

THIS SMALL ARMY OF WOMEN
Canadian Volunteer Nurses
and the First World War

Linda J. Quiney



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INTRODUCTION

WITH HER SOFT LINEN head scarf and white apron emblazoned with a red cross, the Voluntary Aid Detachment nurse, or VAD, has become a romantic emblem of the First World War. Although VADs have long been idealized as a British phenomenon, there were two thousand members of Voluntary Aid Detachments from Canada and Newfoundland as of Armistice Day, November 11, 1918.¹ Most performed their war work in military convalescent hospitals across Canada and Newfoundland, but some five hundred were posted overseas as “active service” VADs. When hostilities ended, these women quietly slipped back into their civilian lives, leaving behind little tangible evidence of their unique work and experience. They were not the heroes of the conflict, and there was little public recognition of their service or of the value of their work. Whatever records or mementoes remained of their experiences were soon packed away with their well-worn St. John Ambulance uniforms – a grey dress with white collar and cuffs, a crisp white apron, and a black armband with a white Maltese cross.²

Instead, from the early 1930s, the published memoir of British VAD Vera Brittain, *Testament of Youth*, represented all VAD experience until the posthumous publication of her diary in 1981. A more nuanced record of Brittain’s service than *Testament*, the diary stimulated a resurgence of interest from a new generation of second-wave feminist scholars.³ In this post-1960s feminist interpretation of British women’s experience of the war, scholars examined VAD memoirs, diaries, novels, and poetry through the lens of social history,

sociology, and literary analysis.⁴ The wartime experiences of Canadian and Newfoundland women are now benefitting from a long overdue analysis as a parallel to the masculine military experience of the war and the broader context of the civilians, including children, who remained on the home front.⁵ The Canadian Army Medical Corps (CAMC) nurses of the First World War, long a footnote in the history of the soldier, have finally found a rich new voice due to recent scholarship.⁶ Yet the full history of the Canadian and Newfoundland volunteer army of nursing assistants and support workers has remained all but invisible in the larger analysis of the First World War experience.⁷ Who were these women? What was their role? In answering these questions, I hope to draw the Canadian and Newfoundland VADs out of the margins of the war, giving shape to their contribution at home and overseas.

The purpose of this book is to uncover the work and experience of both the Canadian and Newfoundland VAD volunteers and to explore their work as nursing assistants in Canadian military hospitals at home and in the British military hospitals overseas. Sarah Glassford and Amy Shaw's *A Sisterhood of Suffering and Service* establishes an important precedent in juxtaposing the wartime work experience of women in both dominions, significantly broadening the scope of the historical discussion. Canada and Newfoundland were independent dominions during the war years, separated not only by the Gulf of St. Lawrence but also by diverse political, economic, and social dynamics. In their historical relation to Britain, however, they shared similar imperialist patriotic sensibilities, distance from the fields of battle, and common expectations regarding women's participation.⁸ Their mutual alliance to Britain in a time of crisis suggests that the experiences of Canadian and Newfoundland VADs cannot be considered in isolation. Also, these North American VADs shared perceptions regarding their demanding work, psychological adjustments, and sensitivity to the needs of the sick and wounded soldiers in their care.

In the Western world, military nursing dates from as early as the Crusades, with the Order of St. John of Jerusalem, but it was broadened and formalized during the industrial era. With the reconstitution of the Order of St. John as an ambulance association in 1858 and the subsequent creation of the International Red Cross Society (IRCS) in 1863, voluntary medical services were being organized specifically for the needs of the military in war. Historian John Hutchinson argues that the IRCS furthered the growth of international conflict by providing armies with mobile medical and nursing care.⁹

