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"ASSISTANT ANGELS": CANADIAN WOMEN AS VOLUNTARY AID DETACHMENT NURSES DURING AND AFTER THE GREAT WAR, 1914-1930.

by

Linda J. Quiney

Thesis submitted to
the School of Graduate Studies and Research
in partial fulfilment of the requirements for the
Ph.D. degree in History

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ABSTRACT

"ASSISTANT ANGELS": CANADIAN WOMEN AS VOLUNTARY AID DETACHMENT NURSES DURING AND AFTER THE GREAT WAR, 1914-1930.

Linda J. Quiney,
University of Ottawa, 2002

Supervisor:
Professor Ruby Heap

This study recovers the history of Canada's Voluntary Aid Detachment nurses, or VADs, from their creation as a reserve of emergency auxiliary nursing assistants in 1914 under the aegis of the St John Ambulance Association, to their demobilization and resettlement into peacetime civilian life to 1930. Canada's VAD plan was modelled on a British scheme initiated in 1909 in anticipation of war in Europe. Intended to supplement the domestic military medical services, the role of the Canadian VADs evolved with the advent of the war into fulltime nursing assistance.

The research for the study is based on archival sources, including diaries, letters and pre-recorded narratives of VADs who served in Canada and overseas, official government documents, and those of the St John Ambulance and Red Cross in Canada and Britain, who were responsible for the VAD organisation. In addition to manuscript sources of individuals involved in the VAD movement, the published records from contemporary books, memoirs, journals and newspapers were examined. This research permitted the identification of 808 Canadian VADs, out of an estimated 2,000 primarily young, single, middle-class Anglo-Protestant women, who served as nursing assistants, but also as ambulance drivers and support personnel.

The study demonstrates the evolution of Canadian VADs as an extension of the nineteenth century voluntarist traditions of the women's movement. Through patriotic and maternalist ideology, VAD service was legitimised as a form of voluntary active service for women, equating to masculine military service. Excluded from Canada's military hospitals overseas, VADs served in military convalescent hospitals at home, and British military hospitals abroad. As volunteers, they challenged the professional aspirations of Canada's qualified graduate nurses, motivating them to seek regulation of the qualifications for nursing practice, and elevating the educational standards.

Volunteering as a VAD offered Canadian women a singular opportunity for active war service. Previously overshadowed by British VAD experience, the study of Canada's VADs restores a dynamic organisation to the history of women and women's work, as well as contributing to scholarship in Canadian medical and military history.

ACKNOWLEDGEMENTS

I began this project in the fall of 1994, little realising how far I would travel, nor how many individuals and organisations would contribute to its completion. Although I cannot thank everyone personally, some must be acknowledged publicly, beginning with my supervisor Professor Ruby Heap, who first suggested the topic, and has become both a colleague and friend with her invaluable counsel and direction over the years. I am also deeply indebted to Professor Meryn Stuart for freely sharing her extensive knowledge of the field and her always sage advice. The support and encouragement of several faculty members of the University of Ottawa's Department of History is much appreciated, as was the friendly and efficient assistant of the support staff, particularly Francine Lagacé. Thanks are due also to the staff of the Morisset Library Inter-library Loan Office for the hundreds of requests they filled.

This project demanded the consultation of numerous archivists and librarians across Canada and overseas in England, work that was enabled by Hannah Institute travel grants. Mr. Gerry Beament, volunteer librarian for St John House in Ottawa, and Ms. Joan Wills, the Order Secretary, generously made the resources of the St John Ambulance library and archival holdings fully available. The librarians of the Canadian Red Cross Society, Jennifer Skuce and Ann Butryn, kindly assisted in providing access to their invaluable collections and photo-copy machine. Also the archivists and librarians of the National Archives, Canadian War Museum and Canadian Nurses' Association all made special efforts on my behalf to locate particular files and documents. At the Centre for Newfoundland Studies, Bert Riggs and Linda White gave every assistance in researching their wonderful VAD records, photocopying thousands of pages, and offering the benefit of their amazing background knowledge of the VADs themselves. Across the country I encountered similar helpful enthusiasm at the Public Archives of Nova Scotia, and the staff of the Archives of Ontario, the University of Toronto and Queen's University Archives, the Provincial Archives of Manitoba, the Saskatchewan Archives Board, the Provincial Archives of Alberta, the Glenbow Museum and Archives, the Province of British Columbia Archives, the Vancouver City Archives, the City of Victoria Archives, and many other local library historical collections. I appreciate the permission of the Glenbow Archives and the Canadian Letters and Images Project at Malaspina University College to reproduce images from their collections.

My research overseas was guided by the kind assistance of many individuals, beginning with Dr. Anne Summers, who took the time to outline the most promising avenues for investigation. Special thanks are due to Alison Kearns and Sïan Wynn-Jones, and their staff, at the British Red Cross Museum and Archives, for permitting access to their massive collection of Personnel Card Indexes, for their physical labours in carrying many heavy boxes of cards up and down three flights of stairs at Barnett Hill, and their indispensable afternoon teas. The assistance of Mr. J. C. Morgan, Archivist for the Order of St John, Clerkenwell, and archivists at the Public Records Office, Kew is much appreciated. Thanks are due also to the staff of the Imperial War Museum, Department of Documents and Sound Records, London, for their help and accommodating my schedule.

I am indebted to the Hannah Institute for the History of Medicine through Associated Medical Services, Inc., Toronto, for their generous support from 1996 to 2000, and their confidence in my research as well as the valuable suggestions of the review committee. Also to the University of Ottawa, School of Graduate Studies, for their financial support during this same period.

On a personal note, I have been privileged to share a special bond with a group of amazing young scholars, Amber, Eileen, Steve and John, who endured the same stresses and challenges of academic growth, and were always generous with their friendship and encouragement. Finally there is my family. My dad, Jack would be proud to see the work completed, my mother Sylvia has patiently listened to my concerns and applauded the triumphs. Daughters Vanessa and Christina, now scholars themselves, guided me through the mysteries of technology and provided domestic and academic support, as well as intellectual repartee. Rod however deserves special recognition for his role as research assistant, technical advisor and typist, and his advice and constant support throughout the entire project.

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Source: Glenbow Museum and Archives (NA2267-4 & NA2267-6)

Frontispiece: "Making It Right for Doctor"



Source: Centre for Newfoundland Studies, (Collection-174), Frances Cluett Papers, (File: 2.02.002) (1918).

CHAPTER 1

WOMEN, WAR AND NURSING

1.1 "Shoulder to Shoulder with Their Sisters"

Historically women have always had a singular part to play in the conduct of war. Only in recent history has their role been formalised as a military function with a uniform, rank and soldier's pay. Before the age of mechanised armies, women camp followers provided the essential services of cooking and laundering that far outweighed their conjugal duties. Others remained behind to "keep the home fires burning", or more importantly the farm or family business from slipping into bankruptcy and ruin. A few notable women also engaged in political activism, staging demonstrations or boycotts, or even working covertly as spies and informers, but arguably the most valuable work of women in war has been in their maternal capacity as "nurse" to the sick or wounded soldier. The notion of the "military" nurse evolved directly from Florence Nightingale's example in the Crimea, and with it there has also developed an elaborate mythology centred on the "angel of mercy" on the battlefield. The Nightingale iconography has permeated western popular culture as few other feminine models, leaving indelible images, such as that of the "lady with the lamp". At the same time, the scholarship

generated by Nightingale's legacy has contributed a rich historiography to nursing history in particular, and influenced the wider scope of the history of women and work.[1] Nightingale embodies a role model that extends beyond the history of nursing to intersect with the historical identity of the Victorian volunteer woman. She was an upper class reformer fired with Christian conviction and a sense of mission, while her efforts for health care reform blurred the boundaries between "nurse" and "volunteer".

The sphere of influence of the Victorian volunteer woman was concentrated on those issues which came "naturally" within her purview as a mother. The nurturing of the young, care of the weak or indigent, nursing of the sick and infirm, and all matters concerned with childbirth, were included in this frame of reference. It also offered a political dimension, providing a rationale upon which to justify women's involvement in any public issue that had a bearing on the well-being of the family. The seeds of the first wave of the feminist movement were sown in this maternal activism, eventually culminating in the suffrage campaigns of the late nineteenth and early twentieth century. The extensive scholarship on maternalism has addressed campaigns for temperance, missionary work, child rescue movements, women's prison reform and countless other issues critical to the development of women's social and political activism, culminating in the suffrage crusades.[2] It demonstrates that without female volunteers none of these

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[1] The extensive literature on Florence Nightingale includes: Monica E. Bayly, Florence Nightingale and the Nursing Legacy (London: Croom Helm, 1986); Sue M. Goldie, (ed.) "I Have Done My Duty": Florence Nightingale in the Crimean War, 1854-56 (Manchester: Manchester University Press, 1987); Anne Summers, Angels and Citizens: British Women as Military Nurses, 1854-1914 (London/New York: Routledge & Kegan Paul, 1988) especially Chapters 2 & 3.

[2] A survey of the scholarship on maternalism includes: Molly Ladd-Taylor, Mother-Work: Women, Child Welfare, and the State, 1890-1930, (Urbana: University of Illinois

efforts could have been pursued effectively, as well as having ultimately influenced and changed legislated social and health care policies. Through all of these developments, as historian Meryn Stuart has observed, Florence Nightingale's influence and inspiration was keenly felt.[3] Both as a nurse, and as a reformer, Nightingale helped to legitimise women's interest in policies relating to healthcare and social welfare, extending also through the care of wounded soldiers, from the civilian into the military sphere, an area traditionally closed to women.

War remained entrenched as a masculine endeavour, but following Nightingale's celebrated career, women's role as "military" nurses was expanded and formalised to a greater degree throughout the nineteenth century. Historian John Hutchinson also argues for the equal influence of the developing infrastructure of the Red Cross and other voluntary relief organisations like the St John Ambulance. From his perspective, the Red Cross in particular contributed to the extensive expansion of military medical support services, and consequently to the promotion and extension of international armed

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Press, 1994); Cynthia R. Comacchio, The Infinite Bonds of Family: Domesticity in Canada, 1850-1940 (Toronto: University of Toronto Press, 1999); Susan H. Armitage, (ed.), Motherhood and Maternalism (Pullman: Washington State University Press, 1999); Jill Samfa Perry, Nursing for the Grenfell Mission: Maternalism and Moral Reform in Northern Newfoundland & Labrador, 1894-1938 (Ottawa: National Library, 1998); Linda Gordon, "Putting Children First: Women, Maternalism and Welfare in the Twentieth Century" (University of Wisconsin Institute for Research on Poverty, 1993: Discussion Paper #991-93); Jane Lewis, The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939 (London: Croom Helm, 1980); Gisela Bock, and Pat Thane, (eds.), Maternity and Gender Politics: Women and the Rise of the European Welfare States, 1880's – 1950's (London/New York: Routledge, 1991); Seth Koven, and Sonya Michel, (eds.), Mothers of a New World: Maternalist Politics and the Origins of Welfare States (New York/London: Routledge, 1993).

[3] Meryn Stuart, "Shifting Professional Boundaries: Gender Conflict in Public Health, 1920-1925", in Dianne Dodd and Deborah Gorham, (eds.), Caring and Curing: Historical

conflict.[4] During the American Civil War, from 1860 to 1864, some 3,000 women volunteered as nurses with the Northern armies, and more than double that number of women assisted with voluntary relief for the soldiers, having as one American historian observed, "fused their roles as Christian mothers and patriotic Americans."[5] During the South African Boer War, from 1899 to 1902, nurses from Britain and the Empire volunteered, including a small representation of Canadian military nurses, but only an estimated 1,800 qualified civilian and military nurses were accepted despite a chronic shortage of qualified women.[6] In England, St John Ambulance had offered their casually trained nursing volunteers for the cause, but the offer was rejected because the volunteers lacked nurses' qualifications.[7] By the turn of the century however, the anticipation of war in Europe led the British government to reconsider the role of women as nursing volunteers.

Perspectives on Women and Healing in Canada (Ottawa: University of Ottawa Press, 1994) pp. 49-50.

[4] John F. Hutchinson, Champions of Charity: War and the Rise of the Red Cross (Boulder: Westview, 1996). A less critical narrative is found in Caroline Moorehead, Dunant's Dream: War, Switzerland and the History of the Red Cross (London: Harper Collins, 1998).

[5] William L. Barney, The Passage of the Republic: An Interdisciplinary History of Nineteenth Century America (Lexington, MA: D. C. Heath, 1987) p. 237. Also see: John R. Brumgardt, (ed.), Civil War Nurse: The Diaries and Letters of Hannah Ropes, (Knoxville: University of Tennessee Press, 1980); and, Ann Douglas Wood, "The War Within a War: Women Nurses in the Union Army", Civil War History, 18 (1972) pp. 197-212.

[6] Edith Landells, (ed.), The Military Nurses of Canada: Recollections of Canadian Military Nurses, Vol. I (Whiterock, BC: Co-Publishing, 1995) pp. 5-7. No more than eight Canadian military nurses served at one time in South Africa, although 12 women overall had the opportunity. Also: Stella Bingham, Ministering Angels (London: Osprey, 1979) pp. 117-119.

[7] Summers, Angels and Citizens, p. 248. A comprehensive analysis of nursing in the Boer War is found in Chapter 8.

The Voluntary Aid Detachment nurse of the Great War therefore was fashioned both on the Victorian volunteer woman, and on the Nightingale model of the military nurse. The voluntary aid nurse, or VAD as she came to be known, has generally been represented as a young, single, upper-class, well-educated, British woman. This British model of the VAD has been documented and romanticised by historians and writers since the 1930s.[8] The British feminist, pacifist and author, Vera Brittain, has come to symbolise the voice and image of British VAD experience following the publication in 1933 of her poignant and detailed account of the war, Testament of Youth.[9] The body of literature that was inspired by this central icon of British women's wartime voluntarism has dominated the impressions of women's experience of the Great War.[10] Yet in reality, women from all corners of the Empire responded with equal vigour, eager to demonstrate their patriotism, support loved ones in uniform, and relieve the strain of grief and loss.

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[8] The classic study of the masculine experience of the war is: Paul Fussell, The Great War and Modern Memory (Oxford: Oxford University Press, 1977). For analysis of the memorialisation of the war see: Jay Winter, Sites of Memory, Sites of Mourning: The Great War in European Cultural History (Cambridge: Cambridge University Press, 1995); and, Jonathan F. Vance, Death So Noble: Memory, Meaning and the First World War (Vancouver: University of British Columbia Press, 1997).

[9] Vera Brittain, Testament of Youth: An Autobiographical Study of the Years 1900-1925 (London: Fontana, 1979 [c. 1933]).

[10] Current scholarship on Brittain's wartime experience includes: Alan Bishop and Mark Bostridge, (eds.), Letters from a Lost Generation: First World War Letters of Vera Brittain and Four Friends (London: Abacus/Little Brown & Co., 1999); Deborah Gorham, Vera Brittain: A Feminist Life (Toronto: University of Toronto Press, 2000); Paul Berry and Mark Bostridge, Vera Brittain: A Life (London: Chattos & Windus, 1995); and, Alan Bishop, (ed.), Chronicle of Youth: Vera Brittain's War Diary, 1913-1917 (London: Victor Gollancz, 1981).

Unlike Vera Brittain, and other British VADs who published the recollections of their own war experience, Canada's VADs chose to remain silent.[11] As a result, the history of Canadian VADs has been over-shadowed by the larger and more popularised British case, and consequently relegated to a footnote in Canadian history. When VADs are noted in the mainstream historical texts devoted to the Great War, they are generally dismissed as wealthy, idle and inept.[12] Moreover, although the Canadian VAD experience is part of the larger history of female volunteer work, with a significant bearing on the history of nursing, it has only rarely been mentioned in either field of study.[13] Instead, the British VAD has been allowed to stand as the sole model for all nursing volunteers, regardless of origin. A contributing factor to this oversight is the limited academic scholarship devoted to Canadian military nursing in the Great War,

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[11] Among the more notable published accounts of British VADs are: Enid Bagnold, A Diary Without Dates: Thoughts and Impressions of a VAD (London: Heinemann, 1918); Diana Cooper, The Rainbow Comes and Goes (London: Hart-Davis, 1959); Olive Dent, A VAD in France (London: Grant Richards, 1917).

[12] Desmond Morton and Glenn Wright, Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930 (Toronto: University of Toronto Press, 1987) p. 20. VADs get brief mention as elites who were unequal to the task. They are noted only in the British context in: Desmond Morton, A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War (Toronto: University of Toronto Press, 1982); there is no mention of VADs in Desmond Morton and J. L. Granatstein, Marching to Armageddon: Canadians and the Great War, 1914-1919 (Toronto: Lester & Orpen Dennys, 1989), or in Desmond Morton, A Military History of Canada: From Champlain to the Gulf War (Toronto: McClelland & Stewart, 1992).

[13] Sandra Gwyn, Tapestry of War: A Private View of Canadians in the Great War (Toronto: Harper Collins, 1992) pp. 434-460. Gwyn details the experience of VAD ambulance driver Grace MacPherson. Also: Margaret Conrad, Toni Laidlaw, and Donna Smyth, (eds.), No Place Like Home: Diaries and Letters of Nova Scotia Women 1771-1938 (Halifax: Formac, 1988) pp. 243-260. The experience of VAD nurse Bessie Hall is briefly cited.

although there are promising signs that this is changing.[14] This study, then, endeavours to recover the experience of an estimated 2,000 Canadian Voluntary Aid Detachment nurses of the Great War for the historical record. Broadening the base of Canada's military nursing history contributes to the historical interpretation of women's work overall. It also helps to define the unique elements that characterise the history of Canadian nursing, including issues of labour management and professionalisation.

Kathryn McPherson's Bedside Matters examines the social history of Canadian civilian nursing as paid labour, focussing on the interplay of gender, class and race. She argues that the designation of nursing as "women's work" in particular, has complicated the recognition of nursing either as a profession or as skilled labour.[15] Issues of class and race have contributed to tensions within the nursing community, further limiting the progress of nursing's development as a waged occupation for women. With this critical study, the door has been opened to the further consideration of the history of Canadian

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[14] For classic narrative histories of Canadian military nursing see: G. W. L. Nicholson, Canada's Nursing Sisters (Toronto: Samuel Stevens, Hakkert, 1975); and, J. M. Gibbon and M. S. Mathewson, Three Centuries of Canadian Nursing (Toronto: Macmillan, 1947). A brief but sympathetic assessment is found in Desmond Morton, When Your Number's Up: The Canadian Soldier in the First World War (Toronto: Random House, 1993) Chapter 8. Recent studies include: Meryn Stuart, "War and Peace: Professional Identities and Nurses' Training, 1914-1930", in Elizabeth Smyth, Sandra Acker, Paula Bourne, and Alison Prentice, (eds.), Challenging Professions: Historical and Contemporary perspectives on Women's Professional Work (Toronto: University of Toronto Press, 1999) pp. 171-193. Also: Susan Mann, (ed.), The War Diary of Clare Gass, 1915-1918 (Montreal/Kingston: McGill/Queen's University Press, 2000). This is the first published diary of a Canadian military nurse of the Great War; and, Leslie Newell, "Led By the Spirit of Humanity: Canadian Military Nursing, 1914-1929" (M.Sc. (Nursing), University of Ottawa, 1996).

[15] Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford University Press, 1996).

military nursing not only as it pertains to the qualified trained, paid graduates, but also from the perspective of the casually trained nursing volunteers.

The foundations of the women's movement have been well documented by the international scholarship on women's history, tracing the roots of feminism from eighteenth century intellectualism through the voluntarist traditions of Victorian elites in Europe and North America, and into the suffrage movements of the late nineteenth and early twentieth centuries.[16] As the study of women's work evolved, it stressed the importance of women's freely given labour for others.[17] The resulting scholarship has underlined the critical relationship between women's voluntarism and the development of women's paid professional work in the early twentieth century, particularly in occupations where women have made the most significant contributions such as teaching, social work and nursing.[18]

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[16] Well known studies of nineteenth century voluntarism include: Patricia Branca, "Image and Reality: The Myth of the Idle Victorian Woman", in Mary Hartmann and Lois W. Banner, (eds.), Clio's Consciousness Raised: New Perspectives on the History of Women, (New York: Harper & Row, 1974) pp. 179-191; also, Nancy Cott, The Bonds of Womanhood: "Women's Sphere" in New England, 1780-1835 (New Haven: Yale University Press, 1977); and, Linda Kealey, (ed.), A Not Unreasonable Claim: Women and Reform in Canada, 1880s – 1920s (Toronto: Women's Press, 1979). Recent Canadian studies include: Mariana Valverde, The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925 (Toronto: McClelland & Stewart, 1991); and, Sharon Anne Cook, "Through Sunshine and Shadow": The Women's Christian Temperance Union, Evangelicalism, and Reform in Ontario, 1874-1930 (Montreal/Kingston: McGill-Queen's University Press, 1995); also Carol T. Baines, Patricia M. Evans, and Sheila M. Neysmith, (eds.), Women's Caring: Feminist Perspectives on Social Welfare (Toronto: McClelland & Stewart, 1991).

[17] Classic studies include: Joan Wallach Scott, Gender and the Politics of History (New York: Columbia University Press, 1999 [c. 1988]); and, Louise A. Tilly, and Joan W. Scott, Women, Work and Family (New York/London: Routledge, 1987 [c. 1978]).

[18] See: Alison Prentice, and Marjorie R. Theobald, (eds.), Women Who Taught: Perspectives on the History of Women and Teaching (Toronto: University of Toronto Press, 1991); also, Jane Lewis, Women and Social Action in Victorian and Edwardian

Thus VAD service was framed by the gendered expectations of women's patriotic war service, and class expectations of appropriate activity for women, determining who was eligible for munitions work, or for fund raising for the Red Cross. The issue of women's war service in the early twentieth century was complicated by the advent of the qualified military nurse, who by virtue of her specialised training and recognised skills, was designated as the appropriate wartime hospital worker. Consequently, gender and class reveal a complex dynamic in the era of the Great War. The older traditions of women's voluntarism intersected with new dimensions of women's paid labour in the form of the fully trained graduate nurse, and both were connected to masculine ideals of militarism and patriotic service. The juxtaposition of military nurses working alongside casually trained nursing volunteers in wartime hospitals had serious implications for the development of nursing as a professional occupation for women in the early twentieth century. Thus VAD history must necessarily be situated within the context of Canadian nursing history, as well as the history of women's work, since the advent of the VAD affected the status of nursing, both civilian and military, and more particularly the future of trained graduate nurses with regard to their post-war employment and wage earning potential. There is also scant acknowledgement by scholars of women as participants in the Canadian military during the Great War.[19] Yet the presence of casually trained

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England (Stanford: Stanford University Press, 1991); and, Beverly Boutilier, "Helpers or Heroines?: The National Council of Women, Nursing and 'Women's Work' in Late Victorian Canada", in Dianne Dodd and Deborah Gorham, (eds.), Caring and Curing: Historical Perspectives on Women and Healing in Canada (Ottawa: University of Ottawa Press, 1994) pp. 17-47; and also, Gale Wills, A Marriage of Convenience: Business and Social Work in Toronto, 1918-1957 (Toronto: University of Toronto Press, 1995).

[19] Some early published accounts by military men noted the presence of Canadian VADs in the hospitals abroad. See: Sir Andrew MacPhail, M.D., Official History of the

women as VAD nurses, ambulance drivers, and other supporting roles, set a precedent for Canadian women's active patriotic service, opening a door to women's future military service in a non-nursing capacity.

Uncovering the experience of a previously unrecognised group of Canadian women provides new insights into the development of Canadian women's history. Underlying the study are the concepts of voluntarism, maternalism, masculinity and professionalisation, emphasising the push and pull on women at a critical juncture in the evolution of feminist thought, women's activism, and of their participation in the waged economy. By "marching shoulder to shoulder with their sisters", Canadian VADs signalled a new avenue for women's active participation in public service, linking old traditions of women's voluntarism with new enterprises in the masculine sport of war.[20]

1.2 Gender, Class and the Traditions of Voluntarism

On the Victory Bonds poster are three farm women, bent and straining, their backs and shoulders harnessed to the halter of a plough by rope and chains. The message reads: "They Serve France. How Can I Serve Canada?"[21] The traditions of service that shaped patriotism during the Great War had both a feminine and a masculine face, but class as

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Canadian Forces in the Great War, 1914-1919: the Medical Services (Ottawa: A. C. Acland, 1925) pp. 342-343; also, Kenneth Cameron, Col., History of No. 1 Canadian General Hospital, 1914-1919 (Sackville, N.B.: Tribune Press, 1938).

[20] Mary Macleod Moore, "Canadian Women War Workers Overseas", The Canadian Magazine, 52:3 (January 1919) p. 737.

well as gender governed the response. The highest form of masculine service was soldiering, and class determined rank. Among women, only a select few could qualify for the idealised symbol of feminine service as a nurse. The greater majority of women offered their services according to their age and marital status, but class also would largely determine whether that service was paid or voluntary. Although women were denied access to the battlefields, the war reconfigured the traditional expectations of their service by channelling their maternal energies away from the domestic front of home and community towards the needs of "the boys" overseas.

Working class women displayed their patriotism through long hours in the dirty and dangerous war industries, finding that their value as labourers had increased both financially and socially. In rural areas, women stood in for farm labourers, and other men who drove delivery vans for the general store or the horse-drawn milk wagons.[22] At harvest time young women volunteers, frequently students, were set up in camps to aid with the picking and preparation of fruit and vegetables for the market.[23] As the demand for their labour increased, those women doing "a man's job" saw their wages become more closely aligned to a man's pay. For the duration of the war, the workplace was re-gendered, legitimising the much needed labour of women on the farms, in heavy industries like munitions and armaments, or in any other non-traditional waged work

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[21] Maurice F. V. Doll, The Poster War: Allied Propaganda Art of the First World War (Edmonton: Alberta Community Development, 1993), Plate 33.
[22] Gwen Szychter, "The War Work of Women in Rural British Columbia: 1914-1919", British Columbia Historical News, 27:4 (Fall 1994) pp. 8-9.
[23] Barbara M. Wilson, (ed.), Ontario and the First World War: A Collection of Documents (Toronto: University of Toronto Press, 1977) pp. 114-123.

related to the war.[24] Regardless of the unprecedented sight of women in overalls however, the circumstances did not signal a "watershed" for Canadian women's entry into the paid workforce. This would only be a temporary re-alignment. After the war, as the men returned to reassert their roles as breadwinners, the women were expected to re-direct their maternal energies to their natural centre in the home.[25]

The demonstrated patriotism of women from the middle and upper classes also conformed to the expectations of class. The maternalist ideals that had fostered their pre-war political activism, as well as the traditions of community service, were converted into patriotic productivity. Groups like the Suffrage War Auxiliary were created to convert idealism into action, placing previously unwaged middle and upper-class women into banks and offices in order to release more men for armed service, assuming the men were eager for the release.[26] Other women chose to forgo a salary and instead demonstrated their patriotism by working in one of the countless voluntary organisations that emerged to fill the gaps in the state support of the war effort. Their enthusiasm for the war effort was unprecedented, but middle-class women's patriotic activities were rationalised

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[24] By the Armistice an estimated 35,000 women had been employed in the war industries in Canada. See, Wilson, (ed.), Ontario and the First World War, p. lxxxix.

[25] The most comprehensive study of women's non-traditional war work remains, Ceta Ramkhalawansingh, "Women During the Great War", in J. Acton , B. Shepard and P. Goldsmith, (eds.), Women at Work: Ontario, 1850-1930 (Toronto: Canadian Women's Educational Press, 1974) pp. 261-307. Also see: Daphne Read, (ed.), The Great War and Canadian Society: An Oral History (Toronto: New Hogtown Press, 1978); and, Wilson, (ed.), Ontario and the First World War, pp. lxxxv-xciv. The division of masculine and feminine work roles in pre-industrial Europe were re-gendered at times of particular labour requirements like harvesting, see, Michael Roberts, "Sickles and Scythes: Women's Work and Men's Work at Harvest Time", History Workshop, 7, (Spring 1979); also, P.J.P. Goldberg, Women, Work and Life Cycle in a Medieval Economy: Women in York and Yorkshire, 1300-1520 (Oxford/New York: Oxford University Press, 1992).

[26] Wilson, (ed.), Ontario and the First World War, p. lxxxvi.

through their maternalism. The middle-class woman's role in the war was thus regarded as a natural extension of the traditions of nineteenth century voluntarism, and young single women, just as the older married women, were expected to offer their time and energy.

Constructed as a maternalist ideal of service, women's patriotism balanced the masculine construction of patriotic duty. An American Victory Loan poster depicted a soldier, with arms encircling his wife and small son, setting off for war under the caption: "For Home and Country".[27] The soldier gave his service to the state, but he risked his life as a father and husband to protect the vulnerable women and children at home. His patriotism was defined by his role as a citizen and father, but it was also shaped by the construct of "manliness" that was built on the late Victorian ethos of "muscular Christianity", and further bolstered by the concept of a "holy war".[28] As historians have shown, imperialist sentiment was also a powerful motivator, with so many Canadian men still strongly tied to family in the "motherland".[29] Soldiering comprised the ultimate demonstration of masculinity in war, but class played a defining role since only gentlemen became officers. Regardless of rank however, the able-bodied man was seen to willingly relinquish his regular livelihood for the duration of the war, and consequently also to risk his life for the cause.

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[27] Doll, The Poster War, Plate 27.

[28] Jeffrey A. Keshen, Propaganda and Censorship During Canada's Great War (Edmonton: University of Alberta Press, 1996) pp. 3 & 130.

[29] For a discussion of patriotism, class and ethnicity of military recruits, see, R. Matthew Bray, "Fighting as an Ally: The English-Canadian Patriotic Response to the Great War", Canadian Historical Review, 61:2 (June 1980) pp. 141-168.

Nevertheless, women's patriotism endeavoured to align itself with masculine patriotic service through the language of militarism. Voluntarist activities like fund-raising and Red Cross work were lauded as the "heroic sacrifices of time and money", but only mothers who made the "supreme sacrifice" of a son were rewarded with an equal "undying glory".[30] Yet most women, mothers or not, "rallied to the call", and there were only "a few slackers" amongst them.[31] For women as for men, failing to do one's patriotic duty was the greatest disgrace. The indifferent or lazy woman was compared to the man who failed to "stand and be counted", consequently meriting the white feather of cowardice for his lack of patriotism.[32] Constructed as a maternalist endeavour, women's patriotism therefore reinforced the traditional ideal of women's service and her "natural" abilities for mothering.

Gender, class and the legacy of women's voluntary service thus prepared the way for the emergence of the voluntary nurse as a demonstration of women's patriotic service in the Great War. Like soldiering for men, the pinnacle of women's wartime service was embodied in the figure of the "nurse". The Honour Rolls bore testament to the attendant

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[30] Wilson and Raymond, "Canadian Women in the Great War" p. 177. The authors noted of the mother's sacrifice, "supremest of all was the giving up of their first born . . . to make Canada a name of which to be eternally proud." The language of "heroic sacrifice" is well documented in Alan R. Young, '"We Throw the Torch": Canadian Memorials of the Great War and the Mythology of Heroic Sacrifice', Journal of Canadian Studies, 24:4 (Winter 1989/90) pp. 5-28.

[31] The language of soldiering was common in propaganda urging popular support for women's efforts. See, Olive Dent, "How Women Rallied to the Call", in J. A. Hammerton, (ed.), The War Illustrated: A Pictorial Record of the Conflict of the Nations, Vol. 9 (London: Amalgamated Press, 1918) p. 111 ; also, J. Castell Hopkins, The Canadian Annual Review of Public Affairs: 1915 (Toronto: Annual Review Pub. Co., 1916) p. 418.

[32] Nicoletta F. Gullace, "White Feathers and Wounded Men", Journal of British Studies, 36:2 (April 1997) pp. 178-206.

risks for nurses, despite their non-combatant role.[33] Unlike the military nurse, however, who was armed with the validation of her status as an experienced graduate, the voluntary nurse, or VAD, had to justify stepping out of her accustomed role as a daughter, sister or fiancée in order to offer herself for active service in the "voluntary nursing army".[34] Neither the St John Ambulance in Canada, nor the Red Cross in Britain, could hope to transform a VAD into a nursing graduate in a few weeks of training, but they could offer the validation of her maternal abilities as a well-bred young woman. As a VAD, a woman was actively involved in patriotic service, and by volunteering as a "nurse" to serve the needs of the wounded soldier, she thus satisfied "her nearest approach to being a soldier."[35]

In reality, then, VAD service was related less to the work of the qualified graduate nurse than to the work of the Victorian reformer or missionary, whose efforts took her out of her accustomed environment into the unknown world of war. The same courage and determination that had fuelled Victorian mission work, the temperance campaigns, and the rescue of prostitutes and children from urban slums, was now channelled to the war effort.

The traditions of voluntarism established the precedent for middle-class women to offer their services as Voluntary Aid Detachment nurses during the Great War. The gendering of patriotism justified VAD service as a maternal endeavour for a young

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[33] There were 350 names of nurses and VADs on the official Roll of Honour for the Allied services by April, 1918. See, Imperial War Museum (IWM), Women at Work Collection, (BRCS 25.5.4/26) "Memorial Service for Nurses Who Have Fallen in the War, St Paul's Cathedral, April 10, 1918"; and, (BRCS 25.5.5/4) "Memorial Service for Nurses, April 8, 1918".

[34] Olive Dent, "How Women Rallied to the Call" p. 111.

woman, an opportunity recognised as the equivalent of soldiering, but enabling her to maintain her femininity. Just like the military nurse, the VAD wore a uniform that cloaked her sexuality in its long skirts, stated her efficiency in a starched white apron, and proclaimed her allegiance to the "holy war" with a "saintly" veil. Like the soldier, her training was brief and her commitment to service was only for the duration of the war. As a temporary patriot the VAD could maintain the aura of soldiering, but secure respect for her essentially feminine maternal role as a volunteer nurse. Thus, by employing the framework of gender and class to define the traditions of service that rendered their service socially acceptable during the Great War, the VADs experience can be situated within the context of a critical era of women's social, political and economic status, as the pre-suffrage era gave way to the "vote" and the post-war "working woman".

1.3 Nursing, War and the VAD

The conflicting interests of the VADs as casually trained wartime volunteers, and those of the trained and professionalising paid Canadian graduate nurses, is another major theme of the present study. Any interpretation of the relationship between paid graduate nurses and unpaid wartime nursing volunteers must necessarily be informed by the issue of professionalisation, although the debate regarding nursing's entitlement to the

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[35] Olive Dent, "On Home Service", in Hammerton, (ed.), The War Illustrated.

designation of "profession" is yet to be resolved.[36] Kathryn McPherson notes that much of the traditional scholarship on nursing history is concentrated on the process of professionalisation, emphasizing "the struggle for professional legitimisation and status."[37] This process was barely underway for Canadian nursing when the VAD appeared during the First World War. The legislation for the registration of accredited nurses for the regulation of standards of training and the conditions of entry, was still incomplete. Moreover, there were as yet no university-based education programmes for nurses in Canada.[38] Recent studies by McPherson and others have demonstrated the complexities of implementing the mechanisms for change and control in nursing, thus confirming that the achievement of professional status was a far more arduous process than was anticipated in the early twentieth century.[39] In succeeding decades, the professional aspirations embraced by the nursing activists of the Great War era were

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[36] Included in this early scholarship is the now classic essay by Janice Coburn, "'I See and I Am Silent': A Short History of Nursing in Ontario", in J. Acton , B. Shepard and P. Goldsmith, (eds.), Women at Work: Ontario, 1850-1930 (Toronto: Canadian Women's Educational Press, 1974) pp. 127-163. Other studies include: David Coburn, "The Development of Canadian Nursing: Professionalisation and Proletarianization", International Journal of Health Services, 18:13 (1988) pp. 437-456; and, Janet Ross-Kerr, "Professionalisation in Canadian Nursing", in Janet Ross-Kerr and Jannetta MacPhail, (eds.), Canadian Nursing: Issues and Perspectives (St. Louis: Mosby, 1991) pp. 24-31.

[37] McPherson, Bedside Matters, p. 6.

[38] Natalie Riegler, Jean I. Gunn: Nursing Leader (Toronto: A.M.S. & Fitzhenry & Whiteside, 1997); also, Natalie N. 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., University of Toronto, 1992).

[39] Some of the difficulties surrounding the implementation of university-based nursing education are reviewed in Rondalyn Kirkwood, "Blending Vigorous Leadership and Womanly Virtues: Edith Kathleen Russell at the University of Toronto, 1920-1952", Canadian Bulletin of Medical History, 11:1 (1994) pp. 175-206; and, Lee Stewart, "It's Up to You": Women at UBC in the Early Years (Vancouver: University of British Columbia Press, 1990). The relationship between military nursing and post-war public

fraught with underlying currents of resistance, and unforeseen obstacles that included the Depression, the Second World War, and the installation of a national health care scheme.[40] The creation of the VAD organisation during the Great War came at a critical juncture, as Canada's military nurses stepped into the spotlight as commissioned nursing officers in the Canadian Army Medical Corps (CAMC).

Nursing, along with teaching and social work, was one of the occupations of the early twentieth century regarded as suitable for respectable, educated women.[41] Closely associated with the maternal functions of caring and nurturing, nursing was viewed primarily as a woman's endeavour, regardless of the small representation of qualified male nurses from the pre-war years.[42] Viewed as a natural extension of women's domestic role, nursing had struggled to gain respect as a scientific, knowledge-based occupation requiring training and skill. The innovation of a large, militarised nursing corps during the war was a critical development because of the emphatically masculine associations of the military and war. In their bid for professional recognition, Canadian

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health nurses' training is well demonstrated in Meryn Stuart, "War and Peace: Professional Identities and Nurses' Training, 1914-1930".

[40] The problems confronting the development of twentieth century Canadian nursing are fully analysed in McPherson's, Bedside Matters.

[41] Recent studies of "professionalisation" in teaching and social work include: Wills, A Marriage of Convenience; Sara Z. Burke, Seeking the Highest Good: Social Service and Gender at the University of Toronto, 1888-1937 (Toronto: University of Toronto Press, 1996); Jane Errington, "Ladies and Schoolmistresses: Educating Women in Early Nineteenth Century Upper Canada", Historical Studies in Education, 6:1 (Spring 1994) pp. 71-96; Ruby Heap, and Alison Prentice, (eds.), Gender and Education in Ontario: An Historical Reader (Toronto: Canadian Scholars' Press, 1991); Prentice, and Theobald, (eds.), Women Who Taught; Alison Prentice, "The Feminisation of Teaching", in Susan Mann Trofimenkoff and Alison Prentice, (eds.), The Neglected Minority: Essays in Canadian Women's History, Vol. I (Toronto: McClelland & Stewart, 1977) pp. 49-65.

[42] McPherson, Bedside Matters, p. 116. The author notes 227 males nurses appeared in the Census between 1921 and 1941.

nursing leaders recognised the unique opportunity offered by military war service to demonstrate the nurses' skill and knowledge, and to enhance the overall status of nursing.[43] During the late nineteenth century, professionalism became an increasingly important factor in the development of the female-dominated occupations in the healthcare sector, as Ruby Heap's study of women in physiotherapy has shown.[44] The first step towards the professionalisation of nursing had already been initiated in 1908 with the establishment of a national organisation, the Canadian National Association of Trained Nurses (CNATN).[45] The second step involved the implementation of legislation for the registration of accredited nurses in each province, a process that was underway when war began. The final critical stage was the standardisation of training requirements, and the elevation of nursing education to the university level, two measures that were still under discussion as the CAMC nurses set off for the war.[46] This was a painstaking

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[43] Scholarship on masculinity and the military includes: Robert H. MacDonald, Sons of the Empire: The Frontier and the Boy Scout Movement, 1890-1918 (Toronto: University of Toronto Press, 1993); also, Donald J. Mrozek, "The Habit of Victory: The American Military and the Cult of Manliness" in J. A. Mangan and James W. Walwin, (eds.), Manliness and Morality: Middle-class Masculinity in Britain and America, 1800-1940 (Manchester: University of Manchester Press, 1987) pp. 220-241; and, Anne Summers, "Edwardian Militarism", in Raphael Samuel, (ed.), Patriotism: The Making and Unmaking of British National Identity, Volume I (London: Routledge, 1989) pp. 237-256.

[44] Ruby Heap, "Training Women for a New 'Women's Profession': Physiotherapy Education at the University of Toronto, 1917-40", History of Education Quarterly, 35:2 (Summer 1995) p. 136.

[45] The Canadian Society of Superintendents of Training Schools (CSSTS) was formed in 1907, the original name of the Canadian Association of Nursing Education (CANE). In 1908 this group created the Canadian National Association of Trained Nurses (CNATN), to promote the needs and interests of trained and graduate nurses. See: McPherson, Bedside Matters, pp. 63-64; and, Riegler, Jean I. Gunn, pp. 65-73.

[46] See: JoAnn Whittaker, "The Search for Legitimacy: Nurses' Registration in British Columbia, 1913-1935" in B. K. Latham and R. Pazdro, (eds.), Not Just Pin Money: Selected Essays on the History of Women's Work in British Columbia (Victoria:

process, as confirmed by the international scholarship on the professionalisation of nursing, which has revealed the many obstacles facing their leadership during the twentieth century.[47]

Fortunately, from the perspective of Canadian nurses, the CAMC proved reluctant to include the VADs as part of their hospital personnel overseas. The military medical service saw tremendous risks in taking on women volunteers not governed by salary or rank, and having no allegiance to the rigidly hierarchical hospital system that demanded deference, and strict adherence to the protocols of giving and taking orders. Notions of class and gender also contributed to the Canadian military's objections to VAD service in their overseas hospitals. Based on the examples of British women volunteers during the Boer War, and the pre-war organisation of Britain's VAD scheme, upper-class women were seen to dominate the roster of volunteers.[48] The CAMC administrators anticipated the prospect of upper-class volunteer women challenging the authority of the Nursing Sisters, and viewed the possibility as an unacceptable disruptive influence in the military

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Camosun College, 1984), pp. 315-326. The author explores the problem of professionalism for Canadian nurses of the era.

[47] For example, see: Barbara Melosh, 'The Physician's Hand': Work Culture and Conflict in American Nursing (Philadelphia: Temple University Press, 1982) Chapter 1; and, Susan Reverby, Ordered to Care: The Dilemma of American Nursing, 1850-1945 (Cambridge: Cambridge University Press, 1987) Chapter 7; also, Martha Vicinus, Independent Women: Work and Community for Single Women, 1850-1920(Chicago: University of Chicago Press, 1985) Chapter 3; and also, Celia Davies, "Professionalizing Strategies as Time-and-Culture-Bound: American and British Nursing, circa 1893", in Ellen Condliffe Lagemann, (ed.), Nursing History: New Perspectives, New Possibilities (New York: Teacher's College Press, 1983) pp. 47-64; and, Julia Kinnear, "The Professionalization of Canadian Nursing, 1924-1932: Views in the CN and CMAJ", Canadian Bulletin of Medical History, 1:11 (1994) pp. 153-174; also, Dorothy J. Kergin, "Nursing as a Profession", in Mary Quayle Innis, (ed.), Nursing Education in a Changing Society (Toronto: University of Toronto, 1970) pp. 46-63.

[48] Summers, Angels and Citizens, Chapter 9.

hospitals.[49] Yet, as the war dragged on, economic factors would override some of the arguments against VAD assistance, with patriotism employed as a mechanism to neutralise the original objections to casually trained women serving as volunteer nursing assistants both at home and overseas. Arguments that favoured VAD assistance appealed to class in order to compensate for their lack of training, since Nightingale's image had contributed to the ideal of middle-class respectability as a pre-requisite for nursing.

Thus, the issue of professional identity is critical to the interpretation of the history of Canadian VADs. Maternalist ideology had legitimised the patriotic service of auxiliary nursing volunteers in military hospitals at home, although it could not penetrate the resolve of the CAMC to exclude non-ranking personnel. Nevertheless, the resurgence of the casually trained nurse in a time of crisis exposed the insecurities of the Canadian nursing community, demonstrating how easily class and respectability could be substituted for training and expertise. Within the hospital community, VADs would frequently encounter the resentment of the nurses, whose own uncertain status was further challenged by the intervention of unqualified women. Yet, the fears generated by the VADs also served to fire the determination of Canadian nursing activists to seek professional recognition through the implementation of concrete measures, including the completion of provincial registration, and the elevation of nursing education standards to the university level. The VAD thereby holds a critical place in the history of Canadian

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[49] Diana Condell and Jean Liddiard, Working for Victory?: Images of Women in the First World War, 1914-1918 (London: Routledge & Kegan Paul, 1987) p. 29. The authors note that British VADs were often exploited by nurses who resented their presence and their class origins.

nursing, as the pre-war legacy of the Nightingale era receded, and the post-war era opened with nurses striving for their modern "professional" identity.

1.4 Recovering the History of Canada's VADs

By Armistice Day, November 11, 1918, an estimated 2,000 Canadian women could count themselves among the members of a Voluntary Aid Detachment. With the end of the war, most of Canada's VAD veterans quickly melted back into their civilian lives leaving little concrete evidence of their unique experience of "active service" in the Great War. No "colonial" Vera Brittain came forward to give voice to Canada's VADs, and whatever diaries, letters or photographs had accumulated from their war years were soon put away with the starched white veils. Like other Canadians, the VAD veterans put the war behind them, reluctant to break the code of discretion ingrained through the hospital culture. There was little public acknowledgement of their wartime service, or the value of their volunteer work to the war effort.

The publication of Vera Brittain's Testament of Youth in 1933, has served as a monument to the wartime experience of British VADs, and by association any others. Composed from her own diary recollections, and guided by her maturing feminist consciousness in the context of the inter-war era, Brittain's words were a plea to pacifism that deplored the barbarism and futility of war. The much later posthumous publication of her diary offered a more powerful recollection of the experiences of a young woman dealing with incredible loss and the upheaval of her world. It consequently opened the

door to new interpretation by a second generation of post-war scholars. In the wake of the women's movement of the 1970s, the significance of British women's role in the Great War came under the intense scrutiny of feminist scholars, who situated women's experience of the First World War within the evolution of feminist thought.[50] The creative output of British VADs and other women war workers of the era was subsequently rediscovered, resulting in their memoirs, novels and poetry finding new interpretations through the gendered analysis of social historians, sociologists and literary analysts.[51]

This study has been structured to recover the full history of Canada's Great War VADs, as individuals, as a community of women, and as active war workers. The chapters are organised to provide a link between the pre-war traditions of women's voluntarism, the wartime role of the VADs as unpaid voluntary nurses in military

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[50] See: Bishop, (ed.), Chronicle of Youth. The role of the VAD within the context of the development of twentieth century feminist thought has been carefully analysed by historians and literary analysts such as, Gorham's' Vera Brittain: A Feminist Life. Others include: Sharon Ouditt, Fighting Forces, Writing Women: Identity and Ideology in the First World War, (London/New York: Routledge, 1994), particularly Chapter I on nurses and VADs. Also, Sandra M. Gilbert, "Soldier's Heart: Literary Men, Literary Women, and the Great War", in Margaret R. Higonnet, Jane Jenson, Sonya Michel and Margaret Collins Weitz, (eds.) Behind the Lines: Gender and the Two World Wars (New Haven/London: Yale University Press, 1987) pp. 297-326; and also, Gail Braybon, Women Workers in the First World War: The British Experience (London: Croom Helm, 1981).

[51] Novels about the war published by VADs include: Mary Wedderburn Cannan, Grey Ghosts and Voices (Kineton: Roundwood Press, 1976), and The Lonely Generation (London: Hutchinson, 1934). Also see: Irene Rathbone, We That Were Young (London: Virago, 1988 [c. 1932]). Recent collections also include selections of VAD poetry, including: Angela K. Smith, (ed.), Women's Writing of the First World War: An Anthology (Manchester/New York: Manchester University Press, 2000); Margaret R. Higonnet, (ed.), Lines of Fire: Women Writers of World War I (London: Plume, 1999); also, Catherine Reilly, (ed.), Scars Upon My Heart: Women's Poetry and Verse of the First World War (London: Virago, 1981).

hospitals at home and abroad, and the consequences of their service for the development of Canadian nursing as an emerging women's "profession". The conflicts and contradictions resulting from the gendering of patriotism to accommodate the needs of the state, as well as the issues of class that informed the ideology of the service ethic in war, are underlying themes of the analysis. The history of Canadian VADs must also be interpreted to encompass the individual experiences of VADs, their place within the St John Ambulance Association, and their relationship with the Department of Militia and Defence which authorised the creation of the VAD programme.

The women themselves are the focal point of the study. Of an estimated 2,000 or more, a total of 808 have been identified and entered into a database [see Appendix 1]. The emphasis is placed on VAD experience during the four years of the war, and its consequent effect on developments in Canadian nursing. By extending the research to 1930, the immediate post-war legacy of VAD war service can also be considered. A chronological sequence was employed to follow the gradual evolution of the Canadian VAD movement as it grew and became more deeply involved in the war effort at home and overseas. Chapter 2 examines the origins of VAD service in Canada, exploring the historical roots of St John Ambulance in Canada as the agency responsible for the inception of the VAD programme. The traditions of women's voluntarism and community service are considered, with regard to their reconfiguration in the non-combatant, militarist function of VADs, and to the interrelation of gender and class.

Each of the four central chapters of the study considers a different aspect of VAD service to include their personal profiles, training with St John Ambulance, their work in the military hospitals and elsewhere, and their relationship to nurses and the

developments in the professionalisation of nursing. Chapter 3 uses the database to construct a detailed profile of the 808 identified VADs, which includes their geographical, family and educational background, regional variations, and any previous experience of work or responsibilities outside the home. Canada's VADs thereby emerge from the shadow of their British sisters, with a distinct Canadian identity and their own national experience of VAD service. Chapter 4 examines the issue of VAD training for voluntary nursing in the hospitals, including the rationale behind the St John Ambulance courses, and their value with regard to the real work of wartime nursing. Training was fundamental to the recognition of nursing as a profession for women in the early twentieth century. Therefore, the nurses' concerns regarding the perception of nursing as instinctive "women's work", through the example of the VAD, are central to the discussion. The fifth chapter draws on personal responses to the VADs' experience, which is gathered from their diaries, letters, memoirs and pre-recorded oral histories. It explores the relationships that developed between individual VADs and qualified nurses in Canadian and British hospitals, as well as with the soldier patients.

The analysis of the influences of VAD service on the development of Canadian nursing is undertaken in Chapter 6. Patriotism and propaganda promoted the nurse as the icon of women's war service, but the casually trained VAD challenged the "professional" status to which Canadian nursing activists aspired. The chapter considers the issues that confronted Canadian civilian and military nurses with regard to VAD service, examining both the positive and negative influences affecting post-war developments in nursing. Chapter 7 brings the VADs to the end of the war, reviewing their prospects for the future in the ambivalent post-war atmosphere that signalled both conservatism and a desire for

change. The war had offered the VADs an opportunity for new responsibilities and independence, but it also exposed them to great suffering, stress and unimagined hard work. Their subsequent response to the post-war pressures to resume the "status quo" offers clues to the "disappearance" of Canadian VADs.

The task of recovering Canada's VAD nurses for the historical record initially appeared tenuous, based on the small archival collection that had survived from the Great War era in the records of the St John Ambulance Association, as the progenitor of the VAD movement in Canada. Regardless of this inauspicious beginning, St John proved to hold the key to the identity of 808 of the estimated 2,000 women who became Canadian VADs during the war, with a list of 350 VAD members sent overseas to British military hospitals. The St John House Library in Ottawa also holds an invaluable collection of Annual Reports and monthly First Aid Bulletins from the war era, providing necessary background information on St John policy and the organisation of the VAD programme. Subsequently, a wealth of primary and published evidence began to emerge from library and archival collections across Canada, and in Britain where the VAD movement originated in 1909. This study then is a national project with international dimensions, since the Canadian VADs served in British hospitals in England, Europe and the Middle East, and all overseas service came under the jurisdiction of the Joint VAD Committee at Devonshire House in London, England. Moreover, at that time Newfoundland was still a colony of Britain, and the impressive collection of VAD diaries and letters held at the Centre for Newfoundland Studies at Memorial University form an essential component of Canadian VAD history.

The sources fall into the two main categories of primary and published primary material contemporary to the war era, each of which again subdivides into specific groups providing particular information contributing to the larger interpretation of Canada's VAD history. The primary sources comprise three main divisions of official records, manuscript files and personal documents. The official records were gleaned from both the private archives of St John Ambulance and the Canadian Red Cross, as well as Canadian government records in the National Archives. The latter primarily concerned the wartime activities of the Department of Militia and Defence regarding their military medical establishment of the CAMC. The private collections of the Canadian Red Cross and St John Ambulance, both in Ottawa, each hold a selection of documents relating to VADs in the form of official Minutes of executive meetings, and internal reports. Not all of these records are located in a single holding however, but are scattered among several local and provincial archives across the country.

On the international front, the documents of Britain's Joint Women's VAD Department are held at the Imperial War Museum in London, England, in their Department of Documents. These papers are contained within the immense holdings of the "Women's Work" collection, an unparalleled women's archive from the Great War. Fortunately these documents are also available on microfilm. The British Red Cross section comprises the minutes, and memoranda, reports, and related documents for the VAD organisation during the war, as well as the papers of Dame Katherine Furse, Commandant of the British VAD organisation until 1917. In Britain also, the British Red Cross Society, Museum and Archives holds the more than 50,000 Personnel Record Index Cards for all VADs who served during the Great War in military and auxiliary

hospitals, as well as ambulance drivers and other support personnel, among them are the approximately 500 Canadians who served abroad as VADs. These are standardised record cards noting age, location, and duration of service in hospitals, both in Canada and overseas, as well as other details about the individual VADs. Some information is restricted under privacy rules, including personal comments regarding performance of duties and character. Also several of the cards were stamped in red with the designation of "Private File", indicating a separate, more detailed record for particular women, including Canadians. Access was not permitted under the privacy rules, but it is possible the details of more serious problems or concerns specific to individual women were recorded in this file. The cards confirmed the identities of Canadian VADs, added names to the list of St John Ambulance names, and noted the names of any women who had married. The size of the collection required rationalising the search to military hospitals only, but the standardised form of the cards allowed a far more structured analysis of Canadian VAD service than would otherwise have been possible. Moreover the size of the Canadian overseas contingent was confirmed and enlarged, since several of Canada's VADs had trained in England under the British Red Cross.

Of manuscript holdings in the National Archives collection, the most prominent was that of Matron-in-Chief Macdonald of the CAMC Nursing Service, containing observations regarding the use of VADs in CAMC hospitals. Sir Edward Kemp's papers concern the VADs in the hospitals of Canada's Military Hospitals Commission, and Sir George Perley's papers provide details regarding Lady Perley's organisation of the independent Canadian Imperial VADs, formed in England in 1918. Details and personal documents of individual VADs were gleaned from the collected papers of some

prominent fathers located at the National Archives, as well as those in provincial and local archives across the country. Also, university archives provided biographical details and records of the VAD service of alumnae.

Reconstructing the VAD organisation required the assembling of biographical details from a multitude of sources in order to profile individuals, and compare their overall record to the British VADs. City Directories are a valuable resource for this type of search, although they are prone to problems with inaccurate spelling and inconsistent listings, however, by consulting the Directories over a 10 to 15 year period for each identified name, a reasonable pattern of identification emerges. Not only the father's occupation, but also the employment record of the VAD herself could often be discerned, as well as that of other family members. This material offered clues to their socio-economic origins, and allowed the compilation of an occupational profile for a sample of several hundred VADs across the country. While not a statistically valid sample, this information, when compiled in the database [see Appendix 1], offered a comparative standard by which to measure the Canadians against the assumptions made regarding their British counterparts, as well as a basis for comparing regional differences in national VAD representation.

Other published records were generated by the St John Ambulance and the Red Cross in the form of annual reports and monthly bulletins. These sources document organisational details, as well as funding and regional variations in the national VAD programme. International reports from both agencies also illustrate the role of Canadian VADs within the context of the British VAD organisation. The national headquarters of both organisations in Ottawa hold many of these papers, but several unpublished versions

are found in the holdings of provincial and local archives, justifying a thorough search of these collections across the country. Also, numerous published books and articles of the period were produced primarily to garner popular and financial support for the war, but due to censorship regulations, there was little to be found in the national newspapers regarding VAD organisation and their transport abroad. Many smaller newspapers however, published items concerning local citizens, which have been collected in historical files in local public libraries across the country, thus contributing details on the personal profiles of individual women.

With so little known about Canada's VADs, tracing their existence was often a painstaking process to identify sources from misleading subject headings, particularly "nursing". Deciphering this code frequently led to the most rewarding aspect of the research, the discovery of a diary or letter collection in the hand of a VAD, or pre-recorded oral histories recounting their VAD experiences. The quantity of material that has surfaced to date is far from extensive, but overall it has provided the most intimate and provocative evidence for this research, taking it beyond speculation and assumption to the actual words of the key participants. It would be naive to assume that the typed manuscripts of Marjorie Starr or Sybil Johnson were not edited in some form, or that the handwritten volumes of Grace MacPherson did not suffer some inadvertent editing for fear of who might have access.[52] Also it is necessary to remember that letters of military personnel were subject to censorship, and the VADs were cautioned regarding what

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[52] For these diaries see: Imperial War Museum (IWM), Department of Documents (DD), Marjorie Starr (Manson) Diary; Centre for Newfoundland Studies (CNS), Collection-201, Sybil Johnson Diary; Canadian War Museum (CWM), (58A1 21.12), Grace MacPherson Diaries.

should not be divulged, according to both hospital etiquette and military security. Nevertheless, the words of Frances Cluett, Alice Bray and Sybil Johnson remain refreshingly candid in their opinions of hospital hierarchy, nursing supervisors, and their reactions to the suffering around them.[53] The oral histories are subject to the limitations of the unknown interviewer, and the purpose of their investigation, but the memories of the women, even clouded by the passage of many decades, are remarkably clear, despite the frustration of not being able to interject pertinent questions after the fact.[54] The same clarity infused the responses of three women recorded for an NFB documentary when they were all over 90 years, but still able to offer vivid accounts of their time as VADs in England and France.[55] These personal accounts breathe life into a history now part of another century, documenting the joys, sorrows, hardships and celebrations of their brief period of "active service" as eager young VADs, and transforming an historical event into lived experience. The only regret is the certain knowledge that so much more has been lost through the failure to value their experiences as women, by preserving their written documents or capturing their voices. Yet what has survived offers an invaluable insight into Canadian women's lives, their work and public service, at a critical time in Canada's history.

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[53] For the letters see: CNS, Collection-174, Frances Cluett Papers; National Archives (NA), MG30 E572, Alice Bray Collection; CNS, Collection-201, Sybil Johnson Papers.
[54] For the oral histories see: NA, 9861 Acc 1981-0111, Voice of the Pioneer, "Violet Wilson Interview" (c. 1970); NA, A1 9903-0008, The Great War and Canadian Society Project, "Jean Marita Sears (Suydam), (23 July 1974)"; NA, A1 9903-0015, The Great War and Canadian Society Project, "Shirley Gordon (18 June 1974)".
[55] Silva Basmajian, producer, "And We Knew How to Dance: Women in World War I" (National Film Board, 1993).

Finally, a substantial database has been compiled from the minutiae of evidence collected from numerous archival holdings, large and small both across Canada and in Britain. Systematically organised to reconstruct the identity of the VADs, the database classifies the women by name, age, regional origin, family background, education, waged employment prior to service, history of their VAD service, post-war employment and changes in marital status. This organisation permits comparisons with the British VAD experience, and traces particular trends and anomalies. Thus the database contributes to a more accurate definition of the VAD, offering concrete evidence rather than just generalised assumptions. Overall it has proven to be an essential tool for handling such a large quantity of information, in order to rationalise the evidence in the most useable form. Ultimately, through this research, some 2,000 Canadian women have been restored to the historical record. Examined through the lens of gender and class, the study of Canada's VADs brings new insights to the history of women's paid and unpaid work, and to the development of nursing as a women's "profession". As the unheralded assistants to the wartime military nurses at home and overseas, who were often romanticised as the "angels of mercy", Canada's Voluntary Aid Detachment nurses have come out of the shadows to reclaim their place in history.

CHAPTER 2

"GETTING INTO THE WAR": THE ORGANISATION AND IMPLEMENTATION OF THE CANADIAN VAD SCHEME

2.1 Canadian Women at War

Grace Morris recalled having gathered with friends on August 4, 1914 to wait anxiously for the news. When the confirmation came that Canada was at war, one of their group demanded: "How do you get into a war?"[1] Imagined like a G. A. Henty novel, with masculinity triumphing in the cause of the Empire, war loomed both fearsome and as an enormous adventure.[2] Young men were eager to prove themselves in the imagined glories of battle, and everyone was confident that the war would be "over by Christmas."[3] The "frantic eagerness to enlist" noted by Sandra Gwyn was demonstrated by both young men and those

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[1] Grace Morris Craig, But This is Our War (Toronto: University of Toronto Press, 1981) p. 26.

[2] G. A. Henty was one of a group of "imperial adventure writers" popular in late Victorian Britain. They emphasised an idealised masculinity triumphing over less worthy opponents in foreign locales, usually non-white, or non-English white, and promoted a strong imperialist message of the superiority of the British "race". See: Kelly Boyd, "Exemplars and Ingrates: Imperialism and the Boys' Story Paper 1880-1930", Historical Research, 67:163 (June 1994) p. 146.

well past their prime, with the result that by September 1914 some 30,000 volunteers had arrived at a military training camp at Valcartier, Quebec on their first step along the journey into war.[4] Yet behind the bravado, the reality, as historians have revealed, was a notable lack of preparation on the part of the government and the military. All that remained from Canada's part in the South African War (1899-1902), was a core group of military officers trained for battle, and a popularist notion of militarism that had carried over into 1914.[5] This legacy had served to promote the formation of a cadet corps in some provinces, and had given rise to militarist organisations like the Canadian Defence League, an affiliation of business and professional men who favoured "universal military training".[6] Therefore in August 1914, for young Canadian men the problem of getting "into the war" could be easily solved. However not all of those gathered on Grace's front porch that day were young men. For the women in the group, getting "into the war" would prove far more problematic. Canadian women were no less aware than their husbands and brothers of the militarist, imperialist sentiment that had increasingly pervaded the national consciousness in the years following the South African conflict. No strangers to armed conflict, women in Canada from the earliest years of European colonisation, had been unavoidably caught up in the political, economic and cultural struggles that had shaped the nation.[7]

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[3] Desmond Morton and J. L. Granatstein, Marching to Armageddon: Canadians and the Great War, 1914-1919 (Toronto: Lester & Orpen Dennys, 1989) p. 7. This was a common pronouncement in the early days of the war.

[4] Sandra Gwyn, Tapestry of War: A Private View of Canadians in the Great War (Toronto: Harper Collins, 1992) p. 49. Also: Craig, But This is Our War, p. 27.

[5] Morton and Granatstein, Marching to Armageddon, p. 7.

[6] Ibid, pp. 7-8.

[7] The literature on Canadian women's role in the various North American conflicts since colonisation is too numerous to cite. For a comprehensive survey see: Alison Prentice, et al., Canadian Women: A History (Toronto: Harcourt Brace, 1996) Parts I & II.

Prior to the advent of the First World War, however, Canadian women had never demonstrated such enthusiasm, support and involvement in a conflict fought on foreign soil. Their patriotism had developed gradually, from the late nineteenth century, and grew apace with the burgeoning industrialisation, urbanisation and immigration that shaped Canada through the turn of the century. Patriotism and imperialist ideals had infused in the consciousness of Canada's English-speaking middle-classes with the consolidation of the Empire, gaining strength with Victoria's Diamond Jubilee in 1897. The war in South Africa had given vent to the new Canadian imperialism, with particular appeal for those of Anglo-Protestant origin, and the wave of British immigrants of the era.[8] The more ardent imperialists among the English-speaking middle-class women in Canada at the time had created a women's patriotic society, the Imperial Order Daughters of the Empire (IODE). Established during the South African War, ostensibly to ensure the proper maintenance of Canadian war graves abroad, the IODE also worked to foster imperialist and patriotic ideals among the young, promoting Empire Day activities in the schools of English-speaking Canada.[9]

The South African conflict marked the first time Canadian women served officially as military nurses in a war on foreign soil. While only eight were sent, they were ranked as

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[8] Canadian imperialism during the war era is examined in: Carl Berger, The Sense of Power: Studies in the Ideas of Canadian Imperialism, 1897-1914 (Toronto: University of Toronto Press, 1970); and also: Norman Pennington, Canada and Imperialism, 1896-1899 (Toronto: University of Toronto Press, 1965).

[9] Prentice, et al., Canadian Women, p. 114. Also: Nancy M. Sheehan, "Women's Organisations and Educational Issues, 1900-1930", Canadian Woman Studies, 7:3 (Fall 1986) p. 91.

Lieutenant, foreshadowing the much larger role of Canadian nurses in the Great War.[10] Among them was a young Margaret Macdonald, the future Matron-in-Chief of the Canadian Army Medical Corps (CAMC) Nursing Service in the First World War, the first woman in the Empire to hold the rank of Major. Florence Nightingale's fabled experiences in the Crimea (1854-1855), had opened the door for the formal entry of women into the masculine sphere of warfare, and established the concept of military nursing in the Empire.[11] During the Great War, nursing would serve as the symbol for the highest form of women's patriotic service, but in Canada it would be open only to a select few of specifically qualified women.

The majority of Canadian women hoping to actively demonstrate their patriotism and support for the war were required to find an alternative solution. A sizeable representation chose to relocate to Britain to be closer to husbands, fathers and fiancés serving overseas. Sandra Gwyn's research revealed that some 30,000 "Canadian wives and sweethearts, accompanied by a good many others whose standing was more questionable" had followed loved ones overseas to Britain by 1917.[12] Many volunteered their time and energy to one of a multitude of war relief programmes that were rapidly established in England and Europe by private sponsors, or through publicly funded relief agencies like the Red Cross. Despite this massive exodus, the women who remained at home in Canada proved no less committed to

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[10] Edith Landells, (ed.), The Military Nurses of Canada: Recollections of Canadian Military Nurses, Vol. I (Whiterock, British Columbia: Co-Publishing, 1995) p. 27. Canadian nurses had also assisted in the North West Rebellion (1885), setting up temporary hospitals at Saskatoon and Moose Jaw, Saskatchewan. Each of the 12 who assisted received a medal for service, being the first instance when Canadian female nurses were recognised for "forming part of a military force in the field."

[11] An analysis of Florence Nightingale's role in the development of British military nursing is found in: Anne Summers, Angels and Citizens: British Women as Military Nurses, 1854-1914 (London: Routledge & Kegan Paul, 1988).

the war effort, participating in a myriad of war relief projects. Their volunteer services were enlisted for a vast range of activities, from knitting, sewing, or packing supplies in Red Cross work rooms, to ambitious public fund-raising projects to purchase hospital ships or ambulances. Much of this fevered activity was derived from the redirected energies of the suffragist organisations, who saw more to be gained from their tireless support for the war effort than by active campaigning for the vote.[13]

Yet the means of getting "into the war" was still a problem for women other than the trained graduate nurses. The ocean that separated Canadian women from the battlefields of Europe was less a barrier to their participation in the war effort abroad, than the unyielding wall of gendered expectations that determined women's role to be distant, supportive and unofficial. The majority of Canadian women were forced to sublimate their energy and patriotic enthusiasm into surrogate activities in support of the war effort that conformed to the prevailing ideology of women's spheres. Nevertheless women's voluntary support of the war effort was expected, although the type of activity depended upon their age and marital status. Young, single middle-class women had little excuse for not demonstrating their patriotism like their mothers through some type of war related endeavour, as one former VAD explained when asked about her motivation for VAD service many years later:

> "Well everybody worked at something. If you were at the university you'd work during your holidays. And there was either the volunteer nursing, which I went into, or farm work, or munitions, or any other thing that happened. But we were all needed."[14]

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[12] Gwyn, Tapestry of War, p. 107. Sandra Gwyn took her numbers from the Canadian Annual Review (1917) p. 518.

[13] Prentice, et al., Canadian Women, p. 231.

[14] National Archives (NA), A1 9903-0015, The Great War and Canadian Society Project "Shirley Gordon Interview" (Toronto, 18 July 1974). Also: Daphne Read, (ed.), The Great War and Canadian Society: An Oral History (Toronto: New Hogtown Press, 1978) p. 164.

The scope of women's voluntary war activities increased rapidly as the war gradually evolved from an adventure into a long and deadly-serious undertaking. Few women needed encouragement to serve, they rallied to the cause, responding to a tradition of voluntarism long established by their grandmothers and great-grandmothers. Women from the middle and upper classes transformed their voluntary war service into an ever more productive industry, driven by a determined and often enlightened leadership, and managed and organised as thoroughly as any vital war industry. The services and products generated by women's volunteer efforts became as essential to the war effort as munitions and fighting men, and as soon as a need was identified an organisation quickly developed to fill the void. The daughters of the Victorian age of philanthropy had been taught management and organisational skills at their mother's knee, and were ready when the call came to devote their knowledge and abilities to unlimited volunteer production.

