the military districts while contracting with civilian nurses solely for short-term needs. For example, a small group of nurses cared for soldiers during the North-West Campaign (1885), and twelve nurses served with the British Army during the South African War between 1899 and 1902. When the militia reorganized (1904), it established the Army Medical Corps, which included a permanent-force nursing service under its umbrella. This nursing service consisted initially of only two nurses (Georgina Pope and Margaret Macdonald), but it soon comprised five nurses plus a small non-permanent (reserve) force of civilian nurses who had completed either a brief military-nursing course or attended a summer training camp, or both.⁶ By the time war was declared, many more civilian nurses were eager to join this small body of appointed nursing sisters for a war that was supposed to end war once and for all.⁷

Neither civilian nor military training, however, had prepared this first cohort of nursing sisters for what the next five years would entail as they moved from working in private duty to working in large groups and managing hospital units

that sometimes exceeded two thousand beds each. They had never been required to be so mobile; nor had they ever encountered casualties on such a huge scale or seen the types of wounds that the technologies of war were now inflicting.⁸ Although they were used to improvising in patients' homes as private-duty nurses, war challenged them with new settings such as tents, huts, ships, and converted schools or churches. Their first-person accounts richly illustrate Erich Maria Remarque's point in *All Quiet on the Western Front* (1929) that "a hospital alone shows what war is."⁹

The nursing sisters were relatively naive regarding war and military nursing, and they set out to deal with unfamiliar situations armed with knowledge grounded in their prior civilian experiences. They were determined to "soldier on" without complaint (at least not to outsiders) while trying to remain feminine and while reassuring others that they were still women regardless of the changes war brought.¹⁰ Knowingly or not, they also enabled war through their participation in a military medical system designed to salvage sick and wounded men for return to combat.

Sir Andrew Macphail, the CAMC's official historian, claimed that "there were more admissions to hospitals than troops in the field" during the war, highlighting the significant role played by medical and surgical personnel in sustaining the war effort.¹¹ Sir Edward Kemp, the minister in charge of Canada's overseas military forces, went so far as to call the Canadian medical services a "great machine of healing." He argued that "just as there is 'the man behind the gun' so there is the doctor and the man behind the lancet, and the nursing sister and the true Canadian woman behind the grim paraphernalia of her office ... who give the great machine of healing its life and its humanity."¹²

Yet relatively little has been written about these nurses, their grim paraphernalia, or their participation in the machine of healing.¹³ One reason may be that, as historian Katie Holmes points out, there was no strong image of the Great War nurse, and the distinction between volunteers and military nurses was not clear in the public mind, neither at the time of the war nor retrospectively.¹⁴ The British literature, for example, focuses more on untrained and semi-trained volunteers than on professional nurses.¹⁵ There is an abundance of literature on "volunteer nurses," such as women who served with Voluntary Aid Detachment units (VADs), perhaps because they left more written evidence of their experiences than professional nurses did.¹⁶ Vera Brittain's accounts as a British VAD in France are possibly the most widely read and analyzed of these narratives.¹⁷ This dominance of VAD narratives partly explains the silence surrounding professional nurses' narratives. Katrin Schultheiss notes that, among all the women serving within the French system, while nurses "seem to have been the

most worthy,” they disappeared from that national memory as well. Margaret Darrow suggests, however, that nurses were complicit in erasing their own experiences from public memory by subordinating their story to the soldier’s story.¹⁸ Whether the Great War nursing sisters were silenced by others or silenced themselves, as Marjorie Barron Norris wrote about her mother, “it was as if she never served – but there was official proof.”¹⁹

The nursing sisters referred to themselves as part of “history in the making,” while their military and nursing leaders assumed that they would indeed be written into the official stories. Matron Jean Cameron-Smith, in her postwar account, for example, contended that “their story will be told in the pages of Canada’s history and *read* by the children of generations to come!”²⁰ The CAMC actually appointed Margaret C. Macdonald, the matron-in-chief of the nursing service during the war, to write its official war history.²¹ Although she made various attempts through the 1920s, 1930s, and 1940s, she was never able to do so.²² Susan Mann, in her excellent biography of Macdonald, suggests that the assignment was a “task for which she had no training and less temperament, a task that eventually proved to be impossible.”²³ Mann’s analysis suggests complex military, political, personal, and logistical reasons for the failure. Macdonald knew she could write an administrative history of the nursing service from her own perspective within the London headquarters, but she lacked first-person accounts from frontline nursing sisters. Although she solicited such accounts, there were very few responses in return.²⁴ Ultimately, her main contribution to the service’s history consists of six pages published in 1925 as part of Macphail’s official history of the medical services along with typed notes she left in her personal papers.²⁵

Very few nursing sisters ever published their own accounts.²⁶ Constance Bruce was the earliest to do so (1918);²⁷ she was followed by Mabel Clint (1934),²⁸ Maude Wilkinson (1977),²⁹ and Katharine Wilson-Simmie (1981).³⁰ It is not clear why certain nurses wrote and others did not, or why those who did write rarely shared the accounts during their lifetime. One wonders why work is the least visible aspect of their accounts. Perhaps nursing sisters perceived their work as too routine to be worth documenting or as “taboo” in terms of wartime propaganda and censorship. Perhaps it was too horrible to reconcile their work with dominant discourses that portrayed the nurses as angels, heroines, and saints. Perhaps they thought others (non-medical readers) wouldn’t be interested in such details, which they themselves had come to normalize and routinize.

