

"LED BY THE SPIRIT OF HUMANITY"  
CANADIAN MILITARY NURSING  
1914 - 1929

by

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## ABSTRACT

In 1904, following the Boer War, the Canadian Nursing Service of the Canadian Army Medical Corps was created. Ten years later, over two thousand Nursing Sisters, serving with the Canadian Army Medical Corps, went to war. The Great War was a demanding yet enfranchising experience that challenged the role of the Military Nurse in every aspect of her existence. Once ended, the Army was demobilized and military nursing reverted back to its pre-war status and remained as such until nurses mobilized again for the Second World War.

This study examines military nursing from the onset of the 1914 Great War to the end of the first post-War decade in 1929. Its purpose is to focus on the experience of military nursing in an attempt to discover the specifics of the profession, particularly during the interwar years, and to analyse the factors that affected military nursing during that era.

The analysis of military nursing in context with the era revealed three main conclusions. First, unlike the peacetime experience, military nursing during the Great War was a professionally and culturally liberating experience that set Military Nurses apart from their civil peers. Unfortunately,

during the interwar years, the re-instatement of Nursing Sisters to pre-War military positions of administration, removed them from the clinical setting, was deleterious to the profession, and did not accord them the opportunity to apply the practice element of their profession.

Second, the introduction of non-commissioned men as hospital orderlies provided the major hospital military work force that maintained the Nursing Sister's distance from the bedside and usurped them of their clinical focus and the opportunity to provide patient care. As an unfavourable offshoot to this, Military Nurses were restricted to administration. Without a practice component to their profession, Military Nurses had little in common with their civil peers who were actively engaged in practice and in activities to advance the profession. They dropped out of professional view.

Last, the limitation imposed upon Nursing Sisters' by their appointment of relative-rank precluded them from advancing within the military organization, from participating in the re-structuring of the CAMC and from influencing any policy that affected patient services or the Nursing profession. Without the entitlements of full military rank, Military Nursing, in the eyes of the Government, remained merely an avocation for women.

LIST OF ABBREVIATIONS

<u>ADMS</u>	<u>Assistant Director Medical Services</u>
<u>AMC</u>	<u>Army Medical Corps</u>
<u>CAMC</u>	<u>Canadian Army Medical Corps</u>
<u>CAMHS</u>	<u>Canadian Army Medical Nursing Services</u>
<u>CCS</u>	<u>Casualty Clearing Station</u>
<u>CEF</u>	<u>Canadian Expeditionary Force</u>
<u>CGH</u>	<u>Canadian General Hospital</u>
<u>CNATN</u>	<u>Canadian National Association of Trained Nurses</u>
<u>CNS</u>	<u>Canadian Nursing Service</u>
<u>DGMS</u>	<u>Director General Medical Services</u>
<u>DSCR</u>	<u>Department of Soldiers Re-establishment</u>
<u>GNAO</u>	<u>Graduate Nurses Association of Ontario</u>
<u>GSH</u>	<u>Garrison Station Hospital</u>
<u>ISC</u>	<u>Invalid Soldiers Commission</u>
<u>MD</u>	<u>Military District</u>
<u>MHC</u>	<u>Military Hospitals Commission</u>
<u>PAMC</u>	<u>Permanent Army Medical Corps</u>
<u>QAIMNS</u>	<u>Queen Alexandra's Imperial military nursing Service</u>
<u>RCAMC</u>	<u>Royal Canadian Army Medical Corps</u>
<u>RMC</u>	<u>Royal Military College</u>
<u>RRC</u>	<u>Royal Red Cross</u>

## CHAPTER 1

### RECONCEPTUALIZING THE HISTORY OF MILITARY NURSING

Nursing was a functional element of the Canadian Militia long before it received high profile recognition in the First World War and has continued to be an integral part of the Canadian Military through to the present. Some historians identify the roots of "military nursing", as a unique element of the Canadian military establishment, as beginning with the Riel Rebellion of 1888, while others place it with the South African Campaign, the Boer War, of 1900.<sup>1</sup> Canadian women volunteered their nursing services to the Imperial military authorities in South Africa, served with the Imperial Medical Corps, and returned to Canada.

It was following their return, in 1902, that nursing, in its military context, was recognized by the Government and eight Canadian Nursing Sisters were appointed to the Reserve list of the Active Militia.<sup>2</sup> The appointment, without an accompanying military rank, seemed like a token gesture by the Government. However, in 1906, when the Permanent Army Medical Corps (PAMC) Nursing Service was formed, all eight women were given a military uniform,

commissioned with the relative rank of lieutenant<sup>3</sup>, and were given title of Nursing Sister.<sup>4</sup>

Between the inception of the Nursing Service in 1906 and the beginning of the Great War in 1914, Nursing Sisters were employed in administrative, non-clinical capacities for the Army Medical Corps (AMC), and always subordinate to and worked directly for a military physician. From the years of peace to those of war, the role of Military Nurses changed from administrator to care provider and from "subservient assistant to collaborator".<sup>5</sup> During the War, Nursing Sisters performed several expanded clinical and administrative functions. Nursing Sisters' established and managed hospitals, staffed and administrated patient evacuation trains, assisted and performed surgery, administered anaesthetics, rehabilitated injured soldiers, comforted the dying, and cared for the dead.<sup>6</sup>

In the years that followed the Great War, society became anti-military and disenchanted with war. The Canadian Militia became a socially disenfranchised sub-culture of the Canadian population. As Colonel Delaney wrote:

Parliament and people are tired of war and war expenditures and as a consequence of such reaction,... we have fallen into very thin years.<sup>7</sup>

Military veterans were forced into "bitter silence" and exhibited unrelenting restlessness.<sup>8</sup> The silence extended far beyond the Canadian Military and was shared by many others in the Anglo North American world. Shirley Millard, an American Red Cross nurse in WWI, broke her silence and published her diary only after it was apparent that another war was imminent. She feared that public knowledge of war had been too "sanitized" and that an inaccurate and unrealistic image of war had been portrayed.<sup>9</sup> It was her intention to enlighten her readers, in an attempt to prevent another war, by informing them about the real horrors and devastation of WWI.

Canadian Nursing Sisters maintained their silence, except occasionally when they published "reminiscent" submissions in the Canadian Nurse. One Nursing Sister, Mabel Clint wrote and published, Our Bit: Memories of War Service.<sup>10</sup> By their silence, the field of military nursing became an almost invisible sub-element in the civil nursing field, gaining recognition and visibility only in relation to military operations and only in respect of its practice as an "integral role in military medical services".<sup>11</sup>

Following the War, military nursing continued to exist, not as an integral part of the AMC, but as an ancillary service.<sup>12</sup> Massive force reductions and the withdrawal of

financial commitments to the Department of Militia and Defence, forced the AMC to return to its pre-war manning state with less than ten Nursing Sisters.

On April 1, 1920, as part of the Army restructuring, the wartime Canadian Expeditionary Force and the Militia ceased to exist,<sup>13</sup> and two medical organizations emerged; the Permanent Army Medical Corps (PAMC), which eventually became known as the Royal Canadian Army Medical Corps (RCAMC), and, as part of the Non-Permanent Active Militia, an organization which became known as the Canadian Army Medical Corps (CAMC).<sup>14</sup> Nursing Sisters of the RCAMC were posted to military medical units, Cadet Camps, and Command headquarters as administrators, supervisors, and historians<sup>15</sup> and demonstrated a diversification of roles not previously documented in Military records of the pre-war years.<sup>16</sup> The Nursing Services of the RCAMC remained a small force, ranging in strength throughout the inter-war years from five to thirteen, while the Nursing Service of the CAMC rose in strength up to the start of WWII to 363.<sup>17</sup> In 1939, when once again Canadian Nursing Sisters went to war, the number of women appointed to the CAMC exceeded WWI figures.<sup>18</sup>

Although this study includes aspects of military nursing during the pre-war years of 1902 to 1914 and the war

years of 1914 to 1919, the focus is Canadian military nursing during the first decade of the interwar years. It is not intended to be a revisionist study of the history of the CAMC in the interwar years. It is however meant to be corrective. What has been written about the CAMC focuses primarily on the work of the physicians of the CAMC, is hagiographic, seldom details the interwar years beyond demobilization, and offers little to no insight into the experience of the interwar military nursing Service. This research examines the experiences of Canadian Nursing Sisters and analyses the factors that influenced Canadian military nursing during those years. In order to acquire a sense of contextual relevancy, a peripheral exploration and examination of military structure, war, Canadian women, civil nursing, Canadian society and Government issues was undertaken.

#### Methodology

History is a non-linear discipline that requires the researcher to synthesize and collate large quantities of primary and secondary source material in an attempt to reconstruct particular aspects of an era. "History is actually the documenting of memory, fortified by reliable sources and tested by rules of logic and evidence."<sup>19</sup> The

initial data collection process requires a certain amount of analysis of the material to determine the validity, relevance and veracity of evidence.<sup>20</sup> This has been considered by some historians to be historical analysis.<sup>21</sup> The qualitative methodology of this research used primary source documents from war diaries, personal papers, military hospital records, Department of Militia Annual Reports, service records of military Nursing Sisters and nursing journal publications. In this research, through the corroboration of the evidence found within these documents, a degree of concordance was achieved.<sup>22</sup> It is through the discussion of the fields of knowledge that contextual relevance is achieved.<sup>23</sup>

The analytical aspects of this research were determined based on the need to examine the central theme of power that seemed to pervade every aspect of Military Nursing within the context of the practice of the profession during the inter-war years. This was done with the synthesis of ideas of Michael Foucault, Ann Witz, Barbara Melosh and Susan Reverby. Collectively, their works were applied to address certain aspects of power as demonstrated in the male construct of the Canadian Military Nursing Sister and in the creation of a hierarchical structure of a mixed gender Canadian Military Medical Corps.

### Objectives

This thesis has three primary objectives. First, to describe Canadian military nursing from its peacetime inception in 1904 to the end of the War in 1919. This will serve to identify the military construct of the Nursing Sister and to set the parameters of the profession within the context of peace and war. Second, to document the experience of interwar military nursing from 1919 to 1929. This understanding of the experience of the Canadian Nursing Sister will compliment the body of historical knowledge on nursing and will put Canadian women into the history of CAMC. It also should serve as a catalyst to encourage historians to renew historical inquiry of military nursing. It will enlighten Military nurses about the origins of their profession, and the politics and power within its hegemonic sub-culture.

This research, while inclusive of the Great War, was restricted to the post-War period and to the first decade of interwar nursing because both represented periods of intense restructuring for the CAMC, and both were eras of extreme socio-political change for women in Canada. The last objective of this thesis is to analyse the context and dynamics of interwar Canadian military nursing. After my initial review of the documents that pertain to military

nursing, certain fields of knowledge became evident as critical to the analysis of military nursing during the era. The five levels of discourse that emerged were: the characteristics of military nursing and the relations between military and civil nursing, the politics of the Army Medical Corps, the influence of Suffragist Movement, and the effect of Canadian Government policy on Canadian military nursing. All these fields had a unique and direct impact upon Canadian military nursing during the Interwar years.

To date, there exists very limited research on Canadian military nursing and even less work that focuses on the interwar years. It is for that reason that moving beyond traditional narrative-descriptive historiography to the analysis of the experiences of the first Canadian women in uniform is essential.

When the history of the CAMC was written, historians were still under the veiled glory of War. Sir Andrew Macphail, the Militia's choice to write the Official History of the Canadian Army Medical Corps, began his account, in 1922, by saying that:

History is something more than record and something less than praise; it demands selection and judgement, judging events as if they were far in the past, and men as if they were already dead... History is for... that prosperity which follows... for history is the master to which all must go.<sup>24</sup>

McPhail, was clear and deliberate in making no attempts to segregate the history of the Nursing Service from that of the Medical Services.<sup>25</sup> In his opinion, one medical war history was adequate. But in that presumptive decision, the military experiences of Canadian Nursing Sisters were lost to that of Canadian Military medical men. The experiences and efforts of military women were quietly subsumed in the history of the CAMC. While it is recognized that, the efforts of the CAMC were extremely collaborative, Canadian Nursing Sisters provided such a novel, influential contribution to the Military Medical Services during the War that they needed a recounting of their history, not necessarily independent of the Medical Services, that was more representative of their efforts and more reflective of their experiences. Their history needed to be recovered and written for Nursing and for the CAMC. It is that "bottom up" history of the care providers of the CAMC that is missing. Joan Scott, in commenting on the power of feminist history and the study of gender, said:

The realisation of the radical potential of women's history comes in the writing of histories that focus on women's experiences and analyse the ways in which policies construct gender and gender constructs politics. Feminist history then becomes not the recounting of great deeds performed by women but the exposure of the often silent and hidden operations of gender that are nonetheless present and defining forces in the organization of most societies.<sup>26</sup>

I share Scott's perspective and have attempted to reflect that sentiment in this research. Despite the small numbers of women in the Nursing Service before and after the War, Military Nurses had a presence and a tenacity that permitted them to exist, as a specialty classification in the officer profession, within a male dominated organization. That presence carried them through to the Second World War. Their continued efforts during the interwar years ensured that the infrastructure, philosophy, and practice of nursing was in existence when Nursing Sisters were once again required to go to war. Their history during the interwar years can, in part, be found in this work.

#### Theoretical Framework

It was difficult for me to develop or select a suitable theoretical framework for historical research that was analytical of military nursing.<sup>27</sup> The difficulty went beyond the choices of theorists or the availability of material and was not attributable to any single factor. Factors such as the nature of military nursing, the subordinate, apprenticeship culture of nursing, the culture and politics that affected women in the 1920's, and the recurrent and predominant themes of power, gender and class

all intertwined and contributed to the complexity of establishing the essential criteria for an analytical framework. These factors espoused the need for a framework that transcended the boundaries and limitations of most single framework theories.

What makes the interwar military nursing history so different is the context of the era and the dynamics of the profession. Nursing Sisters were the first women in military uniform at a time when women had not achieved political or social parity with men. Military nursing history is not the traditional military history of men, women or war. It is the history of women and their inextricable relationship to military men, the Canadian Military system, and the politics of gender. A recent Who's Who in Military History identified and characterized "the most significant men of war"<sup>28</sup> and failed to include a single military woman in its review. Joan Scott in describing the disequilibrium nature of gender and power relationships explained that:

Gender is a constitutive element of social relationships based on perceived differences between the sexes, and gender is a primary way of signifying relationships of power. Changes in the organization of social relationships always correspond to change in representation of power but the direction of change is not necessarily one way.<sup>29</sup>

No theorist inclusively addressed the issues of gender, nursing, and military structure that existed within the context of the interwar years. My framework is therefore an eclectic one that draws from a variety of complementary theorists and scholars. The "analytics" of this research focus on the concept of power and examine its manifestations in each level of discourse.

The basis of my framework is the work of Michael Foucault and his construction and analysis of power. Although Foucault never believed that his writings on power constituted a theory,<sup>30</sup> he believed that power was a pervasive force that began in the smallest of social units and ascended from those units. He also believed that the participants or players within those relationships perpetuated and maintained the power. Instead of a theory, he called his ideas the "analytics" of power. He pointed out that:

If one tries to erect a theory of power one will always be obliged to view it as emerging... and hence to deduce it, (and) to reconstruct its genesis. But if power is in reality a cluster of relations, then the only problem is to provide... a grid of analysis which makes possible an analytic of relations of power.<sup>31</sup>

Foucault premised his research on prisons and male military organizations. There is no documented application of Foucault's work to any female dominated professions or,

in the context of my research, to women who were rapidly introduced into a male dominated, non-traditional field of employment at a time when women had no political parity with men. This was the case with Canadian Military Nursing.

The similarity that justifies the application and utility of Foucault's work lies in the idea that the "technology of power used in prison has spread to all aspects of society".<sup>32</sup> The issue is then removed from prison culture and can be found in "the normalization of modern culture".<sup>33</sup> The issue is not the prison environment but rather the normalization of power. His understanding of the genesis of power represents the construct of military power. Finally, Foucault believed that to live in any type of social existence was to be involved in power.<sup>34</sup> All these aspects of Foucault's examination of power were relative to my examination of the Military. I have used only a small portion of Foucault's work for the research and analytical exploration of Military Nursing. His examination of the concept of power took years to develop and volumes of text to articulate. Thousands of analysts have examined the man and his work.

There exists, within the military, a normalization of power and power relation that correlate well with Foucault's "analytics".<sup>35</sup> For him the antithesis of power is not

freedom or liberty but rather it is "a reciprocal contest" in which "each incites and struggles with the other in a permanent provocation."<sup>36</sup> The Military existed as an established organization that was well connected, supported and sanctioned by the most powerful civil force, the Canadian Government. The control was male dominated and had been created by men for men. But within that structure were forces that struggled for recognition, power and privilege.

The appointment of women into the organization, while very agreeable for military men and their organization, was equally useful for women. Both were willing to endure the compromise for the advantages. The appointment of nurses to the organization meant that physicians had to relinquish some aspects of their command and control and share aspects of their treatment domain. Hospital orderlies, although not directly responsible to the nurse, were ordered to accord them the respect of an officer and were considered subordinate to them. This was difficult in a society that could not see to enfranchise women with the right to vote. Yet the AMC needed Military Nurses as a controllable resource and as trained and regimented providers of care. Nursing was a disciplined and ritualistic discipline that needed no supervision to perform its tasks and no additional training to deal with the casualties of battle.<sup>37</sup> Equally

as coveted, for women, was the cultural and political emancipation that came with an overseas employment and the belonging to a "military family." So the agonistic nature of power, ascribed by Foucault was present from the onset of the creation of the organization.<sup>38</sup>

The notion of nursing as a profession was not widely accepted by society in the interwar years. Professional status was reserved for physicians, barristers and clergy as an exclusive designation for the powerful, elite men of the community. Yet for nurses, military service presented to them, by rank and association, an opportunity to gain some degree of professional status and referent power that was not attainable in the civilian sector. However, Military Nursing duties in the interwar years, were primarily administrative.<sup>39</sup> Hospital orderlies occupied the clinical domain of patient care as Military Nurses were removed from the bedside. Nursing Sisters, not employed as care givers as were their civilian counterparts,<sup>40</sup> had little to no control over their professional destiny and no opportunity to advance the nursing profession within the Military.

Traditionally, the military profession of arms, although linked to the "ordered application of force in the resolution of a social problem"<sup>41</sup> did share a contextual application with Nursing Sisters. The Army quickly realized

a useful purpose for the enrollment of women into the CAMC and accorded to them a limited degree of professional identity and status with the granting of relative rank. Like other military professionals, Nursing Sisters were given unique military training, were accorded exclusive military affiliation, distinct social placement with privileged status, and were normalized into a military hierarchical organization.<sup>42</sup>

Ann Witz used neo-Weberian Closure Theory to examine power, its manifestation and expressions,<sup>43</sup> and to explore the exclusionary and demarkationary strategies of dual closure within the British nursing profession. Occupational closure was used to acquire and maintain an occupational monopoly of a professional project; "professional project" being the concrete and historically bounded character of a profession.<sup>44</sup> At a time when nursing "registrationists" were fighting for professionalization through provincially legislated registration, nurses entering the Military evaded occupational closure by way of military appointment.<sup>45</sup>

Witz detailed the notions of gender and patriarchy within women's professions and suggests ways in which the profession, power and privilege were secured. Exclusionary strategies are internal to the profession, vertically imposed, and subordinating. They restrict and exclude the

potential of the profession by excluding it from opportunity. Certainly this was the case for Military Nurses where the classification remained at the bottom of the hierarchical ladder. Nurses, regardless of rank, were subordinate to military physicians of any rank. Demarkation strategies are inter-occupational, laterally imposed and serve to restrict the profession in a similar fashion to exclusionary strategies. This was particularly true for the Military Nurse, seen as a specialist classification with no potential for employment outside of the classification or the Medical Services. The appointment of the relative rank of Nursing Sister, was evidence of the intent to not permit them to hold any position within the Military, unlike other Army Officers, outside of their professional domain. Nursing Sisters had no opportunity outside of the in-patient setting for military employment or advancement.<sup>46</sup> Although there was a professional duality to military nursing, women were excluded from both military and nursing privilege through the application of exclusionary and demarkation strategies. Witz remarked that:

Exclusionary strategies...are essentially mechanisms of internal control... that serve to... secure privileged access to resources and opportunities...Gendered forms of exclusionary strategy... secure privileged access to rewards and

opportunities in the occupational labour market... They served to create women as a class of "ineligibles" ... precluding women from entering and practicing within an occupation. Larkin refers to these practices as "occupational imperialism."<sup>47</sup>

Witz's discussion of exclusionary criteria is useful to precisely describe the position of military women; as Nursing Sisters they were set apart from civil nurses and were subjectively chosen from thousands of applicants for their military appointments. Their relative rank gave them power and control within the confines of their working domain and within the hierarchical Nursing Service structure but afforded them little to no influence or power outside those boundaries. Demarkation strategies applied within the division of military labour, were successful in dividing and controlling the boundaries of military nursing from other military work and precluded Nursing Sisters from participating in military medical matters outside their realm of clinical practice.

Military Nurses left their professionally, homosocial<sup>48</sup> environments of civil nursing for heterosocial ones with military men and medicine. Women who were recruited into the CAMC were afforded enough privilege to ensure an elitist sense of military membership but were not given enough power

to permit integrated and collaborative participation on matters of policy, politics or control. Unsuccessful applicants became "ineligibles" and were precluded from any military opportunity and the possibility of going to war.

#### Sources and Relationship to Existing Literature

It is not until after peace has come that soldiers' memories really begin to live.<sup>49</sup>

While both World Wars produced much fictional and non-fictional literature that describe and depict the events and experiences of war, most are narrative descriptions that focus on men and are seldom concerned with the experiences of women unless reflective the exploits and experiences of men.

#### Primary Sources

The most obvious limitation of this research was the paucity of primary source material that was specific to Canadian military nursing and more precisely to the interwar years. Although there are five veteran Nursing Sisters still living, I did not interview them. All, at their youngest, are in their late 90's. The physical fragility of these women that so often comes with age and years of wartime service encouraged me to stay my distance. The analytical perspective taken in this thesis caused me to

question the value of the rigor of several interviews and prospectively to question the depth and accuracy of recall for military events that would have been obtained more than eighty years ago. Out of my profound respect for these women, I chose to let their memories of war remain undisturbed.<sup>50</sup>

There are no official Military files or documents written on military nursing by Nursing Sisters other than the papers of Matron M.C. Macdonald.<sup>51</sup> Her papers were prepared and ordered in preparation for a book that she had planned to write and but do not address demobilization or the interwar period. No records of her successor, Miss Rayside, have yet been found. Nursing Sister's personal diaries,<sup>52</sup> which have been retained and catalogued as "War Diaries" are unlike the official Military war diaries of the officers of the CAMC. They are personal recollections that would provide valuable background data for a study of the social aspects of military nursing history and would expand on the study of the military sub-culture.

Most of the official records of the CAMC that were generated in the post-War years focus on the medical perspectives of the military campaigns of the Great War, offer little insight into the war experience of Canadian Nursing Sisters and no insight into the interwar years.<sup>53</sup>

The records do not elaborate on the work or experiences of the RCAMC or of the CAMC beyond demobilization. The Official History of the Canadian Army Medical Corps, written by Sir Andrew Macphail, was biased against women. He was a strong anti-suffragist and was against allowing the progressive rights of Canadian women. In a 1914 article Macphail argued against the franchisement of women and wrote:

They have so little in common with normal women... A man and a woman must be something more or less than friends... These women... are deficit in the instinct for husband-getting. They are obliged to turn to other avocations... What complicates the situation is that the(women)... are of higher intelligence, but with shallower instincts, than the average... They are not typical. They belong to a higher more masculine type. Their fate is a tragic one.<sup>54</sup>

Although he was quite capable of recording the history of the CAMC and did include some reference to Nursing Sisters, his bias was evident in his writing. In his history of the CAMC he wrote the following in reference to the Canadian Nursing Service (CNS):

...being an integral part of the medical services, no attempt has been made to segregate its history. Continual reference to its place and importance is made in the appropriate chapters.<sup>55</sup>

As a result of his bias, the history of the Canadian Nursing Service was classified as an ancillary service and subsumed in the official history of the CAMC and their

history left untold. He admitted that his account was never intended as a historical record of people or their efforts.<sup>56</sup> But by taking this approach, he failed to record significant elements of CAMC history. His omission went far beyond nurses and extended to the men of the CAMC.

The other ranks of the CAMC never appear in the records except in short descriptive excerpts by Medical Officers and in an occasional report by the Director. Their greatest visibility was found in the statistical records that show that they were a very significant part of the CAMC. In June 1915, there were 378 officers, 535 Nursing Sisters and 3,620 other ranks<sup>57</sup> in the Canadian overseas Medical Services. Three years later, in November 1918, there were 1,451 Officers, 1,886 Nursing Sisters and 12,243 other ranks. An increase of 8,623 men. "Other ranks", a military terminology that refers to non commissioned men or enlisted men, became the labour force of the CAMC. Although they seldom appear in text, they frequently appear in photographs. In photos they are seen sitting with patients,<sup>58</sup> making beds,<sup>59</sup> and circulating in the operating rooms.<sup>60</sup>

When Matron Macdonald wrote the history of the Nursing Service, she was directed that:

The object of the history of the Canadian Nursing Service should be to disseminate the story and keep alive the example of a body of Canadian women who served their country well... Such a history should be... complete... and should bring out the characteristics of devotion and fearlessness.<sup>61</sup>

This directive was typical of the limiting direction given to other Canadian military historians.<sup>62</sup> This limited, restrictive and extremely censored process of recording history made the discovery and reconstruction of Canadian Nursing Sisters' experiences in the interwar period very difficult.