2.2 Canadian Women's Wartime Service Organisations

Having identified the vote as the key to women's political influence, the member groups of the National Council of Women of Canada (NCWC) soon determined patriotic service as a viable means through which to demonstrate their political responsibility. The war, in Veronica Strong-Boag's words, "energised and united women as never before". The membership of the Council affiliates, emanating primarily from the English-speaking, Protestant, and privileged classes, were inspired by the fires of patriotism and the new

opportunities for leadership, to embrace the women's war service groups.[15] Contemporary commentators, writers and poets struggled to reconstruct war ideology as appropriate for women's participation. Influenced by the rhetoric of war that called up visions of heroic sacrifice and lost youth, they found a useful analogy for women's role in maternalist imagery.[16] One such observer explained women's enthusiasm for the war effort in these terms: "Theoretically women are unfitted for war; in actual practice they are the real supporters and approvers of war. It could never be waged were it not mothered by women."[17]

However it was explained or defended, a highly organised, efficient and effective style of voluntarism characterised the wartime activities of Canadian women.[18] While the maternalist imagery promoted nursing as the supreme expression of women's war service, for the majority of women wartime voluntarism was dependent upon their association with the various and numerous organisations adapted or constructed for the task. The IODE quickly took the lead as the most prominent of the women's war service groups. With more than 30,000 members by 1915, it raised impressive amounts of money for countless projects that

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[15] Veronica J. Strong-Boag, The Parliament of Women: The National Council of Women of Canada, 1893-1929 (Ottawa: National Museums of Canada, 1976) pp. 290 & 292.

[16] Alan R. Young, "'We Throw the Torch': Canadian Memorials of the Great War and the Mythology of Heroic Sacrifice" Journal of Canadian Studies, 24:4 (Winter 1989/90) pp. 17-18. The author discusses the role of "high diction" as a propaganda tool, and a "consolatory ritual" by which to obfuscate the reality of loss and justify the continuing demand for more recruits.

[17] Wealtha A. Wilson and Ethel T. Raymond, "Canadian Women in the Great War" in Canada in the Great War, Volume VI (Toronto: United Publishers of Canada, 1917) p. 176.

[18] Government of Canada, Canada's War Effort, 1914-1918 (Ottawa: Government Printer, 1918) p. 24. This pamphlet outlined the various aspects of war related work and service performed by Canadians.

included Red Cross supplies, ambulances, hospital installations and even armaments.[19] By the war's end, the IODE was supporting soldiers' hospitals abroad, as well as convalescent hospitals in Canada, in addition to providing comforts and warm clothing for "the boys" overseas, while offering aid and support for their families, and promoting recruitment drives, food rationing, and numerous other projects.[20] Much of this was paid for through fund raising drives that brought in more than $1.5 million by the end of 1917 alone.[21]

Other women's groups adapted their regular peacetime activities. The Young Women's Christian Association (YWCA) put special emphasis on the social and economic needs of working families disrupted by war conditions, and supplemented the work of the Red Cross and the other service agencies assisting wounded soldiers and their dependants. The YWCA also supported the efforts of women's volunteer farm labour by setting up canteens and hostels in rural areas, and provided similar services to men at some of the military camps.[22] Smaller groups like the Women's Institutes found remarkable support for their own fund-raising projects, raising $200,000 in Ontario in "cash and goods" designated for the Red Cross in one year alone. With their primarily rural base the Institutes also supported growing and conserving food for export, and promoted food economies in the home. They also developed campaigns for the health and welfare of children, helping to counter the deprivations of war and its adverse effects by initiating a programme of

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[19] J. Castell Hopkins, The Canadian Annual Review of Public Affairs: 1915 (Toronto: Annual Review Pub. Co., 1916) pp. 331-332. In 1914 alone the IODE raised $283,107 for the Hospital Ship Fund, and in 1915 raised a further $443,733 in cash for other projects.
[20] Canadian Annual Review (1916) pp. 419-421; and, (1917) pp. 426-427.
[21] Prentice, et al., Canadian Women, p. 232.
[22] Wilson and Raymond, "Canadian Women in the Great War", p. 197.

instruction for mothers, and regular school inspections.[23] Frequently the leadership and the membership of these smaller groups overlapped, and in smaller centres across Canada local church and social organisations often pooled their efforts, supporting a variety of larger national initiatives. Their combined efforts, as one historian has observed, contributed to "the formation of a large productive, volunteer industry."[24]

In addition to the organisations that were directed and staffed entirely by women, a substantial part of women's energies contributed to the vast scope of the relief work undertaken by the Canadian Red Cross Society (CRCS), mandated under the Geneva Convention for the wartime "service of sick and wounded soldiers and sailors and prisoners of war."[25] In Canada, a co-ordinated system of voluntary medical assistance and fund-raising was devised under the collective identity of the National Relief Committee, comprised of the Militia Department, the Red Cross, the St John Ambulance Association (SJAA), and the St John Ambulance Brigade (SJAB). Under this arrangement the Red Cross was responsible for raising the funds, as well as collecting and transporting "all war material required", while St John Ambulance was responsible for organising and training the Voluntary Aid Detachments, including nursing members, ambulance drivers and stretcher bearers.[26] The Red Cross grew steadily into a massive wartime engine, fuelled by the work of volunteer women. Unlike women's wartime organisations, the Red Cross took its direction from a primarily male directorship. As with many Canadian church led charitable or mission

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[23] J. Castell Hopkins, The Province of Ontario in the War: A Record of Government and People (Toronto: Warwick Bros. & Rutter, 1919) p. 61.
[24] Donna Fallis, "World War I Knitting", Alberta Museums Review (Fall 1984) p. 8.
[25] What the Canadian Red Cross Society is Doing in the Great War: Being an Outline of the Organisation and Work of the Canadian Red Cross Society (1918) p. 5.
[26] Ibid, p. 8.

societies of the nineteenth century, the Red Cross put women in a secondary leadership role, as did its partner in the National Relief Committee, the St John Ambulance. Despite the energy and organisation that drove the women's volunteer war industry, only those groups with male directorship held official status under the identity of the National Relief Committee.[27]

Driven by a sense of purpose and patriotism, the women of the "leisured" classes drove the volunteer armies of the Canadian wartime service organisations. The Red Cross consequently led an enormous and complex system of services and medical support for the Canadian Expeditionary Force (CEF), connecting families in Canada to hospitals in Britain and Europe, and to the prisoner-of-war camps behind enemy lines. Long before the first "official" VAD nursing member left Canadian shores, in September 1916, the notion of women's patriotic service had been firmly rooted in Canadian social consciousness. During the war years in English-speaking Canada, where imperialist sentiment was strongest, it would have been difficult to find a woman who did not contribute in some way to the Red Cross, or a related agency. Mothers at home with young children could be found knitting, or sewing garments destined for the hospitals or trenches. In rural British Columbia, school concerts helped to raise funds for Belgian Relief, and the mothers contributed through baking and sewing costumes.[28] Elsewhere in the province:

> ". . . the demand to be visibly participating was unrelenting. Whether this took the form of donating fancy-work or baked goods or other items, or

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[27] Ibid, p. 10. The Canadian War Contingents Association was formed to distribute comforts to soldiers not within the scope of the CRCS mandate. In 1917, the Association was also brought into the National Relief Committee, with the nominal head of the War Contingents Association being the High Commissioner in London, Sir George Perley.

[28] Gwen Szychter, "The War Work of Women in Rural British Columbia: 1914-1919", British Columbia Historical News, 27:4 (Fall 1994) p. 8.

working at a table, or attending and making some token purchase, if only an apron or a raffle, involvement to some degree was expected."[29]

One of the more enduring images of the First World War woman volunteer is associated with knitting. Both a portable and innocuous activity, knitting was easily incorporated into any situation, and characterised women's wartime voluntarism throughout the allied nations. In Britain, one close observer recalled that women "knitted at theatres, in trains and trams, in parks and parlours, in the intervals of eating in restaurants, of serving in canteens."[30] Although Mrs. Peel's observations were likely enlarged for emphasis, American and Canadian women were similarly described as zealous knitters. In Pocatello, Idaho, knitting "swept the city, and women with knitting needles appeared everywhere". North of the border, Alberta's volunteer knitters helped to create "one of the largest and most productive knitting industries in North America."[31] This collective volunteer activity has been characterised as a unifying element in the lives of women, at once positive, political and activist, as women "actively joined organisations to aid in the war effort, thereby contributing to their own sense of self-esteem and national pride."[32]

The wartime work of the Red Cross was however, far more complex than just the production and distribution of knitwear for the troops.[33] The Canadian branch maintained a

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[29] Ibid.

[30] Arthur Marwick, The Deluge: British Society and the First World War (New York: W. W. Norton, [c. 1965]) p. 38. The author cites Dorothy Constance (Mrs. C. S.) Peel from her chronicle, How We Lived Then, 1914-1918: A Sketch of Social and Domestic Life in England During the War (London: John Lane, Bodley Head, 1929).

[31] JoAnn Ruckman, "'Knit, Knit, and Then Knit': The Women of Pocatello and the War Effort of 1917-1918", Idaho Yesterdays 26 (Spring 1982) p. 28-29; and, Fallis, "World War I Knitting", p. 8.

[32] Fallis, p. 10.

[33] Ibid, p. 9. Fallis noted that "the production of knitting was in fact controlled by government" because the products were collected and distributed, with specific directions for

dual operation in Canada and overseas to co-ordinate its diverse activities. In Canada, women volunteers printed and distributed literature to promote the organisation's work, in addition to fund-raising and the production and collection of goods and supplies. Local volunteers raised funds by organising society balls and banquets in large urban centres, and raffles at school picnics in small rural locations. Others put in countless hours at Red Cross workrooms teaching willing workers how to make hospital garments, or to prepare medical supplies like bandages and sphagnum moss dressings, while more women worked to prepare and pack canned and dried foods for transport to hospitals and convalescent homes.[34] The Red Cross also provided personnel, equipment and building materials for Red Cross Lodges, used as social and recreational centres at military hospitals across Canada.[35]

The overseas branch in London, England, was staffed by recruits from the legion of Canadian women who had temporarily relocated to Britain during the war.[36] The London office of the Canadian Red Cross in Berners Street directed the construction of Canadian hospitals and convalescent homes in England, equipping them with goods and hospital supplies, much of which was sent over from Canada. The CRCS also built and staffed Recreation Huts at the Canadian Army Medical Corps (CAMC) hospitals, supplied

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quality control, under the auspices of the National Relief Committee acting as an agent of the Department of Militia and Defence.

[34] Natalie M. Riegler, "Sphagnum Moss in World War I: The Making of Surgical Dressings by Volunteers in Toronto, Canada, 1917-1918", Canadian Bulletin of Medical History, 6:1 (1989) pp. 27-43. See also: Canadian Red Cross Society Bulletin, Nos. 1-41 (April 1915 - January 1919). The enormous amount of work done by volunteer women is recorded in detail throughout the war years. Also: Mary MacLeod Moore, The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas (London: Skeffington & Son, 1920) pp. 37-47.

[35] What the Canadian Red Cross Society is Doing, p. 14.

[36] See: Chapter 2, note # 4.

ambulance and transport vehicles, and set-up storage centres with supplies and medical equipment to augment CAMC resources.[37]

One department of the Society's work overseas was completely controlled and directed by women, under the leadership of its innovator and primary benefactor, Lady Julia Drummond of Montreal.[38] Established by Lady Drummond in February 1915 with a core group of four or five women operating in two borrowed rooms, the Information Bureau gradually evolved into an organisation of several hundred volunteers housed in a designated building, with more than 1,000 women serving as outreach workers throughout Britain and Europe. The Bureau was created to locate Canadian soldiers in the hospitals, linking them to families at home with regular visits, information, gifts and supplies.[39] The department was designated as the "Mothering Bureau", by Mary MacLeod Moore, a voluble Canadian journalist, and propagandist for women's wartime voluntary work, who characterised the organisation as a "deputy for all the mothers and wives."[40] As the war continued and casualty lists grew, the Bureau's scope increased, and sub-divided into separate departments, each providing a different service for Canadian patients. They distributed gift parcels,

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[37] What the Canadian Red Cross Society is Doing, p. 16. Also see: Canadian Red Cross Society Bulletin, (1915-1918); and Moore, The Maple Leaf's Red Cross, pp. 87-108.

[38] Grace Julia, Lady Drummond was the widow of Sir George Alexander Drummond of Montreal, businessman, banker and Senator. She financed several causes, including the Information Bureau, which she created and directed, having lost her only surviving son at the second Battle of Ypres, April 1915. See: Wm. Stewart Wallace, (ed.), Macmillan Dictionary of Canadian Biography (Toronto: Macmillan, 1978), p. 223; also: R. Fetherstonhaugh, McGill University at War (Montreal, 1947) pp. 111-112; and: Canadian Red Cross Society Annual Reports and Bulletins, (1914-1918); also: Canadian Red Cross Society, Executive Council Minutes (1914-1918).

[39] R. H. Coats, A. M. Plumptre and C. Holman, "Voluntary War Relief" in, Canada in the Great War, Vol. 2: Days of Preparation (Toronto: United Publishers Of Canada, 1917) p. 223; also: Moore, The Maple Leaf's Red Cross, pp. 67-85.

[40] Moore, p. 85.

located a source for Canadian hometown papers, organised recreational outings and concerts for convalescents, and ensured that every man had a regular contact person to help keep him in touch with family at home. The Bureau's "Inquiries" department even acted as agents for families searching for wounded or missing men abroad, to ascertain the nature of their injuries, or the details of their death and burial. A section for Prisoners-of-War became an independent operation, since only the Red Cross was authorised to distribute goods and funds to prisoners on behalf of Canadian families. During 1918 alone some 2,700 prisoners were each kept supplied with six pounds of food per month.[41]

The task was mammoth, and could never have been achieved without the commitment and energy of thousands of Canadian women volunteers. From young mothers in rural Saskatchewan to wealthy dowagers in Toronto and Montreal, all were united in a determination to contribute in some way. Prevented from direct and active involvement, they channelled their patriotic energy through the one avenue that was indisputably their own, their "unique" role as mothers. In her expansive prose, Mary Macleod Moore gave vent to these sentiments: "The instinct which moves one to protect and soothe and comfort had full scope during the war; consciously or unconsciously women responded to it."[42]

Constrained by a social framework that accorded women scope for public activism within a proscribed sphere of maternalist endeavour, women created, developed and powered a volunteer force that provided both concrete and psychological support for the war effort. Yet for some, this arm's length activism was not enough, for neither the women's groups nor the Red Cross could offer women direct contact with the war. Only one special unit,

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[41] What the Canadian Red Cross Society is Doing, pp. 16-17.
[42] Moore, The Maple Leaf's Red Cross, p. 70.

Voluntary Aid Detachment nurses or VADs, could provide a singular wartime experience of "active service" for a select group of Canadian women, under the auspices of the St John Ambulance Association.

2.3 St John Ambulance and the Origins of Volunteer Nursing in Canada

The creation of volunteer nurses for emergency wartime service was not envisaged by the St John Ambulance Association in the late nineteenth century when it was established in Canada.[43] Regenerated in Britain in 1858, the Order of St John of Jerusalem held firmly to its ideology of a militaristic, patriotic and patriarchal brotherhood, traditionally Christian, conservative and elitist. War, or the threat of war, formed the backdrop for the creation of the modern St John Ambulance, which took the form of a voluntary medical-military organisation, based in part on the ideas of Henry Brackenbury, a prominent member of the Order.[44] Brackenbury's treatise, "Philanthropy in War", proposed a standing volunteer ambulance corps, trained to mobilise on the battlefield, but otherwise to be kept in readiness for domestic emergencies, such as accidents and natural disasters.[45] From this conceptual base, the Order of St John in Britain was transformed into a public service organisation,

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[43] Strome Galloway, The White Cross in Canada, 1883-1983: A History of St John Ambulance, Centennial Edition (Ottawa: St John Priory, 1983), pp. 25-26; and G. W. L. Nicholson, The White Cross in Canada: A History of St John Ambulance (Montreal: Harvest House, 1967) p. 29.

[44] Summers, Angels and Citizens, p. 167.

functioning through the local interests of its administrative branch, the St John Ambulance Association, and its public volunteer arm, the St John Ambulance Brigade.[46] Created in Britain at the height of Victorian imperialist and industrial expansion, the St John Ambulance Association soon identified a broader scope for their mission in the colonies of the Empire, where instruction in first aid, health and hygiene, and the creation of an ambulance corps, could help counter the ravages of a rugged terrain, making it safe for economic development.

The ideal of gallant and brave "Crusaders" battling the "Infidel" was transformed into a Victorian model celebrating the hardy leaders of the new dominions, developing commerce and industry in the new world, while creating a comfortable safe haven for the colonial equivalent of the "angel in the house".[47] Such imagery suited late nineteenth century imperialist notions of wilderness landscapes in need of the progressive civilising and urbanising influences of British technology and bureaucracy. The challenges encountered by

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[45] Henry Brackenbury, "Philanthropy in War" Blackwood's Edinburgh Magazine 121:736 (February 1877) pp. 150-174.

[46] Galloway, The White Cross in Canada, pp. 17-21. The Order of St John was revived in England in 1858, and elected its first "modern" Grand Prior in 1861, inaugurated the St John Ambulance Association in 1877, and the Brigade in June 1887.

[47] The idealised Victorian woman derives from a contemporary poem by Coventry Patmore, "The Angel in the House" (1854, 1856). See: Frederick Page (ed.), Poems (London/New York: 1949). For an analysis of Patmore's poem see: Carol Christ, "Victorian Masculinity and the Angel in the House" in Martha Vicinus (ed.), A Widening Sphere: Changing Roles of Victorian Women (Bloomington/London: Indiana University Press, 1977) pp. 146-149. Christ notes that although the poem lacked literary substance, it became an influential cultural icon. In the poem, the wife and mother is idealised as an "angel", purifying and sanctifying the home she creates as an island of repose, her husband's retreat from the daily trials of the world of commerce and industry. The man is defined by "his capacity for action, aggression and achievement", traits at once "frightening and unattractive", but also necessary to his self-definition of masculine.

the organisers of the St John Ambulance Association on the Canadian frontier were likened to a new "Ambulance Crusade" to establish the organisation nationwide.[48]

St John began offering First Aid classes at Quebec City, Montreal, and Kingston's Royal Military Academy in the 1880s. Later in the 1890s, branches of the Association were noted at Halifax, and at the Canadian Military Institute in Toronto.[49] Finally in 1910, the Canadian Branch of the St John Ambulance Association was incorporated. Its aim was to provide for: "the promotion of instruction and carrying out works for the relief of suffering of the sick and injured, in peace and war."[50] The new Association did include women within its mandate, ensuring that the mothers of the new Dominion would be offered support and guidance in health, hygiene and first aid as they nurtured the rising generation of workers and citizens. Women however, were given only a nominal recognition in the leadership of the Association.[51] As researcher Deanna Toxopeus noted in a study of the Brigade, women

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[48] Nicholson, The White Cross in Canada, p. 35; Galloway, The White Cross in Canada, p. 30.

[49] Nicholson, The White Cross in Canada, pp. 29-32. First Aid classes were held at Quebec City in the winter of 1883-1884, and a year later in Montreal, and Kingston's Royal Military College. In 1892, a local Association was founded in Halifax through the urging of the Surgeon-Captain of the military hospital, who wanted a para-military ambulance service to augment the limited resources of the Military Ambulance Corps. Regiments in Halifax risked danger from injury or death during regular rifle practice and drill in a local park. Nicholson noted that classes were also held for women in home nursing and hygiene. The Toronto branch of the Association was led by Dr. George Sterling-Ryerson in 1894, a veteran of the North-West Rebellion.

[50] Canadian Branch of the St John Ambulance Association, Constitution and General Regulations (1910) p. 3. Also, Nicholson, The White Cross in Canada, p. 35.

[51] Constitution and General Regulations (1910) pp. 1-2. Under the list of "Officers 1910", the only woman is the "Patroness", "Her Excellency the Countess of Grey."

gradually established their own "chain of command" within the organisation, but they held a subsidiary role, separate from the men and dependent upon the male leadership.[52]

Established in Victorian Britain, the St John Ambulance Brigade was inherently masculine and military in character, encouraging the participation of women, but only in an associative and supportive role. Initially, ladies' committees were created to prepare bandages for men's first aid lectures, but soon these classes and others in nursing were established for the women members, and frequently the women's classes were in greater demand.[53] Anne Summers identifies three reasons for the success of the women's volunteer nursing courses offered by St John. These included the lingering romanticism attached to heroic figures like Florence Nightingale, women's genuine interest in nursing instruction for domestic use, and finally the opportunity that St John Ambulance offered women to participate in an organised community nursing service.[54] In Summers' opinion, the work of St John, allied to the militarist and nationalist spirit of late nineteenth century Britain, linked the maternalist values of nursing to both war and imperialist ideals.[55] Canadians also proved receptive to the combined ideals of nationalism, militarism and service promoted by St John. A Loyalist heritage, and the strong ties between British immigrants and the "old country", offered fertile ground for the new "crusade" in Canada. Climate and geography however, combined to slow the progress of the St John organisers in a vast land with a small population, punishing winters, and limited transportation routes. As noted by St John's official historian, G. W. L. Nicholson, these problems were further complicated by the

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[52] Deanna Toxopeus "Women in the St John Ambulance Brigade 1916-1990: A Study of Change in a Conservative Organisation" (unpublished paper, Carleton University, 1994).
[53] Summers, Angels and Citizens p. 168.
[54] Ibid, p. 169.

economic depression of the 1890s, and by strong competition from its growing rival, the Red Cross movement.[56]

Created in the nineteenth century, the Red Cross was dedicated to the aid of the sick and wounded in war, and the rapid succession of conflicts in Europe and South Africa greatly accelerated its influence.[57] St John's mandate was primarily the training of personnel to support both military and civilian emergency medical needs, and it lacked the broad-based administrative role in war relief accorded to the Red Cross. The growth of interest in St John's peace-time services had resulted in the establishment of a national base in Canada by 1897, giving a greater scope to its civilian role. The newly appointed General Secretary of St John Ambulance in Canada, Dr. G. Sterling-Ryerson, however, soon donned his other hat as Canada's Red Cross Commissioner, and sailed away for two years in South Africa.[58] By the end of the South African War in 1902, St John Ambulance in Canada was nearly dormant, and the Association worked to regain support by concentrating on the health and safety problems that derived from Canada's rapidly expanding industrial economy. The colony of Newfoundland was included in this new crusade, as St John identified the need for first aid instruction to help offset the dangers of the fishing and sealing industries.[59] In

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[55] Ibid.

[56] Nicholson, The White Cross in Canada, pp. 33-34.

[57] For a comprehensive analysis of the development of the Red Cross see: John Hutchinson, Champions of Charity: War and the Rise of the Red Cross (Boulder: Westview, 1996). Also, a less critical approach can be found in Caroline Moorehead, Dunant's Dream: War, Switzerland and the History of the Red Cross (London: Harper Collins, 1998).

[58] Several St John centres were founded locally throughout Ontario, Quebec and the Maritimes in 1896-1897. The Dominion Council of the St John Ambulance Association was established in Toronto in 1897, with Surgeon-Lieutenant-Colonel Dr. G. Sterling-Ryerson as General Secretary. See: Galloway, The White Cross in Canada, pp. 28-29.

[59] Nicholson, The White Cross in Canada, pp. 35-36. The SJAA Newfoundland Centre was created 11 April 1910 at St. John's, with Sir William Horwood, President and Dr. Cluny

mainland Canada the business sector was also seen as fertile ground for growth, with a railway industry becoming vital to economic development and prosperity, but with a potentially dangerous, even deadly, working environment for its employees. Beginning in the autumn of 1910, St John mounted a cross-country crusade that would bring Canada into a nation-wide Association, with representative branches in every province. Promoting the efficacy of first aid training, and emergency readiness for railway workers and any others involved in heavy industrial work like mining, or the rigours of farming and forestry, the Association representatives travelled from coast to coast. In addition to the political, business and financial leaders in the large urban centres, St John realised it must also appeal to the more basic family and community concerns of health, safety, and social welfare. For this, it had to secure the commitment of women. From this realisation came the foundation of the St John Ambulance nursing programmes, that would result in VAD nurses from every region of Canada crossing the Atlantic during the war to serve in hospitals half a world away.[60]

In the pre-war years, however, Canadian women were less concerned with the idea of wartime nursing than the realities of daily life. Increasingly, unmarried middle-class women sought suitable paid employment between adolescence and marriage, while married women

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Macpherson, Honorary Secretary. The government of Newfoundland offered $100 for a start-up grant and waived customs duties on all ambulance supplies entering the colony. Members of the recently created Nursing Divisions of the SJAB in St. John's were ready and trained to assist in rescue and recovery operations occasioned by Newfoundland's worst sealing disaster in March 1914. In all, 252 men from 2 ships were lost, over two-thirds of the total crew members. See: Nicholson, The White Cross in Canada, p. 54; also: Cassie Brown, Death on the Ice: The Great Newfoundland Sealing Disaster of 1914 (Toronto: Doubleday, 1972).

[60] Nicholson, The White Cross in Canada, pp. 37-41; and Galloway, The White Cross in Canada, pp. 33-37.

assumed their expected responsibilities to home and family. Middle-class homemakers in particular were often more burdened with household demands than their mothers and grandmothers, since the new industrial economy offered employment options not available to the domestic servant of earlier decades.[61] To capture the attention of Canadian women, the new St John Ambulance Brigade, as the active arm of the Association, needed to offer programmes linked to their particular personal, domestic and public service interests. In Britain, the Brigade had been successful in developing skills that women could apply to a wider community service outside their homes, or even national service if the need arose, through their Voluntary Aid nursing programmes begun in 1909.[62]

Despite its success in Britain, by 1913 the Brigade in Canada could boast only three Nursing Divisions ready to "render organised aid in time of public emergency, and generally assist the Police and Fire Departments when the occasion should arise", as compared to 24 men's Ambulance Divisions.[63] The women's role in the Brigade was defined by maternalism conforming to societal expectations of caring and nurturing, supporting the men in their more vigorous role of emergency aid:

> "The Central Nursing Division has been a splendid support to the Ambulance Divisions, attending all of the duties undertaken by the men, and in addition they have been very active amongst the sick poor in Toronto and vicinity. During the year, 174 cases were attended by them. In addition, they have taken many hundreds of poor children on Fresh-Air outings, conducting two

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[61] See: Prentice, et al., Canadian Women: A History, Part III. Also, on the topic of women and work in the early twentieth century see Veronica Strong-Boag, The New Day Recalled: Lives of Girls and Women in English Canada, 1919-1939 (Toronto: Copp Clark Pitman, 1988) especially Chapter 2.

[62] Summers, Angels and Citizens p. 170.

[63] Annual Report for 1913 of the St John Ambulance Brigade Overseas: Within the Dominion of Canada (compl. Capt. G. R. N. Collins) p. 10. Also: Nicholson, The White Cross in Canada, pp. 46-47. The three Nursing Divisions were in Toronto, Winnipeg and Owen Sound.

> per week, on Wednesday and Saturday afternoons, where they provided dainties and sports for their young companions."[64]

Canadian women had been doing work of this kind in countless church groups, mission societies, and reform organisations from before Confederation. The only significant difference offered by Brigade membership was the uniform of the Nursing Division, a visible statement of specialised training and abilities. Once a woman passed the examinations in Home Nursing and First Aid courses offered by the Association, she could then apply to become a uniformed member of a Brigade Nursing Division.[65] The IODE and YWCA offered women more scope for leadership and autonomy, but the nursing uniform of the Brigade was a visible badge of achievement linking women's voluntarism to social welfare, public health, and the ideals of military national service. Yet by 1913 the appeal of uniformed service had demonstrated only a limited attraction for young, unmarried, middle-class, Canadian women already well versed in the ideals of public service.

Until the preparations for wartime VAD nursing were underway in 1914, the St John Ambulance volunteer nursing organisation in Canada was directed towards community health and social welfare issues that had derived from the nation's rapid growth. The Brigade's 1913 Annual Report reflected the pre-war concerns of political and business leaders, as well as the solid middle and upper-class constituency of the St John Ambulance membership. The role of Brigade women was clearly defined as an extension of their traditional voluntary service:

> "Have you ever stopped to think of the position of the average working man when one of his family, especially if it be the housekeeper, is taken sick. Perhaps not sufficiently sick to be taken to the hospital, she is left to lie at the

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[64] Annual Report for 1913 of the St John Ambulance Brigade Overseas, p. 14.
[65] Ibid, p. 7.

> tender mercy of the amateur nurse, since the cost of a graduate nurse is often more than the salary of the man. Could your church auxiliaries do some good if they were trained and regularly drilled in Home Nursing, in such cases? Here is an argument for the establishment of a Nursing Division. Has your church such an organisation? If not, see that it starts to organise one."[66]

The pre-war Brigade nurse was modelled as a contemporary version of the nineteenth century charity worker, a volunteer with accredited skills, somewhere between a nurse and a social worker. St John Ambulance attempted to tap into the growing enthusiasm for "bureaucratisation and professionalisation" identified by sociologist Gale Wills as hallmarks of this era of "progressive social reform", when the roots of professional social work were being established. Brigade nurses could be identified with both the maternalist ideals of the traditional woman volunteer, and with the healthcare activists of the reform movement, armed with the advantages of modern training based on "organisational technologies and the technologies of applied science."[67]

In Britain however, the construction of voluntary aid nursing programmes had developed rapidly in anticipation of the war. The Scheme for the Organisation of Voluntary Aid in England and Wales, established by the government in 1909, had created a framework for the wartime VAD system in Britain, and both St John Ambulance and the Red Cross evolved parallel training programmes in readiness for invasion.[68] Although the Militia Council of Canada had approved a similar scheme for The Organisation of Voluntary

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[66] Annual Report for 1913 of the St John Ambulance Brigade Overseas, p. 21.
[67] Gale Wills, A Marriage of Convenience: Business and Social Work in Toronto, 1918-1957 (Toronto: University of Toronto Press, 1995) p. 14.
[68] Scheme for the Organisation of Voluntary Aid in England and Wales (1909). The scheme was revised and finalised in 1910 under the same title.

Medical Aid in Canada in November, 1911, the plan was not adopted until March 1914.[69] Men were expected to take a larger role than women, and therefore the disproportionate lack of Canadian Nursing Divisions by 1913 was not seen as a problem. Unlike Britain, St John Ambulance in Canada had full responsibility for the organisation and training of VADs, under the terms of the National Relief Committee, created on 14 August 1914, relying on funds disbursed by the Canadian Red Cross.[70]

Closely allied in both purpose and membership in Britain, the two organisations had maintained a cordial, but often uneasy relationship, as documented in John Hutchinson's Champions of Charity.[71] Following the Boer war the rancour erupted as the British government attempted to reorganise their system of wartime voluntary medical aid for the military, to avoid a repeat of the problems surrounding the nursing volunteers in South Africa. With the organisation of the VAD scheme in Britain, and the association of St John Ambulance and the British Red Cross under the Joint War Commission, old resentments rose

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[69] The Organisation of Voluntary Medical Aid in Canada (3 March 1914). See also: Imperial War Museum (IWM) Women at Work (BRCS 1/5) "St John Ambulance Association Report of the Ambulance Committee, 1916", p. 32.

[70] Galloway, The White Cross in Canada, p. 50. The meeting took place at Government House under the direction of the Governor General, the Duke of Connaught, who was both the Patron of the Canadian Branch of the St John Ambulance Association and the Grand Prior of the Order. In October 1914, the Joint War Committee in Britain was initiated, having a more complex organisation whereby the Committee itself would administer general funds under a 16 member panel, 8 from each of the "two Corporations", the BRCS and the Order of St John. See also: IWM, Women at Work (BRCS 1/4) "St John Ambulance Association, Central Executive Report, 1915", pp. 9-10.

[71] Hutchinson, Champions of Charity, pp. 238-256.

to the surface.[72] John Hutchinson argues that much of the discord stemmed from issues of class and ideology:

> "The plain fact is that many socially influential Britons were simply more comfortable with the upper-class tone and pretensions of the Order than they were with the BRCS, which was perceived, probably erroneously, to be a more democratic organisation."[73]

Hutchinson suggests that the influence, and interference, of royalty contributed to the problems in Britain. Canada's wartime organisation was relatively safe from similar interventions, but there was a considerable overlap of patrons, directors and membership between the two Canadian organisations, less wealth and power than Britain, and only a borrowed aristocracy.[74] How deeply St John in Canada may have resented Red Cross control of the purse strings is debatable. At the 1916 Annual Meeting of the St John Ambulance Association, its Grand Prior, the Duke of Connaught, disclaimed any dissent, asserting that "during the war the Red Cross had the right to step forward, and we took second place. We have loyally supported the Red Cross, and I am happy to say that there has never been any real friction."[75] Overall, relations between the two agencies in Canada seemed cordial as the preparations for war advanced. Despite the history of friction overseas, the Brigade in Canada gracefully conceded secondary status, while the Red Cross proved both generous and

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[72] See: Summers, Angels and Citizens, p. 265. A 1917 publication outlining the arguments from the Red Cross perspective was suppressed for fear of disrupting the wartime co-operation of the two agencies.

[73] Hutchinson, Champions of Charity, p. 253. Hutchinson also outlines the suppression of a book by Archie K. Loyd, The British Red Cross Society: the County Branches (London: 1917). See: Hutchinson, pp. 255-256.

[74] Hutchinson, p. 253. Queen Alexandra, President of the BRCS, apparently "muddied the waters" when she also became President of a Committee of Ladies of Grace of the Order of St John, created by the Duchess of Bedford to offer aid to the sick and wounded soldiers.

[75] Nicholson, The White Cross in Canada, p. 57.

prompt in its funding of the VAD programme.[76] With funding guaranteed, St John was free to concentrate on its own task of recruiting and training suitable candidates for its Voluntary Aid Detachments.

From its earliest inception in Canada, St John Ambulance sought to involve women in its programmes in a support role, recognising the need of the maternal influence as a civilising factor on the rugged colonial landscape. Yet women's involvement was slow to develop, since St John offered little variation on the traditional voluntarist role, and far less scope for leadership than the larger, well-established women's organisations. As a masculine, militarist organisation, St John had scant interest in actively supporting the concerns of the women's movement. Prior to the war, active influential members of the NCWC like Lady Julia Drummond, were not yet a part of the General Council of St John Ambulance, nor were any women listed among the first list of "Officers" of the Association in 1910, other than the wife of the Patron, Lord Grey, who held the honorary post of "Patroness".[77] By 1913, the small representation of women organised into three Nursing

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[76] Vice Chair of the Council of the BRCS, A. K. Loyd, once referred to the Order of St John as "the claptrap and mutual decoration crowd." See: Hutchinson, p. 254. During the war, Brigade letterhead displayed the sub-text: "A part of the Red Cross Organisation of the British Empire." See, Nicholson, The White Cross in Canada, p. 57. In late January 1915, Sir Henry Pellatt, Commissioner for St John Ambulance in Canada, requested $10,000 from the CRCS to send a division of male orderlies and trained nurses overseas, the grant was approved and raised to $25,000 at Pellatt's request. In July 1916, the Red Cross promptly authorised a cheque for $15,000 to St John Ambulance to finance the travel expenses of the first overseas Canadian VAD contingent. See: Canadian Red Cross Society Executive Committee: Minute Book #1, September 20, 1911 to April 9, 1915 (January 29, 1915) pp. 144-145; (February 5, 1915) p. 152; (February 12, 1915) p. 156; and (February 16, 1915) p. 158). Also: Canadian Red Cross Society Executive Committee: Minute Book #3, 7 March 1916 to 11 March 1918 (July 25, 1916) pp. 52-53.

[77] Canadian Branch of the St John Ambulance Association, Constitution and General Regulations, (1910) p. 1; and, Canadian Branch of the St John Ambulance Association, Eleventh Annual Report, (1920) pp. 4-6.

Divisions, compared to a male membership in the Ambulance Divisions nearly 10 times larger, demonstrates the tenuous appeal of St John's voluntary nursing programme at that time.[78] Nevertheless, the foundations had been established for women's participation with the first aid and home nursing classes, and a specific division for women as Nursing Members with their own distinctive uniform, a token not found in other women's groups. The war would transform a traditional, maternal, voluntarist activity, controlled and directed by a male organisation, into an opportunity for women's participation in active public service as volunteer nurses.

2.4 The Patriotic Ideal and the Beginning of Canada's VAD Programme

With their first aid and nursing programmes well established in urban centres across Canada, St John Ambulance was ready to initiate the proposed plan for "Voluntary Medical Aid" in August, 1914. The Militia Department had approved the official plan earlier in the year, and the National Relief Committee organised in mid-August, was prepared to undertake the funding to get the programme underway. There was as yet no provision for Canadian VAD service overseas, and the only mandate given to St John was "to supplement the Militia Medical Services in the event of war in Canadian territory."[79] Regardless, women responded to the prospect of wartime voluntary nursing with unexpected zeal, and the demand for First Aid and Home Nursing courses grew accordingly. Not only the size of the response, but also

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[78] Annual Report for 1913 of the St John Ambulance Brigade Overseas, pp. 12-13.
[79] The Organisation of Voluntary Medical Aid in Canada, (1914) p. 3.

the source of the interest was unexpected, since conventional wisdom among the St John leadership had assumed that women would assume a secondary role in the Voluntary Aid Detachments. Instead, the men of the Brigade Ambulance corps were absorbed into the military medical service rather than joining the men's Detachments, while others not eligible to enlist demonstrated little interest in the First Aid classes offered by St John.[80] The Secretary of the Ottawa Branch of the Association noted the situation with some irritation:

> "I regret to say that the same interest is not taken by men in this work. Some way should be found of presenting forcibly to every one of us who may be liable sooner or later for military service the necessity of having as complete a knowledge as possible of First Aid."[81]

By January of 1915, six women's Voluntary Aid Detachments had been established across Canada.[82] The "Women's Detachment, Ottawa #1" was organised in January 1915, under Commandant Hazel Todd, a well organised and competent leader, ready to prepare the women under her charge to meet the objectives of the "Voluntary Medical Aid" plan.[83] From

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[80] A significant number of men, already trained members of Brigade Ambulance Divisions, were soon recruited into the CAMC. According to Dr. Charles J. Copp, Assistant Commissioner of the St John Ambulance Association, 50 Brigade men were also sent to the Royal Army Medical Corps (RAMC). All of these men were now under military control and lost to St John as VAD members. See: Dr. Charles J. Copp, "The St John's Ambulance Brigade", Canadian Nurse, 14:7 (July 1918) p. 1165.

[81] Ottawa City Archives (OCA), (MG26 D83) St John Ambulance Association, Records, Ottawa Nursing Division #32, 1910-1927, "Ottawa Centre, Secretary's Report, 1915", p. 2.

[82] IWM, Women at Work (BRCS 1/5), "St John Ambulance Association: Report of the Ambulance Committee, 1916", p. 33. The first Detachments were formed in Halifax, Quebec City, Montreal and Ottawa, followed by Saint John, and Victoria. See also: IWM Women at Work, (BRCS 1/8), "St John Ambulance Association: Report of the Ambulance Department, 1919", p. 29. In Britain, VAD organisation began in 1909, by December 31, 1915 St John in Britain reported 559 Women's Detachments, in addition to the many more Red Cross Detachments. See: IWM, Women at Work, (BRCS 1.1/35), "Memorandum" (31 December 1915).

[83] OCA, (MG26 D83) St John Ambulance Association, Records, 1910-1927 "Minutes, 24 November 1914". Hazel Todd helped initiate the Ottawa Woman's Detachment in

her perspective, the women had volunteered ". . . from motives of patriotism and sympathy" seeking "an opportunity of allowing themselves, and their efforts, to be organised and co-ordinated efficiently, so the sick and wounded may derive the fullest possible benefit."[84]

In a November 1915 Report, Hazel Todd detailed the work of her Detachment, noting her request to the federal Department of Public Works, for "the use of a good sized room." She then elicited public donations of suitable furnishings, in order to convert the room into a mock hospital, where the women could practice their nursing skills. Having enlisted the services of "prominent doctors" for a lecture series, Hazel also organised a summer programme of weekly classes taught "by graduate nurses, for instruction and practice in practical ward work." She then arranged for Girl Guides "to act as model patients, and so enabled the young ladies to become familiar with the handling of patients, and the making of beds with patients in them."[85] To publicly promote the value of the organisation, Hazel's Detachment set up a display tent at the Central Canada Exhibition, provided food and reading material for the 77th Battalion camped at Rockcliffe, and distributed soup and meals to the various Battalions that stopped at the Ottawa railway station en route to Montreal. By November 1915 the Detachment's membership had increased from 30 to 70, "all enthusiastic and anxious to do all they can to help in any way."[86]

The increasing need for suitable hospital space for returning wounded signalled the next stage in the evolution of the VAD movement across Canada. In Ottawa, as Hazel Todd

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November 1914, she was also noted for assisting prospective members with First Aid Instruction, and to "drill these girls in the practical work of bandaging, etc."

[84] The Organisation of Voluntary Medical Aid in Canada (1914) "Article #5", p. 4.

[85] OCA, (MG26 D83) St John Ambulance Association Records, "Report of the Commandant. Ottawa Women's Voluntary Aid Detachment" (8 November 1915) p. 1.

[86] Ibid, p. 2.

noted in 1915, the Militia Department began converting the former residence of Sir Sanford Fleming into a convalescent home for early 1916, "when members of the Voluntary Aid Detachment hope to be able to serve in relays as probationers under graduate nurses, who will be in charge."[87] This, and similar developments in other Canadian urban centres, initiated a new, more formalised public role for Canadian VADs, with their entry into the hospital setting. They now had immediate exposure to sick and wounded men, and their role as nursing volunteers moved beyond the ordinary expectations of women's wartime service. Local officials at the Annual Meeting of the St John Ambulance in Ottawa demonstrated a degree of disbelief at the rapid pace of change, admitting that "the amount of work accomplished by this ardent band of ladies was a revelation to most of those present."[88] The return of the wounded soldiers brought the war directly into the community, and the consequent march of young women into the hospitals to care for them further upset the balance of normal life.

In 1923, Dr. Maude Abbott of McGill University reviewed the VAD programme in Canada, estimating that overall 2,500 women had been enlisted for service, following the Military Hospitals Commission's takeover of the convalescent hospitals in 1916.[89] In Montreal, the Khaki Convalescent Homes recruited VAD help as early as March 1915,

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[87] Ibid, p. 3.

[88] OCA, (MG26 D83) St John Ambulance Association Records, "Report: Fifth Annual Meeting of the Ottawa Centre" (11 November 1915) p. 1.

[89] Maude E. Seymour Abbott, M.D., "Lectures on the History of Nursing", Canadian Nurse, 19:3 (March 1923) p. 149. Dr. Abbott's account is the only one to propose this total of Canadian VADs. The official St John Ambulance total to the end of 1917 was 1,789. See: Report of the Chief Commissioner for Brigade Overseas: 1 October 1915 to 31 December 1917 (compl. Earl of Ranfurly) p. 35. A further 51 from Newfoundland, gives a combined total of 1,840 women at the close of 1917, but the Abbott figure offers no source of data.

employing an average of four volunteers, per week. By the end of the war, there were five Khaki Homes in the city.[90]

The driving force behind Montreal's VAD organisation was a retired trained nurse, Mrs. Viola Henderson, who championed the programme, and confidently broadcast her enthusiasm through the pages of Canadian Nurse. Cognisant of possible objections from the readership, Viola Henderson acknowledged and dismissed the difficulties encountered when the first of the Khaki Homes accepted VAD helpers, who in turn "appreciated to the full the privilege being afforded them." Without identifying the protagonists, she noted the problems:

> ". . . foes within and without in the form of sceptical minds tried to show many and varied reasons as to why it was unnecessary for such an organisation to exist in Canada. In England of course, with the war zone so near, it might be necessary to have Nurses' Aids, but not here, where we had all the trained nurses we required. However, having had experience with many kinds of probationer, we still felt that a good probationer is a most valuable asset to any ward, and the work continued to grow. Patiently wait and time will show whether this work is to live or not was the injunction frequently given to the members who, at the end of a hard day, met many relatives of Doubting Thomas."[91]

The challenges encountered by the Montreal VADs foreshadowed the greater obstacles the Canadian VADs would confront trying to overcome the objections to their service in CAMC hospitals overseas. Although the opportunity of overseas service was never promised, Canada's VADs were aware that their counterparts in Britain had been

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[90] Mrs. Viola Henderson, "VAD Work in Montreal", Canadian Nurse, 14:8 (August 1918) p. 1245. The Khaki League equipped these Homes. Provided by the Local Council of Women, they were generally converted buildings or large houses previously used for other purposes, or as private residences.

[91] Ibid, pp. 1246-1246.

recruited for work in the British military hospitals since February 1915.[92] Far from being over by Christmas, the war began to take on a more ominous and sinister character by early 1915, when the fighting became deadlocked. Desmond Morton has described how the "unbroken line of trenches stretched from the Swiss frontier to the English Channel", noting that the bacteria infested mud of the trenches often proved as deadly as snipers and shellfire, claiming victims through disease in equal or greater number to those who succumbed to wounds in enemy action.[93] Then in April 1915, during the second battle of Ypres that claimed nearly 7,000 lives, Canadians had their first experience of chlorine gas.[94]

As the casualty lists steadily lengthened, the intensity of loss inflamed patriotic feeling at home in Canada, influencing many young women to seek a more direct involvement with the war through VAD service. Despite the ever increasing numbers of CAMC hospitals overseas, the military nursing service adamantly refused to consider using the services of the growing supply of Canadian VADs straining for the opportunity. Matron-in-Chief Margaret Macdonald, head of the CAMC nursing service, was diplomatic but firm in her replies to CAMC administrative staff who frequently saw merit in the importuning letters of questionably qualified women applying for positions as CAMC

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[92] Prior to 1915, British VAD nurses served mainly in small auxiliary VAD hospitals outside of urban centres. These were governed by the Territorial Army, and operated by local authorities and nursing personnel, with VADs augmenting the staff. In February 1915, the War Office opened the military hospitals to VADs as "probationers." See: IWM, Women at Work, (BRCS 1/4) "St John Ambulance Association Central Executive Report, 1915", p. 99.

[93] Desmond Morton, A Military History of Canada: From Champlain to the Gulf War (Toronto: McClelland & Stewart, 1992) pp. 38-40. Morton notes that more than 3,000 Canadian soldiers died in Flanders from illness rather than wounds.

[94] Ibid, p. 141.

"nurses".[95] Unapologetic, Macdonald vetoed all such requests diplomatically, but the message was clear and definitive, "VADs are not presently being employed in our hospitals."[96]

Regardless of Macdonald's vigilance over VADs, the civilian nursing leaders were unhappy with the selection process for military nurses. Prior to the war, the Canadian National Association for Trained Nurses (CNATN) had received government approval to establish a national registry of suitable candidates for CAMC service, but when war was declared, their list of 260 names was disregarded.[97] Compounding the insult, the Superintendent of Nurses at the Toronto General Hospital, Jean Gunn, then Secretary of the CNATN, had advised against some specific applicants because of a lack of suitable training, only to learn that these women had also been accepted as CAMC nurses.[98] The CNATN abandoned the registry, but continued to monitor the selection process, discovering another

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[95] Margaret Clothilde Macdonald, Matron-in-Chief of the CAMC Nursing Service was appointed in November 1914. A veteran of the South African War, she also served with the Americans as a nurse in the Panama Canal Zone in 1903, then returned to Canada as one of two nurses "appointed in 1906 to the permanent Army Medical Corps." After six months studying the British military nursing system in 1911, she helped select candidates for CAMC service in 1914. Precedence for assigning the rank of Lieutenant to CAMC nurses was established at the turn of the century. See: G. W. L. Nicholson, Canada's Nursing Sisters (Toronto: Samuel Stevens, Hakkert, 1975) pp. 49-52.

[96] NA, RG9 III, B1, Department of Militia and Defence (Vol. 3419) "Letter from Matron Macdonald to ADMS, Canadians (21 Aug. 1916)." A woman from Saskatoon asked for status as a CAMC nurse in order to have her transport home paid for. The request had come through two levels of CAMC administration before reaching Macdonald. The Officer Commanding No. 8 Stationary Hospital, Shorncliffe, requested the ADMS, Canadians to "use your influence in obtaining that transfer as desired" to the CAMC. The ADMS sent the request on to Macdonald, who politely vetoed it. See: NA, RG9 III, B1, (Vol. 3419) "Letter from H. E. Munro, Lt.Col., O.C. No. 8 C.S.H. to the ADMS, C.T.D., Shorncliffe (19 Aug. 1916)."

[97] Natalie Riegler, Jean I. Gunn: Nursing Leader (Markham, Ontario: AMS & Fitzhenry Whiteside, 1997) p. 79.

woman with faulty credentials among the second contingent of CAMC nurses sent overseas in March 1915.[99] A delegation was sent to Prime Minister Borden in protest, fearing the laxity of standards would reflect poorly on the entire CAMC nursing service, and ultimately on all Canadian nurses. While Borden promised greater vigilance in the future, a year later a report reached the CNATN that another 25 women with limited qualifications had been posted abroad. This time the protest elicited the reply that the under-qualified women would be assigned specific tasks only, and would not carry the rank of a Nursing Sister. Gunn and her colleagues took little comfort, knowing that these recruits would wear the same CAMC uniform as qualified nurses and their rank would be assumed, but all further protests from the CNATN were ignored.[100]

Concern that the image of CAMC nursing would be tarnished by inferior representatives was shared by civilian and military nursing leaders alike. Matron Macdonald carefully negotiated the outrage of the nurses, the sensibilities of the unqualified women appointed, and the poor judgement of the Minister of Militia and Defence who had made these uninformed appointments. Macdonald devised a scheme hoping to satisfy all parties, by creating a new position of "Home Sister" within the military nursing hierarchy overseas.

> "As these ladies had no special qualifications it was impossible to detail them to Nursing Duties, and the only possible way in which their services could be utilised was as housekeeper in the Sisters' Quarters. In order to make a

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[98] Ibid, p. 80. Gunn was a determined activist for reforms in nursing education from 1913 to 1941.

[99] Natalie N. 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., University of Toronto, 1992) p. 150. Gunn described this woman as having been expelled from a Canadian hospital and never having completed her nurse's training. Also see: Nicholson, Canada's Nursing Sisters, p. 58.

[100] Riegler, "Works and Networks", p. 151. This group was described as having "mental disease training" only.

> distinction it was recommended that these ladies be appointed Home Sisters with the Pay and Allowances, but minus the rank of Nursing Sisters and the same was authorised by the headquarters, Canadian Training Division, Shorncliffe."[101]

Macdonald qualified the role of the Home Sisters as that of "a housekeeper", similar to the role of a matriarch in a large Victorian household, who would oversee the servants and all necessary household details. Eminently suited to women without nursing qualifications, but with much experience in managing a household, this position ensured that trained nursing personnel would not be sacrificed to an auxiliary, but essential task. Macdonald had also set a clear boundary between the trained and skilled work of nursing and the "women's work" of home management. The medical bureaucracy also became adept at fielding requests for intercession on behalf of untrained women who wanted to "nurse" in CAMC hospitals. Those correspondents not immediately referred to Macdonald might receive a promise of reference for placement from medical administrators like Col. Rennie, if "a new VAD hospital opened in this vicinity for Canadians", but applicants were never given hope of active service in the CAMC facilities.[102]

Convalescent hospitals staffed with VADs, including some Canadians, were abundant throughout Britain during the war, generally accommodating recovering sick or wounded

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[101] NA, RG9 III, B2 (Vol. 3453) "Letter from Matron Macdonald to Chief paymaster (24 July 1917)". Macdonald had 20 women appointed as Home Sisters, including Miss M. Louise Code who crossed with the First Contingent in September 1914. In July 1918, Code transferred to the Canadian Imperial VADs, led by Lady Perley. See also: Canadian Red Cross Society (CRCS), First Aid Bulletin (4 July 1915) p. 2; and also, NA, MG30 E45, Margaret Macdonald Papers, "Matron-in-Chief Macdonald's Article", p. 2.

[102] NA, RG9 III, B1, (Vol. 3419) "Letter from Col. Rennie to Mrs F. S. Ruttan (18 March 1917)".

men after their discharge from the large military hospital complexes.[103] The Joint War Committee in Britain, the much larger sister of Canada's National Relief Committee, was responsible for 3,244 "Auxiliary Home Hospitals" between 1914 and 1919 under the Royal Army Medical Corps (RAMC).[104] Adapted mainly from private homes and other serviceable buildings, these institutions frequently housed Canadian wounded in the early stages of the war, until the CAMC was fully operational. This practice occasioned considerable controversy in Canadian political, military, and medical circles in 1916, particularly after the entire CAMC operation was pilloried by Col. Herbert Bruce.[105] Then Inspector General of the Overseas Military Medical Service, Col. Bruce's Report on the Canadian Army Medical Service presented an image of "Canadian soldiers asking and begging to be taken to Canadian hospitals."[106] Bruce held an impressive reputation and authority as Professor of Surgery at the University of Toronto, and as the "creator" of the new Wellesley Hospital, renown for its state-of-the-art surgical techniques. The Bruce Report carried considerable weight, and was

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[103] Nicholson, Canada's Nursing Sisters, p. 59. In July 1915 the British government transferred control of the Shorncliffe Military Hospital and five Voluntary Aid Hospitals to the CAMC. See also: Col. Herbert A. Bruce, Politics and the Canadian Army Medical Corps (Toronto: Wm. Briggs, 1919) pp. 57-58.

[104] The British Joint War Committee, set up in October 1914, represented St John and the British Red Cross. A year later the Joint Women's VAD Committee was created, including the Territorial Force Association under its aegis, as all three organisations had their own Voluntary Aid Detachments. See: IWM, Women at Work (BRCS 1/4) "SJAA Central Executive Report, 1915", p. 9 and (BRCS 1/5) "SJAA Report of the Ambulance Committee, 1916", p. 7. See also: Joint War Committee, Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St John of Jerusalem in England on: Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919 (London: HMSO, 1921) p. 230.

[105] Reports by the Joint War Committee, p. 230. For a synopsis of the political infighting and personal animosities among the men charged with administering the CAMC overseas see: Desmond Morton, A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War (Toronto: University of Toronto press, 1982) pp. 86-87 and 94-95.

particularly scathing in its critique of the VAD Auxiliary hospitals and the British VAD nurses "who while highly patriotic and eager to help, had insufficient training".[107]

Representatives of Britain's RAMC countered with their own survey, conceding only that there were "defects, but these were of an administration and not professional nature".[108] They were otherwise self-congratulatory in their published statements, and the British military medical opinion at the war's end concluded that:

> "The highest medical and surgical skill was available for them [sick and wounded] on all occasions, and the guidance of the necessarily limited number of trained nurses enabled the "probationers" and "VADs" to provide a standard of nursing as high as we could expect or desire."[109]

Whether as a result of the upheaval over the Bruce Report, which according to Desmond Morton, had less to do with the performance of the VADs than with internal political grievances within the CAMC, the policy of rejecting the use of VAD nurses in CAMC hospitals appeared unequivocal by 1917.[110] Col. Bridges, A.D.M.S., Canadians, confidently informed a hopeful VAD applicant in 1917: "You will note that Canadian Hospitals do not employ VAD nurses, but only trained nurses with the exception of West Cliff Hospital, which has one or two VADs looking after the telephone and work of that

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[106] Col. Herbert A. Bruce, Report on the Canadian Army Medical Service (London, 20 September 1916) pp. 5-8 and 127-133.

[107] Morton, A Peculiar Kind of Politics, p. 86. See also: Col. Herbert A. Bruce, Varied Operations (Toronto: Longmans, Green & Co., 1958) p. 93. Forty years after the fact, Bruce qualified some of his criticisms in the context of his full career, and earlier, while still in the thick of the controversy, he also defended his Report. See: Bruce, Politics and the Canadian Army Medical Corps. Bruce was forced out as Inspector General of the CAMC when the post was summarily abolished by Sir George Perley, then Minister of Militia Overseas. See: Bruce, Varied Operations, p. 97.

[108] Reports by the Joint War Committee, p. 231.

[109] Ibid.

[110] Morton, A Peculiar Kind of Politics, pp. 86-87.

nature."[111] The CAMC's determination to keep volunteer women out of its overseas hospitals was not directly communicated to Canada's VADs through St John Ambulance, even though it had become internal policy. By mid-1918 however, the CAMC would be forced to mount new arguments in response to the Department of Militia and Defence who were proposing the use of trained Canadian VADs to serve as masseuses in overseas hospitals to combat rising costs and personnel shortages.[112] As will be seen in a later chapter, these developments would send a chill through the nursing community, and have repercussions in the post-war evolution of Canadian nursing.[113] Such changes in policy were unforeseen in the early stages of the war, as the CAMC successfully deflected the incursion of VADs through Matron Macdonald's vigilance and diplomacy.

Meanwhile, St John continued to recruit and train women in Canada for VAD service as a precaution against invasion, or the more likely prospect of service in the local convalescent hospitals as auxiliary volunteer nurses. By mid-1915 many of the women who had already acquired the qualifications for VAD service were becoming restless, because there was no immediate prospect for overseas service. Hoping to suppress some of this eagerness for overseas service, the St John Ambulance used the Association's new journal, the First Aid Bulletin, to strongly reinforce the idea that the VAD scheme was to serve domestic needs only,

> "Advice has been received from the St John Ambulance Association, England, that there are no vacancies whatever for volunteer workers at the present time, and that those who proceed to England with this end in view do so entirely at

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[111] NA, RG9 III, B1 (Vol. 3419) "Letter from ADMS, Canadians to Mrs L. Pringle Nickalls (21 Aug. 1917)".
[112] NA, RG9 III, B2 (Vol. 3460) "Memorandum from Minister's Office, OMFC (3 July 1918)".
[113] See Chapter 6.

> their own risk. A large waiting list exists at St John's Gate, Clerkenwell, so that it will be some time before volunteers are called for."[114]

Ironically, within two months of this notice, the first "official" group of 60 Canadian VADs had embarked for Britain and France.[115] Even so, they were not the first Canadian women to be posted as VADs to British military hospitals. By the end of 1915 a sizeable number of determined and resourceful Canadian and Newfoundland women had followed their instincts, financed their own passage, and secured placement as VADs by applying directly to Devonshire House, headquarters of the Joint VAD Committee in London. Some women had followed the men overseas early in the war, often in company with other female family members or close friends. As the anticipated early victory had dissolved into an agony of waiting, however, many of these women helped alleviate their anxiety or grief by joining volunteer organisations, the younger women frequently choosing VAD training, and then signing up with British Detachments.[116] Along with their British counterparts, many Canadians transferred from local VAD hospitals, into the large military establishments when the opportunity arose, and the more determined gained transfers to hospitals in France, or even ambulance work.

Favourable publicity, like the lengthy testimonial to women's voluntary hospital work published in The Times of London in July 1915, encouraged Canadian and Newfoundland

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[114] Canadian Branch of the St John Ambulance Association, First Aid Bulletin, Vol 1, No. 1 (1 June 1916) p. 7.

[115] Fourteen of this group were from Montreal, of these 10 went to British military hospitals in France, due to their longer apprenticeship in the Khaki Convalescent Homes. The remaining 46 came from all across Canada. See: Maude E. Seymour Abbott, "Lectures on the History of Nursing", Canadian Nurse, 19:4 (April 1923) p. 208.

[116] See: Wilson and Raymond, "Canadian Women in the Great War", pp. 176-218; also, Gwyn, Tapestry of War.

women to explore the possibilities of overseas service as a VAD.[117] Janet Miller of St. John's, accompanied by her mother, had followed her brother and fiancé overseas early in the war, and was married in Edinburgh in June, 1915. Joined by three friends from home, Janet trained as a Red Cross VAD and served at the Lady Robert's Hospital, an auxiliary VAD hospital in Ascot. She later took additional training at the Red Cross "Testing School", to qualify as a "Motor Driver" in France, but abandoned this scheme following the death of her husband, Eric Ayre, at Beaumont Hamel on 1 July 1916, where his brother and two cousins also died.[118] The urgency to serve was constantly reinforced through the media and other propaganda, affecting young men and women alike. Decades later, Doreen Gery recalled the abundance of posters and images exhorting patriotic duty: "Your King and Country Need You!" Her younger brother had enlisted with 15 classmates, only one of whom returned, and Doreen was equally driven to train as a VAD, managing to secure a posting to a hospital in France.[119] According to historian Janet Watson, wartime voluntary service was an almost innate response for young middle and upper class women of British

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[117] See: The Times, (9 July 1915); see also, The Times History of the War, Volume IV (London: The Times, 1915) pp. 241-280, especially pp. 247-250.

[118] The group included Ruby Ayre, Mary Rendell and Nell Job, all members of St. John's elite, well educated, and much travelled. Janet abandoned her plan to drive an ambulance in France after her brother died of pneumonia, contracted in the trenches in 1917. Mary and Ruby both became ambulance drivers with the First Aid Nursing Yeomanry (FANYs) in France, while Nell Job married in early 1917. See: M. I. Duley, "The Radius of Her Influence for Good: The Rise and Triumph of the Women's Suffrage Movement in Newfoundland, 1909-1925", in L. Kealey, (ed.) Pursuing Equality: Historical Perspectives on Women in Newfoundland and Labrador (St. John's: Institute for Social and Economic Research, Memorial University, 1993) pp. 43-44. Also see: Centre for Newfoundland Studies (CNS) M/F 210 Ruby Ayre; and, Collection-158 Murray, Janet (Miller) Ayre; and also, M. I. Duley, Where Once Our Mothers' Stood We Stand: Women's Suffrage in Newfoundland, 1890-1925 (Charlottetown: Gynergy Books, 1993) p. 73. Also: Reports by the Joint War Committee, p. 199.

origin. In her words, these women who had been taught "the same language of patriotism, honour, sacrifice and empire as their brothers at home and, more recently, at school, the hospital became their displaced trench."[120]

Many Canadian women made their own way overseas to seek a place as a volunteer in hospitals abroad, but such an undertaking usually excluded those who were dependent upon their waged earnings to support themselves. Some however, who did not know CAMC policy regarding the exclusion of VADs, anticipated being taken on by Canadian hospitals if they made their own way to England, expecting their travel expenses to be reimbursed. Under this misapprehension, Sophie Smethurst of Saskatoon had financed a trip overseas, "with the intention of joining the Canadian forces" and was dismayed to discover she would not be accepted. As a fully qualified VAD, with "First Aid and Home Nursing Certificates and Medallion", she secured a place in the British military hospitals. With a record of hospital experience, she applied once more to the CAMC confidently stating her qualifications: "I have been working with a fully trained sister and have had to take her place when away. I am now on night duty with [four] patients to look after alone. I have good experience in dressings."[121] Sophie, and many like her, had inevitably come up against an impenetrable wall of opposition to VADs in the CAMC. Yet even though the British hospitals were their second choice, for a great many Canadian women the opportunity to serve was better than waiting for a call that might not come.

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[119] Silva Basmajian, producer, And We Knew How to Dance (National Film Board, 1993). Gery's brother was among the 14 boys who died.
[120] Janet Sledge Kobrin Watson, "Active Service: Gender, Class and British Representations of the Great War" (Ph.D., Stanford, 1996) p. 23.
[121] NA, RG9 III, B1 (Vol. 3419) "Letter from Sophie Smethurst to Col. Munro (13 Aug. 1916)"

Vancouver's Grace MacPherson was one of those VAD hopefuls who personified the confidence of her youth and class. At 21 Grace was far from the idealised vision of gentle womanhood that lingered from the Victorian era, but was already an accomplished driver with her own car. Grace was moved by the loss of her brother and a close friend to leave her paid clerical work and offer her services overseas as an ambulance driver. Frustrated when her letters to the Red Cross produced only non-committal replies, seemingly because she was too far removed from the scene, Grace determinedly engineered free passage abroad by "besieging the Canadian Pacific Steamship Office in Vancouver daily for two months."[122] Once in London, Grace followed the standard procedure for every VAD applicant regardless of origin or the work they applied for, by presenting herself for an interview with the British Red Cross Joint Women's VAD Committee at Devonshire House in Piccadilly.[123] By the time of her interview in August 1916, the procedure at Devonshire House had become routine:

> "A special department dealt with first applications, and full instructions were issued as to the procedure to be adopted, if the candidate was a member of a Detachment or not.
>
> References were taken up, a Medical Certificate was supplied to be filled in by a private practitioner, or by the Doctor who attended for this purpose.
>
> If volunteering as a Nursing Member, and without hospital experience, an interview with a Matron was a necessity, either at a specified centre or at Devonshire House. Each candidate's papers were placed in a folder, bearing the following particulars on the outside: -- Name, age, address, hospital experience, certificates held, and any other details of importance.

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[122] Gwyn, Tapestry of War, pp. 444-448.

[123] Imperial War Museum (IWM), Department of Documents, Mrs. L. D. J. Griffith: Memoir and Photographs, "Photograph Album", pp. 6-8.

> The folder was placed before the Selection Board, and if the applicant was judged suitable, instructions as to inoculation and vaccination were issued forthwith."[124]

Discovering she had missed a chance for an immediate placement to an ambulance convoy in France, Grace recorded her frustration and disappointment in her diary:

> "Thursday. I went to the Women's Voluntary Aid at Devonshire House, and found I had by one day missed bear of a job in FRANCE, all expenses paid. B.R.X. uniform & £1 a week which would buy stamps & chewing gum! I was simply broken hearted about it."[125]

Not of a temperament to concede defeat, however, Grace supported herself over the next eight months with a paid clerical post with the Canada Pay and Records Office in London, until her dream of ambulance work was realised.[126] Applicants for VAD "Motor Drivers" like Grace required driving experience, and a good knowledge of running repairs.[127] Successful candidates received an allowance, and a uniform, but beginning in August 1916, when Grace arrived, they were also required to attend a new "school of instruction" for driving skills and mechanics, plus classes in "First Aid and Stretcher Drill."[128] The official recruitment of female ambulance drivers began in mid-1916, just as a first call for "colonial" VADs to assist in British military hospitals was also sent out from Devonshire House. This development opened up new opportunities for VAD service abroad to Canadian women who could not otherwise afford to travel overseas. This change in policy guaranteed that more than 350 Canadian VADs would eventually be rewarded by St John Ambulance for their patience in waiting for the official call to serve in a British military hospital in England or

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[124] Reports of the Joint War Committee, p. 196.
[125] Canadian War Museum (CWM), 58A1 21.12/19860282.001, Grace MacPherson Diaries (August 7th - 9th, 1916).
[126] Gwyn, Tapestry of War, p. 448.
[127] Reports of the Joint War Committee, p. 199.

France. From early in the war however, Newfoundland women had found their "colonial" status facilitated selection for VAD work overseas.[129] Although St John Ambulance created two Brigade Nursing Divisions in the St. John's area, many of the VADs, like sisters Sybil and Jill Johnson, trained with the BRCS after they arrived in London.[130]

Organised much later than its parent programme in Britain, the Canadian VAD scheme was less sophisticated and standardised, prior to the first call for overseas volunteers in 1916, although the eagerness of the candidates was no less impassioned.[131] In the Montreal area, with three Nursing Divisions, 300 VADs were noted as having registered in one Nursing Division alone.[132] Canadian and Newfoundland women responded to the opportunities for VAD service with an unbounded enthusiasm, based on the strong sense of patriotic duty that had been instilled in them and their brothers alike. Denied the chance to serve in the capacity of "soldier", many young women saw VAD service as a means to both fulfil the expectations of traditional voluntary service for women, and emulate the service of

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[128] Ibid, p. 200.

[129] As of December 31, 1917, 51 women were listed as VAD nurses from Newfoundland, and an estimated 44 saw overseas service. See: Report of the Chief Commissioner for Brigade Overseas, p. 35.

[130] CNS, Collection-201 (File: 2.01.013) Sybil Johnson "Letter (13 Dec. 1916)". Sybil and Jill trained at St. Mary's Hostel for Nurses in London, under the BRCS. Another Newfoundlander, Frances Cluett trained in St. John's, but it is not clear whether the Red Cross or St John Ambulance sponsored her classes. See: CNS, Collection-174 (File: 2.02.001) Frances Cluett "Letter: Seaman's Institute (no date)". St. John's two SJAB Nursing Divisions were formed in 1913 and 1914.

[131] Some 40 Canadian women enrolled "in absentia" in the Nursing Divisions in St. John's to qualify for overseas posts. See: St John House Archives (SJHA) (Box X(a)) "St John Ambulance Brigade Newfoundland: VADs who served in a Theatre of War (W.W.I.)".

[132] These numbers were cited for Montreal Nursing Division No. 19, but no totals were offered for Nursing Divisions No. 24, 26, & 38 and Sherbrooke No. 12. See: Dr. Maude E. Seymour Abbott, "Lectures on the History of Nursing", Canadian Nurse, 19:3 (March 1923) p. 149; and also Canadian Nurse, 19:4 (April 1923) p. 203.

their brothers in an "official" uniform. Lacking the skills to facilitate their entry into military nursing, they saw VAD service as a viable means to "get into the war".