In the same period, nursing became one of the most critical contributions of women in wartime, and the image of the nurse came to be associated with

middle-class womanhood. The contemporary image of the military nurse evolved out of Florence Nightingale's legacy in the Crimea in the 1850s. A romanticized mythology idealized Nightingale as the "angel of mercy" who comforted the wounded on the battlefield. As the "lady with the lamp," she popularized the military nurse as inherently maternal, feminine, and refined, and she was held up in contrast to the unkempt, untrained, and working-class nursing attendant, immortalized by Dickens's disreputable Sarah Gamp.¹⁰ Nightingale's influence as both a nurse and a reformer helped to legitimize the middle-class volunteer as an appropriate model for wartime nursing.¹¹ During the second half of the nineteenth century, Nightingale schools were established, and nursing leaders worked hard to erase the image of the hired, working-class nursing attendant, replacing it with the late Victorian ideal of a respectable, knowledgeable, middle-class, and trained nurse.¹² Women's role in military nursing had also expanded, becoming more standardized and sophisticated.¹³

Canadian nurses were first recognized as part of an active military force when twelve of them, both secular and religious, were informally recruited to assist the Canadian Militia in the 1885 North West Rebellion. A small contingent of twelve military nurses subsequently served in the South African War at the close of the century, establishing a precedent for continued Canadian military nursing support in war.¹⁴ Britain's St. John Ambulance VADs were rejected for war service because of their minimal qualifications, but within a decade the British War Office was reconsidering the value of these casually trained nursing volunteers in anticipation of conflict in Europe.¹⁵

The tensions between VADs and qualified career nurses are central to understanding the VAD experience. This book examines the boundaries that defined the VADs' place in the contested space of hospital wards and the challenges they presented to the authority of nursing professionals. As a second level of nursing-care provider, they complicated prevailing debates about who was a nurse. Unlike the working-class nursing attendants of an earlier era, VADs were educated and middle class, ostensibly ideal candidates for nurses' training.

In *Beside Matters*, historian Kathryn McPherson documents the evolution of Canadian nursing in the First World War era, a period when nursing gradually transformed into a service provided by a recognized community of trained practitioners.¹⁶ At the start of the war, nurses' training was entirely hospital-based, and the provincial legislation needed to regulate the standards and requirements of entry into nursing had yet to pass. The struggle for professional recognition was to prove far more complex and arduous than anticipated.¹⁷

However, with the inception of the Canadian National Association of Trained Nurses in 1908, nursing took a first significant step toward professional status. The completion of nursing registration across Canada nevertheless proved to be a slow and unsatisfactory process that continued into the postwar era. The standardization of nursing qualifications and the elevation of training to the university level were still under discussion as the first contingent of CAMC nursing sisters embarked for service overseas.¹⁸ However, just as nurses were stepping into the spotlight, and just as nursing leaders hoped to showcase their professionalism, enhancing the status of both military and civilian nursing, the VAD movement arose, resurrecting the notions of nursing as work that any woman could do and that all women instinctively undertook.¹⁹

With the onset of the First World War, young women's anticipation of patriotic nursing work was also complicated by the regularizing of military nursing, which was open only to those who possessed recognized training and skills. Professionalism now framed the requirements for modern military nursing.²⁰ As a result, the juxtaposition of the qualified military nurse alongside the casually trained volunteer at the bedside created a complex dynamic.

Female participation in paid and unpaid labour was also evolving in the late nineteenth and early twentieth centuries, and these changes influenced the types of jobs that women could take up during the war. Before the war, middle-class women continued their tradition of unpaid community service, but they increasingly entered paid professional occupations, particularly teaching, social work, and nursing.²¹ Women's paid wartime labour, however, continued to be regulated by prevailing gender and class expectations, which deemed paid work in industry and munitions as only appropriate for working-class women. As men began to enlist and were sent abroad, working-class women replaced them in the war-time industries, in farming, and in various non-traditional jobs, at higher pay than they normally received.²² Middle- and upper-class women who hoped to serve their country were limited to patriotic fundraising, Red Cross work, and volunteer nursing.