To date, much of the details of the experiences of Nursing Sisters have been extracted and recovered from the histories and diaries of and about military men. Even then, the mention is brief and lacks content and depth of detail on military nursing. The most useful sources were the War diaries of the ADMS 3<sup>rd</sup> Division, and the history of the 16<sup>th</sup> Canadian General Hospital. Both these sources graphically depict the work of the Nursing Sister and the hospital assistant.

Military historians enshrined a plethora of war diaries and personal journals of medical men to commemorate and record their war efforts, yet no official war diaries of any Canadian Nursing Sisters exist. Even less had been found for the hospital orderly. Official diaries were those

written by military officers for the Department of Militia and Defence. They were often formatted as a daily log book and were a collection of personal and professional perspectives of war. At the end of the War, some 10,000 diaries were collected, registered, reviewed, and sanctioned as an accurate representation of history.<sup>63</sup> Clearly they were a sanitized reflection of war and of the activities of the Army's most prominent participants.

The paucity of women's records is puzzling.<sup>64</sup> I can only speculate that while Nursing Sisters must have kept records, they were either never submitted to the Canadian War Records Office or they were never retained by the official record holders. Sir Andrew Macphail suggested, military nursing should be subsumed as part of medical history. In context to the era, I did not expect to find a deluge of nursing documents that expounded upon the experience of Military Nurses in the interwar years. Nor did I expect a War Diary from every Canadian Nursing Sister. But neither did I expect the paucity of evidence that befell my research.

Of the records of the interwar period that exist one or two themes emerged. The first theme was of the Great War and of the tremendously successful contribution of the physicians of the Medical Corps during the War and through

the period of demobilization. As Sir Edward Kemp, Minister of Overseas Military Forces of Canada (OMFC) explained:

Just as there is "The man behind the gun" so is there the doctor behind the lancet, and the nursing sister and the true Canadian woman behind the grim paraphernalia of her office.<sup>65</sup>

It is interesting to note that the physicians were recorded as being connected to the surgical intervention despite the fact that every medical unit was administrated by a physician. The nurse, who during the War was at the 'bedside' was connected to the paperwork.

The second theme that emerged was the reconstruction of the RCAMC, the inception and development of the field ambulance with mechanized transport, and of the training of stretcher bearers and Medical Assistants. Throughout all the reconstruction records, little mention is ever made of nurses except in times of epidemics when nurses and nursing services were required to mitigate emergency medical situations, assume responsibility for the supervision of patients and administer their care.

The experiences of Canadian Nursing Sisters during the War were extracted from four main documents; Mabel Clint's publication, Our Bit: Memories of a WWI Nurse,<sup>66</sup> the Canadian Nurse journal of Canadian nursing which began publication in 1905, the history of the 16<sup>th</sup> Canadian

General Hospital (Ontario), and the Records of the Nursing Sisters of the RCAMC.<sup>67</sup>

The Canadian Nurse was a richly informative source that documented the collaborative activities of military and non-military nurses during the interwar years. The ledger of the Nursing Sisters of the RCAMC, the Reports of the Director General of Medical Services, military journals and the Defence Quarterly were of the greatest value to the reconstruction of the experiences of Nursing Sisters and to offer contextual placement to their experiences. Using these documents it was possible to establish postings, positions, events and activities between 1919 and 1929.

#### Secondary Sources

To date, little has been published that analytically explores the experiences of the Canadian Military Nurse during the interwar years.<sup>68</sup> The work of Colonel G.W.L. Nicholson,<sup>69</sup> was a commissioned work that, as a narrative descriptive chronology, provides a good starting point and a comprehensive introduction to Canadian military nursing, but is void of any analytics and is limited in its description of the characteristics of the profession. His work is complimented by Gibbon's and Murray's publication on Canadian Nursing which spans three centuries of nursing and

examines all Canadian Nursing during those centuries. Both are rich sources and superficially explore the profession but are absent of any analytics and do not examine military nursing in depth. Margaret Allemang's oral histories of WWI nurses were enlightening, anecdotal and most interesting but as narrative descriptive research offers little analysis of the profession.<sup>70</sup>

Historians who have analytically explored nursing during the early 1920's, like Summers<sup>71</sup>, Melosh<sup>72</sup>, and Reverby<sup>73</sup>, offer contextual insight into the genesis and propagation of the subordinate culture of nursing but make little reference to Canadian military nursing. Summers' exploration of British nursing up to 1914 is insightful into the draw of women to military nursing. Summers suggests that at a time when women had no political privilege and men were experiencing all the privileges of uniformed existence, military service had three major functions. First, it offered cultural and social emancipation from the confines of British society, by freeing women from domesticity and sanctioning their move "to the heart of the action" which placed them in close proximity to the fighting men.<sup>74</sup> Second, it accorded women the opportunity to join the "national community" and be just as much a part of the War as were the men.<sup>75</sup> Last, as the Suffragist movement divided

over the issues of war, British women who chose to participate in war could rationalize their decision within the context of their women's movement by seeing the preparation for war:

not so much as the organized destruction of mother's sons as symbolizing their citizenship, social legitimization and personal challenge.<sup>76</sup>

Melosh's examination of the work culture of women is easily transferred to the employment of military women. The apprenticeship culture of nursing and the manner in which nurses were trained and employed is very similar to the manner in which Military Nurses were indoctrinated into the military and to the succession of one Matron-in-Chief to another. No women could ascend to a position of legitimate power within the military organization without years of "military apprenticeship", the demonstration of acceptable, conforming behaviour and approval of her military performance by her superior officers.<sup>77</sup>

Reverby examined the notion of caring in relation to nursing and suggests that through programmed, oppressive, and subordinating methods of training, nurses were indoctrinated into the concept and practice of caring.<sup>78</sup> This regimented order to training and to learning the particularities of the nursing profession were not unlike

the initial training of Nursing Sisters following their appointment to the AMC. It was a process of military indoctrination. Indoctrination taught Nursing Sisters how to behave, perform and exist in a military environment. There were behavioural parameters on and off duty. They had regulations on when and what to wear as muftie,<sup>79</sup> the medical hierarchy was not to be questioned and military nurses were to be regimented into submissive order. Not unlike their nursing training or the civilian organizations and places of employment that they had left, it was, in the end, a comfortable existence and a natural transition.

The history of the CAMC from a man's perspective is extensive and very accessible. It places the physician at the core of the CAMC and sites him as the reason for the successful medical campaign during WWI.<sup>80</sup> All of Desmond Morton's publications about WWI and the Militia in the 1920's were invaluable to my understanding of the War of the politics of war and of the soldiers. His work was also invaluable to the contextual placement of military nursing within the CAMC. When Your Number's Up: The Canadian Soldier in the First World War is a "bottom up" reflection of the War with a substantial section on the CAMC. Morton spent a great deal of effort to reconstruct the experience of the Nursing Sister<sup>81</sup> but did not capture the portion of

her work that involved the administration and supervision of thousands of daily admissions, of surgery 24 hours a day and of their working relations with more than 12,000 other ranks. Although, to date, he is by far the most enlightened historian on military nursing, his work needs to further explore military nursing on a similar level of depth and intensity as his work on the soldier. Morton's latest release, Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930. Identified the struggle of veterans to return to their pre-War lives, the disparity of treatment accorded female veterans, and the unwillingness of the Government to extend their beneficence any further than necessary. He offered a useful perspective of the politics of veteran care and services during the interwar years.

#### Format of Chapters

The structural organization of this thesis serves to explore the interwar period from a variety of perspectives. There are four chapters and a conclusion to this thesis. This chapter, chapter one, introduces the thesis. Each of chapters two, three and four is an exploration of a particular field of knowledge with the consideration of the

concept of power being the central theme within the context of each respective chapter.

Chapter Two reveals the characteristics of the Canadian Military Nurse profession from its inception in 1904 and pre-War years of 1904 to 1914, through the years of the Great War of 1914 to 1919, and into the first decade of the interwar years of 1919 to 1929. In the first ten years following the Great War, the CAMC completed the restructuring that had begun in 1916 amidst a torrent of political controversy that placed senior military medical authorities at odds with each other and left the quality of veteran care suspect to all who were privy to the discordance. During the post-War period of professional recuperation, nurses returned to their pre-war positions while the formation of the Overseas Nursing Sisters Association (ONSA) attempted to perpetuate "the spirit of military nursing", that had emerged during the War and to contend with an imposed silence.

In Chapter Three, the relation of military and civil nursing in the interwar years is discussed. During this time, Military Nursing emerged as a hybrid profession. The Military Nurse was not a military officer with full rank, status and appointment but neither was she any longer a part of the civil nursing community. Removed from her original

civil nursing orientation, she was bound to the Army with limited power, authority and capabilities. It was a new profession, completely controlled and directed by the male hierarchy of the RCAMC. They had no control of their professional destiny.

Unlike physicians, within the military there was no professional military nursing association. The Overseas Nursing Sisters Association which was strictly a kindred club for veterans did not focus on active service. Within civil professional nursing associations, Military Nurses were an underrepresented body with no mechanisms to advance the profession from either perspective. Attempts to establish a professionally focused post-War identity were difficult and efforts were limited to commemorative efforts and the erection of a National War memorial in honour of nursing.

Despite restrictions that precluded Nursing Sisters from fostering participatory interests in the standards of nursing training or practice or in supporting the pursuit of a Government regulated policy on mandatory registration Military Nurses were able to find a mechanism to interface with their civilian counterparts. Through the Canadian Nurse, the only journal of Canadian nursing, a national voice of military nursing emerged. In the immediate post

war years, it provided the mechanism by which Canadian Nursing Sisters communicated beyond the confines of their military profession. It provided Nursing Sisters a literary reprieve from their military environment and demonstrated an effort on the part of Canadian nurses to collaborate and support each other.

In Chapter Four, military nursing is explored in terms of the rights and privileges attained by Canadian women during the post-War. During the War, the Military Voters Act and the Wartime Elections Act gave all Military women and a select group of pro-Government Canadian women the right to vote. But privilege for Canadian Military women extended beyond the vote. During the interwar years when unemployment was high, Nursing Sisters were given jobs and occupational mobility across the Nation with no loss of seniority or reduction of occupational privilege. Military Nurses, as a Department of Militia resource, were affected by economics, Government policy, and National affairs. The number of women appointed to the PAMC was reduced to five Nursing Sisters who had no access or mechanism to initiate or affect change within their profession or the organization. To the Government, military nursing was nothing more than an avocation. The rights and entitlements afforded to them as military women were liberating and

enfranchising at a time when the Canadian Women's Movement was seeking social proprieties and political privilege still exclusively reserved for men.

## CHAPTER 2

### THE CHARACTERISTICS OF MILITARY NURSING

No other occupation open to women could match its glamour, its image of dedication, its service, even its freedom.<sup>1</sup>

#### Origins of Military Nursing

The harbingers of Canadian military nursing can be traced through the history of the 1898 Canadian North West Rebellion when, on 6 May 1885, trained nurses were called to active service. The rebellion was short and by 26 June 1885 all the wounded had been evacuated and the nurses had begun to return home. The report of the Surgeon-General was both complimentary to and supportive of nursing and stated that:

much of the success that attended the treatment of the wounded at Saskatoon was, undoubtedly, due to the skill, kindness and devotion of Nurse Miller and her staff.<sup>2</sup>

Nurses had shown their value in a military crisis. They had proven that they made a difference to the well-being of the wounded soldier and to the potential ability of the Medical Officer to care for the injured.

In part, military nursing in Canada emerged cloned from the efforts of Florence Nightingale and from her work with

the British Army during the Crimean War. In 1854, Britain in support of Turkey, was at war with Russia.<sup>3</sup> The care of the sick and wounded had been deplorably unacceptable. The mortality rate among soldiers was 35 per 1,000 from battle wounds and 71 per 1,000 from diseases.<sup>4</sup> In an effort to prevent the British Government from being voted out of power and in an attempt to improve the prognosis of wounded soldiers, the British Secretary of State, Sir Sidney Herbert, solicited the help of his friend, Florence Nightingale, to assist in improving the care of British soldiers. Nightingale accepted the challenge immediately and set sail, with a small group of nurses, for Constantinople, eventually settling in Scutari where she remained for the duration of the War.<sup>5</sup>

By the time the War ended, Nightingale and her nurses had reduced mortality, improved the military medical care of soldiers during war, and had created a "female Nursing Establishment".<sup>6</sup> She also had managed to establish within the Military, a hierarchical structure for women. Nearing the end of the Crimean War, Nightingale's command and control was challenged. Nurses were scattered, care was "without reference to her ideas of proper professional practice" and many nursing elements had been subsumed under the control and direction of physicians.<sup>7</sup>

In the spring of 1856, control returned to Nightingale and thus to nursing. A declaration from the War Office clearly identified Nightingale as the nurse in charge of nurses but not necessarily nursing:

...Miss Nightingale is... the General Superintendent of the Female Nursing Establishment... No lady, or Sister, or nurse is to be transferred... or introduced into any hospital, without consultation with her...The Principal Medical Officer will communicate..., and will give his direction through that Lady.<sup>8</sup>

Through her tenacious efforts, Nightingale had laid the foundation for all British and Canadian military nursing to follow.

It was not until Britain was again at war in Africa that Canadian nurses first worked in military hospitals. Canada, in support of Britain offered the voluntary service of 1,000 men. Britain accepted. But the voluntary support went far beyond the service of men. Women volunteered their nursing services. Although Canada did not see the need to take nurses in support of the AMC, the Imperial Military Authorities accepted the offer of eight nurses. Of the 190 Canadian nurses who volunteered their services, eight were selected; four traveled with the first Canadian Contingent, four with the second.<sup>9</sup> They served as part of the Queen Alexandra Imperial Military Nursing Service in support of the British Medical Services.<sup>10</sup>

### Formation of the Army Medical Nursing Service

In June, 1899, the Canadian Government formalized its support of an Army Nursing Service as part of military medical operations and ordered that:

the creation of a Canadian Army Nursing Service is in contemplation, and will be organized at a future date.<sup>11</sup>

Unfortunately, by November 1899, when Canada sent 1,000 volunteers in support of the British in South Africa the Service was not organized to take women as part of the Canadian Contingent.<sup>12</sup> On January 25, 1900, the Government ordered that the Canadian nurses be "accredited as Lieutenants with the pay and allowances of that rank."<sup>13</sup> However, it was not until the nurses returned from the Boer War that their status changed from civilian to military and they were offered appointments with the AMC.

In July, 1904 the establishment of the Nursing Service was raised from eight to twenty five.<sup>14</sup> It was at this point that nurses were given their "relative rank." While many nurses saw the rank as a privilege, others saw it as a point of compromise and contention. Relative rank was an issue of power and control. The Army, reluctant to integrate women into their organization, was not willing to give women military authority with rank because military parity was too closely related to social, economic and

political parity. An issue that was still unresolved. Parity was a right that Suffragists desperately had been seeking for years. Adami made it abundantly clear that:

this step (of relative rank) was taken on military grounds, and the Ministry and Militia Council, not as a result of any agitation by the nursing sisters themselves, in fact, some years before the suffragettes became militant...the Canadian Army Medical Service has abundantly justified the innovation and proved it to be right and wise.<sup>15</sup>

The order on rank clearly emphasized military structure and the power distribution within the AMC. This ensured that everyone within the organization knew that the Nursing Sisters had no military power or control beyond the bedside and that all discussion and decisions concerning nursing and the AMC would be made by military men. The order stated that:

...they are not to have any military authority. It is to be distinctly understood... that (she) is not to be detailed for duty except on authority from headquarters, and... is to be given pay and allowances for those days only on which she is actually employed.<sup>16</sup>

Relative rank provided military men with a legitimate and regulated means to control military nurses. Bringing women into the military system permitted the organization to set their own criteria for eligibility and permitted them to control appointment prerequisites in terms of training, education, class, gender, ethnicity and experience. It

legitimized the subjective selection of candidates. Once enrolled, Nursing Sisters were subject to military rules, regulations and orders concerning every aspect of their existence. They were directed by male Medical Officers on all aspects of patient care but were seldom permitted to reciprocate the control beyond the women within the Nursing Service and the hospital environment. This served to strengthen military hegemony:

by way of practice techniques, and methods which infiltrate mind and bodies, cultural practices which cultivate behaviours and beliefs, tastes desires and needs as seemingly naturally occurring qualities and properties...of the human.<sup>17</sup>

The normalization, through regimentation, of military behavior reinforced hierarchical relations that had originated in British traditions and were replicated in the Canadian system. Matron Cameron Smith articulated the normalization of military power and subordination in writing that:

...Army nurses must possess dignity of deportment ... innate refinement and purity of heart which compels respect from all classes of men. ...self must be sacrificed on the Alter of Duty, and the incense of respect for authority kept burning ... (she) must have the loyalty...which keeps her silent ... interpreting the ideals of Canadian womanhood...She regards herself as a heroine... to endure hardship and face danger... with courage and resolution.<sup>18</sup>

As a role model to more junior Nursing Sisters, her article supported the behavior and the organization.

Silencing military subordinates ensured that there would be no overt or public resistance to military authority. Most Nursing Sisters seemed content to acquiesce to military control. Some were not and attempted, to no avail, to complain through non-military channels to civilian authorities.

But despite the aspects of military life which were somewhat restrictive and perhaps a little disappointing to women seeking enfranchisement, Canadian Military Nurses welcomed the sense of "family" and of belonging. A Nursing Sister wrote of military nursing as:

the greatest privilege that is a woman's. ...The communal life, the mess...the manner of pay... give one glorious feeling of being cared for as 'the sparrow and clothed as are the lilies in the field' by a beneficent provider, and fosters the divine fervour of patriotism and devotion....<sup>19</sup>

This attitude further normalized the subordination of women and of the Military Nurse and sanctioned dependent, "non-egalitarian, asymmetrical relations."<sup>20</sup> The normalization of power that begins in small "family units" and ascends through the organization and that subordinates through lifestyle, regimentation and routines is how Foucault described the genesis of power relations. Beginning in the smallest of family units and ascending through the organization, the functioning of these political

rituals of power is exactly what sets up the non-egalitarian, asymmetrical relations.<sup>21</sup>

Powerless to advance their scope of practice or their military utility, military nursing roles within the AMC seemed bound to military operations and casualty management, and were without a peacetime requirement or mandate. It was the crisis role of Military Nurses that established the appointment of Nursing Sister as an avocation and not a profession.

#### The Pre-War Years

The Canadian Army Medical Corps was modeled after the British military medical system which put medical Officers in charge of the organization, military operations and patient services and put Nursing Sisters in charge of nurses but not nursing. Matron-in-Chief, Georgina Pope, was responsible to the Director of Medical Services for the conduct of all Nursing Sisters but was not responsible for patient care services. "Nursing" services were the exclusive domain of military doctors and their "men".

From the inception of the AMC, patient services were the domain of physicians, stretcher bearers and hospital orderlies. Before the advent of military hospitals, physicians and their designated assistants cared for the

wounded in the field or would confine a man to his barrack bed.<sup>22</sup> Within the military it was "a man's world" with no place for women seeking military positions. Hospital orderlies supported every cavalry and infantry regiment and every artillery battery of the Canadian Army. Units had stretcher bearers and hospital Corporals or hospital Sergeants appointed to each unit depending on the number of soldiers in the unit. Physicians trained the men "in all aspects of hospital work".<sup>23</sup> The role of the physician and men was to provide medical services to the Army.<sup>24</sup>

In 1904, two years after the Boer War, the first two Nursing Sisters, Matron Pope and Nursing Sister Macdonald, were posted to the military hospital in Halifax to supervise the care of the sick. The instruction of hospital orderlies remained a physician's responsibility. Nurses, were excluded from employment in field units and were never integrated into the man's domain of "field medical services". In peace, they remained assigned to hospital positions as supervisors and administrators until the War.<sup>25</sup>

Margaret Macdonald, went to England, in 1911, to study the British military medical system and then to Panama to learn about the care and treatment of patients with tropical diseases<sup>26</sup>. She then went to Halifax. Of the five women appointed to the CAMC, three Nursing Sisters were posted to

the military hospital in Halifax, one Nursing Sister to Quebec and the last "Sister" to Kingston. With the exception of the nurses in Halifax, they were geographically isolated from each other and strict adherence to military regulations, chains of command, and lines of communication made it extremely difficult for Canadian Nursing Sisters to informally "connect" with any degree of regularity. The military nursing organization was so small and so scattered that Nursing Sisters were absorbed into the military medical structures with no affiliation to civil nursing organizations. With the exception of Halifax, where there were three nurses, a Matron and two Nursing Sisters, Nursing Sisters worked for a Medical Officer in a nursing administrative capacity.<sup>27</sup>

In 1912 the PAMC defined its terms of reference and established seven essential garrison<sup>28</sup> functions:

the administration of the Medical services of the Militia, both Active and Permanent.

the care of the sick of the Permanent Force, the Active Militia, the Canadian Naval Reserves, and the Cadets at the Royal Military College.

the receiving, distributing and repairing of all Medical Stores.

the supervision of the sanitation of camps and barracks.

the provision of medical instruction for the Active Militia. This includes the provision of schools and instructors.

the provision of medical personnel at certain camps and at camps for which no AMC personnel are available.

the administration of each medical unit or detachment of the PAMC.

These functions were accomplished with an authorized all ranks establishment of 101.<sup>29</sup> This was an impossible task for the AMC considering that they were geographically dispersed over the entire country. Medical Officers, unwilling to share their administrative or teaching responsibilities with Nursing Sisters, became frustrated by the newly formalized responsibilities and openly expressed the ardor and unfeasibility of their military mandate. The report by the Director General, Medical Services, Canadian Militia (DGMS) concluded that the work could not be done.<sup>30</sup> As impossible as the workload appeared, the AMC was not willing to appropriate teaching, training or patient care to Nursing Sisters. Although the urgency to meet the medical requirements of soldiers in Field units was the priority of the AMC, the impact of that mission had yet to be realized.

By 1914 the Nursing Service was authorized to increase its compliment of Permanent Army Medical Corps (PAMC) Nursing Sisters to twenty-five but was unable to increase its numbers beyond the original five. In the Canadian

Expeditionary Force (CEF), the non-permanent Nursing Reserve Unit was more successful and increased its compliment to 57.<sup>31</sup> These nurses were employed quite differently than the Permanent Force nurse. Aside from an occasional training course in Halifax and some short term appointments to the military hospitals in Quebec and Halifax, they were seldom called out for duty and remained in their civil nursing positions.<sup>32</sup>

During a typical pre-War year, medical activities in garrison included the care and treatment of 1491 soldiers, 133 officers and 744 women and children.<sup>33</sup> Care was provided by Medical Officers, Regimental Stretcher Bearers and attendants outside of the hospital setting. In a hospital setting, Nursing Sisters were added to the compliment of military staff but continued in their supervisory roles.

In a 1914 report by the DGMS, a "system of voluntary aid to the Militia Medical organization" was introduced.<sup>34</sup> This further distanced the nurse from the bedside and moved her deeper into the role of supervisor. It was the intent that men and women from agencies such as the St. John Ambulance Association, the St. John Ambulance Brigade and the Canadian Red Cross Society would establish Voluntary Aid Centers across the country and that men would be drawn from

that resource to provide medical care in hospitals, and mobile field units.<sup>35</sup> Before the plan could be initiated, Canada went to war.

#### The War Years

For the first time since nursing was organized as a profession in Canada, nurses from west to east met, and were involved in the CAMC, subordinating their respective hospitals to a national unit.<sup>36</sup>

By bringing together Canadian nurses from across Canada, the AMC had effectively usurped the power and control of Provincial and local authorities and had removed all geographical boundaries from nursing practice in the name of military nursing and National Defence.

On 4 August, 1914, Britain's ultimatum to Germany, to withdraw troops from Belgium, expired and as a result, Britain went to war. Canada had already entered into discussion with Britain on issues of foreign policy and war. A prior gentleman's commitment from the Canadian Prime Minister to Britain made the engagement irrevocable and Canada was obligated to "put forth every effort and to make every sacrifice necessary to ensure the integrity and maintain the honour of our Empire."<sup>37</sup> Canada went to war.<sup>38</sup>

On 6 August 1914, Cabinet authorized the mobilization of the Militia with the direction that the Force be composed of "officers and men who were willing to volunteer for

overseas service."<sup>39</sup> The Governor General followed with a call of the Army to active service. On 17 August 1914, mobilization orders deployed the CEF overseas. Canadian Nursing Sisters, already an integral part of the PAMC and the CEF weeks before the deployment, were part of that overseas mobilization.<sup>40</sup> Margaret Clotilde Macdonald, a fourteen year veteran of the AMC, succeeded Matron Georgina Pope as Matron-in-Chief. Macdonald embarked, with 100 Nursing Sisters on the Franconia, for England.<sup>41</sup> By the end of the War, on September 30, 1919, 2,199 nurses had been appointed to the CAMC.<sup>42</sup>

Historically, the employment of women in martial roles was an unacceptable practice. But Military Nurses managed to successfully elude the military aspect of the sexual division of labour and were permitted to enter the military workforce in a non-combatant status. Military Nurses were classed as "crisis participants"<sup>43</sup> and became a normalized inclusion to the AMC services during war.