2.5 "The Imperials"

Late in the war a third avenue of entry into overseas VAD service was opened to Canadian women through a select organisation known as the Canadian Imperial Voluntary Aid Detachment, under the direction of Lady Milly Perley, wife of the Acting Canadian High Commissioner to London, Sir George Perley. Outside of the jurisdiction of the Militia Department, and having no direct connection to the Canadian St John Ambulance Association, the "Canadian Imperials" were created in response to the Joint War Committee's urgent call for increased VAD support. In April 1917, the Women's Joint VAD Committee at Devonshire House, had authorised the creation of "Reserve Detachments" to shore up the dwindling supply of VAD nurses and non-nursing General Service members in the military hospitals. These VADs were to be established in new detachments, recruited separately from, but working in parallel with, detachments already in place in the countless counties and districts of England and Wales, under the direction of the Joint War Committee. The rationale for this separate, but equal, organisation was to not "burden the existing detachments with an influx of new members".[133] The system however, allowed these new

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[133] Reports by the Joint War Committee, p. 195.

groups more independence under the direct control of the Committee, having their own individual "Recruiting Commandant".[134]

This decision to expand the existing British VAD organisation had no apparent effect on the organisation and deployment of Canada's VADs under the auspices of St John Ambulance. At the same time however, the Chairman of the Joint Committee, desperate to encourage more women to assist in the British military hospitals, also sent a letter to the Governors General of the Dominions asking for new official Units of Voluntary Aid Detachment Members.[135] This authority effectively invited independent VAD organisation in Canada, but in the absence of any new group being formed at home, Lady Perley took full advantage of the opportunity presented to her in England to establish her own Canadian VAD organisation. Overall, an estimated 800 "Colonial Members", in four separate "Imperial" detachments were recruited, with H.R.H., the Princess Mary, establishing the first. This set a precedent for the organisation of the other three Imperial detachments from Australia, South Africa and Canada under the leadership of titled "Ladies".[136]

The new Canadian Imperial VADs inaugurated by Lady Perley in February, 1918, eventually included 187 members, recruited from among a more socially prominent selection of Canadian women than the original St John Ambulance organisation. Several of the older, married women comprised a core group of 11 administrators as Assistant Commandants, Quartermasters, and Head Clerks, with Lady Perley as Commandant. The majority of the

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[134] Ibid, p. 196.
[135] Ibid.
[136] In addition to Lady Perley, the other new "Commandants" were Lady Robinson and Lady Gladstone. Ibid, p. 196.

leaders were non-nursing VADs, while overall 115 of the full membership had the requisite certificates in First Aid and Home Nursing.[137]

Lady Perley herself was an imposing woman. Younger than her husband, she was his second wife, and had married little more than a year before the war erupted. Lady Milly Perley was both hostess and escort to Sir George in the heady social milieu of wartime London, but as the daughter of a Cabinet Minister in the Borden government, she was accustomed to the demands of political life.[138] Ottawa however, was hardly on the same scale as London society. There was considerable criticism during the war concerning the Perley's social aspirations, fuelled by a house in Park Lane and rumours of lavish entertainments regardless of the general privations of food shortages and rationing.[139] Yet Milly Perley also devoted considerable time to the Canadian women's volunteer effort abroad, as her position demanded. Prior to her new role as a VAD Commandant, she was active in the Canadian War Contingent Association, the Maple Leaf Clubs for Soldiers, IODE Club for Nurses, and several other worthy wartime projects.[140] Nevertheless, all of these activities saw Lady Perley in a secondary role, unlike other prominent Canadian women abroad, particularly Lady Julia Drummond who was instrumental in organising and directing

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[137] IWM, Women at Work (BRCS 12.11/4) "Letter: Milly Perley (10 July 1919)".

[138] Gwyn, Tapestry of War, p. 129; and, NA, MG27 II, D12 (Vol. 15), Sir George Perley Collection (File: Canadian High Commission, 1918-1922). The Perley's were married in June 1913, Sir George had a grown daughter, Ethel who also served briefly as a VAD. Lady Milly Perley was the daughter of Sir Thomas White, Minister of Finance in the Borden government.

[139] Nancy Gelber, Canada in London: An Unofficial Glimpse of Canada's Sixteen High Commissioners, 1880-1980 (London: Canada House, 1980) p. 28; also, Editorial, Saturday Night Magazine, (29 March 1919); and, Morton, A Peculiar Kind of Politics, pp. 26-27, 104 & 112.

[140] Mary Macleod Moore, "Canadian Women War Workers Overseas", The Canadian Magazine, 52:3 (January 1919) pp. 743-744.

the Canadian Red Cross effort abroad from her headquarters in London. Despite her supposedly overt social ambitions however, Lady Perley took a sincere interest in her VAD organisation and the younger, less established women among their ranks. She was credited by Grace MacPherson, the VAD ambulance driver who worked briefly as Lady Perley's secretary, as being "the most delightful and charming person I have met in my travels", characterising her as "a mother to all Canadian girls overseas."[141]

Whatever her motivations for establishing the Imperials, Lady Perley was successful in attracting many Canadian VADs who had journeyed to Britain on their own initiative to enlist with British VAD detachments. Regardless of the intent of the Joint VAD Committee to attract new recruits from the "Colonies" to augment their supplies, Lady Perley could boast that her VADs had largely "transferred from other Detachments" in England.[142] As one journalist explained, the Canadian Imperials understood their purpose as defining a community of Canadian women "already serving voluntarily over here, in hospitals, and having practically no status nor official recognition of their services".[143] The appeal of the Canadian Imperials was national identity for women otherwise subsumed by the massive British VAD organisation, particularly those across the Channel in France who wanted to be "identified with a Canadian unit. . . . they liked being linked together."[144] The actual definition of their work was little different from that of the regular Canadian VADs abroad, but the 115 Imperials accredited as nursing members had some advantage in their association

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[141] CWM, (58A1 21.12/1986, 0282.002), Grace MacPherson, "Experiences at Étaples", p. 3.
[142] IWM, Women at Work (BRCS 12.11/4) "Letter: Milly Perley (10 July 1919)".
[143] NA, (MG27II, D12) Sir George Perley, (Vol. 15), Article: "New VAD Organisation Formed in England", by Anne Merrill.
[144] Ibid. There were approximately 25 Canadian Imperials posted outside Britain, of a total of 120 at the time the article was published in 1918.

with the influential Lady Perley. Although 49 of the Imperials were posted to military hospitals, at least 15, and as many as 20 were able to find a place in a CAMC hospital, if only in a non-nursing capacity.[145] Another 15 were placed in St. Dunstan's Home for Blind Soldiers, and 20 were in the Canadian Red Cross Headquarters in London, while 27 served in the Red Cross nurses' hostels, including the most active centre at Boulogne. Although the 10 ambulance drivers appeared to have the most "glamorous" of the VAD assignments, several of these women, including Grace MacPherson had achieved this distinction on their own merit before transferring to the Imperial VADs.[146]

Lady Perley's official role as the wife of the Acting High Commissioner allowed her special access to the Canadian military hospitals in France and Belgium, and the consequent opportunity to propose one of her Imperials for any vacancy that might arise.[147] Moreover, her close association with the Canadian Red Cross also afforded a preferential status for the Imperial VADs, and had been instrumental in the initial organisation of the Detachment based on a reference to the Joint VAD Committee on Lady Perley's behalf.[148] When the Canadian Red Cross established the hostel at Boulogne for allied nurses and VADs travelling through Europe, it was staffed entirely by Imperial VADs, 10 in all, under the direction of Mrs. Gordon Brown of Ottawa.[149] Lady Perley had been given an office at the Canadian Red

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[145] Public Records Office (PRO), Kew, WO222/2134, Miscellaneous Files Relating to Army Nursing Staff and Nursing Establishments, 1914-1918, "Report on Work in France of the Canadian Army Medical Corps (Matron E. M. McCarthy, Principal Matron, France, B.E.F.)".
[146] IWM, Women at Work (BRCS 12.11/4) "Letter: Milly Perley (10 July 1919)".
[147] Archives of Ontario (AO), MU 4113 Sir George Perley Papers (File: Canadian High Commissioner, 1918-1922) "Draft Speech (15 April 1922)" p. 8. Lady Perley twice toured the CAMC hospitals in France and Belgium with Matron Macdonald.
[148] Maude E. Seymour Abbott, "Lectures on the History of Nursing", Canadian Nurse, 19:3 (March 1922) p. 266.
[149] Ibid.

Cross headquarters in London, and leave to adopt any uniform she chose to represent her new position, although it differed little from the standard St John Ambulance grey Commandant's style apart from some "attractive touches of red".[150] With so many of the Imperials drawn from service in other detachments however, and assigned to specific duties of driving or nursing, Milly Perley thought it prudent to leave the choice of members' uniform to the discretion of the individual, apart from a distinctive shoulder badge identified as "Canada-R".[151]

The Canadian Imperial VADs could be considered more closely associated with the image of the upper middle-class, socially elite British VAD in the tradition of Vera Brittain. Many of the non-nursing members in particular, were related to Canadian business and political leaders, and suited the description Morton and Wright used to characterise the entire organisation of more than 2,000 Canadian VAD members, as the "wives and daughters of the wealthy" [see Appendix 2, Table 2.19].[152] Yet such an inclusive generalisation cannot be attached even to the entire membership of the Imperial VADs, since several, like the drivers Grace MacPherson and Elsie Chatwin, and nurse Mary MacAuley, are known to have held paid employment, and were far from being classified as the financially independent daughters of prominent families.[153]

Regardless of their social origins however, this singular group of Canadian VADs was as dedicated to their individual tasks of active war service as any of their peers in the

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[150] NA, (MG27II, D12) Sir George Perley, (Vol. 15), "Merrill Article".
[151] Wilson and Raymond, "Canadian Women in the Great War", p. 191.
[152] Desmond Morton, and Glenn Wright, Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930 (Toronto: University of Toronto Press, 1987) p. 20.

"official" Canadian VAD organisation directed by St John Ambulance. In seeking out the distinction of a Canadian affiliation, although already accepted into a British detachment, these VADs expressed a particularly strong sense of national identity that cut across the barriers of class, and forged a stronger bond between Canadian women serving abroad. Impelled by patriotism and a need for active participation in the war effort, some volunteers like Grace MacPherson had felt alienated in a culture they did not understand, despite otherwise strong familial and emotional ties to Britain. Grace had anticipated her English colleagues might be "conservative in their ideas", but she had expected "to meet them halfway", on reflection however, she felt at times she had "gone all the way and back again".[154] For others like her, far from home and in need of reassurance that her efforts were valued and appreciated as a sincere gesture of patriotic service, the opportunity to identify with all Canadians abroad in uniform was an essential emotional support. Despite the privileges accorded the Imperials derived from their association with the more influential Canadians abroad during the war, the Canadian Imperial VADs were as eager and determined to "do their bit" as any of the women in the uniform of a Canadian VAD.

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[153] See: Calgary City Directory (1920); also, Regina City Directory (1916); and, Gwyn, Tapestry of War, p. 445; and also, British Red Cross Society, Museum and Archives (Barnett Hill, Surrey), Personnel Card Indexes: Military Hospital Files / Record Cards.

[154] CWM, (58A1 21.12/1986, 0282.002), Grace MacPherson, "Experiences at Étaples", p. 1.

2.6 Conclusion: "Getting Into a War"

For women, the question of how to get "into a war" demanded a gendered response, shaped by social norms and expectations. In her study of gendered service in Britain during the Great War, Janet Watson concluded that women were "resolved to find in their war work what soldiering meant to men" and that many found the answer in volunteer nursing.[155] The Canadian women who became VADs were no more satisfied with a distanced war service than their British sisters, participating in the innumerable war relief projects sponsored by the women's organisations and the Red Cross. Choosing the more active role of VAD service offered them the distinction of wearing a uniform that was both military and maternal in design and function, but VAD service also gave them direct contact with men who had served on the battlefield. As young, middle-class, Anglo-Protestant women, Canada's VADs used their patriotism to transform the maternalist endeavour of voluntary nursing into active war service, pushing the limits of women's acceptable participation in the manly sport of war.

Canada's VADs initially held a much smaller place in the national consciousness than their counterparts in Britain. The distance between Canada and the military hospitals of England and France, the delays in organising the VAD programme and their absence from the wards of CAMC hospitals, all contributed to keeping Canada's VADs in the shadows of voluntary war service in the early days of the war. When they were noticed their efforts were sometimes trivialised, being cast as "willing workers" who dressed as nurses to provide a

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[155] Watson, "Active Service", p. 133.

"light spot in many a long dull day" for the men in convalescent hospitals.[156] Yet their part in Canada's war effort steadily evolved as the war continued its relentless progress. While other women were out in force raising funds or rolling bandages in Red Cross workrooms, the VADs were becoming more deeply involved with the conduct of the war in countless convalescent hospitals across Canada, or in distant wards in France, Italy or Egypt.

Early in the war, St John Ambulance opened a door of opportunity for Canadian women's voluntary service. Essentially a masculine military organisation, St John had recognised the potential for women's service as auxiliary nursing personnel, and quickly adapted their nursing programmes to the needs of both the Canadian and British military medical services. Promoting their VAD nurses as well-bred, maternal patriots, St John Ambulance created a unique role for Canadian women's wartime voluntarism. Those women successful in "getting into a war" as Canadian Voluntary Aid Detachment nurses could view their efforts as a small triumph in breaking down the barriers for women's active service in war.

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[156] Mrs. Harrison Bullock, "VAD, St. John", Woman's Century (February 1918) pp. 21-22.

CHAPTER 3

"SHINING LIGHTS": THE WOMEN OF THE CANADIAN VOLUNTARY AID DETACHMENTS

3.1 Image, Reality and the VAD

In her memoir, Testament of Youth, Vera Brittain recalled she had experienced the beginning of the war, "not as a superlative tragedy, but an interruption of the most exasperating kind to my personal plans."[1] Deprecating her own reactions as the self-involved daughter of the privileged classes, Brittain's narrative of love and loss, set against the backdrop of the horror and sadness she encountered in the war hospitals, has evolved its own mythology similar to that of Florence Nightingale in the Crimea.[2] Just as Nightingale has been popularised as the ideal of the trained nurse, so Vera Brittain has

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[1] Vera Brittain, Testament of Youth: An Autobiographical Study of the Years 1900-1925 (London: Fontana, 1979 [c. 1933]) p. 17.

[2] See: Anne Summers, Angels and Citizens: British Women as Military Nurses, 1854-1914 (London/New York: Routledge & Kegan Paul, 1988), especially Chapter 2; also, Monica E. Bayly, Florence Nightingale and the Nursing Legacy (London: Croom Helm, 1986); and, Sue M Goldie, (ed.) "I Have Done My Duty": Florence Nightingale in the Crimean War, 1854-56 (Manchester: Manchester University Press, 1987).

been stereotyped as the self-sacrificing volunteer nurse of genteel birth and breeding who tempered her own grief by giving her energy and compassion to the suffering wounded.[3] Had Brittain not felt compelled to record and share her experiences, British VAD history may have remained dormant and unrecognised like its Canadian counterpart. Instead, her published memoirs have ensured the legacy of her own service, and that of the thousands of British women similarly moved to undertake volunteer nursing service during the Great War.[4]

Although not the only British VAD to publish an account of her war experience, Brittain's work has remained the standard due to the quality of the writing, and the evocative style that draws out the emotional juxtaposition of her personal tragedy within the collective tragedy of the war.[5] While the popularity of Brittain's account has guaranteed the historical legacy of British VADs, at the same time it has become standardised as Vera Brittain's story, obscuring the individual experiences of the thousands of other British VAD nurses. This in turn has led to a lasting impression of the

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[3] Deborah Gorham emphasised the mythology surrounding VAD service in her study of Vera Brittain. See: Deborah Gorham, Vera Brittain: A Feminist Life (Oxford: Blackwell, 1996) p. 98.

[4] Beryl Oliver, The British Red Cross in Action (London: Faber and Faber, 1966) p. 239. Oliver cites 23,000 British VAD nurses "from first to last", her total of female VAD personnel of all types being just over 49,000. See Ibid, p. 235.

[5] Summers, Angels and Citizens, examines the origins of Britain's VAD scheme, but stops at 1914. Other published British VAD diaries and memoirs include: Enid Bagnold, A Diary Without Dates (London: Heinemann, 1918); Olive Dent, A VAD in France (London: Grant Richards, 1917); David Ware, (ed.), A Rose in Picardy: The Diaries of Gwen Ware, 1916-1918 (Farnham, UK: Farnham & District Museum Society, 1984); Janet Rose, "'Rani at the Castle': The Reminiscences of a VAD in the First World War", History of Nursing Journal, 4 (1992/93) pp. 85-89; Agatha Christie, Agatha Christie: An Autobiography (New York: Dodd, Mead & Co., 1977). A dramatisation of Testament of Youth was produced for television, see, BBC TV/London Films, "Testament of Youth", (1978).

VAD as young, British born, upper class, women, well educated but without any experience of waged employment.[6] While admittedly, some aspects of this profile can be ascribed to a majority of the women who served as British VADs, there is evidence to demonstrate a much wider diversity among them. Further, because of this image of the "typical" VAD, the lives and experiences of Canadian and Newfoundland VADs have been overshadowed by the portrayal of the British gentlewoman as the heroic volunteer nurse.[7]

Recent scholarship has endeavoured to profile the British VAD of the Great War. Anne Summers' Angels and Citizens evaluates the development of the British VAD scheme in the militarist, imperialist atmosphere of the late Edwardian era, concluding her examination on the eve of the war.[8] Challenging the misinterpretation of the VADs as latter-day Victorian philanthropists who saw their mission in nursing the wounded, Summers outlined the complicated structure of the organisation, its popularity and its relationship to the militarisation and bureaucratisation of wartime medical service. Yet, her conclusions about the membership of the Detachments still contended that VAD service was an activity undertaken only by women of privileged status, possessing "little formal education or previous training in practical skills . . . women who were not in state employment, and who were, indeed, outside the labour market altogether."[9] The oral history by British author Lyn Macdonald, The Roses of No Man's Land, concentrates on

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[6] Summers, Angels and Citizens, p. 270 (1978).
[7] Deborah Gorham argues that the upper-middle class lady may have been more the ideal than the reality of the British VAD nurse. See: Gorham, Vera Brittain: A Feminist Life, p. 101.
[8] Summers, Angels and Citizens, Chapter 9.
[9] Ibid, p. 270.

the hospitals in the war zones, using the narratives and memoirs of former VADs and nurses. This project explored the seldom discussed details of wartime hospital wards, and the strength and stamina required of the women who nursed wounded, but Macdonald also characterised the VADs as "gently nurtured girls who walked straight out of Edwardian drawing rooms into the manifold horrors of the First World War."[10]

In his history of the Red Cross movement, John Hutchinson also argued that the VAD scheme tended to favour women of higher socio-economic status, but in November 1916, the Joint Women's VAD Committee in Britain conducted a survey of 200 serving VAD nurses to ascertain their employment history, suggesting a much wider distribution of class among British VAD nurses.[11] Of this group, 68 were found to have held waged employment before their VAD service, although most were in skilled occupations open to educated, middle-class women, such as nursing, teaching or clerical work, but a significant number cited paid experience in domestic and factory work, areas usually reserved for working class women.[12] Despite the small sample, these results indicate that the assumption of VAD nursing as the domain of upper class women is a risky one. While the majority of surviving archival and published documents in the form of diaries, letters, memoirs and narratives can be ascribed to women of means, like Vera Brittain, the

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[10] Lyn Macdonald, The Roses of No Man's Land, (London: Penguin, 1980, 1993) p. xi.
[11] John Hutchinson, Champions of Charity: War and the Rise of the Red Cross (Boulder, CO: Westview, 1996) pp. 251-253.
[12] Imperial War Museum (IWM), Women at Work Collection (BRCS 10.5/4) "Analysis of 200 Cases of Selected Members Taken at Random (28 November 1916)."

above survey suggests that a substantial segment of British VADs are underrepresented in the existing documentary evidence, thus distorting the profile of the British VAD.[13]

Visual and print media of the war era also contributed to the upper-class image of the VAD. The "Red Cross" nurse was represented on countless posters, postcards and printed advertisements in newspapers and magazines, but the distinctions between the qualified military nurse and the volunteer were unclear. Few artists could denote the actual variations in the uniform style of the many nursing affiliates working in the wartime hospitals of Britain and Europe.[14] Whether to garner donations for relief projects, to encourage women's voluntarism, or to urge men to sign up for military service, the angelic, heroic, and elegant white-veiled nurse smiled gently out from countless posters and magazines, called from a higher cast of women to perform divine tasks of healing. Adding emphasis to the message in pictures, the ideal nurse was also championed by voluble print propagandists promoting and encouraging women's voluntarism from the women's pages of national newspapers, or the books and pamphlets published by the voluntary agencies, particularly the Red Cross and St John Ambulance. Thekla Bowser, a long-time member of St John Ambulance, enthusiastically promoted the VAD scheme, and the St John Ambulance VAD hospitals in England and France. Chronicling the work of St John VADs, Bowser endeavoured to stress co-operation

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[13] The IWM, Department of Documents and Sound Archives, hold the diaries, letters, memoirs and recorded interviews of numerous British VADs of the Great War.

[14] For example, see Maurice F.W. Doll, The Poster War: Allied Propaganda Art of the First World War (Edmonton: Alberta Community Development, 1993); Australian War Memorial, What Did You Do in the War Daddy?: A Visual History of Propaganda Posters (Melbourne: Oxford University Press, 1983); Tonie Holt and Valmai Holt, Till The Boys Come Home: The Picture Postcards of the First World War (London:

between the classes in the common cause of the war effort, but noted the particular sacrifice of upper class women, unaccustomed to hard, physical work:

> "Women in the highest ranks of society are content to scrub and clean; many a highly intellectual woman is working in the kitchen or the pantry or the linen-room of hospitals in France with the dogged determination to overcome the awful fatigue entailed by these physical labours."[15]

Moreover the majority of women attending the pre-war VAD programmes and training camps in Britain were those with leisure time, unencumbered by the need to earn a wage.[16] Thus the image of the VAD nurse was firmly cast in the mould of the upper class British woman, while the more diverse origins of other VAD volunteers were overshadowed, including the Canadian VAD.

3.2 From British Columbia to Newfoundland: Recruiting the "Canadian" VADs

When the Order of St John mounted its Canadian crusade in the early twentieth century, the organisers could not foresee that their efforts would culminate in the creation of an army of female patriots. The early framework of the Canadian St John Ambulance Association was sustained by strong imperial ties and the realities of a challenging environment that gave full scope to the health and safety services offered by St John.

Macdonald & Jane's, 1977); Joseph Darracott (ed.), The First World War in Posters (Toronto/London: General Publishing/Constable, 1974).

[15] Thekla Bowser, The Story of British V.A.D. Work in the Great War (London: Andrew Melrose, c. 1917) p. 176.

Having recruited women in a supportive capacity, St John had unwittingly established a secondary structure for the duration of the war, that would over-shadow its function as a male-directed civilian ambulance service. The construction of the VAD programme began slowly, with its membership increasing and its geographic base broadening as the war progressed [see Appendix 2, Table 2.1]. Cautiously, St John developed the first "Voluntary Aid Committees" in the Military Districts established by the government.[17] The task of forming Voluntary Aid Detachments in these Districts was delegated to the National Relief Committee, which in turn authorised the Brigade to create the initial Detachments in the port cities of Halifax, Quebec and Saint John, where returning wounded were expected to debark, then another three in Montreal, Ottawa and Victoria.[18] At this early stage scant consideration was given to preparing members of the women's Detachments to serve as regular nursing assistants in military hospitals at home or abroad.

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[16] Summers, Angels and Citizens, pp. 258-259. Summers discusses the attraction of VAD camps for women who could exercise initiative and take leadership roles outside of the confines of their home and social environment.

[17] In 1914 the Canadian government created six Divisional Areas in eastern Canada, and three Military Districts in the west, all becoming Military Districts in 1916. This enabled the creation of Militia Detachments in those areas most vulnerable to border invasion. See: G. W. L. Nicholson, The White Cross in Canada: A History of St John Ambulance (Montreal: Harvest House, 1967) p. 56.

[18] Ibid, p. 57. Voluntary Aid Detachments were a separate entity from Brigade Nursing Divisions. Detachments were to be created from selected Brigade personnel, both men and women. Men's Detachments were to serve as stretcher-bearers and ambulance personnel on the battle-field. Women's Detachments were to function as nursing assistants and cooks, with at least one trained nurse as commandant. With the men recruited for the military, the concept of the Detachment evolved to meet the needs of local convalescent hospitals and British military hospitals, with VAD nursing members as the primary service providers. Over time the acronym of the VAD unit became representative of individual members. See: Nicholson, The White Cross in Canada, pp. 56-57; also: The Organisation of Voluntary Medical Aid in Canada (3 March 1914); and, St John Ambulance Brigade (Overseas) within the Dominion of Canada -- Women's Aid Department (W.A.D.): Regulations, 1918.

As the wounded began to return in ever increasing numbers, practice sessions for the VAD nursing members in mock hospital rooms were gradually replaced by the real experience of auxiliary nursing in local wartime convalescent hospitals.

Departing from their initial role as glorified cheerleaders, sending off the troops at dockside with candy and cigarettes, the VADs of the Halifax Nursing Division gradually assumed a more useful function as auxiliary nursing assistants in the local military hospitals, and on the incoming hospital ships, helping to prepare the patients for transfer to the next stage of their journey. By the end of 1917, several Halifax VADs had also been selected for overseas service.[19] At least 25 New Brunswick women served overseas as VADs, while an undetermined number remained to work in local military convalescent hospitals in Saint John or Fredericton.[20] Women from the Atlantic provinces appear to have been less inclined than those from central and western Canada to travel overseas under their own recognisance to find a VAD post in a British military hospital. Possibly their early introduction to VAD nursing in the local military hospitals helped to satisfy their desire to become actively involved in the war effort. On Prince Edward Island however, the VAD programme was not organised until mid-1918, much later than the other provinces, and consequently only four Island VAD members were sent overseas, near the end of the war in 1918.[21]

The larger share of Canadian VAD personnel, both for overseas service and in the local convalescent hospitals, was derived from Ontario and Quebec. Although Toronto

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[19] Report of the Chief Commissioner for Brigade Overseas, 1 October 1915 to 31 December 1917 (compl. Earl of Ranfurly) pp. 17-19.
[20] British Red Cross Society, Museum and Archives, (BRCS M&A) Personnel Card Indexes: Military Hospital Files / Record Cards.

had an active Nursing Division in 1912, VAD organisation in that city was delayed because of its inland location.[22] Montreal by comparison, was supplying VADs for the local convalescent hospitals as early as March 1915, although not without controversy as previously noted.[23] The Halifax Nursing Division had also encountered resistance when it first attempted to introduce VADs into the Pine Hill Military Convalescent Hospital in 1916, despite the city's early entry into VAD organisation. Three Halifax VADs were finally accepted by the military administration, but "not without a good deal of opposition on the part of some of the authorities", as noted by a wartime observer of Red Cross and St John activities.[24] The author did not indicate whether the source of the opposition derived from the military's fear of volunteers undermining the discipline of the hospital, or from the nurses' objection to the VADs' lack of professional training.[25] In Montreal, both issues appear to have been equally concerning, but regardless of the objections, VADs continued to serve in Montreal convalescent facilities run by the Khaki League, and were later recruited for service in the Ste. Anne de Bellevue Military Hospital

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[21] Ibid.

[22] Annual Report for 1913 of the St John Ambulance Brigade Overseas: Within the Dominion of Canada (compl. Capt. G. R. N. Collins), p. 10; also, Nicholson, The White Cross in Canada, p. 57.

[23] See Chapter 2.4.

[24] Mrs. Archibald, Nova Scotia Red Cross During the Great War: Nineteen Fourteen-Eighteen (Halifax: Nova Scotia Provincial Branch, CRCS, 1920) p. 57. A photograph was featured in a commemorative volume as "The Three Shining Lights" of Pine Hill Hospital. See: M. S. Hunt, Nova Scotia's Part in the Great War (Halifax: Nova Scotia Veteran Pub. Co., 1920) p. 434.

[25] Mrs. Viola Henderson, "VAD Work in Montreal", Canadian Nurse, 14:8 (April 1918) pp. 1245-1246.

complex.[26] The size of the VAD organisation in the province of Quebec grew steadily as the war progressed, with more than 130 Quebec based women known to have served as VADs at home or overseas during the Great War.[27]

The Montreal VAD programme appears to have been particularly well organised under the leadership of the Brigade District Superintendent of Nursing, Mrs. Viola Henderson. Mrs Henderson revealed that not all the VAD candidates initially drawn to the St John classes were serious about the work, but had displayed "a feverish unrest characteristic of the time."[28] The committed volunteers however, those "clever, keen-eyed, earnest young women, with good social standing as an extra asset", were apparently recognisable for their potential as early as the autumn of 1914. Under the direction of the Brigade, this group began studying the methods "employed by the VAD workers in England" without any communication with either St John Ambulance, or any other VAD organisation in Britain, until 1915.[29] As a result of their early preparation, Montreal VADs were trained and ready when the first convalescent home for returned soldiers opened in the city, in March 1915. Similarly, when the first official summons for Canadian VADs was received from Devonshire House in July 1916, Montreal candidates could demonstrate their extensive hospital experience, giving them priority for placement

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[26] Ibid; also, St John House Archives (SJHA), Box X (b) World War I - World War II, Records: VAD Training, "Register & Record Sheets: Ste. Anne de Bellevue, No. 4 Military Hospital (1918-1919)".

[27] By the end of the war, Montreal had three Nursing Divisions, with another in Sherbrooke and one in Quebec City. Overall, at least 130 VAD members from the province served overseas. See, BRCS M&A, Personnel Card Indexes; also, SJHA, Box X (A) Records: Training, "VAD Members who Served in Military and Naval Hospitals Overseas".

[28] Henderson, "VAD Work in Montreal", p. 1244.

[29] Ibid, p. 1245.

in British military hospitals in France. Viola Henderson estimated there were at least 150 certified VAD nurses in Montreal by mid-1918, of whom 50 by that time had served abroad in England or France [see Appendix 2, Table 2.2].[30]

With its large population base and predominance of urban centres, Ontario produced the greatest number of Canadian VAD members overall, serving both at home and overseas. In addition to Toronto's three Nursing Divisions, there were 15 other Divisions across the province, stretching from Ottawa to Windsor [see Table 3.1].

Table 3.1: Organisation of St John Ambulance Brigade, Ontario VAD Nursing Districts

Nursing District	*Date of Formation*
Toronto Central #1	August 6, 1912
London #4	April 12, 1914
Windsor #11	April 6, 1915
College #15 (Toronto)	February 29, 1916
West Toronto #14	March 17, 1916
Kingston Central #21	November 1, 1916
St. Catharines #22	December 8, 1916
St. Thomas #30	February 20, 1917
Ottawa Central #32	March 19, 1917
Guelph Central #25	April 3, 1917
Lord Kitchener #28 (London)	April 12, 1917
Brockville #36	June 3, 1917
Hamilton #16	April 18, 1918

Source: Report of the Chief Commissioner for Brigade Overseas, 1 October 1915 to 31 December 1917, (compl. Earl of Ranfurly) pages 42-61.

[30] Ibid, p. 1247; also, Maude E. Seymour Abbott, M.D., "Lectures on the History of Nursing", Canadian Nurse, 19:4 (April 1923) p. 208. Dr. Abbott noted that 10 of the first

Although St John Ambulance had 39 centres in communities throughout the province, where classes were offered for both men and women, Nursing Divisions and Detachments were created only in larger population centres.[31] By September 1915, the Ontario Council of SJAA had recognised that VAD work should be redirected from contingency planning against possible invasion, towards voluntary nursing assistance in the expanding military convalescent hospitals. The Commandant of the Ottawa Nursing Division, Hazel Todd, reported in September 1915, that the Ottawa organisation had amended its objectives to include possible service in local military convalescent facilities, similar to other centres like Montreal.[32] In addition to administering "practical" First Aid and Home Nursing techniques and establishing emergency field hospital facilities in the case of "calamity or public disasters", the Ottawa VAD organisation added a third goal: "To be able to act as probationers under graduate nurses in convalescent homes which may be established by the Militia in Ottawa or vicinity."[33] There was no indication from later reports that this move met with any controversy.

The size and population of Toronto required the creation of several convalescent hospitals for returned soldiers, consequently providing greater opportunities there for local VADs to gain hospital experience. The private homes initially borrowed as improvised hospital space soon gave way to larger facilities for the growing numbers of

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14 Montreal women to go overseas went immediately to British hospitals in France, due to their long experience in the Montreal convalescent hospitals.

[31] Archives of Ontario (AO), (MU 6814) St John Ambulance Association (SJAA): Administration Records, 1909-1977, (File: Annual Reports, 1912-1919) "Report of Ontario Provincial, Canadian Branch, St John Ambulance Association" (30 September, 1915) p. 16.

[32] Ibid.

[33] Ibid, p. 14.

long-term invalids, and the specialised rehabilitation services needed for particular types of injuries and disabilities, as architectural historian Annmarie Adams has shown.[34]

In September 1915, the Ontario Branch of SJAA reported that several of their certificate-holders had gone over to England and found places in various Red Cross hospitals as "nurses' assistants".[35] The tone was ambiguous, both pleased that their "graduates" should be accepted abroad as VADs, and somewhat miffed that the women had taken the initiative to apply independently rather than waiting for official SJAB sanction. There would be no official sanction until mid-1916, but the number of independent applicants was increasing steadily, and both the Red Cross and St John published provisos against such initiatives, noting: ". . . there is no present need for such workers and only those should go forward who have secured a reasonable assurance that their service will be required."[36] Yet, there was no intention to deter women from volunteer service, only to conserve their enthusiasm for Canadian needs. The Canadian Red Cross therefore cautioned against the expectation of overseas VAD postings, promoting instead the possibility of hospital work at home. It explained that the "establishment of convalescent centres in Canada will probably open a field for volunteer workers as nurses' assistants, dieticians, store-keepers, and especially for those who are prepared to give systematic service to the wounded in our own country."[37]

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[34] Annmarie Adams, "Borrowed Buildings: Canada's Temporary Hospitals during World War I", Canadian Bulletin of Medical History, 16:1 (1999) pp. 29-30.
[35] "Report of the Ontario Provincial, Canadian Branch, St John Ambulance Association (1915)", p. 1.
[36] Ibid. The Canadian Red Cross also issued numerous warnings discouraging independent applications from VADs in Canada before July 1916, in the official journals of both St John Ambulance and the Canadian Red Cross.
[37] Canadian Red Cross Society (CRCS), Bulletin No. 8 (November 1915) p. 7.

By early 1915 St John Ambulance had established additional First Aid and Home Nursing classes in urban centres across the country, in anticipation of an increased need for both male and female personnel with basic emergency aid skills. Some 5,427 persons had attended the St John Ambulance classes by the end of 1915, 4,109 of whom had successfully earned First Aid and Home Nursing certificates. At the same time, the Secretary of the Ottawa Branch complained of a lack of enthusiasm for the men's courses.[38] Women's interest in the Toronto VAD courses was enhanced by the enthusiasm of Dr. Margaret Patterson, Lady Superintendent of the College Nursing Division, who offered regular instruction to the women's First Aid and Home Nursing classes for a fee which she turned back to the Women's Patriotic League, thereby benefiting two volunteer projects simultaneously.[39] In late 1916, Dr. Patterson began offering classes for women students on the campus of the University of Toronto, although she assured prospective applicants that their attendance came without "the slightest obligation to join a division."[40] Classes were held late in the day at the University College Women's Union, to minimise conflict with the students' schedules, and maximise potential enrolment. A small fee was charged for the textbook and bandage supplies used in the demonstrations that followed each of the five weekly lectures.[41] Although Dr. Patterson expected a new St John Ambulance Nursing Division to be created following completion of the first courses in the summer of 1917, the students

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[38] "Report of the Ontario Provincial, Canadian Branch, St John Ambulance Association" (1915), p. 2.
[39] Ibid.
[40] Anon, "Important News for Women Undergrads", The Varsity, 36:15 (1 November 1916) p. 1.

were instead assigned to existing divisions, to work in the local convalescent hospitals [see Appendix 2, Table 2.3].[42] Toronto VAD Shirley Gordon was among the student trainees, attending the courses during the winter of 1917-1918, to volunteer in the hospitals, "like the other university women", to work over the summer.[43] Mrs Gordon's patients at the Davisville Military Orthopaedic Hospital had survived the first stages of critical care, returning to Canada for surgery and physical rehabilitation. Far from the front-line triage situations often experienced by their counterparts in France, the home-based VADs performed tasks more in line with nursing probationers in a training hospital. Shirley Gordon described her work as assisting "with dressings in the Dressing Room, and in that case you might put on top bandages", and noted that she was always under the supervision of a doctor or nurse. This was the more glamorous part of her work, as she described it, and was earned through an apprenticeship of more menial tasks designed to win the trust and approval of the nursing staff.[44]

The VAD programme in Canada grew as the numbers of returning wounded mounted, seemingly unabated. New convalescent hospitals were continually created to meet the demand to alleviate the stress on the overburdened public hospitals unprepared

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[41] Ibid. Classes were held on Thursdays from 4:30 p.m. to 6:00 p.m., over five weeks, First Aid in the fall term, and Home Nursing during the winter.

[42] Ibid. Also see: Report of the Chief Commissioner for Brigade Overseas, p. 18. The College Division members were assigned to Spadina and Euclid Hall Convalescent Homes daily. In the summers 12 members went daily to the Base Hospital to prepare dressings. There were also 80 members doing volunteer work for the Red Cross and Patriotic Fund.

[43] National Archives (NA), A1 9903-005, The Great War and Canadian Society Project, "Shirley Gordon Interview (18 June 1974)".

[44] Division affiliation appears to have rested on place of residence, but new divisions picked up the overflow from more crowded groups. See: The Great War and Canadian Society Project, "Shirley Gordon Interview".

for the influx of sick and wounded men. Annmarie Adams noted that an estimated 10,000 men were treated in 45 remodelled buildings across Canada by November 1917, and 71 facilities altogether created by the end of the war.[45] Mid-sized cities like Kingston, Ontario had more than 50 VAD nurses at work in local military convalescent hospitals by 1917, with another four posted to British hospitals overseas.[46] Across the country Nursing Divisions grew to meet the ever expanding needs of the convalescent hospitals, encouraged by the realisation that VADs in Britain were being accepted into the large British military hospital complexes established both in England, and along the coast of France. In May 1915, St John Ambulance selected two VADs from Toronto for work overseas in the Brigade hospital at Étaples, but more than a year elapsed before "official" contingents of Canadian VADs were first summoned overseas by the Joint Women's VAD Committee at Devonshire House, to help the overburdened nursing personnel in British military hospitals in both England and France [see Table 3.2].[47]

The St John Ambulance VAD organisation spread westward rapidly after 1916, as women eagerly sought placement in local military convalescent hospitals, anticipating the call for experienced overseas volunteers.[48] The Ambulance Division in Winnipeg,

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[45] Adams, "Borrowed Buildings" p. 30.

[46] AO, (MU 6814) St John Ambulance Association (SJAA): Administration Records, 1909-1977, (File: Annual Reports, 1912-1919) "Annual Report Kingston Centre SJAA, 1917-1918", p. 1.

[47] Abbott, "Lectures on the History of Nursing", Canadian Nurse, p. 150. No reason has been found for the selection of Eleanor Wilson and Emma Vaux for this privilege. See also: BRCS M&A, Personnel Card Indexes.

[48] Manitoba's VADs were assigned to local military convalescent hospitals, like the Tuxedo Military Hospital near Winnipeg, with 1,232 beds by mid-1918. See: CRCS, Bulletin, 37 (June/July 1918) p. 5. Prominent families also loaned their homes for convalescent hospitals, and the summer home of Sir Angus and Lady Nanton at Lake of the Woods became the Lady Nanton Convalescent Home in the summers of 1918 and

Table 3.2: Number of VADs selected for overseas service by St John Ambulance Brigade, Canadian Branch during World War I

Year	*Month*	*Number*	*Total by Year*
1916	September	60	60
1917	July	35	
	December	27	62
1918	February	25	
	March	54	
	June	41	
	July	54	
	September	49	223
Total			**345**

Source: Canadian Red Cross Society, Annual Report (1917) page 29; and, (1918) page 69.

established to support the railway industry, created a Division called the Canadian Pacific Railway (CPR) #8, and by early 1918 was supplying VADs to British military hospitals.[49] Saskatchewan volunteers were particularly enthusiastic, having representatives in the first group of "official" VADs selected for service abroad in September, 1916, and 41 VADs

1919, with two VADs borrowed from the Tuxedo Hospital assisting a doctor and Matron. See: Public Archives of Manitoba (PAM), MG14, C85, Augustus Nanton Papers, "Sir Augustus Nanton and the Town of Nanton, Alberta (TS)", p. 4.

[49] Three VADs from CPR #8 served overseas. Of the 41 Manitoba VADs identified, 37 went overseas. See: BRCS M&A, Personnel Card Indexes; also: Strome Galloway, The White Cross in Canada, 1883-1983, A History of St John Ambulance (Ottawa: St John Priory, 1983) p. 55; and Winnipeg Free Press (4 May 1918).

overseas by the war's end.[50] Saskatchewan VADs were also eager for home service in facilities like the St Chad's Military Hospital in Regina, where a continuous rota of VADs served throughout the war, including Anna Shepphard who was appointed Matron of the hospital in 1917.[51] Saskatchewan's response to VAD service was particularly significant for its small population.[52] At the time of the St John Ambulance western crusade in the winter of 1911, the organisers noted the enthusiastic response of the Saskatchewan population, attributing this to the high proportion of recent British immigrants to the region.[53] With four nursing divisions, and a membership of at least 60 VADs, Saskatchewan had one of the largest VAD organisations relative to its population base.[54] In July 1918, eight Saskatchewan VADs were included in a special selection of 40 VADs designated as the "western group", to be sent overseas. All but two of this group were members of a western nursing division, although Violet Wilson of Edmonton had enrolled in Toronto, possibly due to Alberta's later entry into VAD

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[50] K. J. Quarry, A Review of the History of St John Ambulance in Saskatchewan, 1911-1983 (Regina: St John Ambulance, 1983) p. 31; see also, BRCS M&A, Personnel Card Indexes; and, Saskatchewan Archives Board (SAB) Cullum Family Papers.

[51] In January 1916, a section of the St Chad's College in Regina, a theological college, was converted for use by the Military Hospitals Commission as a convalescent hospital until 1919. See: SAB, R-705, Qu'Appelle Association Occasional Papers (Autumn/Winter 1915); and Regina Leader Post (17 August 1964). Anna Shepphard, a VAD, was Assistant Matron in 1916, then Matron in 1917, but there is no indication of formal nurse's training. See: Quarry, A Review of the History of St John Ambulance in Saskatchewan, pp. 31-32; also, Regina City Directories (1916 to 1923).

[52] The 1911 census shows Ontario with 35.1% of the population, Quebec with 27.8%, while Saskatchewan has only 6.8%. See: R. Douglas Francis, Richard Jones and Donald S. Smith, Destinies: Canadian History Since Confederation, 3rd edition (Toronto: Harcourt Brace, 1996) p. 63.

[53] Nicholson, The White Cross in Canada, pp. 40-41. Nicholson attributed Saskatchewan's enthusiasm to a combination of strong imperial ties among a high proportion of new immigrants, and their possible contact with St John Ambulance while still in Britain.

training [see Appendix 2, Table 2.4].[55] Sir Henry Pellatt, Commissioner for Canada of the St John Ambulance Brigade, gave a dinner in honour of the western VADs when they assembled in Toronto prior to departure. Festivities of this kind were apparently the rule, initiated by Lady Pellatt in September 1916 when the first group of VADs was about to embark for overseas, and she also fêted the CAMC nursing sisters in similar style prior to their embarkation.[56]

Unlike Saskatchewan, the VAD organisation in the province of Alberta had developed slowly. During Col. Birdwhistle's sweep through western Canada in the winter of 1911, the Alberta response to the St John crusade was markedly different from the other western provinces. A four day snowstorm had confronted the St John entourage on their arrival in Edmonton, keeping many citizens away from the founding meeting. Calgary had been passed by altogether on the initial tour, but Col. Birdwhistle finally brought the organisation to the city in November, 1916 along with the news of the 60 VADs recently embarked for overseas service, as an incentive to women to volunteer with the new Calgary VAD organisation.[57] Likely due in part to this lag in the St John

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[54] Report of the Chief Commissioner for Brigade Overseas, pp. 18-19.

[55] Violet Wilson joined the Toronto Central Nursing Division. She had family connections, and friends from her school days at Bishop Strachan School, site of one of the wartime convalescent hospitals. See: NA, (9861 Acc 1981-0111), Voice of the Pioneer, "Violet Wilson Interview"; also, Adams, "Borrowed Buildings", p. 31.

[56] The first overseas contingent was honoured by an 'At home' with Lady Pellatt at Casa Loma, 14 September 1916. By May 1918, the event had evolved into a banquet hosted by both Sir Henry and Lady Pellatt at the Lambton Golf and Country Club. See: AO, MU 6858, SJAA Records, 1909-1977 (File: A. K. Prentice, 1913-1955) "Invitation: 14 September 1916". Also: City of Vancouver Archives (CVA), MSS 113, John James Southcott Papers (File 4) "Invitation, 21 May 1918".

[57] The Albertan (Calgary) (16 November 1916)".

Ambulance affiliation, Alberta's VAD representation remained smaller than the other western provinces.

British Columbia was the only western province assigned early Voluntary Aid Detachment status, but the organisation of a convalescent home for returning soldiers in Victoria did not begin until late 1915.[58] Anticipating events however, the local Nursing Division acquired a house, and began preparing it for occupation by wounded soldiers on their own initiative, only to discover the hospital would come under military control. Instead of the house a former naval hospital was revived, and in order to offer their nursing services the Victoria Detachment had to register with the Department of Militia and Defence, and agree to have the VADs "controlled by the hospital's matron" and supervised by one or two trained nursing sisters.[59] Victoria's VADs gained some satisfaction a few months later however, when an overflow of ailing servicemen had to be accommodated in the building originally chosen.[60] Once the crisis abated, the women were praised in a public ceremony by a grateful Commanding Officer, who "thanked Commandant Wilson and her devoted little corps" for having been "impelled only by the sympathetic desire to be of help."[61] This patronising tone reflected the early characterisation of VAD nursing as an instinctive female impulse, and as an extension of the voluntary movement of the Victorian era. Eventually more than 30 British Columbia women saw overseas service, including Dorothy Twist, who was the first Canadian VAD

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[58] The Daily Colonist (Victoria) (14 November 1915) p. 8.
[59] See: The Daily Colonist (Victoria) (14 November 1915) p. 8, and (20 November 1915) p. 11.
[60] The Daily Colonist (Victoria) (13 July 1916) p. 7.
[61] Ibid.

to die on service in October 1918 at Aldershot military base in Hampshire, England, reportedly from "pneumonia influenza", a possible complication of the Spanish Flu.[62]

Newfoundland's status as a British colony during the Great War created a unique situation for its VADs. The colony had a thriving St John Ambulance organisation before the war, with Brigade Divisions active by 1912 and ready to assist in the aftermath of the island's great sealing disaster of March 1914, when 250 men were lost and many survivors severely affected by frost-bite and exposure.[63] In late 1917 the Assistant Commissioner for St John Ambulance in St. John's declared that "no fewer than 23 Nursing Sisters have crossed over to England to serve as VADs", while others had "undertaken hospital and Red Cross work under the guidance of trained nurses, with much success."[64] This somewhat ambiguous statement confused the identity of graduate nurses and VADs, but the latter were most likely indicated. As British citizens, Newfoundland women could train with either St John Ambulance or the Red Cross to become VADs, and some women chose to travel to Britain first and train with the Red Cross there. More than 45 Newfoundlanders were active as VADs in Britain during the

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[62] Dorothy Pearson Twist from Shawnigan Lake, B.C. aged 30, had been with the "western" group in July 1918. She died October 4, 1918. See: BRCS M&A, Personnel Card Indexes; and, SJHA, Box X (a) Records: Training, "VAD Members who Served in Military and Naval Hospitals Overseas"; also, Wealtha Wilson and Ethel T. Raymond, "Canadian Women in the Great War", in Canada and the Great War, Volume VI (Toronto: United Publishers of Canada, 1921) p. 191.

[63] Nicholson, The White Cross in Canada, pp. 35-36. The SJAA was established in St John's in April 1910. For an account of the disaster see: Cassie Brown, Death on the Ice: The Great Newfoundland Sealing Disaster of 1914 (Toronto: Doubleday, 1972). A photograph of VADs, commemorating the event, is found in Nicholson, The White Cross in Canada, p. 55.

[64] Report of the Chief Commissioner for Brigade Overseas, p. 26.

war, both in the military hospitals and the smaller VAD auxiliary hospitals.[65] The letters and diaries left by Newfoundland VADs indicate that Devonshire House made a specific request for increased numbers of Newfoundland recruits in late 1916, causing them to hurry through their training, or forego training altogether until they were overseas. Although Sybil Johnson's letters indicate her concern for her lack of training, she was noted for taking some St John Ambulance classes along with other Newfoundland VADs, including Frances Cluett.[66] These women had no opportunity for hospital experience before sailing, and so were likely taken on by Devonshire House as "Special Service Probationers", to be supervised by trained nurses for seven months, after which they were assessed and classified as fully accredited VADs.[67]

The enthusiasm of Newfoundland women for patriotic war service was strengthened by the close ties still binding them to Britain. Their wartime voluntary activities rivalled those of Canadian women, particularly in St. John's with its large urban population. In the outports however, women were no less eager to "do their bit".[68] Newfoundland's men had determinedly organised and trained a Regiment ready to fight

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[65] At least 9 Newfoundland VADs went overseas before December 1915, with numbers increasing as the war progressed. See: BRCS M&A, Personnel Card Indexes.

[66] Centre for Newfoundland Studies (CNS), Collection-174, Frances Cluett (File: 2.02.001) "Letter: Seaman's' Institute (1916)"; and Collection-201, Sybil Johnson (File: 2.01.013) "Letter: 16 December 1916". Cluett's letter refers both to the Lady Superintendent of the Brigade Nursing Division, and "studying Red Cross" while in St. John's for her training.

[67] See: Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St John of Jerusalem in England on: Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919 (1921) p. 197.

[68] In 1914 Newfoundland had a population of 250,000, with 45,000 in St. John's. See: Gale Denise Warren, "The Patriotic Association of the Women of Newfoundland: 1914-1918", Aspects, 33:2 (Summer 1998) p. 23.

and die for the "motherland", and the women assembled their own shadow army of volunteers to support the soldiers.[69] Having been active during the South African War supplying comforts for the troops, some 700 Newfoundland women responded with renewed zeal in August 1914, to the first organised call to action. Historian Gale Warren notes that the enthusiasm continued unabated, with 500 members of the St. John's Patriotic Association of the Women of Newfoundland (WPA) regularly attending volunteer sessions four days a week throughout the war, knitting, sewing and packing garments and comforts for the men overseas, and sending supplies abroad for Belgian refugees. Supplies were sent to outlying branches of the WPA, which in turn sent back the finished products to St. John's, for inspection before shipment. Unlike the more leisured women of St. John's, women in the outports were doing double duty throughout the war replacing the work of male family members overseas, in addition to producing goods for the war effort.[70] The WPA also contributed to the Red Cross work, raising funds and manufacturing hospital supplies and comforts. The WPA established a convalescent hospital in St. John's for returning soldiers, and supplemented the VADs, by

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[69] Ibid, p. 24. Warren notes that the "Women's Patriotic Association" (WPA) survived into the post-war, and evolved into a female network that directly influenced the struggle for women's suffrage in Newfoundland. Also see: Desmond Morton, A Military History of Canada: From Champlain to the Gulf War (Toronto: McClelland and Stewart, 1992) p. 23. Morton notes that 310 of the Royal Newfoundland Regiment died in one battle at Beaumont Hamel on 1 July 1916, during the Battle of the Somme, about three-fifths of the Regiment.

[70] Warren, "The Patriotic Association of the Women of Newfoundland", p. 25. The group was nominally led by Lady Margaret Davidson, wife of the Governor who first assembled the women of St. John's on 31 August 1914.

volunteering to assist at this hospital and others created in Newfoundland during the war.[71]

The route that led from the initial decision to volunteer as a VAD, to a place at a hospital bedside, particularly one in an overseas hospital, was circuitous and unpredictable, and as varied and diverse as the many regions of Canada and Newfoundland from which the women had come. Without established guidelines, prior experience, or a fixed set of rules, each Brigade organisation interpreted the Voluntary Aid programme set down in 1914 to the best of its ability, gaining confidence with the success of its acolytes, in the local military convalescent hospitals at home, and finally in the British military hospitals overseas. Not until the war entered its final stages in 1918, did the Department of Militia and Defence establish a definite structure for the organisation and deployment of Canada's VADs.[72] The same uncertainty that had characterised the early organisation of Britain's VAD scheme was apparent in the evolving structure of the Canadian version, as it struggled to define itself in the first years of the war.[73] Although St John Ambulance and the Red Cross in Britain had been given almost five years before the declaration of war to organise, as the first VAD Commandant, Katherine Furse could nevertheless attest to the confusion that prevailed during the early months of actual warfare.[74] Despite similar disarray, Canadian women were not easily deterred from their decision to become VAD nurses or ambulance drivers, regardless of the added disadvantage of a long, arduous, and often dangerous ocean

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[71] Ibid, pp. 28-29.
[72] Women's Aid Department (W.A.D.): Regulations, 1918.
[73] Summers, Angels and Citizens, especially Chapter 9.

voyage before taking up an overseas post. Heedless of these obstacles, Canada's VADs were determined to be useful, to "do their bit", and transform their patriotic zeal into a new form of women's wartime voluntary service, leaving behind home and family, school or career, like their brothers in uniform.

3.3 Family Ties: Defining the "Canadian" VADs

With little evidence to provide an accurate account of their wartime experience, Canada's VADs have generally been dismissed in the historical record as ineffectual, or detrimental to wartime medical services, if not entirely invisible. As noted in Chapter 2, Canadian historians Desmond Morton and Glenn Wright observed that:

> "the wives and daughters of the wealthy had often readied themselves by taking nursing courses with the St John's Ambulance Voluntary Aid Committees, but the training did not prepare them for the drudgery of nursing."[75]

This perception of Canadian VADs can be attributed in part to the image created by the women's pages of contemporary national journals, which portrayed VADs as debutantes in the trenches. Aspects of Canadian VAD work overseas, particularly in the Red Cross Recreation Huts attached to CAMC hospitals in France, where a few Canadians were permitted , allowed journalists like Mary Macleod Moore to characterise

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[74] Katherine Furse, Hearts and Pomegranates: The Story of Forty-Five Years, 1875 to 1920 (London: Peter Davies, 1940), especially Chapters XXI to XXIII.

the volunteers as society mavens, employing "their social gifts which in happier times would be used in entertaining in their own homes."[76] It is probable that journalists like Moore were privy only to the superficial accounts of hospital work. Written in the style of society page banter that masked the reality of hospital life, and the serious commitment of the volunteers, class was emphasised as a primary qualification for the work. Dr. Maude Abbott accordingly declared that the applicants were "drawn chiefly from the highest and best educated class of society."[77] This style of commentary helped counter any lingering taint of the untrained, pre-Nightingale nurse, immortalised in Charles Dickens' characterisation of the vulgar and slatternly Sarah Gamp, or the memory of camp followers.[78]

The issue of status and privilege could easily be manipulated to suit arguments in favour of, or opposing, the idea of having VADs in Canadian hospitals at home or overseas. During the pre-war period of VAD organisation and training in Britain, the British Red Cross Society had complained that the fees imposed by St John Ambulance

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[75] Desmond Morton and Glenn Wright, Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930 (Toronto: University of Toronto Press, 1987) p. 20.

[76] Social columnist Mary Macleod Moore wrote for the women's pp. of national journals, including Saturday Night Magazine and Canadian Magazine. See: Marjorie Lang, Women Who Made the News: Female Journalists in Canada, 1880-1945 (Montreal/Kingston" McGill-Queen's University Press, 1999) p. 211 & p. 274; also, Edward Martell, L. G. Pine and Alberta Lawrence, (eds.), Who Was Who Among English and European Authors, 1931-1949 (Detroit: Gale Research, 1978) p. 181. Also see: Mary Macleod Moore, "Canadian Women in the War Zone", Saturday Night Magazine (16 March 1918) p. 17. Moore also wrote a promotional book for the Canadian Red Cross, The Maple Leaf's Red Cross (London: Skeffington, 1920).

[77] Abbott, "Lectures on the History of Nursing", Canadian Nurse, 19:2 (February 1923) p. 87.

[78] Charles Dickens, Martin Chuzzlewit (Oxford: Oxford University Press, 1982 [c. 1844]).

for the required VAD training courses excluded less affluent applicants. The Chief Secretary of SJAA in Britain, Sir Herbert Perrott agreed, noting in a letter to a colleague that "authorities connected with the Red Cross Society appear to consider it more desirable to have quantity and not quality."[79] Although John Hutchinson does not believe that the Red Cross was necessarily more democratic than St John, fundamental differences in philosophy and organisation caused a rift between the two influential service agencies in Britain, resulting in a dual option of VAD training there.[80]

In Canada, St John Ambulance provided the only option for VAD training, charging approximately $2 per course, with no objections from the Red Cross who funded the larger costs of the programme.[81] Dr. Charles J. Copp, Assistant Commissioner for the St John Ambulance Brigade in Ontario, was responsible for the organisation of Canada's VAD programme. In 1918, Dr. Copp noted with satisfaction that: "Applications to serve . . . have been received in endless numbers from young women from the best homes in the country."[82] Since the majority of VAD applicants were young, single, and still living in their family home, their association with the "best

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[79] A. K. Loyd, An Outline of the History of the British Red Cross Society: From its Foundation in 1870 to the Outbreak of War in 1914 (London: British Red Cross Society, 1917) p. 39.

[80] Hutchinson, Champions of Charity, p. 253. The problems between the Red Cross and St John are outlined in Chapter 5.

[81] St John Ambulance Brigade (Overseas): Annual Report for 1913, p. 22. The Report notes the sex-segregated classes of 30 students shared the costs of "five dollars per class . . . , the book and bandaging costing 50¢ per person. Thus the whole cost is one-thirtieth share of $5.00 and 50¢ per person for book and bandage." By 1922 St John Ambulance still charged $5.00, but the text was now 60¢, with a further 35¢ or 40¢ for a triangular bandage. See: Canadian Red Cross Society Executive Committee: Minute Book #6 (29 March 1922).

[82] Dr. Charles Copp, "St John's Ambulance Brigade", Canadian Nurse, 14:7 (July 1918) p. 1165.

homes" was derived primarily from their father's occupation.[83] Few Canadian VADs could claim the titles or landed estates of some British VADs, but there was still considerable wealth and power to be accrued from the development of a young, resource rich nation [see Appendix 2, Table 2.5]. Overall, however, from the sample of known father's occupations, it can be seen that although Canada's VADs were derived largely from middle-class business and professional families, they also counted the daughters of influential business leaders and financers, as well as artisans and tradesmen among their numbers [see Table 3.3].

Table 3.3: Summary of Canadian VADs' Fathers' Occupations

Occupation	*Number*
Financiers & Business leaders	8
Small Businessmen	50
Politicians	6
Law, Medicine and Clergy	44
Academics, Engineers, Senior Civil Servants, and Managers	70
Skilled and Unskilled Labour	21
Retired	4
Total	203

Source: Canadian City Directories, Personal Documents of Individual VADs.

The standard by which Dr. Copp measured the "best homes" is uncertain, but apart from families of obvious affluence and influence, he would certainly have included

[83] Of 808 Canadian VADs identified, the occupations of 203 fathers have been

his peers in the membership of the St John Ambulance Association, primarily well-placed professional men with successful careers and an active interest in local and national service organisations.[84] Dr. Copp may not have realised just how widespread was the social spectrum of VAD families was across Canada, ranging from titled men of the financial world like Sir Hugh Montague Allan, to skilled tradesmen like the horse clipper, Thomas Offord, or John T. Hall, a school caretaker.[85] More common was the large segment of VAD fathers who were small businessmen including manufacturers, retailers, publishers, and building contractors, and the like [see Appendix 2, Table 2.6]. Some were also involved in politics, but this was often an adjunct to their primary business or profession, particularly if they served as mayor in their local community [see Appendix 2, Table 2.7]. A small number could be cited as career politicians, as in the case of Sir George Perley, M.P. and Cabinet Minister, and the wartime High Commissioner to London, whose daughter Ethel had enrolled as a British VAD in London.[86]

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ascertained [see Table 3.3].

[84] Sara Z. Burke, Seeking the Highest Good: Social Service and Gender at the University of Toronto, 1888-1937 (Toronto: University of Toronto Press, 1996) p. 48. The author notes that social service was promoted as an educated man's responsibility, but not as his career.

[85] Sir Hugh Montague Allan, the Canadian shipping magnate, lost two daughters on the "Lusitania", the eldest Martha became a VAD in England. Daisy Offord began VAD service at the Davisville Military Convalescent Hospital, and went overseas in April 1918. Jessie Hall was a VAD in both a British Military Hospital, and a Canadian VAD hospital in London. She was a stenographer at the Bank of Hamilton, and her father was a caretaker at Parkdale School in Toronto. See: Sandra Gwyn, Tapestry of War: A Private View of Canadians in the Great War (Toronto: Harper Collins, 1992), pp. 157 & 134; Imperial War Museum (IWM), Women at Work (BRCS 12.11/04); SJHA, Box X(a), Records: VAD Training; BRCS M&A, Personnel Card Indexes; and, Toronto City Directories (1916), (1919) & (1921).

[86] Ethel Perley trained as a VAD in London and joined a BRCS Detachment, but married a Canadian officer, and retired from VAD service. See: AO, MG4113, Sir George Perley Papers; NA, MG27 II, D12 (Vol. 15), Sir George Perley.

Professional men, particularly those in the law, medicine and the clergy were well represented among the fathers of Canada's VADs [see Appendix 2, Table 2.8]. Clergy daughters were imbued with an assumption of moral virtue, and an expected predilection for social service, which rendered them ideal candidates for VAD service.[87] Daughters of the legal profession, including lawyers, barristers and judges, were also plentiful, including Sybil and Jill Johnson of St. John's, the daughters of a Newfoundland Supreme Court Judge [see Appendix 2, Table 2.8].[88] In addition to the clergy and the lawyers, the daughters of medical men also figure prominently in the list of Canadian VADs, including Dr. Copp himself, regardless of the unsupportive stance taken by several physicians against the idea of VAD service.[89]

Academics, engineers, senior civil servants, the managers and directors of business and banking institutions, clerks and commercial travellers all had daughters in

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[87] Lucy Bidwell, daughter of the Rt. Rev. Edward John Bidwell, Bishop of Ontario, was VAD at the Queen's Military Hospital, Kingston, and overseas in two British military hospitals. Georgina Newnham, daughter of the Rt. Rev. Jarvis A. Newnham, Bishop of Saskatchewan, was at a military hospital in Montreal, and overseas in France. See: SJHA, Box X(a), Records: VAD Training; BRCS M&A, Personnel Card Indexes; Kingston City Directory (1919), (1923) & (1931); Queen's University Archives (QUA), Coll-3599, Historical Collection Series I; G. Oswald Smith, (ed.), University of Toronto Roll of Service, 1914-1918 (Toronto: University of Toronto Press, 1921); SJAA, Annual Report (1920) p. 9; SAB, Newspaper Files.

[88] Sybil and Jill Johnson of St. John's were together at the 1st Western General Hospital, Liverpool. Their father, George MacNess Johnson was a Supreme Court Judge of Newfoundland. See: BRCS M&A, Personnel Card Indexes; Margot I. Duley, Where Once Our Mothers Stood We Stand: Women's Suffrage in Newfoundland, 1890-1925 (Charlottetown: Gynergy Books, 1993) pp. 116-120; CNS, Collection-201, Sybil Johnson Papers.

[89] Violet Copp served as a VAD at King George Military Hospital, London from August 1917 to April 1919. Her father was Assistant Commissioner of SJAB, Ontario and Secretary for SJAA. See: BRCS M&A, Personnel Card Indexes; Toronto Public Library (TPL), City of Toronto Biographical Index (9:364) (12:323); CRCS, Annual Report (1919) p. 69.

VAD service [See Appendix 2, Table 2.9]. Hazel Todd, the Commandant of Ottawa's Nursing Division, was the daughter of a federal public servant.[90] Mima Arnold's father was the Principal of Roslyn Ladies' College in Montreal, and Lillian Brown's father was a civil engineer in Nova Scotia.[91] Certainly these families met Dr. Copp's criteria of the "best homes", even if their daughters at times sensed a social divide between themselves and some of their British VAD counterparts. Grace MacPherson's father had provided a good living for his six children as a civil engineer in Vancouver, but she felt herself to be at a social disadvantage in the early days of her VAD ambulance experience in France. Grace sensed her exclusion from the "clique" of British VADs that was favoured by her supervisor, and complained bitterly to her diary, that in "In all the hundred (& odd?) girls here, about 25 can play the game, -- the others are not fit to wipe one's boots on."[92]

At the end of the war she commented that now "these same girls are my dearest truest friends," but this adjustment of class or "culture", as Sandra Gwyn described it, was at times very unpleasant.[93] The adjustment was even more extreme for those women who had come from a family background more closely aligned to the working class. At least 20 of the fathers identified by occupation, were employed in some aspect of skilled or unskilled labour, and regardless of income, these families had supported their daughter's

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[90] Hazel Todd, Commandant of the Ottawa Central Nursing Division, was the daughter of Walter Todd, Examiner and Clerk of Committees for the House of Commons. See: Ottawa City Directory (1918-1920).

[91] Mima Arnold was a VAD at two Montreal convalescent homes her overseas service in October, 1918. Lillian Brown served in the 1st Eastern General Hospital, Cambridge. See: BRCS M&A, Personnel Card Indexes; Montreal City Directory (1917), (1918) & (1921); Halifax Mail Star (11 May 1967) p. 67; and, Halifax City Directory (1915).

[92] Canadian War Museum (CWM), (58A1 21.12), Grace MacPherson Diaries, "Diary: 13 May 1917".

decision to enter unpaid VAD service on a full-time basis [see Appendix 2, Table 2.10]. Bettina Bradbury's classic study of working class families in late nineteenth century Montreal reveals the great pride that was attached to keeping daughters out of waged labour.[94] By analogy, elements of this same spirit can be seen to have encouraged working families to support their daughters' VAD service, with much the same patriotic pride as they might have regarded a son's military service.[95]

Within this category, approximately one third could be described as skilled workers, or artisans. This would include Margaret Delaney's father, a piano tuner in Winnipeg, and the father of Grace Holmes, a Toronto carpenter, as well as Jessie Callander's father, who was a "molder" in a family business in Guelph, Ontario.[96] There were also tailors, stonemasons and a stone cutter, each requiring specialised training or apprenticeship for his work. Others were identified as labourers, like Daniel Batiste, a foreman, and Thomas Neely a herdsman at the Asylum in London, Ontario, as well as several who worked in a variety of jobs related to the railways [see Appendix 2,

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[93] CWM, (58A1 21.11), MacPherson Collection, "Typescript, 1919"; and, Gwyn, Tapestry of War, p. 451.

[94] Bettina Bradbury, Working Families: Age Gender and Daily Survival in Industrializing Montreal (Toronto: Oxford University Press, 1996), especially Chapter 4.

[95] Janet Watson concludes that VAD service was seen as equal to soldiering because both were voluntary, and outside the accustomed role of the participants, and as such, each gained status from their volunteer efforts. See: Janet Sledge Kobrin Watson, "Active Service: Gender, Class and British Representations of the Great War" (Ph.D., Stanford, 1996), p. 135.

[96] Margaret Delaney, a VAD in England, returned to her job as a CPR stenographer in the post-war. Her father, William E. Delaney, was a piano tuner. Grace Holmes a VAD in England, was the daughter of Herbert Holmes, a stonecutter. Jessie Callander was a VAD at Netley's Royal Victoria Hospital. Her father, Alex Callander, was a molder at Callander Foundry in Guelph. See: BRCS M&A, Personnel Card Indexes; Winnipeg City Directory (1916-1930); Toronto City Directory (1919-1921); and, Guelph City Directory, (1908) & (1915).

Table 2.10].[97] While this group is small, it does indicate that the VADs were not recruited exclusively from the higher socio-economic strata of Canadian society.

While Canadian VADs may have been recruited from a wider socio-economic base than originally assumed, they can still be seen to have derived primarily from an Anglo-Protestant heritage. A few of the names on the VAD roster suggest French origin, but Canadian VAD service came under the auspices of the St John Ambulance, an organisation that originated in Britain, and appealed directly to women of British descent [see Appendix 2, Table 2.11]. As noted earlier, the unexpected enthusiasm that greeted the St John Ambulance crusade in Saskatchewan, in the winter of 1911, has been credited to a recent influx of British immigrants into the province.[98] If not new immigrants themselves, VADs like Violet Wilson were often the first generation born in Canada. She counted herself among the first of the young Albertans to be born in the province and able to contribute to the war effort as native born Canadians.[99] Jean Sears in Toronto likewise commented that her father had emigrated from England as a young man, and all of her mother's family was still there.[100] In addition to strong emotional and patriotic ties to

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[97] Blanche Batiste served at three different hospitals in England. Her father was a foreman with W. E. Dillon Co. in Toronto. Alma Neely was at a London, Ontario convalescent hospital, and left her job as a stenographer for VAD service at a military hospital in Cosham, England. Her father was a herdsman at the local Asylum. See: BRCS M&A, Personnel Card Indexes; Toronto City Directory (1916-1923); and, London City Directory (1916-1924).