The nursing sisters’ accounts on which this book is based range from vicarious participation in patients’ battlefield experiences, to angry repudiation of war, to deep weariness as the years passed. For example, after one “successful” battle in 1917, an anonymous nursing sister wrote that patients “were elated with action



Matron-in-Chief Margaret C. Macdonald. *Canadian War Museum, 19660092-001.*

and success, so they talked and described to each other what had happened, and the Sisters, as they dressed their wounds, thrilled with exultation at what they heard.”³¹ Years later, in 1977, Katharine Wilson insisted that she had been “just there to do a job and I did it.”³² But Pearl Babbit wrote home that “no one but those at the front and we who see the mangled bodies brought in still breathing, can have any idea of what is going on ... It is too awful to write about.”³³ Yet they did write.

In spite of official prohibitions against personal diaries and photographs, a surprising number of nurses felt compelled to record and photograph the war from their own perspectives. Perhaps the acts of writing and photographing the war reassured them that they were indeed still alive, with all the physical and emotional connotations of the term, as novelist Pat Barker suggests in her historical fiction trilogy.³⁴ Their voices, as verbal and written accounts, come to us in the form of diaries, letters, memoirs, oral histories, and even articles they published in professional journals.³⁵ Frances Upton, for example, wrote to her father almost every week for more than four years – leaving a collection of 165 letters. Even as diary and letter writers recorded events, they were also interpreting and framing them from their own perspective, consciously or unconsciously aware of potential readers and how they wished to be remembered. Not surprisingly, some of the nursing sisters were more self-censoring than others. Ruth Hays, for example, wrote to her sister: “I am trying to put anything that you might not want to send to Mother on one page, so you can leave the whole page out if you wish ... I will not number the pages that you are to keep out.”³⁶

Affordable portable cameras gave the nursing sisters the ability to document everyday experiences and events through images. Historian and literary critic Margaret Higonnet suggests that photography was transgressive for women in war zones:

Pictures of the front zone indirectly represent her physical presence as the viewing subject, and thus verify the woman’s invasion of territory traditionally reserved for men. The camera is an instrument that enables the woman to claim the authority to speak as a witness in the “forbidden zone” of men’s combat. For the presence of women as active participants, whether as soldiers, nurses, or auxiliaries, marked a radical departure from the history of previous wars.³⁷

It is remarkable how many nursing sisters kept at least one album or a small collection of photographs from the war. Upton was a prolific photographer who often referred to her “snap shots” and her “vest pocket Kodak” that she carried with her during the war. As she claimed, “everyone is learning to develop & print.”³⁸ Elsie Collis bought her camera in Malta, rationalizing that it was “extravagant, but pictures will be lovely to take home.”³⁹ And Helen Fowlds admitted to having two cameras, asking her family to “send films every once in a while.”⁴⁰

Archival documents (including attestation papers, personnel files, medical reports, pay records, and discharge notes) reveal other aspects of the Great War experience for nursing sisters. Demographic analyses based on a complete set of attestation papers for all 2,845 CAMC nursing sisters have been useful to

both confirm and correct understandings about the cohort – such as how many there actually were, their ages, marital status, occupations, birth places, and where and when they enlisted.⁴¹ Previous accounts have been based on a relatively small number of nursing sisters as well as a limited number of information sources and gleanings from histories of CAMC medical units.⁴²

This book is not about whether or not war was good for nurses. Nor does it seek to glorify nurses or celebrate them as “great women.” Unlike administrative, organizational, and operational accounts, it privileges the perspectives of everyday nurses who served in the CAMC.⁴³ For the most part, they shared the everyday concerns of wage-earning single women at the turn of the twentieth century. Their view of the war was from military hospital wards, tents, stretchers, transport ships, and trains. There, they negotiated places and spaces between the home front and battle front, between safety and danger, and within social relationships increasingly unsettled by the war. Their experiences were specific to the contexts in which they found themselves, including political and military agenda.

Each participant experienced the Great War from her own perspective, without the benefit of hindsight or knowledge regarding events happening beyond her own sphere of activity. Many of them commented that their families knew as much, if not more, about the war’s overall events as they did themselves – being subject to the isolation of remote postings and mail delays and losses caused by sunken ships. Like other participants in the war, “the meaning of their war was constantly changing, and since no one knew the outcome or the consequences of decisions which needed to be made, they relied upon the best information available at the time and *tried to act* in ways that did not violate their shared values.”⁴⁴

Chapter 1 of this book provides an overview of the war from a Canadian perspective and situates the nursing sisters in relation to several key events. I then position nursing sisters within the “great machine of healing” to which Sir Edward Kemp referred, including the structure and organization of the CAMC nursing service. Chapter 2 introduces CAMC nursing sisters as a collective and as individuals whose first-person accounts form the basis of this research. We meet them in the context of families and careers before turning our attention to their work and war experiences. They are the cast of characters who participated actively in creating their own histories. The third and fourth chapters focus more directly on the nature of their work: Chapter 3 on the various contexts and corresponding conditions under which nursing sisters served, Chapter 4 on their specific medical and surgical work as well as the dangers to which they were exposed. Chapter 5 considers the social contexts in which war nursing took place, including familial, collegial, social, sexual, and imperial-colonial

relationships. Chapter 6 explores how nursing sisters dealt with the war once it had ended – their postwar lives and careers, the personal costs of participation, and the transition to civilian life.

The experiences of CAMC nursing sisters challenge stereotypical portrayals of military nurses as heroines and angels, of war as a state of constant action and chaos, and the idea of war as a great equalizer of gender, class, and imperial-colonial differences. There is much to learn from them about how war, gender, nation, and identity intersect with one another to shape and reshape lives. Their stories reveal that the war's impact on individuals, families, communities, and societies was much more complex and diverse than is often portrayed.