The thought of Canadian women going into a theater of war in uniform was a difficult concept for Canadian society in 1914 to accept. But two ideas kept the wartime deployment of nurses within the realm of social acceptability. First, the notion that Canadian Nursing Sisters were non-combatants and were safely employed no

closer than a Casualty Clearing Station (CCS) was reassuring and kept society believing that Canadian women were soft. CCSs were believed, in principal, to be far beyond the normal range of shellfire.<sup>44</sup>

Second, the war experiences of military nurses were portrayed as romantic and glamorous ventures instead of dangerous exposures to war and to the unrelenting, bloody carnage of young men's vitality and physical existence.<sup>45</sup> Compelled to propagate the myth, of the glory and glamour of wartime nursing and to dispel the fear of consequence, the poet Ardath Forsythe, portrayed the death of a Nursing Sister as "a Nobel' fate" with the feel of "the thrilling kiss of sacrifice" she ended her poem by immortalizing women in the image of the hero "bravest of all the brave-Women who die."<sup>46</sup>

The propaganda campaign was a very successful one until veterans began to return home with truthful stories of their experience. Still the Government continued to present official photos that were staged and approved before they were released.<sup>47</sup> Candid images of Canadian Nursing Sisters are almost non-existent in the records. Certainly photographs that graphically depicted nurses "in action" or amidst the horrors of war are few.<sup>48</sup> Canadian Military Personnel were officially forbidden to take personal

pictures of the War and "news from the front" was "screened and cleaned" before it reached Canadians at home.<sup>49</sup>

Likewise, nursing was portrayed as the work of "ministering angels."<sup>50</sup> But the reality was quite different than the literary portrayal of women's role in war. Posed Government photos taken for medical purposes conjure up the closest image of reality. Unfortunately out of context, they present a sanitized version of the experience. The photograph of the wax museum lab of the 16<sup>th</sup> Canadian General Hospital (Ontario), figure 1, graphically illustrates the massive disfiguration of soldier's facial injuries and reveals that the emergent care of soldiers would have been very gruesome and labour intensive for the AMC. As an adjunct to this photo, a British anecdote graphically completes the picture:

There was a man stretched on the table. His brain came off in my hands when I lifted the bandage from his head. When the dresser came back I said: "His brain came off on the bandage. "Where have you put it?"

"I put it in the pail under the table."

"It's only half his brain," he said, looking into the man's skull. "The rest is here."

I left him to finish the dressing and went about my own business. I had much to do.<sup>51</sup>

Figure 1. Wax Museum Laboratory, 16th CGH Ontario



Although there is a callous insensitivity that is reflected in the nurse's cavalier attitude it is obvious from the records that there were often too many wounded to attach sentiment to human carnage. Records depict hospital admissions often in excess of 2,000 in a 24 hour period, with all the casualties requiring some degree of surgical intervention.<sup>52</sup> Ada Gillespie described doing evening duty only to "assist with 500 admissions".<sup>53</sup>

Not only was the image of military nursing different from those portrayed by the Government sanctioned and censored reports, the work of Military Nurses was far different than their peacetime professions. What changed their role was the massive and rapid barrage of casualties to military medical facilities and the technical advances to strategies and techniques of battle. The technical skills of the nurse, the broad based scientific knowledge of the nursing sister, her feminine presence and "wholesome and uplifting influence" on the soldier set her apart from the men of the AMC and made her services desirable and indispensable at a time when medical resources were being tasked beyond their limits.<sup>54</sup>

Although, in principle, Nursing Sisters were never employed forward of CCSs, sometimes they were. Many nurses opposed the policy and were "deeply disappointed" and wanted

to be "nearer the lines" closer to the action, and closer to the wounded men.<sup>55</sup> The nurse's only opportunity to advance closer to the battle than a CCS was to be part of an emergency surgical team. These teams operated out of a Canadian General Hospital and were comprised of two officers, three nursing sisters and five non-commissioned officers (NCOs) and men. Upon receipt of orders the team would proceed, by ambulance, to the casualty clearing area and assist with the surgical management of casualties.<sup>56</sup>

As Military Nurses, Nursing Sisters made the transition from peacetime administrators whose primary function was to supervise the care of patients at arms length, to primary providers of care. Nurses ran CCSs, staffed evacuation trains, administered anesthetics and assisted physicians with surgical procedures.<sup>57</sup> They worked collaboratively with physicians in dangerous and threatening environments and were often required to make independent decisions in the absence of a physician.

No peacetime training had prepared them for the events of war. With new and innovative weapons, and improved land-air mobility came the new reality of war. That reality brought unimaginable human carnage of battle and unprecedented mortalities. For Canadian Nursing Sisters, it was:

a constant trial, a lesson of self discipline and self-government. ... a quality and experience obtainable no other way; and a loyalty and appreciation of "the nursing profession"... to serve with sympathy and understanding, the cause for which these men have fought and bled.<sup>58</sup>

A realistic representation of work was reflected in the Nursing Sisters' of the RCAMC-Records of Service,<sup>59</sup> and in the History of No. 16 Canadian General Hospital[(CGH) Ontario].<sup>60</sup> The Service Records reveal a high degree of mobility and a very transient existence for women. Most Nursing Sisters received between 16 and 25 postings during the War with little to no advanced notice. The records of the 16<sup>th</sup> CGH(Ontario) show a high level of stress and uncertainty. The hospital experienced several air raids and received on a regular basis hundreds of casualties from convoys.<sup>61</sup>

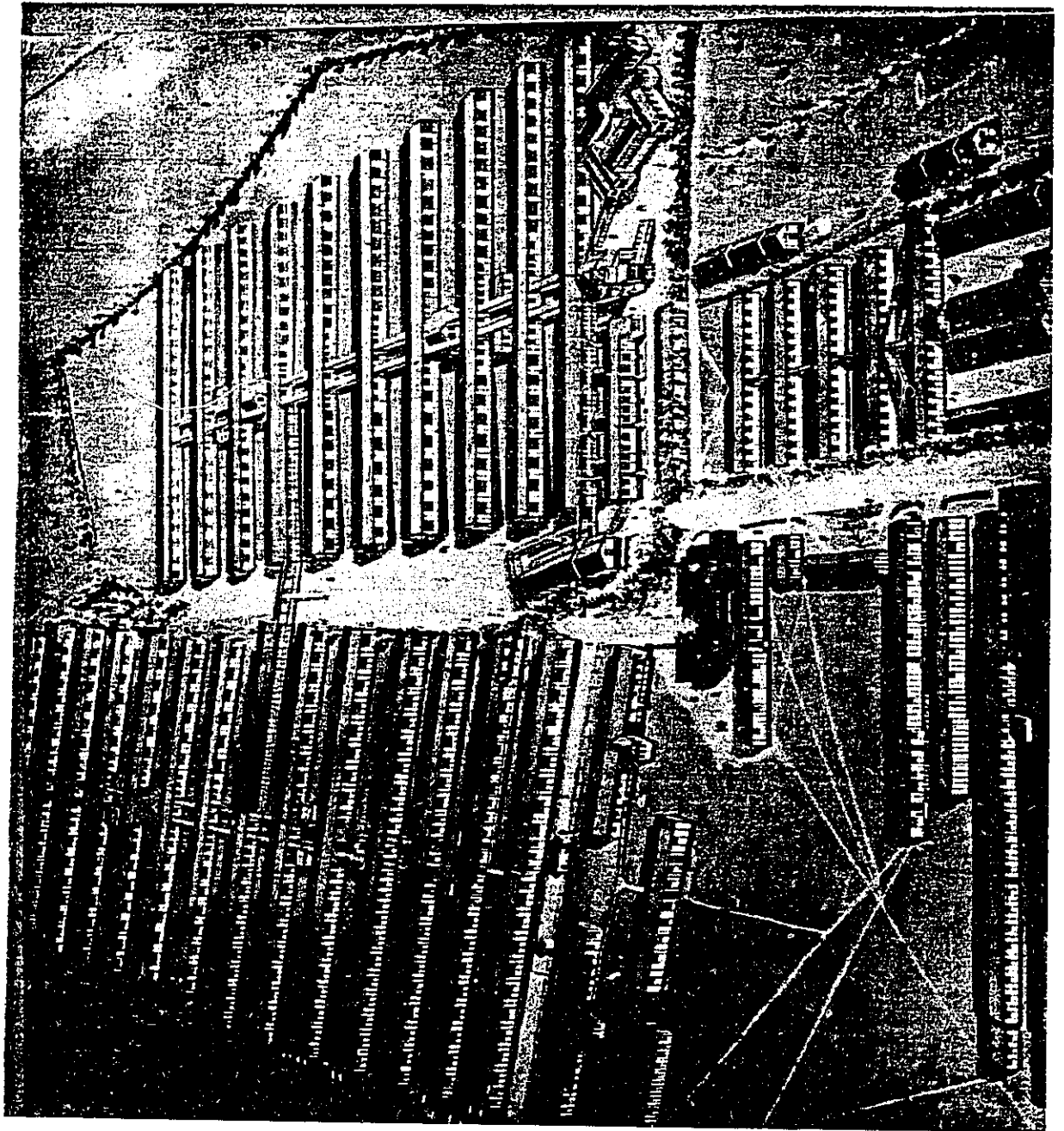
The records of No. 3 Canadian Stationary Hospital clearly attested to the stress and uncertainty of the job when, in March 1918, it temporarily was converted to a Casualty Clearing Station in an effort to handle the overwhelming influx of 6,951 patients over a four day period. The hospital received 1064 admissions on March 23, 1622 on March 26, 1932 on March 27, and 2333 on March 28. To accommodate the overwhelming number of admissions there

were an equal number of discharges. Even still it was barely manageable. To care for the patients:

It became necessary to place two patients in one bed, and one on a mattress under the bed. Day and night work went on in the operating room without cessation... Four teams by day and three by night...and later there were at least a dozen teams in operation continuously.<sup>62</sup>

What is completely missing from these and many other "official histories of the CAMC" is the work of the hospital orderly. The hospital orderlies began as enlisted men and were trained "in all matters of hospital work" by a physician.<sup>63</sup> They were the military workers that Nursing Sisters supervised. They provided the medical work force that staffed the hospitals and provided all support services. Rarely are they mentioned in relation to hospital work yet they routinely appear in photographs and are statistically represented in records that attest to their undeniable presence. When the 16<sup>th</sup> Canadian General Hospital (Ontario) opened on May 31, 1916, the total medical strength of the hospital was 43 officers, including 1 dentist, 1 paymaster and 1 chaplain, 84 Nursing Sisters, and 216 other ranks.<sup>64</sup> The photograph at figure 2 is a composite drawing of the hospital. It was built on an English estate under the pretenses that at the end of the war the land would be returned to its original state.

Figure 2. 16<sup>th</sup> CGH Ontario, Orpington Kent



The records and photographs depict command and control the work. The aerial photograph of the hospital shows the spread and layout of the hospital and illustrates the vast distances of ground that had to be covered to travel to and from parts of the hospital. Wards of the hospital were connected by a single central corridor. The new addition, erected one year after the opening of the hospital, added an additional 1,000 beds and was physically connected by another single corridor. The addition can be seen with one corridor joining the "old" to the new. Patients were sometimes wheeled but often carried by stretcher to their bedspace. With daily admissions often numbering in the hundreds, the work would have been very labour intensive and physically exhausting.

The photograph in figure 3 of the operating room and staff of the 16<sup>th</sup> CGH (Ontario) show three Nursing Sisters and three hospital orderlies in the foreground, two surgeons wearing caps, and the Matron in the background. The woman sitting, judging from her lab coat, uniform, veil, and tray of gauze, was probably a Nursing Sister from the central sterilizing area where instruments and surgical trays were prepared. What is significant about this picture is the presence of the hospital orderlies as part of the surgical team. Their presence as care givers continued through the

War and continued to grow as they dominated, in numbers only, every aspect of medical work. It was the overwhelming numbers of patients and the nursing care required of each man that permitted Nursing Sisters to return to the bedside.

On November 30, 1918 the strength of the CAMC was 1,451 Officers, 1,886 Nursing Sisters, and 12,243 other ranks. Those statistics represents a nurse/physician other rank ration of approximately 1:6. Clearly hospital orderlies performed a large portion of patient care and services within the CAMC and were as vital to medical services as any other member. Their continued presence and nightly vigils, during off-duty hours when many officers and Nursing Sisters had retired for the evening, permitted the Officers and Nursing Sisters to rest and prepare for the next day. Their presence improved the operational capacity of the AMC, nurses and physicians.

Figure 3. Operating Room Staff, 16<sup>th</sup> CGH Ontario



Hospital records described the hierarchical structures and particularities of hospital work. The Nursing Sisters worked under the direction of a Matron who reported to the physician. A section, which comprised of about 20 wards (1080 beds), was supervised by one nurse. She had the additional responsibilities to supervise the clerical staff. Another section, which comprised 20-30 wards (1000 beds), was also supervised by one nurse. She had the additional responsibility to supervise the Red Cross work. That same nurse was delegated as the unit's social convener and was responsible for the organizing of all concerts and parties. Each section was further divided into smaller sections, with a Nursing Sister in charge of each section.

The Section Sister supervised the work of the ward Sisters, arranged schedules, looked after supplies, reported to the Matron on the condition of equipment and was accountable for nurses during off duty hours.<sup>65</sup> Nurses also assisted with all clinics, attended Nursing Sisters ill in quarters, and acted as dietitians for the entire facility.

An excerpt from the Hospital log depicts an unpredictable and frenetic life that the military medical staff lived in response to the carnage of war. It also documents the overwhelming emergent care that flooded the

hospital with the arrival of evacuation convoys. A portion of the contents of the log is found at APPENDIX 2.

Within the confines of their work environment, Nursing Sisters, as observers, had control over patient care and services. Beyond that realm, they had little control or influence over their personal life or their posting assignments. All posting, promotions and appointments were approved and arranged by the Matron-in-Chief.<sup>66</sup> Even as the War drew to an end there was no control to their closure or to the work of the CAMC. Nursing Sisters were obliged to continue working until all patients had been repatriated or until they were directed to return home to Canada. Even their return trip was a working one with many Nursing Sisters and hospital orderlies staffing the hospital ships while on their return to Canada.<sup>67</sup>

#### Interwar Years

The Great War did not emancipate women. Nor did it advance military nursing.<sup>68</sup>

On November 11, 1918, the Great War ended for the "armchair soldiers."<sup>69</sup> But continued for years after for Canadian veterans. As men and women were repatriated to Canada they learned to contend with missed opportunities of youth and with their disabilities of war. In the immediate post-War era, the Country was in a state of upheaval;

soldiers were anxious to return home, the militia wanted to return to its peacetime state and Canadians needed to celebrate the end of fighting and destruction; they wanted to forget the War.<sup>70</sup>

The celebration of War's end came later for the AMC. It could not join in the post-War pandemonium as quickly as other veteran units had been able to because of the continued requirement for military medical services. The only thing that Armistice changed for the CAMC and for the Nursing Sisters was the source and rate of flow of casualties. There were no new convoys of freshly wounded soldiers and no re-supply of medical goods. Still, they were expected to continue their work as they had for the last fifty months. That is one of the abilities that Nursing Sisters had become well known for. In 1918, Mabel Clint wrote that the immediate post-War period was:

one of the most pathetic phases of the war... There were not nearly enough beds; there was no material... to work with, for which somebody should have been responsible ... dying men were brought in who had been turned loose... from enemy camps... we had some of the sickest cases of the years, and buried men... who had enlisted in 1914... a Florence Nightingale in authority was needed... After the Armistice everything went to pieces<sup>71</sup>

In the end, the mortality of war was striking and far greater than had been anticipated. The consequences of war

forced the work of the AMC to continue well into the interwar years. Sir Andrew Macphail recorded that:

On August 31, 1919, at the time of demobilization, the wounds of war were detailed at 144,606: 47 bilateral leg amputations; 1 bilateral arm and leg amputations; 1675 leg amputation; 11 bilateral foot amputations; 232 foot amputation; 667 arm amputation; and 141 hand amputations... With 30,000 troops returning every month, 1,000 medical boards were completed daily... 289,000 were completed after the Armistice.<sup>72</sup>

Nursing Sisters began to repatriate to Canada almost immediately but could return only as quickly as the sick and wounded would permit.<sup>73</sup> During 1919 and 1920, Matron-in-Chief MacDonald completed her inspection duties in France, returned to an administrative position in Defence Headquarters and orchestrated the demobilization of Military Nurses from her office.<sup>74</sup> Her challenge was to ensure that there remained sufficient Nursing Sisters to staff military hospitals overseas and in Canada and sufficient staff to ensure the safe transfer of Canada's sick and wounded from an overseas facility to a Canadian military hospital close to the soldier's home. All this was to be done while demobilizing nurses as quickly as possible.

The demobilization of the Canadian Army, including CAMC personnel, was completed amidst an ongoing "disharmony" within the CAMC and between MHC and CAMC. The discord within the CAMC traced back to the beginning of the War when

medical officers were angry and disgruntled over their limited scope of command and control, inappropriate military appointments and undeserved promotions within the CAMC.<sup>75</sup> Under the Geneva Convention, Medical personnel were non-combatants, a status not quite as prestigious as a combat arms officer. In keeping with British traditions, medical personnel were given military titles that reflected their professional appointments.<sup>76</sup> Originally doctors were referred to as Surgeon-Captain, Surgeon-Major, and on up to Surgeon-General. Nurses were given the title of Nursing Sister which revealed their gender as well as their profession.

But in 1916, the discontent centred more around unfavourable allegations about the organization and its personnel. The criticisms were politically dangerous for the Minister. Sir Sam Hughes assigned Colonel H.A. Bruce, "an aggressive, super competent Toronto surgeon"<sup>77</sup> to investigate all of the unfavorable allegations concerning the care and trust of soldiers. What followed was the Bruce Report.<sup>78</sup> Included in the numerous findings of his report, Bruce claimed that Canadian soldiers were not being well cared for and were not receiving proper treatment. He reported that they were not being cared for by Canadians and were taking too long to be repatriated home. He criticized

the Director General of Medical Services (DGMS), Major-General G.C. Jones, so strongly for his leadership and for permitting the recruitment and retention of unacceptable, unqualified physicians and surgeons, that Sir Sam Hughes fired Jones and replaced him with Bruce.<sup>79</sup> The CAMC divided on the decision to relieve Jones of his command and eventually Hughes was relieved of his position and was criticized for being too controlling a leader.

Sir George Perley immediately assumed the title of Minister of Overseas Affairs. Perley, anxious to vindicate the CAMC of the accusations, ordered Col Marlow to complete another investigation, relieved Bruce of his command, and reinstated Jones.<sup>80</sup> Marlow's major criticisms focused on the Military Hospitals Commission (MHC).<sup>81</sup> The demand, in Marlow's opinion, for veteran medical services, had been too great, too rapid and the organization too inexperienced. Under the rules of the Geneva Convention, soldiers should never have been placed under civilian control. He believed that, in principle and practice, they belonged in military establishments with military medical services. The MHC was not commanded by military Medical Officers but rather junior combat arms officers. This incensed AMC doctors and nurses more than their issues of rank. It was intolerable.

In October 1917, the MHC announced that it would be controlling all medical matters affecting repatriated soldiers and that CAMC personnel, under MHC command and control, could continue to serve with the MHC. However, a new order was issued that stipulated that medical staff officers would control all medical personnel, not MHC. CAMC Officers and Nursing Sisters would not subordinate themselves to MHC.<sup>82</sup> The bickering and in-fighting persisted for years. Eventually all military hospitals closed. The last, the Manitoba Military Hospital, closed on 31 October, 1922.

Following the closure of all military hospitals Garrison Station Hospitals (GSH) were established in Halifax, Quebec, St. John's and Work Point Barracks, Victoria.<sup>83</sup> These GSHs were capable of delivering all medical care required by Permanent Force Troops. In Montreal, Kingston, Toronto, London and Calgary, Detention Hospitals were established with provision for short stays and transfer to a civilian establishment or a military GSH if required.<sup>84</sup> Although they did provide sufficient patient care opportunities to employ Nursing Sisters in supervisory roles, it was insufficient to employ them in clinical positions. In 1920, the CAMC began its reconstitution. The first step of the process was to increase its personnel.

The Active Militia increased to 77 units, with a Medical Officer commanding each unit.<sup>85</sup>

The significance of all this restructuring was two fold. It showed that the Government was still willing to commit funds to the Department of Defence and that the organization was still convinced and committed on the idea of Nursing Sisters. Although the numbers would suggest that the commitment was not an overwhelming one. The inter governmental bickering and "agonistic"<sup>86</sup> relations described earlier by Foucault persisted over the issue of power and control of military and veteran medical care. Sir Edward Kemp's wartime complaint was still a valid one. He found that "at least half of his problems with the CAMC were due to men putting personal aggrandizement ahead of personal service".<sup>87</sup>

The political struggles successfully diverted interest of the organization away from the real issue, the provision of medical care and services to military men. Their preoccupation with medical politics precluded them from adopting a progressive philosophy that included Nursing Sisters in their discussions and failed to recognize the utility of Military Nurses as planners and organizers of patient services.

No post-War documents reaffirmed the peacetime mandate of 1912 for the CAMC. In fact, the reorganization of the RCAMC seemed so uncertain and progressed so slowly that no professional development or training occurred for years after demobilization. "No summer training, usual training lectures, or training in practical work" was attempted by the RCAMC for its personnel until sometime after 1923.<sup>88</sup> The inability to train Medical Attendants meant that the ability of the CAMC to provide patient services was so limited that on occasion, Nursing Sisters were called out from the reserves to assist in the care and management of patients. An influenza outbreak at the Royal Military College (RMC), in 1924, required that five non-permanent CAMC Nursing Sisters were sent to Kingston to "ensure proper care and efficient nursing."<sup>89</sup> The outbreak lasted four weeks and the recovery of the Cadets was uneventful and without complication.

#### Reconstitution of the CAMC

During the reconstitution of the AMC, Nursing Sisters that remained on active duty relinquished most of the autonomy and power that they had acquired during the War and returned to their pre-War roles as administrators and supervisors. They were unable to claim any of the

jurisdiction over patient care that they experienced during the War. The responsibility for patient care reverted back to the physician and his hospital orderly.

Although the reconstitution of the CAMC had been approved in April 1920,<sup>90</sup> it did not proceed until issues around the organization and distribution of veteran care and services had been resolved. The CEF ceased to exist on December 31, 1921.<sup>91</sup> As of April 1, 1920 the Government authorized the development of two complimentary organizations, the PAMC and the non-permanent AMC which was known as the CAMC (non-permanent).<sup>92</sup> Once into its restructuring, the PAMC began to function more efficiently in peacetime roles similar to those of 1912.<sup>93</sup> It was the intention that the CAMC (non-permanent) would act as a supplementary force to the PAMC. As of April 1920 the PAMC was increased to 77 medical units of Active Militia with an officer commanding each unit; 382 Medical Officers, 31 Quartermasters and 12 Nursing Sisters.<sup>94</sup> At the end of the War, the ratio of physicians to nurses was approximately 1:1 and the ratio of professional to other rank was 1:6.

Over the next few years nurses in the PAMC saw very small incremental changes to the nursing establishment with one addition in 1927<sup>95</sup> and another in 1931 taking the total to 14<sup>96</sup> Nurses did manage to gain some ground in the

allocation of Nursing Sisters to the non-permanent Army Medical Corps. The CAMC (non-permanent) increased from 127 Nursing Sisters in 1923<sup>97</sup>, to 363 in 1924<sup>98</sup> and to 399 in 1925.<sup>99</sup> Correspondingly, physicians increased from 455 in 1923 to 752 in 1925, and to 773 in 1927. This reinforced the concept of military nursing as a crisis oriented avocation in which nurses were called to active duty and deployed only in situations requiring a rapid augmentation of nurses to the PAMC staff. During the interwar years the plan to introduce and instruct thousands of Medical Assistants and stretcher bearers came to fruition. It was evident that the plan for the care of soldiers, in the event of war, was to provide the majority of medical care by para-medical personnel<sup>100</sup> and that nurses would maintain their "arm's length supervision".

There are few entries in any of the official records that depict the role of Canadian Nursing Sisters during the interwar years. The trend for health care in the military, as in the civilian community, appeared directed toward public health.<sup>101</sup> From its inception the AMC had been concerned with public hygiene, sanitation, immunization and nutrition of its soldiers.<sup>102</sup> Unfortunately, the struggle for nurses to receive funding for education in public health was a problem shared by military and civil nurses.