[98] Nicholson, The White Cross in Canada, p. 41.

[99] NA, Voice of the Pioneer, "Violet Wilson Interview". Wilson commented that "the first western regiments were made up largely of Englishmen, who flocked by the hundreds from all over the north to enlist in Edmonton . . . the men of my brother's age (28) were the first generation of Canadians to be born in the west, and were old enough to enlist . . . and there were not so many of them."

[100] NA, The Great War and Canadian Society Project, "Jean [Suydam] Sears: Summary Analysis." Jean Sears was at the 2nd London General Hospital, Chelsea. Her younger

Britain, St John Ambulance was also historically associated with the Church of England, although there is no evidence to show that non-Protestant, or even non-Christian, applicants were ever discouraged from VAD service.[101] In Canada, St John Ambulance and the Anglican Church maintained a close affiliation, and several VADs had fathers in the Protestant clergy [see Appendix 2, Table 2.8]. Jonathan Vance has demonstrated how the symbolism of resurrection was a strong component of patriotic war service, and its ultimate post-war memorialisation was a verification of the war as "a crusade in defence of Christian principles."[102]

The regulations governing age and marital status also had a significant influence on eligibility for VAD service, further defining the profile of the Canadian organisation. The "Regulations" of the Joint Women's VAD Department at Devonshire House, in London, stated that the women must be between 21 and 48 years to qualify for "Home Service", or service in Britain, and from 23 to 42 years for "Foreign Service" in France, or any other location across the English Channel.[103] Interpreted for Canadian applicants, "Foreign Service" had a much different implication, for any overseas service necessitated a dangerous voyage across the ocean. Nevertheless, many Canadian VADs well under the age of 23 could be found in British military hospitals, and by September, 1917 the age limit for Foreign Service had been relaxed to 21 years, reflecting the increasing demand

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brother was killed in action, her younger sister trained as a nurse. See also: BRCS M&A, Personnel Card Indexes.

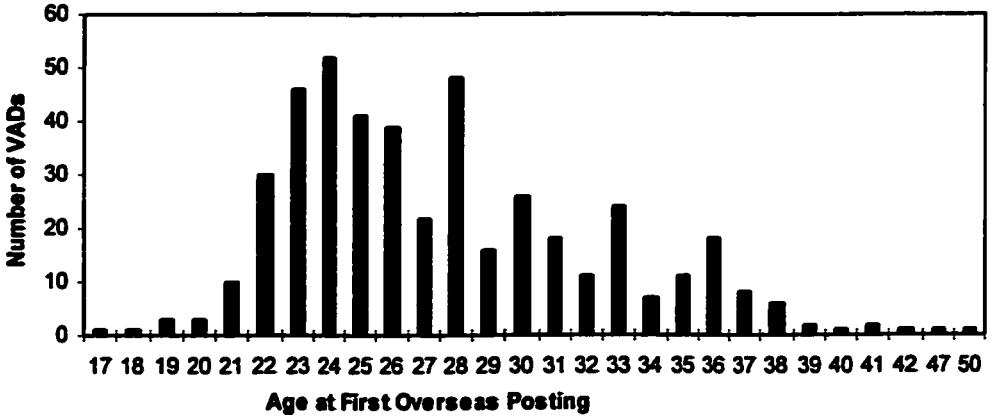
[101] Nicholson, The White Cross in Canada, Chapters 1 & 2; Edwin King & Harry Lake, The Knights of St John in the British Realm (London: St John's Gate, 1967).

[102] Jonathan F. Vance, Death So Noble: Memory, Meaning and the First World War (Vancouver: University of British Columbia Press, 1997), p. 44.

[103] Joint Women's VAD Department, Terms of Service (15-3-17) p. 2.

for VAD assistance as the reserves of eligible British nurses, both qualified graduates and volunteers, steadily declined [see Chart 3.1].[104]

Chart 3.1: Age Distribution of Canadian VADs



(Source: Based on the 449 VADs for whom age at demobilisation, and date of first overseas posting is available in the BRCS M&A, Personnel Card Indexes. The average age was 27.6 years.)

Possibly because Vera Brittain was underage when she began her VAD service in a London military hospital, the overall impression has prevailed that the majority of VADs were barely out of adolescence. At age 20, she presented herself at the 1st London General Hospital, Camberwell for an interview with the Matron claiming to be 23, but still looking "an unsophisticated seventeen"[105] Brittain was accepted, and so likely were many more. The age at the opposite end of the scale also tended to be discretionary, depending on the demand, but fewer single, childless women were available in the upper age brackets. Records kept by Devonshire House indicate that most of the Canadian

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[104] Joint Women's VAD Department, Terms of Service (26-9-17).
[105] Brittain, Testament of Youth, pp. 180-181.

VADs were within the accepted age limits, even as this was extended during the war. Yet, as Brittain's example illustrates, rules could be interpreted to fit the needs of the hospitals. The ages recorded for Canadian VADs indicate a predominance from the mid-twenties to early-thirties, rather than the upper or lower limits of the age scale [see Chart 3.1].[106] There are some exceptions however, as with Lillian Brown of Halifax who is recorded as having been 38 years old when she began her overseas posting at a British military hospital at Cambridge, although her obituary from 1967 indicates that she was actually 41 when she went overseas.[107] Shirley Gordon by comparison was a 20 year old university student when she was recruited for VAD service in a Toronto convalescent hospital.[108] Overall however, Canadian VADs, particularly those who served abroad, appear to have been well within the stated age requirements, and frequently older than the image portrayed in the press and recruiting posters of the very youthful VAD.

The convention of the time required that women who worked outside the home should not be married. Despite its volunteer status, VAD work was expected to follow suit, although with some exceptions. When asked if women of her era were likely to take on war work of any kind after they were married, Shirley Gordon responded: "You married or worked. It wasn't a matter of couldn't -- you wouldn't. In other words it was a job!"[109] Yet childless widows appear to have been accepted as VADs under some

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[106] Canadian VADs selected for overseas service only are in the records. There is no official record of home service VADs. There is an "official" hand-written Register from Ste. Anne de Bellevue Hospital, dated 1918-1919. See: SJHA, Box X(b), Records: VAD Training, "Register and Record Sheets: Ste Anne de Bellevue #4 Military Hospital (1918-1919)".

[107] BRCS M&A, Personnel Card Indexes; and, Halifax Mail Star (11 May 1967) p. 67.

[108] NA, Great War and Canadian Society Project, "Shirley Gordon Interview".

[109] Ibid.

conditions, as well as young married women without children, like Janet Ayre of Newfoundland who fit both descriptions while working overseas as a VAD.[110] Janet Ayre remained overseas as a VAD following marriage to her soldier husband, although others, like Sybil Johnson of St. John's, postponed marriage in order to take up VAD work abroad, but her fiancé was a civilian.[111] Similar standards appear to have governed military nurses, although Matron-in-Chief Macdonald had occasion during the war to remind a CAMC Director that "married nurses are not now being recommended for appointment to the CAMC."[112]

The notion therefore, that a group of very young, upper middle-class Canadian volunteers just slipped out of the parlour for a jaunt overseas to cheer up "the boys" in the hospitals cannot be supported. Although primarily of Anglo-Protestant origin, some were certainly of francophone background, the majority were in their late twenties and early thirties, and some were married. They also strongly represented the middle range of Canadian society, with some also belonging to working class families. Canadian VADs

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[110] The BRCS M&A, Personnel Card Indexes recorded VAD marriages that occurred before the end of 1920. If a woman married "On Service", her card was re-filed under her married name, and there is no indication that she was required to resign immediately. Janet Miller of St. John's married Eric Ayre of the Newfoundland Regiment in Scotland, in June 1915, and she was widowed 1 July 1916, but remained at the Lady Robert's VAD Hospital, Ascot. See: CNS, Collection-158, Ayre-Murray, (File: 1.06) "Janet Morison Miller".

[111] Sybil Johnson went to England as a VAD in late 1916, for 18 months. Her fiancé was a civilian. See: BRCS M&A, Personnel Card Indexes; and, CNS, Collection-201, Sybil Johnson.

[112] NA, RG9 III, B1 (Vol. 3419). "Letter: Matron Macdonald to Col. Bridges (15 August 1917).

may have come from the "best homes" in Canada, but these homes were more often found on quiet suburban avenues than in mansions on the hill.[113]

3.4 Patriotic Service: Volunteer and "Working Girl"

Since the publication of Vera Brittain's Testament of Youth, the VAD has been constructed to conform to Lyn Macdonald's description of "gently nurtured girls".[114] It is Macdonald's opinion that, "no-one could have been less equipped for the job", assuming that VADs had little or no experience of the labour market.[115] Recently, Deborah Gorham has challenged this assumption, based on evidence in the British Red Cross records citing British VAD employment history.[116] While VADs undoubtedly had a foothold in the privileged circles of society, they did not speak with a single voice. Many of the Canadian VADs were found to be well-trained, educated, and gainfully employed in a variety of occupations open to women at the time, which they temporarily abandoned in order to pursue voluntary war service. At least 194 of the 808 women identified as Canadian VADs are known to have held waged employment, primarily in occupations

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[113] Morton and Wright, Winning the Second Battle, p. 20.
[114] Vera Brittain's Testament of Youth was first published in 1933.
[115] Macdonald, The Roses of No Man's Land, p. xi. See also: Summers, Angels and Citizens, p. 270.
[116] Gorham, Vera Brittain, p. 101; also, IWM, Women at Work (BRCS 10.5/4).

regarded as suitable for women, such as teaching, clerical, sales, banking and related fields [see Table 3.4].[117]

Table 3.4: Identified Pre-War Occupation of VADs

Occupation	*Maritimes & Newfoundland*	*Ontario*	*Toronto*	*Quebec*	*West*	*Totals*
Arts	2		2		2	*6*
Banking	3	2	3		5	*13*
Clerical	5	13	11	1	26	*56*
Factory or Domestic	1	3	1		1	*6*
Government		15	2		20	*37*
Librarian	2				2	*4*
Nurse	1	4		3	2	*10*
Professional	1	2	1		1	*5*
Sales and Service		2	1	1	7	*11*
Teacher	3	6	4	1	26	*40*
Telephone Operator		2	1		3	*6*
Unpaid Service	2					*2*
Totals	**20**	**49**	**26**	**6**	**95**	**196**

Source: Canadian City Directories, Personal Documents of Individual VADs

The majority of these jobs required a minimum of high school education, but many VADs also held a university degree, or were attending university during the war [see Appendix 2, Table 2.12]. Some financed their own education, although others were still restricted by social conventions that regarded education as an impediment to

[117] Two of the women in the Table were employed in unpaid social service.

femininity.[118] Alice Lighthall registered at McGill University in 1911, but only as an Occasional Student, since her mother: "did not care how many courses her daughter took, as long as she did not get a degree and risk the opprobrium of being considered an intellectual."[119] Alice's father, the noted scholar W. D. Lighthall, encouraged the idea of higher education for women, but stopped short of the vote.[120] While still an aspiring VAD, Dorothy MacPhail, the daughter of Sir Andrew, felt compelled to attend open lectures at McGill on the political history of modern Europe, in order "to exercise my brain a little".[121] Some VADs were more determined to obtain a higher education regardless of financial impediments, Bessie Hall managed to support her studies at Dalhousie University from her previous earnings as a teacher, and continued part-time teaching while a student. After the war, she went back to teaching to support her M.A. and Ph.D. studies, before entering a career in social work. Yet Bessie had also encountered some family opposition, and on earning the Governor General's Medal and several other prizes for her B.A., she queried: "Ask papa what he thinks of me now!"[122]

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[118] Studies of Canadian women educated at university in the late nineteenth century demonstrate lower marriage rates among those with university degrees. At the time, a correlation was drawn between earning potential and lack of interest in marriage, rather than a lack of support for working mothers. See: Alison Prentice, Paula Bourne, Gail Cuthbert Brandt, Beth Light, Wendy Mitchinson, and Naomi Black, (eds.), Canadian Women: A History, 2nd Ed. (Toronto: Harcourt Brace, 1996), p. 173.

[119] Margaret Gillett, We Walked Very Warily: A History of Women at McGill (Montreal: Eden, 1981) p. 94.

[120] NA, MG29 D93 (Vol. 14), W. D. Lighthall "File: Clippings misc.: The Daily Witness (22 Jan. n./d.)".

[121] NA, MG30 D150 (Vol. 1), Sir Andrew MacPhail (File: Dorothy MacPhail, 1915) "Letter: Dorothy MacPhail to My Darling Daddy (10 Oct. 1915)".

[122] Margaret Conrad, Toni Laidlaw and Donna Smyth, (eds.), No Place Like Home: Diaries and Letters of Nova Scotia Women 1771-1938 (Halifax: Formac, 1988) pp. 243-249 & 253.

The St John Ambulance Association regarded the university campus as an ideal recruitment base for VAD nurses. With the support of the University of Toronto Alumnae Association, St John brought the VAD programme to the campus in October 1916 hoping to encourage the participation of the women undergraduates. The first contingent of "official" Canadian VADs had recently departed for England, and the opportunity for service overseas had become a real possibility for young women eager for an active involvement in the war effort.[123] The Women's University Association (WUA) assured the students that enrolling in the St John courses did not entail a commitment to VAD service. Instead, it was "the earnest desire of the WUA that women undergraduates take this opportunity for preparing themselves for service if needed."[124] Offered during the fall and winter terms, the courses were conveniently conducted on campus in the late afternoon following regular classes. The instruction was given by Dr. Margaret Patterson, Lady Superintendent of the Brigade's College Nursing Division, a tireless supporter of the war effort, and credited with recruiting and training 150 VADs from her Division, 40 of whom were selected for overseas service.[125] There was no question of the students relinquishing their studies for VAD work, and most were too young for overseas service, but it was hoped they would devote their summer vacations to VAD work in the local military convalescent hospitals. Through this arrangement, Shirley Gordon became a

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[123] The Varsity (20 October 1916) p. 2.
[124] The Varsity (1 November 1916) p. 1.
[125] AO, MU 6814, "Report of the Ontario Provincial St John Ambulance Association" (30 September 1915), p. 2; also, Galloway, The White Cross in Canada, p. 52-53.

VAD in the summer of 1918, but her service was extended through the fall when the Spanish Flu epidemic closed the university.[126]

By the time of her overseas VAD service in 1918, Agnes Wilson had already graduated from the University of Alberta, as one of the seven women in the first graduating class in 1912.[127] Agnes followed a familiar path into teaching after graduation, but disliked it, and was happy for the opportunity to go overseas as a VAD.[128] Instead of university education after high school, several Canadian VADs had taken other specialised training courses, particularly in business and clerical skills. Grace MacPherson studied shorthand and typing at a Vancouver business school, and with her secretary's salary and some help from her mother, became one of the first women in Vancouver to drive her own car, preparing the way for her eventual work as a VAD ambulance driver with the BRCS in France.[129] Women like Agnes and Grace, and many others among the Canadian VADs who pursued both education and a career, contradict the notion of a homogeneous association of privileged women totally unprepared for the challenge of wartime service. Although they lacked the rigorous hospital training of a graduate nurse, they were prepared to confront new and difficult challenges, having already proved their willingness to work and an ability to learn.

Far from being inexperienced or unskilled, Canada's VADs were an association of competent women who brought varied skills and experiences to the work of volunteer

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[126] NA, Great War and Canadian Society Project, "Shirley Gordon Interview".
[127] Laurie Mook, "Women at University: The Early Years", Contents, 44:1 (Winter 1996) pp. 9-10.
[128] Provincial Archives of Alberta (PAA), MG73.72 "Agnes Wilson Interview (19 January 1973)".

wartime nursing. Of the Canadian VADs identified, 194 show evidence of waged employment previous to their war service [see Table 3.4]. Although, the majority were in occupations conforming to the expectations of middle-class women's career opportunities, a sizeable number were employed in factory work, sales, or service occupations, forcing a revision of the assumption that the VADs were drawn exclusively from the middle-classes or above. Regionally, the majority of pre-war employed VADs were found in the western provinces, while Ontario, with its large population base, as well as commercial and industrial infrastructure, provided the largest provincial sample of pre-employed VADs overall [see Table 3.4].

Although VAD service was only part of a much broader movement of female voluntarism during the war, it was a choice that differed markedly from other forms of service that required only the dedication of a few hours a week. For some, VAD service was their first experience of unpaid work outside the home. For a significant proportion however, the commitment to VAD service meant relinquishing their regular life and career for the duration of the war, giving up a steady wage in return for a token allowance.[130] The confidence that their jobs would not disappear during their war service undoubtedly affected the choice of VAD service for some of the Canadian women who served overseas. Daisy Johnson left her job as secretary to the Deputy Minister of

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[129] Gwyn, Tapestry of War, p. 445. Grace trained at the Sprott-Shaw Business College, Vancouver. Also: CWM, (58A1 21.12), Grace MacPherson Diaries.

[130] The VAD scheme was entirely voluntary until the War Office opened the military hospitals to VADs offering £20 per annum, with room and board, plus £1 per quarter for "upkeep of uniform". Fully trained staff nurses earned £40 per annum. See: Reports by the Joint War Committee, (1921) pp. 192, 197-198. By 1918 more incentive was needed, and the allowance rose to £30 per annum. Salaried General Service VADs earned £45 to £150 per annum.

Education in Regina in March 1918, returning in mid-1919 to resume her place in the Deputy Minister's office, until she left to marry.[131] Guarantees of re-employment extended to enlisted men in government jobs, both federal and provincial, were apparently also available to female employees on active service. Many of the VADs from the Ottawa Nursing Division were federal employees, and 15 saw active service abroad. The majority returned to their jobs after six months to a year abroad, and several more former VADs were also hired by the government in the early post-war period [see Appendix 2, Table 2.13]. As the voice of the civil service organisation, their bi-monthly journal The Civilian applauded the patriotic efforts of members on active service. Yet the journal also complained that the government was shamefully neglectful of its employees' patriotic efforts, keeping no records of the men who had gone to the Front. Instead The Civilian created its own "Roll of Honour", publishing reports and obituaries for men wounded or killed on service, as well as photographs and commentaries of the 20 women who had volunteered for active service as nurses and VADs.[132]

Georgette Dufour was the longest serving of the VADs from the federal public service, remaining overseas more than three years, after sailing with the first group of official Canadian VADs in September, 1916. A francophone from Quebec City, Dufour was nevertheless posted only to hospitals in England, and returned to Canada early in 1920, to be reinstated at the Post Office Department, where she remained for at least 10

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[131] Quarry, A Review of the History of St John Ambulance in Saskatchewan. Daisy Johnson was among the "western" group of 60 VADs selected in the spring of 1918. See: BRCS M&A, Personnel Card Indexes; Regina City Directory, (1920) & (1924); The Leader-Post [Regina] (9 June 1983).

[132] The Civilian, XII:9 (August 1919) p. 347. Of the 20 women on active service, 15 were VADs, the others military nurses.

more years.[133] Also among the 1916 group was Alice Houston, who spent 19 months overseas, and had the distinction of being the first Canadian VAD to receive military honours when she was "Mentioned-in-Despatches" for her ability to "carry on" while her hospital in St. Omer was under fire.[134] In 1918, Alice also resumed her job at the Post Office, and later moved to the Department of Labour as an Actuarial Assistant.[135] Muriel Wainright wrote regularly to the Women's Branch of the Civil Service (WBCS). Her letters were published in The Civilian, expressing gratitude for gift boxes of hard to find luxuries like tea, chocolate and sugar, but limiting the details of her VAD work in Italy because, "the censor won't allow us to mention such mundane matters!". Like the others, Muriel resumed her government post in the Marine department.[136]

Of the original 15 VADs who went abroad from the public service, nine returned to their jobs. The rest left to marry, except for Adine Geach who was the only VAD to find that her job, with the Parks Branch of the Department of the Interior in Edmonton, had disappeared in her absence. She was able to secure a place with the Alberta legislature in Edmonton, but was eventually re-instated by the federal civil service in the new Edmonton office of the Department of Soldiers' Civil Re-establishment (DSCR), which also hired several former VADs in the post-war, primarily in Ottawa.[137] Six of the returning VAD veterans subsequently left their government jobs for marriage, while a

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[133] The Civilian, XII:12 (November 1919) p. 461; BRCS M&A, Personnel Card Indexes; Ottawa City Directory (1921-1924).
[134] The Civilian, XI:11 (October 1918) p. 310, and, XII:12 (November 1919) p. 460; BRCS M&A, Personnel Card Indexes.
[135] Ibid; Ottawa City Directory (1930).
[136] BRCS M&A, Personnel Card Indexes; The Civilian, XI:7 (July 1918) p. 1504; XI:10 (September 1918) p. 254; XII:1(December 1918) p. 39.

seventh, Louise De Salaberry, transferred to the DSCR in Ottawa, before leaving for her own impending marriage [see Appendix 2, Table 2.13].[138]

Resignation on marriage for women in the federal civil service became law in 1920, to make way for the employment of returning male veterans. In her study of women at the Department of Agriculture, historian Amber Lloydlangston noted that in December 1918 the Secretary of State ordered all female employees who were adequately supported by husbands to be "released from duty unless the circumstances of her employment made her indispensable."[139] In the immediate post-war, however, returning unmarried VADs appeared secure in their re-employment prospects, similar to the consideration accorded to all male veterans.[140] Yet it is necessary to consider the extent to which expediency outweighed this apparent equality extended to unmarried women veterans, on the basis of their patriotic service. Lloydlangston notes that the position of "seed analyst" in the Department of Agriculture, the job description of VAD Laura Mulvaugh, was categorised specifically as "women's work", since it was considered to be "fine and close work, very trying to the patience", and therefore unsuitable for men. The sex-stereotyping of specific jobs enabled some female government employees to avoid

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[137] BRCS M&A, Personnel Card Indexes; and, The Civilian, XIII:3 (February 1920) p. 71; The Civilian, XIII:7 (June 1920) p. 308.

[138] The Civilian, XII:12 (November 1919) p. 463; BRCS M&A, Personnel Card Indexes; Ottawa City Directory (1922).

[139] Amber Lloydlangston, "From Expendable to Indispensable: Women in Science in the Department of Agriculture During the First World War" (unpublished paper, Canadian Historical Association, Ottawa, 1998) p. 14. The author notes that retirement for women on marriage in the Civil Service became law on June 18, 1920. See: p. 13.

[140] NA, RG17 (V.2789), Department of Agriculture, (F.242 743), "P.C. 2170 (October 12, 1916)".

the marriage bar, and ensured that unmarried women like Laura Mulvaugh could return to their jobs following their war service.[141]

As noted, The Civilian was highly critical of the government's unsupportive attitude towards the patriotic efforts of its employees, particularly women's overseas service. While the government could not easily restrict the enlistment of male employees for military service, the continued employment of women in government offices was essential to fill the gaps left by the men's departure. Sociologist Graham Lowe has shown that the status of women in the civil service was "marginal" at best, and their employment opportunities were guided solely on the basis of the needs of the employer.[142] In the journal's opinion it was no accident, that of the 4,817 known civil service veterans, only 20 were women.[143] The contributors to The Civilian note that: "Two or three times as many of our girls would have been in the hospitals overseas had not the departments placed every obstacle in the way of their joining the military service."[144]

Private institutions like banks do not appear to have put impediments in the path of female employees applying for active service overseas. From the evidence of the Bank of Commerce, employing six of the 11 bank employees known to have served as VADs overseas, their attitude was strongly supportive [see Appendix 2, Table 2.14]. A monthly

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[141] The Civilian, XIII:1 (December 1919) p. 22; NA RG17 (V.2808), (F269 269), "Letter: G. H. Clark to Deputy Minister of Agriculture (25 June 1919)"; BRCS M&A, Personnel Card Indexes; Lloydlangston, p. 14.

[142] Graham S. Lowe, "Women, Work and the Office: The Feminisation of Clerical Occupations in Canada, 1901-1931", in Veronica Strong-Boag and Anita Clair Fellman, (eds.), Rethinking Canada: The Promise of Women's History (Toronto: Oxford University Press, 1997) p. 263.

[143] The Civilian, XII:9 (August 1919) p. 347.

bulletin, "Letters from the Front", carrying excerpts from correspondence sent by staff members overseas, was compiled into a two volume commemorative "roll of service" at the end of the war, with photographs and biographies of all eight women employees who served abroad, as both nurses and VADs.[145] Welsh-born Annie Wynne-Roberts had studied Domestic Science before joining the Bank of Commerce in Toronto, in March, 1916, and by September 1916, was again overseas as a Canadian VAD, remaining nearly three years.[146] In regular letters to her colleagues, Wynne-Roberts related anecdotes about her work and the living conditions in England and France.[147] It was late November, 1919, before Annie Wynne-Roberts returned to her desk in Toronto, and she was among five of the six Bank of Commerce VADs to return to their jobs.[148] As Graham Lowe argues however, this had less to do with the value of women as bank employees, or approval for women's patriotic service, than with the post-war boom in bank expansion, and the need for trained personnel.[149]

In addition to those women known to have been employed in some aspect of clerical or office work at the time of their VAD service, school teachers formed the second largest segment of identified waged employees among Canada's VADs [see Appendix 2, Table 2.15]. Of the 194 VADs identified by their pre-war paid employment, 40 were teaching in either public or private institutions [see Table 3.4]. Elizabeth

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[144] The Civilian, XIII:1 (December 1919) p. 23.
[145] Charles Lyons Foster, (ed.), Letters from the Front: Being a Record of the Part Played by Officers of the Bank in the Great War, 1914-1919, Vols. I & II (Toronto / Montreal: Southam, 1920).
[146] Ibid, Volume II, p. 493.
[147] Ibid, pp. 184 & 225.
[148] Ibid, pp. 213, & 493; and, BRCS M&A, Personnel Card Indexes.
[149] Lowe, "Women, Work and the Office", p. 260.

Kilpatrick a university graduate, who taught English at a prominent Toronto girls' school, left her job for a year of VAD service abroad.[150] Frances Walwyn took a similar path from a university education to a teaching career, but following her year overseas as a VAD, she transferred to the Canadian YMCA in London, taking on another form of volunteer work that would evolve into a new career as a European tour guide.[151] Frances had entered a familiar path of education and employment in a conventional woman's career in the pre-war years, but VAD service provided a catalyst for change.[152] The majority of the teachers who went overseas as VADs however, remained approximately 12 months, with a few staying on for 18 months to three years [see Appendix 2, Table 2.15]. At least five teachers served at home as full or part-time VADs in local convalescent hospitals, like Anne Bredin, who relinquished her teaching post for full-time VAD service at St. Chad's Military Convalescent Hospital.[153]

Local school boards appear to have tolerated the temporary absence of female teachers for active service, as they would with any male staff who had enlisted. The predominance of women teaching at the elementary level in the early twentieth century likely eased their return to the classroom, combined with the regular attrition of female staff through marriage, leaving vacancies not readily filled by male applicants. Historically also, women had moved in and out of teaching positions as their

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[150] University of Toronto Archives (UTA), A73-0026 Graduate Records; also, BRCS M&A, Personnel Card Indexes. Bessie Kilpatrick earned an Arts degree at the University of Toronto in 1908, taught at St. Margaret's College, Toronto before the war, and afterwards at Branksome Hall for 25 years.

[151] UTA, A73-0026 Graduate Records; also, BRCS M&A, Personnel Card Indexes.

[152] Prentice, et al., Canadian Women, pp. 134-140; PAA, MG73.72, "Agnes Wilson Interview".

circumstances demanded, earning money to finance higher education, or other career interests.[154]

There were other VADs who had also trained for specialised occupations such as dieticians, journalists, librarians and a small group who left their pursuits in poetry, music and visual arts [see Appendix 2, Table 2.16]. Of those VADs identified by their pre-war occupations however, 23 were gainfully employed in service and production work, including telephone operators, sales personnel, waitresses and light industrial work [see Appendix 2, Table 2.17]. These women were employed variously in large department stores or small retail outlets, waiting tables at a residential women's club in Victoria, or employed as the Matron of a Toronto theological college. Among them was a chiropodist, a dressmaker, a lady's maid, and a factory worker at Westinghouse in Hamilton, Ontario.[155] The most celebrated of this group, however, was Ellen Scobie of Ottawa, a "press feeder" for the American Bank Note Company, who served two and a half years as a VAD in military hospitals in England and France. Having been "Mentioned-in-Despatches" for her work in France, Ellen was welcomed back by her employer with a new job description created to suit her VAD training and experience, as the "nurse" in charge of the First Aid Room.[156] While the position was recognition for

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[153] NA, MG31 G19, G. W. L. Nicholson, (File: White Cross: Saskatchewan, 1915-6), "Letter 12 October 1966"; and, Regina City Directory (1922).

[154] Alison Prentice, "The Feminisation of Teaching", in Susan Mann Trofimenkoff and Alison Prentice, (eds.), The Neglected Minority: Essays in Canadian Women's History, Vol. I (Toronto: McClelland & Stewart, 1977) pp. 49-65.

[155] The main sources for this data are the BRCS M&A, Personnel Card Indexes; and City Directories from across Canada for the years 1914-1920.

[156] BRCS M&A, Personnel Card Indexes; also, St John Ambulance Association, First Aid Bulletin (October 1923), p. 9; also, Galloway, The White Cross in Canada, p. 55;

her meritorious service abroad, it is notable that Ellen Scobie was rewarded for her traditional female role as a "nurse", rather than with a promotion in the more competitive arena of factory production. Her heroism under fire as a VAD nurse had elevated her femininity, and she was therefore able to be suitably rewarded for her valour without causing friction in the workplace by a promotion on the shop floor.

A very few qualified graduate nurses were listed among the VADs, since they were officially restricted from voluntary service unless they had retired, and were thereby welcomed by St John Ambulance as instructors and leaders in the VAD organisation.[157] Ten women have been identified as "nurses" at the time of their VAD service, but of these three were retired graduate nurses [see Appendix 2, Table 2.18]. Each woman was serving as Lady Superintendent in her local St John Ambulance VAD nursing division, instructing, and monitoring the VADs in their local hospital assignments. Ethel Fraser of Montreal was unaccountably selected for two years overseas VAD service in England and France, despite her apparent status as a trained graduate nurse, while another nurse, Isobel Stewart, became a VAD masseuse at the Ste Anne de Bellevue convalescent hospital outside Montreal.[158] The status of the other five VADs identified as nurses cannot be verified. Few graduate nurses were likely to have been interested in assuming the lower status and nominal stipend of a VAD in a British military hospital, when they might apply instead for the prestige of military nursing with the CAMC, or be paid for nursing in the convalescent hospitals at home. The title of "nurse" however, was often loosely applied

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and, Ottawa City Directory (1917) & (1918). Ellen Scobie was referred to as "Nellie" the Nurse. Her father and brother were also employees of the same company.

[157] Women's Aid Department (W.A.D.): Regulations, 1918, p. 4.

outside of the hospital at the time, a key reason why Canadian nursing leaders were eager to achieve nursing registration in the years following the war, in order to eliminate further confusion regarding the required standards for a fully qualified trained nurse.[159]

3.5 Conclusion: Identifying Canada's VADs

Recent scholarship on the history of Britain's VAD volunteers has contributed to a greater appreciation of their dedication and hard work. Nevertheless, the lingering impression remains of inexperienced elites, unaccustomed to paid labour or the culture of the workplace, regardless of their commitment to patriotic service.[160] As yet, the findings of the November 1916 survey conducted by Britain's Joint VAD Committee have not been examined in any depth, despite the strong indication that British VAD nurses were far more familiar with the waged labour market than previously realised.[161] Instead, the scholarship on the history of British VADs has rested largely on evidence gleaned from the personal documents and recorded narratives of middle and upper-class VAD

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[158] BRCS M&A, Personnel Card Indexes; Montreal City Directory (1915); SJHA, Box X(b), Records: VAD Training.

[159] This issue is developed further in Chapter 6.

[160] See: Summers, Angels and Citizens, Chapter 9; Macdonald, The Roses of No Man's Land; and, Sharon Ouditt, Fighting Forces, Writing Women: Identity and Ideology in the First World War, (London/New York: Routledge, 1994) Chapter 1.

[161] IWM, Women at Work (BRCS 10.5/4) "Analysis of 200 Cases of Selected Members Taken at Random (28 November 1916)".

veterans.[162] The evidence for Canadian VADs however, clearly indicates that a significant proportion were well acquainted with the waged labour market. Moreover, although those VADs employed prior to VAD service were most often found in one of the conventional occupations available to educated, middle-class women, like teaching or clerical work, some also had paid work experience in service, retail or light industrial work. These findings parallel the trends evidenced by the 1916 survey of British VAD nurses.

Not only their employment history, but also the socio-economic background of the Canadian VADs demonstrates their diversity as an organisation of Canadian volunteer women in the war era. The majority identified can be situated within the middle-class, professional and business families of the era, although several were found to conform to the upper-middle class British image of VAD service. Nevertheless, several of the Canadian VADs have also been identified as the daughters of blue-collar workers, labourers, and tradesmen. While Dr. Copp emphasised that the St John Ambulance VAD recruits hailed from the "best homes" in Canada, this characterisation can be seen as encompassing families from many socio-economic levels in the various regions across Canada. As an indicator of the origin of Canada's VADs, the definition of the "best homes" spoke to a far more diverse association of female patriotic volunteers than Dr. Copp himself had envisaged.

Canada's VADs were an organisation of volunteer women representing every part of Canada where there was access to VAD training. Their ages were concentrated largely

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[162] The Imperial War Museum in London holds the largest collection of British VAD diaries, letters and oral histories.

in the mid-twenties to early thirties, but this did not preclude women from either end of the age spectrum. The majority of VADs were unmarried, as was the convention of the era for women "working" outside the home, but there were exceptions, and widows and childless married women were counted among their numbers. The greater proportion of VADs hailed from Anglo-Protestant homes where family ties to Britain, or recent immigration, affected the degree of patriotic enthusiasm, but this was not exclusive, and francophone women were represented among the volunteers. Overall, Canada's VADs conformed to some aspects of the standardised image of the upper-middle class British VAD volunteer, the romanticised "gently nurtured girls" noted by Lyn Macdonald.[163] Yet this description is far too confining, and overshadows the diversity, vitality, courage and determination of the larger representation of Canada's VAD volunteers.

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[163] Macdonald, The Roses of No Man's Land, p. xi.

CHAPTER 4

"NATURAL AND DIVINE INSTINCT": TRAINING THE VADS

4.1 Determining the Boundaries: Nurse and VAD

Nursing representatives directed their most ardent objections to the implementation of VAD nursing in the Canadian military hospitals towards the volunteers' lack of adequate nurses' training.[1] Activists within the Canadian Association of Trained Nurses (CNATN), ultimately feared a loss of status and recognition for the training and skills of graduate nurses, if casually trained volunteer nursing assistants were given an official role in Canadian military and convalescent hospitals.[2] Nevertheless, the rules established by St John Ambulance regarding VAD service clearly stipulated that trained graduate nurses would not be eligible to serve as VADs, on the basis that such skilled personnel should not be wasted on auxiliary nursing tasks that could be performed by unskilled volunteers. The nursing leaders realised however that the identification of their work as the "natural

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[1] See: St John Ambulance Brigade (Overseas) within the Dominion of Canada: Women's Aid Department (W.A.D.) Regulations, 1918, p. 4; and G. W. L. Nicholson, The White Cross in Canada: A History of St John Ambulance (Montreal: Harvest House, 1967) pp. 55-56.

and divine instinct" of women, still influenced societal attitudes towards the acceptance of nursing as a skilled, trained occupation for women.[3] In the early twentieth century, the public perception of differences between the graduate nurse and the "well meaning, enthusiastic, but untaught amateur", was still ill defined, as Pauline Jardine demonstrated in her study of early nurses' training at the Toronto General Hospital.[4] Following the federal government's failure to recognise the list compiled by the CNATN, for the selection of Canadian Army Medical Corps (CAMC) nurses for overseas, nursing activists like Jean Gunn, Superintendent of Nurses at Toronto General Hospital, feared that VADs would also "be accepted by the federal government, the St John Ambulance and the military hospital as a replacement for the trained or educated nurse."[5] The rejection of the CNATN's recommendations for CAMC nursing candidates, and evidence that some less qualified nurses did penetrate the ranks of the CAMC, prompted nursing historian Natalie Riegler to conclude that the government had little interest in recruiting fully trained graduate nurses for the CAMC.[6]

Yet, if government officials were less than vigilant in identifying the differences between trained and untrained military nursing recruits, the records of the CAMC nursing

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[2] See: Natalie Riegler, Jean I. Gunn: Nursing Leader (Markham, Ontario: Fitzhenry & Whiteside, 1997) pp. 77-80.

[3] Sir Percy Sherwood, "President's Address" in The Sixteenth Annual Report of the Canadian Branch of the St John Ambulance Association (1925) p. 9.

[4] Pauline Jardine, "An Urban Middle-Class Calling: Women and the Emergence of Modern Nursing Education at the Toronto General Hospital, 1881-1914", Urban History Review 7:3 (February 1989) p. 182, footnote 50. Jardine cites Isabelle Hampton-Robb the leading American nursing reformer of the era, in The Canadian Nurse (March 1905) pp. 9-11.

[5] Natalie N. 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., University of Toronto, 1992) p. 150.

service demonstrates some level of control over the selection of qualified nursing personnel for overseas service. Margaret Macdonald, as Matron-in-Chief of the CAMC Nursing Service, regularly rejected any requests to take on VAD nurses, and her policy was reinforced by senior CAMC administrators.[7] In late September, 1914, Macdonald noted the discovery of two "civilian ladies" among the Nursing Sisters sailing with the first overseas contingent. Under her direction, the two were quickly "seconded for clerical duty" at the Canadian Red Cross Headquarters in London on arrival in England.[8] One woman was later reported to have rejoined the CAMC, subsequently serving "admirably" as a "Home Sister", a position created by Macdonald for volunteer women with "no special qualification". The position of Home Sister, or housekeeper, in the Nursing Sisters' Quarters, came with "Pay and Allowances", but did not carry the rank of a Nursing Sister.[9]

Matron Macdonald continued to be both vigilant and pragmatic in circumventing unqualified nursing applicants, and her success in keeping unauthorised VADs out of CAMC hospitals speaks to her authority and determination. The fears voiced by military and civilian nursing leaders alike, regarding the possible admission of VADs into CAMC facilities, echoed the concerns raised in British nursing circles when the War Office first

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[6] Ibid.
[7] National Archives (NA) RG9 III, B1 (Vol. 3419), (File: N-5-47), Letter, Col. ADMS, Cdns., (21 August 1915), states "You will note that Canadian Hospitals do not employ VAD nurses, but only trained nurses..."; Letter, Matron-in-Chief, (21 August 1916), reiterates: "VAD nurses are not at present being employed in our hospitals."
[8] NA, MG30, E45 Margaret C. Macdonald Papers, (File: History of Nursing Service - Memoranda) "Matron Macdonald Article". Mrs L. M. Code and Miss Dorothy Cook, were apparently approved by the Minister of Militia and Defence.
[9] NA, RG9 III, B2 (Vol. 3453) "Letter, Matron-in-Chief to Chief Paymaster (27 July 1917)".

approved the VAD scheme in 1909.[10] British nurses still recalled the experience of the 1899-1902 Boer War, when a deluge of unqualified and unsuitable, upper-class British women "flooded hospitals and overwhelmed the poor wounded soldiers with their attentions".[11] With the reputation of military nursing having only just recovered from the backlash that resulted from the disruption of efficiency and discipline in the South African military hospitals, British nurses feared a renewed onslaught when some over-eager Voluntary Aid Detachments commandeered local school facilities as emergency hospitals during the early days of the First World War. The British Journal of Nursing responded bitterly to these displays, declaring: "the idea is still prevalent that little more than an impulse of good will is necessary to qualify a woman to nurse wounded soldiers."[12]

When the United States entered the war in April 1917, American women also flocked to the Red Cross to offer their voluntary services for wartime nursing. In an American nursing journal, one of the volunteers cautioned that "Voluntary Aid in Nursing Service must always be supplementary and can never be substituted for trained service."[13] Frances Payne Bolton endeavoured to separate the ideal of "patriotic service" from the skilled work of trained graduate nurses in the military hospitals abroad. American historian Janet Watson examined the concepts of "work" and "service" in a study of First World War VADs and trained nurses in Britain. She argues that, if "soldiering was the

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[10] Anne Summers, Angels and Citizens: British Women as Military Nurses, 1854-1914 (London/New York: Routledge & Kegan Paul, 1988) pp. 247, & 261-263.
[11] Stella Bingham, Ministering Angels (London: Osprey, 1979) p. 118.
[12] Ibid, p. 129, quoted from The British Journal of Nursing (November 1914) [n.p.].
[13] Frances Payne Bolton, "Voluntary Aid in Nursing - What it is and What it is not." Public Health Nurse Quarterly 10 (April 1918) p. 131.

best response a young man could make to the country's call, volunteer nursing was the ultimate war work for young women."[14] Watson saw these men and women as volunteers who had relinquished their peacetime roles to dedicate themselves to patriotic service for the state. By comparison, the nurse was extending her civilian employment in military nursing, but the VAD was making a patriotic gift of her service. Yet, in the Canadian hospitals overseas VADs were excluded from voluntary nursing, on the expectation that wounded soldiers, having voluntarily risked their lives in patriotic service, deserved the most efficient and effective nursing care available. This issue of how, or more accurately how well, the VADs were trained for voluntary nursing was key to the arguments that restricted their access to CAMC hospitals, and defined the boundaries between the casually trained volunteer and the qualified graduate nurse.

4.2 Putting Theory into Practice: Training the VADs

Like a distant storm the rumbling discord in Europe "all seemed so far away" during the beautiful summer of 1914, as one observer in Pembroke, Ontario, recalled.[15] In Britain however, the inevitability of war had long been an open secret, and as early as 1909 the War Office devised a plan for emergency medical services in the event of

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[14] Janet Sledge Kobrin Watson, "Active Service: Gender, Class and British Representations of the Great War" (Ph.D., Stanford, 1996), p. 135.

[15] Sandra Gwyn, Tapestry of War: A Private View of Canadians in Great War (Toronto: Harper, Collins, 1992) p. 1; also, Grace Morris Craig But This is Our War (Toronto: University of Toronto Press, 1981) Chapter 1.

invasion, under the Scheme for the Organisation of Voluntary Aid in England and Wales.[16] Despite the apparent readiness, the document lacked cohesion in Anne Summers' estimation, with the lines of authority between the local military Territorial Associations, and the broad organisational structure of the British Red Cross in disarray.[17] There were few stipulations other than the volunteers being certified by the St John Ambulance or Red Cross in the training programmes for first aid and home nursing, prior to enrolling in a Detachment, and that each Detachment must undergo annual military inspection. Training within the Voluntary Aid Detachments was left to local Red Cross leaders, who had to improvise without an official training manual until 1911. By mid-1910 friction between the Red Cross and St John Ambulance caused the latter group to separate from the larger scheme and organise its own detachments, further complicating the chain of command.[18]

The Canadian adaptation of the British voluntary medical aid plan seemed simple and straightforward by comparison. Finalised in March 1914 as The Organisation of Voluntary Medical Aid in Canada, the plan was based on the British prototype, but adapted to Canadian conditions.[19] The Canadian Branch of the St John Ambulance Association was authorised to train and certify prospective Detachment members in first aid and home nursing, with the St John Ambulance Brigade assigned the task of

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[16] Scheme for the Organisation of Voluntary Aid in England and Wales (1909).
[17] Summers, Angels and Citizens pp. 253-254.
[18] Ibid, p. 254. Summers notes that 1,110 of the 1,318 British Detachments created by 1912 were Red Cross directed, but there was great variance in "local circumstances and social resources", rendering training and readiness uneven.
[19] The Organisation of Voluntary Medical Aid in Canada, (3 March 1914).

organising the Detachments.[20] The Canadian Red Cross Society was designated to collect and administer all the funds needed, since it was already authorised, under its charter as a wartime service organisation, to collect all funds for the relief of "the wounded, sick, and prisoners of war of the British and Allied Forces."[21] The three agencies collectively functioned under the wartime umbrella organisation called "The National Relief Committee", initiated in August, 1914, to function much like Britain's Joint War Committee.

Despite the smaller size and tighter structure of the Canadian Voluntary Aid plan, the general outline of the VAD programme closely resembled the British scheme in two key aspects. First, neither document had considered the need for voluntary medical services beyond national borders, and secondly, each plan assumed that the great majority of volunteers would be men. In Britain however, some two-thirds of Voluntary Aid Detachment members were women, as Anne Summers found, while the British Red Cross not only had trouble recruiting men, but it also encountered problems of "apathy amongst those who enrolled."[22] In Canada, the war had begun before the plan could be implemented, with the majority of available able-bodied men being recruited for military service. Those remaining were either uninterested in VAD work, or far more likely to enter the lucrative war industries, or other war related labour. Anne Summers' observation that the British VAD organisation could "justly be characterised as a

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[20] Nicholson, The White Cross in Canada, p. 56.
[21] Strome Galloway, The White Cross in Canada, 1883-1983: A History of St John Ambulance (Ottawa: St John Priory, 1983) p. 50.
[22] Summers, Angels and Citizens p. 253.

'woman's movement', although its national direction was always in the hands of men", appears to be equally if not more accurate in the case of Canada.[23]

Charged with organising the VAD programme in Canada, the St John Ambulance Brigade drew its early membership for the men's Ambulance Divisions from among the ranks of the labourers in trades and industries where safety was a primary concern. These included the shipyards, railways, mines and mills, and the service occupations, such as the police and fire brigades. The women of the Nursing Divisions, however, were drawn more from the middle classes, and were regularly recruited from the membership of the women's voluntary service groups like the IODE, YWCA, or Protestant church organisations. In addition, those women in the workforce who were encouraged to join St John nursing divisions were recruited primarily from occupations like teaching, and clerical work. It was hoped that the women would disseminate their acquired home nursing skills to women of less privileged or educated ranks in their capacity as social role models, and thus, in the words of Captain R. J. Birdwhistle, the General Secretary of the St John Ambulance Association, having "the knowledge spread throughout the country."[24]

While the Ambulance Divisions were mainly concerned with workplace and public safety before the war, the original Nursing Divisions had their base in traditional middle and upper-middle class women's voluntary health and welfare services.[25] There was no effort made to introduce Nursing Divisions into those workplaces dominated by

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[23] Ibid.
[24] The Leader (Regina) (28 January 1911) p. 10.
[25] Annual Report for 1913 of the St John Ambulance Brigade Overseas: Within the Dominion of Canada (G. R. N. Collins, compl.) p. 7.

female labour, such as the garment trades, cotton mills or domestic service. Instead, St John Ambulance developed their Nursing Divisions as an extension of women's traditional voluntary public service, and as an acceptable form of women's maternal role outside the home.[26] The Nursing Divisions functioned as a support for public emergencies, and any public functions that attracted family groups, like fairs and sporting events. On these occasions the nursing members joined the Ambulance Divisions setting up temporary hospital tents and attending to minor injuries and illnesses, like sprained ankles or heat prostration.[27] St John also characterised the Nursing Divisions as a form of "missionary" service for public health, carrying the message of home nursing expertise to poor and working families.[28] By 1913 the Brigade could boast 700 men enrolled in 24 Ambulance Divisions across Canada, as opposed to only 54 women members in a total of three Nursing Divisions.[29] Overseas, the training of British VAD nurses began long before the war, often prompting social commentators, the popular press, and the nursing organisations to be vocal in their ridicule of socially elite women who appeared to be "playing at nursing". The future mystery writer Agatha Christie, who also trained as a VAD, recounted a popular myth of pre-war England to illustrate the facetious view taken of the eagerness for VAD training, specifically that: "if any man had an accident he was in mortal terror of ministering women closing in on him. . . 'Don't let those First Aiders

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[26] Alison Prentice, et al., Canadian Women: A History (Toronto: Harcourt Brace, 1996), Chapter 2.
[27] Nicholson, The White Cross in Canada, pp. 37-54. Also: Galloway, The White Cross in Canada, pp. 33-48.
[28] Annual Report for 1913, p. 21.
[29] Galloway, The White Cross in Canada, pp. 46-47. The three Nursing Divisions were in Toronto, Winnipeg, and Owen Sound, Ontario. See: Annual Report for 1913, p. 10.

come near me!', the cry would rise."[30] British VAD training was far more public than it was ever to become in Canada, as the five year pre-war apprenticeship in Britain gave time for imaginative training methods based on the teachings of Dr. James Cantlie, the originator of the first aid and home nursing lectures and training manuals. Improvisation was a key part of Dr. Cantlie's methods, which he based on the premise of "invasion and dislocation of normal services."[31] Training camps were organised, and the VADs were taught how to "pitch and strike tents, dig trenches for camp fires, load wagons, and make beds and straw mats" for the wounded soldiers, who were represented by Boy Scout stand-ins, coming fresh from an imaginary battle scene.[32]

Canadian VADs had far less opportunity for such imaginative scenarios, since their training was conducted after hostilities had begun. There is no evidence to show that they ever staged mock encampments, but they were taught how to convert any suitable premises into an emergency hospital. The Department of Public Works provided the Ottawa Nursing Division with a "practice hospital" on Wellington Street, consisting of a large room with an adjoining kitchen and bathroom that could be set up as a hospital room and diet kitchen. Here, with the aid of Girl Guides as patients, prospective VADs practised making beds, applying bandages and preparing invalid diets.[33] Anne Summers observed that providing women with experiences beyond basic nursing techniques enhanced the attraction of VAD service in Britain, by offering them opportunities for

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[30] Agatha Christie, Agatha Christie: An Autobiography (New York: Dodd, Mead & Co., 1977) p. 209.
[31] Summers, Angels and Citizens p. 256.
[32] Ibid, p. 258.
[33] Nicholson, The White Cross in Canada, pp. 57-58.

leadership, decision making and problem solving.[34] The possibility of invasion may have heightened the drama in Canada, but the prospect of a call for overseas service was a much greater attraction, motivating interest in the basic nursing and domestic routines required for VAD service. Bessie Hall decided to take up VAD service in Halifax in late 1918, hoping to go overseas. Not realising the war was coming to a conclusion, she wrote to her mother:

> "But really this is dandy experience for me, and will make things ever so much easier for me if I ever do get over. It will be great knowing something of hospital life, and I'll come home quite content to rest on my oars until my call comes."[35]

When Violet Wilson decided to go overseas, she went to Toronto and began taking various nursing courses, and worked in a military hospital.[36] Few of the volunteers however, offer details about the training process in the record of their VAD service, but the lack of discussion gives rise to the conclusion that these courses were unremarkable. The fragmentary comments depict the training as routine and repetitive, and largely dependent upon the imagination and enthusiasm of the instructor, and the subsequent zeal of the Nursing Division Commandants who reviewed and rehearsed possible "invasion" procedures. From the outset, St John was at pains to ensure that its training be seen to have a basis in the science and skills of medical and nursing practice, but with no pretence to professional authority. The course of instruction, or Syllabus, which outlined the training programme for First Aid classes was intended to provide the students with the ability to "render first aid to a victim in a scientific prompt way", in the words of General

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[34] Summers, Angels and Citizens, pp. 256-259.
[35] Public Archives of Nova Scotia (PANS) MG1, Vol. 661, McGregor-Miller Collection, "Letter October 2, 1918".

Secretary of St John, R. J. Birdwhistle, on his 1911 organising tour of the Canadian west.[37] The lectures in First Aid provided basic instruction in anatomy and physiology in order to give the students some insight into why they were performing certain treatments for emergencies like fractures or haemorrhaging, rather than just how to perform the treatment. Students were taught the human skeleton and muscles, the workings of heart and blood vessels, and the principles of blood circulation. They were instructed in recognising symptoms for more effective diagnosis and treatment for conditions such as fractures, internal bleeding or poisoning.[38] The lectures in Home Nursing recognised that although "every woman is naturally a nurse, still every woman is not a skilled nurse".[39] These classes were based on Dr. James Cantlie's Red Cross Home Nursing Manual, No. 2, designed for the British VAD programme and closely patterned on contemporary nursing texts like the Week's Textbook of Nursing used at Montreal General School for Nurses.[40]

One of the more critical elements for wartime nursing was the topic of infection and disinfection in this pre-antibiotic era. As Kathryn McPherson notes, Canadian nurses in the First World War were well acquainted with the "scientific treatment" of disease

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[36] NA, 9861 Acc 1981-0111, Voice of the Pioneer, "Violet Wilson Interview".
[37] The Leader (Regina) (28 January 1911) p. 10.
[38] Annual Report for 1913, p. 23.
[39] The Leader (Regina) (28 January 1911) p. 10.
[40] H. E. MacDermot, History of the School for Nurses at the Montreal General Hospital (Montreal: Alumnae Association, 1940) p. 53; Clara S. Weeks, Textbook of Nursing (New York/London: Garland, 1986 reprint [original New York: Appleton, c.1885]); James Cantlie, M.D., British Red Cross Society Nursing Manual, No. 2, (London: Cassell & Co., 1914).

and the "principles of sterile conditions" particularly for surgical cases.[41] The St John nursing lectures included the treatment of infection, the use of disinfectants and their preparation, although as will be seen in Chapter 5, these procedures were not always rigidly adhered to for a variety of reasons.[42] The faith of late nineteenth century society in the progress of science and technology imbued the St John supporters with a missionary zeal that enabled them to substitute the workplace for the battlefield as an arena of efficient emergency aid employing progressive methods. While St John spokesmen vehemently insisted that "this association is in no sense a military one", developments in first aid leading to improvements in workplace safety could be easily transposed to the battlefield. Thus the objectives of St John Ambulance in Canada were geared to the necessities of western civilisation, and particularly to a young, developing society like Canada, as Birdwhistle confirmed, having: "a practical side, a commercial side, a conserving side, and a patriotic side."[43]

The Syllabus for the St John Ambulance courses in Canada decreed that they would be taught by qualified physicians, male or female. Several of the physicians affiliated with St John Ambulance were women, and served both as Divisional Surgeon or Lady Superintendent for local VAD Nursing Divisions.[44] Dr. Margaret Patterson acted in both capacities for the College Nursing Division in Toronto, while Winnipeg's Canadian Pacific Railway Division, or CPR #8, had two women physicians, one for each

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[41] Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford University Press, 1996) p. 85.
[42] Annual Report for 1913, p. 23.
[43] The Leader (Regina) (28 January 1911) p. 10.
[44] Report of the Chief Commissioner for Brigade Overseas, 1 October 1915 to 31 December 1917 (compl. Earl of Ranfurly), pp. 47-51.

post.[45] Overall at least six women doctors were involved in VAD training during the war.[46] A proviso that accompanied the original 1910 outline of courses and examinations remained in place for wartime VAD training, advising: "Mixed classes of males and females are on no account permitted, except for the Home Hygiene Course."[47] The Rules also stated that classes were not to exceed 35, and that each course should be divided into a course of five lectures at weekly intervals, but the lecturer had the option of dividing these into more than five sessions.[48] The lectures for both the First Aid and Home Nursing courses were two hours long, to allow the maximum amount of time for "practical work", which included demonstrations of bandaging and applying splints. Courses in Home Hygiene and Sanitation were also offered, but neither of these was required to qualify for enrolment in either the Brigade Divisions or the Detachments themselves. The candidates were evaluated in final examinations, and to avoid any suspicion of bias, the lecturers were not permitted to examine their own classes. Once a woman had earned a certificate for each of the two required courses, she could apply for enrolment in a Nursing Division of the St John Ambulance Brigade and be eligible to join a Detachment. By March 1914 when the Voluntary Medical Aid plan was finalised, some elements of the 1910 Syllabus had been amended, and concessions were made for

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[45] Ibid, p. 48. In Winnipeg, a married physician Dr. L. McPhee-Green was Divisional Surgeon, while Dr. M. E. Crawford served as Lady Superintendent of the nursing members.

[46] Ibid, pp. 47-51. The remaining female physicians were Dr. Ellen Douglas, also married, Divisional Surgeon of the Fort Garry Nursing Division in Winnipeg, one of the three pre-war Divisions. Also Dr. A. Ross of Guelph Central Division and Dr. B. L. Collver of Simcoe Central.

[47] Canadian Branch of the St John Ambulance Association: Constitution and General Regulations (1910) p. 14.

[48] Ibid.

wartime conditions. Regulation 12 permitted a trained nurse to instruct the Home Nursing class, and a physician or hospital Matron could serve as an examiner for this class.[49] Prospective VAD candidates were assumed to have previously acquired certification in the two required courses, but while both St John and the Red Cross were permitted to certify VAD candidates in Canada as they did in Britain, the Red Cross did not hold any classes in Canada until the 1920s.[50]

Despite the explicit organisation and regulations for the course and examination structure, and the demand for the double certification of women aspiring to VAD status, the 1914 Voluntary Medical Aid plan envisaged Canadian women doing little more than organising railway rest stations, or preparing and serving meals and other refreshments to "sick and wounded during transit by railway". Training in nursing and first aid was needed as a precaution against the Women's Detachments "taking temporary charge, in the evacuation stations or temporary hospitals, of severe cases unable to continue the journey."[51] The document presupposed that all nursing and first aid activity would occur on home soil, and there was no expectation that Canadian VAD nursing members would serve in regular military hospitals. By the time Canadian VADs officially entered into overseas service in September 1916, much of the original 1914 document was obsolete, apart from the requirements for certification by St John Ambulance. In particular, the

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[49] The Organisation of Voluntary Medical Aid in Canada (3 March 1914), p. 6, Regulation # 12.

[50] Ibid, p. 6, Regulation # 11. Only in Newfoundland did prospective VADs have the option for Red Cross or St John Ambulance training.

[51] Ibid, p. 6, Regulation #14.

stipulation for official inspections by the Assistant Director of Medical Services (ADMS) was unfulfilled, since the CAMC wanted no part of VADs in their hospitals overseas.[52]

During the war the organisation of the Detachments for both women and men underwent considerable reconstruction from the original 1914 model, which had presupposed a predominantly home-based masculine emergency force:

" Men's Detachment

1 commandant, not necessarily a medical man
1 quartermaster
1 dispenser
4 section leaders
48 men (divisible in four sections of 12 men each)

Note - The object of having four sections is to enable small places in rural districts to organise single sections, four of which will be combined to form a complete detachment.

This is merely a suggestion, no doubt the St John Ambulance Brigade will wish to utilise its Companies for this purpose, in whatever manner it thinks best.

Women's Detachment

1 commandant (man or woman, not necessarily a medical man)
1 quartermaster (man or woman)
1 trained nurse, as lady superintendent
20 women, of whom four should be qualified as cooks."[53]

From its origins in 1914 until its final re-organisation in 1918 as the "Women's Aid Department", the voluntary aid scheme in Canada evolved to keep pace with the unfolding developments of the war, from the anticipated early victory to the reality of a long and costly struggle for peace.[54] The metamorphosis of voluntary aid is obscured by

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[52] Ibid, pp. 7-8, Regulation # 21.
[53] Ibid, p. 5, Regulation #7.
[54] Women's Aid Department (W.A.D.) Regulations, 1918.

the absence of concrete markers to map the gradual changes, and the official histories of St John Ambulance offer little to elucidate the policies of change.[55] Nevertheless, the control of the Canadian Voluntary Aid Detachments was transferred from the St John Ambulance Association to the Brigade Overseas in 1917, which functioned as the operational arm of the organisation in Canada. The Nursing Divisions were subsequently re-organised under new divisional classifications and titles, and the designations of "commandant" or "quartermaster" fell into disuse, as the original military style Detachment gave way to the more predominant "nursing assistant" function of the VAD organisation.[56]

The title of "Lady Superintendent" remained, but the position evolved from one of training into an overall supervisory capacity, and it was no longer required to be filled solely by a trained nurse. Hazel Todd, the Lady Superintendent of Ottawa's Nursing Division, held no recognised nursing qualifications outside of her St John Ambulance certification, but she was respected as a knowledgeable, dedicated and long-serving member of the St John Ambulance Brigade, as were many of the Lady Superintendents across Canada.[57] By 1918, the Lady Superintendent was responsible for overseeing the ongoing preparation and selection of the VADs in her Division for voluntary service in

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[55] For the official description of the development of the Canadian VAD scheme see: Nicholson, The White Cross in Canada, Chapter V; and Galloway, The White Cross in Canada, Chapter IV.

[56] Nicholson, The White Cross in Canada, p. 59; also, Galloway, The White Cross in Canada, p. 53.

[57] In 1942, Hazel Todd, was still the Lady District Superintendent in Ottawa. See: Galloway, The White Cross in Canada, p. 92.

the local military convalescent facilities, as well as selecting candidates for overseas service in British military hospitals when they were called for by Devonshire House.[58]

Whether for placement in hospitals at home or abroad, a candidate had to be a St John Ambulance Brigade member, and this in turn required that she have the minimum qualifications of certification in both the St John Home Nursing and First Aid courses. Wherever they trained however, all prospective VADs followed essentially the same programme of study using training manuals and a lecture series devised by Dr. James Cantlie of England. Although Dr. Cantlie had designed the First Aid course to be gender neutral, the Home Nursing programme was created originally for women, to prepare them for domestic or emergency nursing conditions, to be adaptable to the situation at hand. These same programmes formed the basis of training for both Canadian and British VAD nursing volunteers in the Great War.[59]

The 1913 Syllabus for the St John Ambulance First Aid and Home Nursing courses of instruction stated both would be "conducted on exactly similar lines."[60] No detail was left to chance to ensure that classes would be formed of "30 persons, mixed classes, not being allowed", and only a physician would be permitted to conduct First Aid classes. By 1914 however, a "trained nurse" was acceptable to instruct the Home Nursing course, and in lieu of a doctor, the examination could be conducted by "the matron of a training school."[61] By 1916, the original course format of five lectures had been extended

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[58] Women's Aid Department (W.A.D.) Regulations, 1918, p. 1.
[59] Canadian Branch of the St John Ambulance Association: Constitution and General Regulations (Pamphlet #1-1919), pp. 24-26; 31-32. Also reprinted in Annual Report (1913) p. 23.
[60] Annual Report (1913) p. 22.
[61] The Organisation of Voluntary Medical Aid in Canada, (1914) p. 6, Regulation # 12.

to six, with "one full week to elapse between each lecture", presumably to digest and review the new material. The lectures were originally to be two hours long, with at least 30 minutes for "practical work by the student". The few descriptions offered by Canadian and Newfoundland VADs indicate that much of the "practical" work consisted of bandaging techniques in anticipation of emergency situations in the field, as was practised in the British VAD training camps. In St. John's, Frances Cluett recounted her hastily conducted training sessions during the five weeks prior to her crossing the Atlantic for an overseas posting:

> "Dr Reeves lectured to us, then we had to apply bandages ourselves. I got an introduction to a Miss Janes, so I applied bandages on her. . . .The first bandage went around arm and body. Second fracture we had to splint the arm and bandage also put in a sling. Third bandage was around the elbow, fourth bandage around the forearm, the last one around the hand. Miss Janes is going to call for me at 3pm this evening. We are going to practice bandaging again."[62]

Cluett's was one of the longest and most successful of the overseas experiences recorded by any of the Canadian and Newfoundland VADs, consisting of four years in England, France and Constantinople. Yet, although she offered detailed accounts of her daily routines in British military hospitals in France and England, not once did Frances Cluett make reference to needing her well practised bandaging expertise. Instead, as she quickly discovered, applying clean dressings to wounds was a quite different procedure. Regardless, bandaging skills continued to be heavily stressed in both of the VAD nurses'

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[62] Centre for Newfoundland Studies (CNS), Collection-174, Frances Cluett (File: 2.02.001) Letter: 'Seaman's Institute" (no date).

training courses, with the "triangular bandage" favoured in First Aid, and the "roller bandage, and its application" prominent in Home Nursing.[63]

Some elements of the original course structures were adapted to the needs of wartime VAD training as the demand for volunteers increased. The VAD training programme for women initiated at the University of Toronto in November 1916 consisted of weekly classes of ninety minutes at the end of the afternoon to ensure that all interested participants could attend.[64] The urgency to expedite qualification was also stressed in the University recruitment campaign:

> "To become a VAD worker it is necessary to take a course in First Aid and another in Home Nursing. The usual number of lectures in each course is six, but the work may be compressed into five. Every applicant for examination is required to have attended at least four lectures. The length of a lecture is an hour and a half, part of which time is spent in practical work, such as bandaging and taking temperatures, etc. A class should have at least twenty members, preferably from thirty to forty."[65]

The First Aid classes, whether taught to women or men, were identical in content with the exception of the final lecture. Although both groups had lectures on poisoning and the "lifting and carrying of patients" by hand seats, only the women were expected to prepare the bed for the patient, and the patient for the surgeon. The men concentrated instead on transporting the patient quickly and safely from the scene of the injury to the hospital site, while all of the nursing tasks were carried out by the women alone.[66] Throughout the course of the lecture programme, students were taught the treatment of fractures and sprains, various wounds, haemorrhage, burns, breathing problems and

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[63] Annual Report (1913) p. 23.
[64] The Varsity (1 November 1916) p. 1. See also Chapter 3.2.
[65] Ibid.
[66] Constitution and General Regulations, (1919) p. 25.

poisons. Each individual lecture was followed by a demonstration and hands on practice, using fellow students or willing scouts or guides, to aid in practising the compression of arteries, artificial respiration, general patient care and the constant reinforcement of bandaging techniques. Instructors were cautioned not to give too much emphasis to "anatomical and physiological details", since "it is 'First Aid' that has to be taught and treated, not anatomy and physiology."[67]

Before the war, St John Ambulance had determined that the women who wished to become members of the Brigade nursing divisions must be qualified both in first aid, in order to deal with any immediate emergency, and in home nursing for the provision of basic nursing techniques for sick or injured patients. Wartime VAD nursing, as a woman's activity, was more closely associated with the St John Ambulance Home Nursing course. From the perspective of St John, these skills could be readily adapted from the home to the military hospital, ensuring a reserve force of women qualified as auxiliary nursing assistants. When Jean Gunn, then President of the CNATN, was arguing against a 1918 government proposal to use VADs in Canadian military convalescent hospitals on a long-term basis, she declared that the returned soldiers would be better nursed by "pupils with two years training instead of VADs who had six hours of classes", referring to the six lecture format of the St John Ambulance courses.[68]
Dr. Cantlie had never intended his lectures in emergency first aid and home nursing to be misconstrued as a substitute for the training of graduate nurses, as he regarded the Home Nursing course only as a preparation for basic emergency auxiliary nursing tasks. Cantlie

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[67] Ibid.

believed that the VAD nurses should hold the middle ground between "fully certificated, certificated, and uncertificated" nurses, learning how to keep a patient comfortable, provide assistance to a trained nurse, and be alert for warning signs that might require more expert attention. There was no expectation that the VAD should take any initiative without the guidance of a trained nurse or physician.[69]

As designed by Dr. Cantlie, the Home Nursing course was based on contemporary standards of nursing practice, and was in keeping with the tenets of early twentieth century nurses' training. Kathryn McPherson observes however, that "modern theories of disease could coexist with older approaches to health". The general philosophy of the St John Ambulance was rooted in the Nightingale tradition of hygiene and sanitation, but also incorporated the more recent teachings of germ theory.[70] The Home Nursing course was structured to begin with two lectures outlining the "qualifications of a good nurse", then how to prepare a sickroom, make a bed and wash the patient, followed by a quick survey of anatomy and physiology, emphasising the value of observation, and reporting those observations. Dr. Cantlie regarded "observation" as one of the most valuable assets of a well trained graduate nurse, and incorporated this philosophy into VAD training.[71] The third and fourth lectures set out the routines of basic patient care, from pulse and temperature, cough and pain, to food preparation and feeding. Medicines, measurements and fomentations were emphasised, with the practical sessions designed to reinforce

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[68] Riegler, Jean I. Gunn p. 83; also, Riegler, "The Work and Networks of Jean I. Gunn", p. 155.
[69] Jean Cantlie Stewart, The Quality of Mercy: The Lives of Sir James and Lady Cantlie, (London: George Allen & Unwin, 1983) p. 209.
[70] McPherson, Bedside Matters, pp. 85 & 88.
[71] Stewart, The Quality of Mercy, p. 15.

procedures like reading thermometers and measuring out medicines, but always including a session in bandaging as a critical element in training the VADs for emergency patient care.