VAD work offered Canadian and Newfoundland women a unique opportunity to make a patriotic contribution to the state as part of an organized auxiliary medical support service. Although they were not sent to the battlefields, their public service was redirected from the domestic front to meet the needs of "the boys" overseas. The community service of middle-class women was transformed into voluntary patriotic work. In Canada and Newfoundland alike, service organizations, such as the Suffrage War Auxiliary and the Women's Patriotic Association, helped to fill the gaps in materials, manpower, and finances in the state support for the war.²³ This outpouring of enthusiasm

was powered by the same maternal ideologies driving the suffrage movement and middle-class women's demands for the vote on the grounds that they would then help "clean up" society. Women were regarded as the natural caregivers to soldiers in the trenches, work that was promoted as the obvious counterpart to masculine military patriotism in the field.²⁴ As historian Janet Watson contends, the line between women's wartime work and their service was often blurred, and considering the distinctions between them "helps move the history of the war beyond the divide between home front and combat."²⁵

The expectations for female patriotic service employed the same militarist rhetoric that defined men's call to arms. Women were exhorted to "rally to the call" and to make "heroic sacrifices of time and money" in support of the war effort. Rather than be labelled as "slackers," they could "stand and be counted" by working with groups such as the Canadian Red Cross.²⁶ The traditional identity of middle-class women as unpaid caregivers for the family and those in need laid the groundwork for the advent of the VAD. Janet Watson argues that "the wards were their trenches," rendering the VADs as the feminine equivalent of fighting men.²⁷ The names on the honour rolls illustrated the risks they undertook, although more often from infection and disease than from enemy action.²⁸ In stepping out of her civilian role as daughter, sister, or fiancée to join the sisterhood of the "voluntary nursing army," the VAD on overseas service was characterized by a former British VAD, Olive Dent, as having satisfied "her nearest approach to being a soldier."²⁹ Despite her uniform and brief training, the VAD was more closely related to the middle-class volunteer worker than to the qualified military nurse. Instead of pursuing mission outreach, temperance campaigns, or rescue work during the war, she redirected her volunteer efforts to the care of wounded soldiers.

Gender norms legitimized the venture of young, unmarried, middle-class women into patriotic volunteer nursing. Like nurses, VADs wore a military-styled uniform whose long skirt masked their sexuality but whose starched white apron and saintly linen head scarf declared their abilities and dedication. Like soldiers, VADs had a brief training period, and their service lasted only as long as the war did. A temporary "warrior on the wards," a VAD could project a patriotic aura of soldiering while securing respect for her femininity as a nurse.³⁰

Class expectations and ethnicity played a role as well, defining the VAD as predominantly middle-class, Anglo-Protestant, English-speaking, and white. In the First World War era, women of colour or non-European ethnicity, including Indigenous women, were not regarded as suitable candidates for

nursing. As Kathryn McPherson confirms, nursing “relied on an image of feminine respectability” for its legitimacy at the bedside. As McPherson makes clear,

respectability was constructed in a racial and national context. Nurses’ respectability and definition of gentility were European in origin. White Canadian born women were expected to bring their superior sense of sexual and social behaviour to the bedside ... and to serve as role models for their social “inferiors,” such as immigrants and non-whites. Visible minorities were not trusted to attend the needs of ailing white Canadians.³¹

All VADs, including ambulance drivers, recreation directors, and rest station workers, were expected to conform to the “construction of respectability” that was based on an Anglo-European model of “whiteness.”

In Canada, although there were no stated racial or ethnic barriers, white, middle-class women were the preferred applicants, recruited through the St. John Ambulance Anglo-imperialist framework. Under the “Terms of Service with the Voluntary Aid Detachments of the British Red Cross Society and the Order of St. John,” which applied to all colonial VAD organizations, the only stated limit referred to an applicant’s age.³² Under the British VAD program, a salaried General Service Division was established later in the war. This handled basic housekeeping work, cleaning, and cooking; the salary was intended to attract working-class women, enabling them to relinquish paid employment to take on these duties. In the case of VADs, Canadian or Newfoundlander, class and ethnicity were the socio-economic criteria for membership in the program.³³