The CAMC was unwilling to support their Nursing Sister's educational needs for professional development but were willing to support the doctors pursuits of the same.<sup>103</sup> In 1922 a RCAMC officer was funded for a doctorate of Public Health from McGill University<sup>104</sup> and in 1926 a physician was sent to England to become re-acquainted with the British military medical system in an effort to "keep the service up to Imperial standards."<sup>105</sup> Each year thereafter, one RCAMC Medical Officer was sent to England to ensure that Canadian medical standards of care and practice were equitable to those of Britain.<sup>106</sup> Although Matron MacDonald had spent six months in England in 1911 to study the British nursing system, no return opportunities were considered. No Nursing Sister was offered any similar opportunity to those of physicians despite the fact that courses in public health were being offered at Canadian Universities and partial subsidization was available from the Red Cross.<sup>107</sup>

A joint effort between the University of Toronto and the Ontario Red Cross offered five positions on the public health course for nurses with overseas experience<sup>108</sup> but without an advocate in a position of power from within the Military organization and a willingness by the organization to commit funds for the educational advancement of nurses sponsorship was an unlikely possibility. While it would

have seemed that the best spokesperson for Nursing Sisters would have been the Matron-in-Chief, her terms of reference did not encourage activities that would promote the professionalization of the Military Nurse.

The division of responsibility, within the military organization, for nursing services, had always been physician controlled. Physicians were responsible for patient care and Matrons were responsible for nurses.<sup>109</sup> This ensured that the physician maintained control of all clinical work and all aspects of the therapeutic environment unless delegated to another. The Matron remained responsible, within her limited purview, for the career progression and social aspects of military nursing life. Even though these aspects of nursing service remained her responsibility, all her actions and decisions had to meet with the approval of her physician superiors which in reality meant that the physician was responsible for everything and the Matron was merely a facilitator of his power and influence. This effectively extended the scope of the physicians power and ensured that his presence would always be realized through the Matron. This omnipotence of the physician's power pervaded every aspect of military nursing and was, as Foucault described, part of "the system of differentiation".<sup>110</sup>

Macdonald worked consistently during her tenure to achieve some state of professional autonomy with the organization and frequently had to challenge her military "superiors" on issues of rank and promotion. In her earlier years a letter to the DGMS criticized medical administration stating that:

delay in properly recognising the added responsibilities of Nursing Sisters on promotion to Matron is a decided detriment to the esprit de Corps which is so essential to any military organization.<sup>111</sup>

Her divestiture of power and authority annoyed Macdonald but ensured that the military physician maintained control over her and nursing.

By 1927 the PAMC had shifted its concerns sufficiently away from the veterans affairs to engage in new medical interests and peacetime strategies. The work of St. John Ambulance Association centers had expanded so much and so successfully that an award, the Mary Otter Trophy, was established in each military district (MD).<sup>112</sup> By establishing this award, it encouraged the relationship between the St. John Ambulance and the PAMC and fostered a closer sense of esprit de Corps between physicians and Medical Assistants. That relation moved physician and nurse further away from the collaborative relationships they had both experienced in war. Nursing Sisters, although

"integral" to the RCAMC, were excluded from all aspects of training; Mary Otter competitions became a field oriented, male experience that again excluded nurses from medical family activities.<sup>113</sup> The training of stretcher bearers and Medical Assistants was the sole responsibility of physicians and their delegates, most of whom were other ranks, none of whom were Nursing Sisters.<sup>114</sup> The other advantage of the training was that it served as a form of standardization for emergent field medicine. This was the beginning of standardized medical service in the PAMC.

The first decade of the interwar years established the organization for the second interwar decade. Between 1929 and 1939 no great changes to military nursing were seen and nursing maintained its subordinate role within the organization assuming a more visible profile only in the event of a demand for unforecasted patient services. As the hospital orderly assumed greater responsibility within the organization and they became more practiced in their trade, nursing roles became less critical to the organization. Uncertain as to whether nurses were essential to military operations, they retained a small core of Nursing Sisters on the off chance that their services would one day be needed as in previous years of political conflict.

CHAPTER 3  
CANADIAN MILITARY AND CIVIL NURSING:  
THE ABSENCE OF MILITARY PRESENCE

Introduction

Although it has been said that every woman is a nurse, every woman could not be a military nurse. Every Canadian Nursing Sister began her career as a civil nurse; her education, her training and her nursing experience, although not necessarily Canadian, were from civil institutions and organizations.<sup>1</sup> Once 'in training' she was quickly assimilated into the subordinating 'apprenticeship culture' of nursing.<sup>2</sup> Her character was molded to suit the profession and her image refined to portray an image of feminine refinement and virtue all in context of the era<sup>3</sup>. All this was accomplished by the time that she graduated.

For women appointed to the CAMC, the transition from a civil to military existence was natural and relatively effortless. Nurses moved from one apprenticeship culture to another, from a training hierarchy to a military one. Both encouraged silent, compliant, and submissive behaviour that "suppressed any desire to challenge or question the rules of the institution".<sup>4</sup> Both were conditioned to use

'underlings' for much of the physical work of nursing. Civil organizations used the student nurses<sup>5</sup> while military medical services used hospital orderlies.<sup>6</sup>

The popularity and attraction mushroomed at the onset of the Great War when the employment opportunities shifted overseas and the call for military nurses became urgent. Until that time, Canadian national nursing associations still made no visible show of support of military nursing or affiliation to them aside from a few articles published in the Canadian Nurse on Military nursing. Accepting the articles for submission demonstrated a willingness of the Journal executive to support Nursing Sisters in their professional endeavors and a professional curiosity of a newly established facet of the Canadian Nursing. No other indication of affiliation can be found in the records.<sup>7</sup>

#### Pre-War Era: 1902-1914

The CAMC decision to augment military medical services with nurses represented the first time that women were offered military appointments. Nurses who were given permanent appointments with the AMC were often posted away and inadvertently relinquished professional ties to civil institutions and organizations in their home province.<sup>8</sup> Nurses appointed to non-permanent Militia Reserve units

retained their full time civil positions, their affiliations, and worked sporadically, in addition to their regular job, in a military nursing capacity. Most of the non-permanent Militia employment was for military training or in support of militia exercises.<sup>9</sup>

The first decade of military nursing, following Canadian nurses' experience in the Boer War, focused on the creation of the Canadian Nursing Corps and determining the role for Nursing Sisters during times of peace. When women began to accept military appointments to the CAMC, there was little sense of permanency to the idea of military nursing. After all, it was 1904 and women were far from securing political parity with men. The Canadian National Association of Trained Nurses (CNATN) showed no interest for or against the idea and the relation between military and civil nursing powers was neutral and non-descript. Even when Canadian Military nurses were given official military titles there was little to no reaction.<sup>10</sup> During the Great War when thousands of nurses were required for military appointments and overseas duty they moved from the shadows of medicine to a new visibility in Canada. It was at that point that CNATN took interest and offered their assistance and expertise.

Canadian Nurses Support of Overseas Nursing: 1914-1919

Within the context of a nation at war, it would have seemed reasonable to expect some collaborative activities by Canadian civil and military nurses for the solidarity of the profession and for the support of Canadian men. This was not the case. Military nursing was extremely removed from civil nursing and was completely controlled and administrated by the Medical Officers of the AMC.

Although some civil nurses had engaged in overseas nursing work with the British or the Red Cross, a military nursing Corps ensured the Government of a controlled nursing resource that could support military medical operations anywhere in the theater of war. Military women became contractually bound to remain in the service of His Majesty, the King, for a minimum of "six months following the end of the war or until services were no longer required."<sup>11</sup> Although nurses were never conscripted into service, their commitment abrogated their rights and freedoms and contractually bound them to the Government.

CNATN came forward and offered their services to assist the Government in the recruitment and selection of nurses for overseas military duty. Collaborative efforts between male military organizations and female civil organizations, at a time when women held no social or political parity with

men, had to this point been non-existent. CNATN's formal offer of assistance to the Government was made by letter. A letter of acknowledgment and support was received by CNATN from the Government sanctioning and directing their efforts in the selection of civil nurses for military appointments and duty overseas.<sup>12</sup> No records were found to indicate that the Matron-in-Chief, who was supposedly responsible for all nursing reinforcements, training, appointments, promotions, confidential reports, discharges and records, was ever consulted or informed about CNATN's interests, intent or involvement with the Government. Instead all correspondence by the CNATN and Gunn was with and through the Ministry directly.<sup>13</sup>

Nurses, keen to serve and participate in the war efforts, circumvented civilian or military recruitment procedures for selection wherever possible to obtain a military appointment. The discord grew.<sup>14</sup> Both Jean Gunn and Matron Margaret Macdonald had instances of women prepared to go to great lengths to obtain AMC appointments. In Gunn's case she had reported a nurse to the AMC whose performance, in her estimation, was unacceptable for overseas employment. Despite her efforts to curtail the nurse's appointment, she was selected. In Macdonald's case, women repeatedly sent her letters pleading for her to

consider them for appointments, offering bigger and better references in exchange for her most influential consideration and recommendation to the organization.<sup>15</sup> Yet there is no mention of any communication between the two women.

While CNATN professed to be interested in ensuring that Canada's best were sent overseas and that aim being their only agenda. A less altruistic motive could be considered. In 1914, provincial associations and registrationists were still seeking political support for their registration bills. They needed a higher profile and visibility that would bring them recognition. Control of military recruitment could have given them the visibility and profile that they needed. Instead the military controlled and conducted their own recruitment and incensed CNATN with their disregard and their failure to publicly recognize CNATN's interest or their intense efforts on behalf of the Government.<sup>16</sup>

But the problem was not in the work or in the reception. The difficulty seemed to stem from a total lack of communication among the people controlling recruitment and selection. Military records would suggest, by the omission of evidence, that Military Nurses were completely unaware that a national nursing organization was working on

their behalf and in aid of the Government to find suitable women for military appointments. Neither civil or military nursing groups were ever given the opportunity to work cooperatively with civil agencies.<sup>17</sup> CNATN attributed the 'snub' to a failure by the organization to be incorporated and felt that the Government did not recognize them as a national body representative of Canadian nursing.<sup>18</sup>

#### Post War Era: 1919-1929

In the first decade of the post War era, military and civil nursing organizations showed little collaboration on professional matters and great cooperation with commemorative ones. The constant influx of Military Nurses to Canadian nursing and the endless return of wounded veterans to Canadian medical facilities impacted the supply and demand of Canadian nurses in all three areas of Canadian nursing; hospitals, public health and private duty.<sup>19</sup> Thousands of women, some of whom were graduates from recognized schools of nursing, others, like the women of the Volunteer Aid Detachment (VAD) who had learned to "nurse" through wartime apprenticeship sought employment in Canadian nursing. But the influx of professional and non-professional 'nurses' onto the Canadian nursing market diluted the profession and frustrated "registrationists" in

pursuit of the professionalization of nursing through registration.<sup>20</sup>

Military nursing impacted the profession in two major areas-registration and employment. It negatively impacted registration because the Department of Military Forces did not insist that its members be registered to be employed. It impacted employment because many top administrative positions were filled by Military Nurses who had been out of civil nursing for at least fifty months. Their ticket to job opportunity seemed to be their previous overseas service.

In 1908, Ontario introduced the bill proposing Provincially legislated registration and the formation of a Provincial nursing association with the intent of investing in a Provincial nursing body the power to standardize education and mandate provincial registration. The bill was similar to that of most other Provinces and shared a similar objective; provincially legislated and provincially regulated registration. The Ontario bill was withdrawn on its first submission but was passed on its 1922 submission.<sup>21</sup> By 1935 the terms laid out in the 1922 Registration Act had never been implemented by the Province. Unfortunately, many hospitals and Federal organizations,

like the CAMC, continued to employ unregistered nurses and disregarded Provincial legislation.<sup>22</sup>

Within the military, a high degree of professional mobility and flexibility permitted nurses to work anywhere in Canada, bouncing from Province to Province, in a variety of positions without prior nursing experience in the field or registration in that particular Province. The CAMC, by way of their continued practice to exclude registration as a criteria for military appointment, and by their continued practice of employing non-registered nurses were equally remiss as other establishments employing the same practice. In this way they were non-supportive of CNATN, provincial associations and of nursing philosophy of the 1920's.

As Nursing Sisters demobilized they were required to shift their perspective back to the female dominated "apprenticeship culture" they had left, and take their place with a surplus of Canadian nurses seeking employment.<sup>23</sup> Military women who had been integrated into an exclusively male military organization and had been out of the Canadian female workforce for five years prepared to return to work with an insightful exposure to and experience with medical business from a man's perspective. In the civil workplace, nurses were incensed by the Government's preferential treatment of nurses with overseas military experience when

staffing DSCR facilities<sup>24</sup> and the disproportionate staffing of veteran facilities.

New perspectives arising from military nursing practice, coupled with their veteran status, advantaged them in the workplace and allowed them to successfully compete for many senior nursing positions in Canada, the USA and Europe.<sup>25</sup> Pauline Rose became nurse superintendent in Nanaimo, BC.<sup>26</sup> Matron M Goodeve and Matron Mildred Robertson took over the privately owned Lynhust Hospital.<sup>27</sup> Many women secured public health positions following completion of specialized training in public health. Miss E. Smellie became Chief Superintendent V.O.N.; Miss L. Holland, Manager of Children's Aid Society, Vancouver; Miss R. Simpson, Director of Public Health Nursing, Saskatchewan, and Miss M. Wilson, Director Public Health Nursing, Prince Edward Island.<sup>28</sup> C. Rayside took over from Matron Macdonald as Matron-in-Chief.<sup>29</sup> Five nursing sisters took a leave of absence to join the Canadian Nursing mission in Romania with Dorthy Cotton as the Matron.<sup>30</sup> She later took an appointment with the Rockerfeller Foundation.<sup>31</sup> The ability of these women to compete and secure so many positions supports idea that they had retained some privileges and behaviors of their military past.

As Nursing Sisters that remained in the service moved away from the field of clinical practice and moved deeper into the realm of administration and supervision they moved farther away from the professional activities of their civil peers. The first few years of the interwar years were filled with the reminiscence of their great deeds and magnificent accomplishments. After Nursing Sisters were entrenched in their administrative and supervisory roles with no involvement with the training of hospital assistants their mutual interests waned. There was no patient care element to their nursing practice.

There are no documents that discuss the issue of interwar employment of Nursing Sisters. This supposition is purely speculative and is based, in part, on the absence of entries in the Canadian Nurse either as articles or notices. I believe that the draw for women during peace was twofold. It accorded single women a good opportunity for employment with a reasonable and secure salary of \$5.20 a day plus \$2.30 a day in allowances. It also accorded women the opportunity to experience the elitist military existence that had been maintained even after the War. Within the organization women, even with relative rank, were respected with the same privileges of a fully ranked combat arms officer.

Re-Integration of Nursing Sisters

The repatriation and demobilization of Nursing Sisters back to Canada was a long and difficult process. Nurses were required to provide care to sick and wounded veterans until 1922 when veteran care was transferred to the DSCR. Once their nursing work was over, they could begin to resolve the "callous natures" that had emerged from their "perpetual contacts with horror".<sup>32</sup> But by the time nurses were looking to resume their prewar existence, the country was tired of dealing with the aftermath of war. Despite numerous requests by CNATN on behalf of Nursing Sisters, for funding and support of several re-establishment schemes, the Government was officially unreceptive and refused to support CNATN's requests for nursing veterans. On behalf of Canadian veterans, Gunn had suggested that:

The returning nurses...need a short post graduate course in whatever branch they wish to enter... Military work is no preparation for public health work... A course in public health,... nursing executive work,... (and) a bureau of information to... report (nursing) vacancies.<sup>33</sup>

Additional course work in the nurse's area of interest would have assisted Military Nurses to re-integrate into the nursing community following demobilization. Despite the Government's lack of support, military women moved into positions of authority and power without difficulty.

In an effort to meet the overwhelming workload of the AMC overseas when the War began, every available Military Physician and hundreds of Military Nurses were dispatched to the front leaving behind one officer in charge of all Canadian military medical services. The Government soon realized that this was an inadequate arrangement to meet the needs of repatriated soldiers and they went to the civilian community for support. Their decision to create civilian organizations was not a favourable one and led to tremendous dissension, discontent, and resentment by the CAMC Officers. Before the final decisions were made on who would control the provision of military medical care, all medical support services, including medical supply, changed hands between military and civilian providers several times. This created tremendous animosity between military and civilian authorities.<sup>34</sup>

#### The Silent Voice of Military Women

The continued employment and advancement of military nurses both in and out of the CAMC were noted routinely in the Canadian Army Medical Nursing Services (CAMNS) column in the Canadian Nurse. Although the journal was first published in 1905, the military column began in 1920 and continued until 1927 when the Matron retired. The journal

reflected the need for Nursing Sisters to communicate within the profession and with each other, a luxury that was not accorded to them by their organization. A typical cryptic message read:

If N/S E.J. Johnson will communicate with Alfreda J. Atrill... she will learn something to her advantage."<sup>35</sup>

Nursing Sisters were encouraged to "keep in touch" through the Journal and it became the free voice of Military Nurses. During the interwar period, the Canadian Army and the CAMC were so consumed with the preservation of their own fragile existence that no effort or interest was appropriated towards military nursing and its professional development. The Journal quickly became the sole avenue for expression of Nursing Sister's sentiments related to the War and became a means by which civil and military nurses could collaboratively address professional issues of mutual concern and interest. The Journal also facilitated nurses to validate their wartime efforts, and served to enfranchise them within their nursing community. For many, it was their first and only opportunity to talk about their war experience. Although many submissions were anonymous, it permitted them to break their regulated silence. Matron Macdonald set the tone for the column when she wrote that:

The work (of editor) is undertaken with the idea of reporting not only the present activities of all who served at home and overseas but also that Army Nursing may be accorded its proper place in the front ranks of the profession. The aim is to make this department interesting and instructive to all readers. Further, there is a hope that by publishing news... (there will be) the medium of keeping in touch. It is earnestly desired that Nursing Sisters of the Permanent Force, Reserves, and Retired lists, co-operate to keep alive the spirit...<sup>36</sup>

It also permitted them to speak in a professional forum to other Canadian nurses about aspects of the military nursing experience. A Sister wrote anonymously:

I am heartened by the knowledge that in these pages may be found outlets for the recollections that surge and surge and will not be stilled... time and separation serve but to enhance my admiration and affection.<sup>37</sup>

Breaking her silence, another Nursing Sister criticized military politics and the seemingly indecisiveness of military leaders of the AMC. She sarcastically wrote:

A great feature of army life is the countermanding of instructions. Perhaps this accounts for the speediness with which the recruits acquire that curious inheritance of the army—a disposition for change. Whether the move forebodes good or ill is of least consideration.<sup>38</sup>

She extended her criticism to the British Government and their zealous pursuit of victory writing that:

Well might the armchair warriors of Downing Street prate of the glories of war—had they ever escaped from the jaws of Hell?... Oh mothers! Oh sons! May your prayers for disarmament never cease. The smiling words of encouragement we gave belied the ache in our hearts...<sup>39</sup>

She ended her submission with a comment of the poor treatment of and disregard for the efforts of "home nurses" in Canada:

It has been noted with surprise that the Imperial nurses employed on home service during the war are not to receive suitable recognition of their work... the War Office, straining at the gnat, begrudges the poor home service nurse a medal. Surely the office mind may yet be generous enough to revoke its decision.<sup>4</sup>

The editor and executive committee of the Canadian Nurse facilitated expression of ideas and opinions through the process of creating the column and by encouraging and accepting nurses submissions for publication.

When the Matron retired, the column closed. Matron Rayside, Macdonald's successor, did not assume responsibility for the continuation of the column. It may have been that nurses had said all that needed to be said for the time being using that type of a forum. Perhaps having encouraged a focus of reminiscence, non-professional activities and social notes of interest, the Journal had served its purpose. In a period when society wanted to move beyond the memory of war and in a generation of nursing that had not fostered a collaborative sense of professionalization, the column came to a natural close.

In lieu of Journal entries, commemorative efforts in honour and in the memory of deceased Nursing Sisters began.

Despite a professional distance between civil and military organizations that seemed to have begun in 1914, the national level civil nursing organization, CNATN, took charge of the nurses' memorial monument. Their interest and efforts attested to civil interests in military nurses' wartime service. During the interwar years, many monuments and ceremonies were dedicated to Canada's Nursing Sisters but no monument was as prominent, no efforts were as great, no occasion was as auspicious for nurses as the National Monument and its unveiling. Jean Gunn led the fundraising activities for the national monument. The efforts demonstrated a "cohesion" and tenacity that spoke to the honour and respect of civil nurses to the military component of their profession.<sup>41</sup> Their commemorative efforts demonstrated their interest in Military nursing and their ability to accomplish tasks on behalf of the profession.<sup>42</sup> Interesting to speculate is the question of why CNATN invested so much time and energy on a monument for an organization that had "snubbed" them so badly during the onset of war. Again as in the recruitment issue the question that comes to mind is the motivation behind the effort. Perhaps in this instance they were still looking to participate in some aspect of war. In this case, the recovery from war. Looking to benefit both military and

civil nursing, Nursing Sisters would be recognized for their war efforts and CNATN would be recognized for their supportive efforts of veterans.

CHAPTER 4  
CANADIAN WOMEN DURING THE INTERWAR YEARS

Introduction

Canadian Nursing Sisters, despite the new identity and status that emerged as a result of their participation in the Great War, were still, after all, subject to being considered and treated the same as other Canadian women in context with the times. Following their appointments to the AMC, Nursing Sisters, became silent and invisible members of the Canadian suffragist movement. They sought parity in a society that was neither united on the rights or entitlements of Canadian women nor the committing of a nation to war. As Nursing Sisters, their voices were subordinated to their male Military superiors. Although harbingers of the vote for Canadian women, the enfranchisement that was extended to them during the War was revoked with demobilization.

To explore the position of Canadian women during the interwar years, a background history that offers contextual insight and relevance to their socio-political position in Canadian society is required.

Military Nurses as Veterans

When Canada went to war, it was with a misplaced understanding that it was to be a "brief and painless war".<sup>1</sup> Overwhelming disease and disability were not anticipated aftermaths. In previous wars, Canadian soldiers had died of their wounds or disease before they could return home.<sup>2</sup> In the Great War, improved medical care made it possible for injured veterans to return home. With them came the burden of illness, disease and disability and imposed upon the Country a new level of responsibility for continuing support and care. Part of the strategy of war that had reduced the mortality rate was the development and provision of efficient field medical services, advanced care facilities in close proximity to the battlefield, and the presence of Nursing Sisters as a component of military medical care. The employment of nurses seemed particularly efficient because it ensured the Ministry of Militia and Defence control of a resource that could be "manipulated, molded, trained, normalized, and regulated"<sup>3</sup> to meet their needs. Nursing Sisters were a valued commodity in the Canadian strategy and propaganda of war.

Throughout the War and into the post-War period, politicians wrestled with a variety of ways to provide adequate and socially acceptable services for repatriated,

invalided soldiers. However altruistic politicians may have wished to appear, there were hidden agendas that drove policies affecting veterans. Ensuring that battle wounded soldiers received good medical service was a policy that was used to encourage and maintain the flow of new, voluntary recruits. While meeting War commitments, the driving political agenda was to keep Canadian citizens content enough to guarantee re-election. Eventually their political ploys failed and the unrelenting need for soldiers led to the conscription crisis of 1917.

The Military Hospitals Commission (MHC) was first established to deal with the provision of hospital and convalescent facilities for CEF members invalided in overseas combat.<sup>4</sup> Five months later, in October 1915, the authority of the MHC expanded to include the treatment of all military personnel on active service in Canada and in Bermuda.<sup>5</sup> In the months that followed, Canadian citizens availed their private homes for convalescent care, institutions were converted to MHC facilities, new buildings were erected, and every effort was made to locate invalided soldiers close to home. Eventually the scope of services provided by the MHC included:

caring for the sick, giving vocational training, arranging for the employment of discharged soldiers, dental treatment, and supplying of artificial limbs.<sup>6</sup>

On February 21, 1918, the MHC was renamed the Invalid Soldiers' Commission (ISC) and certain institutions and responsibilities were returned to the jurisdiction of the Department of Militia and Defence, including the medical care until discharge of Military personnel on active duty in Canada. The Department of Soldiers' Civil Re-establishment (DSCR) was also formed on 21 February. Two days later, the ISC was placed under the command of the DSCR. This created two distinct medical care providers; the Department of Militia and Defence, with a bed capacity of 10,359, and the DSCR, with a bed capacity of 5,575.

By 1 April 1918, military medical services, all military hospitals and the medical treatment of all active military personnel were back in the control of the CAMC.<sup>7</sup> Veteran services, following discharge, remained the domain of the DSCR. It was their policy to attempt to employ doctors, nurses and medical orderlies who had served overseas in their medical facilities.<sup>8</sup> However, the utility of the Nursing Sister as an interface between military and civil health care was still not recognized and they remained excluded from all aspects of military patient care and services except as a supervisor and enforcer of the physicians orders.