The fifth lecture concentrated on the prevention and control of infection. As Kathryn McPherson notes, this was of critical concern to the modernisation of nursing practice in the early twentieth century and part of the "fundamental transformation" that redefined the theory of "nursing work" at that time.[72] In McPherson's estimation, the nursing practice of the First World War era must be understood as "scientific" because it was "based on the theoretical understanding and practical application of the germ theory of disease".[73] In the military hospitals of the war zones, the ravages of gas gangrene and bacteria from the heavily fertilised soils of Belgium and France frequently proved more devastating than the original wounds, as Eileen Crofton observes in her history of the Scottish Women's Hospital at the Abbaye de Royaumont. This hospital near the Western Front eventually abandoned the use of antiseptics, having found them harmful in treating wounds soaked in the "well-manured and heavily contaminated soil of Northern France", and laden with the "organisms of gas gangrene, tetanus and streptococcus" among other hazards.[74] Nevertheless, although St John emphasised the necessities and routines of dealing with infection, and the methods employed to establish "aseptic conditions", as detailed by McPherson, only one full lecture could be given to this process in the Home

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[72] McPherson, Bedside Matters, p. 85.
[73] Ibid, p. 86.
[74] Eileen Crofton, The Women of Royaumont: A Scottish Women's Hospital on the Western Front (East Lothian: Tuckwell, 1997) pp. 225-226.

Nursing course.[75] For women who would be only "assisting" the qualified nursing personnel, a knowledge of the routines for controlling infection was considered sufficient. The courses had not been devised with the intention of having the VAD nurses participate in regular wartime hospital nursing.

Confounding the logic of preparing the VADs for wartime nursing service, the final lecture dealt with both the nursing of children and surgical nursing. These two subjects represented the disjunction between the nursing tasks that the courses were designed for, as a supplement to domestic emergencies, and the actual requirements of wartime VAD service, where surgical nursing would constitute the largest portion of their hospital work.[76] Each of the six lectures was reinforced by a practical session designed to give the prospective VADs "hands-on" experience of the tools and techniques of emergency nursing. Even after the fear of invasion had subsided, and the proposed emergency measures had been put aside with the realisation that most casualties would be dealt with in a hospital setting, techniques in bandaging still continued to be the primary focus of the practical sessions for VAD training.

In order to evaluate the abilities of the students, St John Ambulance also set an examination for each of its two required courses for VAD candidacy before certificates were granted. The Syllabus for each of the courses detailed any materials and equipment needed for the examination procedure. Not unexpectedly, a supply of bandages was the first requirement, "triangular" bandages for First Aid examinations and "roller bandages"

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[75] McPherson, Bedside Matters, p. 87.
[76] Constitution and General Regulations, (1919) p. 26.

for the Home Nursing candidates.[77] The particular focus of each of the classes was also represented by these materials. The First Aid examination testing the candidate's response to a specific emergency situation, required "material for temporary splinting". By comparison, the Home Nursing examination asked for "material for making poultices and hot fomentations, an ordinary thermometer, a bedstead or couch with bedding, blankets and sheets." A further necessity for demonstration purposes was the requirement for " two boys for every ten candidates". A cautionary addendum to this detail noted that it was "desirable that different boys as models should attend at the examinations, as cases have not infrequently been noticed in which the models have given information (erroneous or otherwise) to candidates."[78] The instructions also stated that the examinations were to be written and oral, as well as practical, but the examiners were permitted to omit the written part if there was a good reason, such as the possibility that "the candidates are unaccustomed to expressing themselves in writing".[79]

It is probable that many examiners waived the written requirement particularly under the pressure of the wartime conditions, as was Frances Cluett's experience with Dr. Burden in St. John's, who apparently conducted an entirely oral and practical examination even without the aid of the informative boys.[80] As Cluett described it:

> "Miss Janes and I went to Dr Burden's last Tuesday night to be examined on First Aid and Home Nursing. The both of us passed. He asked us quite a few questions. Miss Jones was supposed to have a broken collar bone and a severe bleeding from the palm of the hand which could not be stopped, I of course had to treat it. He then asked me how I would change

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[77] Ibid, p. 31.
[78] Ibid.
[79] Ibid.
[80] Ibid. Under the rules of the St John Ambulance Association Syllabus, the lecturer could neither conduct, nor be present at, the examination of his or her own class.

> an undersheet for a person who was very ill. He then asked me what I would do in a case of Diphtheria, what disinfectants I would use, and how strong to use them. I had to read the clinical thermometer and treat a case of poisoning. He asked me to make a linseed meal poultice, etc. He asked a good many questions."[81]

Frances and Miss Janes were both relieved to learn they had passed the examination, especially Frances who stated that after "one whole week studying night and day, I was getting sick of it."[82] Regardless of the rigours of study and examinations however, Frances Cluett readily admitted that her scant five weeks did not adequately prepare her for the demands of VAD nursing in the turmoil of the busy military hospitals of England and France. Pragmatic, caring, and confident enough to admit her shortcomings, Frances Cluett was prepared to learn from the qualified military nurses she worked with, taking the problems in her stride with a ready sense of humour. After a full year's service overseas, she confided to her mother: "It's very laughable sometimes for the [Medical Officer] orders things I never heard of before; so I wonder to myself how in the world am I going to write that down in the dispensary book; Ah mother, there is a funny side to it sometimes."[83]

The VADs who had trained in Britain with the Red Cross, like Agatha Christie, often felt equally at a loss. Christie aptly observed of herself and her fellow VADs: "We were not really unintelligent, but we were ignorant."[84] Yet, Frances Cluett and Agatha Christie had the benefit of some instruction, despite its shortcomings. Another Newfoundland woman, Sybil Johnson, was accepted for VAD service through the British

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[81] CNS, Collection-174, Cluett Letter: "29 October 1916".
[82] Ibid.
[83] CNS, Collection-174, Cluett Letter: "Rouen, 4 February 1918".
[84] Christie, Agatha Christie p. 217.

Red Cross in St. John's with only a minimum of prior training. Despite her enthusiasm for the opportunity, Sybil was plagued by misgivings after she embarked for England:

> "I suppose we are VAD. I'm not quite sure if we are or not. I believe girls who don't go in for Home Nursing or anything and who just offer their services for any work are VADs but there isn't much difference. Mrs B. said we counted as six month probationers, but I suppose that is still VAD."[85]

Sybil was subsequently trained for VAD work at the St Mary's Hostel for Nurses in London, and possibly designated as a "VAD Special Service Probationer", a category of VAD with no certification, but willing to learn on the job.[86] She went on to serve for 18 months at the First Western General Military Hospital near Liverpool.

More than the brevity of the courses, what appears to have been most lacking in VAD training was the actual experience of hospital work. In an era when hospitalisation was far less common than private duty nursing in the home for the middle class or above, few VADs had any prior knowledge of institutional nursing care before their training. The VADs trained by St John Ambulance in Canada were required to have had some hospital experience in local convalescent hospitals before being posted overseas. Any prior hospital assignments were recorded on the BRCS record cards when the VADs registered for service with Joint VAD Committee headquarters at Devonshire House in London.[87] By mid-1915 the war was taking an ever increasing toll, and Canadian civilian hospitals lacked the space and facilities to accommodate the unrelenting demand for new convalescent beds for the returning wounded. Across the country the Militia Department

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[85] CNS, Collection-201 Sybil Johnson (File: 2.01.013) Letter; "13 December 1916".
[86] Joint Women's VAD Department: Terms of Service (15/3/17) pp. 2-3. British Red Cross Society Museum & Archives (BRCS M&A), Personnel Card Indexes: Military Hospital Files/Record Cards (Barnett Hill, Wonersh, Guildford, Surrey).

had begun to acquire suitable structures to convert into hospital space, ranging from former stately residences, to schools and church buildings, or any building that could be adapted for hospital use. Frequently furnished and funded by donations and volunteers from women's organisations, church groups and patriotic associations, these temporary institutions were then staffed with physicians, surgeons and qualified nurses. Gradually, contingents of trained St John Ambulance Association VADs were accepted as support staff in various regions of the country, as they had been in the countless VAD hospitals established throughout Britain. Most Canadian VADs received their first hospital experience in these newly created institutions, as preparation for an overseas posting. The smaller convalescent hospitals frequently employed the staffing procedures of the converted residence of the late Sir Sanford Fleming in Ottawa, where four VADs per week assisted the CAMC Nursing Sister in charge, in this instance competing with some 56 others all waiting their turn on the rota.[88] The Toronto area Nursing Divisions by comparison had several newly created convalescent hospitals that welcomed VADs, providing a more structured system of practical training. The College Nursing Division in Toronto, under the direction of Dr. Margaret Patterson, was created specifically to prepare VADs for service in the military convalescent hospitals.[89] Other similar hospitals were established across the country, increasing in number as the war progressed. With a full roster of local VADs eager for voluntary service in the hospitals, the volunteer women were often unable to secure long-term hospital training experience as VADs in

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[87] BRCS M&A, Personnel Card Indexes.

[88] Nicholson, The White Cross in Canada, p. 58. The hospital was located close to the St John Ambulance Association Headquarters in Ottawa, but with 60 members, few of the VADs had more than a brief introduction to hospital life.

smaller communities, and the BRCS Record Cards frequently indicate weekends, or partial weeks, rather than regular full-time VAD experience [see Appendix 3].[90] Moreover, many of the VADs hoping for overseas service were in full-time, paid employment and could only offer time on weekends or evenings.

The women students recruited at the University of Toronto volunteered for VAD service during their vacations, like Shirley Gordon, who was assigned to the Orthopaedic Hospital at Davisville in North Toronto. Mrs Gordon described how the VADs were expected to demonstrate their ability, gradually progressing from basic cleaning tasks, and moving up to more responsible jobs in the diet kitchens, and then finally assisting with dressings on the wards. As she described it, the VADs' purpose was to assist the nurses "so that they could accomplish more than they could without that help," but when asked if she ever "replaced a nurse", Mrs Gordon replied in a shocked tone: "Oh no, no! We always worked with a nurse, and under a nurse!"[91]

Overseas in France near the front lines, the practical training of a VAD was frequently more rapid and intense. Canadian VAD Marjorie Starr recorded in her diary that within a month of her arrival at the Scottish Women's Hospital at Royaumont, she had assisted "at the dressing of the two amputated arms; not nearly as bad as I thought it would be . . . not like the one man's leg, when I had to positively sit on his chest to keep

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[89] Ibid, pp. 58-59.

[90] The hospitals are too numerous to list, but by the end of the war most larger urban centres in Canada had more than one hospital, most staffed in part by VADs from the local area.

[91] NA, A19903-0015, The Great War and Canadian Society Project, "Shirley Gordon Interview" (18 June 1974).

him down while the Doctor dressed it."[92] The qualified military nurses in Canadian and British military hospitals often had little more experience of the realities of wartime nursing than the VADs, but they were able to call on their background of rigorous hospital training that afforded them discipline and the knowledge of basic routines and procedures. The VADs frequently arrived at the hospital door with only a few hours of classroom instruction, substantial practice in emergency bandaging, and an uneven history of practical hospital experience. They did not pretend to have absorbed a nurse's training and experience in a few short weeks, but hoped to be prepared enough to be of use to the trained staff. As Shirley Gordon mused: "I think we were certainly necessary. Everybody was necessary, no matter what they did!"[93]

4.3 "Unqualified" Women?: Setting the Standards for VADs

The issue of VAD training was at the heart of the arguments presented by Canadian nursing organisations to reject the use of VAD nurses in overseas CAMC hospitals, or military convalescent hospitals at home. Both the civilian nursing community, and the CAMC nursing service, objected to the idea of accepting casually trained, volunteer nurses into the military hospitals, fearing not only that discipline and efficiency of the hospitals would be put in jeopardy, but that the presence of VADs would

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[92] Imperial War Museum (IWM), Department of Documents, Marjorie Starr (Manson) Diary (1 October 1915) p. 2. All Scottish Women's Hospitals used the term "Orderly" for their VAD nurses.

also undermine the status of the qualified military nurses. Much of the Canadian opposition to the VADs was based on the observations and opinions derived from the British VAD experiment, but the impressions of prominent Canadian civilian physicians also carried weight.[94] Dr. C. K. Clarke, the medical director of the Canadian National Committee for Mental Hygiene, opposed a government proposal to staff home-based convalescent hospitals with VADs, claiming that "the unqualified woman is a nuisance."[95] Matron Macdonald's concern to keep unqualified women out of the CAMC hospitals was shared by civilian nursing activists, who were no less concerned that women they deemed as unqualified or "casually trained" might compromise the standards and status of military nursing, ultimately limiting their own professional aspirations.[96] The nurses also objected to having VADs assist in the military convalescent hospitals at home, fearing they might use their St John Ambulance certification and wartime hospital service as a basis for nursing careers in the post-war. Jean Gunn, as President of the CNATN, cautioned nurses during the 1918 Convention to guard against the potential for the war and a projected nursing shortage "to furnish a loophole for us to lower our standards."[97]

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[93] NA, A19903-0015, "Shirley Gordon Interview".
[94] NA, RG9 III, B1 (Vol. 3419) (File: N-5-47) "Letter: 21 August 1917". The CAMC's Westcliffe Hospital, Folkestone was one of few known to have used VADs, and then only two in a non-nursing capacity.
[95] NA, MG27 II, D9 (Vol. 106) Sir Edward Kemp Papers (File: No. 19), "Dr Clarke to Prof. Mavor", (16 February 1917). Also: Desmond Morton and Glenn Wright, Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930 (Toronto: University of Toronto Press, 1987) p. 97.
[96] NA, MG30, E45, Macdonald Papers, "Matron-in-Chief Macdonald's Article", p. 2.
[97] Jean I. Gunn, "Address: Canadian National Association of Trained Nurses' Convention, 1918" Canadian Nurse 14:8 (August 1918) p. 1211.

The war had intervened at a critical juncture in the development of Canadian nursing, which aspired to the goal of professional recognition as an organised and regulated women's occupation, but still struggled to overcome internal conflicts and external pressures that impeded the progress. Activists like Jean Gunn, who devoted much of her career to the issues surrounding nursing education, and the standardisation of qualifications for graduate nurses, were alarmed by the eagerness with which the Canadian government had embraced the concept of wartime VAD nursing.[98] Nursing scholar Pauline Jardine, in her study of early nurses' training at the Toronto General Hospital, demonstrated how nursing educators had struggled to transform the nineteenth century image of nursing as unskilled "women's work" into one of a respectable occupation for educated women.[99] Gunn's "generation" of nursing leaders and educators, as defined by McPherson, endeavoured to move the status of nursing a step further, emphasising the skill and science of nursing knowledge.[100] Women's interest in nursing as a career had grown steadily during the early twentieth century in Canada, keeping pace with the overall growth of single women's entry into the workforce.[101] By the end of the First World War, from McPherson's estimate, there were 20,000 or more "student and graduate nurses" in Canada increasing from just 300 at the turn of the century.[102] In

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[98] A full analysis of Gunn's work and influence is found in Riegler, Jean I. Gunn based on her doctoral work, "The Work and Networks of Jean I. Gunn".
[99] Jardine, "An Urban Middle-Class Calling", pp. 186-187.
[100] McPherson, Bedside Matters, Chapter 4; also, Riegler, Jean I. Gunn, p. 217.
[101] See Prentice et al., Canadian Women: A History, Chapters 5 & 6.
[102] McPherson, Bedside Matters, p. 26.

addition, the number of hospitals offering a three year apprenticeship programme had also grown, from 70 in 1909 to more than 200 by the 1920s.[103]

Although the war interrupted the pace of development, it served to promote a positive image for Canadian nurses through the demonstration of their dedication and heroism in the CAMC hospitals overseas. This image was further reinforced by their efforts in the aftermath of the 1917 Halifax Explosion, and the devastating Spanish Influenza Epidemic that struck in 1918 as the war was ending.[104] Canadian VADs also participated in the emergency nursing relief efforts for the Explosion and the Epidemic, and by mid-1915 they were also being accepted into the growing number of military convalescent hospitals established in Canada.[105] More significantly however, Canadian VADs were welcomed into British military hospitals in England and Europe. The acceptance of Canadian and British VADs into the wartime allied military medical establishment was effected despite the objections of military and civilian nurses in Britain and Canada. Thus, the history of VAD service can be characterised as a constant battle, fought by the organisations representing qualified nurses against the arguments, or indifference, of governments, which recognised VAD service as a reliable and cost-effective solution to the ever increasing demand for wartime nursing assistance.

From its inception in Britain in 1909, the VAD scheme was viewed with either suspicion or disdain by nursing activists, an attitude quickly transported to their "colonial" counterparts. Among the most scathing of the critics was the British nurse and

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[103] Ibid, p. 30.
[104] Ibid, p. 26.
[105] A more detailed discussion of Canadian VAD participation in the Halifax Explosion and the Influenza Epidemic is found in Chapter 6.

commentator Mary Burr, who laboriously outlined the methods of the VAD training programme in Britain for an American nursing journal, offering her own evaluation:

> "Criticism of these lectures is unnecessary, their faults are too glaring. They show so well that no trained nurse was on the committee who arranged and passed them. It is difficult to realise why these people place such an importance on the knowledge of the use of the roller bandage. If only probationers could absorb all this in twelve hours instruction what a blessed relief it would be to their ward sisters."[106]

Nurse Burr based her objections to the VAD scheme on the training programmes, which she considered to be the critical element of all nurses' qualifications. For Burr and her peers, the casually trained VAD was of little value as a nurse, even at the most basic level of nursing tasks as "a probationer". In the majority of British or North American nursing schools at that time, a fully qualified graduate nurse was one who had successfully completed a three year hospital apprenticeship training programme. Through a system of academic study and lectures, combined with practical hospital work, the students gradually developed their nursing skills, and were accorded greater responsibilities in the hospital wards commensurate with their growing abilities, but always under the supervision of senior nursing staff.[107] While in her caustic review of VAD training Mary Burr conceded that the basic theoretical elements of nursing were covered in the First Aid and Home Nursing courses offered by St John Ambulance or the Red Cross, she was adamant that it was impossible for any student to "absorb" this amount of material in a few short hours of classroom instruction. By comparison, the Montreal General Nursing School course outline for 1900 indicated that over a three year

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[106] Mary Burr, "The English Voluntary Aid Detachments" The American Journal of Nursing, 15:6 (March 1915) p. 463.
[107] McPherson, Bedside Matters, p. 30.

course of study, a student could expect to spend 10 months in each of the surgical and medical wards, with six months of night duty. The students' remaining time would be divided between the diet kitchen, gynaecology, the operating theatres, outpatients and private patients.[108] The Montreal General initiated a probationers' programme in 1906, as did a majority of Canadian hospital training schools of the era, and it was this period of probationary assessment that came to represent a particular standard of achievement for aspiring nursing students.[109] Mary Burr's declaration that a "probationer" could not absorb in six months what a VAD was expected to internalise in 12 hours reflected the general position of the nursing community that VAD "nursing" was flawed at best, and at the very least should be controlled by qualified nurses.[110]

As Natalie Riegler observes however, the training programmes for student nurses of the war era were not uniform across Canada. There was instead, a general understanding of the expected level of qualification for a graduate nurse, and from the perspective of the nursing associations, VAD training did not meet these expectations.[111] From the standpoint of St John Ambulance, however, the nurses' expectations were both unrealistic and unnecessary since the VADs were not proposing to perform regular hospital nursing duties, but only to serve as emergency auxiliary nursing assistants. Nevertheless, by 1915, VADs in Britain were beginning to play a much larger role in military nursing than had been originally envisioned by the War Office, the Royal Army Medical Corps (RAMC), or the sponsoring relief agencies of St John Ambulance and the

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[108] MacDermot, History of the School for Nurses at the Montreal General Hospital, p. 53.
[109] Ibid, p. 54.
[110] Burr, "The English Voluntary Aid Detachments", p. 463.

Red Cross Society. From the inception of Britain's 1909 VAD plan, nurses there had voiced their concerns regarding the content and organisation of the VAD training programme, which could potentially undermine their own status, wages and job security. In Anne Summers' estimation however, the nurses tried to avoid putting their own patriotism in question while defending their personal interests, and were eager to reinforce the value of their own contribution to the preparations for war by becoming more involved in VAD training.[112]

The pre-war standards for the training of VADs in Britain were erratic at best. Before 1914, as Anne Summers describes, there was little uniformity in "the content of lectures, the standard of examinations, and the amount of practical work undertaken", not only between the two programmes of the Red Cross and St John Ambulance, but also among individual detachments.[113] The VAD organisation in London unsuccessfully attempted to impose a three year training scheme on VADs similar to that of trained nurses. The smaller VAD programmes like the one in Torquay attended by Agatha Christie were less ambitious, although they varied their class and practical "Boy Scout" sessions with actual hospital experience two mornings per week in the outpatients' clinic. The VADs were given basic tasks like changing the dressings on minor injuries, but were forbidden to perform more responsible procedures.[114] Christie was sympathetic to the demands placed on the nurses once the war began, having to cope with both the incoming wounded and the inept assistance of VADs, who in her opinion were "taught hardly

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[111] Riegler, Jean I. Gunn, pp. 116-129; and "The Work and Networks of Jean I. Gunn" pp. 119-146.
[112] Summers, Angels and Citizens, pp. 262-263.
[113] Ibid, p. 263.

anything of what was necessary for hospital service; in fact all we knew was how to bandage, and the general theories of nursing".[115] These sentiments reinforced the criticisms of nurse Mary Burr, and both Burr and Christie had come independently to the conclusion that VADs were being trained for the wrong work. In Canada, as in Britain, the same programme of VAD training continued throughout the war, despite the reorientation of their work from the battlefield to the hospital wards. The texts and lectures devised by Dr. Cantlie for the Red Cross were based on the premise that VADs would serve in an emergency capacity only. Meanwhile, thousands of British VADs were being taken on as nursing assistants in both auxiliary and military hospitals in Britain, while the Canadian VADs abandoned ideas of railway rest stations to assist in military convalescent hospitals at home, or overseas in British military hospitals desperate for extra personnel. The VADs in Canada were likewise being trained to apply tourniquets and construct emergency shift splints. Yet, their services were being offered to military hospitals at home and abroad to assist the trained nursing staff with preparing patients for surgery, dressing amputations, or even helping out in the operating theatres in hospitals near the Front. In hindsight, Mary Burr's acerbic observations were grounded in reality:

> "Without doubt no pains have been spared by the lay organisations of these Voluntary Aid Detachments to render their members as efficient as possible, but they have entirely mis-interpreted the scope of their duties and still believe that their courses of concentrated knowledge and expert application of the roller bandage will make a nurse."[116]

One of the critical aspects of nurses' training in this pre-antibiotic era was the control of infection. As Kathryn McPherson notes, nursing students were rigorously

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[114] Christie, Agatha Christie, p. 210.
[115] Ibid, p. 217.

schooled in "the application of antiseptic and aseptic technique", in order to control any infection in a surgical wound, or to prevent an infection from being transmitted to the other patients in the hospital.[117] The procedures for every nursing task were carefully calculated and ordered so that even administering a hypodermic injection involved a painstaking 17 step process.[118] These processes were reinforced by a broader concern for the general maintenance of cleanliness throughout the hospital ward, involving the nurse in a constant, almost ritualistic cleansing of every surface and corner. McPherson concludes that, what might be construed as the "domestic tasks of ward cleaning and maintenance" were rather the essential relationship between the therapeutic and non-therapeutic requisites of the prevention and control of infection in the absence of effective antibiotics.[119]

Designed to encompass the key elements of nursing education, the VAD course in Home Nursing necessarily addressed the topic of infection and disinfection. The prevention and control of infection, was included in one lecture of the Canadian St John Ambulance Home Nursing course, and reinforced in two chapters of the Nursing Manual for VADs.[120] British VAD Olive Prentice characterised the Red Cross Home Nursing lectures she attended as "not deep", but she viewed this as reasonable since, "we wouldn't have understood them, most of us". Prentice acknowledged however, that the importance of "sterilisation" was emphatically conveyed to the British VAD students, particularly as

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[116] Burr, "The English Voluntary Aid Detachments", p. 464.
[117] McPherson, Bedside Matters, pp. 86-94.
[118] Ibid, p. 87.
[119] Ibid, p. 88.
[120] Constitution and General Regulations, (1919) p. 26. Also: Cantlie, British Red Cross Society Nursing Manual, No. 2, Chapters 14 & 15.

medical supplies were then in short supply. She also remembered how the lecturer reinforced "the importance of being very exact about everything, taking temperatures or giving medicines. . . This was impressed on one so much."[121]

Balancing the requirements of wartime nursing with the available resources of the eager, but casually trained volunteers was a challenge the CAMC tried carefully to avoid. The much larger organisation of British military hospitals however, came gradually to depend on the apparently infinite supply of newly minted VADs. Mary Burr castigated the "men" who controlled government and the military for "brushing aside every educational ideal, of lowering the standard of work on the plea of national emergency simply because it's women's work."[122] Kathryn McPherson argues that, during the First World War era "the scientific treatment of disease was well established, so that military nurses were applying modern techniques in surgical care."[123] Yet the "scientific" care and treatment of the wounded often depended upon the proximity of the hospital to medical evacuation lines from the Front. At times also the pressure of the work, and the situation of the moment, could override the most stringent teaching and training. The description given by Canadian VAD Marjorie Starr of the Scottish Women's Hospital at Royaumont, attests to the necessity of working under pressure and the dilemma of expediency over science:

> ". . . there is no time to put on rubber gloves, so I just trust to chance and go in for all with bare hands: one has to touch septic things, as the bad wounds are drained by rubber tubes in them, and these are taken out and

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[121] IWM, Department of Sound Records, Acc # 505/6, Olive Sibella Prentice, O.B.E., A.R.R.C. "Experiences of a VAD Nurse in London, France and Belgium" (Transcript) p. 11.
[122] Burr, "The English Voluntary Aid Detachments", p. 467.
[123] McPherson, Bedside Matters, p. 85.

> given to me in a bowl, and in two minutes I have to have them back to the Doctor washed and sterilised, so I just have to squeeze them with my fingers and a piece of cotton wool, a thing never dreamed of in a proper hospital, but everything here is primitive, naturally no time to think of nurses' fingers: we just have to have no cuts or long nails . . ."[124]

Although only a VAD, Marjorie Starr was well aware of the standards of medical and nursing practice regarding the prevention and control of infection. Starr's actions were not the errors of an untrained amateur, but the response to instructions from the physician in charge of treatment. Royaumont was a prime example of how the demands of wartime conditions in the hospitals could override the expected standards and routines to prevent and control infection, no matter how well staffed and organised under normal circumstances. Possibly Marjorie Starr was unaware of just how great a risk she was taking with her "trust to chance". Infection and injury were a constant threat to hospital personnel as well as the patients. The VADs were no less at risk than the nurses or medical staff, as proven by a document from the Royal Army Medical Corps citing a variety of serious medical problems that necessitated the resignation of dozens of VADs from British military hospitals with ailments ranging from tuberculosis to blood poisoning, and several other serious debilitating and life threatening conditions.[125]

Although Marjorie Starr was taking tremendous risks, her behaviour was neither frivolous, nor based on ignorance, or even inadequate training. She was carrying out the orders of the physician in charge, without questioning, as any well-trained qualified nurse might have been required to do under the circumstances. Discipline was a critical

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[124] IWM, Department of Documents, Marjorie Starr (Manson) Diary, "4 October 1915".
[125] Public Records Office (PRO), Kew, # WO329/3254, Miscellaneous Files Relating to Army Nursing Staff and Nursing Establishments, "VADs -- Much Illness and Debilitation".

expectation of a nurses' training, since in McPherson's words the students were expected "to internalise the values of industrial work discipline and female submissiveness".[126] For those women who became VADs however, this aspect of voluntary nursing was often the hardest lesson to comprehend. A graduate nurse had learned early in her probationary term that deference and subservience were the first requirements of nurse's training. As one 1910 graduate of the Hamilton General School of Nursing described her initiation into training, "we were informed that the training of a nurse followed the pattern of training of a soldier and that obedience unquestioned was demanded."[127] Yet, the training programme for the VADs did not include specific lessons on hospital culture and the expectation of deference. This was left to the Detachment Commandant, and more often to any practical hospital experience VADs were able to obtain prior to a regular hospital posting. The issue was addressed directly in the reorganisation of the Canadian VAD programme in 1918, as the Women's Aid Department (W.A.D.) of the St John Ambulance Brigade Overseas:

> "The Matron will be . . . responsible for the discipline and control of all women employed in the hospital and will make such representations as may be necessary to the Officer Commanding Hospital or through him to the Officer Commanding School.'[128]

Under the "Terms of Service" established by the Joint Women's VAD Department at Devonshire House, the VADs were instructed to "have a good sense of discipline and knowledge of ordinary Detachment etiquette". They were further cautioned that a member "who feels she has a right to judge for herself to obey a rule or

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[126] McPherson, Bedside Matters, p. 93.
[127] Marjorie Freeman Campbell, The Hamilton General Hospital School of Nursing: 1890-1955 (Toronto: Ryerson, 1956) p. 83.

not, had better stay at home."[129] These admonitions to good behaviour however, could not convey the expectations of unquestioned obedience, deference and an automatic response to authority that were required both of nurses and of VADs in the military hospitals. The Canadian nursing community, and other interested observers, believed that without a nurses' rigorous training, the VADs could never demonstrate an unquestioned obedience to the rules and procedures of hospital nursing. The opinion of the influential Dr. C. K. Clarke of Toronto General, that volunteer women were "not amenable to discipline themselves, nor can they enforce discipline", was reiterated by the CAMC administrators, and became a primary obstacle in the path of VADs hoping to serve in the Canadian hospitals overseas.[130]

4.4 Conclusion: Becoming a VAD

Training was at the heart of the argument that kept Canada's VADs out of the CAMC hospitals during the Great War. The CAMC administrators feared that the introduction of volunteer women would disrupt the order and discipline of the hospitals, since they could not be controlled through rank or salary. Moreover, the traditional image of the woman volunteer recalled the Victorian ideal of upper class matrons operating under their own authority and expectations, disregarding the established rules. Nursing

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[128] Women's Aid Department (W.A.D.): Regulations, 1918, p. 3.
[129] Joint Women's VAD Department: Terms of Service (15/3/17), p. 6.
[130] NA, MG27 II, D9 (Vol. 106) Kemp Papers, "Dr. Clarke to Prof. Mavor" (16 February 1917).

activists made use of this gendered response to the fear of untrained volunteer women to reinforce their own objections to the introduction of VAD service into Canadian military hospitals overseas, concerned that volunteers could undermine their aspirations to see nursing recognised as a skilled profession for women. More specifically, the nursing leaders worried that the example of casually trained, unpaid, volunteers in the military hospitals, apparently performing tasks similar to those of the qualified, paid nursing graduates, risked a loss of status and the reinforcement of the image of nursing as "women's work". The activists in the CNATN, also recognised specialised training as a critical element, separating the untrained "medical maid-of-all-work" of the previous century from modern skilled nursing practitioners.[131] Janet Watson concludes that British nurses were less afraid of losing job security and fair wages than of the loss of honour or status. In her words, "the placement of barely-trained but socially confident volunteers who were not dependent on the work as a source of livelihood was a considerable danger", which challenged the nurses' claim that only they were qualified to do the work of wartime nursing.[132]

Initially however, the Canadian situation was less strained, due in part to the CAMC Nursing Sisters having been accorded the rank of Lieutenant for the duration of the war, elevating their status as military nurses. Also, the overall stance of the CAMC administration, medical and nursing, was to bar volunteers of any description from entering the military hospitals. The primary concern of the CNATN at the beginning of the war was to keep under qualified, paid, trained nurses out of the CAMC nursing

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[131] Watson, "Active Service", p. 109. Watson cites Dr. Lionel S. Beale, speaking in 1873 to a class of medical students at King's College Hospital.

service.[133] Not until the war was nearing its conclusion were the VADs perceived as a real threat to the job security and professional aspirations of Canadian nurses, when the Canadian government proposed keeping a pool of VADs in reserve to offset projected post-war nursing shortages, and the mounting costs of convalescent and rehabilitative care for returning invalided veterans.

The more pertinent question however, was how well the VADs were being trained for the work they were expected to do, as compared to the work that they actually performed. After the fear of invasion on Canadian soil began to subside, St John continued to instruct the VADs on how to set up emergency railway rest stations and hospitals, master emergency first aid techniques in the field, and constantly reinforced the art of roller bandaging. By September 1916, when the first contingent of Canadian VADs was requested for overseas service in British military hospitals, these same training procedures were still in place.

Although practical hospital apprenticeship constituted the most valuable form of training for the VADs, this was frequently brief or intermittent, often only part-time service in a local convalescent home.[134] Yet, the requisite training for Canada's VADs under the direction of the St John Ambulance was well organised, consistent, and covered every topic that was listed in the leading nursing texts of the era. It did not pretend to be a substitute for the training of a qualified nurse, but only preparation for the role of a

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[132] Ibid, pp. 161-162.

[133] See Chapter 2.4 regarding the CNATN's struggle to control recruitment for the CAMC Nursing Service.

[134] BRCS M&A, Personnel Card Indexes. The cards record the history of VAD experience in Canadian hospitals prior to overseas service. See Appendix 3.

VAD auxiliary nursing assistant.[135] Devised as an extension of women's traditional voluntary service for a patriotic wartime endeavour as a nursing assistant, the VAD quickly evolved into a necessary support for the war effort.

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[135] Cantlie's British Red Cross Society Nursing Manual, No. 2 parallels the outline of the Weeks, Textbook of Nursing used in Canada by the Montreal General School of Nursing. See: MacDermot
, History of the School for Nurses at the Montreal General Hospital, p. 53.

CHAPTER 5

"NO TIME FOR SENTIMENT": THE DAYS AND NIGHTS OF VAD SERVICE AT HOME AND OVERSEAS

5.1 "An Angel in Our Ward"

Among the few pages that remain as the record of Louisa Johnson's overseas VAD service is an ode to the "V.A.D." apparently composed by a wounded "Tommy" recovering in a British military hospital, who sings the praises of the hard-working "V.A.D.", he supposes to be the daughter of "a dook":

> "There's an angel in our ward as keeps a-flittin' to and fro,
> With fifty eyes upon 'er wherever she may go;
> She's as pretty as a picture and as bright as mercury,
> And she wears the cap and apron of a V.A.D."[1]

Louisa Johnson, the daughter of a Montreal physician, was 35 years old when she began her overseas VAD service in a British military hospital, and had little in common with the "honourable miss" of the poem, or the popular romantic image of the VADs

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[1] The first verse of a poem titled "V.A.D." found among the papers of Montreal VAD, Louisa F. Johnson. See: Archives of Ontario (AO), MU6860, St John Ambulance Association (SJAA): Administrative Records, 1909-1977 (File: VAD Personal Papers). The entire poem is reproduced in Appendix 4.

found in the press and propaganda.[2] The poem contrived however, to accurately describe the varied dimensions of VAD service:

> "She's the lightest 'and at dressin's, and she polishes the floor,
> She feeds Bill Smith who'll never never use 'is 'ands no more."[3]

As an "all-purpose" nursing assistant, the VAD could as readily be found on her knees with a scrub-brush as in the operating theatre, but however difficult or unpleasant the task, it was not to be discussed outside the hospital walls. The VADs were strongly cautioned not to discuss their work outside the hospital, in the interests of both censorship and propriety, as British VAD Lady Diana Cooper discovered when she was called up by the Matron, following an indiscrete conversation at the family dinner table.[4] When Enid Bagnold published her VAD experiences, she was summarily dismissed from her post at London's Royal Herbert Hospital "for breach of military discipline."[5] The wall of silence that surrounded the war hospitals frustrated observers who believed the world should be aware of the dedication of the nurses, particularly after the war was over. As late as 1920, one British commentator complained that, "the veil of secrecy which hid the operations of the nursing sisters during the war has not yet been lifted."[6]

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[2] Louisa Johnson was a VAD at a hospital in Montreal for 2½ years before her year of overseas service in Colchester. See: British Red Cross Society, Museum and Archives (BRCS M&A), Personnel Card Indexes: Military Hospital Files / Record Cards; Montreal City Directory (1915).

[3] See: Appendix 4.

[4] Diana Cooper, The Rainbow Comes and Goes (London: Hart-Davis, 1959) pp. 125-126.

[5] Enid Bagnold, A Diary Without Dates: Thoughts and Impressions of a VAD (London: Heinemann, 1918); and, Enid Bagnold's Autobiography: From 1889 (London: Heinemann, 1969) p. 129; also, Anne Sebba, Enid Bagnold: A Biography (London: Weidenfeld & Nicholson, 1986) pp. 61-62.

[6] Editorial, "The Territorial Force Nursing Service", The Hospital (18 December 1920) p. 269.

This "veil of secrecy" often necessitated the fabrication of uplifting vignettes to counter the visible scars displayed by returning wounded, in an effort to encourage continued popular and monetary support for the war effort.[7] Women's wartime contributions were related through the "women's pages" of newspapers and magazines, but as Marjory Lang demonstrated in her study of women journalists, they were given little credit for their objectivity as reporters, and instead were expected to create an idealised portrait of the "archetypal Woman", cheerfully engaged in the war effort.[8] As a Canadian journalist based in London, Mary Macleod Moore, kept abreast of the social calendar, offering light-hearted observations of any Canadian women engaged in volunteer activities, carefully sanitising the unpleasant realities:[9]

> "It was a charming sight to come in from visiting wards full of sick and wounded men and find a young girl in the indoor uniform of the VAD with its white veil in charge of a hut full of men wearing the badges of famous regiments.
>
> . . . .
>
> Some of the men were writing letters, others reading, others playing cards and billiards, and some merely talking and laughing together in the best of spirits. The girls in charge who appear to be the embodiment of tact, as well as of kindness and energy, understand when to leave the men alone, and when to talk and make suggestions."[10]

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[7] Jeffrey A. Keshen, Propaganda and Censorship During Canada's Great War (Edmonton: University of Alberta Press, 1996) particularly Chapter 5 re: newspapers.

[8] Marjory Lang, Women Who Made the News: Female Journalists in Canada, 1880-1945 (Kingston/Montreal: McGill-Queen's University Press, 1999) p. 59.

[9] Mary Macleod Moore was Saturday Night's resident correspondent in London, and also wrote for other leading newspapers, reporting on the social calendar and Palace affairs, as well as the activities of Canadian women working abroad for the war effort. See: Lang, Women Who Made the News, pp. 211 & 274; also, Edward Martell, L. G. Pine and Alberta Lawrence, (eds.), Who Was Who Among English and European Authors, 1931-1949 (Detroit: Gale, 1978) p. 1181.

[10] Mary Macleod Moore, "Canadian Women in the War Zone", Saturday Night, (16 March 1918) p. 17.

Moore found the Canadian drivers in the Motor Ambulance Convoy to be "healthy, cheerful girls" who enjoyed a hockey match, and shared tea with her, using tin plates and drinking from bowls, although "the bowls were very pretty ones."[11] Moore thus assured her middle and upper class Canadian readers that the young women had lost none of their gentility or femininity while working in the war zone, but merely adapted their well bred social skills to a more rugged environment, rather like camping out with the Girl Guides. Once the war was over, however, she acknowledged the limitations of her wartime reports, noting that the: "Canadian women and girls who served, . . . were a credit to the Dominion, though thanks to the censorship especially, comparatively little is known of their work."[12] The "school days" style of reporting adopted by Moore and others, was analogous to the middle class image of masculine war service as "playing the game."[13] Historian Helen Kanitkar observed that upper-middle class women of the era had attended girls' schools which fostered similar attitudes to those inculcated in young men, described by a contemporary, Kate Finzi, as an "esprit de corps ... and which has taught them to play for their side or institution, and not for their own ends."[14] More than one commentator adopted the "old school" analogy to characterise women's VAD service:

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[11] Ibid.

[12] Mary Macleod Moore, The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas (London: Skeffington & Son, 1920) p. 176.

[13] Helen Kanitkar, "'Real True Boys': Moulding the Cadets of Imperialism", in Andrea Cornwall and Nancy Lindisfarne, (eds.), Dislocating Masculinity: Comparative Ethnographies (London/New York: Routledge, 1994) pp. 186-189.

[14] Kanitkar, "Real True Boys", pp. 186-189; and, Kate John Finzi, Eighteen Months in the War Zone: A Record of A Woman's Work on the Western Front (London: Cassell, 1916) p. 250 (as cited in Watson, "Active Service", p. 137).

"The V.A.D. Nurse

> We often hear people say, 'I wish I had my school days over again', and now they can make a very good attempt at having them over again by taking up V.A.D. work in a hospital.
>
> The Commandant takes the place of the Headmistress; the sisters, or heads of departments, are quite a good imitation of the class mistress. The regular hours of attendance, the keen competition, the companionship, and the hard work -- though that is physical rather than mental -- all are there. There, too, is the wholesome feeling that what you do matters, not only to yourself, but to the community, and there is always something exhilarating in the thought that you are part of a great and complicated organisation."[15]

This characterisation of the VAD as a "good sport", or a part of a special group of women who shared a memory of their old school days, was clearly class-based, but it distanced VAD service from the reality of hard, often stressful and disagreeable work. Another method of masking the unpleasant aspects of VAD service was to characterise it as a divine undertaking, an act of self-sacrifice for the greater good of humanity. Clothed in a "habit" of ankle-length dress, stiff white collar and cuffs, and white veil that framed her face like a halo, the VAD not unintentionally evoked the aura of the cloister. Her white-bibbed apron, emblazoned with a large red cross, proclaimed her dedication to the sick and wounded. The divine imagery of the serving volunteer nurse was reinforced through print and visual propaganda:

"The Voluntary Aid Nurse

She nurses best who always has in mind
That touch so tender and that look so kind
of Him who came this mortal frame to wear.

* * *

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[15] Mrs. Alphonse Courlander, "The V.A.D. Nurse", in Gilbert Stone, (ed.), Women War Workers: Accounts Contributed by Representative Workers of the Work Done By Women in the More Important Branches of War Employment (New York: Thomas Y. Crowell & Co., 1917) p. 194.

The hands that thus do serve have wondrous Love.
They never weary -- never callous prove;
To such the night watch, silent as the tomb
Save for its groans, has neither dread nor gloom.
No task too menial, naught too hard can prove,
Their meanest act is sanctified by Love.
Nurse on dear daughter, shrink not, it is He,
On the White throne shall say, 'It was for Me'."[16]

In this poem, the hospital becomes a cathedral, the moaning of the wounded a choir, and the VAD a "ministering angel" representing God's work on Earth. As observed by historian Alan Young, this potent imagery, derivative of the literary style of "high diction" and of the poetry of Rudyard Kipling, was part of the shared heritage of Britain and of English-speaking Canadians of all classes.[17]

Despite the exalted images surrounding their service, the VADs had few illusions about their role in the on-going battles to help the regular nursing staff minimise the pain and suffering caused by the war. Annie Wynne-Roberts, a bank employee from Toronto, wrote of her changed perspective from a civilian spectator to that of a VAD in England. She remembered how the soldiers marching off:

> "so spick and span in their new uniforms, so splendidly virile, used to give a queer sensation of tightness in the throat; but the coming of these boys

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[16] Mary Frances Billington, The Red Cross in War: Women's Part in the Relief of Suffering (London/New York: Hodder & Stoughton, 1914) p. 95. Billington cites the poem, "The Voluntary Aid Nurse" credited to the Dean of Exeter. In a later text she credits the same poem to the Dean of Durham, see: Billington, The Roll Call of Serving Women: A Record of Women's Work for Combatants and Sufferers in the Great War (London: Religious Tract Society, 1915) p. 172.

[17] Alan Y. Young, "'We Throw the Torch': Canadian Memorials of the Great War and the Mythology of Heroic Sacrifice", Journal of Canadian Studies, 24:4 (Winter 1989/90) p. 7.

straight from the fight, war-scarred and weary, brings tears perilously near. However, there is no time for sentiment in war."[18]

Wynne-Roberts offered no cloying phrases about devotion and fortitude, but bluntly admitted that in the early weeks of VAD service "the smell of antiseptics and lotions made my head ache and the sight of poor battered bodies made me dizzy."[19] There was little that was glamorous or romantic about the war hospitals. In borrowed country houses, a French château, or woven together by a vast warp and weft of tents and huts, hospitals were dedicated to restoring the soldier, rehabilitating the veteran, or rendering the last days and hours of the dying as comfortable as possible. VADs who had spent hours in makeshift classrooms and mock hospitals bandaging each other, or the healthy young limbs of willing Scouts and Guides, soon found that practice was a poor substitute for experience. It was Sybil Johnson's opinion that the British nurses wanted "to impress on us that we needn't think we're anything wonderful, that they are trying to tolerate the blundering inefficients put under them, but find it difficult."[20] Although she thought her white VAD veil to be "most saintly and becoming", Johnson would not have recognised herself in the imagery of heroic sacrifice.[21] Another Newfoundlander, Frances Cluett, found there was little time for the reverence of VADs in the hospital routine, as she ruefully related to her mother that on the: "fifth day when I was helping 'sister' with

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[18] See: Charles Lyon Foster, (ed.), Letters from the Front: Being a Record of the Part Played by Officers of the Bank in the Great War, 1914-1919, Vol. II (Toronto/Montreal: Southam, 1920) p. 186.
[19] Foster, Letters from the Front, p. 184.
[20] Centre for Newfoundland Studies (CNS), Collection-201, Sybil Johnson Diary (File: 2.03.002), "21 December 1916".
[21] CNS, Collection-201, Sybil Johnson, (File: 2.01.013), "Christmas Day, 1916".

the dressings, I fainted dead away. When I came to myself I was stretched out on the floor."[22]

Intended, as previously seen, to be an emergency reserve of auxiliary nursing assistants in case of invasion, Canada's VADs were recruited instead for nursing service in hospitals at home and overseas. Expected to assist with treatments and procedures for horrific wounds that tested the abilities of even the most seasoned medical and nursing personnel, with only basic first aid and home nursing skills, the VADs responded as best they were able, substituting a willingness to learn for skill, patience and kindness for experience. Rather than the lofty imagery of "high diction", Louisa Johnson's poet came closer to the essence of VAD service:

> "She's on the trot from morn to night and busy as a bee,
> And there's 'eaps of wounded Tommies bless that V.A.D."[23]

5.2 "Active Service": Canada's VADs Overseas

During the war, the women's pages of Canadian newspapers and magazines featured the wives and daughters of influential men attending fund-raisers for the IODE, packing boxes for the local Red Cross, or meeting with the Canadian War Contingent

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[22] CNS, Collection-174, Frances Cluett Papers (File: 2.002.001) "Letter to Mother, 31 December 1916".
[23] AO, MU6860, SJAA Records: 1909-1977, (File: VAD Personal Papers), "Poem: V.A.D.".

Association in their elegant offices at a London Hotel.[24] They posed for photographs with cheery captions that celebrated their dedicated patriotic work, for countless worthy causes:

> "The seven ladies whose pictures appear above . . . took charge, and it was due to their willingness, energy and determination, that the purchase of the ambulance was made possible. Dressed in the costume of the Field Nurse -- navy blue gown and white apron -- and ever ready with the smile, they were irresistible."[25]

Yet the anonymous author of the "V.A.D." poem knew from experience that the VADs did more than attend meetings or sell sweets at a charity fair:

> "Not like them that wash a tea-cup in an orficer's canteen,
> And then 'Engaged in War Work' in the Weekly Press is seen,"[26]

Serving abroad was often the coveted prize for Canada's VAD nurses. To qualify however, they had to combine the essential ingredients of hard work, determination and good luck, of which luck was often the most critical. There was no guarantee that VAD service in military hospitals at home would lead to a posting overseas. As noted in earlier chapters, the selection process could be erratic, leading some to arrange their own passage to England, trusting that their services would be welcome once they were on British soil, while others waited patiently to be selected by their local VAD Commandant.

The pattern of selection for an overseas posting through the St John Ambulance Brigade in Canada was both uncertain and irregular. There were only eight formal calls

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[24] Publications like Saturday Night, Canadian Magazine and Women's Century, the voice of the National Council of Women, featured regular items on women's war work at home and overseas. See: "The Canadian Nurse in War Time", Saturday Night (8 July 1916), pp. 21 & 24; and, "Canadian Women and the War", Saturday Night (1 July 1916) pp. 20 & 22-26; also, Mrs. George McLaren Brown, "Canadian War Contingent Association", Women of the Empire in Wartime (c. March 1916) p. 19.

[25] "Earned a Motor Ambulance", Women's Century, 4:4 (October 1916) p. 19.

from Devonshire House for Canadian VADs, beginning in September 1916 [see Chapter 3, Table 3.2]. At the end of 1917, the College Nursing Division in Toronto reported that when "the call for VADs for overseas came, twenty volunteered, seven were selected, and twelve went overseas by their own expense."[27] These women had all been doing "regular duty" at local convalescent hospitals, as had VADs at Toronto Central Nursing Division, which sent seven of their members overseas with the first group in September 1916, and another eight in the summer of 1917, along with their "First Officer" as Matron of the entire contingent of VADs.[28]

Organisational delays restricted the opportunities of women from the western provinces, with only three of the 11 Saskatoon VADs who had volunteered "provisionally" selected for overseas by the end of 1917. Those who remained at home in Saskatchewan helped to establish a local military convalescent hospital. Of eight VADs from Regina who volunteered in 1917, four were selected, but none had been called by the end of the year.[29] Yet, Fredericton did not organise a VAD Division until mid-1917, but had two VADs selected for overseas within six months. Although one of the original Detachments, Halifax had sent only six VAD nurses to hospitals abroad, while another 26 had been in regular service at local military hospitals prior to the Explosion in December,

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[26] See: Appendix 4.
[27] Report of the Chief Commissioner for Brigade Overseas, 1 October 1915 to 31 December 1917 (compl. Earl of Ranfurly) p. 18.
[28] Ibid. When a new Orthopaedic Hospital opened at Davisville, in north Toronto, the Matron of the Central Military Hospital took charge, bringing her experienced VADs.
[29] Ibid, pp. 18-19. A group consisting of 40 western-based VADs was selected for overseas in mid-1918. See: Appendix 2, Table 2.4.

1917.[30] The pattern was similar throughout Canada, and there were far more VADs eager for the chance to go abroad than were actually granted the opportunity.

Overall, however, the VADs from Montreal, led by their enthusiastic Lady Superintendent, Mrs. Viola Henderson, a retired trained nurse, had the best chance of an overseas posting. As early as March 1915, there were VADs in the first Khaki Convalescent Home in Montreal, and another 31 went to the Military Hospitals Commission's (MHC) Grey Nurses' Convalescent Home in April, 1916. There were 11 Montreal VADs in the first overseas contingent in September, 1916, 10 of whom went to France and one to Egypt.[31] Exactly how Mrs. Henderson's protégés went to the head of the queue is unclear, but she attributed it to their longer hospital experience and superior training in the Khaki Homes.[32] An Ottawa VAD, Alice Bray, intimated that Mrs. Henderson's VADs were given preferential treatment by Devonshire House.[33]

The Joint War Committee began screening VADs for service in the military hospitals in Britain, and in the theatres of war, in February, 1915, as the war effort demanded an expansion of hospitals and an increasing supply of qualified nurses.[34] To encourage the enrolment of VADs, the War Office suggested that the "volunteers" be paid £20 per annum, as compared to £40 for "fully trained certificated Staff Nurses", with

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[30] Ibid, p. 19. Halifax VADs worked in both civilian and military hospitals to free trained nurses for military work. See: Chapter 2.2.
[31] Ibid, p. 19.
[32] Mrs. Viola Henderson, "VAD Work in Montreal", Canadian Nurse, 14:8 (August 1918) p. 1245; also, Chapter 3.2.
[33] National Archives (NA), MG30 E572, Alice H. Bray Correspondence, (Vol. I, File #2, October 1916) "Letter to Mother: (n.d.)".
[34] Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St John of Jerusalem in England on:

accommodation guaranteed, and a further allowance for board and washing, plus £1 per quarter for the upkeep of their uniform.[35] Technically, the VAD nurses were no longer "volunteers", a situation preferred by the military who wanted a means of control if rank was not applicable. In reality, the "salary" was little more than an expense allowance to encourage volunteers who needed some financial assistance to defray expenses. The Commandant-in-Chief of the Women's Voluntary Aid Detachments, Mrs. Katherine Furse, was headquartered at Devonshire House in London, where all prospective VADs were screened and selected for service in Britain or on the continent.[36] The initial call for VADs to serve in the military hospitals provoked a rush of applicants, creating a backlog of nearly two thousand within a few months, but this was soon overcome by new calls for VAD assistance in France, Malta, and Egypt. The Naval and Air Force hospitals began accepting VAD nurses, along with the hospitals established by allies like New Zealand and the United States. To stem the flow of ad hoc volunteer nursing groups, the British Secretary to the Army Council ruled that only VADs certified by St John Ambulance or the Red Cross would be recognised in France by the British Army.[37]

The process of application and selection was much easier for British women with their more convenient access to Devonshire House. Canadian VADs had first to make an arduous and often dangerous ocean voyage. Violet Wilson described being, "billeted six

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Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919 (1921) p. 192.

[35] Ibid.

[36] Katherine Furse was a widow in her early forties when appointed Commandant-in-Chief of the Voluntary Aid Detachments, and later created Dame of the British Empire (D.B.E.). See: Katherine Furse, Hearts and Pomegranates: The Story of Forty-Five Years, 1875-1920 (London: Peter Davis, 1940); also, Reports by the Joint War Committee, pp. 192-193.

in a cabin designed for two," and taking three weeks to zigzag across the Atlantic to avoid submarines, and at the end she found it not "surprising that none of us were on speaking terms."[38] Agnes Wilson remembered it as "an awful crossing", lasting about three weeks and "everybody was desperately sea sick."[39] Daisy Johnson recalled the delays, and the danger with one of the freighters in the convoy loaded with TNT. When they reached an area where submarines were frequent, their expected destroyer escort had not arrived "so we had to dawdle around the Atlantic for almost 24 hours." Even with the escort, Daisy noted the VADs were required to "sleep partly dressed and with our boots and life-belts on -- very uncomfortable."[40]

Newfoundland VADs had a much shorter journey of a week to 10 days, after travelling to New York to take a regular liner to England. Sybil and Jill Johnson's trip from St. John's in December, 1916 lasted only eight days, and Sybil found it boring, although there was a "good orchestra", but there were no dramatic events necessitating life-belts.[41] A month earlier Frances Cluett had also made the same journey, but unlike the Johnson sisters, she was from Fortune Bay and not of the St. John's elite. The luxury of the liner enthralled her:

> "Breakfast is served in the dining room from 8 a.m. until 10 a.m. Chicken broth is served at 11 a.m. on the deck. Luncheon at 1 o'clock. Tea and

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[37] Reports by the Joint War Committee, p. 193.
[38] NA, 9861 ACC 1981-0111, Voice of the Pioneer, "Violet Wilson Interview".
[39] Provincial Archives of Alberta (PAA), MG73.72, "Agnes Wilson Interview (19 January 1973)".
[40] Daisy Johnson Cook, "Who Am I?", in K. J. Quarry, (ed.), A Review of the History of St John Ambulance in Saskatchewan, 1911-1983 (Regina: St John Ambulance, 1983) p. 34.
[41] CNS, Collection-201, Sybil Johnson, (File: 2.01013) "Letter: 13 December 1916".

> cakes and biscuits at 4 o'clock. Dinner at 7 o'clock. In fact breakfast and luncheon are dinners too, as there are so many, many, many courses.[42]

Unlike Canadian VADs who travelled in military convoys, the Newfoundland VADs were in the company of wealthy and influential American and British travellers. The Johnsons had made similar journeys before the war, and were socially comfortable in the atmosphere, but Cluett's experience was the fishing outports of Belleorum Bay. She was excited by the lavish decor of the liner, its unexpected comforts like free writing paper, a live orchestra during meals, and the glamour of the passengers themselves, with: "ladies drinking coffee, playing checkers, smoking cigarettes and talking, dressed in silks and laces. . . . such a display of jewellery . . . I never thought I would see life as it is."[43]

Whatever their class origins, or whether they had arrived from Newfoundland or Canada, the non-British VADs were on equal footing as "colonials" when they encountered the female bureaucracy of Devonshire House.[44] Frances Cluett was overwhelmed by the grandeur of Devonshire House, describing the Reception Hall, with "sixteen great pillars, eight on either side, running the length of the room, and a famous oil-painting over the mantle-piece," again prompting the observation: "I never thought I would see the like."[45] Sybil Johnson, on the other hand, was unimpressed by her own reception at VAD headquarters:

> "Went to H.Q. this morning as instructed, dutifully arriving a bit before 12, the appointed hour, to be told that the lady who had summoned us had 'gone out a few minutes ago but would be back.' So we waited for more than an hour, when she appeared and sailed past us, flat heels, high collar, glasses and all. After a while we sent a message to say we'd been there

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[42] CNS, Collection-174, Frances Cluett (File: 2.02.001) "Letter: 24 November 1916".
[43] Ibid.
[44] Ibid, "29 November 1916".
[45] Ibid.

> since 12 and were duly received (with a freezing glance). She didn't even say 'sorry.' If I hadn't been keen on my job I should have said, 'Where were you dragged up?' --- Still she was more human than before, so by the time we've spent a few mornings in attendance she'll be shaking hands, and asking us to sit down. I felt as I evidently (was) intended to feel. Like a servant asking her to take us into service."[46]

As a member of a prominent St. John's family, Sybil Johnson had little experience of a large, anonymous bureaucracy. At Devonshire House she was one of thousands of VAD applicants, many from families more influential than her own, and she had come from one of the colonies, a difference she might not have yet perceived. For their part, the Devonshire House organisation was doing their best with limited human resources, primarily volunteer workers, both full and part-time, including Princess Mary, and a few paid workers. By 1918, the number of applicants to Devonshire House had reached over 22,000.[47] Once the prospective Canadian VAD nurses had been scrutinised by the lady officials at Devonshire House, they were "posted" to one of the British hospitals under the jurisdiction of the Voluntary Aid Department. Those who aspired to a CAMC hospital were largely unsuccessful, save for a few who were able to find non-nursing assignments through the aid of influential contacts. The Joint VAD Committee at Devonshire House only recruited for the British run hospitals, that included the military hospitals, as well as dozens of auxiliary hospitals, convalescent homes, camps and hostels that developed out of the needs of the mounting list of casualties.[48]

A young Agatha Christie had trained as a VAD nurse at an auxiliary hospital located in the Town Hall near her home in Torquay. In her autobiography, she described

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[46] CNS, Collection-201, Johnson Diary, "21 December, 1916".
[47] Reports by the Joint War Committee, p. 196.
[48] Ibid, pp. 211-212.

the eager competition among local VADs to serve in this hospital, assisting the eight trained nurses. At first those selected were "mostly the middle-aged, and those considered to have had some experience looking after men in illness." Young girls had not been felt "suitable," and younger volunteers were assigned instead the housework chores, or kitchen duty.[49] These small VAD hospitals came under considerable scrutiny by the CAMC, having initially cared for many of the early Canadian causalities. As Special Inspector General, Medical Services to the CEF, Col. Herbert Bruce, produced the "Report on the Canadian Army Medical Service" in September 1916.[50] The ramifications of the "Bruce Report" were significant, both for the subsequent organisation of the CAMC hospitals, and for the limits placed on Canadian VAD access to them. As was noted previously, Col. Bruce was scathing in his criticism, particularly of the smaller VAD Auxiliary Hospitals, and of the apparent lack of care given the Canadians in the British hospitals:

> "Most of the Voluntary Aid Detachment Hospitals are merely dwelling houses, roughly adapted to serve as hospitals, with a medical staff from the neighbouring civilian practitioners.
> As a rule there are one or more supervising graduate nurses, but most of the nursing is done by young ladies who, previous to the war, had no hospital training."[51]

Col. Bruce was particularly critical of the limited medical expertise available for the men and the lack of suitable equipment, while VAD nurses themselves were of lesser concern. He sympathised with one VAD Commandant and her assistant for the lack of

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[49] Agatha Christie, Agatha Christie: An Autobiography (New York: Dodd, Mead & Co., 1977) p. 216.
[50] Herbert A. Bruce (Col.), Report on the Canadian Army Medical Service (London, 20 September 1916); also, Chapter 2.
[51] Report on the Canadian Army Medical Service, p. 22.

control they had over the situation, noting that both women deplored the "conditions and expressed astonishment at the purposeless way in which patients were moved about," while helpless to improve the situation.[52] The Royal Army Medical Corps (RAMC) was defensive but unapologetic, about the extensive use of the smaller auxiliary VAD hospitals, numbering some 3,244 by the war's end. Their Director General of Army Medical Services, Sir Alfred Keogh conceded there were problems, but characterised these as administrative rather than qualitative, declaring that he "did not suppose that sick and wounded were ever so well cared for as in the Auxiliary and Private Hospitals."[53]

In addition to the VAD hospitals, convalescent facilities were established for both officers and the lower ranks, with VAD assistance, although the men were frequently sent to camps, while the officers were more often housed in converted residences provided by wealthy and aristocratic patrons.[54] Edmonton's Violet Wilson served as a VAD in a Canadian convalescent home for officers in Deauville, France, provided by the Rothschilds, and supported by private funding from Canada. Violet had requested a transfer after clashing with the nursing administration at a British auxiliary hospital for amputees in London, but quickly regretted the move:

> "I've never really forgiven myself, or forgotten the shame I felt while enjoying the luxury of this, and all the other Canadian establishments in France and England. When the English hospitals, and French ones, . . .

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[52] Ibid, p. 24. Bruce was referring to Bevan Hospital, part of the large complex of military hospitals in the Shorncliffe area, near Folkestone on the south-east coast, a hospital of 250 beds.

[53] Reports by the Joint War Committee, pp. 231-232.

[54] Georgina, Countess of Dudley covered all costs for the Officers' Homes through subscriptions, until the Red Cross took over funding in June 1915. After November 1915 the Joint War Committee took control, setting up a committee to oversee Officers' Convalescent Homes with Lady Dudley as Chair. See: Reports by the Joint War Committee, pp. 232-233.

> were starved of necessities and were so terribly short of food, we were living in luxury. Coming from Gifford House where our amputee cases received bread and dripping only for their evening meal, and where nine times out of ten the milk puddings provided were made from musty rice and tapioca, it made a deep impression on me."[55]

Few of the Canadian VADs had the opportunity to serve in a Canadian facility, whether private, or run by the CAMC. Failing this, a post in one of the large British military hospitals in England, or one of the war zones, was particularly sought after. Just like the smaller auxiliary and convalescent establishments, the military hospitals were frequently housed in "borrowed buildings", adapted by the War Office for hospital use.[56] These were usually larger structures, like town halls, schools or commercial buildings, as well as stately homes loaned for the purpose, and in Europe borrowed abbeys and chateaux. Often these facilities were enlarged in response to the ever growing demand for military hospital beds, through the addition of roughly constructed temporary huts or large tents. One of these was Wandsworth Hospital in London, housed in the former classrooms of the Royal Patriotic School, and designated primarily for "colonial" casualties, like the Newfoundlanders and "Anzacs", as the Australians and New Zealanders were known. Initially established as a hospital of 520 beds, " cooped together in those first days in every available room and corner of the building," by 1916 Wandsworth accommodated 1,800 beds with the addition of a maze of huts linked by endless corridors, then "subdivided into wards and arranged alphabetically."[57] Whatever the preconceived ideas the Canadian VADs may have had regarding the hospital

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[55] NA, Voice of the Pioneer, "Violet Wilson Interview".
[56] Annmarie Adams, "Borrowed Buildings: Canada's Temporary Hospitals during World War I", Canadian Bulletin of Medical History, 16:1 (1999) pp. 25-48.

environment they would encounter overseas, they quickly became attuned to expect the unexpected.

Not all Canadian VADs aspired to the role of "nurse" in the overseas hospitals. There were many who also hoped to achieve the "glamour" posting of a VAD Ambulance Driver. Not until the spring of 1916 however, were women finally trusted with this responsibility.[58] An initial convoy of 12 women replaced a Men's Ambulance Unit at Etretat, and their success led to the regularising of "Motor Ambulance Work" under the aegis of Devonshire House in August, 1916. New Women's Units were established first at Le Treport, and then in Paris to assist the Canadian Red Cross. Enrolment was expanded to approximately 110 drivers per Unit, and several more Units were created at key transfer areas along the coast of France.[59] Their primary function was to transfer patients between ambulance trains, hospitals, and hospital ships, but despite the myths of fiction and film, women ambulance drivers were not permitted near the battlefields. This remained the preserve of the men.[60] Some VADs also replaced men from the General Service Convoys, carrying supplies in large transport trucks between Red Cross Depots and the hospitals, and by the war's end women drivers had been assigned ambulance duties in Italy and England.[61] Despite the glamorous aura that surrounded these unconventional duties for women, the reality was of long, hard hours on rough and

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[57] Lady Isabel Morris, "Wandsworth Hospital: A Short Account of the Third London General Hospital, Wandsworth", Newfoundland Quarterly, 16:3 (December 1916) p. 14.
[58] Sandra Gwyn, Tapestry of War: A Private View of Canadians in the Great War (Toronto: Harper Collins, 1992), p. 443. The author notes that no job open to women was "more glamorous than driving an ambulance."
[59] Reports by the Joint War Committee, pp. 200-201.
[60] Imperial War Museum (IWM), Department of Documents (DD), Marjorie Starr (Manson) Diary, "12 December 1915.

muddy roads, day or night, and in all weathers, often without a windscreen to ward off the elements. When not behind the wheel, the women also did the basic maintenance chores, washed the cars, changed tires, oil and water, on the understanding that all cars were expected to return to the base, regardless of "temporary breakdowns", or distance. The ambulances often made a 40 mile round trip journey three times a day.[62]

Jean Harstone, a VAD ambulance driver from Peterborough, Ontario spent two years in France, along with several other Canadian and Newfoundland drivers.[63] In her brief memoir, she noted how quickly the weather could change along the coast of France, describing one night when the moon suddenly "vanished behind the clouds, the wind was wailing in the pine trees and the spirits of the night lashed the rain into torrents", as she carefully picked out a route along dark, broken roads trying to limit the discomfort of the cargo of wounded men bound for the hospital.[64] Drivers like Harstone worked 12 hour shifts, alternating days and nights unless a major offensive required everyone to be on duty.[65] Journalist F. Tennyson Jesse who spent a night with a Canadian Convoy, described the "goggles and gauntlets and the dashing black leather trenchcoats and aviator helmets," which she thought were so military and masculine, actually were found to be heavy and confining.[66] Trussed up in these garments, ready for the night run, Jesse

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[61] Reports by the Joint War Committee, p. 201.
[62] Ibid.
[63] Moore, "Canadian Women in the War Zone", p. 17.
[64] IWM-DD, (Misc. Box 30, MO.540), Jean Emily Harstone Papers, "Essay: While the World Sleeps" (Étaples, 1917).
[65] F. Tennyson Jesse, "A Night With a Convoy" (c. 1918), in Josephine Ross, (ed.), The Vogue Bedside Book (London: Vermillion, 1984) p. 108.
[66] Gwyn, Tapestry of War, p. 444.

"couldn't bend and had to be hoisted quite stiff up to the front of the ambulance."[67] Her impression of the free-wheeling drivers who set out in the empty ambulance at "a good pace," was soon altered by their attitude of tense, cautious attention to the road as they returned with their fragile cargo, moving "so slowly, so carefully, for we carried that which must not be jarred one hair's breadth more than could be helped."[68]

Although the majority had undergone VAD nurses' training, the drivers were not expected to care for the patients, but they were required to learn Hygiene and Stretcher Drill at the Devonshire House "School of Instruction".[69] Violet Wilson, who trained in Toronto, and Janet Ayre from St. John's, had both taken courses in motor mechanics or ambulance training after qualifying as a VAD nurse.[70] Violet's mechanics course "was considered quite something, as there were not many cars around in those days and very few women drivers", and she capped this by working in a garage for six weeks, remembering a disapproving aunt, who considered this was, "Hardly feminine work!!"[71] Much of the attraction of ambulance work emanated from this challenge to femininity. In the early twentieth century the identity of motorised vehicles as a male provenance was easily realised as an extension of masculine dominance over the machinery of industrialisation. As Joy Parr argues, this was an era in which technology was "gendered

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[67] Jesse, "A Night With a Convoy", p. 109.
[68] Ibid, pp. 109-110.
[69] IWM-DD, (Misc. Box 30, MO.540), Harstone Papers, "While the World Sleeps"; and, Reports by the Joint War Committee, p. 200.
[70] NA, Voice of the Pioneer, "Violet Wilson Interview"; also, CNS, Collection-158, Ayre-Murray Papers (File 1.06), "Janet Morison Miller (TS.)".
[71] Ibid, "Violet Wilson Interview".

male", while women were only granted leave to borrow machinery.[72] Women ambulance drivers, therefore, triumphed by having mastered a man's task in war.