Yet under the direction of its matron-in-chief, Major Margaret Macdonald, the Canadian Army Medical Corps refused to take on VADs as part of the overseas military nursing establishment. Macdonald perceived a tremendous risk in accepting untrained nursing volunteers. They had no rank and received no salary, so they could not be controlled by the diminishment of either, and they lacked the nursing probationer’s experience with hierarchical hospital protocol that demanded deference and unquestioned obedience. She feared that VADs might undermine the efficiency and status of the regular nursing staff. She had learned from the recent experience of the South African War, during which she had been a member of the Canadian nursing contingent. The elite women who served as nursing volunteers had challenged the authority of British military nurses, disrupting efficiency in the British military hospitals.³⁴ By the end of the war, though, despite her reservations, the CAMC

was increasingly pressured to ease its objections to VAD nurses in the interest of government cost saving. Although VADs ultimately proved uninterested in postwar nursing, the perceived threat of their ongoing involvement motivated nursing activists to push for the completion of the provincial registration process and to consider options for university accreditation.

VAD Narratives and Personal Writings

Examining the personal writing and recorded narratives of the VADs' wartime experience allows a deep understanding of their attitudes toward work and their relationships with the military nurses, their patients, and their VAD sisters. Although modest in number as compared to the copious store of material available for the British VADs, the documents left by Canadian and Newfoundland VADs nonetheless constitute a rich resource. Most of the texts and recordings are held in local, provincial, or national archive collections across Canada and Newfoundland, with a small selection in England. None of these accounts, whether in letter, diary, or memoir form, were published by their writers, although some were obviously created with this possibility in mind.

The letters reflect a moment in time, a photograph captured in words, but despite the value of their immediacy, they present several problems. They are addressed to a specific reader, and consciously or not, the writer has shaped her message to suit her correspondent's understanding. A letter to one's mother may be quite different in tone from a letter to one's close friend or fiancé. Much depended on the closeness of the relationship and the sensibilities of the recipient. This self-censorship can be found in any written message, but during wartime it was compounded by the official censorship that restricted the contents of letters. In addition, hospital convention imposed its own censorship, well understood by the nurses and impressed upon the VADs, that they were not to discuss the private details of the patients or procedures. The result was often a cheery letter home to family or friends describing the delights of an afternoon outing with colleagues or the beauty of the French countryside, with no mention of the stresses and tensions of the hospital ward.

Diaries pose a different set of interpretive challenges. Very few have been recovered for Canadian and Newfoundland VADs. Although the official censor was not privy to their contents, they often convey a sense of expected readership, resembling notes for a novel, particularly in the case of typewritten diary notes. Both Sybil Johnson from St. John's and Montreal's Marjorie Starr left typewritten diaries that were undoubtedly redrafted from the original

handwritten notes and thus subject to the author's reflective self-editing. Neither diary was ever published, but the possibility of publication probably influenced what was recorded – and what was left unsaid. Despite this caveat, diaries are valuable documents, containing vivid, detailed, and often highly critical accounts of hospital experiences in England and France. Not all diaries were transcribed from their original handwritten script. Most seem to have been private records, a safe place to confide the daily upheavals and frustrations to a trusted confidant who would neither criticize nor reveal the writer's innermost secrets and impressions. Emotion may have coloured her observations, but they are often the more accurate and honest for not being constructed with a readership in mind.