When the War ended, soldiers returned home to a Nation that had been drained and psychologically destroyed by war. Early into the post-War period, the Country began to exhibit very anti-military behaviour. But the sentiments were pervasive among all nations that had experienced the full destruction of war. It was said that in Britain:

the broken world to which belligerents returned at the end of 1918 offered little solace to societies devastated by four years of unprecedented loss and devastation.<sup>9</sup>

Canadian attitudes towards veterans showed a similar paucity of compassion. Unless a soldier could visibly demonstrate a disability, he received little support and monetary compensation was scarce. Politicians had not calculated the cost of war or of recovery into their plans.<sup>10</sup> Ernest Scammell, secretary to the MHC wrote that:

there must be a minimum of sentiment and a maximum of hard business sense concerning the future of the returned soldier to civilian life.<sup>11</sup>

For veterans, the disillusionment over their treatment was equally as shattering. They had expected a warm reception home that never materialized. The Nation wanted to forget the unimaginable, pervasive aftermath of war. Mutilated men were a constant visual reminder. But the non-visible injuries, while outwardly less offensive, were even

harder to accept.<sup>12</sup> Bitter ex-servicemen like Colonel Star remarked that:

The sooner we in Canada get away from military titles and everything connected with the War the better it will be for the country and the average citizen.<sup>13</sup>

Veterans realized quickly that the only ones who were truly interested in their experiences were those who had been to war and knew, first hand, what war was like. Government departments, in an effort to rationalize their wartime decisions, censored monuments, soldiers' tombstones and Great War literature.<sup>14</sup> Veteran disenchantment was a pervasive sentiment and out of frustration they became silent. As one soldier expressed:

It is a terrible restlessness which possesses us like an evil spirit; the infinite expression of vague discontent, the restlessness of dying men...It was the same petty, monotonous, joyless, suffocating world of three years before.<sup>15</sup>

Nurses shared in their silence and in their restlessness and found the transition to "normal life" difficult.<sup>16</sup> Nursing Sister Clint remarked that:

Like the fate of our demobilized men, the Nursing Sisters...found it difficult ...to resume where they left off four years before.<sup>17</sup>

In an effort to cope with post war feelings, Great War Veteran's Associations were formed by the veterans shortly after demobilization. All the Associations had a similar mandate to that of the Overseas Nursing Sisters Association.

The object was "purely social."<sup>18</sup> Kindred fellowship and the promotion of the well being of its members was at the heart of each association. To shelter and protect members, each club was very exclusive about membership.

The exclusionary nature of veterans associations served to alienate non-veterans from veterans lives.<sup>19</sup> This was, in all probability, a very empowering feeling for angry, disenfranchised veterans. Veteran associations accorded men and women an opportunity to freely express their feeling about the Government, military service and war. The Overseas Nursing Sisters Association did not restrict its membership to CAMC nurses. Any nurse with overseas experience was welcomed.<sup>20</sup> Nursing Sisters worked to hold regular social gatherings and used the Canadian Nurse, with the sanction of the editor, Helen Randal, to advise all Canadian nurses of the activities of the Nursing Sisters.<sup>21</sup>

Matron Macdonald wrote that:

With the end of demobilization... the prospects of totally severing our Army connection is viewed with dread... Items concerning your whereabouts and occupation will be welcomed... Our object must be to strengthen... the bonds that have made us one in mind and spirit.<sup>22</sup>

The Canadian Nurse was the voice of the Nursing Sister.

A Sister wrote:

I am heartened by the knowledge that in these pages may be found outlets for the feelings that surge and surge and will not be still.<sup>23</sup>

The Journal continued to boast the achievements of Nursing Sisters, locate old friends, report on social functions and social events. Marriages, sickness, births and deaths were all recorded in the Canadian Nurse. Occasionally, a nurse would look for the whereabouts of another veteran, and families often used the Journal to search for a nurse who had cared for a relative.<sup>24</sup> The Journal was also used to track the whereabouts of popular men and women of the CAMC.<sup>25</sup> But its popularity did not last much beyond 1926. The 1926 edition was a commemorative one in which the Reports of the unveiling of the Canadian Nursing Sisters memorial were reproduced for all who had been unable to attend. It was a tribute to the Nursing Sisters and to the CNATN for their successful collaborative efforts.<sup>26</sup> The tribute continued with the recommendation that all surplus money be used to benefit the profession of nursing. A floral tribute was to be placed on the memorial every 11<sup>th</sup> of November.<sup>27</sup>

Within the first five years following the War, ten Overseas Nursing Sisters' Units had been formed across Canada.<sup>28</sup> By 1939 there were seventeen. To this day there remain twelve units and 930 members in the Association.<sup>29</sup> As the numbers of Units increased, the number of submissions in the Canadian Nurse decreased. It would seem that Nursing

Sisters had found a new forum to meet the needs of veterans that had been met in the initial post-War period by the Journal. As the Canadian Nursing Sisters' column lost popularity, military nursing seemed to fade from professional view. To this day the Nursing Sisters' Association exists as a strong affiliate group with the constitutional aim to:

1. Stimulate and Maintain Friendship among members,
2. To work for National unity and international peace,
3. To seek aid for and to give comfort to nurses in need.<sup>30</sup>

To the disadvantage of Nursing Sisters on active duty, there was no constitutional mandate to advance military nursing or to affiliate with those Nursing Sisters still on active duty. With the backing of the large number of veterans in the Association, active members might have felt empowered to attempt to gain greater control of the profession. It was through women's veteran associations, the column in the Canadian Nurse and the commemorative efforts of CNATN, that Canadian Nursing Sisters recovered from the War. Veteran Nursing Sister support from the Government had not been forthcoming and they were excluded from many veteran's benefits. The two most significant exclusions were their ineligibility to buy land under the

Veterans' Land Settlement Act<sup>31</sup>, through a special amendment excluding nurses, and their exclusion from privately funded educational opportunities at the Khaki University.

### The Suffragist Movement

From the inception of the feminist movement through to the early 1900's, Suffragists were united on their objectives. The primary goal of the Suffragist was to secure the voting rights of women. They wanted legislation and the views of Canadian men in positions of power changed to support women and their right to vote. Suffragists wanted political enfranchisement and the power to influence and affect change in their environment.

Up until the early 1900's, society reinforced a normative expectation that a woman's "place" was in the home. Despite suffragist activities to establish social and political parity with men and to liberate women from that expectation, women continued to be actuated into a submissive life of domesticity in the role of daughter, mother, or wife. Women's perceptions of their rights and entitlements seemed almost diametrically opposed to those in positions of influence and power. In 1906, Jean Jacques Rousseau, a French philosopher, epitomized the "virtuous"

nature of women and articulated the popular sentiment of men. He wrote that:

The whole education of women ought to be relative to men. To please them, to be useful to them, to make themselves loved and honoured by them, to educate when young, to care for them when grown, to counsel them, to make life sweet and agreeable to them-these are duties of women at all times, and what should be taught them from their infancy.<sup>32</sup>

Rousseau was not alone in his thinking. Many Canadian men shared his anti-suffragist attitude and his resistance to women's enfranchisement. Sir Andrew Mcphail, the military Medical Officer who, in 1923, was tasked to write the Official history of the CAMC, was a strong anti-suffragist and did not believe women worthy of the vote. He also was profoundly sceptical of any non-matrimonial relationship between a man and woman.<sup>33</sup>

Yet, despite cultural pressures to maintain the "status quo", women's tenacity for an autonomous identity persisted and developed, in small seemingly innocuous increments, within the domestic and professional realm of Canadian culture. Within the confines of domesticity women did not remain entirely subordinate. In many households women exercised small degrees of control and independence. They developed "managerial skills as homemakers and enjoyed their power to hire and fire domestics".<sup>34</sup> So it was in War. Civilian nurses accepted military appointments as Nursing

Sisters in the AMC and deployed overseas as an integral part of Canadian military medical operations. Subordinate to every Army Medical Officer, Nursing Sisters worked collaboratively with Medical Officers to medically support the soldiers; care for them, comfort them, entertain them, grieve for them, and often bury them. But within the confines of the military structure and amidst the horrors of war, Canadian military nursing Sisters developed their own autonomy. Moving from their controlled hospital experience prior to the War, they increased their scope and field of practice, broadened their experiential knowledge base and fostered a unique identity that was specific to military nursing and to the experience of war.<sup>35</sup> They administrated their own military mess and controlled all matters concerning mess life.<sup>36</sup> Regardless of any advances made to the autonomy of women, their worth and value remained established by and inextricably bound to their relationships with men.

However, within the Nursing Service, women learned to be subordinate and also learned to subordinate. The most junior Nursing Sister was subordinate to any nurse with greater seniority. Those nurses elevated by Medical Officers to positions of Matron were given certain power and control over ward staff and were held accountable for the

behaviour of others. This regimentation of authority was quickly normalized into routine military behaviour and became part of the hierarchical military power base.<sup>37</sup> The Matron-in-Chief controlled all postings and promotions. There was no other chain of command.<sup>38</sup>

Historically, nurses participation in war had not been supported by Suffragists unanimously. Some years earlier, Suffragists had begun to articulate a sense of discord over issues of war. In 1860, Mrs Elizabeth Jones in a speech at an American women's rights convention, where she addressed the issue of war and enfranchisement, said:

I hope that women will not copy the vices of men. I hope that they will not go to war; I wish men would not go. I hope they will not be contentious politicians; I am sorry that men are. I hope they will not regard their freedom as a licence to do wrong; I am ashamed to acknowledge that men do.<sup>39</sup>

Confident that enfranchisement was a near inevitability she appealed to the moral conscience of women to differentiate their gender by action and deed. She did not condone the War and hoped that others would follow her leading example. When the War began in 1914, women were close to achieving their objectives for parity. Unfortunately Canada's support of Great Britain took precedence over the activities of Canadian Suffragist. Women became far more engaged in their support of fathers,

sons and husbands going off to war than in Suffragist pursuits.

By the end of the War the polarity within the Suffragist movement forced the emergence of two diametrically opposed factions; war-loving patriots and war-hating pacifists. The War lasted far longer and the mortality was far greater than anyone expected. It took a devastating toll on Canadian families and culture. Macphail summarised Canadian loses as follows:

The total number of (Canadian) cases receiving hospital treatment up to August 31, 1919 was 539,690 of which 144,606 were battle casualties and 395,084 of disease... Taking the total number of troops overseas as 418,052... The total number of deaths was 56,638 of which 51,678 were due to battle casualties, and 4,960 to disease and other causes. This gives a death rate for the whole period of 135.47 per thousand... On August 31, 1919, at the time of demobilization, the wounds of war were detailed at 144,606.<sup>40</sup>

As Canada prepared to move from the War into a period of post-war recovery, Suffragists prepared to return to pursuit of their original objective; the vote. Traditionally strengthened by their solidarity over issues of defence, they were divided by the War. Suffragists were not unanimous in their sanction of women's participation in war, nor were they unanimous on Canadian Imperialist activities.

Military women were precluded from participating in the Suffragist movement. They were bound by sworn loyalty and support to the King's Army and were not permitted to speak publicly on any issue or matter that was considered adversarial or controversial by Military or Government authorities. Matron Cameron Smith, on writing of the attitude of Canadian Nursing Sisters wrote:

Speak Lord, Thy servant heareth' should be the attitude towards her superior officers, for discipline is the very essence of military life as it is of moral training. She who cannot obey is never fit to command.<sup>41</sup>

Silence, submission and obedience were normative behaviours for many military women. They had no power of advocacy beyond their own marginal nursing hierarchy. Canadian women who had gone overseas in a non-military capacity to care for soldiers, while receiving none of the recognition or benefits that Military Nurses received, were at least permitted to publicly speak their minds, however contrary.

#### The Vote

At the 1909 International Woman's Suffrage Alliance: Quinquennial Congress of Women's Trades and Professions Great Meeting in Favour of Women's Suffrage, the speaker remarked that:

Trained nurses want the vote because its possession would give them a direct influence upon legislation connected with many matters with which they are brought into intimate contact in the course of their work. They desire the regulation of their own profession by law, under a central authority, appointed by the state, on which they themselves have adequate representation. No class of worker realize more keenly the necessity for legislation in the direction of social reform. The housing of the working class, unemployment, education, the feeding of school children, infant mortality, the conditions of women's labour, the mother's share in the control of her child, sweated industries, and many other matters, confront trained nurses daily in the course of their work, and they desire the opportunity of giving effect to their views on the important subjects by the exercise of the Parliamentary franchise<sup>42</sup>

Nurses, whether military or civil, recognized the value and necessity of the vote for women.

At the beginning of the Suffragist movement, the National Council of Women of Canada were instrumental in raising the profile of Canadian women by uniting women's desire to secure voting rights in Canada. In 1906, at the Annual National Council meeting of the Women's Franchise Association, a Standing Committee on Political Equality was established. Their work led to a 1910 resolution for the enfranchisement of Canadian women.<sup>43</sup> The Great War slowed the work of Canadian Suffragists. Pressures from international women's organizations were influential in reawakening the dissonance among Suffragists. In 1915, Joy Adams asserted that:

Women of waring countries have not only pawned their gold and jewels for the war, but they have urged their sons and husbands to enlist, and they are willing to lose, to sacrifice all rather than that their country should fail to crush the enemy. Where are the women? Should they not unite in an international host against the suicide of Europe, and demand a peace that does not entail the subjugation of any nation and save for humanity the lives, that war will demand to the end?<sup>44</sup>

Finally, in 1916, a decade after the creation of the Standing Committee for Franchise, the first Provinces enfranchised women and acknowledged them with the right to vote and hold office. The reference list at APPENDIX 1 details the dates of women's enfranchisement by Province and serves to illustrate the diversity between Provinces over the vote for women. Even among the most progressive Provinces it took ten years to bring about legislative change.

Although, in principle, voting rights should have been afforded to all Canadian women at the same time, Provincial disparity did not permit or support this. The cultural politics of the Maritimes and of Quebec favoured more traditional religious and social norms and encouraged women to commit themselves to domestic perpetuity. Ontario and other Provinces to the west were far more progressive and offered only moderate and tolerable opposition to suffragism.<sup>45</sup> Eventually, by 1918 the Federal Government

gave all Canadian women the right to vote in federal elections.

The eventual enfranchisement of women cannot be attributed to any single action or any individual or group activity. The 1917 National Election was the first time that women, although only a select group, were allowed to vote. As such, it has been proclaimed as the first of many Suffragist victories, but was a complicated issue of power, persuasion, and politics. Cleverdon suggests that the 1917 Wartime Elections Act was a milestone for Canadian Suffragists, but it was not awarded for the enfranchisement of Canadian women.<sup>46</sup> It was an issue of political promises, propaganda and the manipulation of laws for the purposes of the political gain of Sir Robert Borden and his Union Government.<sup>47</sup> For Borden, women were just another means of procuring and manipulating votes. The 1917 election campaign ran on the issue of conscription and women's enfranchisement:

The War-times Franchise Act brought in... women voters who would probably be friendly to the Government, and disenfranchised a large element which was hostile to both Government and war policy.<sup>48</sup>

Borden was desperate to be re-elected. He was also unwilling to relinquish the Prime Ministry to Wilfred Laurier. He realized, following his visit to England in the

spring of 1917, that the need to send more troops to honour Canada's commitment to England made conscription unavoidable.<sup>49</sup> He also knew that the issue of conscription would probably defeat his Union Government. By soliciting the votes of soldiers and select groups of women to countermand the votes of those who abhorred war and the idea of conscription, Borden saw a chance for victory.

Canadian Nursing Sisters were the first Canadian women to be given the right to vote under the Military Voter's Act of 1917. It enfranchised all soldiers and Nursing Sisters regardless of age or nationality. The Wartime Elections Act also enfranchised wives, mothers, daughters, and sisters of soldiers but did not offer parity to non-military women working overseas or to women without a family relation in uniform. For those enfranchised by the Act, a vote for Borden and his Union Government came an opportunity for a short furlough home for their men.<sup>50</sup>

Many Canadian women supported Borden. They wanted the vote as badly as Borden wanted victory. Suffragists felt that without a vote they had no responsibility or influence on war.<sup>51</sup> Olive Schreiner articulated an interdependence of women to men and the power and control that society held over them without the vote. Forced into a perpetual state

of dependency on men, the sentiments of wives, mothers and labourers were articulated in this woman's perspective:

We, the bearers of men's bodies, who supply its most valuable munitions, who...shed our blood and face death that the battlefields may have its food, a food more precious to us than our heart's blood... War will pass when intellectual culture and activity have made possible for the female to have an equal share in the control and governance of modern national life<sup>52</sup>

As fervently as women embraced the right to vote, the real issue of the 1917 Election was not enfranchisement in favour of women's rights. It was conscription.

Laurier was against conscription and wanted to hold on to Quebec nationalist votes. Borden was in favour of conscription and planned to use military votes and the votes of selected groups of enfranchised women to obtain a victory. A clause in the Military Voters Act permitted soldiers without Canadian domicile to select and allocate their vote to a riding of their choice. In 1917, the statute that enfranchised women and disenfranchised immigrants stated that:

every female person shall be capable of voting and qualified to vote who...is a British subject and qualified.

In the final results of the election, those votes doubled his majority, taking away fourteen of the Liberal seats.<sup>53</sup>

The fact that women were conditionally permitted a one time vote only in the 1917 Election attests that the Militia Voters Act and the Wartime Elections Act of 1917 were not enfranchisement Acts. The vote was not given to women as an admission of their civic right but rather as a political strategy. Women realized that in order to be heard they needed to vote and that their vote alone would speak for their sentiments on war. But a vote in support of Borden, was, in effect, a vote for conscription and war. It became an exchange of one woman's family for another. However, women knew that, without the vote, they had no political voice. The moral dichotomy of the dilemma is well depicted in this poem:

"Fight the year out!" the war lord said:  
What said the dying among the dead?

"To the last man!" cried the profiteer:  
What said the poor in the starveling years?

"War is good!" Yelled the Jingo-Kind:  
What said the wounded, the maimed, the blind?

"Fight on!" the armament-King besought:  
Nobody asked what the women thought?<sup>54</sup>

As unfavourable as Borden's victory was, women had voted in a National election and had made the first steps toward their Suffragist goals.

Canadian Military Women

As the movement continued, Suffragists became more and more divided on issues of war. Military Nurses were, in the context of the suffragist movement, an aberration. Within the military context, Nursing Sisters were prevented by regulation from supporting suffragist activities.

Suffragists fighting for women's rights must have been incensed by a Military and Government willing to extend to military women many of the rights and privileges reserved strictly for men while at the same time forcing a silence upon their appointed women.

At a time when men were not willing to grant political privileges to women, military soldiers waited on Canadian Nursing Sisters in private military dining facilities, and provided housekeeping service for their quarters.<sup>55</sup>

Within the context of the military structure, Nursing Sisters rights and privileges were limited. Nursing Sisters, even the Matron-in-Chief, were excluded from participating in any discussions at the command level and were not, despite their willingness and ability, selected for any work outside the realm of hospital practice unless under direct supervision of a Medical Officer<sup>56</sup>.

The military nursing profession had began in Britain when women were first introduced into British military

hospitals to bring military standards of care in line with civilian establishments. They symbolized the process of "civilianization."<sup>57</sup>

Originally, women were willingly volunteered to care for wounded soldiers; an outlet for "religious compassion and military sympathy". It gave them a "respectable compassion."<sup>58</sup> Women who worked outside the home most commonly chose to engaged in "philanthropic activities or care giving."<sup>59</sup> Work outside the home was the beginning of women's search for autonomous and self-reliant political beings. Initially, the draw to military nursing was not that popular. Unsuccessful attempts were made to increase the number of Canadian nurses in military uniform before the outbreak of WWI. Peacetime military nursing held little appeal. When WWI began, the nature and location of work changed from the pre-war era and Canadian nurses flocked to military recruiters. Although it could appear that Military Nurses favoured war, in reality the draw to military service was:

the opportunity to be abroad, free of domestic ties and comforts, ready to surmount hardship and encounter. It brought women to the heart of action and put them where the men were.<sup>60</sup>

War-time military nursing offered women the security of a government job, membership into an exclusively male

organization with exclusion from membership by any other professional women. Other medical professionals attempted to join the CAMC but unacceptable terms of engagement turned them away. A female physician, Elizabeth Windsor, on finding that her services could be utilized for nursing duties only, did not take up her appointment.<sup>61</sup> Women wanted to belong. Following the War, as a result of the overwhelming requirement for veterans' health care the retention and recruitment of women into the Nursing corps continued. This placed a small group of women in a very unique position in terms of status as women and as professionals. The nature of military work gave them security and mobility without any loss in seniority or status. As Military Nurses their profession had no regional boundaries, no mandatory professional affiliation and no external influence by professional organizations. The Military required no provincial registration. This immunity or exclusion from public and professional influence proved at times to be an aggravation to civil nursing authorities.<sup>62</sup>

During the War, the opportunity to work abroad had been a wonderful opportunity for social and professional liberation that was unobtainable with traditional nursing opportunities in Canada. Nursing Sisters had been afforded

some rights and privileges that Canadian Suffragists would never secure.

Women who chose to seek appointments in the CAMC carried their professional identity with them into the AMC but left much of their personal identity behind. Their new identity was as military women with a uniform and the title of "Nursing Sister". Within the hegemonic military structure there was no opportunity for equal status between men and women. Nurses were the first women to be permitted into the organization.<sup>63</sup>

In the working environment, they were subordinate to every male Medical Officer. Outside of work they were encouraged to socialize with Medical Officers and often held dances and social functions in their mess.<sup>64</sup> While relative rank precluded women from holding any position of military power or authority, the Matron-in-Chief was given higher rank than all other Nursing Sisters because it gave her official power and authority within the Nursing Service and permitted her to maintain control of her subordinates.

Military regulations ensures that orders would be followed:

Improper conduct or "misconduct" includes wilful self-inflicted wounding and vicious or criminal conduct during or subsequent to military service.<sup>65</sup>

This regulation meant that even after discharge, they were still subject to military regulations.

Publicly, military women were not permitted to participate in Suffragist activities. All military members were required to be apolitical, particularly if it would be perceived as being antagonistic or adversarial to Government policy. Military regulation silenced public displays of opposition. As nurses were recruited into the CAMC, their power relations and control continued to be shifted from women to men, nursing to medicine, and from voluntary to mandatory terms of service. The declaration of each Nursing Sister on Attestation stated:

I hereby engage and agree to serve in the Canadian Overseas Expeditionary Force... for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year and for six months after the termination of that war provided his Majesty should so long require my services or until legally discharged.<sup>66</sup>

Canadian Nursing Services became part of the power strategy of war. The promise of military medical services gave assurance to the soldier that, in the event of injury, their physical needs would be tended to by their own and with that provision came a chance for survival.<sup>67</sup>

Despite the control by Government, there was a patriotic draw for women. A CAMC nurse wrote:

To combine a great adventure within the classic realm of history, romance and beauty with an important, arduous work, undertaken with eager and burning patriotic zeal, does not often fall to the lot of the ordinary woman... 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 to pour in the oil and wine and to bind up the wounds and comfort the soldier-soul on the brink of the Styx, belongs to-day to women appropriately and beautifully named "Sisters".<sup>68</sup>

This sense of glory and glamour was a most common sentiment which continued long into the post-War era.<sup>69</sup>

Those sentiments were extremely complimentary to the propaganda efforts of the Government and assisted in the post War years to rationalize Canadian participation and Canadian loss. Military nursing gave women a freedom that they could not experience working in Canada in a more traditional field of practice. Mabel Clint wrote that:

Like the men, the lure of adventure was utmost in the minds of some, experience and mass action appealed to others, but we like to think that most who responded immediately to the call were waiting a chance to serve, counted not the material cost, and that to the end more nurses were available than the authorities accepted.<sup>70</sup>

Military service liberated many Canadian nurses at a time when most were being oppressed by the demands and impositions of war.

Post-War Military Women

The War made veterans of military women and excluded all other nurses, who had gone overseas and done much the same job as Military Nurses, from the same distinction. Although as veterans Nursing Sisters were part of a classification of Canadian Citizen that came with its own identity and with its own unique set of privileges and rights, there was a double standard. Veteran men were offered land settlement opportunities, women were not.<sup>71</sup> Yet despite the "double standards", the experiences of war aligned Canadian Nursing Sisters closer to men and male veteran groups than to women and women's groups. The transition back into society was no less difficult for them than for their veteran compatriots. Women's military experience was not without a price. Military regulations precluded veterans from publicly speaking out against Government or against military authorities and participation in Suffragist activities was discouraged. Matron Cameron Smith reminded Nursing Sisters that:

All must maintain a guarded reticence to purely military matters... and in no way discuss any subject involving criticism of military authority... The military nurse must have the loyalty... which keeps her silent... She is interpreting the ideals of Canadian womanhood to nations.<sup>72</sup>

Post-War military service was difficult for everyone. Funding had all but ceased, society had become very anti-military and demobilization was as disillusioning for women as it was for men.<sup>73</sup> Summers, who looked at the history of British Military nurses, found that:

At the war's end, far from being fully incorporated in society, women themselves found themselves rejected as the "surplus two million". At the heart of these changes and disappointments, the figure of the war nurse can be seen as a symbol of motherhood and domesticity, required to play on the public stage of international war; a symbol of healing, required to consent to a policy of collective slaughter; a symbol of service and self abnegation. Her history embodies all the contradictions of the social position of women in the Victorian and Edwardian era.<sup>74</sup>

Unlike many of the female labour trades and professions that were established during the War and that disappeared after the War, military nursing survived. Although the Canadian Government could not maintain the three thousand Canadian Military Nurses in uniform, the profession remained. The profession survived for 3 reasons. First, it was an established component of the peace time military structure. Second, it was one of the few female dominated professions that was not suitably appealing to men returning from war and looking for new avenues of employment. Third, although no one was willing to articulate the exact reason why nurses made a difference in war, situations improved and physicians work went better.<sup>75</sup> The ceaseless demand for

veteran care that was created out of the War, was too unwieldy for the medical profession without retaining a mobile, governmentally controlled nursing resource.