The uniform of the women drivers was also a challenge to social control. As Janet Watson observes, women in uniform were perceived to be more at risk both of sexual exploitation, and of sexual licence, since they had taken on a man's role.[73] Lt. General Sam Hughes responded to Grace MacPherson's personal request for assistance in obtaining an early posting to an ambulance convoy in France by advising her that: "France was no place for me, but I might do good work in England and [he] would give me a letter to Col. Hodgetts of the Red Cross!"[74] The necessity that women be seen to champion the highest social standards of modesty and virtue was made painfully clear to Grace MacPherson, once she achieved her goal of ambulance work. Her relaxed "Canadian" social style nearly cost her the post she had worked so hard to earn, when soon after her arrival in France she was cautioned for being:

> ".... rather free to Stretcher Bearers in my talk and tho' it was probably the different way Canadians had S.Bs. did not understand it. I told them I was sure I had not been so and that all the world over, Canadian or otherwise, propriety seemed to me to be the same."[75]

Forbidden to wear her lucky "Little Black Devils" badge of the Winnipeg Regiment, a gift from a boy friend, Grace was also told she "must not wear that red

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[72] Joy Parr, The Gender of Breadwinners: Women, Men and Change in Two Industrial Towns, 1880-1950 (Toronto: University of Toronto Press, 1990) p. 69.
[73] Janet Sledge Kobrin Watson, "Active Service: Gender, Class and British Representations of the Great War" (Ph.D., Stanford, 1996), p. 293.
[74] Gwyn, Tapestry of War, pp. 447-448.
[75] Canadian War Museum (CWM), (58A1 21.11), Grace MacPherson Diaries, "April 19, 1917".

sweater."[76] The strict discipline and high expectations were partly a response to the uncertainties of placing women in positions that challenged social convention, and the risks in having young, single women so far from home and in close contact with so many men in uniform. The Commander of one BRCS convoy noted that "the girl drivers received quite an ovation in the village they passed thro", since women drivers at that time were a novelty in France, as well as for the military officers commanding them.[77] Another officer was surprised to discover that the women seemed "wonderfully keen", and soon became "very efficient, turning out quickly and smoothly in reply to calls and establishing a reputation for punctuality."[78] This same Commander later observed the tremendous stress the women were under in the final months of the war, with the heavy bombardment:

> "Twice there were two trains in one night and once two trains and two evacuations between 7 p.m. and 7 a.m. On this occasion the drivers had three hours sleep during the whole night. There was practically no possibility of rest during the day for the cars had to be attended to and the funerals, station and other day calls had to be attended to."[79]

Canadian war correspondents adopted a variety of responses to the unusual spectacle of women in uniform behind the wheel. Mary Macleod Moore characterised them as high spirited schoolgirls, like the "rosy young person" who met her at convoy headquarters, which were decorated with "pretty hangings and cushions" like a school

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[76] Gwyn, Tapestry of War, p. 448; also, CWM, (58A1 21.11), Grace MacPherson Diaries, "April 13, 1917".
[77] IWM, Women at Work Collection, (BRCS 12.8/6) "BRCS Convoy, Le Treport".
[78] Ibid.
[79] IWM, Women at Work, (BRCS 12.8/7) "BRCS Convoy, Le Treport. August 1918 - March 1919".

dormitory.[80] Beatrice Nasmyth was surprised to find the VAD drivers "without any of the romantic frills which are popularly supposed to form part of their uniforms."[81] They entertained their visitors however, with "the same delightful ease which would have characterised them in their Canadian drawing rooms."[82] The commentary reassured readers that the change was only temporary, and it did not endanger their virtue or femininity. F. Tennyson Jesse portrayed the drivers as examples of heroic womanhood, transformed by their uniforms into "splendid young airmen . . . not pretty, they were touched with something finer, some quality of radiance."[83] This new "masculine" model of a female war volunteer was not as easily understood as the more recognisable feminine figure of the nurse in her white veil. Although the VAD ambulance drivers were not the only non-nursing Canadian women volunteers abroad, most other VAD work was more closely aligned to the usual perception of women's public roles. While VAD nurses and ambulance drivers were represented as the most glamorous or romantic of the Canadian women volunteers, many others were also providing necessary assistance. They were assigned to canteens, Railway Rest Stations, Nurses' Hostels and Rest Homes, Red Cross Recreation Huts in France and England, and countless other medical support facilities. Canadian VADs could be found cooking, cleaning, serving meals, organising concerts, providing basic invalid care and numerous other services. The Recreation Huts were created as a respite for convalescent patients. Attached to the hospitals, they were operated by VADs in a club-like atmosphere, where the men could read, talk, write

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[80] Moore, "Canadian Women in the War Zone", p. 17.
[81] Daily Province (Vancouver) (14 January 1918) n.p.
[82] Ibid.
[83] Jesse, "A Night With a Convoy", p. 112.

letters, listen to the piano, or enjoy a game of cards, billiards or table-tennis.[84] Mary Macleod Moore noted how few people in Canada understood "the usefulness of the Canadian V.A.D.s who take charge in France of the Canadian Red Cross Recreation Huts for the "up" patients, which are attached to the big Canadian General and Stationary Hospitals."[85]

Many of the Canadian VADs involved in this work had joined a VAD unit in England, rather than wait for the training and selection process through the Canadian St John Ambulance organisation. Their service was thereby rendered largely invisible back in Canada. Moore was extremely enthusiastic about the potential benefits of the Huts, and the "motherly" role provided by the VADs, "who acted as hostesses and organisers, arranged entertainments, decorated their huts for special occasions, and were often the confidantes of the boys and men, far from their own relatives".[86]

The Canadian Red Cross also converted the Hôtel Juno in Boulogne as a refuge for travelling nurses and VADs. In February, 1918, the Nursing Sisters' Rest House was opened to VADs and nurses of all the Allied nations, under the direction of Mrs Gordon Brown of Ottawa, with a staff of 13 non-nursing Canadian VADs, noted earlier as members of the Canadian Imperial VADs.[87] More than 6,800 women were accommodated in just over one year of operation, despite the many discomforts endured

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[84] Moore, The Maple Leaf's Red Cross, p. 183. Moore referred to the Huts, instituted in 1916, as a "stroke of genius".

[85] Mary Macleod Moore, "Canadian Women War Workers Overseas", Canadian Magazine, 52:3 (January, 1919) p. 751.

[86] Moore, The Maple Leaf's Red Cross, p. 183.

[87] NA, (MG 30, E45), Margaret Macdonald Papers, (File: History of Nursing Service, Chapters 9 & 10), "Extract from Report of the Matron-in-Chief, E. M. McCarthy, re:

by the VAD staff and their guests.[88] Eva Morgan, one of the 13 VADs, was only 21 when she was posted to the Hôtel Juno in early 1918. She recalled that "it had absolutely no heating, not even a fireplace, and we nearly died of cold!" But due to the heavy bombing, "we spent most of our life in the basement with the mice and the rats and all the rest of it!"[89]

Several convalescent homes for ailing nurses invalided back to Britain, were also established by the CRCS with service provided by Canadian VADs, usually in private homes lent for the purpose.[90] Canadian VADs also assisted at the Canadian Officers' Convalescent Home at Sidmouth, Devonshire, directed by Lady Marguerite Allan, another of the Imperials, who provided "a happy home for hundreds of Canadian officers for a time before returning to the Front."[91] Numerous other small convalescent facilities were established, including several in France, like the one at Deauville, situated in the Rothschild's summer residence, where Violet Wilson had regretfully transferred, complaining that what she did there was more the work of a "glorified housemaid" than of a nurse.[92]

C.R.C.S. Nursing Sisters' Rest House at Hôtel du Nord"; also, IWM, Women at Work, (BRCS 12.11/4) "Canadian Imperial Voluntary Aid Detachments".

[88] NA, (MG 30, E45), Macdonald Papers, "Extract from Report of the Matron-in-Chief, E. M. McCarthy"; also, Canadian Red Cross Society (CRCS), Annual Report (1918), p. 36.

[89] Silva Basmajian, producer, "And We Knew How to Dance: Women in World War I" (National Film Board, 1993).

[90] Moore, The Maple Leaf's Red Cross, pp. 98-100; also, CRCS, Annual Report (1918), p. 36; and: NA, (MG 30, E45), Macdonald Papers, (File: History of Nursing Service, Chapters 9 & 10).

[91] CRCS, Annual Report (1918); also Moore, The Maple Leaf's Red Cross, p. 97; and, IWM, Women at Work, (BRCS 12.11/4) "Canadian Imperial Voluntary Aid Detachment".

[92] NA, Voice of the Pioneer, "Violet Wilson Interview".

The role of the VAD varied according to the existing circumstances. In July 1917, the Canadian War Records Office mounted a display at the Crofton Galleries in central London, featuring photographs of "A Canadian Ambulance Driver". A smiling Grace MacPherson could be seen driving her ambulance, cranking the engine and pouring water into the radiator, and the photograph of her crawling underneath her McLaughlin Buick to change a tire was published at home in Canada. Sandra Gwyn concluded that although Grace was not a great beauty, nor the romantic ideal of the "ministering angel" beloved of the propaganda posters, she had an "unmistakable star quality", and embodied the "perfect metaphor for the emerging, self-confident new Canada."[93]

One of the more than 2,000 young Canadian women who entered into VAD service during the war, Grace MacPherson had been determined to secure a posting overseas in the service of her choice as an ambulance driver. The greater majority of VAD applicants aspired to a posting as a nursing assistant in a military hospital in Britain, or one of the theatres of war. An estimated 500 Canadian VADs were able to realise this goal, entering a world of wartime hospitals as alien as the trenches were to the eager young soldiers who donned their ill-fitting khaki uniforms and expected to be home for Christmas. As more and more of these confident warriors failed to return, young Canadian VADs were cautiously invited to help reinforce the reserves of British VADs. The tasks they were assigned, the sights, sounds and particularly the smells, of the military hospitals were completely unimaginable to these women volunteers who had prepared themselves by bandaging Girl Guides in mock hospital rooms. Nevertheless, as

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[93] Gwyn, Tapestry of War, pp. 435-437. The photographs were taken June 8, 1917.

eagerly and confidently as their brothers, Canadian VADs volunteered, hoping desperately to be selected for "active service."

5.3 "Being Useful": Canadian VADs at Work

More than 50 years after the Armistice, VAD veteran Jean Sears declared she would always be "thankful for the privilege" of being "part of a great, great thing!"[94] On reflection, she also admitted that her experience had been a "character builder", demanding both "hardships" and "stern discipline". She recalled having to do things "you never thought you were going to do . . . Terrible things to look at, see and do. And you had to just grit your teeth and do it!'[95]

These sentiments were echoed by Doreen Gery. Recounting her first VAD assignment in a hospital in France more than seven decades later, she told of helping a patient "who had been bayoneted right down, in the abdomen, right down, and he was dying."[96] His breathing was impaired by his intestines rising up, and Gery was given "two pads that I was supposed to use quietly, and get them back down into position again". She was understandably horrified, as this task was well outside anything she had been prepared for in the St John lectures or a make-shift hospital demonstration. Her protests of: "I can't do it, I'd rather die than do it," were met unsympathetically by the

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[94] Jean Sears was posted to the 2nd London General Military Hospital, Chelsea. See: NA, (A1 9903-0008), Great War and Canadian Society Project, "Jean Marita Sears (Suydam) Interview" (24 July 1974); also, BRCS M&A, Personnel Card Indexes.
[95] NA, Great War and Canadian Society Project, "Jean Sears (Suydam) Interview".

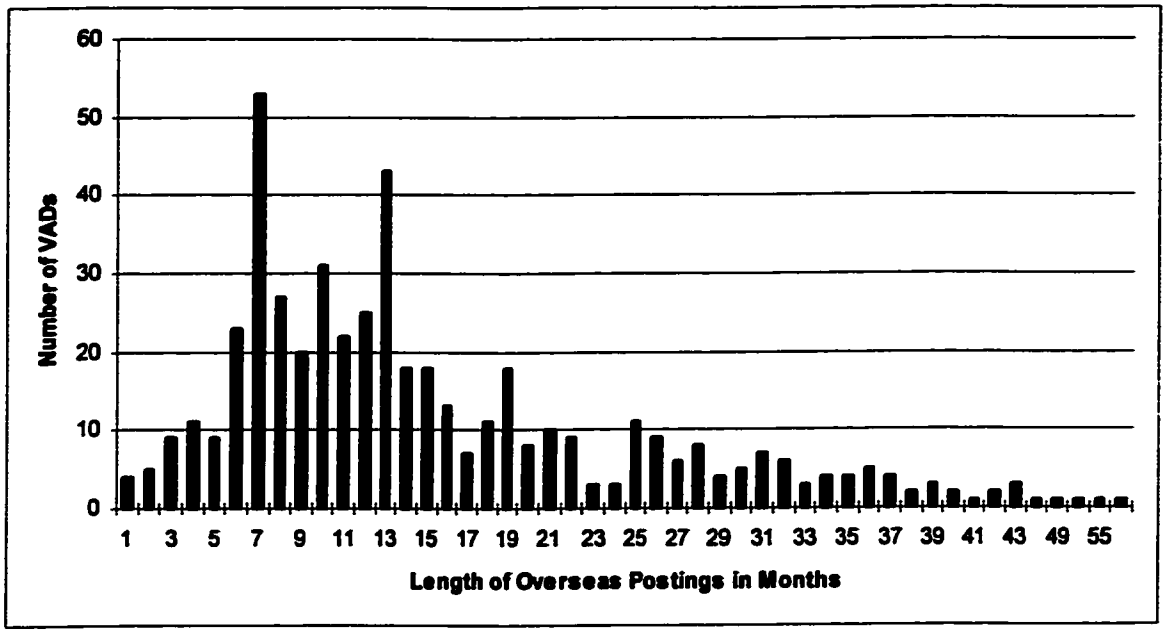
harassed and over-burdened Sister in charge. Coping with an influx of grievously wounded men, and too few qualified nurses, the sister snapped: "Well die then! You're of absolutely no use to me!" Unprepared for this rebuff Doreen Gery was determined to prove her worth, and was rewarded some weeks later with a pat on the back from the same Sister, realising then that she was finally being useful.[97]

Being useful was as much as most VADs could hope for. Coping with the unfamiliar atmosphere, unexpected sights and sounds, smells, and numbing fatigue, took courage enough. Few VADs felt well-prepared, and their first few weeks were often fraught with fear and frustration occasioned by the scorn or impatience of harried nursing supervisors, more accustomed to the responsive, subservient obedience of eager probationers, than raw volunteers who lacked the discipline of hospital training.[98] Generally, Canadian VADs were assigned first to a military hospital in England for a six month contract period [See Figure 5.1]. Viola Henderson however, was instrumental in having several Montreal VADs from the initial Canadian group of September, 1916 sent on immediately to France, due to their lengthy experience in Montreal's Khaki Convalescent Homes.[99] Dr. Copp carefully side-stepped the issue of pre-service hospital training for VADs, declaring it was neither "possible, nor . . . feasible or desirable" to have VADs train alongside nursing probationers in the teaching hospitals. From his

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[96] "And We Knew How to Dance", (NFB, 1993).
[97] Ibid.
[98] Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford University Press, 1996), pp. 29-47. The author discusses the expectations for student probationers of the war era, and the proscribed role of the student nurse as "intelligent subordination to the rules", p. 33.
[99] Henderson, "VAD Work in Montreal", p. 1246; also, NA, MG30 E572, Alice H. Bray, (Vol. I, File #2, October 1916) "Letter to Mother: (n.d.)".

Figure 5.1: Number of VADs per months of overseas postings



Source: British Red Cross Society, Museum & Archives, (BRCS M&A), Personnel Card Indexes: Military Hospital Files/Record Cards. Based on the 494 Canadian VADs for whom dates of overseas postings (including postings in England) are available. The average total posting was 15.4 months.

careful phrasing it seems probable that nursing Superintendents wanted no part of the volunteers, who were not accredited nursing probationers. Dr. Copp believed it was important for "those girls" to receive preliminary training in a military hospital "if that were possible", but conceded that elsewhere in Canada "young women had been taken who have not had any hospital experience whatever", and they had still been a credit to the service.[100]

Soon after her arrival at Birmingham's No. 1 Southern General Hospital, Annie Wynne-Roberts felt she "had been there for months."[101] One of five Ontario women from

[100] Dr. Charles Copp, "St John's Ambulance Brigade", pp. 1165-1166.
[101] Foster, (ed.), Letters from the Front, p. 162; also, BRCS M&A, Personnel Card Indexes.

the 1916 group to be sent to the Birmingham hospital, Wynne-Roberts' VAD experience in Toronto's Davisville Military Convalescent Hospital had been brief, due to her full-time employment at a bank. At Birmingham, she got little nursing experience initially in the convalescent ward, unlike those who were posted to surgical wards and "started-in" on dressings. In a few weeks however, Annie was "senior VAD" on her ward and assisting with dressings, and within the year she had transferred to a hospital in France.[102]

Several VADs were apprehensive at first of becoming glorified maids, like Sybil Johnson, who was relieved to learn otherwise: "I hear we are sure to have some real nursing to do, and hardly any cleaning up. No dishes or scrubbing, etc., glory be!"[103] When Violet Wilson was first set to work at Devonshire House "cleaning and scraping the mud and dirt from military cars that had been returned from France". She was furious that the motor mechanics course she had taken, hoping to become an ambulance driver, led only to work as a cleaner.[104] Violet was soon reassigned to a hospital as a VAD nurse, but "real nursing" was often at variance also with the expectations of neophyte VADs, who were at times overwhelmed by the work expected of them. In early September, 1915, Marjorie Starr of Montreal arrived at the Abbaye de Royaumont, a Scottish Women's Hospital in France, to be an "orderly", the hospital's term for VAD.[105] She was immediately set to work:

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[102] Ibid, Foster, pp. 162 & 225.

[103] Sybil Johnson remained at the 1st Northern General Hospital, Liverpool until July 1918. See: J. R. Smallwood, (ed.), Encyclopaedia of Newfoundland and Labrador, Vol. I (St. John's: Newfoundland Book Publishers, c. 1981) p. 655; also, CNS, Collection-201, Johnson Diary "January 3, 1917".

[104] NA, Voice of the Pioneer, "Violet Wilson Interview".

[105] Eileen Crofton, The Women of Royaumont: A Scottish Woman's Hospital on the Western Front (East Lothian: Tuckwell, 1997) p. 50.

> "I had 15 beds to make myself, and a perfect stream of bedpans, three horrid dressings to prepare and then bandage up, and clear away, and when the other sister came back, if she didn't set me to scrub lockers, and I jolly well had to smile and do it."[106]

Starr went directly into "actual nursing", while VADs in the British hospitals had a more gradual initiation, like Frances Cluett of Newfoundland who was assigned to the military hospital in Lincoln in December, 1916. During the first month probationary period, she rose between 5:30 am and 6 am in order to finish breakfast and walk a mile from her hostel to be on duty by 7:05 am. She followed a regular routine of scrubbing tables, sorting laundry, sweeping, dusting, washing towels and setting up preparations for hand washing, all before the mid-morning milk break, to ensure that the wards were spotlessly clean.[107] Cluett then would "screen the patients, get fomentations ready, sterilise all instruments" to prepare for the dressings, then clear this away to serve the mid-day dinner, and help to feed the patients. Following her own dinner she was again washing patients, making beds, and serving tea, which she prepared herself because the cookhouse version was unpalatable. There were more dressings, followed by a "general clean-up", and then off duty at 8 pm after 11 hours on her feet, and still a mile walk back to the hostel.[108] The pace was unrelenting, and as Cluett described it, "we don't stop hardly to draw a breath". Some days she worked without an assistant: "you can imagine what a busy time I had when there is sufficient work for two".[109] Sybil Johnson's account of her Liverpool hospital echoed Cluett's experiences, although her shift began later at 8:15 a.m. Johnson followed a similar routine of serving and clearing, dusting and

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[106] IWM, DD, Starr Diary "15 September 1915".
[107] CNS, Collection-174, Frances Cluett (File: 2.002.001) "31 December 1916".
[108] Ibid.

sweeping, and ensuring the patients were also kept washed, and in clean linens.[110] In her early weeks Sybil did only "temperatures and pulses", helping patients to wash, dress and be lifted into "bath chairs" for a walk in the hospital precincts.[111] Regardless of the physical effort, Johnson revelled in these tasks, "especially helping people round and making them clean and comfortable."[112]

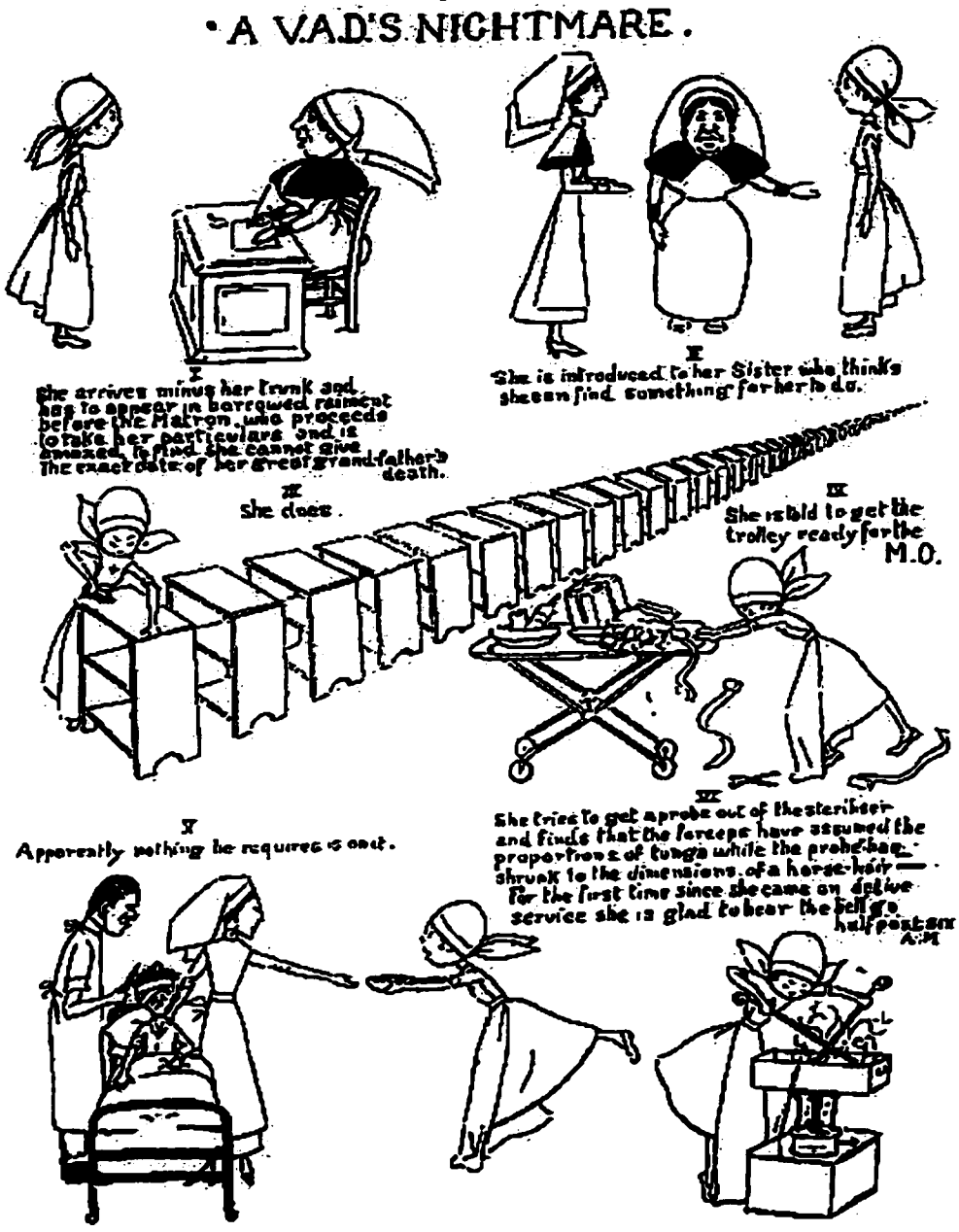
Shirley Gordon was a university student serving as a VAD at Toronto's Davisville Convalescent Hospital in the summer of 1918, and remembered a similar process of gradually increased responsibilities, first "making the beds, and cleaning," then "onto a Ward where you did small things for the patients" and finally, "helping with dressings". All done, in Gordon's estimation, to let the nurses and doctors get on with the more necessary work.[113] Regardless of the propaganda posters that elevated VAD service to a spiritual calling, most new recruits were grateful to survive the fatigue and unfamiliar tasks, and to be of some use to the nurses and the patients. Whether they were thrown in at the deep end like Doreen Gery, or eased in gently like Shirley Gordon, Canadian VADs entered a completely alien world, having none of the experience of regular nurses' training [see Figure 5.2].

With the first few weeks behind them VADs were expected to adjust quickly, following directions, taking responsibility for assigned tasks, and working without complaint or question. In the war zones, the workload rose and fell with the tide of

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[109] Ibid; also BRCS M&A, Personnel Card Indexes.
[110] CNS, Collection-201, Sybil Johnson Letters (File: 2.01.014) "10 January 1917".
[111] A "Bath Chair' was a high-backed wheeled chair constructed of wicker or rattan. It was used primarily for disabled patients who wanted to be taken out of doors for a walk.
[112] CNS, Collection-201, Johnson Letters (File: 2.01.014) "10 January 1917".
[113] NA, Great War and Canadian Society Project, "Shirley Gordon Interview".

Figure 5.2: A VAD's Nightmare



Source: Imperial War Museum, Women at Work Collection, (BRCS 25/2) from "The Good-Bye Book of the Quai d'Escale", p. 6.

military action, and any major offensive resulted in an immediate overload of casualties to the surrounding hospitals, gradually rippling out to various levels of hospital care, all the way back to "Blighty".[114] The type of work required was determined primarily by the location of the hospital. Those closest to the fighting saw the greatest carnage and most frequent deaths. VADs farther removed watched the survivors struggle to recover from surgery, often having to come to terms with disfigurement and permanent disability. Others witnessed men deal with the fear that their injuries were not sufficient to prevent their going back into the conflagration and possible death. The VADs either adjusted quickly like Frances Cluett, who found humour as an outlet for the stress of daily tragedy, or soon moved on to other work, like Marjorie Starr who became deeply distressed by the suffering. Most women tried to gain the middle-ground, taking strength, like Doreen Gery, from "being useful".

Frances Cluett was slightly embarrassed by her early secondment for service in France, waiting only three months when others had been on the list for more than a year.[115] She seemed unaware that her pragmatic, unflappable approach to the work, as well as the sights, sounds and smells of the hospital, made her the ideal VAD nursing assistant. Cluett knew her limitations however, and readily admitted she lacked the knowledge and experience of the trained nurses, seeing herself as a poor substitute when required to stand in for the Sister on rounds with the Medical Officer (M.O.):

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[114] A term borrowed from Hindustani as a remnant of British Imperialism, "Blighty" means "a country across the sea". It signified the British Isles, and also any non-life threatening wound sufficient to keep a man out of active service. See: Desmond Morton and J. L. Granatstein, Marching to Armageddon: Canadians and the Great War, 1914-1919 (Toronto: Lester & Orpen Dennys, 1989) p. 57; also, Keshen, Propaganda and Censorship During Canada's Great War, p. 143.

> "It's very laughable sometimes, for the M.O. orders things I never heard before; so I wonder to myself how in the world am I going to write that down in the Dispensary Book; ah mother, there is a funny side to it sometimes."[116]

Gifted with a calm, steady temperament, Cluett rarely panicked. By comparison, Marjorie Starr lacked Cluett's *sang froid*, experiencing bouts of insomnia from the stress of watching men suffer and die, often having come to Royaumont directly from the trenches.[117] She was frequently overwhelmed by stressful situations:

> "It was Starr here and Starr there till I didn't know if I was on my head or my heels, but I managed somehow, but it is rather awful to be told to get something in a hurry you never heard of, . . . then had to fly for the priest, then the head surgeon, the man was dying, then off to the Office to have them send another urgent wire to his people, so altogether it was a nerve-racking day."[118]

At times she was able to take a more measured approach to the work, even performing unorthodox nursing techniques, as noted previously, such as sitting on the patient's chest while the Doctor dressed his leg.[119] She found tasks like these less unnerving than some, sympathizing with "the poor V.A.D. yesterday who got a leg to burn as the Theatre Sisters were too busy to attend to it."[120] The VAD training programme had not anticipated these situations, for even the experienced nurses had rarely encountered such excesses of injury and suffering in their civilian hospitals. Marjorie Starr was reassigned more than once to kitchen duty or sewing, in order to

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[115] CNS, Collection-174, Frances Cluett (File: 2.002.002) "29 March 1917".
[116] Ibid, (File: 2.02.003) "4 February 1918".
[117] IWM, DD, Starr Diary, "1 October 1915".
[118] Ibid, "4 October 1915".
[119] Ibid, "1 October 1915". See Chapter 4.2, footnote 92.
[120] Ibid, "4 November 1915".

regain her equanimity: "I am not thinking of seeing things now, I just want to rest my mind and get away from the horrors for a little."[121]

Despite the "horrors", the vigilance of the nurses and VADs contributed in large part to the recovery and survival of countless wounded men. The military hospitals vigorously stressed concepts of hygiene to prevent the transmission of infection, particularly on the surgical wards. The procedure of "applying fomentations" was a regular feature of the VADs' assigned duties. It was a painstaking but critical element of the nursing routine at Liverpool, as Sybil Johnson described:

> "I have to change the foments, (2 of which are four-hourly) and moisten two dressings and fill the tubes (5 of them) in the very tender knee: That means that each wound must be all unbandaged and all carefully done up again."[122]

Nursing students routinely studied the preparation and application of fomentations, but the St John Ambulance course in Home Nursing had only covered the procedure as a part of one lecture.[123] The fomentations were used to cleanse "real or threatened sites of infection" under normal hospital conditions, but as McPherson emphasised, it was "particularly labour intensive". The wounds and amputations rendered this an even more critical treatment in the wartime military hospitals.[124] The treatment required:

> "placing strips of cloth in a linen holder attached to wooden handles. Nurses lowered everything except the handles into a vat of boiling water

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[121] Ibid, "8 October 1915".
[122] CNS, Collection-201, Johnson Diary, "13 August 1917".
[123] See: Clara S. Weeks, A Textbook of Nursing (New York/London: Garland, 1984) [reprint, New York: Appleton, c. 1885]; also, Annual Report for 1913 of the St John Ambulance Brigade Overseas: Within the Dominion of Canada (compl. Capt. G. R. N. Collins), p. 23.
[124] McPherson, Bedside Matters, p. 80.

> and when the fabric was hot enough the nurse carried it to the patient's bedside, placed it on the infected site, and then covered it with more dry cloths. This might be performed up to three or four times an hour and each time the nurse had to be careful to avoid burning the patient."[125]

During the 1916 Somme offensives, as Annie Wynne-Roberts describes, the men had "poured" into the hospitals, needing to be "bathed, clothed and surgically dressed" before being moved on to an auxiliary hospital, often within 24 hours, to allow room for the next wave, "at a rate of about 300 per day". Hospitals in France were "crammed to the doors" with men too badly injured to transport, and often their wounds had not been dressed for several days.[126] Whatever their preconceptions of VAD service, for most volunteers the reality was unlike anything they had anticipated. The older women who initially assumed the VAD work at Agatha Christie's small auxiliary VAD hospital were overwhelmed by their first experience of wounded men, having

> "not appreciated the fact that nursing consists largely of things like bedpans, scrubbing of macintoshes, the cleaning up of vomit, and the odour of suppurating wounds. Their idea of nursing had, I think, been a good deal of pillow smoothing, and gentle murmuring of soothing words over our brave men."[127]

They quickly relinquished the primary nursing tasks to the "hardy young girls", who had no more experience, but could recover from the shocks more readily, and were far less fatigued by 12 hour shifts on their feet.[128] The younger VADs seemed to cope more easily with unfamiliar demands like night duty, although it often required a period of adjustment, even for the stalwart Frances Cluett:

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[125] Ibid.
[126] Foster, (ed.), Letters from the Front, pp. 185-186.
[127] Christie, Agatha Christie, p. 217.
[128] Ibid.

> ". . . I have stood by many a bedside in the middle of the night, with lights darkened, watching for the last breath, . . . and in addition to that, the rats would push underneath the beds with a swish. I do not think about them mother; but I shall never forget some of the more piteous sights that ever could possibly be."[129]

Night duty on surgical wards could be particularly harrowing, since amputees in particular had to be watched for haemorrhages, and the rats were a particular feature in the tent hospitals in France, as Wynne-Roberts cheerfully wrote:

> "I shall be doing my rounds lantern in hand, Florence Nightingale style, fervently hoping I don't fall over tent ropes or meet too many rats. Talking of rats, ugh! Their name is legion here and they are as tame as cats and about the same size."[130]

On night duty at Liverpool, Sybil Johnson did much of the same work as in the daytime, including fomentations, temperatures and pulses. Working in relative silence, she found the ward "very still except for a sigh or mutter". Johnson did ward rounds every 20 minutes, managing with a hall light that illuminated the middle of the rooms. A male VAD orderly came on to assist her after 11 pm, in case a post-operative or dying man, might need extra attention. At times the quieter rhythm of night duty was broken by a rush of patients being returned from France following an offensive, often entailing "a fortnight of frenzy", with the constant inrush of convoys.[131] For some VADs in London and the coastal areas of France, there were special problems for those on night duty, particularly in 1918, as Violet Wilson remembered:

> "When the Zeppelin warnings came through the night we trundled as many of our patients as possible out into the garden. Many of the men were suffering with shock, as well as amputation, and the distress of their cries and pleas not to be left in their beds was pretty hard to bear. But we

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[129] CNS, Collection-174, Frances Cluett (File: 2.02.002), "26 October 1917".
[130] Ibid; and, Foster, (ed.), Letters from the Front, p. 225.
[131] CNS, Collection-174, Frances Cluett, (File:2.02.002), "13 August 1917".

> VADs and nurses stayed with them, and did what we could to calm and encourage them until the raids were over."[132]

Night duty was especially debilitating for some of the VADs, like Marjorie Starr, who found it to be "lighter work, but much more responsibility, and such an eerie existence in the old Abbey at night with only a lantern." Although moved to the special sleeping cubicles reserved for those on nights, Starr was unable to sleep for "the windows have no blinds and the noise outside the door and overhead is awful."[133] The stress of night duty took a toll, with patients haemorrhaging and several deaths. Starr found she was unable to relax and sleep, and was eventually removed from night duty for fear of her health.[134]

Night duty was only one of the hazards of war service VADs shared with the military nursing staff. Barely 10 days after her arrival at Royaumont, Marjorie Starr noted: "I got my first flea today", and assumed it had come from a patient newly arrived from the trenches, since "we scrub and clean here so much there isn't a corner for them to live in."[135] Yet the fleas were less troubling than the privations induced by food rationing for some of the VADs posted to England. Frances Cluett, in particular, was extremely discomfited by the restrictions on bread and sugar, although she cautioned her mother not to send a cake because the postage was too costly, and all "we hear these days is 'Economy in War Times'."[136] There were also meatless days, and fish on Fridays for

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[132] NA, Voice of the Pioneer, "Violet Wilson Interview".
[133] IWM, DD, Starr Diary, "8 October 1915".
[134] Ibid.
[135] Ibid, "15 September 1915".
[136] CNS, Collection-174, Frances Cluett (File: 2.02.002) "25 February 1917".

nurses and VADs. The patients at Lincoln were not rationed however, and frequently offered their bread and scones to the nursing staff.[137]

Muriel Wainwright wrote from her hospital in Canterbury to thank the Women's Branch of the Civil Service (WBCS) for a gift box they had sent, commenting on all the items she could only get with a "coupon", like tea, sugar and chocolate.[138] Despite Frances Cluett's complaints about the inadequate quantities of food, she maintained that she had "never felt better in health in my life," apart from a persistent cough, which abated with her transfer to Rouen.[139] Others were not so fortunate, as the rationing, poor nutrition, fatigue from lack of sleep and the strenuous physical workload expected of VADs left them vulnerable to infection and injury. The many rest homes established for nurses and VADs during the war was testament to the multitude of physical and emotional health problems they suffered.[140] The Canadian Red Cross established several rest homes in England and France, in response to the "considerable need for hospital accommodation for nurses who are ill."[141]

A report by Col. Brereton of the RAMC on the women's part in the wartime military medical services, underscored the gender expectations regarding the patriotic

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[137] Ibid, "28 September 1917".
[138] The Civilian, XI:7 (July 1918) pp. 150-151. Muriel went to Italy instead of France, as an "assistant nurse", an honour rarely awarded with less than two years experience; also, The Civilian, XI:10, (September 1918) p. 254.
[139] CNS, Collection-174, Frances Cluett (File: 2.02.002), "11 March 1917", and "3 October 1917".
[140] What the Canadian Red Cross Society is Doing in the Great War: Being an Outline of the Organisation and Work of the Canadian Red Cross Society, (1918), p. 18.
[141] NA, (MG 30, E45), Macdonald Papers, (File: History of Nursing Service, Chapters 9 & 10), "Extracts from Canadian Red Cross Society Bulletins" (March 1916); "Red Cross Nurses' Rest Home, Kingscliffe Hotel, Margate", (May 1916); and, "Red Cross Nurses'

service of nurses and VADs, and the attitudes of both the government and the military regarding the sacrifice of their health in the interests of the state:

> "We hardly appreciate our good fortune in the fact that nursing of sick and wounded men is a natural art on the part of our women. We accept it merely as a fact, and too often understand but little of the devotion displayed, of the hazardous nature of the calling, and at times to the actual danger to life and health which go hand in hand with it."[142]

The report noted that death from enemy action was "the price in life that nursing sisters have paid", and conceded that "numerous others have suffered life-long damage to health through the privations endured."[143]

The imagery of "damsels in distress" was readily employed to rouse the fires of patriotism when women, particularly nurses in uniform representing the spiritual mothers of the war, were injured or killed through enemy action.[144] The torpedoing of the hospital ship "Llandovery Castle", in which 14 Canadian Nursing Sisters died, generated a powerful poster image for the Victory Bonds campaign, depicting a soldier adrift in the sea, valiantly supporting the life-less body of a nurse, and shaking his fist at the enemy submarine which is firing on him.[145] Nevertheless, the debilitation of nurses and VADs through back strain or septic fingers, or their deaths through disease induced by fatigue and malnutrition, offered few heroic images for the propaganda mills. As the mother

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Rest Home, 66 Ennismore Gardens, London" (n.d.). The latter accommodated more than 1,500 Nursing Sisters in one year of service.

[142] IWM, Women at Work, (BRCS 25.3/10) "Women's Work in Relation to Sick and Wounded", (Col. Brereton, RAMC), p. 2.

[143] Ibid, pp. 18-20.

[144] Sharon Ouditt, Fighting Forces, Writing Women: Identity and Ideology in the First World War, (London/New York: Routledge, 1994) p. 20. The author explores the imagery of wartime nursing as an element in the concept of the 'Holy War', with the nurse as Madonna, or "Marion" role.

must sacrifice for the well-being of the child, so the nurse was expected to put the needs of her soldier-patient before her own health and safety. During the Great War, 47 CAMC nursing sisters lost their lives, 18 while serving abroad, and more than half of them to disease.[146] Six Canadian and Newfoundland VADs also died, all from illness or injury related to their VAD service [see Table 5.1].

Yet what is truly surprising, is that so few of the nurses and VADs actually succumbed to disease through debilitation due to overwork, poor nutrition and inadequate housing. While conditions for nurses and VADs cannot compare to those endured by the men in the trenches, hospitals proved to be risk-filled venues for nursing personnel.[147] In a report to the War Office, cited in an earlier chapter, the RAMC identified more than 21 different medical conditions that necessitated VADs being discharged from service in British military hospitals. Some two-thirds of these ailments were potentially life-threatening, while others resulted in permanent physical disability, including the amputation of an arm due to blood poisoning, the loss of a hand, the loss of the use of both hands, neuritis, paralysis of the leg, and heart strain. There were also potentially

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[145] Maurice F. V. Doll, The Poster War: Allied Propaganda Art of the First World War (Edmonton: Alberta Community Development, 1993), Plate #3, pp. 40-41.

[146] Natalie Riegler, Jean I. Gunn: Nursing Leader (Toronto: A.M.S. & Fitzhenry & Whiteside, 1997) p. 146; and, E. A. Landells, (ed.), The Military Nurses of Canada: Recollections of Canadian Military Nurses, Vol. I (White Rock, B.C.: Co-Publishing, 1995) p. 10. Each cites 47 as the number of CAMC nursing fatalities in the Great War. Earlier histories vary from 44, 46 and 53. See: J. R. Gibbon & M. S. Mathewson, Three Centuries of Canadian Nursing (Toronto: Macmillan, 1947) p. 295; also, Jean Gunn, "The Services of Canadian Nurses and Voluntary Aids During the War", Canadian Nurse, 15:9 (September 1919) p. 1976; also, G. W. L. Nicholson, Canada's Nursing Sisters (Toronto: Samuel Stevens, Hakkert, 1975) p. 98.

[147] Desmond Morton, A Military History of Canada: From Champlain to the Gulf War (Toronto: McClelland and Stewart, 1992) pp. 139-140. Morton cites pneumonia and

Table 5.1: VAD Deaths on Active Service

Name & Nursing District	*When*	*Cause*	*Where*
Bertha Bartlett (Newfoundland #2, St. John's)	3 September 1918	Cause Unknown	Buried, Wandsworth Cemetery
Grace Errol Bolton (Montreal Central #19)	16 February 1919	Cause Unknown	2nd Northern General Hospital, Leeds
Ethel G. Dickinson (Newfoundland (St. John's))	26 October 1918	Spanish Influenza	Grenfell Hall Emergency Hospital, St. John's
Isabel Henshaw (Beds 4 (UK))	(Repatriated) 14 June 1919	Cause Unknown	Winnipeg General Hospital
Nora Young McCord (Mrs. Morgan) (Toronto Central #1)	28 November 1918	Cause Unknown	No details
Dorothy Pearson Twist (Victoria # 34)	4 October 1918	Pneumonia Influenza	(Frensham Hill Military Hospital) Buried with Full Military Honours, Aldershot

Source: Imperial War Museum, Women at Work, (BRCS 25.3/10); and, J. R. Smallwood, (ed.), Encyclopaedia of Newfoundland and Labrador.

life-threatening illnesses and infections, such as septic poisoning, haemorrhage of the lungs, paratyphoid, and pneumonia.[148] The number and severity of these conditions

influenza as major killers of young Canadian soldiers, estimating more than 3,000 deaths as a result.

[148] Public Records Office, Kew (PRO), WO 329/3254, Misc. Files, 1914-1918, "VADs Much Illness and Debilitation".

illustrates the magnitude of the problems that occasioned the "damage to health" suffered by nurses and VADs, noted in Col. Brereton's report.[149]

In April of 1917, Sybil Johnson noted that her sister Jill, also a VAD at the Liverpool hospital, had developed "a bad septic thumb":

> "Poor kid, she suffered a lot and had it cut three times by Major M. whom we all adore. Last time he took off half the nail and she had refused an anaesthetic. He was so nice to her and said: "Do scream, child", but she wouldn't, only danced on her toes. He said she was a brick. She has hardly been off duty, and all the same, has been worn out with loss of sleep."[150]

A week later both thumbs were bandaged and Jill was convalescing, as the one thumb was "only beginning but the other is very painful and is dressed twice a day."[151] Sybil offered the somewhat alarming comment that such conditions were commonplace among the nurses: "Septic fingers are so tricky. People lose fingers and even arms in no time."[152] Infection was only one hazard of VAD work however, overexertion and back injuries were also common, since much heavy work was expected of the women, regardless of physical size or stamina. As Marjorie Starr described, "it is the stretcher cases that wear us out, carrying heavy men up those stairs is much too heavy work for girls, even four of us sometimes", she added philosophically, "there is nothing else for it but do all one can till one can do no more."[153] Sybil also noted that a VAD had "strained

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[149] See Chapter 5, footnote # 142.

[150] CNS, Collection-201, Johnson Diary "27 April 1917". Sybil and her sister, Estelle Marie, known as "Jill", both served at the 1st Western General Military Hospital, Liverpool. In July 1918 Sybil went home to marry, but following a six month break, Jill returned to work at the VAD Auxiliary Hospital in Liverpool from March 1918 to April 1919. See: BRCS M&A, Personnel Card Indexes.

[151] Ibid, Johnson Diary, "2 May 1917".

[152] Ibid, "3 May 1917".

[153] IWM, DD, Starr Diary, "4 October 1915".

herself internally lifting a stretcher and will be in bed for weeks."[154]. Frances Cluett suffered from back-ache due to the daily routine of bed-making for two hours each morning, "just as fast as the hand can go", and with the beds being low to the ground, "you can imagine how hard that is on the back."[155] Her photographs show a robust young woman, and unlike Starr, she did not require three assistants to move a patient, although Cluett did have a male orderly to help with some of the lifting.[156] Seemingly minor mishaps and infections appeared to haunt the nursing personnel, often becoming chronic conditions, like Jean Sears' persistent sore throat, which she attributed to "the climate and the exhaustion."[157] Posted to the 2nd London General Hospital, Chelsea, she considered volunteering to go to France, but knew she "wouldn't have been accepted anyway on account of that throat condition".[158]

Such problems were common among VADs and nurses who had to endure damp, cold climates, inadequate heating, and uncomfortable sleeping arrangements, as well as fatigue and the constant exposure to illness and infection, without antibiotics to treat the serious problems. Hefting heavy men on beds or stretchers up and down stone stairwells, and constantly changing their garments and bed-linens, put great strain on the often much smaller physique of the VADs. The additional emotional strain of watching the patients suffer or die, helpless to ease their pain, deeply affected women like Marjorie Starr, draining both her physical and emotional strength. She noted in her diary that, "one

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[154] CNS, Collection-201, Johnson Diary, "12 June 1917".
[155] CNS, Collection-174, Frances Cluett, "3 October 1917".
[156] Ibid.
[157] NA, Great War and Canadian Society Project, "Jean Marita Sears (Suydam) Interview".
[158] Ibid.

simply can't think of oneself at all: one's little ills are nothing at all in comparison to the wounds about us".[159] Whatever their personal suffering, the VADs had only to look around them to feel shame at their self-indulgence for complaining of their own discomfort. No matter how tired or homesick they might feel, it was the gratitude of the patients that made the deepest impression, bringing them the satisfaction of "being useful". A sense of humour was the best defence, helping to sustain VADs like Sybil Johnson, Frances Cluett, and Annie Wynne-Roberts, who all seemed to have endless reserves of emotional strength and fortitude. After more than five months abroad, Sybil wrote with tongue in cheek that on her return her fiancé would find her "not only muscular and managing but also enveloped in an air of conscious virtue and piety and sisterly love, and unpleasant, nay infuriating smugness!"[160]

5.4 "Mother to the Boys": The VADs and their Soldier Patients

Despite the hardships of their service, the Canadian VADs felt a strong sense of duty and obligation to the patients. Unlike the majority of women who were removed from direct experience of the conflict, nurses and VADs had a unique perspective on the realities of mechanised warfare. Although the VADs and nurses lacked the immediate experience of the trenches, they saw the horrific results, like Annie Wynne-Roberts who reported 2,000 patients in her military hospital in England, where the "main corridors are

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[159] IWM, DD, Starr Diary "8 October 1915".

each over a quarter of a mile in length."[161] On a visit to Toronto in early 1918, the future American pioneer aviator, Amelia Earhart was surprised to see "the results of a four years' desperate struggle; men without arms and legs, men who were paralysed and men who were blind."[162] She was impelled to abandon her studies in the United States and return to Toronto to take up VAD work for the duration of the war.[163] Unlike Wynne-Roberts, and other Canadians whose VAD service was prompted by an enthusiasm fuelled by patriotism, Earhart's response stemmed from a personal sense of obligation to help alleviate some of the suffering through direct and active assistance. The need for an immediate involvement is also a recurrent theme in the personal accounts of the Canadian and Newfoundland VADs, emphasising their frustration with women's circumscribed role in the actual conflict.

While young men in Canada quickly discovered how easily they could "get into a war" by enlisting, the young women who were equally determined for active involvement had found their own battlefront as a VAD in the hospital wards. The imagery of volunteer nursing as a feminised form of "active service", was reinforced by the propaganda idealising the VAD as a Madonna figure. Political theorist Jean Bethke Elshtain has linked the mother and the soldier through the common ideals of duty and self-sacrifice, whereby "the soldier is expected to sacrifice for his country as mothers are

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[160] CNS, Collection-201, Johnson Diary, "26 April 1917".
[161] Foster, (ed.), Letters from the Front, p. 161.
[162] Amelia Earhart, The Fun of It: Random Records of My Own Flying and of Women in Aviation (New York: Harcourt, Brace & Co., 1975 [c. 1932]) p. 19.
[163] Earhart's decision to return to Toronto resulted in her first encounters with aircraft, watching the officers train at airfields around the city, and she "hung around in spare time and absorbed all I could". Ibid, pp. 19-20.

expected to sacrifice for their children."[164] The military nurse, while undertaking a feminine and maternal role in warfare, also fulfilled the masculine expectation of "active service". This ambiguous role was easily misinterpreted, and further obscured by the veil of censorship which enveloped the VAD in an unrealistic mystique.

While fears for a daughter's physical safety were readily understood in the wake of the sinking of the "Lusitania" and the execution of Edith Cavell, fears for her feminine virtue and social status were less easily communicated.[165] Issues of class arose for some families with regard to their daughters' exposure to patients of lower social standing. Nursing historian Stella Bingham cites the example of a well-bred young British VAD working in a local war hospital, much against her family's wishes: "The fact that I was going to nurse other ranks and not convalescent officers was spoken of in hushed whispers with much head shaking."[166] Canadian VADs were not unaware of the social differences between themselves and their soldier-patients, but admiration for the men generally outweighed these considerations. The courage and cheerfulness of the men, despite pain and debilitation, evoked a common response among VADs like Jean Sears: "A great many of the patients were lower class British. Wonderful! Wonderful people! The backbone of the British Army -- the Tommies!"[167]

First posted to a hospital for amputees in London, Violet Wilson recalled that the "cherry courage of those men, with no arms or legs, sometimes with neither, was

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[164] Jean Bethke Elshtain, Women and War (New York: Basic Books, 1987), p. 222.
[165] The British liner "Lusitania" was torpedoed and sunk in May 1915, killing more than 1,000 civilian passengers. Nurse Edith Cavell was executed as a spy in Belgium in November 1915.
[166] Stella Bingham, Ministering Angels (London: Osprey, 1979) p. 130.

unbelievable."[168] Sybil Johnson likewise found the men were much the same, whatever their origins:

> "We haven't one man in now who isn't nice, and that is saying a lot. Such a good lot of faces too. Honest and cherry and clean-looking and some are of course, the very roughest, and some obviously superior, as far as social class goes."[169]

Marjorie Starr however, had more difficulty adjusting to the French "poilus" patients brought into Royaumont. These men were the lowest ranked of the soldiers, and usually came fresh from the trenches, smelling of filth and putrid wounds. She was relieved when she encountered a new type of patient, of a "much nicer class and very intelligent and well educated." These men would converse in a French she easily understood, and gave her the news she craved about the progress of the war.[170] By the end of her time at Royaumont, however, Starr had become far more affected by the suffering of the patients than by their social status. She preferred to nurse wounded men rather than those who were merely sick with a virus infection, and "all so uninteresting".[171] Janet Watson argues that the "identity of the VADs rested on the degree of involvement with the conflict", not on the role of "nurse". As a result, the "sick soldiers did not seem as exciting as wounded ones."[172] Although Watson was speaking for British VADs, Sybil Johnson's comments reinforce this conclusion, as she observed:

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[167] NA, Great War and Canadian Society Project, "Jean Marita Sears (Suydam) Interview".
[168] NA, Voice of the Pioneer, "Violet Wilson Interview".
[169] CNS, Collection-201, Johnson Diary, "8 July 1917".
[170] IWM, DD, Starr Diary "28 September 1915".
[171] Ibid, "4 December 1915".
[172] Watson, "Active Service" pp. 141-142.

"Wounded men are so terribly appealing to me; they are so helpless".[173] In Watson's opinion also, the British nurses preferred the medical cases, identifying this work as "real nursing", while the wounded were only a temporary aberration of the war.[174]

The care of officers also reflected some differing attitudes between British nurses and the VADs, since in Watson's estimation the British nurses tended to feel "uncomfortable" with the officers' superior social status. The nurses expressed some resentment of the special privileges officers were granted, including separate wards, better food and more privacy, as well as the extra time that was devoted to their care, frequently viewing them as malingerers.[175] Supporting this notion of preferential treatment, Violet Wilson commented on the comfortable accommodations for the Canadian convalescent home for officers in the Rothchilds' summer home at Deauville. These patients were from all of the allied forces, and in Violet's description "were not sufficiently ill to be sent to England, they needed only food and rest."[176] Some of this special care may have been encouraged to overcome the problem of returning officers to England to recuperate, never to have them return to the combat zone. Surrounded by comforts and favours, Watson argues, the convalescent officers were more reluctant to leave France, and were therefore more accessible for eventual reassignment.[177] Violet Wilson was embarrassed by the excess in food at Deauville that was denied the ordinary patients in England, but accepted the inequalities as the privilege of rank, which as with

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[173] CNS, Johnson Diary, "30 March 1917".
[174] Watson, "Active Service", pp. 141-142.
[175] Ibid, pp. 157-158.
[176] NA, Voice of the Pioneer, "Violet Wilson Interview".
[177] Watson, "Active Service", pp. 141-142.

many of the VADs, was the same privilege accorded to their own brothers or fiancés in officer's uniform.[178]

Although parents might have been able to adjust to having their daughters nurse lower ranked men, few could have imagined them caring for Prisoners of War (POWs). Within four months of her arrival at the British military hospital in Lincoln, Frances Cluett was selected for service in France.[179] Possibly due to her calm and pragmatic approach to the work, with her confident self-deprecating humour, Cluett made an ideal candidate for the special assignment of POW nursing in Rouen. Although she was herself readily adaptable to most situations, she realised her family might be less understanding. Cluett carefully concealed the facts under the convenient shield of censorship, mysteriously reporting: "I cannot tell you anything about the hospital here, as we must keep absolutely quiet on these matters in France."[180] Nearly five months later, Frances finally revealed the nature of her work, first to her sister, then to her mother:[181]

> "I don't think I ever told you I did night duty in the German compound for Prisoners of War. I had five German wards to look after, and one of the wards was an acute surgical, where amputated legs and arms had to be watched for [hemoraghes].
> I think had you known that was where I was doing night duty you would have felt a bit uneasy. Of course, there was an English night orderly also. It was funny, I did not feel at all scared, but perhaps I did feel a bit nervous sometimes. I knew they could not harm me there, or at least I suppose they couldn't: I have passed through their wards with them lying on either side; sometimes I used to think, if they would only jump up; but then on

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[178] NA, Voice of the Pioneer, "Violet Wilson Interview".
[179] CNS, Collection-174, Frances Cluett (File: 2.02.002) "29 March 19117".
[180] Ibid, "17 May 1917".
[181] Frances wrote to "Lil" [likely her sister] on 3 October 1917. It was October 26 before she told her mother of her experience, with far less embellishment than the earlier letter. See: CNS, Collection-174, Frances Cluett (File: 2.02.002) "3 October 1917" and "26 October 1917".

> the whole I had nothing whatever to complain about, they were always very respectful to me."[182]

The image of the martyred Edith Cavell was an effective propaganda tool for the allied forces, and fear mongering often reached absurd heights, even among the more pragmatic medical and nursing personnel, necessitating common sense and humour to help alleviate the tensions. An American nurse recalled a briefing before she and her hospital contingent left for France:

> "The commanding officer explained that should the Germans break through the lines, rather than risk being raped and tortured, we were to be shot first. There was a terrible silence in the room. Then Miss Z raised her hand and said, "Are we to go alphabetically?" We nearly died, we laughed so hard."[183]

Fear of assault by the patients was even less likely, given their grave condition, but the potential for romantic liaisons was also circumscribed by the strict rules of hospital protocol. Watson argues that the social divide between the VADs and their soldier patients, would preclude the possibility of any relationships, yet the records indicate that not all VADs, British or Canadian, belonged to an elevated social class.[184] The personal accounts of the Canadian VADs demonstrate little experience of intimate physical contact with men, but this did not necessarily render them naive. Moreover, the vigilance of VAD nursing supervisors betrays some concern for potential problems with regard to relationships developing between the VADs and patients. The British VAD, Enid Bagnold transgressed the unwritten code by developing an attachment to a patient,

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[182] Ibid, "26 October 1917".
[183] Linda S. Beeber, "To Be One of the Boys: Aftershocks of the World War I Nursing Experience", Advances in Nursing Science, 12:4 (July 1990) p. 39. Beeber cites an interview with a World War I nurse from 1985.
[184] Watson, "Active Service", p. 159.

allowing him to "stand near me and talk", only to discover the patient had been transferred to another hospital, while she was off duty and before she even knew his name.[185] As noted previously, Grace MacPherson was admonished for being "rather too free to Stretcher Bearers" at the Ambulance Convoy, and told they would misunderstand her more casual "Canadian' sociability", a comment that offended both her personal and national sensibilities.[186]

The disreputable Sarah Gamp was immortalised by Charles Dickens as the fictional model of the untrained pre-Nightingale nurse.[187] Although Nightingale's own legacy, and the recent martyrdom of Edith Cavell, were used by official propagandists to promote wartime nursing, vestiges of the Gamp imagery were easily rekindled. Commercial artists delighted in depicting women in nursing uniform in suggestive situations with wounded soldiers, particularly on the widely distributed picture post cards of the era.[188] Consequently, the potential vulnerability of nurses and VADs, whether through innuendo, or in the actual course of their duties, was concerning for both the hospital supervisors and the women themselves. Ambulance drivers and other VAD workers whose duties took them away from the security of the hospital compound were

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[185] Bagnold, A Diary Without Dates, pp. 81 & 83.
[186] CWM, (58 A121.12), MacPherson Diaries, "19 April 1917".
[187] Charles Dickens, Martin Chuzzliwit (Oxford: Oxford University Press, 1982 [c. 1844]). Also, McPherson, Bedside Matters, p. 28. For a discussion of Gamp as an icon of popular culture, and the repercussions for women and nursing, see: Leslie A. Fiedler, "Images of the Nurse in Fiction and Popular Culture", in Anne Hudson Jones, (ed.), Images of Nurses: Perspectives from History, Art and Literature (Philadelphia: University of Pennsylvania Press, 1988) pp. 104-106.
[188] Francis Gribble, Women in War (New York: E. P. Dutton, 1917) pp. 313-322. Gribble and others promoted women's war effort through the examples of "great women". The popular press often looked at contrasting images of women in the public

most at risk. Elsie Chatwin recalled being sent out in her ambulance to transport two Portuguese soldiers back to their base at Boulogne, a 25 mile journey:

> ". . . going down they were obstreperous, so I stopped at the Convoy there and I said to the girl that I knew there: 'Would you ask permission of your Commandant for you to come with me?' Because I didn't think it was very safe with these soldiers. . . And so the answer was: 'Tell Chatwin I'll send a soldier!' So she did! She sent a soldier."[189]

Although there were now three men in her vehicle, Elsie felt secure with a British soldier to protect her, but whether her fears would have been as strong had her passengers also been British soldiers cannot be ascertained. Ethnicity and class were unquestionably factors in the relationship between VADs and their patients. Frances Cluett experienced some insecurity among the German patients, but the nature of night duty, rampant propaganda, and the recent Cavell execution, all contributed to her unease. By contrast, Jean Sears memories of Romanian patients in the secure surroundings of her Toronto hospital were far more positive. One soldier even thought he was in love with Jean, and she thought she was "in love with him too -- he was very attractive".[190] Such flirtations, regardless of their innocence, were of great concern to nursing administrators, and as Enid Bagnold discovered, little went unnoticed. Nursing supervisors could have some confidence in the process of VAD selection that endeavoured to ensure an expected standard of propriety, by appealing to young women of the "best homes", as Jean Sears confirmed:

> "You know a girl who has ideals, and we had ideals in those days -- I hope we have now -- to be thrown in with men like that, all kinds, from all over

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sphere. See: Sylvia Marie Haynes Museum of Cards, Postcard Series: "In Praise of Nurses" (Wem, Shropshire: Halcyon Cards, [c. 1914-1918]).

[189] "And We Knew How to Dance" (NFB, 1993).

[190] NA, Great War and Canadian Society, "Jean Marita Sears (Suydam) Interview".

> the world, it took some doing to keep level, you know. Not have your head turned. But you had your heart hurt very often!"[191]

In a few instances flirtation became a more lasting relationship, as it did for Daisy Johnson Cook, who met her husband while he was a patient in her London hospital.[192] More often, however, it was the officers stationed in the vicinity of the hospitals who posed a greater temptation to young VADs far from home. Not only were they healthy, handsome and eager for distraction, but the officer class also belonged to the same peer group as their brothers and boyfriends back home, being primarily well-educated young men from comfortable family backgrounds. Eva Morgan was a VAD at the nurses' hostel in the Hôtel Juno at Boulogne, where dances were held regularly by the VADs and nurses.[193] The Prince of Wales, then attached to a local Canadian Division, was a frequent guest. He had never been permitted to dance, since Queen Mary did not approve, "and he was dying to learn how!" As Eva Morgan recalled, waltzes and polkas had been replaced by "the Bunny Hug and the Fox Trot . . and we taught him how to dance!" At 21, Eva Morgan was also testing parental boundaries, well aware that had "father and mother known what we were doing they'd have had me back in London in a minute, but they didn't . . . You may be sure I didn't tell them!"[194]

Violet Wilson became friendly with an officer at the end of the war, while she was posted as the VAD in charge of recreation at a demobilisation camp at Wimereaux. The strict regulations regarding such relationships made their association problematic:

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[191] Ibid.
[192] Regina Leader Post (9 June 1983), n.p.
[193] "And We Knew How to Dance" (NFB, 1993).
[194] Ibid.

> "I would sometimes dine with him in Boulogne. We sat cowering in the darker corner in the restaurant because . . . regulations forbade English officers in France to be seen eating in public with women, and this was months after the Armistice!"[195]

Much discussion has evolved from Vera Brittain's acknowledgement that her war experience awakened her sexuality. Although never before having "looked upon the nude body of an adult male", Brittain reflected that her first reaction as a 21 year old woman had been neither shyness, nor embarrassment, but rather "gratitude for their simple and natural acceptance of my ministrations." She later considered that this unexpected intimacy, devoid of overt sexual response, had been a benefit, "for the early release from sex-inhibitions that . . . beset many of my female contemporaries, both married and single."[196]

The relationship between patient and VAD could conjure up limitless possibilities, as a friend of Lady Diana Cooper mused: "The hospital has all the material discomforts of a nunnery, without the spiritual glamour of chastity. Quite the contrary indeed."[197] There is however little to reinforce this notion in the writings and recollections of Canadian VADs. Frances Cluett observed, there was a strict code of detachment expected of her at the hospital in Lincoln: "We are not allowed to speak but little to the patients, and to tell the truth we scarcely have time to speak to ourselves sometimes."[198]

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[195] NA, Voice of the Pioneer, "Violet Wilson Interview".
[196] Vera Brittain, Testament of Youth: An Autobiographical Study of the Years 1900-1925 (London: Virago, 1979 [c. 1933]) pp. 165-166.
[197] Cooper, The Rainbow Comes and Goes, p. 119.
[198] CNS, Collection-174, (File: 2.02.002) Frances Cluett, "29 March 1917".

Literary critic Sandra Gilbert discerned a role reversal of male and female dominance in the hospital wards, and refers to this as evidence of the liberating force of the war for women.[199] Gilbert argues that while "men were now invalid and maybe invalid, their sisters were triumphant survivors", and rather than the "servant of the patient", the nurse had instead become the "mistress".[200] Moreover, in Gilbert's estimation, "when men are immobilised and dehumanised, it is only these women who possess the old (matriarchal) formulas for survival."[201] Historian Deborah Gorham takes issue with Gilbert's reference to Vera Brittain to demonstrate how the war offered new freedom for women, emphasising that Brittain had found her own release prior to the war by enrolling as an undergraduate at Oxford's Somerville College.[202] Gorham further refutes the idea that the war led to Brittain's "sexual liberation", since Brittain necessarily subverted her sexuality for the duration of the war to the more appropriate response of "traditional feminine nurturance."[203]

The maternal role more effectively characterises the relationship between Canadian VADs and their soldier patients. Whether as a respite from the traumas of the hospital environment, or as a natural assumption of the traditional female role definition, the maternal dimension of VAD service is a frequent allusion in their personal accounts. For Sybil Johnson there was even some guilt at having so fully usurped the mother's role:

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[199] Sandra Gilbert, "Soldier's Heart: Literary Men, Literary Women, and the Great War", in Margaret Randolph Higonnet, Jane Jenson, Sonya Michel and Margaret Collins Weitz, (eds.), Behind the Lines: Gender and the Two World Wars (New Haven/London: Yale University Press, 1987) p. 200.
[200] Ibid, p. 209.
[201] Ibid, p. 211.
[202] Deborah Gorham, Vera Brittain: A Feminist Life (Toronto: University of Toronto Press, 2000) p. 101.

> "His mother came to see him this afternoon. . . I thought how mean it must seem to her when she couldn't stay and nurse him. It seemed so odd to think of me wandering in a perfect stranger and washing his face and generally waiting on him and keeping her waiting outside while I did it!"[204]

Johnson however clearly relished the part of surrogate mother, seeing her part much as a "Nanny" in a nursery with little "boys", helping to "give them their meals nicely and keep their hot bottles hot and get them drinks make their beds and wash them and get them clean clothes etc."[205] When a patient required spoon-feeding, she felt like "an old mother-bird", an attitude which seemed to help both the VAD and the patient cope with his unaccustomed disability, and the more intimate but necessary treatments.[206] Men who were mobile, the "up-patients", often assumed some of the lighter VAD chores as eagerly as a young child trying to please his mother:

> "The boys are dears. They do every single solitary bit of work which does not absolutely need a woman's hand. They sweep, dust, make beds, hand out meals, wash up and everything else, so that I am not a bit overworked, really."[207]

Frances Cluett took a special maternal interest in one young soldier of 18, making a long recovery from a spinal injury, who became "a very mischievous boy", demanding her attention as he tired of the boredom of hospital life. She encouraged some of his antics much like an indulgent parent, playing tricks on him for April Fools' Day.[208] The men themselves sometimes acknowledged this retreat into childhood as a refuge from the

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[203] Ibid, p. 117.
[204] CNS, Collection-201, Johnson Diary "25 January 1917".
[205] Ibid, Johnson Letters (File: 2.01.014) "29 January 1917".
[206] Ibid, Johnson Diary, "12 February 1917".
[207] Foster, (ed.), Letters from the Front, p. 161.
[208] CNS, Collection-174, Frances Cluett (File: 2.02.002) "29 March 1917 and "1 April 1917".

horrors of the war, relishing the comfort, and enjoying the familiarity of the domestic atmosphere, as one man wrote of his Canadian nursing sister:

"She tucks me in like mother did
in the dark days long ago
She treats me like a little kid
it'll make me better I know."

Lt. Allan Greery, C.E.F.[209]

The domestic aspects of patient care extended to their emotional as well as their physical recovery. The "up-patients" described by Annie Wynne -Roberts were a common feature of the hospitals, and some even worked as orderlies if they were recovered enough but not yet fit to resume "active service". Sybil Johnson nicknamed one man "Priceless', because he did "everything possible with such a quiet willing energy", while keeping them all amused with his "witty banter in broad Scotch".[210] Much like Frances Cluett, Johnson encouraged fun as an outlet for both the active and bed-ridden patients alike. One man dressed himself up as a VAD nurse in borrowed accessories, and was led around by another posing as a Medical Officer, but it became even more uproarious when the "VAD" unexpectedly met the Vice-Matron, "a severe and dignified (tho' an awfully nice) woman. I believe she was amused, but pretended she didn't notice."[211] Special occasions like Christmas were made as enjoyable as possible for patients far from home and family. In Rouen, Frances Cluett and the "Sister" made a trip to the Expeditionary Force Canteen to purchase "cakes, etc. For the boys' tea on Xmas day!", while one of the up-patients helped Frances decorate the Ward with paper

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[209] From the "Autograph Album" of Canadian Nursing Sister, Beatrice Mack, at the Canadian Officers' Hospital, Crowborough, Sussex, 25 April 1917.
[210] CNS, Collection-201, Johnson Diary, "13 August 1917".

decorations and tissue paper hung in "festoons from the ceiling of the tents."[212] At Sybil Johnson's hospital each man had a stocking hung on his bed stuffed with useful items like combs and razors, as well as cigarettes, sweets and noisemakers, "and all these things were going like pandemonium."[213]

Overall, for the men recovering from painful wounds, or learning to cope with permanent disabilities, the kindness and caring of a "motherly" VAD was often a valuable part of their convalescence and rehabilitation. Lacking the training and experience of the nurses, and the confidence gained from the rigorous initiation of the hospital schools, the VADs saw their maternal role as a refuge from the more intimate or unpleasant aspects of wartime nursing. The admiration and respect the VADs developed for the cheerful and courageous men in their care helped to dispel any sense of discomfort that could derive from the class differences between patient and caregiver. The personal accounts of the Canadian VADs reveal their deep and abiding respect for their patients who faced pain, disability and even death.

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[211] Ibid, "20 April 1917".
[212] CNS, Collection-174, Frances Cluett (File: 2.02.002) "29 December 1917".