These are in contrast to the memoirs, which are fully intended for an audience. Canadian and Newfoundland VADs left a few brief memoirs in the form of published articles, essays, or a subtext in the chapter of an autobiography. These reminiscences were compiled at times and places that were distant from the First World War, whether by a few years or several decades. With the passage of time, the selective vagaries of memory and other interpretations have worked to colour the reality of experience. Although they must be interpreted with some caution, they too are a valuable resource, lacking only the proximity that the spoken reminiscence can provide. The archive of recorded Canadian and Newfoundland VAD voices cannot compare to the Imperial War Museum's large dedicated collection of British VAD interviews, but the small sample is important nonetheless. Years after the war, various researchers and journalists sought out veteran VADs to record their experiences for a range of projects. Despite the passage of time, they recount their wartime experiences in a lively and emphatic style. In one fortunate case, a film crew also captured memories of three Canadian VADs, all well into their nineties when the interviews were filmed for a documentary on women and the war.³⁵ The obvious limitations of the producer's selective editing cannot be discounted: we cannot know whether the material that ended up on the cutting room floor was of more value than what was saved. Each of these women, Elsie Chatwin, Doreen Gery, and Eva Morgan, offered a brief sampling of her particular VAD experience, providing a wealth of material and giving both a face and a voice to this history.

Sources and Records Relating to the VADs

All historical sources are problematic to a greater or lesser degree for various reasons, but the relative scarcity of materials about women who are not

prominent in the historical record compounds the interpretive challenges of researching the VAD movement. The central agencies in the Canadian and Newfoundland VAD history, the St. John Ambulance and the Red Cross, have limited archival holdings for this topic. Yet they offer the critical keys to the identity of the VADs who served in British military hospitals in England and the European theatres of war. The St. John Ambulance Association records in Ottawa provide a list of more than three hundred VAD nursing members who were sent overseas under its auspices at varied intervals between 1916 and 1918. The British Red Cross Society Museum and Archives in London, England, complements this critical source with its own record of identity for all of its registered British and colonial VADs. Including nurses, ambulance drivers, and general service workers, this invaluable repository of fifty thousand VAD Personnel Record Indexes was created by members of the Joint Women's VAD Committee. These handwritten three-by-five-inch standard index cards identify most of the five hundred Canadian and Newfoundland VADs who worked in British hospitals.³⁶ The index provides their names, addresses, and length and location of service; some cards even include comments from the hospital matron, although the British Red Cross restricts publication of these, positive or otherwise, in the interest of privacy.

The great majority of VADs, more than 1,500, worked full- or part-time in home-front military convalescent hospitals at some point during the war. Uncovering their identities and experience is problematic, as they left few letters, and no diaries have yet emerged.³⁷ These VADs are cited most often through contemporary newspaper items, often in small publications that lacked a national circulation. Local St. John nursing divisions left few individual records of their membership; otherwise, they are sometimes found in the pages of the association's annual reports and monthly bulletins. If records of enrollment did exist, they have vanished from the archives.

My entry point into the history of the Canadian and Newfoundland VAD movement was the discovery of a list of more than three hundred names and addresses of Canadian VADs who were sent overseas by the St. John Ambulance between 1916 and 1918. The VAD Personnel Record Indexes in the British Red Cross Society Museum and Archives contributed significantly to the identification of an additional two hundred North American VADs who served in British hospitals.³⁸ Records for the VADs who worked in the home-front hospitals are more widely distributed among numerous local, provincial, and national sources. One of the most useful is the city directories of the war era, published for both Canadian and Newfoundland urban areas. These reference books provide a wealth of details concerning household composition, occupations,

and socio-economic patterns, which can be traced over time for various family members. Though not statistically conclusive, they contributed to the development of a national occupational profile for several hundred VADs and allowed the Canadian and Newfoundland VAD profile to be compared with earlier assumptions established by the British VAD model alone.

All of these records contributed to a database that includes every identified Canadian and Newfoundland VAD. The objective in creating the database was to assemble a profile for a community of women whose existence had thus far been largely obscured. Material was gleaned from a range of primary and secondary sources on both sides of the Atlantic, both archival and private. These included institutional and government records, contemporary publications, personal documents, and contributions from family and others. Canadian government records for the Department of Militia and Defence and the CAMC helped to establish the federal policies on recruiting VADs for work in Canadian military hospitals at home and overseas. Particularly helpful were the records of Major Margaret Macdonald, matron-in-chief of the CAMC nursing service, establishing her response to the issue of overseas VAD assistance. The records of the St. John Ambulance in Canada and the Canadian Red Cross, both internal documents and published literature, frame the context for their support of the VAD program. Many of these records are distributed among civic and provincial archives throughout Canada.