While it was difficult for Suffragists to criticize Canada's female veterans in light of their glorious and publicly acclaimed efforts overseas, the inequities between military and non-military women were strikingly apparent. Military women had pre-emptively been awarded many social privileges and political liberties that did not come to other Canadian women until 1916 and as late as 1940 for others.<sup>76</sup> Secure occupations, and an elevated social and political status were among the common privileges of the military women. Other women, who had worked overseas to nurse, were never afforded the same recognition.<sup>77</sup> Canadian Military Nurses had also been given a military status that no other nation had given to its military women.<sup>78</sup>

In the years following the Armistice, the need for nursing services, both military and civil, to returning veterans was overwhelming. Veterans, mutilated and permanently disabled from war, required intense programs of rehabilitation in order that they could return home and be reintroduced into the workforce. This rehabilitation was part of Government policy for soldiers. Just as some women left the workplace to provide job opportunities for

veterans, women in care related professions flooded the workforce to provide curative and rehabilitative services for veterans.

With more than 44,000 veterans needing medical and nursing services, many Military Nurses were retained by the CAMC in their wartime capacities well into 1922 when the last military veteran hospitals closed.<sup>79</sup>

Upon their return to Canada, military women, although encouraged to demobilize, were still required to provide nursing service to returning veterans. But Military Nurses were veterans too. They were never given parity with other veterans. They were never offered retraining opportunities, could not attend the Khaki University<sup>80</sup>, and were excluded opportunities availed in the Veteran's Land Settlement Act.<sup>81</sup> No man who had fought in uniform for Canada was refused the entitlements that women were denied. Military Nurses had gone to war for Canada, had cared for the men and had returned to a paucity of compassion and an absence of consideration on the part of the Government.

At the 1927 meeting of the International Alliance of Suffrage and Equal Citizenship, the object of the organization was declared:

To ensure enfranchisement for the women of all nations by the promotion of women's suffrage and all such other reforms as are necessary to establish a real equality of liberty status and opportunity between men and women and to educate women for their tasks as citizens and to further influence in public life.<sup>82</sup>

By the end of the war, military women were socially and professionally displaced. But the displacement that they experienced really began at the onset of war. Nurses seeking military appointments had "subordinated their hospitals to a national (military) unit."<sup>83</sup> They had relinquished their civil job seniority and security for a Governmentally controlled military organization that saw the appointment of women to the AMC as an avocation and a type of crisis generated employment. Without war, the Government saw no requirement for a large compliment of Military Nurses. But military women did not share the Government's sentiments. They coveted their appointments and cherished the affiliation.

The militarization of nursing served five major functions. First, it ensured military control of a large portion of the Canadian nursing resource. This control permitted the Government to allocate or withdraw military nursing resources throughout the War and into the post-War era. Second, by recruiting women to care for wounded soldiers, military combatants were relieved of "nursing

duties" and were able to return to battle. Women represented a far more expendable and less versatile resource than that of men. Third, the controlled presence of Canadian Nursing Sisters reinforced a major propellant of war; Canadian propaganda was essential to maintain the enlistment of soldiers and the fighting momentum. Fourth, the presence of Canadian Nursing Sisters close to Canadian battle lines portrayed the strongest of female images and ensured that every Canadian soldier maintained thoughts of his "Canadian motherland". Nursing Sisters represented Canadian wives, daughters and sweethearts and provided Canadian soldiers with a tangible motivation to keep on fighting. Finally, to the advantage of Canadian nurses, it afforded a select few women access to an exclusive and elite male military domain that was full of privilege and preferential treatment; an opportunity never before afforded to women.

## CONCLUSION

It is true that "women's history challenges the traditional periodization of history."<sup>1</sup> Traditional periodization is bound to the meritorious acts of men and to the associated, precipitous, political events. Within the context of Canadian Military history is woven the military man's memory of the playing out of military strategies, the sweet sense of victory and the bitterness of defeat. Heroic acts of courage and valour that posthumously immortalized Canadian casualties of war were traditionally regarded as a male exclusivity. However, in those memories are found the lives and experiences of Canada's Nursing Sisters. As a result of the Great War, military women's lives and nurse's efforts were also immortalized through monuments and memorials that attested to their participation. But the memories were predominantly in the image of man's heroism and in context to his efforts.<sup>2</sup> This research has, in part, revealed the history of Canadian Nursing Sisters and has attempted to analyze, within the context of the era, the experience of military women during the interwar years of 1919-1929.

The wartime parameters for the employment of Military Nurses had been well established in the late 1800's with the North West Rebellion and the Boer War when nursing services were integrated into the Canadian Military Medical System. Women's military appointments to and subsequent efforts with the Army Medical Corps were vital during war. Significantly, they contributed to a reduction in wartime mortality, the maintenance of the fighting force, and to the unexpected return of veterans to Canada who, in earlier conflicts, would have died.

At the end of the Great War, following demobilization, the peacetime role of Nursing Sisters was obscurely defined with no obvious mandate for the employment of military women and no intention for the continued development of nurses in parallel direction to that of the military physician or hospital orderly. Gradually, as the RCAMC and the CAMC focused upon the restructuring of their organizations, they became more operationally oriented and the role of the Nursing Sister became non-vital to military medical operations.

Unfortunately, as the operational requirements for Medical Officers, Quartermasters and other ranks increased, the requirements for Military Nurses did not change. With no opportunity or provision to maintain or advance nursing

practice, Military Nurses were able to maintain their knowledge of skills but lost acuity.<sup>5</sup> Their military role as administrators and supervisors was confirmed and remained as such throughout the entire interwar period, reverting to a clinical focus at the onset of WWII in 1939. This limited advancement of Nursing Sisters during the interwar years can be attributed to three factors.

First, unlike the peacetime experience, military nursing during the Great War was a professionally and culturally liberating experience that set Military Nurses apart from their civil peers. However, the absence of political and social parity between men and women in the interwar years was deleterious to the position of military women of that period. This was amplified by Government's exclusionary policies for veterans which were obstructive to their social and political advancement. Restricted appointments to the Medical Corps guaranteed limited status and opportunity. To have accorded Nursing Sisters military parity at a time when all Canadian women had not yet achieved the same would have been perceived as supportive of the movement and contrary to the Government's position on the status of women.

The milestones achieved by the Suffragist movement during the interwar years were far from the victories they

sought. The 1917 Elections saw the enfranchisement of women in favour of Borden and his Union Government and the disenfranchisement of those opposed. Women had been used to secure the vote in favour of conscription. Military votes, including those of the Nursing Sisters, overturned fourteen Liberal seats and pushed Borden to victory. Hardly a victory for women's parity. However, disregarding the key issue of parity, women had never the less been permitted to vote, a right previously denied to them.

The status and entitlements of veteran women were reduced in comparison to all other veterans. Government policy marginalized the efforts of military women by according them less than other veterans. The Soldier's Land Settlement Act initially offered land to women but an amendment to the act specifically disallowed the benefit for Nursing Sisters. Their exclusion from the Khaki University and from other educational opportunities such as the post graduate programs in public health offered to physicians, attested to the attitude of the Government that while military nursing services were vital to the medical strategies and military operations of war there was no plan or intention to support military nursing as a military profession and had no interest in advancing the doctrine or status of the profession.

Second, the introduction of hospital orderlies and the certification of over fifty percent of soldiers in first aid reduced the need for nurses as care providers during war and peace and replaced them, at all levels of medical operations, with trained soldiers. This training eventually formalized into two military trade specialties as men became hospital orderlies and pharmacy dispensers. Nursing Sisters services and expertise were still required to supervise work and to administrate the staffing of care facilities but on a routine basis, there was no requirement for them to provide patient care.

The Great War saw a change in the business of war. New ballistic technologies, increased air and land mobility, and innovative war strategies taxed military medical resources as never before. Without the adjunct of a military nursing Service Corps, care could not be rendered to soldier as Government officials had promised, nor in the required manner. Women, seeing an opportunity for adventure, glamour, romance, and employment, flocked to the military and begged for appointments. The Canadian Government capitalized on women's fervor to do their bit. Thousands of women, 3,141 to be exact, were appointed to the AMC for the duration of the War and through to the completion of the Army's demobilization.

In the interwar years the opportunity to restructure the Nursing Service existed when the medical care of active servicemen and veterans became a contentious issue among the governmentally controlled and funded organizations such as the CAMC, the Military Hospitals Commission, and the Department of Soldiers Civil Re-establishment. Nurses were excluded from the discussions and negotiations, even though some nurses had years of administrative experience behind them. Every Nursing Sister had been appointed to the AMC or the CEF from a civilian organization and all were familiar with patient needs and civil resources. Without the power and recognition of unrestricted rank, there was no chance of military parity and no opportunity to contribute a nursing perspective to the plan for the care and treatment of soldiers.

Until 1949, when military authorities did away with the relative rank of Nursing Sister and accorded women full military parity with full privileges and scope of authority, the appointment of Military Nurses remained avocational and bound to battle or medical crisis. Nursing Sisters were powerless to affect significant change within their Nursing Service and within the Medical Corps.<sup>4</sup>

However, Military Nurses had experienced roles and functions in the performance of military medical services,

heretofore unheard of in civilian practice. In the performance of their wartime duties, they had expanded and diversified the profession and had significantly impacted the medical outcome of battle by reducing the mortality and morbidity of war. That contribution could not be abnegated during the interwar period and their limited appointments survived the restructuring of the RCAMC through the interwar years into the Second World War. Their contributions during war and peace were the beginning of what has become the present day profession of Nursing Officer. Their experiences may yet have something to offer to the profession.

Military Nursing has always presented a very different perspective to Canadian nursing. From the inception of the profession the Military Nurse has had to function both as a military officer and a health care professional. This duality of professions has always been a difficult one to balance. During the interwar years, relative rank was a Military Nurse's greatest obstacle to development of the classification and the role of military nursing in Military Medical Services. Issues of rank and hierarchy still remain. In almost one hundred years of military nursing, relative power and hierarchical structures have changed very slightly. But is the world of Military Nurses all that

different from that of their civil peers? Or, perhaps, is the Military just a little more fixed on its regimented traditions in the conduct of military medical business and in their insistence on maintaining the subordinate/superior positions of power in the medical team.

The experience of Lady Aberdeen, whose vision for Canadian Women and for the Victorian Order of Nurses of Canada was never fully realized, found a similar restriction for women challenging the social-cultural paradigms of the early 1900s. In the case of the VON, the power of women was restricted to interests and activities that were compatible to male initiatives and prerogatives. Medical men controlled nursing.<sup>5</sup> In the final analysis, women's power to affect change in both worlds was "circumscribed by the dominant cultural hierarchical construction of gendered relations."<sup>6</sup> Nursing Sisters, within the confines of the Military domain, were able to generate and exercise limited power and control complimentary to the objectives of the Military physician.

Third, the relative rank of Nursing Sister, as an exclusionary factor, so limited their scope of power and influence within the RCAMC that they were never part of the planning or provision of patient care and were excluded from any instructional opportunities within the organization.

They were excluded from all discussions concerning the demobilization of veterans and from the establishment of garrison medical care. They were not permitted to perform military duties outside of nursing. Unlike physicians, who had secured full status rank and were able to act in the capacity of a non-medical military administrator, nurses could perform only those administrative duties deemed appropriate by a senior medical officer. This hierarchical structure, set up within the Army Medical Corps, used the assignment of relative rank to military women as a means of restricting lateral and vertical mobility within the AMC.

The application of this historical research to advanced practice is limited by the contextual relevance of the material and by the exclusivity of Military Nursing. The Canadian Forces Health Care Services are currently undergoing total restructuring in an attempt to reflect a downsized, streamlined, operationally oriented force. The structure of Military Health Care has moved to an operational focus and garrison services from military to civilian agencies. Military Nursing has experienced massive restructuring that has moved it further from the clinical setting and has left Military Nurses with little opportunity for clinical practice. What remains, as was the case in the interwar years, is a strong administrative component to the

profession. The difference between then and now is that currently nurses are being encouraged and supported to maintain their clinical competency through collaboration with civilian facilities and professional associations. Viewing today's organization with a historical perspective and understanding of the politics and dynamics of restructuring decisions may help to improve the effectiveness and efficiency of the ongoing changes and may indirectly influence the quality of care that military personnel receive. Military Nursing is truly an apprenticeship culture where advancement is achieved almost exclusively within the practice of Military Nursing. Opportunities to conduct research and analysis, especially of the historical roots and particularities of the profession, will assist Military Nurses to understand the need to move beyond the culture, to improve the doctrine of the profession and to become more complete leaders of nursing and of Military Health Care.

APPENDIX 1

REFERENCE LIST OF DATES FOR THE ACHIEVEMENT  
OF POLITICAL EQUALITY FOR WOMEN IN CANADA

<u>Province</u>	<u>Suffrage</u>	<u>Eligibility to hold Office</u>
Manitoba	January 28, 1916	January 28, 1916
Saskatchewan	March 14, 1916	March 14, 1916
Alberta	April 19, 1916	April 19, 1916
British Columbia	April 5, 1917	April 5, 1917
Ontario	April 12, 1917	April 24, 1919
Nova Scotia	April 26, 1918	April 26, 1918*
Dominion of Canada	Relatives of members of armed forces - September 20, 1917 All Women - May 24, 1918	July 7, 1919 Reaffirmed and made permanent by the Dominion Elections Act, 1920
New Brunswick	April 17, 1919	March 9, 1934
Prince Edward Island	May 3, 1922	May 3, 1922
Newfoundland	April 13, 1925	April 13, 1925
Quebec	April 25, 1940	April 25, 1940

\*Separate act.

The dates given are those for the granting of Royal Assent

Source: Cleverdon, Catherine L. The Woman's suffrage Movement in Canada. 2d ed. Toronto: University of Toronto Press, 1974.

APPENDIX 2

LOG EXCERPT FROM NO.16 CANADIAN GENERAL HOSPITAL: ONTARIO  
AT ORPINGTON, KENT

FEB 16, 1918:	AIR RAID 1900
Feb 17, 1918:	Air raid 1130
Feb 19, 1918:	Air raid 1900
Mar 07, 1918:	Air raid 1130
Mar 12, 1918:	Air raid on Yorkshire Coast
Mar 21, 1918:	Air raid 2100
Mar 27, 1918:	0445 convoy, 183 cases
Mar 29, 1918:	0445 convoy - 77 cots, 40 walking
Mar 30, 1918:	convoy
Apr 11, 1918:	convoy - 132 cots, 40 walking
Apr 14, 1918:	6:05 PM - convoy - 77 cases
Apr 18, 1918:	convoy
Apr 21, 1918:	convoy - 132 cots, 40 walking
May 19, 1918:	Air raids
May 28, 1918:	convoy
Jun 16, 1918:	convoy - 119 cases
Jun 17, 1918:	very serious influenza epidemic - staff and patients affected. "The disease has assumed a grave form"
Jun 22, 1918:	Epidemic still very serious
Jun 24, 1918:	3:45pm - convoy - 15 fractured thighs
Jun 25, 1918:	9:10pm - convoy 37 cots, 21 fractured femurs

On 11 Nov mixed with (the feeling of) thankfulness was... a feeling of regret for those who, had the end come a few days earlier, might have been spared to their sorrowing relations and friends.

Source: Borden Museum

APPENDIX 3

CAMC STATUS REPORT : 30 NOVEMBER 1918

STAFF:	OFFICERS:	1,451
	NURSING SISTERS	1,886
	OTHER RANKS (1)	12,243
	Total	15,580

DEPLOYED HOSPITALS	LOCATION	NO OF BEDS
No 1 CGH	Etaples	1,400
No 2 CGH	Letreport	2,210
No 3 CGH (McGill)	Boulonge	2,000
No 4 CGH (University of Toronto)	Basingstoke	2,000
No 5 CGH	Salonica-Kirkdale	2,000
No 6 CHG (Laval)	Troyes- Joinville	800
No 7 CGH (Queens)	Etaples	2,290
No 8 CGH	St. Cloud	570
No 1 Cdn Stationary Hospital (CSH)	Hastings	600
No 2 CSH	Outreau	650
No 3 CSH	Rouen	1,090
No 7 CSH (Dalhousie)	Camiers	900
No 8 CSH	Dunkirk	400
No 9 CSH (Saint Francis Xavier)	Etaples	400
No 10 CSH	Calais	612
Forest Corps Hospital		200
	Total	13,522

Note (1): Includes hospital orderlies.

GENERAL HOSPITALS IN ENGLAND	LOCATION	NUMBER OF BEDS
Duchess of Connaught Cdn Red Cross (No 15 CGH)	Taplow	1,040
Moore Barrack Cdn Hospital (No 11 CGH)	Shornecliffe	1,100
Ontario Military Hospital (No 16 CGH)	Orpington	2,182
No 12 CGH	Bramshott	1,515
No 13 CGH	Hastings	313
No 14 CGH	Eastbourn	660
No 5 CGH	Liverpool	1,180
No 4 CGH	Basingstoke	1,600
	Total	9,590
SPECIAL HOSPITALS IN ENGLAND		
Granville CSH Buxton		1,440
Westcliffe CSH (Eyes and Ears)		374
Buxton Canadian Red Cross Special Hospital		310
London IODE Hospital for Officers		24
Etchinghill CSH		1,060
Witley CSH		600
Lenham CSH		150
Petrograd Canadian Red Cross for officers		226
	Total	4,184

CONVALESCENT		NUMBER OF BEDS
Bushey Park (special for heart and kidney		406
Workingham		700
Epsom (for Canadian Convalescents section operated by CAMC		3,900
Bexhill Princess Patricia Canadian Convalescent Hospital		2,250
Matlock Bath Convalescent Hospital for Officers		200
	Total	7,450
	Grand Total of Beds	34,609

Source: Adami, J.G. The War Story of the CAMC, Volume 1: The First Contingent, 1914-1915. London: Rolls House Publishing Company, 1915.

APPENDIX 4

Posting Records - The Interwar Years

NS L.M Humbley

Born: 2 June 1879, Halifax, NS

Graduated from Training: 1905

Enrolled in AMC: 15 October 1910

Posting Record: 28.12.18 Cdn  
Special Hosp Folkestone  
5.2.19 CAMC Cas Coy  
22.2.19 MD6; Nurse in Charge,  
Cogswell Military Hospital,  
23.4.20 Transport Duty  
5.7.20 MD6  
6.7.20 MD6  
11.7.21 Cadet Camp Sydney, NS  
19.7.21 MD6  
24.7.23 Cadet Camp Aldershot  
28.7.23 MD6  
22.7.24 Connaught Battery Nursing  
Duty  
9.8.24 MD6  
26.5.26 Transport of patients to  
Sanitorium, Kemptville, NS  
19.5.27 Transport of patients to  
Sanitorium, Kemptville, NS  
18.11.34 Retired

**NS H.N. Stevenson**

Born: 1890, Winnipeg, Man  
 Graduated from Training: 1914  
 Enrolled in AMC: 3 June 1915

Posting Record: 1.1.19 CAMC Cas Coy  
 4.1.19 MD5 (ADMS)  
 17.11.19 MD3  
 17.11.19 Sydenham Military Hospital  
 1.1.20. MD2 - Dominion Orth Hpl  
 6.7.20 MD2  
 15.1.21 MD10 Winnipeg  
 16.1.21 MD2  
 3.2.31 MD5 Quebec  
 1.10.33 MD4, St. Johns  
 1.6.36 Retired

**NS E.G. Saunders**

Born: 1880, BC  
 Graduated from Training: 1906  
 Enrolled in AMC: 1 April 1915

Posting Record: 13.2.18 No 2 CGH  
 25.2.19 Returned to England  
 25.2.19 CAMC CAS Coy  
 26.2.19 No 11 CGH, Moore Banks  
 6.3.19 No 4 CGH Basingstoke  
 7.5.19 MD 11 Esquimalt  
 25.11.19 Appointed Matron  
 14.5.20 ADMS Staff CAMC Depot  
 12.12.20 RCAMC  
 2.7.29 Cadet Camp N Vancouver  
 10.7.28 MD 11  
 31.1.31 MD 10 Winnipeg

**NS K.O. MacLatchey**

Born: 1874, NS  
 Graduated from Training: 1903  
 Enrolled in AMC: 30 December 1911

<u>Posting Record:</u>	
	19.4.19 Invalided in England
19.4.19	CAMC Cas Coy
18.5.19	MD6 (Halifax)
8.7.19	Principal Matron MD6, Matron Camp Hill M.H
31.5.20	MD6 (Halifax)
6.7.20	MD6
19.8.20	Aldershot Cadet Camp
24.8.20	MD6
13.7.23	Cadet Camp Picton, NS
20.7.23	MD6
23.8.26	Ottawa Nursing Meeting
27.8.26	MD6
31.12.31	Retired

**NS M.C. Macdonald**

Born: 1879  
 Graduated from Training: 1898  
 Enrolled in AMC: 1901

	<u>Posting Record:</u>	
Inspection Duty	1.5.19	France -
	19.11.19	Canada
	19.11.19	MD6, Halifax
	22.3.20	Cas Coy MD6
	22.3.20	DGMS Office, Ottawa
	6.7.20	MD9
	22.3.22	Toronto - Memorial Nursing Sister Commission
	18.8.22	L.O.A
	17.2.23	Retired

**NS L.G. Squire**

Born: 1884, England

Graduated from Training: 1905

Enrolled in AMC: 15 October 1910

Posting Record: 22.2.19 #3GGH  
 28.2.19 CAMC General  
 6.3.19 Appointed Matron, returned  
 to England  
 2.4.19 CAMC Cas Coy  
 2.4.19 #11 CGH Moore Bks  
 10.4.19 Canadian Forestry and Beech  
 Hill  
 23.5.19 MD2  
 6.7.20 MD10 (Winnipeg)  
 18.7.21 Cadet Camp Gimli, Manitoba  
 26.7.21 MD10  
 14.2.23 MD4 RCAMC Montreal  
 26.2.23 St Johns Military Hospital  
 31.5.24 Retired

**NS A.C. Shaw**

Born: 1877, NS

Graduated from Training: 1911, Boston

Enrolled in AMC: 1 July 1911

Bramshott Posting Record: 8.9.18 #12 CGH,  
 10.8.19 #16 CGH, Orpington  
 26.8.19 MD11  
 21.8.19 MD5  
 6.7.20 MD5  
 11.6.23 Cadet Camp Beaucerville, PQ  
 23.7.23 Cadet Camp Mont Joli, PQ  
 31.7.23 MD5  
 30.6.31 RCAMC, MD5

**NS L.A. Savard**

Born: 1889, Quebec

Graduated from Training: 1911

Enrolled in AMC: 6 October 1914

Posting Record: 2.11.18 #3 CGH  
 25.2.19 Returned to England  
 25.2.19 CAMC Cas Coy  
 26.2.19 #12 CGH, Bramshott  
 22.3.19 CEF, MD4  
 2.4.19 MD5

**NS F.H. Wylie**

Born: 1882, Carlton Place

Graduated from Training: 1910

Enrolled in AMC: 1910

Coy, England Posting Record: 25.12.18 CAMC Cas  
 25.12.18 CAMC Cas Coy, Shornecliffe  
 29.12.18 HS Araguaya  
 30.12.18 CEF MD4  
 1.2.19 Clearing Svc Command Quebec  
 1.9.19 MD2, Toronto  
 6.7.20 MD2, Toronto  
 6.7.20 Dominion Orthopaedic  
 Hospital  
 28.11.20 MD6, Halifax  
 4.7.21 Cadet Camp Aldershot, NS  
 10.7.21 MD6 Halifax  
 8.5.24 MD4 Montreal  
 15.8.28 RMC Kingston  
 26.8:37 Ceases term at RMC

**NS R.B. Wurtele**

Born: 1885, Quebec

Graduated from Training: 1904

Enrolled in AMC: 1916

Posting Record: 2.11.18 MD5  
 9.1.19 Queens Hospital, Kingston  
 6.7.20 RMC  
 15.8.28 MD4, St John  
 26.3.32 Retired  
 21.9.32 Died

**NS E.F. Pense**

Born: 1884, Kingston

Graduated from Training: 1907

Enrolled in AMC: 1907

<u>Posting Record:</u>		1.11.18	No 2 CGH
1.11.18	Appointed Matron		
12.11.18	Returned to England		
12.11.18	Principle Matron Office for Duty		
3.3.19	CAMC Gen		
23.6.19	CAMC Cas Coy		
6.7.20	MD 2		
8.11.20	Dominion Orthopaedic Hospital		
15.1.21	MD 10, Winnipeg		
2.7.23	Cadet Camp Selkirk		
14.7.23	MD 10		
27.7.23	Cadet Camp, Port Arthur ON		
8.7.23	MD 10		
15.11.24	MD 3, Kingston		
8.6.25	Camp Petawawa		
3.8.25	MD 3		
6.7.29	Barriefield		
20.7.29	MD 3		
31.7.31	MD 6, Halifax		
1.6.36	MD 3, Kingston		
28.4.37	Coronation Contingent		
27.10.39	Toronto		
5.11.39	DGMS Office		
22.11.39	Retired		

Source: Borden Museum

APPENDIX 5

SUMMARY OF MILITARY HOSPITALS IN CANADA, BY DISTRICTS,  
SHOWING BED CAPACITY AS AT OCT. 31, 1918

MILITARY DISTRICT NO.	LOCATION	NO OF MILITARY HOSPITALS	NO OF BEDS
1	London	2	634
2	Toronto	15	3,424
3	Kingston	4	1,070
4	Montreal	7	914
5	Quebec	4	425
6	Halifax	9	1,480
7	St. John	2	486
10	Winnipeg	6	972
11	Victoria	8	1,545
12	Regina	4	414
13	Calgary	4	918
	Total	65	12,282

Source: Adami, J.G. The War Story of the CAMC, Volume 1: The First Contingent, 1914-1915. London: Rolls House Publishing Company, 1915.