5.5 Conclusion: Making the "Weary Days" Lighter

The anonymous poet discovered by Louisa Johnson praised the VAD for having "lightened" the "weary days" of hospital life with her cheerfulness and hard work.[214] Having achieved the goal of "active service" overseas, the VADs then had to face the reality of the difficult tasks and the hard work demanded of them in the unfamiliar world of the war hospitals. Censorship rules contributed to the mystery and uncertainty surrounding the role of the VAD overseas, and journalists and propagandists attempted to reaffirm the femininity of the VADs with ambiguous interpretations of women in uniform as healthy schoolgirls or Madonnas in white aprons. The true picture of these hardworking young women from across Canada, and Newfoundland, who cleaned bedpans, dressed suppurating wounds, or drove alone on dark muddy roads across the French countryside, was rarely conveyed to families back home.

Yet the VADs had little time to concern themselves with the interpretation of their service, with their work and energy in constant demand in order to keep pace with the ever-increasing influx of sick and wounded men. For the majority, their brief training had been little preparation for sights, sounds and smells of the war hospitals, and learning "on-the-job" was a necessity. Some VADs like Marjorie Starr were overwhelmed by the work and the suffering, unable to endure more than six months without endangering her own physical and emotional health. Others, like the stalwart Frances Cluett developed a pragmatic tolerance, bolstered by humour and a realistic assessment of her own abilities. There were unexpected privations, like the sleep deprivation of night duty, or the

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[213] CNS, Collection-201, Johnson Diary, "30 December 1917".

rationing of food and simple luxuries like tea and sugar, and unaccustomed indignities like fleas. There was also the long separation from home and family. They soon realised that the images of the "angel of mercy", belonged to imaginary beings, not the real women in the VAD uniforms. Their VAD service however, was made bearable by the soldier patients themselves. Whatever had been their preconceptions of the work, the VADs soon realised that their own hardships and discomforts were of little consequence compared to the suffering of the men. Maternal ideology helped the VADs and patients alike deal with the unexpected intimacy of their nursing tasks. Whether they sat with a dying man, or helped feed another with terrible wounds, the patients appreciated the sincerity of the VADs' efforts as compensation for any lack of nursing skill.

There was little that was glamorous about VAD service, despite the propaganda, even for those who managed to attain the unequalled role of a woman ambulance driver. Yet the satisfaction of having an "active" part in the war, direct contact with the fighting men, and just "being useful", was as much as they could hope for, and more than most Canadian women could hope to achieve. For these women, the hospitals became the trenches and their willing hands their weapons against the enemy of pain and suffering.

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[214] See: Appendix 4, Poem: "VAD", 5th verse.

CHAPTER 6

"WE ARE ALL WOMEN": VADs AND THE STRUGGLE FOR THE PROFESSIONAL IDEAL

6.1 Sisters-in-Service: VADs, Nurses and the Patriotic Urge

The influential American nursing leader, Jane Delano, favoured the recruitment of nurses' aids to supplement the military nursing service should the United States enter the war. She was confident that at the war's end, the volunteers would "melt away into private life strengthened and chastened by their experience, leaving the nursing field in the hands of professional nurses."[1] Delano believed that class prevented many women from entering nursing as a career. In times of crisis, however, she believed they should be encouraged to offer their assistance as volunteers, since there could be little "difference in

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[1] Jane A. Delano, "Red Cross Aid Versus the Short Term Course", Proceedings, 24th Annual Convention, National League for Nursing Education, Cleveland, 1918 (Baltimore: Williams & Wilkins, 1919) p. 169, as cited in Nancy Tomes, "A Collision of Nursing's Two Worlds: Volunteer and Professional Nurses in World War I" (unpublished paper, Fifth Berkshire Conference on the History of Women, Vassar College, Poughkeepsie, NY, June 1981) p. 11. Delano was Superintendent of nurses at the New York City's Bellevue Hospital. From 1909 to 1912 she was Chief Nurse of the Army's Nursing Corps, and also Head of the Red Cross National Committee on Nursing. See:

the heart of the woman who has millions or in the heart of any working girl... We are all women."[2]

At the start of the war, the Canadian Voluntary Aid plan was still in development, and therefore posed no immediate concern to Canada's qualified nurses. Instead, the nursing leaders worried that unqualified, or partially-trained women might infiltrate the ranks of the CAMC nurses selected for overseas service, and potentially lower the status of all nurses, both civilian and military. Nevertheless, although the Canadian National Association of Trained Nurses (CNATN) had failed to gain control of the selection process for CAMC nurses, the vigilance of Matron-in-Chief Macdonald in screening out most of the less qualified applicants, ultimately ensured the integrity of the nursing service.[3]

The drive for nursing registration in Canada was initiated in 1910 by legislation in Nova Scotia to control the qualifications for nursing practice.[4] Professionalisation in nursing however, required more than an act of legal recognition, for it was necessarily bound up with the recognition of both the skill and the training required. Florence Nightingale's accomplishments had enhanced the reputation of graduate nurses, and helped to obscure much of the lingering image of the untrained nurse of the

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John F. Hutchinson, Champions of Charity: War and the Rise of the Red Cross (Boulder: Westview, 1996) pp. 236 & 389, note 107.

[2] Tomes, "A Collision of Nursing's Two Worlds", p. 11.

[3] See: Chapter 2.4.

[4] Ontario was the final province to complete the registration process in 1922. See: Janet Ross-Kerr, "Professionalisation in Canadian Nursing", in Janet Ross-Kerr and Jannetta MacPhail, (eds.), Canadian Nursing: Issues and Perspectives (St. Louis: Mosby, 1991) p. 27. Despite registration legislation, McPherson notes that the majority of training school graduates did not qualify under the legal 'registered' status until the mid-twentieth

pre-Nightingale era.[5] The creation of a substantial force of partially trained VADs, at a time when Canadian nurses were moving towards more uniform and rigorous professional standards, served to enhance traditional notions of nursing as "women's work", reinforcing the "maternal" image rather than promoting its knowledge base. From the perspective of women volunteers however, maternalism served as a useful justification for their patriotic service, particularly for overseas postings.

Canadian VADs and other women war volunteers enjoyed the support of propagandists like journalist Mary Macleod Moore, who championed the ideal of maternalism as the essential element in Canadian women's service abroad. She ardently proclaimed "that if the Great War had nothing else to its credit it should be thanked for the development of the maternal instinct."[6] Similar sentiments echoed through the popular press, offering young, unmarried women the support that helped to counter the anxieties of parents "used to keeping their unmarried daughters in decent subservience at home", as historian Stella Bingham observes.[7] Whether proud, anxious, or disapproving, those parents had little recourse against an emotional tide of patriotic fervour further sustained by maternalist rhetoric, helping to bolster the determination of any young woman eager "to get into the war."

In Britain, Lady Diana Cooper recalled her shame at having triumphed over her mother's fulsome objections to VAD service, knowing that her mother "hated the sordid,

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century. See: Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford University Press, 1996) p. 20.

[5] See: Charles Dickens, Martin Chuzzlewit (Oxford: Oxford University Press, 1982 [c. 1844]).

[6] Mary Macleod Moore, The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas (London: Skeffington & Son, 1920) p. 69.

unvirginal aspect of it all and the loss of authority and protection."[8] Young Canadian VAD hopefuls could boast of similar victories, such as the case of Jean Sears, one of the 35 women from her Toronto Nursing Division selected for overseas VAD service in March, 1917. Having already lost both her brother, and her sister's fiancé, Jean's family initially refused permission: "they thought they had given enough to the war". Her mother relented however, telling her: ". . . if I had the chance to serve my country like you have and my mother kept me from it I would feel very badly. So I won't keep you my dear, you can go if your father will let you!"[9]

As Jean Sears discovered, it was harder for a family to oppose the call for active service if a daughter was clothed in the unassailable mantle of nursing's maternal imagery. Once settled into a Liverpool military hospital, Sybil Johnson articulated her own sense of patriotic duty, as well as the genuine respect she developed for the patients themselves, when she declared "sentimentality was what brought me and it even made me like it".[10] Others were determined to volunteer out of a sense of frustration and grief that followed the loss of a loved one, far off in an unseen battlefield. Denied enlistment, the affirmation of the military style VAD uniform helped them to satisfy a need to offer a direct and active contribution to the war effort. Violet Wilson experienced a sense of "restlessness" once her brother left for service overseas. It was not until "that awful

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[7] Stella Bingham, Ministering Angels (London: Osprey, 1979) p. 130.
[8] Diana Cooper, The Rainbow Comes and Goes (London: Rupert Hart-Davis, 1959) p. 119.
[9] British Red Cross Society, Museum and Archives (BRCS M&A), Personnel Card Indexes: Military Hospital Files/Record Cards. Also: National Archives (NA), A1 9903-0008, The Great War and Canadian Society Project, "Jean Marita Sears (Suydam) Interview", 23 July 1974.

summer of 1916" however, when she lost her brother as well as three cousins to the war, that Violet determined she would go abroad as a VAD.[11]

Many of the VADs did not wait for tragedy, but followed their brothers and fiancés into the war, regarding their own VAD service as an equivalent to military service.[12] Anne Summers observed of the South African conflict, how eager both the men and the nursing volunteers had been "to lose their passive status."[13] This same enthusiasm was resurrected on both sides of the Atlantic at the call to arms in 1914, with the culmination, in Summers' words, in "a vast movement to join the actors on the national stage, even if only in supporting roles . . . and women were just as much a part of it as men."[14]

Canadian nurses were certainly willing participants. Meryn Stuart describes the enthusiastic CAMC nursing recruits, as "a self-selected, highly motivated group of women who wanted adventure and experience in a very public arena."[15] While they lacked a nurses' rigorous training and experience, the Canadian VADs soon discovered that their identity as nursing volunteers legitimised their participation. The larger community saw only women in nursing uniform, responding with a natural maternal

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[10] Centre for Newfoundland Studies (CNS), Collection-201, Sybil Johnson Papers (File: 2.01.014), "29 January 1917".
[11] NA, 9861 Acc 1981-0111, Voice of the Pioneer, "Violet Wilson Interview" (c. 1970).
[12] Janet Sledge Kobrin Watson, "Active Service: Gender, Class and British Representations of the Great War", (Ph.D., Stanford, 1996) pp. 14 & 131.
[13] Anne Summers, Angels and Citizens, British Military Nurses, 1854-1914 (London/New York: Routledge & Kegan Paul, 1988) p. 7.
[14] Ibid.
[15] Meryn Stuart, "War and Peace: Professional Identities and Nurses' Training, 1914-1930", in Elizabeth Smyth, Sandra Acker, Paula Bourne, and Alison Prentice, (eds.), Challenging Professions: Historical and Contemporary perspectives on Women's Professional Work (Toronto: University of Toronto Press, 1999) p. 173.

instinct to the unprecedented need for wartime nursing assistance. The select community of graduate nurses, however, both civilian and military, became understandably alarmed by the creation of this pool of casually trained nursing volunteers, with the potential to undermine their status, and threaten their future employment and wage security. Nevertheless with an unparalleled opportunity for active patriotic service, the VADs were seemingly unaware of the fear and resentment their participation could invoke. Inevitably, both in Canada and Britain, the concerns of nursing leaders filtered down, often creating an uneasy working relationship between the VADs and military nurses. Despite these uncertainties and resentments, VADs and trained nurses found they could work together effectively, at times even developing a mutual respect and admiration for the other's contribution to the war effort.

6.2 Representations of Wartime Nursing

Immortalised as the "lady with the lamp", Florence Nightingale was also mythologized for her work in the Crimea as the "angel of the battlefield". A potent propaganda tool for the First World War, the legacy of Florence Nightingale was transformed into the idealised images of a Madonna, angel or heroine. As visual representations these images were used to recruit men to fight for the Empire, and

encourage women to support their efforts and then stand ready to bind their wounds.[16] The idea of the nurse as a heroine was further enhanced when the British nurse, Edith Cavell was executed by Germans as a spy in 1915. More than an "angel of mercy", the nurse now became a symbol of women's "heroic sacrifice" in war, powerful symbolism in an era when Christianity was still regarded as a justification for war.[17]

The first contingent of CAMC Nursing Sisters embarked from Quebec's Pier 2 on 29 September 1914.[18] Two years later, a similar gathering of women left from Halifax, as the first "official" group of Canadian VADs destined for the British military hospitals, unwittingly challenging the well-earned status and recognition acquired by CAMC nurses and their British counterparts through the first half of the war. The acceptance of these VADs as auxiliary nursing personnel was the more provoking, since the VADs had only "borrowed" the identity of nurse for the duration of the war, volunteering like the soldier, to undergo a brief training in order to experience active service abroad.

Throughout the war, fanciful images of wartime nursing popularised the role of the nurses and VADs, for regardless of their qualifications, women in nursing uniform were set apart from other women war workers because of their proximity to the battlefield

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[16] Florence Nightingale and Edith Cavell in fiction and popular literature are discussed in: Leslie A. Fiedler, "Images of the Nurse in Fiction and Popular Culture", in Anne Hudson Jones, (ed.), Images of Nurses: Perspectives from History, Art and Literature (Philadelphia: University of Pennsylvania Press, 1988), pp. 103-104. Also, Bingham, Ministering Angels (London: Osprey, 1979) p. 111; and, Anne Summers, "Ministering Angels", History Today, 39 (February 1989) p. 3.

[17] Alan R. Young, "'We Throw the Torch': Canadian Memorials of the Great War and the Mythology of Heroic Sacrifice", Journal of Canadian Studies, 24:4 (Winter 1989/90) p. 18. The author discusses the concept with regard to the imagery of the war, both print and visual.

[18] NA, MG30 E45, Margaret Macdonald Papers, (File: History of Nursing Service Memoranda) "Matron-in-Chief Macdonald's Article".

and their access to the soldiers. Nurses were consequently more visible in the public arena than ever before. An aspiring British VAD, Monica Grenfell, observed that posters of nurses seemed to "spring at one from unexpected corners", and she found herself "envying every nurse in uniform, envying them passionately."[19] The uniform worn by military nurses and VADs served as a constant reminder of how reliant wartime society had become on the abilities of women, upsetting a social order accustomed to masculine dominance in the public sphere.

Long before the war, the uniform of the graduate nurse had come to symbolise pride of association with her particular training school and her specialised skills.[20] The uniform of the CAMC nurse was doubly significant, representing not only her expertise, but also her unique position as a commissioned woman officer on active service for her country. Although the British military nurses lacked the privilege of military rank, their several military nursing branches each had its own particular uniform style, as did each of the British VAD organisations of the Red Cross and St John Ambulance. The Queen Alexandra's Imperial Military Nursing Service (QAIMNS) wore distinctive red capes, while the Territorial Force Nursing Service (TFNS), and the Queen Alexandra's Imperial Military Nursing Service Reserve (QAIMNS-R), wore either grey, or grey-blue capes with a red border, and the Queen Alexandra's Royal Naval Nursing Service had their own

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[19] Monica Salmond, Bright Armour: Memories of Four Years of War (London: Faber & Faber, 1935) p. 20.

[20] Kathryn McPherson observed further that the uniform set the trained nurse apart from untrained women, unqualified practical nurses, and midwives. McPherson, Bedside Matters, p. 43.

navy and red uniform.[21] When the VAD organisations were created in 1909, St John Ambulance relied on a traditional grey colour scheme for nursing members, but the British Red Cross VADs adopted a blue uniform dress, and later when the non-nursing General Service VAD was established, their members wore brown.

As a result, the British military hospitals displayed a profusion of nursing uniforms, making the distinction between them confusing at best for the layman. The uniforms of the VAD organisations, like those of military nurses, were designed to be both functional and austere. The dress covered the body from neck to wrist, and fell a regulation seven to eight inches from the floor. The earliest versions sported stiff white collars and cuffs that chafed mercilessly, with a variety of caps or bonnets. By 1915 these accessories had evolved into a softer "Peter Pan" style of collar, and a more practical and demure white nursing veil, although the characteristic white-bibbed apron worn by all VADs on duty remained a constant.[22] Yet, it was the prominent red cross on the apron bib which came to signify the universal symbol of the military nurse, although in reality it was worn primarily by the British Red Cross VAD.

Patients in the British military hospitals could be forgiven for not realising the differences between the qualified nurses and the VADs, but the inherent tensions between nurse and VAD were frequently exacerbated by confused patients addressing the VADs by the universal title of "Sister".[23] For artists creating posters and other illustrations during the war, the red cross became a convenient symbol of "everynurse", trained or

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[21] Bingham, Ministering Angels, p. 122. Also: Summers, Angels and Citizens, pp. 237-247.
[22] Ibid, Bingham, p. 143.

volunteer, without the need for more specific uniform details. The nurses often resented this cavalier disregard for their qualifications, as reflected in the Nursing Times:

> "These ignorant amateurs . . . these young women with their express training are assuming full nurses' uniforms with the addition of a large red cross and being called and treated as trained nurses. . ."[24]

Yet VADs also developed a sense of pride in their uniforms, which represented their unique patriotic service as women.[25] Bessie Hall's new VAD uniform occasioned a breathless excitement:

> "I have a thick grey coat (a beauty) and two hats and a lot of nursing clothes, aprons, etc. You should see my Cap! Wow! . . . we wear a grey dress, white apron with bib, stiff linen collar, stiff cuffs, white belt and the cap, Mecca of my existence!"[26]

There was no "regulation" VAD uniform, only a standard model that varied according to the individual detachment, and the materials available. The standard Canadian uniform was the St John Ambulance model of the grey dress and accessories. Bessie Hall described her "cap", likely the original "Sister Dora" style, often compared to those work by domestic servants, but a white veil, or "kerchief", was more common headgear. Like many of the Newfoundlanders, Sybil Johnson acquired her outfit in Britain. Although less enthusiastic than Bessie, she found her "white kerchiefs rather

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[23] Summers, Angels and Citizens, p. 262. The author notes that one Matron attempted without success to have patients use the term "VADET".
[24] Ruth Adam, A Woman's Place, 1910-1975 (London: Chatto & Windus, 1975) p. 55.
[25] McPherson, Bedside Matters, p. 43. Few Canadian women had worn St John Ambulance nursing uniforms before the war, with only three Nursing Divisions active in pre-war Canada. See: Annual Report for 1913 of the St John Ambulance Brigade Overseas: Within the Dominion of Canada, (compl. Capt. G. R. N. Collins), p. 10.
[26] Public Archives of Nova Scotia (PANS), MG1, Vol. 661, No. 8, McGregor-Miller Collection, "Bessie Hall to Mother, 2 October 1918".

pretty and most saintly and becoming."[27] Violet Wilson found the veil to be the "only attractive thing about the outfit", while the rest was "unbelievably ugly". It was the dress felt hat however, that caused her the most grief. She had the hat remodelled by a milliner before going overseas, to give a jaunty tilt to the brim, but she was caught. Forced to replace the hat with a regulation issue, Violet tossed it overboard at sea, and then resumed wearing the altered model. Once in England, Violet also decided to remedy the "frightful cut" of the garments, although the tailor she consulted would only agree to the changes if she told no-one, since this was strictly against "army regulations".[28] There were advantages however to wearing the VAD uniform in public, as Bessie Hall discovered when she was offered discounts in Halifax shops and restaurants. The Commandant-in-Chief of VADs at Devonshire House, Katherine Furse, also recalled the "triumphs" of the uniform, which had included free bus travel in London, making VADs "feel most warrantably superior to mere civilians in plain clothes."[29]

Although the VADs derived a new sense of importance from their uniforms, the military nurses had earned theirs through training and experience. Whether civilian or military, it was symbolic of their "professional competence and, above all, unquestionable moral character."[30] Nursing Sister Maude Wilkinson recalled her own CAMC uniform

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[27] CNS, Collection-201, Sybil Johnson Papers, (File: 2.01.013), "Letter, Christmas Day, 1916 (Tuesday a.m.)".

[28] NA, Voice of the Pioneer, "Violet Wilson Interview". Katherine Furse noted with some despair that this was a common occurrence, as was the addition of pearls or perfume to the uniform, all strictly forbidden. See: Katherine Furse, Hearts and Pomegranates: The Story of Forty-Five Years, 1875-1920 (London: Peter Davies, 1940) p. 332.

[29] Ibid, p. 302.

[30] Irene Schuessler Poplin, "Nursing Uniforms: Romantic Idea, Functional Attire, or Instrument of Social Change", Nursing History Review, 2 (1994) p. 153.

with some amusement, commenting that "no anxious father had to warn his daughter to beware of men overseas. In those uniforms even the most adventurous male would hesitate before casting an amorous glance in our direction."[31] As Kathryn McPherson concludes, civilian nursing uniforms were designed to neutralise sexuality, and the military uniforms were no less effective in this purpose.[32] From Violet Wilson's perspective, the VAD uniform served the same purpose, while helping to preserve the purity of the VADs' maternal qualities.

The visual propaganda of the war, produced primarily to further recruitment and fund-raising, fully embraced this evocative patriotic and maternalist symbolism of the war nurse, emphasising the white veil and red cross. Alonzo Earl Foringer's illustration of the "Greatest Mother" created for the American Red Cross, was arguably the most successful, since its potent imagery still fuels heated debate, particularly among feminist scholars.[33] The angelic, Pieta-styled central figure, draped in classical white robes adorned with a red cross, while clasping the miniaturised wounded soldier to her breast, clearly represents a war nurse, and emphasises her healing maternal qualities, over training and skills.

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[31] Maude Wilkinson, "Four Score and Ten", Canadian Nurse, 73:10 (October 1977) p. 29.

[32] McPherson, Bedside Matters, p. 37.

[33] Titled: "The Greatest Mother in the World", the illustration was created for an American Red Cross fund raising campaign, c. 1918, by Alonzo Earl Foringer. See: Joseph Darracott, (ed.), The First World War in Posters (Toronto/London: General Publishing/Constable, 1974) p. 1 [Plate 56]. For interpretations see: Sandra M. Gilbert, "Soldier's Heart: Literary Men, Literary Women, and the Great War", in Margaret Higonnet, Jane Jenson, Sonya Michel and Margaret Collins Weitz, (eds.) Behind the Lines: Gender and the Two World Wars (New Haven/London: Yale University Press, 1987) p. 212; also, Jane Marcus, "The Asylums of Antaeus. Women, War and Madness: Is there a Feminist Fetishism?", in Elizabeth Meese and Alice Parker, (eds.) The Difference Within: Feminism and Critical Theory (Amsterdam/Philadelphia: J.

Echoed in countless illustrations and photographs promoting the war effort, such images blatantly linked religion, class, patriotism and maternal duty.[34] The idea of women's instinctive ability for nursing drew on the Nightingale legacy, promoting an Anglo-Victorian ideal of femininity as the model nurse.[35]

Regardless of the ideal, in reality, the experience of the VADs and nurses was often in marked contrast to the romanticised representations. When photographers from Canada's War Records Office selected VAD ambulance driver Grace MacPherson to portray Canadian women's service abroad, the pictures presented an energetic woman, healthy and hard-working, while still handsome in appearance, rather than fragile femininity.[36] Dressed in a plain service coverall, her hair was tousled, her hands oily, but with a rugged elegance, Grace sat at the wheel of her ambulance, changed the tire, cranked the engine, and filled the radiator, smiling all the time with a reassuring candour, although Grace recorded the day in her diary as "an awful ordeal".[37] Photographs like these helped to reaffirm that women on active service remained wholesome and ruggedly

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Benjamins, 1989) p. 64; and also, Sharon Ouditt, Fighting Forces, Writing Women: Identity and Ideology in the First World War (London/New York: Routledge, 1994) p. 20.

[34] The visual representations of the Great War and women's part, are examined in: Diana Condell and Jean Liddiard, Working for Victory?: Images of Women in the First World War, 1914-1918 (London: Routledge & Kegan Paul, 1987) Chapter II, pp. 20-53. Also, Hutchinson, Champions of Charity, Pictorial Essay, Plates 1-24. See also, Maurice F. V. Doll, The Poster War: Allied Propaganda Art of the First World War, (Edmonton: Alberta Community Development, 1993).

[35] Condell and Liddiard, Working for Victory, p. 20.

[36] Sandra Gwyn, Tapestry of War: A Private View of Canadians in the Great War (Toronto: Harper Collins, 1992), pp. 435-438. These photos were later used as part of an exhibition of Canadian war images held in London in July, 1917. At least one was reproduced back in Canada in a wartime newsletter, The Canadian Daily Record.

[37] Canadian War Museum (CWM), (58A1 21.12), Grace MacPherson Diaries, "9 June 1917"; also, NA, PA1315, Photograph: Grace MacPherson, "Canadian VAD Ambulance Driver with BRCS, Étaples Motor Convoy" (8 June 1917).

feminine, while performing a useful patriotic service. Pictures of military hospital wards, with neat rows of well-disciplined patients in immaculate hospital cots, watched over by rigidly erect and aseptically proper nurses and VADs, also reinforced Victorian notions of order and decorum, and unassailable propriety between patient and nurse.[38] Other examples of official photographs, including one entitled "The Three Shining Lights of Pine Hill Hospital", depict the first three Halifax VADs who were permitted to serve in a military convalescent hospital. They were posed in the style of the Mikado's "three little maids', emphasising their Victorian femininity and charm.[39]

In contrast however, less wholesome portrayals of nurses and VADs fed on the social unease attached to the uniformed military nurse as a public figure. Suggestive rather than overt, these words and images ostensibly celebrated women's war efforts, but slyly ridiculed perceived ineptitude and questioned their purity. A book entitled Our Girls in Wartime, represented women war workers in verse and picture, but a sharp edged humour alternately belittled their efforts, or implied that the non-traditional public role rendered women sexually vulnerable.[40] Wearing an unusually flattering uniform, well above eight inches from the floor, "Nesta the VAD" is lasciviously eyed by her bedridden patient. A tortuous epithet proclaims:

> "Nesta's nursing down our way
> V.A.D.

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[38] See: Order of St John, St John in Focus: A History of St John Ambulance in Photographs (London: Order of St John, 1987).

[39] M. S. Hunt, Nova Scotia's Part in the Great War (Halifax: Nova Scotia Veteran Pub. Co., 1920) p. 434. A fanciful adaptation of Victorian values onto a Japanese setting as an operetta, the "Mikado" was produced by W. S. Gilbert and Sir Arthur Sullivan in London, March 1885.

[40] Hampden Gordon, Our Girls in Wartime (London: John Lane, The Bodley Head, c. 1917).

I met Nesta yesterday
And henceforth I shall pray
That D.V.
In her hospital I'll stay
If some bits of bullet stray
Into me

Nesta if you see this lay
R.S.V.P."[41]

Mass produced postcards of the era also popularised the images of military nurses.[42] One series titled "In Praise of Nurses" offered 18 illustrations of nurses and VADs, each identified by a prominent red cross on her uniform, they ranged from patriotic, and otherwise innocuous, to exaggerated fantasies of nurse-patient relationships. These portrayed nurses as dangerous, seductive, shameless and promiscuous, alternately cavorting with the soldier patients, sitting on their laps, smoking and drinking, and even proffering an apple with a sidelong glance over a suggestive caption, "The Patient is Not Yet Out of Danger".[43] Under the stress of war which had disrupted the accustomed social patterns for young men and women, the ever present images of the nurse and soldier were easily distorted.

Nursing administrators on both sides of the Atlantic struggled to maintain the balance between these popular representations and the reality of wartime nursing. The task was made more difficult by the general unease of a society more dependent on

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[41] Ibid, p. 17.
[42] Tonie Holt and Valmai Holt, Till The Boys Come Home: The Picture Postcards of the First World War (London: Macdonald & Jane's, 1977).
[43] Sylvia Marie Haynes Museum of Cards, Postcard Series: "In Praise of Nurses", [18 cards] (Wem, Shropshire: Halcyon Cards, [c. 1914-1918]).

women working outside the home in non-traditional roles than at any remembered time.[44] Official propaganda supported the reassuring image of the nurse as maternal, with an aura of divinity and heroism, which placed her back up on the Victorian pedestal as the "angel in the house", effectively controlled and restricted from taking advantage of her new public role. The commercially produced images which played on social fears, depicting the nurse in uniform as wanton and seductive, were equally controlling, reducing her to a sexual object for masculine pleasure and diminishing her new independence and power. The reality of wartime nursing was carefully edited out of these representations, both the hard work and the many unpleasant tasks, of which British VAD Monica Grenfell had "prayed that people I knew would be ignorant for ever."[45]

During the war the image of the nurse was as popular as that of the brave soldier. Variously represented as angels of mercy, Madonnas or martyred heroines, the maternal and caring qualities of women as wartime nurses competed with the reality of nursing as a skilled, knowledge-based occupation for women. For women aspiring to the service of VAD work, the patriotic and maternal idealisation of wartime nursing supported their ambitions to enter the war hospitals equipped with little more than their natural maternal abilities for nursing. Although this ideal presented nursing in a positive light, it also served to undermine the ambitions of qualified nurses striving to have their work

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[44] The scholarship on women's work in the Great War is extensive, but includes: Gail Braybon, Women Workers in the First World War: The British Experience (London: Croom Helm, 1981); also, Angela Woollacott, "Khaki Fever and its Control: Gender, Class, Age and Sexual Morality on the British Homefront in the First World War", Journal of Contemporary History, 29:2 (April 1994) pp. 325-347; and, Ceta Ramkhalawansingh, "Women During the Great War", in J. Acton , B. Shepard and P. Goldsmith, (eds.), Women at Work: Ontario, 1850-1930 (Toronto: Canadian Women's Educational Press, 1974) pp. 261-307.

recognised as a skilled profession for women. Thus, while the nurses stood to benefit from their prominent role in the war effort, demonstrating their specialised skills and abilities, they were forced to compete with both the negative images in the popular culture, and the VADs with their idealised representation as "natural nurses".

6.3 Working Relations: VADs and Nurses in the British Hospitals

One of the greatest challenges confronting the VADs serving in hospitals, at home or abroad, was learning to work with the paid nursing personnel, all of whom regardless of seniority or status, were their superiors in the hospital hierarchy. The VADs were handicapped from the outset by their inexperience, lack of hospital training, and unfamiliarity with the hospital "culture". Overseas, some Canadian VADs also had to surmount the distrust and isolation that derived from their identity as "colonials", which came as an unexpected affront to both their national pride and patriotic enthusiasm.

Overall, however, VADs and nurses alike were coping with the unfamiliar demands and upheavals of wartime conditions, and learning to live and work together under exceptional circumstances. When Sybil Johnson first arrived from St. John's to begin her VAD service in England, she nervously anticipated meeting a nursing supervisor who fit her own stereotyped image of "a certain kind of Englishwoman who is

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[45] Salmond, Bright Armour, p. 23.

infuriating, self-satisfied and perfectly inhuman."[46] Sybil's defensiveness had been inflamed by the lurid tales of a more experienced Canadian VAD who described the British nurses as "infuriatingly superior, not only that but positively rude and overbearing", although she conceded that "most of them are not bad".[47] Fuelled with these conflicting images, Sybil was in a state of nervous confusion about her impending service, arguing that it would be "quite useless to be up against those in authority, though this girl says it doesn't do to be too docile and meek", but concluding that it was "rather hard to strike a happy medium."[48] During the subsequent 18 months, Johnson's ambivalence towards the nursing hierarchy in the military hospital was always evident. Although she admired their dedication and hard work, Sybil often found the nurses gruff and impatient with both the VADs, and with the patients. By the end of her first month of service, Sybil declared that on "some wards the sisters are pigs and the nurses are horrors. But mine are all nice and quite jolly."[49]

Although Sybil's informant had heightened her anxiety, often the friendship and support of more experienced VAD colleagues was critical to the adjustment process. Their living quarters were frequently situated in draughty and uncomfortable rooms in unsuitable buildings converted for the purpose. The women needed to cultivate a sense of community to help withstand the stresses of their living and working conditions, far from the comforts of home and family. In her classic study of nineteenth century American schoolgirls, historian Carroll Smith-Rosenberg describes a system of

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[46] CNS, Collection-201, Sybil Johnson Papers (File: 2.01.013), "Letter: 25 December 1916".
[47] Ibid.
[48] Ibid.

supportive female friendships through which senior girls assisted new arrivals in the boarding schools.[50] When Jean Sears first arrived in London, she was befriended by an older, more experienced VAD and "taken under her wing".[51] Alice Bray and her close friend Gladys Humphrys were intentionally posted together in a Birmingham hospital, by the supervising Lady Superintendent, Viola Henderson, who accompanied the first group of Canadians overseas. Gladys was to have been paired with another "but when Mrs. H. found G and I were such friends she changed it – so I took quite a lot about her back."[52] Sharing a room, they supported each other through this first unpleasant experience at Birmingham, and subsequently moved on together to a much more congenial hospital placement after six months.[53]

For their part, Canadian journalists emphasised a "jolly school-days" atmosphere among the volunteers, to reassure anxious families back in Canada. The image was not without substance, as young women necessarily sharing a closed homo-social environment tended to revert to familiar rituals of their school years, to better cope with the tensions and uncertainties of the alien world of VAD service. A British VAD in France wrote:

> "Life in a military hospital is a school within a school. Inside the big school of experience, there is a type of school-life which is not unlike that

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[49] Ibid, 15 January 1917.
[50] Carroll Smith-Rosenberg, "The Female World of Love and Ritual: Relationships Between Women in Nineteenth-Century America", in Carroll Smith-Rosenberg, Disorderly Conduct: Visions of Gender in Victorian America (New York: Knopf, 1985) p. 67.
[51] NA, The Great War and Canadian Society Project, "Jean Marita Sears (Suydam)"
[52] NA, MG30 E572, (Vol. I), Alice Bray Correspondence, (File 2: October 1916) "Letter to mother (n.d.)".
[53] Ibid, (File 11: April 1917) "Letter: 12 August 1917".

> which we lived in our 'teens, with its friendships, its 'shops', its frenzied activities and its recreations."[54]

Whenever possible, as with Alice Bray and Gladys Humphrys, VAD officials tried to ease the transition period by providing a support system of siblings or friends serving together in the same hospital [see Appendix 3, Table 3.2]. Sisters Sybil and Jill Johnson were both posted to the 1st Western General Military Hospital in Liverpool, and seem also to have had family in the vicinity.[55] Several Newfoundland VADs worked together at the Ascot Auxiliary Hospital, while another group went to the 4th Northern General at Lincoln, in 1916 [see Appendix 3, Table 3.3].[56] Marjorie Starr, however, arrived as the only Canadian among the primarily Scottish staff of nurses and VADs at Royaumont, and while not excluded, she felt somewhat detached from her co-workers. Describing the members of "the hockey team" as "a burly lot, a good many of them suffragettes", she declined to play with them, but found them to be "a jolly lot just the same."[57]

The relationship between nurses and VADs in the Canadian convalescent hospitals also seemed less troubled by tensions based on class or work related concerns than in hospitals abroad. Bessie Hall found her first supervisor at the Halifax Victoria

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[54] IWM, Women at Work, (BRCS 12.1/15a) K. M. Barrow, "A VAD at the Base", p. 1, reprinted in, Queen Alexandra's Imperial Nursing Service, Reminiscent Sketches: 1914-1919 (London: John Bale & Sons, and Danielsson, 1922) p. 1.

[55] BRCS M&A, Personnel Card Indexes.

[56] See: CNS, M/F-201, Ruby Edith Ayre, Letter: "Lady Roberts to Miss Ayre (10 October 1916)". The Ascot Hospital was often referred to as "Lady Roberts' Hospital". Also see, CNS, Collection-174, Frances Cluett Papers (File: 2.002.001) "Letter: 31 December 1916". Cluett sailed with Bertha Bartlett, Henrietta Gallishaw, Alice Hewett and Eda Clare Janes, and all but Hewett who was ill, started together at Lincoln.

[57] IWM, Department of Documents (DD), Marjorie Starr (Manson) Diary, "2 December 1915".

General to be "particularly nice".[58] Halifax was still recovering from the ravages of the December 1917 explosion, and VADs were frequently assigned to non-critical civilian wards, releasing the qualified nurses for the military hospitals.[59] Bessie socialised with both nurses and VADs, when the VADs were invited to a dance, the nurses helpfully obliged by, "lending us each a pretty dress", since the VADs had left all their civilian clothes at home.[60] Shirley Gordon, a university student serving as a VAD at Toronto's Davisville Convalescent Hospital, found her nursing supervisor equally congenial. Although the VADs were normally served their meals in the Sergeant's Mess, Gordon's supervisor arranged for her to eat with the nurses in the Officer's Mess, "because she was a nice person."[61] In Jean Sears' opinion there was less friction between the nurses and VADs in the Canadian hospitals, than overseas where the organisation was more rigid, but in Toronto there was "not the discipline there was in England, not quite."[62]

The VADs often struggled to comprehend and accept the unaccustomed demands of their new work environment, while the nurses could fall back on their learned responses to the expectations of nursing supervisors with appropriate deference. Jean Sears was amazed by the rituals surrounding the nursing hierarchy and the monarchical

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[58] PANS, MG1, Vol. 661, No. 8, McGregor-Miller, "Bessie Hall Letters" (2 October 1918).

[59] For an analysis of the medical response, see: T. J. Murray, "Medical Aspects of the Disaster: The Missing Report of Dr. Daniel Fraser Harris", in Alan Ruffman and Colin D. Howell, (eds.), Ground Zero: A Reassessment of the 1917 Explosion in Halifax Harbour (Halifax: Nimbus & Gorsebrook Research Institute, 1994) pp. 229-244.

[60] PANS, MG1, Vol. 661, No. 8, McGregor-Miller, "Bessie Hall Letters" (2 November 1918) and (2 December 1918).

[61] NA, A1 9903-005, The Great War and Canadian Society Project, "Shirley Gordon Interview (18 June 1974)".

[62] NA, The Great War and Canadian Society Project, "Jean Marita Sears (Suydam) Interview".

authority of the Matron at the 2nd London General. In the dining hall the senior sisters, hospital administrators and the Matron, all sat at elevated tables. The Matron always made a delayed entrance, while the VAD "nearest the door through which she would come, would get up and go to the door and hold the door open. When the matron would come in you'd have to give her a little bow."[63]

Apart from the primacy of the Matron, Jean Sears also found the British ward sisters "very strict". There were some she "couldn't bear", and ultimately this led to a confrontation:

> "One of them was so rude to me one day that I just turned round and sauced her back. I said, 'I haven't come 3000 miles to work voluntarily to be spoken to like that by anybody.' Of course she reported me to the matron and I was up on the carpet, so that I was changed from that ward."[64]

Jean was "punished" by her removal from the ward, but as a volunteer there was little other disciplinary mechanism available except dismissal. Although undoubtedly a few VADs did transgress a line that rendered dismissal inevitable, the Canadian VADs were more likely to discover that their contracts were not being renewed at the end of their six months' term.[65] At Alice Bray's hospital in Birmingham, the Matron had clearly stated her dislike of "colonials". Of the six Canadians posted there with Alice, only the Welsh born Annie Wynne-Roberts, was re-signed, as the Matron informed them, because

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[63] Daphne Read, (ed.), The Great War and Canadian Society: An Oral History (Toronto: New Hogtown Press, 1978) p. 125.
[64] Ibid.
[65] The British Red Cross Society's VAD Personnel Card Indexes record the evaluations of the hospital Matrons regarding the quality of VAD work and their overall attitude. The BRCS privacy policy prevents the publication, or identification, of these comments.

she at least was "British".[66] To what extent this was a xenophobic reaction, or simply a pent-up resentment against the VADs overall, but more easily directed at Canadians, is difficult to assess. Grace MacPherson faced a similar charge against her "Canadian-ness" at the Étaples Motor Convoy, as did Violet Wilson in a London hospital. Violet was a high-spirited and self-confident woman, whose strong-willed, assured demeanour was likely anathema to the strict, conservative attitude of the hospital matriarchy accustomed to deference and instant acquiescence to authority. A clash of wills was almost inevitable:

> "The English nursing sisters were very antagonistic to all VADs and seemed to go out of their way to be unpleasant to us, and more particularly to 'colonials'. We had to take a good deal from them, but when it was announced that were to get up half an hour earlier in the morning in order to take hot water to them in their bedrooms I rebelled. I said I'd come to help wait on the men, not the nurses, and I said it very loudly! . . . Told by the Matron that *COLONIALS*, [sic] amongst our other awful characteristics, had no sense of discipline, I was put on night duty as punishment."[67]

Outside of England, where military hospitals were often constructed of canvas tents or wooden huts organised in endless rows, the pace of wartime nursing was less formally structured. Weeks of pleasant idleness could suddenly erupt into endless days and nights caring for a constant stream of incoming patients. In this environment there was less friction between the military nurses and VADs, as everyone struggled to work together as efficiently as possible in overcrowded and understaffed facilities. Once the rush was over, VADs and nurses took the opportunity to share a walk in the French countryside, or a trip into town for tea at the local café. Frances Cluett, posted to Rouen,

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[66] NA, MG30 E572, Alice Bray (Vol. I, File 7) "Letter: April, 1917".
[67] NA, Voice of the Pioneer, "Violet Wilson Interview".

recorded her days spent in the company of nurses and VADs, touring the Public Gardens, prowling through quaint little shops, and enjoying café-au-lait in a local hotel.[68] By 1918, with trained British military nurses in short supply, capable VADs were often allowed more responsibility and autonomy in the overseas wards than would have been tolerated in the hospitals in Britain. Muriel Wainwright, a former Ottawa civil servant was quickly promoted from "senior VAD" to "assistant nurse", in order to accompany a contingent of 40 British nurses posted to an Italian military hospital on the Mediterranean.[69]

In France, Annie Wynne-Roberts was put on night duty "in sole charge of the camp", the term for a hospital entirely under canvas.[70] At the Royaumont hospital in France, however, there was some discord among the qualified nurses regarding the employment of partially trained nurses and VADs, because the Chief Medical Officer, Dr. Ivens, a champion of the rights of women physicians, "was less sympathetic to the anxieties of the nurses."[71] During Marjorie Starr's term as a VAD at Royaumont, these problems had contributed to friction between the nurses and the administration.[72] Yet, little of this was manifested in the relationship between the nurses and VADs, and Starr herself made a friend of the second Matron. On one occasion they visited an American hospital together and both were introduced as Scottish "nurses", this delighted Marjorie

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[68] CNS, Collection-174, Frances Cluett (File: 2.02.002) "Rouen: 26/10/17".
[69] The Civilian, XI:10 (September 1918) p. 254.
[70] Charles Lyon Foster, (ed.), Letters from the Front: Being a Record of the Part Played by Officers of the Bank in the Great War, 1914-1919, Vol. II (Toronto/Montreal: Southam, 1920) p. 225.
[71] Eileen Crofton, The Women of Royaumont: A Scottish Woman's Hospital on the Western Front (East Lothian: Tuckwell, 1997), p. 127 and pp. 79-80.
[72] Ibid, p. 127.

because "they were unaware I was a humble VAD swanking around with the Matron".[73] The British writer Lyn Macdonald has described "the happy-go-lucky atmosphere of hospitals in France". While this may be an over optimistic impression, the evidence of the Canadian VADs also projects the image of a more relaxed atmosphere among the staff of the European hospitals.[74]

Regardless of where they served, however, VADs were aware of their inadequate nursing skills and lower rank. Intelligent, industrious and fully dedicated to the ideal of patriotic service, Sybil Johnson was willing to work hard alongside any of the nurses at the Liverpool hospital, but at times resented being considered incapable of the work: "My sisters are very nice, though the one in charge rather oppressively acts up to her idea of a super-woman among imbeciles".[75] Less assertive and more sensitive, her sister Jill Johnson was aware of her own shortcomings as a nurse. Once, when she was moved to tears, a surprised patient commented that he "didn't know nurses wept", to which Jill replied, "I'm not a nurse, only a sham one".[76] For Sybil, the measure of a good nurse was her intelligence and industry. Early in her service, she confidently declared: "ours is a very happy ward now. The sister in charge is very nice and capable".[77] Unfortunately the harmony was fleeting, and a month later Sybil was frustrated and angry:

> ". . . when my own (night) sister told me to clear the trolley, of course I did so and was violently attacked for it in the middle of the ward by the charge

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[73] IWM, DD, Starr Diary, "14 November 1915".
[74] Lyn Macdonald, The Roses of No Man's Land (London: Penguin, 1993 [c. 1980]) p. 112.
[75] CNS, Collection-201, Johnson Diary (14 January 1917).
[76] Ibid, (16 June 1917).
[77] Ibid.

> sister. I said my sister had told me to do it. But most of these people have the manners of pigs. They make me furious."[78]

By February of 1918 the VADs were resigning "in droves" from the Liverpool hospital, with more than 164 leaving in the six months since the arrival of the new Matron. Sybil judged this Matron to be insensitive to the needs of her volunteer staff, refusing reasonable requests for time off when brothers or fiancés came home on leave, "so they simply go." She was also unable to "keep her Sisters in order", and they in turn harassed the VADs: "No decent maid would put up with it -- such abuse and impudence." Yet for all of her criticism, Sybil Johnson still judged her "superiors" generally to be reasonable women.[79]

Marjorie Starr felt a similar ambivalence, but she recognised that there were differences in the individual nurses at Royaumont:

> "I have had the most trying sister in the hospital to train me, and now I have another, and what a difference: the other used to lose her head in a rush, and really I never knew if I was standing on my head or my heels, and I never seemed to get through, as she never let me finish anything in peace, always fly away to get this and that, then why wasn't this done?"[80]

By contrast, the calm and easy-going Frances Cluett had few complaints about her nursing associates, and in Rouen, Sister Horrocks appears to have had complete trust in Cluett's ability and judgement, leaving her to supervise half the wards on her own.[81] A sympathetic nature, sense of humour and unflappable common sense were assets in the frequently chaotic atmosphere of front line hospitals. Frances was often left on duty alone when the Sisters had a half-day leave, although she was not immune to error. Once,

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[78] Ibid, (17 July 1917). Note that the date in the T.S. is mistyped as "May".
[79] Ibid, (3 February 1918).
[80] IWM, DD, Starr Diary (27 September 1915).

when she failed to report a "gas blistered man" to the Medical Officer, she accepted her lapse with equanimity: "Sister will be mad in the morning because I said nothing about it. However, there it is."[82] Cluett saved her energy and emotion for the patients, and rather than indulge in emotional outbursts, she learned how to manage the nursing hierarchy and navigate the rules and procedures. Writing to her mother late one night, Frances confided she had used a forbidden candle, "but have to blow it out, if I think matron or Super Night Sister is prowling about. Then relight it again."[83]

Having taken the measure of her nursing supervisors, Frances Cluett's self-assurance and practicality relieved her of much of the stress of her working conditions. Sybil Johnson, by comparison, worried about the working relationship between VADs and nurses throughout her service, convinced they would all have been more productive if the Sisters had been "impressed with the idea that they are only ordinary women after all, not a separate, superior and privileged race."[84]

6.4 Challenging the Professional Goal: VADs and the CAMC Nursing Service

If the soldier was the universal hero of the war, the nurse was the undisputed heroine. Regardless of his heroic status, the soldier still remained an accessible figure, a member of almost every Canadian family. The Canadian military nurses, however, were

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[81] CNS, Collection-174, Frances Cluett (File: 2.02.003). Letter: "17 February 1918".
[82] Ibid (File: 2.02.002). Letter: "26 October 1917".
[83] Ibid (File: 2.02.003). Letter: "September 1918".

more distant relatives, since only women with proven skills and training were selected for active service abroad. As Jean Gunn observed, "the need for nurses was so limited that the majority of nurses who volunteered had to remain at home".[85] This was a matter of some discontent, since more than 600,000 Canadian men were accepted for service, but only 3,141 nurses were chosen for overseas service in the CAMC hospitals.[86] Military nursing was recognised by Canadian nursing activists to be a privilege. In Natalie Riegler's words it was also an "opportunity to represent the ideology of the profession" on both a national and international stage.[87] In the public spotlight as never before, Canada's nurses could not only promote their own professional aspirations, but also serve the interests of the government which hoped to consolidate popular support for the war effort by demonstrating superior medical care for the fighting forces. This was a particularly contentious issue at the time of the publication of the Bruce report in 1916.[88]

The importance of maintaining an appropriate image of dedication, service and expertise was all the more critical with the nurses' increased public role in the war effort, demonstrating a balance of competence and femininity in order to represent the ideal of the "professional" nurse for the post war era. Graduate nurses were expected to maintain this image in their work, primarily as private duty nurses in the home, where they were

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[84] CNS, Collection-201, Sybil Johnson Diary (File: 2.03.002). Letter: "18 July 1918".
[85] Jean Gunn, "The Services of Canadian Nurses and Voluntary Aids During the War", Canadian Nurse, 15:9 (September 1919) p. 1975.
[86] Desmond Morton and J. L. Granatstein, Marching to Armageddon: Canadians and the Great War, 1914-1919 (Toronto: Lester & Orpen Dennys, 1989) p. 279. Also: Stuart, "War and Peace", p. 173.
[87] Natalie N. 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., University of Toronto, 1992) p. 198.

released from the gimlet eye of the Matron, but were still held to account by societal expectations for respectable women employed in the public domain. When the war brought the CAMC nurses back into the hospital milieu, it was no longer in the role of submissive students. Despite the assurances of an anonymous CAMC nurse that a "democratic spirit" reigned in the CAMC hospitals, and that former "Superintendents of civil hospitals meet their pupils on an equal footing", without any "hint or suggestion of old-time condescension and superiority", there was a degree of adjustment to be made.[89] Military nursing also called for two other critical adjustments to the structure of hospital nursing. In the first instance, civilian nursing involved patients of both sexes and a broad spectrum of ailments, and ages, while military nursing concentrated primarily on young, male surgical cases. Secondly, the hospitals were overseas, far from the influences of home, family and the constraints of accustomed social standards. As Meryn Stuart aptly described it, military nurses "knew how to have fun with each other and the military medical officers", even if "fraternising with the non-commissioned men was strictly forbidden."[90]

These conditions challenged civilian nursing leaders at home, who sought to maximise the opportunity to demonstrate the modern scientific skills of trained, graduate nurses under the stress of war, while reinforcing their image of virtuous femininity. The power of the collective imagination was as likely to valorise the nurse as an "angel", as it was to brand her as a vixen. While the protective mantle of the CAMC nurses' military

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[88] Col. Herbert A. Bruce, Report on the Canadian Army Medical Service, (London: 20 September 1916).
[89] Nursing Sister, CAMC, "Military Nursing", Canadian Nurse, 13:8 (August 1917) p. 484.

rank gave her status and authority, this symbolic masculine attribute could also be disquieting. As Janet Watson observes, in wartime, "women were to be defended, not the defenders, therefore 'military women' was an oxymoron."[91] For nurses then, the assertion of femininity was essential to the realisation of their professional aspirations. British military nurses had many of the same concerns as their Canadian counterparts, although they lacked the distinction of military rank. Anne Summers argues, however, that whatever status they lacked with regard to military rank was resolved in a strict hierarchical hospital system and a multiplicity of distinctive nursing service branches.[92] During the war, the on-going struggle of the British nurses for professional recognition culminated in the *Nurses' Registration Act* of December 1919, which created a General Nursing Council to oversee the Register, approve training schools, and establish a standard curriculum for state examinations.[93]

In the post-Nightingale era nursing schools reinforced expectations of a high standard of training and skill, establishing rituals of nursing practice as well as the aura of feminine virtue in their graduates. This "professional ideal" was suddenly challenged by the unexpected resurgence of the casually trained amateur nurse, wearing the uniform of the VAD. Well before the Canadian National Association of Trained Nurses (CNATN) began to consider the VAD programme as a threat, its unsuccessful bid to ensure the superior qualifications of all overseas CAMC nursing sisters had alerted it to the need for

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[90] Stuart, "War and Peace", p. 173.
[91] Watson, "Active Service", p. 293.
[92] Summers, Angels and Citizens, pp. 237-247.
[93] Bingham, Ministering Angels, p. 175. The first state examinations were held in 1925.

vigilance in order to maintain the integrity of Canada's military nurses.[94] As previously discussed, Matron-in-Chief Macdonald successfully circumvented most of the government attempts to introduce VADs into the CAMC nursing service, as well as the more subtle manoeuvrings of influential medical personnel acting on behalf of friends or family. Inevitably some VADs were successful in finding a place in a CAMC hospital, but few were ever assigned tasks on the wards. A change in CAMC policy was noted by the Assistant Commissioner for France of CRCS in 1917, which was designed to relieve military orderlies for active service:

> "We are making a change in our Recreation Huts and have been getting out young Canadian ladies as VAD members to replace orderlies in these huts; the change so far has been very satisfactory indeed. . . . At No.3 General, the Recreation Hut has been turned into a ward during the recent rush and the VADs there have been assisting the nursing sisters. At No.1 General the hut remains a Recreation Room by day and is a sleeping place for convalescents at night; there the VADs have been organising concerts, whist drives, billiard tournaments, etc., for the patients, keeping them amused -- writing letters for them. The experiment, so far as it has gone, has been a decided success."[95]

The Commissioner was careful to emphasise that VADs were "assisting" the nursing sisters, more particularly as the Red Cross had regularly stated its opposition to unqualified nurses, despite the CRCS support of the Canadian VAD programme.[96]

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[94] See: Chapter 2.4.

[95] Canadian Red Cross Society (CRCS), First Aid Bulletin, #27 (June 1917) pp. 23-25. (From a report for the first 6 weeks ending April 28, 1917). Also see: Kenneth Cameron, Col., History of No. 1 Canadian General Hospital, 1914-1919 (Sackville, NB: Tribune Press, 1938) pp. 652-657. The author cites six VADs at this hospital. Also: R. C. Fetherstonhaugh, (ed.) No. 3 Canadian General Hospital (McGill) 1914-1919 (Montreal: Gazette Printing Co., 1928) p. 269. There were four VADs at this hospital.

[96] CRCS, First Aid Bulletin, #1 (April 1915) p. 7. The CRCS at this time stated "the Red Cross Society thinks wounded soldiers need the best nursing, and so are sending only trained nurses". Also: CRCS, First Aid Bulletin, #3 (June 1915) p. 3. The policy was amended in June 1915, suggesting that untrained nurses could be used only if the supply

Although VADs in the British hospitals have noted that during periods of particular stress on hospital resources they took on increased responsibilities, the notable change in Canadian policy came to the attention of the Matron-in-Chief of the British Expeditionary Force (BEF) Nursing Service, Dame Maude McCarthy:

> "In April, 1917, the D.G.M.S. sanctioned the employment of 15 V.A.D. Members in Canadian Hospitals, for work in the recreation huts, and as secretaries. These ladies were members of the Canadian Red Cross Society and in each of the larger units there were two employed."[97]

Two of the fifteen, Marie Meagher and Helen Mathewson from Montreal, had taken the initiative to train as VADs in London, but were later registered as Canadian Imperial VADs, after they were posted to the CAMC No.3 Canadian General.[98] Canadian VADs had made some inroads into CAMC hospitals as early as 1916 as support personnel. This was noted by Matron Cameron-Smith of the CAMC, when she toured two "special" hospitals on the South coast of England. The Westcliffe Canadian Eye and Ear Hospital, was mentioned for the "special work of the lady VAD helpers . . . of interest, as very few of the CAMC Hospitals as yet, have employed VAD assistants."[99] Established in late 1915, Westcliffe had a staff of 28 CAMC nursing sisters caring for

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of trained nurses was depleted, apparently in response to Britain's changed policy of allowing VADs into their military hospitals. There was no change in CAMC policy towards VADs..

[97] Public Records Office (PRO), Kew, # WO222/2134, Miscellaneous Files, 1914-1918, "Report on Work in France of the Canadian Army Medical Corps" (Matron E. M. McCarthy, Principal Matron, France, B.E.F.).

[98] Marie Meagher joined the London #34 Detachment (UK) in 1914, and served as a VAD in two British hospitals before being posted to No. 3 C.G.H. (McGill). Helen Mathewson became a VAD in 1917, and was sent by the CRCS to help organise Recreation Huts in France. See: BRCS M&A, Personnel Card Indexes; also: CRCS, Bulletin, #27 (June 1917) p. 23.

300 patients in 1916, assisted by the two Canadian VADs, and a Home Sister who managed the nurses' quarters. One VAD was in charge of the main telephone, while the other provided a supply link between Westcliffe and a large Red Cross Depot at the nearby Shorncliffe military hospital complex.[100] This was particularly useful from Matron Cameron-Smith's perspective, since the supplies were "one person's work, and the fact that Miss Baldwin does it so capably, allows a Nursing Sister to be free for the more technical duties". She also noted some unidentified "voluntary helpers" who were "assisting in more humble duties". Obviously aware of problems and the concerns of British nurses regarding VADs, the Matron seemed surprised to find all of these volunteers surprisingly co-operative, noting, "there is certainly no evidence of friction between sisters and VAD workers, or the latter and the servants."[101] She was equally interested in the arrangements at the Beechborough Park convalescent hospital in the same area, which had a far higher proportion of VADs, some with nursing duties. Here there were "twelve well-trained, splendid nurses and eighteen VAD helpers, enthusiastic, capable, gentle and strong."[102]

As the numbers of Canadian VADs gradually increased, the civilian nursing association, the CNATN, watched with increasing alarm, concerned about the potential repercussions for the status and job security of nurses in the post-war. The President of

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[99] NA, MG30 E45, Macdonald Papers, (History of Nursing Services -- Memoranda), "Westcliffe Canadian Eye and Ear Hospital, Folkestone: Matron Cameron-Smith's Article".

[100] The telephonist, Mrs Aver, came from Hamilton, Ontario, no other information has been found. Miss (or Mrs) Baldwin could be Marion Robertson Baldwin of Toronto, no other information was located.

[101] NA, MG30 E45, Macdonald Papers, "Matron Cameron-Smith's Article".

the CNATN, Jean Gunn, addressed the Convention in August, 1918, cautioning the membership:

> "We cannot afford to allow the crisis through which we are now passing to furnish a loop-hole for us to lower our standards, for while it is very easy to lower them, it is very difficult to bring the standards back where they were before."[103]

Gunn was referring not only to the war conditions, but also to a new St John Ambulance Brigade proposal to supply VADs to the military convalescent hospitals in Canada on a continuing basis into the post-war to supplement the dwindling supply of qualified nurses. Jean Gunn realised that if the medical services came to rely on VADs to supplement nursing shortages, it could only result in an overall reduction in nursing standards. She thus cautioned the membership to "bear in mind that we cannot afford to go backwards; we have to go forward."[104]

Although Matron-in-Chief Macdonald had kept the majority of Canadian VADs out of the CAMC hospital wards, neither she, nor Jean Gunn had foreseen how convalescent care could present a new challenge to the nursing service. As the early optimism for victory receded, and the casualty lists multiplied, governments had begun to realise the urgency to salvage as much as possible from the survivors of the carnage. The need for rapid development in effective rehabilitative services for wounded soldiers became readily apparent, rendering the Great War, as historian Ruby Heap observes, the

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[102] Ibid. The Canadian War Contingent's Association which supported the hospital was a later addition to the national Relief Committee, and thus associated with the CRCS.
[103] Jean Gunn, "Address: Canadian National Association of Trained Nurses Convention", Canadian Nurse, 14:8 (August 1918) p. 1211.
[104] Ibid.

"major impetus" for the development of physiotherapy as a "woman's profession."[105] In order to restore men to fighting strength, or at least to a level of self-sufficiency as veterans, modern techniques in remedial massage and other physical therapies became critical to the treatment programmes in military convalescent hospitals established across Canada under the Military Hospitals Commission (MHC). The instruction of young women as physical therapists was seen as an essential element of the programmes.[106]

The CAMC hospitals overseas were equally concerned to rehabilitate men quickly and effectively, in hopes of returning them to fighting form, demanding a supply of competent physiotherapy personnel to meet these objectives. Consequently, debates erupted over who should provide the various physical therapies in the CAMC hospitals, although as early as 1915 certified masseuses had been applying directly to the CAMC for positions in overseas hospitals. These applications were regularly referred to Matron Macdonald, and it became necessary for her to develop a reasonable policy for dealing with them. Not surprisingly, Macdonald was unwilling to entertain applications from any but fully qualified nurses certified in massage, even for non-nursing masseuse positions.[107] Although the need for massage therapy intensified, Macdonald held to her policy of training CAMC nursing sisters as masseuses, rather than importing new

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[105] Ruby Heap, "Training Women for a New 'Women's Profession': Physiotherapy Education at the University of Toronto, 1917-40", History of Education Quarterly, 35:2 (Summer 1995) p. 139.

[106] Desmond Morton and Glenn Wright, Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930 (Toronto: University of Toronto Press, 1987) pp. 41 and 93.

[107] NA, RG9 III B2 (Vol. 3459), (File: 10-1-7) "Grace Jenkins to Matron-in-Chief Macdonald (1915), "Matron-in-Chief to Grace Jenkins (31 December 1915)"; also (26 May 1916); and (27 May 1916)". Jenkins was a certified masseuse with two years of

personnel to carry out the work.[108] The Matron viewed nurses' training as the appropriate prerequisite for a masseuse, and was no more enthusiastic about the Militia Department's new arrangement with St John Ambulance to train VADs as masseuses for the CAMC hospitals, than she was about VADs becoming nursing assistants.

In response to the increasing demand for certified physiotherapy personnel for the hospitals, a Military School of Orthopaedic Surgery and Physiotherapy was established on the University of Toronto campus in 1917, in the newly constructed Hart House building.[109] Over its two year term, the School "graduated" some 250 students in one of four specialised six-month courses, in massage, muscle function training with mechanical apparatus, physical training, or occupational therapy.[110] The programmes were instituted to ensure a ready supply of trained rehabilitation personnel for the military convalescent hospitals at home, and presaged the reorganisation of the existing Canadian VAD scheme to include a new category of VAD masseuse. By early 1918, the Militia Department had also recognised that the VAD organisation could be diversified to play a more useful and economic role in the ever growing numbers of military convalescent hospitals in Canada. To accommodate this new initiative, the previous system of training and organising the VADs had to be restructured within a new framework. The original Voluntary Aid

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nurses' training. Ineligible for CAMC nursing, she hoped to be accepted as a masseuse, but Macdonald refused, despite a growing need for massage personnel.

[108] Ibid. "Matron-in-Chief to Miss C. Hamilton (29 September 1916)". Macdonald initially directed applicants to St John or the Red Cross, then to the Almeric Paget Corps (UK), who supplied civilian masseuses to the RAMC, and the CAMC when needed.

[109] Heap, "Training Women for a New 'Women's Profession'", p. 140; also see: Ruby Heap, in Edgar-André Montigny and Anne Lorene Chambers, (eds.) Ontario Since Confederation: A Reader (Toronto: University of Toronto Press, 2000).

Scheme, which was once envisioned as a largely male component, was now re-configured to reflect its true gender identity, as the Women's Aid Department, or W.A.D.[111] The administrative hierarchy remained unchanged, with the Department of Militia and Defence the ultimate overseer, but the organisation and training was still delegated to the St John Ambulance Brigade. The programme was then expanded and subdivided to accommodate new specialised functions for the VADs, with the unpaid VADs divided into two groups, as the regular Nursing Members, and a new section called Function Trainers, who would specialise in physiotherapy. Both groups would complete the required first aid and home nursing courses, but the Function Trainers would enter an additional three month course at Hart House, to learn massage, and muscle function therapies with mechanical or electrical apparatus. Once certified, the VAD Function Trainers would be sent out to serve as physical therapists in military hospitals.[112]

The W.A.D. also created a new category of "salaried" VADs, again divided into two groups, one that functioned like the original British division of General Service VADs, providing non-nursing support services in the hospitals. The other was designated as a Special Service group, to be trained in massage during a six month course at Hart

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[110] Heap, "Training Women for a New 'Women's Profession'", p. 139. The author cites a 12 month diploma course in massage and medical gymnastics established at McGill University's School of Physical Education in Montreal, in 1916.

[111] NA, RG9 III B2 (Vol. 3460), (File: 10-1-7) "Memorandum, Minister's Office, O.M.F.C. (3 July 1918)".

[112] St John Ambulance Brigade (Overseas) within the Dominion of Canada -- Women's Aid Department (W.A.D.): Regulations, 1918, pp. 4-5. The age limit for Function Trainers (FT) was 21 to 50, compared to Nursing Members at 21 to 48. Contracts for FTs ran 12 months, but only 6 months for VAD nurses. There were a few other minor differences, but recompense and regulations were identical.

House, and then sent on to a salaried post as a masseuse in any of the military hospitals across Canada.[113]

The new School and the reorganisation of the VADs, signalled the growing concern for nursing shortages and the mounting costs of rehabilitation, as a memorandum from the Minister's office of the Overseas Forces (OMFC) confirmed:

> "In regard to electrical remedial work. . . would it not be better to employ VADs and train them, rather than take Nursing Sisters who have had upwards of three years' course in Canadian Hospitals to qualify for their particular branch of work.
>
> In connection with massage, VADs are trained to this work who are not regular Nursing Sisters. . . In other words owing to the possibility of Nursing Sisters becoming scarce it is desirable to conserve the personnel of this Branch of the Service as much as possible. From an economic standpoint there would be an advantage as young ladies trained for this work would not be Lieutenants."[114]

With the military's long standing resistance to the use of volunteers, particularly female volunteers, Major General Foster, the Director of Medical Services (DMS), supported Matron Macdonald and responded to this suggestion diplomatically, but firmly in the negative. He argued that although the VAD masseuse might "serve admirably", she had come too late, since the CAMC had a well-established programme for training nursing sisters in massage and other therapies, as well as training "low category" men, no longer physically fit for combat, to perform some of the remedial physiotherapy under

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[113] Ibid, pp. 5-7. Special Service Masseuses were to be from 22 to 38 years, the salary scale based on seniority and experience, and the two St John certificates were also required.

[114] NA, RG9 III B2 (Vol. 3460), (File: 10-1-7) "Memorandum, Minister's Office, O.M.F.C. (3 July 1918)". Although the copy of the document is unsigned, Sir Edmund Kemp was Minister at this time. It is possible that it was written by Sir Richard Turner, the General Officer Commanding the OMFC in London.

direction.[115] Macdonald and others in the CAMC administration were also quick to point out that even unpaid VADs represented additional costs for food, accommodation and transport abroad.[116] Concerned that government officials might institute a plan to place VAD masseuses in the CAMC hospitals, Major-General Foster adamantly declared that "unless it becomes the policy of the Department [of Militia and Defence] to bring over a number of young women from Canada, I would not recommend encouraging any of the girls from Canada. . . to come here and take up this work."[117]

Matron Macdonald regarded any VADs as potentially damaging to the status of military nursing. Instead, she maintained that CAMC nurses trained in the three month massage course at the Granville Military Hospital would be more qualified than the VAD masseuses. She also considered massage work to be beneficial for the nurses working on a rotational basis, who viewed the assignment as a welcome change from the strain of regular nursing duties.[118] Moreover, she maintained that, "it would seem a doubtful economy to employ VADs rather than Nursing Sisters who are, naturally, much more efficient and in a much better position to maintain proper discipline."[119]

Macdonald's arguments were challenged by a group of Canadian government representatives who toured the CAMC hospitals in 1918. They concluded that nurses were unqualified for massage work, and consequently were being used inefficiently if not

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[115] Ibid. "Maj-Gen. G. L. Foster, D.M.S. to the Secretary, Hon. Minister, O.M.F.C. (8 July 1918)".
[116] Ibid. "Memo from Matron Macdonald (14 August 1918)".
[117] Ibid. "Maj-Gen G. L. Foster to Major E. Bristol, C.M.G. (9 July 1918)".
[118] Ibid. "Memorandum from Matron Macdonald (14 August 1918)".
[119] Ibid.

assigned their regular duties.[120] This opinion was based on the advice of the RAMC's Inspector of Massage Services, Dr. Barrie Lambert, a massage specialist herself, who argued that nursing and massage were two distinct fields of specialisation.[121] Yet the outcome of the argument remained unresolved, since much of the debate transpired in the waning months of the war. Transport for overseas VADs was cancelled in anticipation of the Armistice, and discussion regarding the use of VADs for massage in CAMC hospitals became moot.[122]

At the end of the war, Macdonald could congratulate herself on maintaining the integrity of the CAMC nursing service abroad. The VADs had failed to find a back door into the hospitals, and those few who entered by invitation had rarely been able to penetrate the inner sanctum of the wards. Yet the threat had been real, and if the war had ground on for another year, the arguments for economy may well have triumphed over those for training and efficiency.

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[120] Ibid. "R. W. Turner, G.O.C./O.M.F.C., Cdn. H.Q., London, to General Foster, D.M.S. (1 August 1918)". Sir Richard Turner, General Officer Commanding the O.M.F.C. in London, put forward the opinions of Canadian Senators McLennan and White, after their tour of CAMC hospitals overseas. In his letter to Foster, Turner also disagreed with removing Nursing Sisters from regular duty for massage, and favoured the use of VADs.

[121] Ibid. "Memorandum from D.D.M.S. to D.G.M.S., O.M.F.C. (20 August 1918)". Dr. Lambert had organised the Almeric Paget Corps, joining the RAMC as a Medical Officer in 1915. She believed it uneconomic to use nurses for massage, when a lay woman could be trained as effectively and a masseuse knew more about anatomy and physiology.

[122] Ibid. (Vol. 3588), (File: 22-7-10) "O.C. No. 4 Canadian General Hospital, Basingstoke to A.D.M.S. Canadians (27 October 1918)".