In London, the Imperial War Museum's Women at Work Collection preserves the records of the Joint Women's VAD Committee. Headquartered at Devonshire House in Piccadilly, the committee governed the recruiting and deployment of all British and colonial VADs to Royal Army Medical Corps (RAMC) hospitals in Britain and the various theatres of war. This vast and invaluable archive of Allied women's First World War activities in all fields contains a large British Red Cross subsection, which provides a store of official reports, committee minutes, letters, and other diverse materials relating to VADs. It also includes the papers of Dame Katharine Furse, founder and first commandant of the Joint Women's VAD Committee.

The Canadian and Newfoundland VAD Experience

When the St. John Ambulance in Canada launched the VAD program in 1914, the response was not expected to match that of aspiring British VADs, who had demonstrated overwhelming enthusiasm even before war had been declared. However, Canadian women did respond with eagerness, and St. John initially struggled to contain and direct the impatient energies of VADs who

wanted to serve but who had nowhere to go. The steady growth in Canadian and Newfoundland VAD reserves at home and overseas in the British military hospitals reflected the increasing reliance of the military medical services on the ready availability of VAD assistance. The evolving perception of the VADs as an essential component in the war effort is fundamental to the analysis of their work and influence, particularly in relation to the gendering of patriotic service for both women and men.

Most VADs remained on the home front, working in the expanding network of convalescent hospitals, as their aid became increasingly necessary to the care and rehabilitation of veterans. Their work was less demanding than in the war zone, but they demonstrated both stamina and courage during the crises of the Halifax explosion and the influenza epidemic. For VADs who went abroad, the demands of the job could be overwhelming, causing emotional distress and even physical debilitation, often leading to an early discharge. There were also casualties, with many nurses and VADs inevitably succumbing to the ever-present infection and illness; some suffered lifelong infirmity due to injury or disease.

In an era when women were campaigning for the vote and redefining their role in the workplace, VADs were situated somewhere between the “new woman” and the traditional middle-class community volunteer.³⁹ The war offered them unexpected independence during a crisis point in the early twentieth century. Many willingly left offices, classrooms, and even government jobs to take up volunteer nursing for some portion of the conflict. Although nursing was an acceptable female role, their presence as women in uniform who were working away from home challenged many preconceptions of femininity and appropriate behaviour for respectable unmarried women. As a result, society’s view of the VADs was mixed: the public was often uncertain whether to applaud them as “angels of mercy” or to censure them for questionable mores.

At home or overseas, VADs saw their work as a patriotic gesture, a direct and useful contribution to the war. They were fully aware of their limitations, lacking the training and skill of graduate nurses. At times, during periods of intense demand, the line between professional and volunteer could become far less distinct, prompting nursing leaders to recognize that VAD and nurse differed little beyond the level of training.

Not all Canadian and Newfoundland VADs were nurses. As ever more able-bodied men were needed to continue the fight, new portals for women’s entry into the military medical services opened up, enlarging the scope of VAD service beyond the bedside. Increasing numbers of female volunteers moved

into the hospitals, performing tasks that resembled the paid clerical and domestic work they had done during peacetime. New roles also developed for dieticians and physical therapists in the effort to restore and rehabilitate men to civilian independence, or back to the trenches. One task, however, was notably outside the usual realm of middle-class women's work: that of ambulance driver.

When hostilities ceased, the VADs, like the soldiers, returned to civilian life, often to their previous jobs in offices and schools. In their personal accounts, many lamented the quiet sameness of their postwar lives. Few benefited directly from their wartime reputation, and the public memory of their contribution soon faded.

This book brings the work and experience of a "small army" of Canadian and Newfoundland women out of the shadows to claim their rightful place in the mainstream histories of the war.⁴⁰