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Sir Robert Borden (MG 30 H)  
Dorothy Cotton (MG 30 E 464)  
Laura Gamble (MG 30 E 510)  
Sophie Hoerner (MG 30 E 290)  
Sir Albert Edward Kemp (MG 27 II D 9)  
Matron-in-Chief Margaret Macdonald (MG 30 E 45)  
Sir Andrew Macphail (MG 30 D 150)  
Irene Peterkin (MG 30 E 160)  
Anne Ross (MG 30 E 446)

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## ENDNOTES

Chapter 1

1. For pre-war narrative descriptive of Canadian military nursing historiography see Sir Andrew Macphail, Official History of the Canadian Forces in the Great War, 1914-1919: The Medical Services. (Ottawa: F.A.Acland, 1925); J.G. Adami, The War Story of the CAMC, 1914-1915. (London: Rolls House Publishing Company, 1915); G.W.L. Nicholson, Canada's Nursing Sisters. (Toronto: Samuel, Stevens, & Hakkert, 1976), and several entries in the Canadian Nurse including Dr. Maude E. Seymour Abbott, "Lecture on the History Of Nursing," Canadian Nurse 16 (May 1920): 137-143.
2. Nicholson, Canada's Nursing Sisters, 45-47.
3. The term "relative rank" limited the scope and dimension of women's military authority. Their authority as Nursing Sisters was limited to the hospital environment and was subordinate to Medical Officers. Although they were always to be respected and accorded treatment and privilege of Army Officers. They had no military authority.
4. Macphail, The Medical Services, 226
5. For discussion of role change see Linda S Beeber, "To be One of the Boys: Aftershock of the World War 1 Nursing Experience," Journal of Military Nursing Research 2:1 (Spring 1996): 20-27. Although the research was of the American Red Cross, the description and analytics of nursing's role in the Great War applies also to Canadian Nursing Sisters. See also Michael Rustad, Women in Khaki: the American Enlisted Woman. (New York: Praeger Publishers, 1982).

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6. For characteristics of the WWI nurse see Margaret Allemang, "Canadian Nursing Sisters of WWI," (Toronto: Oral History Program, 1979); Beeber, "To be One of the Boys," 20-27; Anne Summers, Angels and Citizens: British Women as Military Nurses 1854-1914. (London: Routledge and Keegan Paul, 1988); Mabel Clint, Our Bit: Memories of War Services. (Montreal: Privately published, 1934); and Vera Britain, Testament of Youth, (New York: Seaview Books, 1980); all depict the war work of Nurses although Clint's is the only primary Canadian source. See also John Murray Gibbon in collaboration with Mary S Mathewson, Three Centuries of Canadian Nursing. (Toronto: The MacMillan Company of Canada, 1947); and Nicholson, Canada's Nursing Sisters.
7. Colonel W.H. Delaney, "Mobilization of the Medical Profession," Canadian Defence Quarterly. (1927): 446-452.
8. Alan R. Young, " 'We Throw the Torch': Canadian Memorials of the Great and the Mythology of Heroic Sacrifice," Journal of Canadian Studies 18 (Winter 1989-90): 5-28.
9. Beeber, "To be One of the Boys," 20-27.
10. Clint, Our Bit.
11. Macphail, The Medical Services, 229.
12. Macphail initially depicted military nursing as an integral part of the medical services for the purposes of including their history in the history of the CAMC but then categorizes them as an ancillary service with the Dental Corps, diagnostics etc. See Macphail, The Medical Services, 224-245 and 229.
13. Report of the Department of Militia and Defence for the Dominion of Canada for the year ending March 31, 1921, 28.
14. Ibid, 38.
15. Matron C. Smith was the designated historian of the Nursing Service.
16. For the activities of the RCAMC see the Reports of the Department of Militia and Defence for the Dominion of Canada for the years ending 1902, 1904, 1912, 1914, 1922-1926, 1928-1930, and 1933-1939

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- 17 Report of the Department of Militia and Defence for the Dominion of Canada for the year ending March 31, 1925: 60.
18. For an overview of Military participation in WWII see John Murray Gibbon in collaboration with Mary S. Matewson, Three Centuries of Canadian Nursing, (Toronto: The MacMillan Company of Canada, 1947): 453-482.
- 19 David Hackett Fischer, "Historians' Fallacies", New York, Harper and Row, 1970 in Joan Lynaugh and Susan Reverby's "Thoughts on the Nature of History", Nursing Research, Jan-Feb, 1987, 36:1, 4.
- 20 Oscar Handlin, "Using Historical Sources" in Clio's Craft: A Primer of Historical Methods. Ed Terry Crowley (Toronto: Copp Clark Pitman Ltd., 1988): 25-41.
- 21 Terry Crowley, "Introduction" in Clio's Craft: A Primer of Historical Methods, 4-6.
- 22 Ibid., 32
- 23 Ibid., 4
- 24 Macphail, The Medical Services, 8.
- 25 Ibid., 229.
- 26 Joan W Scott, Gender and the Politics of History, (New York: Columbia University Press, 1988): 27.
- 27 See Christine Webb, "Feminist research: definitions, method and evaluation" in Journal of Advanced Nursing 18 (1993): 416-423, Scott, Gender and the Politics of History, Christopher Maggs; "Nursing History: Contemporary Practice and Contemporary Concerns" in Nursing History: The State of the Art, ed. Christopher Maggs (London: Croom Helm, 1987): 1-8, Gerda Lerner, The Majority Finds its Past: Placing Women in History, (New York: Oxford University Press, 1979): 175.
- 28 John Keegan, Andrew Wheatcroft, and Janet Wheatcroft, Who's Who in Military History from 1453, (Leicester: Bookmart Limited, 1987): 7.
- 29 Scott, Gender and the Politics of History, 42.

- <sup>30</sup> Hubert Dreyfus, and Paul Rabinow, Michael Foucault: Beyond Structuralism and Hermeneutics 2nd ed. (Chicago: University of Chicago Press, 1982): 184.
- <sup>31</sup> Gary Gutting ed, The Cambridge Companion to Foucault, (Cambridge: Cambridge University Press, 1994): 199.
- <sup>32</sup> David Couzen Hoy, Foucault: A Critical Reader (Oxford: Basil Blackwell Limited, 1986): 130-140.
- <sup>33</sup> Ibid.
- <sup>34</sup> Ibid., 123-149.
- <sup>35</sup> For Foucault, "power relations are non-egalitarian and mobile. Power is ... an operation of the political technologies throughout the social body." History of Sexuality, vol 1 (Paris: Gallimard, 1976): 185.
- <sup>36</sup> Charles Taylor, 'Foucault on Freedom and Truth', in Hoy, Foucault: A Critical Reader, 71.
- <sup>37</sup> For discussion of nursing rituals see Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing 1900-1990, (Toronto: Oxford University Press, 1996): ch 3.
- <sup>38</sup> For discussion of Foucault's exploration of power see Michael Foucault, Power and Knowledge: Selected Interviews and Other Writings 1972-1977.ed. Colin Gordon (New York: Pantheon, 1980), Dreyfus and Rabinow, Beyond Structuralism and Hermeneutics, Jeff Minson, "Strategies for Socialists? Foucault Conception of Power," Economy and Society 9:1 (1980); Mike Gagne ed. Towards a Critique of Foucault (London: Routledge, 1986) and Gutting, The Cambridge Companion to Foucault.
- <sup>39</sup> Nursing Sisters performed medical and personnel administrative duties that included record keeping related to the operation of the military hospitals and management of the careers of other Nursing Sisters. Teaching was the sole responsibility of physicians. Consequently there was little skill or technical requirement to their duties unless they were called upon to perform duties as primary care givers in medical emergencies.
- <sup>40</sup> For a discussion of the profession of nursing see Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990.

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- <sup>41</sup> General Sir John Hackett, The Profession of Arms, (London: Sigwick and Jackson, 1984): 9.
- <sup>42</sup> Ibid., 9.
- <sup>43</sup> Anne Witz, Professions and Patriarchy, (London: Routledge, Chapman and Hall Incorporated, 1992): 147.
- <sup>44</sup> Ibid., 5.
- <sup>45</sup> Ibid., 147.
- <sup>46</sup> Jannan Sherman, "They Either Need Women or They Do Not: Margaret Chase Smith and the Fight for the Regular Status for Women in the Military," The Journal of Military History 54 (January, 1990): 47-78. Sherman traces the struggle of American women during the same era and offers useful insight into the politics of women's military enfranchisement.
- <sup>47</sup> Ibid., pp 1-11, 44-49, 145-147, and 202-206.
- <sup>48</sup> See Beeber, "To be One of the Boys", 20-27.
- <sup>49</sup> Farley Mowat, The Regiment, (Toronto: McLelland and Stewart Limited, 1955): 295.
- <sup>50</sup> For information about nursing veterans, their whereabouts, and points of contact see Nursing Sisters' Association of Canada: Commemorative Issue and Membership Directory June 1994.
- <sup>51</sup> Matron MacDonald donated her records to the PAC. She had planned to publish a book on Canadian military nursing but did not complete it. Her records can be found in MG 30 E 45.
- <sup>52</sup> See PAC for diaries of M.C. Macdonald, MG 30 E 45; S. Hoerner, MG 30 E 290; I Peterkin, MG 30 E 160; A. Ross, MG 30 E 446; D. Cotton, MG 30 E 464; in addition a photocopy of a short diary of Ada Gillespie is in the possession of Meryn Stuart, Professor with the School of Nursing University of Ottawa, see also Desmond Morton, When Your Number's Up: The Canadian Soldier in the First World War (Toronto: Random House Of Canada, 1993): 304. He referenced the private papers of E Paynter held by her family.
- <sup>53</sup> PAC MG 30 E 45 Macdonald Papers.

<sup>54</sup> Andrew Macphail, "On certain aspects of feminism," University Magazine, XIII (Feb, 1914,): 79-91, in Ramsay Cook, and Wendy Mitchinson, The Proper Sphere: Woman's Place in Canadian society, (Toronto: Oxford University Press, 1976): 300-309.

<sup>55</sup> Macphail, The Medical Services, 229.

<sup>56</sup> Ibid., 7. In his history of the CAMC he wrote that:

It would be a waste of time... if one engaged upon the work of history were to fill the pages with a mere chronology of events and personal eulogy of those who had part in them. History is something more than a record and something less than praise.

<sup>57</sup> Macphail, The Medical Services, 250.

<sup>58</sup> Hospital orderlies are frequently in official photos of the history of the 16<sup>th</sup> Canadian General Hospital (Ontario) and usually appear with Nursing Sisters, in uniform, without head dress.

<sup>59</sup> Report of the Ministry Overseas Militia and Defence 1918: 393.

<sup>60</sup> History of the 16<sup>th</sup> Canadian General Hospital (Ontario) at Orpington, Kent.

<sup>61</sup> PAC MG 30 E 45 Macdonald Papers, File: History of the Nursing Service, 19 September 1923, Letter to Matron Macdonald from Colonel A. Fortescue Duguid Director History Section.

<sup>62</sup> See Young, "We throw the torch," 5-28. The controversy that arose within the CAMC over the Bruce Report and the conflicting Babbie Report resulted in Adami dedicating an entire chapter of his official history of the CAMC in an attempt to discredit Bruce's report. See also Desmond Morton, A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War. (Toronto: University of Toronto Press, 1982): 103-105, 192-195. All serve to attest to the censorship and "sanitization" that was prevalent throughout official and non-official documentation of medical services during the war and in the post war era.

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- <sup>63</sup> For "scope of activities" of the Canadian War Records Office see Report of the Ministry, Overseas Militia Forces of Canada 1918, (London: Publisher Unknown, 1918): 453-461.
- <sup>64</sup> Ibid., 453-461. For a review of protocol for the management of Canadian War records.
- <sup>65</sup> Ibid., 387.
- <sup>66</sup> Clint, Our Bit.
- <sup>67</sup> Borden Museum, Camp Borden Ontario. Both the history of the 16<sup>th</sup> CGH(Ontario) and the Record of the Nursing Sisters of the RCAMC are located here.
- <sup>68</sup> See Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford University Press, 1996). Her most recent analysis of Canadian nursing is a rich source of nursing historiography from a feminist social history perspective that examines the profession in relation to a triad of social relations; labour, women and medicine. It is a marvelous analytic of the profession that unlocks many of its complexities.
- <sup>69</sup> Nicholson, Canada's Nursing Sisters.
- <sup>70</sup> Allemang, Oral History Program.
- <sup>71</sup> Summers, Angels and Citizens.
- <sup>72</sup> Barbara Melosh, "The Physician's Hand": Work, Culture and Conflict in American Nursing (Philadelphia: Temple University Press, 1982).
- <sup>73</sup> Susan Reverby, Ordered to Care: The Dilemma of American Nursing.1850-1945 (Cambridge: Cambridge University Press, 1987).
- <sup>74</sup> Summers, Angels and Citizens, 2.
- <sup>75</sup> Ibid., 8.
- <sup>76</sup> Ibid., 8.
- <sup>77</sup> Military language refers to a more senior military member in rank as a superior and the lesser in rank as a subordinate.
- <sup>78</sup> Reverby, Ordered to Care, 1-12.

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<sup>79</sup> "Muftie" is a military term meaning civilian attire. It is no longer used in common military discourse and has been commonly replaced by the term "civies".

<sup>80</sup> See Report of the Ministry Overseas Military Forces of Canada 1918. 386-387.

<sup>81</sup> Morton, When Your Number's Up, 181-206.

## Chapter 2

<sup>1</sup> Vern Bullough and Bonnie Bullough, History Trends and Politics of Nursing, (Norwalk: Appleton-Century, Croft, 1984): 23.

<sup>2</sup> Macphail, The Medical Services, 224-225.

<sup>3</sup> The Crimean War, October 1853 - February 1856, was fought on the Crimean Peninsula. The war put Turkey, England, France, and Sardinia against Russia. It began as a result of a conflict between Russia and Turkey over Russia's demand to protect and control Ottoman Turks and between Russia and France over the privileges of Russian Orthodox and Roman Catholic monks in Palestine. Britain supported Turkey when Turkey took a stand against Russia over the occupation of Danubian principalities (modern Romania) war was inevitable. On October 4 1853, Turkey declared war on Russia. On March 28, 1854, Britain and France declared war on Russia. On January 26, 1856 Sardinia-Piedmont entered the war. It was only after Austria threatened to join the allies that Russia accepted the peace terms on February 1, 1856. In The New Encyclopaedia Britannica: Micropaedia III Ready Reference and Index (Chicago: University of Chicago, 1981): 242-243; Felix Gilbert, The End of the European Era, 1890 to the Present (New York: W.W. Norton and Company Incorporated, 1970): 77-86, and Sir John Hackett, The Profession of Arms (London: Sidgwick and Jackson, 1983): 121-133.

<sup>4</sup> Britannica: Macropaedia III, 2342-243.

<sup>5</sup> Summers, Angels and Citizens, 40-52.

<sup>6</sup> See Bullough and Bullough, History Trends and Politics of Nursing, 18-22, and Summers, Angels and Citizens, 2-9, 29-66.

<sup>7</sup> Summers, Angels and Citizens, 29-66.

<sup>8</sup> W.O.43/963 f.280, War Office to Hall and Smith, 25.2.56; in Sir Edward Cook, "The Life of Florence Nightingale" (London: Macmillan and Company Limited, 1913) in Summers, Angels and Citizens, 47. See also W.H. Russell ed. Army and Navy Gazette and Journal of the Reserve and Territorial Forces (London: Privately published, 1913): 1136-1137.

<sup>9</sup> There is a discrepancy concerning the number of Canadian nurses that participated in the Boer War. Nicholson, Adami, and Macphail suggest that eight women went to Africa while the Report of the Department of Militia and Defence for the Dominion of Canada for the year ended December 1902 (Ottawa: S.E. Dawson, 1903): item 19, states that "sixteen Militia Nursing Sisters" were dispatched at different times during the war.

<sup>10</sup> Adami, The War Story of the CAMC, 224-227; Macphail, The Medical Services, 224-226, and Summers, Angels and Citizens.

<sup>11</sup> Macphail, The Medical Services, 225.

<sup>12</sup> The records show that nurses were attached to the 2<sup>nd</sup> Special Service Battalion and to the Brigade of Field Artillery. However, this attachment was for the purposes of logistics only. Once in Africa, the nurses were attached to Imperial Hospitals and were under the command and control of the British.

<sup>13</sup> Macphail, The Medical Services, 225.

<sup>14</sup> Ibid., 225-228.

<sup>15</sup> Ibid., 225.

<sup>16</sup> Ibid., 33.

<sup>17</sup> Barry Smart, Women, Sexuality and Social Control (Boston: Routledge and Keegan Paul, 1978): 157-173.

<sup>18</sup> J. Cameron Smith, "The Preparation of Nurses for Military Work," Canadian Nurse 13 (September, 1917): 558-560.

<sup>19</sup> "Military Nursing," Canadian Nurse 13:9 (September, 1917): 482-490.

<sup>20</sup> Dreyfus and Rabinow, Michael Foucault: Beyond Structuralism and Hermeneutics, 185.

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- 21 Ibid.
- 22 A barrack block is military accommodation.
- 23 Report of the Department of Militia and Defence for the Year Ended December 31, 1904: Director General Medical Services, 76.
- 24 Ibid., 77.
- 25 Borden Museum. Posting records from the Nursing Records of the RCAMC show that the initial postings of nurses were to the AMC's largest medical facility in Halifax, Quebec City and to Kingston, in close proximity to the Royal Military College.
- 26 See John Murray Gibbon in collaboration with Mary S. Mathewson, Three Centuries of Canadian Nursing (Toronto: MacMillan Company of Canada Limited, 1947): 289-312, Macphail, The Medical Services, and PAC, MG 30 E 45, Macdonald Papers, for a comprehensive review of the activities of Canadian Nursing Sisters during the pre-war era.
- 27 Macphail, The Medical Services, 225.
- 28 Garrison is an army term referring to stationary or static non-combat operations. It refers to the day to day existence of the Army when they are not operationally deployed and they are not at war. "In garrison" usually refers to an army unit being in their home town or base station.
- 29 Report of the Militia Council for the Fiscal Year Ending March 31 1912 (Ottawa: C.H. Parmelee, 1912) Appendix 'A'.
- 30 Report of G.C. Jones, Director General Medical Services in Department of Militia and Defence for the Dominion of Canada: Report for the Year Ended March 31, 1912. (Ottawa: S.W. Dawson, 1912): Appendix A.
- 31 Mcphail, The Medical Services, 224-227.

<sup>32</sup> Military Museum, Borden, Ontario, Records of the Nursing Sisters of the Royal Canadian Army Medical Corps. This record is not comprehensive enough to make any valid generalizations about employment or utilization of nursing resources but it does show that those nurses recruited before the Great War functioned in positions of instruction or administration. This observation is supported by the priority functions of the CAMC as reported by the Militia Council in 1912.

<sup>33</sup> Ibid., Appendix A: Table 1.

<sup>34</sup> Report of G.C. Jones, Director General Medical Services in Department of Militia and Defence for the Dominion of Canada: Report for the Year Ended March 31, 1914. (Ottawa: S.W. Dawson, 1914): 58.

<sup>35</sup> Ibid.

<sup>36</sup> Clint, Our Bit, 5.

<sup>37</sup> For mobilization see Macphail, The Medical Services, 9-24.

<sup>38</sup> Documents on Canadian External Relations, 1,37., Quoted in Robert Craig Brown and Ramsay Cook, Canada 1896-1921: a nation transformed, (Toronto: McLelland & Stewart Incorporated: The Canadian Publishers, 1974): 212.

<sup>39</sup> NAC, Borden Papers, 40, no.17702., Quoted in Brown and Cook, A Nation Transformed, 213.

<sup>40</sup> Adami, The War Story of the C.A.M.C, 33-35.

<sup>41</sup> Ibid., 225-228.

<sup>42</sup> Ibid., 322.

<sup>43</sup> Rustad, Women in Khaki, 15.

<sup>44</sup> Morton, When Your Number's Up, 186.

<sup>45</sup> Cynthia Enloe, Does Khaki Become You?: the militarization of women's lives, (London : South End Press, 1983): 104.

<sup>46</sup> Ardath Forsythe, "Finis Coronat Opus," Canadian Nurse 14 (July, 1918): 1168 wrote:

Could woman find a nobler fate than this,

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To die, and dying, feel the thrilling kiss  
of sacrifice?  
Seeking, with eager heart, her best to yield,  
Laying her body on the battlefield,  
Could more suffice?...  
...So calm they lie, cold in thy bosom, grave,  
So quiet they sleep, bravest of all the brave  
Women who die.  
Could angels chant a sweeter slumber song  
Than this, that "Right must triumph over Wrong,  
Right glorified?".

<sup>47</sup> Young, "We Throw the Torch", 5-28.

<sup>48</sup> Most photographs of Nursing Sisters portrayed a clean, sanitized image of women caring for wounded soldiers in a calm controlled situation in which nothing appeared out of order. Yet the reality of war readily negated that image. Nursing Sisters worked in hospitals as they were bombed and CCS were often much closer to the front than propaganda would reveal.

<sup>49</sup> Young's review of Governmentally controlled homage to veterans in, "We Throw the Torch", 5-28, reveals the restrictions and censorship that were enforced on Canadian citizens and veterans. Families were prevented from inscribing epitaphs that negatively reflected government policy or action.

<sup>50</sup> K.O. McLatchey, CAMC Nursing Service Department, No.3 Canadian General Hospital. Sailed From Montreal on the Metagama, May 6, 1915. Canadian Nurse 18 (July, 1922); 414-419.

<sup>51</sup> Knight introduction to Rathbone, *We That Were* Young, p. ix. Mary Borden, *The Forbidden Zone* (London, 1929):142-43 in Susan Kingley Kent, *Making Peace: The reconstruction of Gender in Interwar Britain* (Princeton: Princeton University Press, 1993):62. This book was extremely useful in its rich and graphic depiction of women's wartime experience and or weomen's reintegration into British society.

<sup>52</sup> NAC MG 30 E 45 Macdonald Papers, File: History of Nursing, Ch. 6. 'Extract from War Diary of No. 3 Canadian General Hospital, July 11, 1916'.

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- <sup>53</sup> Diary of Ada Gillespie. Although the family has retained the original diary, a photocopy is held by Professor Meryn Stuart, Nursing Faculty, University of Ottawa.
- <sup>54</sup> NAC MG 30 E 45 Macdonald Papers. File: History of Nursing Service, Ch. 5. Article by Cameron Smith on The Casualty Clearing Stations Nos. 2 and 3.
- <sup>55</sup> Ibid.
- <sup>56</sup> Ibid., Ch. 5., Extract from the Diary of No 1 Canadian General Hospital, June 1, 1915.
- <sup>57</sup> Gibbon, Three Centuries of Canadian Nursing, 294-312.
- <sup>58</sup> "CAMC Nursing Service Department," Canadian Nurse 20 (November, 1924): 690.
- <sup>59</sup> A service record is a document that records demographic data on the military member and lists the career activities of the individual including postings, promotions, appointments, leave, and decorations. These records are extremely useful to reconstruct the CAMC. The records of sixteen RCAMC Nursing Sisters have been preserved in through these records. The list of the Nursing Sisters whose records have been retained in this collection appear in records of the RCAMC can be found at APPENDIX 4. This record is part of the Borden Museum Collection.
- <sup>60</sup> Borden Museum Archives, History of No. 16 Canadian General Hospital (Ontario) Orpington Kent, England. 1916-1919. An excerpt from the log is at APPENDIX 2. The original document is the hospital log from its opening on May 31, 1916 until December 30 1919. It contains original photographs and detailed narratives that depict life at the 16<sup>th</sup> CGH.
- <sup>61</sup> Ibid.
- <sup>62</sup> NAC MG 30 E 45 Macdonald Papers, File: Ch.6, History of the Nursing Service, (Memoranda), Folder XII, No. 3 Canadian Stationary Hospital, 1.
- <sup>63</sup> Report of Director General Medical Services in Department of Militia and Defence for the Dominion of Canada: Report for the Year Ended December 31, 1904. (Ottawa: S.W. Dawson, 1914): 77.

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- <sup>64</sup> Borden Museum, History of the No.16 Canadian General Hospital(Ontario), Orpington, Kent: 1-6.
- <sup>65</sup> Ibid., see also NAC MG 30 E 45 Macdonald Papers, File: History of the Nursing Sisters, folder: Nursing Service, Historical Overview: 1.
- <sup>66</sup> NAC MG 30 E 45 MacDonald Papers, File: History of the Nursing Sisters, Nursing Service Overview.
- <sup>67</sup> Military Museum, Borden, Ontario, Records of the Nursing Sisters of the Royal Canadian Army Medical Corps.
- <sup>68</sup> Rustad's study, Women in Khaki is a review of the emergence of women as part of the American military labour force. Although it focuses on the American perspective, it is relevant to Canadian women's military emergence. He postulates that the exclusion of women from military service retarded their rights as citizens and that their avocational participation in war precluded them from permanently advancing their status.
- <sup>69</sup> "Armchair soldiers" is a term which was used in war writing to describe politicians who "fought the war from their offices."
- <sup>70</sup> For post war attitudes see Desmond Morton, When Your Number's Up and Winning the Second Battle: Canadian Veterans and the Return to Civilian Life. 1915-1930, (Toronto: McLelland and Stewart Incorporated, 1994)
- <sup>71</sup> Clint, Our Bit, 129
- <sup>72</sup> Macphail, The Medical Services, 246-254.
- <sup>73</sup> Borden Museum Archives, Records of the Nursing Sisters of the RCAMC. This record shows that many nurses were posted off the hospital ship or demobilized from the hospital ship which would suggest that they worked their way home.
- <sup>74</sup> Ibid., Records of Matron M.C. Macdonald HQ File 5632-1.

75 For a discussion on the discontentment over hierarchical military medical structure see "The Headquarters Staff of the Army Medical Services," Letter to the Editor, Army and Navy Gazette and The Journal of the Reserve and Auxiliary Forces Vol. XLVII (October 20, 1906): 989. The issue subordination affected more than Nursing Sisters. Medical Officers were very disgruntle at their own hierarchy and wanted the situation changed.

76 Macphail, The Medical Services, 9-24.

77 Morton, Winning the Second Battle, 37.

78 Herbert A Bruce, Politics and the Canadian Army Medical Corps, (Toronto: William Briggs, 1919). This publication contains Bruce's report in its entirety as well as Bruce's views of how and why the report was received as unfavourably as it was.

79 Morton, Winning the Second Battle, 203.

80 Ibid., 37. Nursing Sisters were not alone in their pursuit of power. Medical Officers power had been difficult to secure and was, in their own right, equally as restrictive.

81 Ibid., 37.

82 Ibid., 9-90.

83 Report of the Department of Militia and Defence for the Year Ended March 31<sup>st</sup> 1922 (Ottawa: H. Parmelee Printer, 1922): 27.

84 Ibid., 27.

85 Under authority of Order in Council P.C. 3752, October 7, 1921, in the Report of the Department of Militia and Defence: Directorate of Medical Services, 1922: 27-28

86 Dreyfus and Rabinow, Beyond Structuralism and Hermeneutics.

87 Morton, Winning the Second Battle, 86.

88 Report of the Department of Militia and Defence: Directorate of Medical Services, 1921, 1922, 1924.

89 Ibid., (1924): 78.

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- 90 Ibid., (1922): 28.
- 91 Ibid., (1922): 26.
- 92 Ibid., (1922): 28.
- 93 Ibid., (1912): Appendix 'A'.
- 94 Ibid., (1921): 26-28.
- 95 Ibid., (1927): 50.
- 96 Ibid., (1931): 52.
- 97 Ibid., (1924): 61.
- 98 Ibid., (1925): 60.
- 99 Ibid., (1926): 64.
- 100 The concept of hospital orderlies was introduced as a permanent trade for other ranks and later became the Medical Assistant trade. They were considered a versatile, expendable and affordable investment that ensured the government of a similar "controllable" resource to nursing. For statistics on numbers and frequency of training see Report of the Department of Militia and Defence: Directorate of Medical Services: 1921, 1922, 1924, 1931, and 1932.
- 101 For the development of public health nursing in Canada see Meryn Stuart, "'Let not the People Perish for Lack of Knowledge': Public Health Nursing and the Ontario Rural Child Welfare Project, 1916-1930" (Ph.D diss., University of Pennsylvania, 1987).
- 102 Report of the Department of Militia and Defence: Directorate of Medical Services: 1904: 75-77.
- 103 Ibid., 1922: 22.
- 104 Ibid., 28
- 105 Ibid., 1926: 63.
- 106 Ibid.

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107 For a review of the development of the Public Health Program at the University of Toronto see Natalie Riegler, "The Work and Networks of Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital 1913-1941: A Presentation of Some Issues in Nursing During Her Lifetime 1882-1941" (Ph.D. diss., University of Toronto, Toronto): 270-280.

108 Riegler, "Jean Gunn", 273-274.

109 Ibid.

110 Drefus and Rabinow, Beyond Structuralism and Hermeneutics, 184-199.

111 PAC. RG 9 III B2 Vol. 3477, file 10-11-1: Promotions. Letter from Matron Macdonald to the Director Medical Services.

112 Report of the Department of Militia and Defence: Directorate of Medical Services: 1927: 50.

113 Ibid.

114 Reports of the Department of Militia and Defence: Directorate of Medical Services., 1922-1929. Each report mentions the training of stretcher bearers and medical assistants provided by "physicians and other ranks". Nursing Sisters are never mentioned as participants in training.

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**Chapter 3**

<sup>1</sup> Military Museum, Camp Borden, Ontario, document labeled: 'Records of the Nursing Sisters of the Royal Canadian Army Medical Corps'. Although this reference appears somewhat incomplete, all RCAMC documents are uncatalogued and stored in unmarked filing cabinets. Recently, the museum underwent a change in staff and policy concerning research conducted on or off site using museum source material. Staff are no longer permitted to assist researchers with archival material and the documents are no longer available for view. This has essentially closed the museum to all future research and all the documents. As a private collection, they are now inaccessible to the public. I was able, with permission, to photocopy the above referenced document in its entirety and did the same for several other CAMC documents for the period 1914-1929. If you are looking for source material on any aspect of the RCAMC for the period 1906-1949 this is the gold mine.

<sup>2</sup> For apprenticeship culture see Melosh, The Physician's Hand and McPherson, The Transformation of Canadian Nursing.

<sup>3</sup> McPherson, The Transformation of Canadian Nursing, Ch 1-3.

<sup>4</sup> Ibid., 32.

<sup>5</sup> Ibid., 30-31.

<sup>6</sup> NAC MG 30 E 45. Macdonald Papers. File: History of Nursing, ch 4: Instructions for CAMC Nursing Service 1918, 1-8.

<sup>7</sup> The records of the Graduate Nurses Association of Ontario (Toronto) and the Canadian National Association of Trained Nurses (Ottawa) show no documented record of the Nursing Sisters affiliating as a special interest group or as an addressee on any official correspondence.

<sup>8</sup> See Borden Museum, Records of Nursing Sisters of RCAMC for a chronological listing of each nurses postings.

<sup>9</sup> Reports of the Ministry of Militia and Defence, Report of the Director General Medical Services for the year ended March 31, 1914, Borden Museum, Records of the Nursing Sisters of the Royal Canadian Army Medical Corps.

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- <sup>10</sup> Nicholson, Canada's Nursing Sisters, 45.
- <sup>11</sup> PAC, RG 9 III B 2, Vol. 3479, Attestation Papers for Canadian Expeditionary Force: Nursing Sisters.
- <sup>12</sup> Natalie Reigler's dissertation Jean Gunn, deals extensively with the efforts of Gunn and CNATN during the war. It was her study that brought to light the tremendous efforts of Gunn at the beginning of the Great War and the absence of a relationship between Gunn and Macdonald.
- <sup>13</sup> NAC, MG 30 E 45, Macdonald Papers.
- <sup>14</sup> PAC, MG 30 E 45, Macdonald Papers and Reigler, "The Work and Networks of Jean Gunn", and PAC, MG 30 E 45.
- <sup>15</sup> Ibid.
- <sup>16</sup> See Reigler, The Work and Networks of Jean Gunn, 147-153.
- <sup>17</sup> To date, no record of any correspondence between Macdonald, the Matron-in-Chief, and Gunn, the coordinator of recruitment for CNATN, has been found.
- <sup>18</sup> See Reigler, "The Work and Networks of Jean Gunn", ch 5. Many thanks to Natalie Riegler for her research on Jean Gunn. It was her thesis that inspired the notion that there was no communication between Gunn and Macdonald. It was her work that began to enlighten me to the origins of the discordance between military and civil nursing. No evidence can be found that indicates that Macdonald ever received information on CNATN's interests.
- <sup>19</sup> McPherson, The Transformation of Canadian Nursing, 129.
- <sup>20</sup> The historiography of the professionalization of nursing is a topic of growing interest. Classic and more modern studies include Witz, Professions and Patriarchy. Professionalization and class is discussed at length in Susan Reverby, Ordered to Care. The notion of the apprenticeship culture of nursing is developed at length in Melosh, "The Physician's Hand". Not pertaining to Canadian nursing but specific to the historiography of military women see Nicholson's narrative descriptive study, Canada's Nursing Sisters, also Summers, Angels and Citizens, Rustad, Women in Khaki, and Enloe, Does Khaki Become You.

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- <sup>21</sup> Registered Nurses Association of Ontario Archives, Letter to the Minister of Health, signatory unknown. (Toronto, 1935).
- <sup>22</sup> The exact date that registration became a mandatory requirement for enrollement is unclear. It has never been and still is not a requirement for continued service.
- <sup>23</sup> Melosh's "The Physician's Hand. offers a comprehensive exploration of her theory on apprenticeship culture. The subordination of nurses within their own profession was as significant as it was when imposed by a physician employers.
- <sup>24</sup> CNA Archives. Annual Report, Department of Soldiers Civil Re-establishment, Report of Medical Services 1920: 12, in Nursing Sisters' Association of Canada: Envelope 4: Correspondence, papers, photographs of historical events, 1914-1950. p.3.
- <sup>25</sup> Canadian Nurse entries in the CAMNS column document and trace the many senior administrative positions filled by demobilized nursing sisters.
- <sup>26</sup> Canadian Army Medical Nursing Service Department, Canadian Nurse 17 (January, 1921): 40.
- <sup>27</sup> Ibid., 39.
- <sup>28</sup> Gibbon in collaboration with Murray, Three Centuries of Canadian Nursing, 364-365.
- <sup>29</sup> CAMC Nursing Service Department, Canadian Nurse 18 (March, 1922): 235.
- <sup>30</sup> CAMC Nursing Service Department, Canadian Nurse 16 (October 1920): 620.
- <sup>31</sup> CAMC Nursing Service Department, Canadian Nurse 18 (May 1922): 357.
- <sup>32</sup> Brittain, Testament of Youth, 374, in Kent, Making Peace, 62.
- <sup>33</sup> Jean Gunn, "The Service of Canadian Nurses and Voluntary Aids During the War," Canadian Nurse 15 (September, 1919): 1975-1979. The letter was submitted to J Loughheed, Minister of DSCR at Ottawa on March 27 1919.
- <sup>34</sup> Macphail, The Medical Services, 156-180.

- <sup>35</sup> "Canadian Army Medical Nursing Service: Notice" Canadian Nurse 21 (September, 1925): 368.
- <sup>36</sup> Matron M.C. Macdonald, "To Past and Present Members of the Service," Canadian Nurse 20 (June, 1924): 379.
- <sup>37</sup> CAMC Nursing Service Department, Canadian Nurse 20 (May 1924): 239-247.
- <sup>38</sup> Nursing Sister C.I.S., "Hospital Ship Life in the Mediterranean" Canadian Nurse 18 (January 1922): 31
- <sup>39</sup> Ibid., 33.
- <sup>40</sup> Ibid., 35.
- <sup>41</sup> CAMC Nursing Service Department, Canadian Nurse 20 (August 1924): 470-471.
- <sup>42</sup> See Riegler, The Work and Networks of Jean Gunn, ch. 9, A Memorial to the "Spirit of Humanity", and Nicholson, Canada's Nursing Sisters, 103-106. Canadian Nurse 22 (1926), the entire volume is dedicated to the memorial, and Gibbon, Three Centuries of Canadian Nursing, 309-310.

#### Chapter 4

- <sup>1</sup> Morton, Winning the Second Battle, 7.
- <sup>2</sup> See Morton, Winning the Second Battle, 7-18, Adami, The War Story of the CAMC, 33-35, and Mcphail, The Medical Services.
- <sup>3</sup> Enloe, Does Khaki Become You, provides a thorough review and feminist analysis of the employment and recruitment of women to military service. While her feminist analytics are very anti-military she does offer useful insight into the employment of Military Nurses.
- <sup>4</sup> Morton, Winning the Second Battle, 7-9.
- <sup>5</sup> Mcphail, The Medical Services, 317.
- <sup>6</sup> Ibid., 317.
- <sup>7</sup> Ibid., 316-326.

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<sup>8</sup> CNA Archives: Nursing Sisters Association, Report of the Medical Services, Department of Soldiers Re-Establishment, 1912: 12.

<sup>9</sup> Susan Kingley Kent, Making Peace: The Reconstruction of Gender in Interwar Britain, (Princeton: Princeton University Press, 1993): 3.

<sup>10</sup> Morton, Winning the Second Battle, 9-14.

<sup>11</sup> Morton, When Your Number's Up, 267.

<sup>12</sup> Morton, Winning the Second Battle, 6-43, and When Your Number's Up, 267-269.

<sup>13</sup> Morton, When Your Number's Up, 269.

<sup>14</sup> For a thorough review of government censorship and their control commemorative activities including epitaphs at gravesides, see Young, We Throw the Torch, 5-28.

<sup>15</sup> Ibid., p 269.

<sup>16</sup> For restlessness of nurses, see Rustad, Women in Khaki, 20-21, Beeber, To Be One of the Boys, 20-27, Britain, Testament of Youth, and Clint, Our Bit.

<sup>17</sup> Clint, Our Bit, 5.

<sup>18</sup> 'CAMC Nursing Service', Canadian Nurse 17 (May, 1921): 305-306.

<sup>19</sup> Witz, Professions and Patriarchy, 147. Although Witz's work does not address the application of exclusionary strategies to non-professional organizations it is very helpful in understanding the empowering effects of exclusion with veterans group in the post war era. By excluding all those men who had not experienced the war from a soldiers perspective they effectively excluded all politicians and nonmilitary men of power from their organization. The same was true of the Overseas Nursing Sisters Association.

<sup>20</sup> For a review of the development and utility of Veterans' Associations see Morton, Winning the Second Battle, 13-14.

<sup>21</sup> "CAMC Nursing Service Department," Canadian Nurse 9 (September, 1920): 548-553.

<sup>22</sup> Ibid., 548.

<sup>23</sup> 'CAMC Nursing Service Department' Canadian Nurse 17 (May, 1921): 241.

<sup>24</sup> All these events were noted in the last columns of the CAMNS section. A eulogy to a deceased nursing sister gave her posthumous recognition for her efforts and accomplishments.

<sup>25</sup> For description of nursing heroines see Canadian Nurse 14 (September, 1918): 1469; Vol. 17 (November, 1921): 703; Vol. 22 (October, 1926): 537-545 and Vol. 22 (January, 1922): 27-40.

<sup>26</sup> For Unveiling Ceremony reports see Nicholson, Canada's Nursing Sisters, 101; "Report of the Unveiling of the Memorial to the Canadian Nursing Sisters," Canadian Nurse 22 (October, 1926): 536-545; Maude Wilkerson, "Unveiling the Monument," Canadian Nurse 22 (February, 1926): 94-95; "A Nursing Sisters Impression of the Unveiling Ceremony," 22 (October, 1926): 544.

<sup>27</sup> For a comprehensive description of the memorial form the decision to the unveiling see Riegler, The Work and Networks of Jean Gunn, 291-323.

<sup>28</sup> CNA Archives, Overseas Nursing Sisters Association: Member Units, 1942.

<sup>29</sup> The Nursing Sisters Association of Canada: Commemorative Issue and National Directory (June, 1994): 41.

<sup>30</sup> Ibid., v.

<sup>31</sup> 'Royal Commission on Pensions: Final Report', 103-109 in Morton, Winning the Second Battle, 145.

#### Chapter 4

<sup>32</sup> Jean Jacques Rousseau, L'Emile or A Treatise on Education, ed. W.H. Payne (New York and London, 1906): 263 in Kate Millett, Sexual Politics (New York: Ballantine Books, 1969): 104.

<sup>33</sup> Andrew Macphail, 'On Certain Aspects of Feminism', University Magazine, Vol. XIII, (February, 1914): 79-91, in Ramsay Cook and Wendy Mitchinson, The Proper Sphere: Woman's Place in Canadian Society, (Toronto: Oxford University Press, 1976): 300-309.

- 34 Summers, Angels and Citizens, 2.
- 35 There is an abundance of historiography of nursing in the late 1800's and early 1900's. Although most of the work reflects American and British nursing efforts it provides valid insight into the context and dynamics of nursing. See Reverby, Ordered to Care, and Melosh, The Physician's Hand. Most recently, the work of Kathryn McPherson, The Transformation Of Canadian Nursing 1900-1990, (Toronto: Oxford University Press, 1996). It is a most significant contribution to Canadian Nursing historiography and offers strong feminist analysis of the profession.
- 36 Military mess refers to the dining, social domicile facilities for military personnel. During WWI, Canadian Nursing Sisters had their own mess facilities which was segregated from all male mess facilities. Women had their own mess committee and membership was restricted to Canadian Nursing Sisters.
- 37 Barry Smart, The Politics of Truth and the Problem of Hegemony. Boston: Routledge and Keegan Paul, 1978: 159-161.
- 38 Desmond Morton, When Your Number's Up: 303. A Nursing Sister, disgruntled with the power and authority held by the Matron, and wanting to advance, attempted to circumvent the system by writing to the Minister of Overseas Affairs. Nothing became of the complaint. Matron-in-Chief Macdonald did comment, however, on the demanding job of keeping the women in line.
- 39 Elizabeth Jones, "Speech to the Women's Rights Convention" held at the Cooper Institute, New York City, May 10-11, 1860. (Proceedings published by Yerrington and Garrison, 1881) in Rustad, Women in Khaki, 2.
- 40 Macphail, The Medical Services, 246.
- 41 J Cameron Smith, "The Preparation of Nurses for Military Work," Canadian Nurse 13 (September, 1917): 558-560.
- 42 International Woman Suffrage Alliance: Quinquennial Congress Great Meeting in Favour of Women's Suffrage, Westminster London April 27, 1909.
- 43 Catherine L. Cleverdon, The Woman's Suffrage Movement in Canada 2nd ed. (Toronto: University of Toronto Press, 1974): XI.

- <sup>44</sup> Joan Montgomery Byles, "Women's Experiences of World War One: Suffragists, Pacifists, and Poets," Women's Studies International Forum 8:5 (1985): 473-483.
- <sup>45</sup> see Ramsay Cook and Wendy Mitchinson, The Proper Sphere: Woman's Place in Canadian Society, (Toronto: Oxford University Press, 1988): XVI; Cleverdon, The Woman's Suffrage Movement in Canada; Millett, Sexual Politics, 103-119.
- <sup>46</sup> Cleverdon, The Woman's Suffrage Movement in Canada.
- <sup>47</sup> See Ralph Allen, Ordeal by Fire (Toronto: Collins Publishers, 1961); Ramsay Cook, Craig Brown and Carl Berger, Conscription 1917 (Toronto: University of Toronto Press, 1971); James Eayrs, In Defence of Canada: From the Great War to the Great Depression (Toronto: University of Toronto Press, 1964); J.L. Granatstein, J.M. Hitsman Broken Promises: A history of Conscription in Canada (Toronto: Oxford University Press, 1971); Desmond Morton, A Peculiar Kind of Politics, (Toronto: University of Toronto, 1982); Desmond Morton, A Military History of Canada, (Edmonton: Hurtig Publishers Limited, 1985); Morton, When Your Number's Up; Richard Preston, Canadian Defence Policy and the Development of the Canadian Nation 1867-1917, (Ottawa: The Canadian Historical Association Booklets, 25, 1970).
- <sup>48</sup> Canadian Annual Review(1917), p 579 in Cleverdon, The Woman's Suffrage Movement in Canada, 130.
- <sup>49</sup> Morton, When Your Number's Up, 64-67.
- <sup>50</sup> Ibid., 245.
- <sup>51</sup> Ibid., 235.
- <sup>52</sup> Olive Schreiner's speech at a 'Woman and Labour Congress, 1911" in Joan Montgomery Byles, 'Women's Experiences of World War One: Suffragists, Pacifists, and Poets", Women's Studies International Forum 8:5 (1985): 473-483.
- <sup>53</sup> Morton's publications When Your Number's Up, A Peculiar Kind of Politics, Military History of Canada: From Chaplain to Gulf War, (Toronto: McLelland, Stewart Incorporated, 1992) and Winning the Second Battle. provide a thorough analysis of Canadian politics during WWI and focus specifically on the Canadian soldier.

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- 54 Catherine Reilly, ed. Scars Upon my Heart: Anthology of Women's Poetry and Verse of World War One, (London: Virago Press, 1981): 38.
- 55 NAC, MG 30 E 45, Matron M.C. Macdonald Papers.
- 56 The records of the nursing sisters of the RCAMC show frequent postings to military headquarters for work in the department of history or other non-nursing departments.
- 57 Summers, Angels and Citizens, 9.
- 58 Ibid., 2.
- 59 Ibid., 4.
- 60 Ibid., 2.
- 61 NAC, MG 30 E 45, Matron M.C. Macdonald Papers.
- 62 During the war several complaints were made to the Minister of Overseas Affairs about the quality and caliber of nurse that was being sent overseas. The Minister responded by assuring the Canadian Nurses Association of Trained Nurses (CNATN) that the best nurses were being sent overseas but that in future greater attention would be paid to overseas deployment. In response to his "disregard and candid response, the CNATN ceased their screening
- 63 See Rustad, Women in Khaki, for a historical review of women, war and military labour.
- 64 NAC, MG 30 E 45, Macdonald Papers.
- 65 Military Regulations P.C.4465 Reference Manual on Rehabilitation (Ottawa: Edmond Cloutier Printer, 1945): 483.
- 66 NAC, RG 9 III, vol. 3479, Attestation Papers: Canadian Expeditionary Force.
- 67 Enloe, Does Khaki Become You.
- 68 CNA, 'Military Nursing' Canadian Nurse 13:9 (September, 1917): 482-490.
- 69 Canadian Nurse 17 (November 1921): 703.
- 70 Clint, Our Bit, 3.
- 71 See Morton, Winning the Second Battle, 142-149.

- 72 J Cameron Smith, "The Preparation of Nurses for Military Work," Canadian Nurse 13 (September, 1917): 558-560.
- 73 Morton, Winning the Second Battle.
- 74 Summers, Angels and Citizens, 9.
- 75 McPhail, The Medical Services, 234-239
- 76 See Appendix 1.
- 77 See Britain, Testament of Youth, and Beebers, To be one of the Boys.
- 78 Macphail, The Medical Services, 235.
- 79 Report of the Director General of Medical Services 1924. The last of the Canadian Expeditionary Force Units, the Manitoba Military Hospital closed on October 31 1922. "On the closing of the M.N.H. a station hospital for the district with a capacity of 40 beds was opened and is now in charge of RCAMC personnel".
- 80 Kemp, Report of the Ministry, 1918, 473-482.
- 81 'Royal Commission on Pensions: Final Report', pp103-109 in Desmond Morton, Winning the Second Battle, 145.
- 82 International Woman Suffrage Alliance:, Amsterdam Sweden, November 17-19, 1927.
- 83 Clint, Our Bit, 3.

### Conclusion

- <sup>1</sup> Gerda Lerner, The Majority Finds its Past: Placing Women in History, (New York: Oxford University Press, 1979): 175.

<sup>2</sup> For in depth discussion of the social construct of the military hero see Ramon Lopez-Reyes, Power and Immortality, (New York: Exposition Press, 1971). For a feminist perspective of the recruitment and employment of women to military service see Enloe, Does Khaki Become You. See also Rustad, Women in Khaki and for an American perspective of the earliest days of the struggle for women in uniform see Jannan Sherman, "They Either Need Women or They Do Not: Margaret Chase Smith and the Fight for Regular Status of Women in the Military", Journal of Military History 54 (January, 1990): 47-78.

<sup>3</sup> Report of the Department of Militia and Defence for the Dominion of Canada: Report of the Director General of Medical Services 1925: 59.

<sup>4</sup> Relative rank was removed from the military nursing classification in 1949, giving Nursing Sisters the new title of Nursing Officer and a new rank parity with all other Canadian Forces Officers. However, it was not until 1979, when Nurses received the same basic military officer training that all other general officers received, that issues of parity began to resolve within the organization.

<sup>5</sup> Beverly Boutilier, Gender, Organized Women, and the Politics of Institution Building: Founding the Victorian Order of Nurses for Canada, 1893-1900 Ph.D. dissertation, Carleton University, Ottawa, 1993.: 245-253

<sup>6</sup> Ibid., 258.