6.5 Challenging the Professional Goal: VADs and Nurses on the Homefront

While Matron Macdonald was successfully deflecting the attempts to insert a new category of VAD masseuse into the CAMC hospitals, in Canada the CNATN was embroiled in an equally difficult struggle to keep the newly reorganised VAD nurses from gaining a permanent foothold in the military convalescent hospitals. The challenge derived from the twofold problem of a predicted shortage of qualified nurses and the prospect of thousands of returning wounded veterans. The potential staffing crisis raised the possibility of reducing the standards in hospital training schools, in order to increase enrolment and accelerate graduation, resulting in an oversupply of inadequately trained nurses all competing for jobs and wages. More alarming, however, was the prospect of VADs released from war service eagerly rushing to fill the initial vacancies, and ultimately becoming entrenched as an acceptable substitute for the trained, graduate nurse.[123]

The nursing shortage was caused by a combination of factors that included marriage and military service, as well as the incentive of higher paying war work, which absorbed both prospective students and recent graduates, despite a significant increase in nursing graduates since the pre-war era. The situation was compounded by an unprecedented demand for convalescent nursing due to the war.[124] Fearing the consequences, a "Special Committee" of the CNATN was organised to address the

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[123] Riegler, "The Work and Networks of Jean I. Gunn", p. 148.

[124] McPherson, Bedside Matters, p. 271, footnote # 2. The author cites census data from 1911 and 1921, indicating an increase in student graduate nurses, from 5,600 in 1911 to 22,385 in 1921.

problem of nursing shortages in the military hospitals, in an effort to circumvent any government imposed solution.[125] The Committee ultimately agreed on three alternative proposals, of which two were constituted only as secondary, short-term solutions, and meant to augment the third favoured option that promised long-term benefits. All three were presented to the CAMC's Director of Military Medical Services in Ottawa, in May, 1918.[126]

The Committee believed the only viable solution to the nursing shortage was the expansion of enrolment in nursing schools, and placing the second year students in the military hospitals for their practicum. The federal government would be expected to fund new residences and the other attendant costs of this expansion. This scheme had several merits from the Committee's perspective, including the admission of VADs into the hospital schools on a preferred basis to transform them into qualified nurses. The plan assured that veterans were cared for by pupil-nurses rather than volunteers. It also guaranteed a long-term supply of graduate nurses, and it eliminated any "short cut to the nursing profession."[127] The nurses also suggested that the CNATN would co-operate with St John to facilitate the entry of VADs into nurses' training, thereby gaining control of the process.

The two alternate proposals were presented with demonstrated reservations, suggesting that training schools could potentially be established directly in the military

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[125] Riegler, "The Work and Networks of Jean I. Gunn", p. 154. The five committee members were Superintendents of Nursing at their respective hospitals in Ontario and Quebec.

[126] General J. T. Fotheringham was Director General of Medical Services for the Department of Militia and Defence, formerly of Toronto General Hospital.

hospitals, to ensure sufficient pupil-nurses to staff the hospitals, but this would be at the expense of limiting student experience to the case of male surgical patients alone.[128] The second suggestion, which was preferred by St John Ambulance, was to extend the VAD programme indefinitely as an on-going component of the military hospitals. This was shown to be equally flawed, although the CNATN emphasised that it "appreciates the splendid work" of VADs, and hoped their concerns did not imply "any spirit of criticism."[129] The problem, as the Committee stressed, was that the VADs were not in a position to provide for projected future needs in public health nursing, the Victoria Order of Nurses (VON), outpost nursing, or any other work requiring qualified graduates. More ominous however, was the CNATN's warning that without the legislative means to control the employment of former VADs once they left the hospital milieu, the latter could pose a potential danger to their patients because of their minimal nursing skills.[130]

The CNATN was clearly alarmed by the prospect of unlimited numbers of former VADs entering the employment market, limiting the job prospects of qualified nurses, and potentially damaging the nurses ambitions for professional recognition. The Committee was further dismayed to learn that prior to the submission of these proposals on 14 May 1918, the Department of Militia and Defence had already accepted the St John Ambulance plan to reorganise the VAD programme as the Women's Aid Department (W.A.D.), in order to ensure sufficient nursing personnel for the hospitals at home, and

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[127] Margaret Stanley, "Report of the Special Committee -- CNATN", Canadian Nurse, 14:8 (August 1918) p. 1232.
[128] Ibid.
[129] Ibid.
[130] Ibid, pp. 1232-1233.

VAD physiotherapists for overseas.[131] As demonstrated by Leslie Newell's study of CAMC nursing, there was an apparent lack of communication between the civil and military branches of Canadian nursing. This meant that neither organisation could be alerted by the other regarding the potential threat, thus they were unable to cooperate on a joint solution.[132]

Regardless of the Committee's concerns, Dr. Copp of St John Ambulance maintained a cordial relationship with the CNATN. He met with the Committee representatives to explain how the new W.A.D. organisation was expected to provide VAD nurses and others trained in physical therapies, as well as non-nursing support services for the convalescent hospitals through a new VAD General Service programme.[133] More than 700 volunteers were to be involved at a tremendous cost saving for the government. Jean Gunn argued that the Committee's plan to convert VADs into nursing students was equally cost effective, since no wages were involved.[134] She attempted to convince Dr. Copp of the benefits for the VADs by suggesting a cooperative venture, whereby St John would provide the non-nursing General Service workers, while the VAD pupil-nurses would be supplied by the hospital training schools. A note of quiet desperation seemed to inspire her offer to have VAD pupil-nurses

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[131] Jean Gunn, "Nursing: Address Given Before National Council of Women", Woman's Century, 6:5 (August 1918) p. 11.

[132] Leslie Newell, "Led By the Spirit of Humanity: Canadian Military Nursing, 1914-1929" (M.Sc. [Nursing], University of Ottawa, 1996) pp. 80-81. Major Newell suggests that the lack of communication was not accidental on the part of federal authorities. See: Ibid, p. 81.

[133] Stanley, "Report of the Special Committee", p. 1235. Gunn and two others met Dr. Copp in Toronto on May 15, 1918, the day after the meeting with Gen. Fotheringham. Also see: Gunn, "Nursing", p. 11.

[134] Ibid, Gunn, p. 11.

continue to follow St John regulations and wear the VAD uniform, while they attended the nursing schools.

The CNATN Committee was confounded by Dr. Copp's rejection of the offer to accept VADs as student nurses on the basis that it denied women the opportunity "to nurse the soldiers as a VAD." As career nurses, Gunn and her colleagues could not comprehend why "the enthusiastic, untrained young worker" would not be excited by the "opportunity of qualifying" in a hospital school.[135] The problem was the nurses' inability to envisage nursing solely as an expression of patriotic service. Convinced that VAD service was an expedient means by which to achieve the ultimate goal of a nursing career, the Committee saw its plan for expanding nurses' training to include VADs as a "splendid opportunity for every young woman to be of the greatest national service now and after the war."[136]

Addressing the 1918 CNATN Convention, in an effort to allay the fears of the nurses regarding the post-war objectives of the VADs, Dr. Copp reinforced the principle that the VADs functioned only as a "supplement" to military medical services. He also ardently refuted those critics who claimed the VADs "went over in order to get married", emphasising that VADs were serious in their dedication to nursing as a patriotic service.[137] Yet Dr. Copp failed to realise the concerns of the CNATN that the VADs could endanger their job and wage security, as well as their professional aspirations.[138] Previously, when the Committee had asked him if the VADs intended to use their war

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[135] Ibid.
[136] Ibid.
[137] Dr. Charles Copp, "The St John's Ambulance Brigade", Canadian Nurse, 14:7 (July 1918) pp. 1162-1166.

service as a mechanism for "adopting nursing as a life work", Dr. Copp had fervently assured them that this was "absolutely against the rules", and that no VAD "would seek recognition from the nursing profession" at the war's end. Unfortunately the comfort in the message was blunted by his admission that once a VAD had retired "there was no regulation governing her actions nor could [St John] interfere if she adopted nursing."[139] When the Committee subsequently received word that only the St John proposal for staffing military hospitals would be submitted to the Privy Council, there was little more they could do beyond petitioning the Privy Council to reconsider its plan.[140]

Convinced that qualified nursing care out-weighed economics in the treatment of wounded veterans, the CNATN Committee failed to realise that a cost-effective short term measure was the only concern of the military medical services, and that the long-term provision for civilian nursing needs was not their prerogative. The decision to accept the proposal for the continuing service of VADs in the convalescent hospitals into the post-war era was regarded as a major step backwards for trained graduate nurses, and as a major blow to their drive for professional recognition. Yet the nurses, as well as St John and government officials, had all miscalculated the motives of the VADs, assuming either that they were looking for an accelerated entry into a nursing career, or for a long-term commitment to voluntarism in the hospitals.[141]

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[138] Ibid, p. 1166.
[139] Stanley, "Report of the Special Committee", p. 1235.
[140] CNATN, "Canadian National Association of Trained Nurses' Convention, 1918", Canadian Nurse, 14:8 (August 1918) p. 1226; also, Gunn, "Nursing: Address Given Before National Council of Women", p. 11.
[141] CNATN, "Canadian National Association of Trained Nurses' Convention", p. 1226.

6.6 Disease and Disaster: VADs and Domestic Crisis During the War

The value of volunteer nursing was dramatically proven on the homefront, months before the new St John Ambulance W.A.D. organisation was announced. Calling upon the training provided by St John Ambulance for their original role as a reserve of emergency auxiliary nursing assistants, and as a precaution against invasion, the VAD nurses in Halifax demonstrated their skills and discipline under conditions no less catastrophic than an enemy attack, following the Halifax explosion on 6 December 1917. If further reinforcement was needed, the equally devastating Influenza epidemic of late 1918 supported the arguments in favour of a more permanent role for Canada's VADs as the war drew to a close.

Shortly before 9 a.m. on 6 December 1917, two ships collided in the "Narrows" of the Halifax Harbour, one a Belgian relief vessel, the other a French cargo steamer loaded with munitions. Interested spectators gathered on shore to watch the fire that had ignited on the French ship when, at 9:05 a.m., it exploded in a cataclysmic blast that levelled the north end of the city, and grievously damaged most of the surrounding area, leaving more that 1,600 dead and thousands seriously injured.[142] The disaster was compounded when a ferocious blizzard further devastated the region less than 24 hours later, with 25,000

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[142] Literature on the explosion includes: Alan Ruffman and Colin D. Howell, (eds.), Ground Zero: A Reassessment of the 1917 Explosion in Halifax Harbour (Halifax: Nimbus & Gorsebrook Research Institute, 1994); also, Janet F. Kitz, Survivors: Children of the Halifax Explosion (Halifax: Nimbus, 1992), and Shattered City: The Halifax Explosion and the Road to Recovery (Halifax: Nimbus, 1989); and also, Graham Metson, (ed.), The Halifax Explosion, December 6, 1917 (Toronto: McGraw-Hill, Ryerson, 1978); and, Mary Ann Monnon, Miracles and Mysteries: The Halifax Explosion, December 6, 1917 (Hansport, N.S.: Lancelot Press, 1977).

people still without adequate shelter following the blast.[143] In the immediate aftermath of the explosion, thousands of injured people sought out the nearest medical help, and in Halifax's south end, dozens streamed to the home of Dr. G. A. MacIntosh on Robie Street. The house was still standing although badly damaged, but Clara MacIntosh, a trained nurse and member of the VON, set up a make-shift clinic in her husband's absence.[144]

In her capacity as Lady Superintendent of the Halifax VAD Nursing Division, Clara MacIntosh, also sent out a call for the VADs to report to the local hospitals, only to be told they had already done so. After a day spent offering first aid treatment in her home, and out on the Common during a second blast alarm, Mrs. MacIntosh also reported for duty at the Camp Hill Military Hospital "where I fully realised what our Brigade meant to the public."[145] By noon on December 7, Clara was part of a hastily organised medical relief committee, supervising her VADs, and coordinating a group of untrained men and women volunteers in a system of victim relief.[146] The CAMC's Chief Medical Officer in Halifax, Lt. Col. F. McKelvey-Bell, later established a more formal Medical

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[143] Murray, "Medical Aspects of the Disaster", p. 229.

[144] Clara Harris MacIntosh was the sister of the SJAB District Superintendent for Nova Scotia, and her husband was later Superintendent of the Halifax Victoria General. See: Halifax Chronicle Herald, (26 June 1958) p. 23.

[145] Report of the Chief Commissioner for Brigade Overseas, 10 October 1915 to 31 December 1917 (compl. Earl of Ranfurly), p. 16. Also: Sir Andrew MacPhail, M.D., Official History of the Canadian Forces in the Great War, 1914-1919: the Medical Services (Ottawa: F. A. Acland, 1925), pp. 327-328. Camp Hill had 280 beds, but admitted 1,400 the first day, since military hospitals also were accepting civilian casualties.

[146] Metson, (ed.), The Halifax Explosion, pp. 55-56, & 171; also, Murray, "Medical Aspects of the Disaster", p. 241; and also, PANS, MG1, Vol. 321, Red Cross Collection, "Report of the Work of the Halifax Central Nursing Division of the St John Ambulance

Relief Committee, when an abundance of personnel and supplies began to arrive from various American and Canadian cities. Under this official jurisdiction, Mrs. MacIntosh continued to direct her VADs and other local relief workers.[147]

All but 18 of the 129 active Halifax VADs had reported for duty despite their many difficulties, including 16 who were ill or injured, 23 with injured family members, 16 with homes destroyed or uninhabitable, and four who were out of town. Most had suffered some degree of damage or dislocation, but they still provided first aid "in their neighbourhoods, in the streets, in the parks, on the Common and nearest hospitals."[148] The most frequent injuries had resulted from shards of glass, when windows imploded with the concussion. The efficiency of VAD training following the guidelines in Dr. Cantlie's First Aid Manual was put into practice "arresting haemorrhage, removing glass, plaster and splinters from wounds, applying dressings and splints", and Clara MacIntosh later emphasised that the "knowledge of asepsis" helped the VADs prevent many complications.[149]

Those VADs who reported for duty in the hospitals encountered scenes of carnage that rivalled hospitals in the war zones, and like many of their counterparts overseas, Halifax VADs frequently found they were substituting for qualified nurses in improvised

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Brigade Overseas, Following the Explosion of December 6th, 1917 until December 31st, 1917."

[147] Murray, "Medical Aspects of the Disaster", pp. 234-235; also, Morton & Wright, Winning the Second Battle, p. 92. Bell was the CAMC's Chief Medical Officer at Halifax, he was assisted by Capt. W. H. Hattie, M.D. of the CAMC, and Dr. David Fraser Harris, M.D. of the Dalhousie Faculty of Medicine.

[148] Ibid, Murray; also, PANS, MG1, Vol. 321, Red Cross, "Report of the Work of the Halifax Central Nursing Division", p. 1.

operating theatres. More than 70 VADs were on duty at seven different hospitals during the first 24 hours, many helping to assess injuries and prepare patients for surgery.[150] They were reinforced by 10 VADs from Saint John, and six others visiting the city who stayed on to help.[151] Through the next several days, some 30 VADs went out in the community with improvised first aid kits to help with minor injuries and burns, often holding an impromptu clinic when word spread. The more serious cases were reported to Mrs. MacIntosh, who arranged for proper medical care.[152] By the third day hospital Matrons were sending for VADs to relieve exhausted nurses on their regular shifts, and a year later some of the VADs were still on regular hospital duty in chronic care wards.[153]

Several VADs also assumed the temporary role of public health nurse in the weeks following the explosion, assisting local doctors, investigating home-bound cases, seeking out dislocated families and missing children, and helping to distribute food and clothing.[154] Like the VADs overseas, the Halifax volunteers were suddenly called upon to "fill the gap" until sufficient trained reinforcements could be located, fully justifying their origins as a force of emergency auxiliary nurses in the field.[155] Daisy Shrum was working in the offices of Maritime Telephone and Telegram when the blast struck, but escaped uninjured with her co-workers. Once assured her family members were well

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[149] See: Ibid, "Report of the Work of the Halifax Central Nursing Division"; also, James Cantlie, M.D., British Red Cross Nursing Manual, No. 2 (London: Cassell & Co., 1914); also see, Chapter 4 regarding VAD training.
[150] PANS, MG1, Vol. 321, Red Cross, "Report of the Work of the Halifax Central Nursing Division", p. 1.
[151] Ibid, p. 2.
[152] Ibid, p. 1; also, Monnon, Miracles and Mysteries, p. 138.
[153] PANS, MG1, Vol. 321, Red Cross, "Report of the Work of the Halifax Central Nursing Division", p. 2.
[154] Ibid, pp. 2-3.

cared for, Daisy reported to Camp Hill Hospital remaining on duty for the next five days assisting the nurses, frustrated that it was "almost impossible to help everyone". Later she discovered her employer had been anxiously calling to find out if she had been killed or injured, "as it never dawned on me to go back to work."[156]

Clara MacIntosh had only praise for VADs like Daisy, with little hospital experience, and who, although "unaccustomed to horrors of this kind have shown the greatest endurance", worked 20 hour shifts, and performed unimaginable tasks like assisting at the Morgue, where "the scenes baffled description".[157] By the end of December Mrs. MacIntosh reported that 100 of the VADs had collectively given 1,098 days of service in 16 hospitals, large and small, in the Halifax region.[158] Another 30 VADs gave from one to 11 days each doing first aid work in the community, where they "reported and followed up 217 cases."[159] Noting that one outside medical relief unit had arrived two weeks after the blast to undertake district work, and "found little or nothing to do", Clara MacIntosh rather waspishly observed: "Perhaps the Brigade knows why."[160] The District Superintendent for Nova Scotia's St John Ambulance Brigade was fulsome in his praise of the VAD efforts, confident that "members saved hundreds of

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[155] IWM, Women at Work (BRCS 12.2/2) "Report of the VAD Department, France".
[156] Monnon, Miracles and Mysteries, pp. 99-101.
[157] Report of the Chief Commissioner for Brigade Overseas, p. 17.
[158] PANS, MG1, Vol. 321, Red Cross, "Report of the Work of the Halifax Central Nursing Division", p. 2.
[159] PANS, MG1, Vol. 321 Red Cross, "A Brief Account of Relief Work Undertaken by Mrs. G. A. MacIntosh and Assistants at the City Hall Following Explosion of Dec. 6th, 1917", p. 3.
[160] Ibid.

lives by their prompt response, their efficient and effective work and their perfect organisation".[161]

The value of VAD training had been well demonstrated, and in Kathryn McPherson's estimation, the co-operation forged between volunteer groups during the crisis was a key element in the development of the new peacetime public health programmes created by the Halifax Red Cross after 1919.[162] Moreover, as McPherson emphasises, the emergency had demonstrated the need for qualified public health nurses in Nova Scotia, a task assumed in part by VADs during the crisis, prompting the city to take a leading role in this work for the next several years.[163] The members of the CNATN had also taken note of these developments, eliciting a proposal during the 1918 Convention for a new "National Nursing Service Corps" comprised of trained nursing graduates, modelled after the American Red Cross nursing unit sent to Halifax.[164] The proposal however, specifically emphasised that nurses, not VADs, should be "equipped and ready at a moment's call for mobilisation", although it echoed the rationale that initiated the establishment of the St John Ambulance Brigade Nursing Divisions in Canada.[165]

The directors of the St John Ambulance were fully aware that Halifax had validated the creation of the VAD scheme, "for the relief of suffering of the sick and

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[161] Report of the Chief Commissioner for Brigade Overseas, pp. 14-15. Reginald V. Harris, Q.C. was the brother of Clara Harris MacIntosh.
[162] Kathryn McPherson, "Nurses and Nursing in early 20th Century Halifax" (M.A., Dalhousie, 1982) p. 87.
[163] Ibid, p. 2.
[164] Riegler, "The Work and Networks of Jean I. Gunn", p. 160; also, Murray "Medical Aspects of the Disaster", pp. 234-236; and also, (Anon), "Halifax Disaster and Relief Work Performed", Canadian Nurse, 14:11 (November 1918) pp. 1404-1406.

injured in peace and war."[166] In his capacity as District Superintendent for St John in Nova Scotia, Reginald Harris reflected with pride and satisfaction "that after several years of preparatory work the members of the Association and Brigade responded so magnificently to the call."[167] The Halifax nurses were also willing to recognise the efforts of the VADs, admitting their reliance on VAD assistance during the emergency. A military nurse at the Halifax Naval Hospital described having 50 patients to care for, plus physicians and nursing staff in need of medical care themselves. Desperate for extra help, she "went up to Camp Hill Hospital and snagged a nurse and a VAD", commenting that the "VAD was a brick, and absolutely dependable", despite circumstances that rivalled a hospital at the Front, including amputations, fractures, and brain surgery.[168]

The urgent need for nursing reserves was soon revived nationally as the Influenza Epidemic took hold of the country in the autumn of 1918. With nurses becoming scarce by late 1918, particularly in rural areas, VADs were again in demand. In New Brunswick, VADs responded to a call to go out "under the supervision of a graduate nurse" to more isolated regions where nurses were scarce.[169] In Saint John, as would happen in other urban areas, VADs assisted in emergency hospitals and set up special "diet kitchens" to prepare and deliver meals to stricken families.[170] In Halifax the VADs again reported to local hospitals, some working continuously for over two months, others

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[165] Editorial, Canadian Nurse, 14:1(January 1918) p. 803.
[166] Canadian Branch of the St John Ambulance Association: Constitution and General Regulations (1910), p. 3.
[167] Report of the Chief Commissioner for Brigade Overseas, p. 15.
[168] Nurse (Anon), "The Halifax Disaster", Canadian Nurse, 14:1 (January 1918) p. 798.
[169] Convenor, "Public Health Nursing Department: New Brunswick", Canadian Nurse, 14:2 (December 1918) p. 1477.
[170] Ibid, pp. 1477-1478.

assisting in private homes, and one group went down to a hospital in Massachusetts for three weeks.[171] An Emergency Volunteer Health Auxiliary was set up in Ontario, to coordinate nursing relief, recruiting VADs and other women who had completed the St John courses, assisting an estimated 1,000 families during the crisis.[172] In Toronto, Dr. Copp and Dr. Margaret Patterson collaborated to set up an emergency VAD group called "Sisters of Service, or S.O.S." to deal with the large urban population. Dr. Patterson also adapted her VAD home nursing classes to provide specific instructions for the diagnosis and treatment of the Flu.[173] Similar organisations were created in other regions, including Prince George, B.C., to aid stricken native settlements in the area.[174]

Across Canada, VADs with minimal experience were suddenly thrust into full-time nursing. Dorothy MacPhail, the 21 year old daughter of the CAMC's historian Dr. Andrew MacPhail, had just completed her VAD training and was determined to help. Asking for her father's approval, she emphasised that Montreal hospitals "were crying out for helpers and being young and strong I felt I ought to". Dorothy argued that "practically all my friends have volunteered", and she felt ashamed to be idle "when everyone else is working."[175] Assisting the nurses at the Grenadier Guards Emergency Hospital in the armoury, Dorothy revelled in the challenge regardless of the risks, and declared she had "never been so contented with my work before and all the Nursing Sisters were so good

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[171] PANS, MG1, Vol. 321, Red Cross, "St John Ambulance Brigade Overseas".
[172] G. W. L. Nicholson, The White Cross in Canada: A History of St John Ambulance (Montreal: Harvest House, 1967) pp. 71-72.
[173] Eileen Pettigrew, The Silent Enemy: Canada and the Deadly Flu of 1918 (Saskatoon: Western Produce Prairie Books, 1983) p. 97.
[174] Ibid, pp. 17 & 97.

to me". Fortunately, she recovered quickly when she succumbed to "a mild attack of flu".[176]

The rapid immersion of a neophyte VAD was a common experience during the epidemic, as public buildings were hastily transformed into emergency hospitals. Legions of VADs were seconded, working "around the clock" at the peak of the crisis, as trained nurses fell victim to the disease.[177] Many of the emergency hospitals called in completely inexperienced VADs, and put them in charge when all of the qualified staff were ill.[178] In Ottawa, 125 local VADs were enlisted for duty at the various hospitals and homes throughout the city, many were civil servants with VAD training.[179] When her school closed, teacher Gertrude Murphy reported for VAD duty at Calgary General, but was sent out by train to the quarantined town of Drumheller, noting how other passengers avoided contact for fear of contamination when they learned of her destination. She had no actual hospital nursing experience, but until a trained nurse arrived, Gertrude had sole daytime care of 20 immigrant miners, and within the month there were 135 patients.[180] Trained as a VAD in Toronto, Beth Dearden was working for her uncle in North Dakota when the Flu arrived. At work during the day, she took on the night shift for a stricken family in

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[175] NA, MG30, D150, Sir Andrew MacPhail Papers (File: Dorothy MacPhail, 1918) "Letter: 13 October 1918"; also, Gladys Morton, "The Pandemic Influenza of 1918", Canadian Nurse, 72:12 (December 1976) p. 34.
[176] Pettigrew, The Silent Enemy, p. 45; also, NA, MG30, D150, MacPhail Papers (File: Dorothy MacPhail, 1918) "Letters: 13 October 1918 and 7 November 1918".
[177] Pettigrew, The Silent Enemy, p. 45.
[178] Ibid, pp. 95-96.
[179] The Civilian, XII:1 (December 1918) p. 39.
[180] Pettigrew, The Silent Enemy, pp. 97-98.

weather so cold her uniform froze indoors when she washed it, regardless Beth and all of her patients survived the ordeal.[181]

Inevitably several VADs did succumb to the illness. Among them was Ethel Dickinson, a teacher from St. Johns who had given three years as a VAD in England, returning in August 1918 in poor health. Ethel was soon back in uniform when the epidemic reached St. Johns, volunteering at a local emergency hospital until she contracted the virus. She died three days later on October 26, 1918.[182] Ethel Dickinson's story is unique among the VADs of Canada and Newfoundland, since her sacrifice prompted the citizens of St. Johns to raise $4,000 through public subscription to commission a public memorial.[183] Canadian VADs abroad were no less at risk, as Violet Wilson discovered on her return to VAD Headquarters at Boulogne after the Armistice to find "help was needed everywhere". The hospitals were coping with the remaining wounded, in addition to those who had become ill during the demobilisation process on their way to the French ports. Violet remembered working "beside one girl one day to hear the next that she was dead", and estimated that half of those hospitalised at Boulogne had died, while the strains of the "Last Post" could be heard "all day long and late into the

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[181] Ibid, pp. 100-101.

[182] Margot I. Duley, Where Once Our Mothers Stood We Stand: Women's Suffrage in Newfoundland, 1890-1925 (Charlottetown: Gynergy Books, 1993) pp. 116-120; also, Joyce Nevitt, White Caps and Black Bands: Nursing in Newfoundland to 1934 (St. Johns: Jesperson, 1978) p. 104. Dickinson was 39 when she died, a graduate of Macdonald College, and Principal of the Interdenominational Domestic Science School of St. Johns to 1915.

[183] J. R. Smallwood, (ed.), Encyclopaedia of Newfoundland and Labrador, Vol. 1 (St. Johns: Newfoundland Book Publishers, 1981) pp. 621-622; also, CNS, Collection-158, Ayre-Murray, (File 6:07). A 26 foot Celtic cross was erected in St. John's Cavendish Square.

night".[184] Dorothy Twist, a Canadian VAD from British Columbia, died of "Pneumonia Influenza" at the Aldershot Military Hospital in October 1918, and was buried there with full military honours.[185]

In Canada the epidemic brought military hospitals under intense scrutiny, since unlike most strains this virus preyed on healthy young adults.[186] When 90 of the 2,100 flu cases at one Toronto military hospital proved fatal, a local politician denounced the inadequacy of government institutions, particularly their nursing care.[187] Unjustly invoking the Bruce report, implying that veterans were dying from "lack of care" in hospitals that used VAD nurses, the critic inadvertently served the cause of the CNATN. His protests helped to support the arguments against the long-term placement of VADs in the military hospitals. Jean Gunn used this example to her advantage at the 1919 Convention:

> "Now the whole attention has been turned to the nursing conditions of our country, and the public begins to realise that we need a great many reforms; and I think that the reforms we may have in nursing during the next few years is a direct result of that epidemic. It has made people realise the value of nursing and the need of nursing, and the need of some national effort to bring the nursing personnel of our country into some sort of an organisation that can meet just such an emergency as the recent epidemic."[188]

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[184] NA, Voice of the Pioneer, "Violet Wilson Interview".
[185] Wealtha A. Wilson and Ethel T. Raymond, "Canadian Women in the Great War", in Canada and the Great War, Volume VI (Toronto: United Publishing of Canada, 1921) p. 191. Aldershot was the Canadian Army's wartime base in Britain. See: Kenneth Hudson and Anne Nicholls, (eds.), The Cambridge Guide to Museums of Britain and Ireland (Cambridge: Cambridge University Press, 1987) p. 7.
[186] Morton, "The Pandemic Influenza of 1918", p. 34.
[187] Morton and Wright, Winning the Second Battle, p. 91. The authors note Mayor Tommy Church played on social anxiety, distorting facts to make the statistics seem unreasonable although they were within expected projections.
[188] Jean Gunn, "President's Address CNATN Convention", Canadian Nurse, 15:8 (August 1919) p. 1920.

Gunn was aware that St John Ambulance and the Canadian Red Cross, now mandated for peacetime service in Canada, each had plans for initiatives in public health involving volunteer nursing programmes and classes in home nursing for wives and mothers, particularly in the rural and remote regions of Canada.[189] She was determined that nurses, not VADs, should take a leadership role in these efforts: "whatever scheme is worked out in this national welfare plan, we, as a nursing organisation, have to supply the nursing personnel."[190] The debate over the convalescent hospitals had galvanised the efforts to complete the national registration of nursing qualifications, in order to establish a clear definition of the category of "nurse", as a fully trained graduate of a hospital training school with a recognised standard of certification.[191]

David Coburn argues that the concern for adequate community health care had grown steadily from the nineteenth century, with urbanisation and industrialisation establishing the conditions for serious communicable diseases.[192] The 1918 pandemic clearly underscored what Coburn saw as the "inadequacy of an over-reliance of physician care" ahead of nursing, while the Halifax disaster had added a dramatic emphasis.[193] Nursing organisations recognised the necessity of having fully qualified nurses fill the void. Yet, without recognised national standards, trained nurses risked competition for

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[189] Canadian Red Cross Society (CRCS), Bulletin, 46 (August/September 1919) pp. 5-6; also, Canadian Branch of the St John Ambulance Association (SJAA), Eleventh Annual Report (1920) pp. 23-25.
[190] Gunn, "President's Address" p. 1922.
[191] See: Natalie Riegler, Jean I. Gunn: Nursing Leader (Toronto: A.M.S. & Fitzhenry & Whiteside, 1997), pp. 116-129.
[192] David Coburn, "The Development of Canadian Nursing: Professionalisation and Proletarianization", International Journal of Health Sciences, 18:13 (1988) p. 442.
[193] Ibid, p. 443.

wages and job security from less qualified women, while the goal of professional recognition was unreachable. The plan of the CNATN Committee to bring VADs into hospital training schools was a concession to the recognition of their war service. Similarly, the Brandon Nurses' Association also agreed to allow "one month for each year of Overseas Service if they [VADs] take hospital training", and Saskatchewan nurses considered allowing two months.[194] Clearly nurses had little enthusiasm for the recognition of VADs as anything other than enthusiastic amateurs, although they were well aware that public sentiment required acknowledgement of the VADs' services. Jean Gunn explained during the 1919 Convention:

> "It is not necessary to speak at any great length on the work of the Volunteers, as it is well known to all. It is however worthy of note that these young women who were, for the most part, unaccustomed to long hours of work under discipline, did not hesitate to undertake such work when the need came, ready to go any place where their services might be of use to our soldiers. They have earned the approval of the trained worker by their record during the war."[195]

As an active member of the Canadian Red Cross Society during the war, Jean Gunn was aware of the VAD record. She also had to consider the views of many CNATN members, like Viola Henderson, who had been actively involved in training and organising the VAD programme for St John, and were extremely proud of the VAD war record and their own involvement.[196] Yet, as the wartime medical and nursing services were gradually dismantled, the nurses warily contemplated the unexpected success of the

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[194] McPherson, Bedside Matters, p. 283, footnote # 142; also (Anon) "Saskatchewan Registered Nurses Association: 2nd Annual Convention", Canadian Nurse, 15:5 (May 1919) p. 1764.

[195] Gunn, "The Services of Nurses and Voluntary Aids During the War", p. 1977.

VAD programme. By the end of 1918, four of the nine provinces had still not enacted registration legislation, and the federal government appeared determined to keep VADs in the convalescent hospitals indefinitely [See Table 6.1].

Table 6.1: Year first nursing legislation enacted provincially

Province	*First Legislation*	*Province*	*First Legislation*
Alberta	1919	Nova Scotia	1910
British Columbia	1918	Ontario	1922
Manitoba	1913	Prince Edward Island	1922
New Brunswick	1916	Quebec	1920
Newfoundland	1931	Saskatchewan	1917

Source: David Coburn, "The Development of Canadian Nursing", page 444. Note that Newfoundland did not achieve provincial status until 1949.

To counteract the economic value of VAD service, the CNATN looked ahead to completing the registration process, and actively pursuing the goal of professional recognition. Through a closer alignment of nurses' training and university accreditation, particularly in the field of public health, the nursing leadership hoped to elevate the position of graduate nurses well above that of the volunteer.[197]

Although, as Jean Gunn stated, the VADs had "earned the approval" of the nurses, they had not earned the right to be regarded as their peers in the post war health care

[196] See: Mrs. Viola Henderson, "VAD Work in Montreal", Canadian Nurse, 14:8 (August 1918) pp. 1244-1248; also, NA, MG30, E572, Alice Bray (Vol. 1, F #1) "September 1916".

system.[198] Nevertheless, the VADs had justified their existence during the domestic disasters of the later war years, demonstrating the gaps in the healthcare system that lacked an adequate reserve of nursing personnel trained to deal with emergencies on a larger scale. The public appreciation of the VADs' wartime record, served as a warning to organised nursing in Canada, prompting the completion of national registration and the move towards university based accreditation of nurses' training in the post-war.

6.7 Conclusion: Working for War

The leaders of the Canadian nursing associations recognised the dangers in Florence Nightingale's assertion that "every woman is a nurse", fearing nursing would be forever mired in its identity as "women's work", never emerging as a fully accredited profession for women. When Ellen Knox, the Principal of a prominent Toronto girl's school, outlined the prospects for young women entering a career in nursing in a 1919 treatise, the Girl of the New Day, she paraphrased Nightingale, characterising nursing as "touching the mother instinct which is alive in every true woman."[199] Yet, Knox was quick to caution that "instinct" was not enough, and that nursing also entailed considerable personal sacrifice, poor wages, and no prospect for combining career and family.

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[197] Stuart, "War and Peace", p. 172.
[198] Gunn, "The Services of Nurses and Voluntary Aids During the War", p. 1977.

The VADs threatened decades of struggle to define nursing as an acquired skill based on the knowledge of modern scientific techniques. Particularly troubling was the extent to which the concept of the VAD became entrenched in the social consciousness, as the representative of wartime military nursing. Canada's nurses found themselves in the difficult position of having to appear unpatriotic by denigrating the abilities of the VADs in order to promote their own aspirations for economic security and professional status. Instead, under Jean Gunn's leadership the CNATN opted for new strategies to enlarge the prospects for the future development of Canadian nursing, particularly in the field of public health. The influenza epidemic demonstrated the urgent need to develop strategies for improving access to nursing care in remote regions where medical help was largely unavailable. This in turn, encouraged the medical service agencies, the St John Ambulance and the Red Cross to develop new initiatives to help meet these nursing needs. As President of the CNATN, Gunn recognised the importance of having graduate nurses involved in these plans, and in establishing their authority in public health nursing through advanced training at the university level, and ultimately promoting their own professional interests. Rather than arguing jurisdiction regarding VADs in the convalescent hospitals, the CNATN moved on to new endeavours.

Overall, it can be argued that the establishment of the VAD programme during the Great War was a determining factor in Canadian nursing's quest for professional status. The government's interest in prolonging and enlarging the role of VADs in Canadian convalescent hospitals ultimately alerted the nursing associations to the need for

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[199] Ellen M. Knox, The Girl of the New Day (Toronto: McClelland & Stewart, 1919) p. 42.

extending the registration process on a national basis. Further, the potential threat of the VADs to move into the realm of public health nursing through the medical service agencies served as an impetus to nursing leaders to push for elevating the training opportunities in the field of public health to the university level.

CHAPTER 7

LEGACY OF SERVICE: VADs AND THE EMERGING NEW SOCIETY

7.1 Uncertain Future: Canadian Women and the End of the War

Doreen Gery was serving as a VAD in France when word of the Armistice reached her hospital. Rather than rushing into the streets, she and her colleagues reacted instead by "going behind a door and crying and crying . . . because of course I'd lost my brother . . . and a lot of the other girls had too and . . . we were just so tired that I don't think we could have kept going much longer!"[1] Historical recollection of the Armistice tends to conjure up bell-ringing and dancing in the streets, but the reality was far more unpredictable. In Canada, erroneous reports of the Armistice only a week before had deepened the gloom for those who had begun to celebrate too soon, tempering their response a second time.[2] When true VICTORY was at last signalled from an electric sign atop Ottawa's Chateau Laurier, the dancing and bell-ringing began in earnest, but not

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[1] Silva Basmajian, producer, "And We Knew How to Dance: Women in World War I" (National Film Board, 1993).

[2] Desmond Morton and J. L. Granatstein, Marching to Armageddon: Canadians and the Great War, 1914-1919 (Toronto: Lester & Orpen Dennys, 1989) p. 235; also: Eileen

everyone had the energy or the will to rejoice for a peace that was more than three years overdue, and had cost so much.[3] The scourge of the Influenza epidemic was still taking its toll, leaving more than thirty thousand dead in Canada, and over twenty-five million dead world wide.[4] This, in addition to the 60,000 Canadian war dead, and another 70,000 returning with permanent disabilities, had an understandably dampening effect on wearied spirits. Many greeted the long awaited peace with a measure of ambivalence.[5]

At the Royal Herbert Hospital, Woolwich, VAD Alice Bray recounted an initial scene that was "perfectly marvellous – everyone just flew outside – a sound like a surge of the sea over the whole country." Yet, when she went out later into the midst of the London celebrations, Alice was less enthusiastic, finding a "sort of disquieting throng."[6] At the Canadian Officers' hospital near Deauville, France, where Violet Wilson served as a VAD, the news of the peace was brought by "the little man who collected our garbage for his pigs", who arrived "racing his donkey cart uphill, loudly singing the Marseilles and waving the French flag." Although the hospital soon overflowed with people, and the bar was thrown open to all, Violet recalled that, "for many there were tears not far

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Pettigrew, The Silent Enemy: Canada and the Deadly Flu of 1918 (Saskatoon: Western Produce Prairie Books, 1983) pp. 125-130.

[3] Sandra Gwyn, Tapestry of War: A Private View of Canadians in the Great War (Toronto: Harper Collins, 1992) p. 235. The author notes the sign had originally read "Buy Victory Bonds", but was soon altered when the news arrived before dawn November 11, 1918.

[4] Gladys Morton, "The Pandemic Influenza of 1918", Canadian Nurse, 72:12 (December 1976) pp. 32-33. Also: Pettigrew, The Silent Enemy, p. xv.

[5] Desmond Morton and Glenn Wright, Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930 (Toronto: University of Toronto Press, 1987) p. ix.

[6] National Archives (NA), MG30, E572, Alice Bray Correspondence (Vol. 2, File #2), (Letter: 18 November 1918).

below the surface, as we remembered the price that had been paid for this victory."[7] There were similar scenes in Canada, but not everyone could join in. Leaving her VAD duties with ailing miners in Drumheller, Gertrude Murphy and a local doctor were on their way out of town to help a stricken family still battling the Flu. Suddenly the train whistle blew, and the church bells were ringing "wildly and clamorously", both competing with the fire bell and blaring car horns. A car filled with "screaming people waving Union Jacks and Stars and Stripes", relayed the news to the bewildered pair, who "had forgotten the war" in the crisis of the epidemic.[8]

Change followed rapidly in the wake of the Armistice as war industries shut down, leaving thousands of women in need of a new means of financial support. Although marriage was the option for some, the war had left an unprecedented number of young widows, as well as single women whose marriage prospects had been lost on the battlefields, or through the ravages of the epidemic. Ceta Ramkhalawansingh has made a correlation between the number of Ontario women seeking higher education and waged employment in the post-war years, and the decrease in marriage for women under 25 years, as well as an even greater decline in marriage among those aged 25 to 34 years, the group most likely to contain veteran VADs.[9] In the post-war years, young, unmarried women entered universities and white-collar jobs in record numbers as well, a pattern that

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[7] NA, 9861 Acc 1981-0111, Voice of the Pioneer, "Violet Wilson Interview" (c. 1970). Also: Wealtha A. Wilson and Ethel T. Raymond, "Canadian Women in the Great War" in Canada in the Great War, Volume 6 (Toronto: United Publishers of Canada, 1921) p. 188.

[8] Gertrude Charters, "The Black Death at Drumheller", MacLeans, 72:5 (5 March 1966) p. 29.

also paralleled the post-VAD experience [see Appendix 5, Table 5.1].[10] Regardless of their new visibility in the white-collar workforce, women were still restricted from the more lucrative and powerful management positions reserved for men.[11] The reorganisation of the workplace, and an uncertain economy, initially forced women to abandon their non-traditional wartime jobs to the returning male veterans. With the advent of post-war industrial developments in mass production and "scientific management" techniques, new options in lower paid, unskilled assembly work were opened to women.[12] At the same time as unmarried women were finding newly designated "feminine" positions at both blue, and white-collar levels, married women were increasingly being encouraged to fulfil their traditional role as wife and mother, reinforcing the norms of an idealised pre-war, golden age of domesticity.[13] By the end of the war, Canadian women had also achieved one of the major milestones of the twentieth century with the advent of the vote in May 1918. Yet, they were still mired in a dense tangle of resistance to change, that restricted their progress within proscribed boundaries of "feminine" activity in the public realm.

It was this atmosphere of uncertainty, dislocation and yearning for an ill-defined sense of the "innocence and purity of pre-war Canada", as described by historian

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[9] Ceta Ramkhalawansingh, "Women During the Great War", in J. Acton , B. Shepard and P. Goldsmith, (eds.), Women at Work: Ontario, 1850-1930 (Toronto: Canadian Women's Educational Press, 1974) p. 293.

[10] Ibid, p. 296.

[11] Ibid, pp. 296-297. The author cites 65% of all women in paid employment as being in either clerical, domestic, or "professional" work, "professionals" most often being teachers or nurses. Women accounted for approximately 15% of the overall workforce by 1921.

[12] Alison Prentice, et al., Canadian Women: A History (Toronto: Harcourt Brace, 1996) p. 245.

Jonathan Vance that greeted the VADs as they returned to civilian life.[14] Canadians were also adjusting to the return of thousands of veterans, many of them confronting undreamed of challenges with the physical and emotional disabilities that were the price of victory. No longer the dashing young heroes who marched off to war, these men needed to be physically rehabilitated, socially reintegrated, and economically reinstated, into their masculine role as leaders and wage-earners, while the women were expected to move out of the workforce, or at least move over.[15] Poster campaigns were mounted to remind women that the jobs were needed for men, and to encourage employers to hire the disabled "vets" who could be retrained for new jobs.[16] Men were to return to their accustomed dominant masculine role regardless of their disabilities, while women must hang up their oily coveralls and forget that they could repair an engine more easily than a one-armed man.[17] The initial post-war reorganisation saw women in central Canada improving their employment prospects after 1921, while those in other regions lagged behind. Of the women who did find gainful employment, the majority were still largely relegated into "women's" occupations which offered low wages and limited advancement, regardless of their training or expertise.[18]

The veteran VADs and military nurses experienced a particular sense of loss of the prestige, autonomy, and camaraderie of working for the common cause of the war effort.

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[13] Ibid, p. 249.
[14] Jonathan F. Vance, Death So Noble: Memory, Meaning and the First World War (Vancouver: University of British Columbia Press, 1997) p. 175.
[15] For a comprehensive analysis of the problems facing disabled veterans see, Morton and Wright, Winning the Second Battle.
[16] Ibid, p. 136. Also, Ramkhalawansingh, "Women During the Great War", p. 288.
[17] See: Prentice, et al., Canadian Women, pp. 249-250; for a comprehensive analysis of women's place in post-war Canadian society.

Cultural historian Sharon Ouditt found that British VADs, like the soldiers, experienced a "culture shock" on returning to civilian life, and needed some useful enterprise to fill the void.[19] In Sandra Gilbert's view there could be no return to the "status quo ante bellum" in a world where thousands of men had been rendered disabled and dependent, and thousands of women war workers had discovered a new sense of independence and self-confidence.[20] Gilbert analysed British women's response to the loss of this brief sense of empowerment, as an angry retreat "into embittered unemployment or guilt-stricken domesticity."[21]

Canadian VAD experience discounts such an extreme response. Unable to return to the "status quo", after their brief taste of freedom and autonomy, some Canadian VADs responded by quickly leaving home again in search of new horizons.[22] Violet Wilson found her homecoming was "too quiet and too sudden a change . . . and soon like all the returned soldiers, I was restless and dissatisfied." Rather than despairing however, these feelings moved her to action, not retreat. Violet soon rejected a marriage proposal as too restricting, and found an interesting new job overseas.[23]

The end of the war brought uncertainty, but also a reorganisation and a restructuring of social and economic life, as women's increased visibility in the workplace challenged a

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[18] Ibid, p. 251.
[19] Sharon Ouditt, Fighting Forces, Writing Women: Identity and Ideology in the First World War (London/New York: Routledge, 1994) p. 41.
[20] Ibid, p. 44; and, Sandra Gilbert, "Soldier's Heart: Literary Men, Literary Women, and the Great War", in Margaret Randolph Higonnet, Jane Jenson, Sonya Michel and Margaret Collins Weitz, (eds.), Behind the Lines: Gender and the Two World Wars (New Haven/London: Yale University Press, 1987) p. 200.
[21] Gilbert, "Soldier's Heart", p. 225.
[22] Ouditt, Fighting Forces, Writing Women, p. 44.
[23] NA, Voice of the Pioneer, "Violet Wilson Interview".

traditional conservatism that endeavoured to re-establish women's place in the domestic realm. With the redirection of social and economic changes in the post-war era, came a heightened awareness of the health of the nation. The poor physical condition of wartime military recruits was compounded by the necessary rehabilitation required for thousands of veterans. This reinforced Roger Cooter's observation that it is impossible to "separate the theatres of war and medicine from the social and economic contexts of which they are a part."[24] The 1918 epidemic had underscored the need for effective public health programmes in all regions, urban or rural, while the realisation of a "lost generation" of youth, as historian Cynthia Comacchio has shown, rendered the health of the rising generation a critical issue for the social and health care policies of the post-war era.[25] Having demonstrated a remarkable success in "getting into the war", the "veteran" VADs now had to shed the identity of their active patriotic service, and confront the uncertainties of their role in a society at peace.

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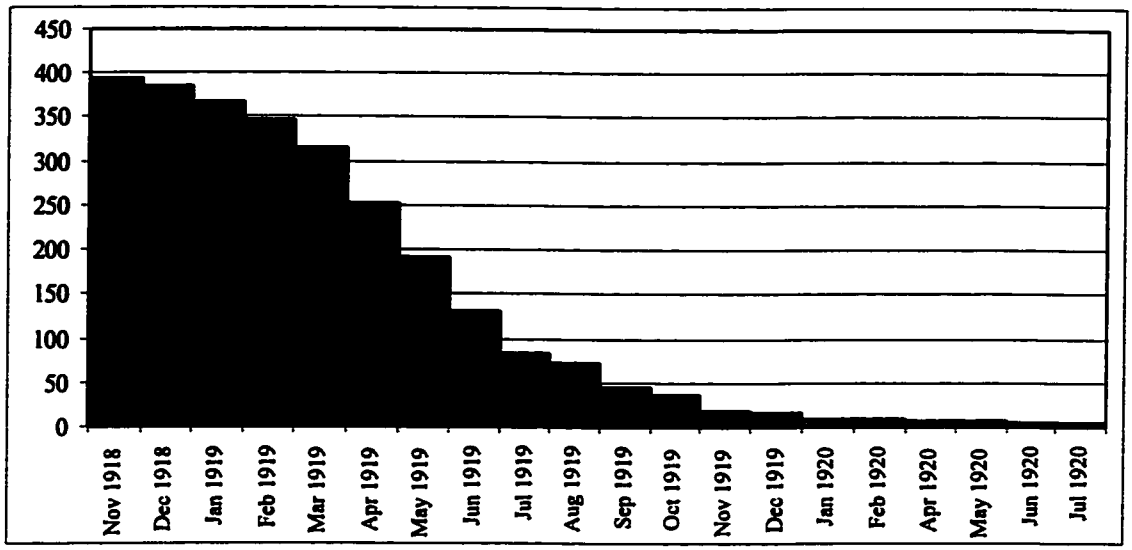
[24] Morton and Wright, Winning the Second Battle, pp. 24-25; also, Roger Cooter, "Medicine and the Goodness of War", Canadian Bulletin of Medical History, 7:2 (1990) pp. 147-159.

[25] Cynthia Comacchio, Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940 (Montreal/Kingston: McGill-Queens University Press, 1993) p. 3.

7.2 Going Home: VADs and Demobilisation

As she concluded her VAD diary in July 1918, Sybil Johnson reflected: "So here's an end to my little trip as a VAD and I'm most glad I came."[26] It was not an uncommon sentiment, and many Canadian VADs remained in service overseas well into 1919, or longer [see Figure 7.1]. Daisy Johnson stayed on until July 1919, in the windowless,

Figure 7.1: Number of VADs Overseas After the Armistice



Source: British Red Cross Society, Archives & Museum, (BRCS A&M), Personnel Card Indexes: Military Hospital Files/Record Cards

low-ceilinged government printing office that had been converted into London's King George V Hospital.[27] At the other extreme, Violet Wilson had enjoyed the sumptuous

[26] Centre for Newfoundland Studies (CNS), Collection-201, Sybil Johnson Diary (File: 2.03.002), "18 July 1918".
[27] Daisy Johnson Cook, "Who Am I?", in K. J. Quarry, (ed.), A Review of the History of St John Ambulance in Saskatchewan, 1911-1983 (Regina: St John Ambulance, 1983) pp.

surroundings of the Rothschild's summer residence at Deauville, France, converted into a privately funded Canadian Officers' Convalescent Hospital. Still under contract to the Joint War Committee, Violet and two other VADs had three weeks leave before reporting to VAD Headquarters at Boulogne, and two of them had passes to visit the now silent trenches at Ypres, among the first granted to women in December 1918. Violet joined them determined to visit the place where her brother had fought and died, finding the scene of the snow filled trenches both fascinating and horrific, as "the plain everyday misery of the war was brought back to us".[28]

Hospitals outside of Britain were rapidly dismantled and the patients repatriated as quickly as possible, as the Army soon took over much of the former Red Cross installations. Convalescent Camps were converted into Staging Camps for men waiting for the papers to send them home, and the Army also assumed control of the former Recreation Huts. Red Cross support services for nursing personnel and visiting families were disbanded, and the buildings and houses used as wartime hostels, clubs and convalescent homes were returned to their owners. Finally, the Ambulance Convoys and Railway Rest Stations were handed over to salaried General Service VADs, replacing the former unpaid VAD nurses.[29] Back in Boulogne, Violet Wilson was surprised to discover her services were still in demand for Flu victims in the Red Cross hospital and at

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34-35; also British Red Cross Society, Museum & Archives, (BRCS M&A), Personnel Card Indexes: Military Hospital Files/Record Cards.

[28] NA, Voice of the Pioneer, "Violet Wilson Interview".

[29] Imperial War Museum (IWM), Women at Work Collection (BRCS 12.2/2) "Report of Work of VAD Department, France", by Dame Rachel Crowdy.

the Women's Army Corps Hospital.[30] Once this hospital unit closed, Violet moved on again to a Staging Camp near Wimereux, where she, and her General Service assistant, were the only two women among 2,000 "tired, disillusioned, restless men".[31] Charged with providing for the recreation and entertainment of the men as they waited for the necessary papers to despatch them home to England, the two women shared a hut with the Camp Sergeant-Major for their "protection". Unfortunately he was also the "band-master", and with their hut the only space allowed for rehearsal, the constant practising nearly drove them mad, until Violet invited the Commanding Officer to come to tea, and the band was soon practising in another vacant building.[32] After this Camp closed, Violet moved back to Boulogne as a "housekeeper" for the Red Cross Headquarters in the Hôtel Cristol, where daily shopping in the fish market broadened her French considerably, to the dismay of her family. When she finally returned home it was only in dutiful response to a summons because her mother was ill.[33] Like many veteran VADs, Violet was reluctant to leave her new found independence in post-war Europe.

By the summer of 1918 however, Grace MacPherson was ready for a change from her work as an Ambulance Driver with the Étaples Convoy, if not eager to get home. She also was in need of financial support, and returned to London to work briefly at the CRCS Headquarters there as Secretary to Lady Perley, her Commandant in the Canadian Imperial VADs. Finding a better salary as the Head Driver for the American Military

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[30] Ouditt, Fighting Forces, Writing Women, p. 15. Originally called the Women's Auxiliary Army Corps (WAAC) in January 1917, the name later changed to Queen Mary's Army Auxiliary Corps (QMAAC).
[31] IWM, Women at Work, (BRCS 12.2/2) "Report of the Work of the VAD Department, France".
[32] NA, Voice of the Pioneer, "Violet Wilson Interview".

Hospital in London, Grace remained through the winter of 1919, and then boarded a ship to begin the long return journey to Vancouver.[34] Needing a period of "decompression", Grace had found it difficult to separate herself immediately from her wartime life abroad. Jean Sears experienced a similar sense of dislocation, and hoped to stay on after the Armistice "to look around a bit, draw my breath". The urgent pleadings of her family to return home and help console her deeply depressed sister appealed to her duty as a daughter, and she returned to Toronto before Christmas, 1918.[35]

By contrast, Frances Cluett remained abroad until the VAD programme was finally disbanded. When her hospital in France closed in mid-1919, Frances had signed on as a salaried General Service VAD, and went out to Constantinople as a storekeeper at the Royal Army Medical Corps (RAMC) base there.[36] During her wartime VAD service, Frances had been adamant that "nothing would induce me to give it up", and she maintained her resolve until November 1920.[37]

Many Canadian and Newfoundland VADs had discovered a new sense of responsibility and independence, that made it difficult to readjust to the restrictions and social expectations they had known in their pre-war lives.[38] Violet's post-war trip with two women friends had been an adventure unlike any previous journey, as they travelled

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[33] Ibid.
[34] Canadian War Museum (CWM), (58A1 21.12), Grace MacPherson Collection, "Grace MacPherson's Experiences at Étaples", (M.S.), Gold Stripe (1919); also, Gwyn, Tapestry of War, p. 459.
[35] NA, (A1 9903-0008), Great War and Canadian Society Project, "Jean Marita Sears (Suydam) Interview" (24 July 1974).
[36] CNS, Collection-174, Frances Cluett Papers (File: 2.02.004) "Letter: 4 December 1919"; and (File: 2.02.005) . "Letter: 21 November 1920".
[37] Ibid (File: 2.02.003) "Letter: 13 March 1918".

across France accepting rides with military officers, and sleeping unchaperoned in an unimaginable variety of shelters. One night was spent at a former Prisoner of War Camp in the Salient, where they slept in a "deserted hut without water, toilet or heat", having accepted transport and a meal from the two British officers in charge. Another two nights were spent in the "luxurious chateau" headquarters of a British General who picked them up along the road in his staff car, and as Violet recalled, "wild would perhaps be a better word to describe those nights". The next evening they were in a village, sleeping on camp cots in a tiny room with a "huge hole in the roof", and freezing without blankets. After traversing the battlegrounds of France in a variety of vehicles, they crossed Vimy Ridge into Amiens, boarded a train to Paris that had neither windows nor food, and were rescued by two former patients who offered them chocolate, sardines and gum for the journey. With a stop in Cannes, they were back in Boulogne, late but welcome, in the midst of the epidemic.[39] All of this was accomplished without a blush to propriety in the topsy-turvy social atmosphere of post-war Europe.

The reluctance to return to the pre-war "status quo" was a legacy of overseas war service, but in Canada, some VADs also experienced a similar discontent with the return to pre-war restrictions on women's public activity. Bessie Hall regretted missing her chance to serve abroad, but still hoped to be selected to accompany a trainload of returning wounded to the west coast. She cautioned her mother to "keep this dark 'till you hear from me again. Remember it is not to be known", and even the prospect of

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[38] Marian Frances White, (ed.), The Finest Kind: Voices of Newfoundland and Labrador Women (St. John's: Creative Pub., 1992) p. 9.
[39] NA, Voice of the Pioneer, "Violet Wilson Interview".

missing Christmas at home was no deterrent: "Imagine a trip like that Mum!"[40] Sadly for Bessie the promise was not fulfilled, but she remained a VAD until May, 1919, reluctant to relinquish her cherished uniform despite the guarantee of a teaching job.[41]

With retirement from VAD service came anonymity, and no longer being identified as a woman in uniform. Jean Gunn somewhat surprisingly deplored that there was "no provision for a pension or any acknowledgement of the service of the volunteers has been made by the Dominion Government."[42] Even the Red Cross in Canada, charged with the financial support of the VAD programme during the war, seemed reluctant to acknowledge any further responsibility. Geraldine Sewell's father petitioned the Red Cross in 1924, to "bear the expense of her operations and hospital treatment", which he attributed to her overseas VAD service, but the request was rejected. Although Geraldine had remained "on service" overseas until June 1919, the Canadian Red Cross Society "would not admit any obligation", despite St John having responded with a bequest of $300 "on compassionate grounds".[43] The serious health problems attributed to VAD service were well known to British authorities, and the deaths of at least six Canadian and Newfoundland VADs from illness, also contracted "on service", was further confirmation of the hazards.[44] In Britain there was a public acknowledgement of the sacrifices made by military nurses and VADs with a memorial service in St Paul's Cathedral in the Spring

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[40] Public Archives of Nova Scotia (PANS), MG1, Vol. 661, No. 8, McGregor-Miller Collection, "Bessie Hall Letters", (19 December 1918).
[41] Ibid, (28 April 1919).
[42] Jean Gunn, "The Services of Canadian Nurses and Voluntary Aids During the War", Canadian Nurse, 15:9 (September 1919) p. 1975.
[43] Canadian Red Cross Society (CRCS), Executive Committee Minute Book #6, (1 February 1924) and (14 February 1924).
[44] See: Chapter 5.3; also, Table 5.1.

of 1918. After the war the more than 340 "British" VADs who died as a result of illness or injury were memorialised on a tablet in York Minister.[45]

The Canadian Nurses' War Memorial, finally unveiled in Parliament's Hall of Fame in August, 1926, did not include VADs, since the funds had been raised entirely by the Canadian National Association of Trained Nurses (CNATN) membership.[46] Only in Newfoundland, with the singular honour granted through the memorial to Ethel Dickenson, was VAD service given equal status to the patriotism of the soldiers, an uncommon commemoration for a woman, as recent scholarship has shown.[47] The Canadian government also had no interest in offering war medals to Canadian VADs, leaving this to the British government and the St John Ambulance. The Order of St John presented War Service Badges to any Canadian VAD who had served abroad, and the British War Office also offered them the same War Medals that male veterans were granted. These medals, also known as General Service Medals, were given to any Canadian VAD who had served overseas, and Victory Medals were also awarded to Canadian VADs who had served in a theatre of war.[48] During the war, VADs, as well as

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[45] IWM, Women at Work, (BRCS 25.5.4/26) "Memorial Service for Nurses Who Have Fallen in the War" (10 April 1918); also, (BRCS 25.5.5/4) "Memorial Service for Nurses" (8 April 1918); and also, Beryl Oliver, The British Red Cross in Action (London: Faber and Faber, 1966) p. 244.

[46] Natalie Riegler, Jean I. Gunn: Nursing Leader (Toronto: A.M.S. & Fitzhenry & Whiteside, 1997) pp. 146-158.

[47] Jay Winter, Sites of Memory, Sites of Mourning: The Great War in European Cultural History (Cambridge: Cambridge University Press, 1995); also: Vance, Death So Noble.

[48] BRCS, M&A, Personnel Card Indexes; also, St John House Archive (SJHA), Box X(a), World War I – World War II Records: VAD Training, "VAD Nursing Members Who Served in Military and Naval Hospitals Overseas"; and, Canadian Branch, SJAA, Eleventh Annual Report (1920) pp. 21-22; and, St John Ambulance Association (SJAA), First Aid and the St John Ambulance Gazette (UK), 28:325 (July 1921) p. 12. British War Medals, or General Service Medals, were awarded for overseas duty in any

the military nurses and soldiers, had the opportunity to be "Mentioned-in-Dispatches", an honour bestowed through the Commanding General of the Allied Forces, and signified by an Oak Leaf badge to be worn above all other medals. This was a particular honour, singling out the recipient for a particular act of valour under fire. It was granted to eight Canadian VADs during the War [see Appendix 5, Table 5.2].

The Joint VAD Committee had also developed an internal system of recognition for nursing members during the war, in the form of "stripes" or "bars". Since the VADs lacked military rank, the stripes were devised to demonstrate their competence and length of service. Frances Cluett could identify "senior" VADs by the stripes worn on the sleeve of their uniform dress and coat, indicating service of 13 months or more [see Appendix 5, Table 5.3].[49] By the end of the war there were three categories of stripes: red, white, and blue. The white stripe was initially given to VAD nurses for 13 months of service in the military hospitals. Eventually it was awarded only to VAD nurses in auxiliary hospitals, and the non-nursing General Service VADs. With two white stripes, a VAD nurse was eligible for a blue "efficiency" bar, with a good report from the Matron and after passing an examination. She was then eligible to be appointed as an "Assistant Nurse". The VAD nurse in a military hospital earned a red "Efficiency Bar" through the same process, also becoming eligible to be promoted to "Assistant Nurse".[50]

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location. The Victory (or Allied) Medals were awarded for service in a theatre of war. The medals were approved through the War Office for both men and women.

[49] CNS, Collection-174, Frances Cluett, (File: 2.02.002) "Letter: 29 March 1917"; also, IWM, Women at Work, (BRCS 10.4/10) "Stripes".

[50] Reports by the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St John of Jerusalem in England on: Voluntary Aid Rendered to the Sick and Wounded at Home and Abroad and to British Prisoners of War, 1914-1919 (1921), p. 202; also, IWM, Women at Work, (BRCS

Only if the Canadian and Newfoundland VADs had served abroad were they eligible for this reward system, while a far more valuable post-war Scholarship programme for veteran VADs was available through the British War Office. These monetary awards were created to enable an eligible VAD veteran to train for a new career in "Health Services or Domestic Sciences". They were intended to favour long serving VAD veterans, who had entered a "British" unit before January 1917, and had remained until their "services were no longer required". There was a wide range of study options, including medicine and nursing, but also Sanitary Inspector or Welfare Supervisor, allowing for varied educational backgrounds. These awards confirmed that a large proportion of British VADs did not belong to the more privileged classes. As a consequence of the war, many former VADs were also among the thousands of women deprived of marriage prospects, or other means of family assistance, and in need of securing appropriate employment for self-support. Out of a possible 30,000 VAD applicants, a total of 557 scholarships were awarded. The majority of these were given to study midwifery or nursing, 134 and 124 respectively, while 13 for the study of medicine, from 17 career options overall.[51] As veterans of the British hospitals, Canadian VADs should have been eligible, but there is no record of their benefiting from the programme. In England, the Order of St John also offered scholarship assistance to veteran VADs if they qualified as "unemployed women or those whose circumstances changed due to the war", noting that many had sacrificed jobs, or education, to serve as VADs. These

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10.4/10) "Stripes"; and also, First Aid: The Journal of the Order of the Hospital of St John of Jerusalem in England [formerly The Gazette (UK)] 363 (September 1924) pp. 56-57.

options were not limited to health or domestic work, and the largest proportion entered clerical training.[52]

There were no similar awards or scholarships available to Canadian VADs who had served in the military hospitals at home. By the time the medals had arrived from the War Office for the veterans of overseas service in November 1923, Canada's VADs were well established in their post-war lives, and their war service had become a distant memory.[53]

7.3 New Horizons: Post-War Expectations and Opportunities

Decades later, Jean Sears admitted that she had volunteered as a VAD with little understanding of why England was at war. By the time she was called for overseas service, Jean had already lost her brother and future brother-in-law, and firmly believed that since "Canadian men were going over, if Canadian women got the chance they should go and help."[54] Jean's VAD service was motivated by patriotism and the desire to be actively involved in the war effort. A shared sense of purpose, the excitement of wartime Europe, and a new found independence contributed to her reluctance to leave the

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[51] Reports by the Joint War Committee, pp. 202-203. There are no statistics given for the number of scholarship applications submitted.
[52] First Aid and the St John Ambulance Gazette (UK) 28:335 (May 1922) pp. 177-178.
[53] Canadian Branch SJAA, First Aid, 2:1 (November 1920) p. 7; also, Canadian Branch SJAA, Eleventh Annual Report (1920) pp. 21-22; and, Fifteenth Annual Report (1924) p. 37.
[54] NA, (A1 9903-0008), The Great War and Canadian Society Project, "Jean Marita Sears (Suydam) Interview", p. 4.

wartime atmosphere, even with her relief that the end of the war was finally a reality. The return to "normal" left many veteran VADs with a sense of restless discontent as both Violet Wilson and Grace MacPherson noted on their return.[55] Many chose to continue VAD service at home, under the new W.A.D. organisation, at facilities like the Ste Anne de Bellevue Military Hospital near Montreal, where at least 50 new and experienced VADs were taken on in early 1919 as Nurses, Function Trainers, General Service workers or Masseuses.[56] Among this group was Marjorie Ross, who had been overseas as a VAD Nursing Member with the first group in September 1916, although barely 21 years of age at the time.[57] Marjorie had returned home in mid-1917, possibly taking subsequent training in massage in the new one-year diploma course at McGill University, or the Military Orthopaedic School, at Hart House, to qualify as a Masseuse for the military hospitals.[58] Marjorie's work as a masseuse continued even after her marriage in the summer of 1919. Twenty years later, Marjorie (Ross) Finley returned to Ste Anne's to set

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[55] NA, Voice of the Pioneer, "Violet Wilson Interview"; also, CWM, (58A1 21.12), Grace MacPherson, "Experiences at Étaples", (T.S.), p. 3.

[56] St John House Archives (SJHA), Box X(b), World War I – World War II Records: VAD Training, "Register: Ste Anne de Bellevue Military Hospital (1918-1919)". As of April 1, 1919, there were 52 VADs registered at Ste Anne's; of these 28 were Nurses, 7 were Function Trainers, 3 were General Service, and 14 were Masseuses; see also, St John Ambulance Brigade (Overseas) within the Dominion of Canada -- Women's Aid Department (W.A.D.): Regulations, 1918.

[57] Eugenie Marjorie Ross was among the 60 VADs of the first contingent overseas in September, 1916, following 7 months in the Khaki League Home in Montreal. She was posted to Gifford House, Roehampton (where Violet Wilson served briefly in 1918). See: BRCS M&A, Personnel Card Indexes; also, personal documents lent by kind permission of Mr. E. G. Finley.

[58] McGill created a one year diploma course in Massage and Medical Gymnastics in 1916. See: Ruby Heap, "Training Women for a New Women's Profession: Physiotherapy Education at the University of Toronto, 1917 – 1940", History of Education Quarterly, 35:2 (Summer 1995) p. 139.

up a new wartime physiotherapy department for the next generation of returning wounded.[59]

The conversion of VAD service into a related health care occupation in the post-war era was not uncommon [see Appendix 5, Table 5.4]. When Dorothy Chown returned to Kingston, Ontario following her posting as a VAD at Rugeley Camp Hospital in England, she was employed as a dietician at the Queen's Hospital. It is probable that Dorothy had trained in dietetics prior to her VAD service, since many VADs were assigned to hospital kitchen work.[60] Col. Rennie, the Assistant Director of Medical Services (ADMS) for the CAMC at Folkestone had advised a friend that his daughter had a better chance of placement as a VAD in a Canadian hospital "if she has taken up cooking in regard to diets."[61] Blanche Thistle inadvertently established a new occupation for women in Newfoundland, when she accepted a post as a "dental nurse" in St John's following an extended period of post-war VAD service in local hospitals.[62]

VADs also found that their war service could be transformed into new employment opportunities not only in the health care sector, but also in other areas of public and private employment. Ellen Scobie was "promoted" from her pre-VAD job as a "press-feeder" at the American Bank Note Company in Ottawa, to the position of "nurse" in the

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[59] Eugenie Marjorie Ross was married to Eric B. Finley, 3 June 1919, see Montreal Standard, (5 July 1919) p. 1; also, Montreal Daily Star (24 March 1945); and, Documents "Letter: 10 March 1953", loaned by kind permission of Mr. E. G. Finley.

[60] BRCS M&A, Personnel Card Indexes; Dorothy was at Rugeley Camp Hospital from October 1918 to May 1919; see, Kingston City Directory (1919).

[61] NA, RG9 III, B1, (Vol. 3419), (File: N-5-47) "ADMS Folkestone to E.H. Jackes (24 March 1917)".

[62] Joyce Nevitt, White Caps and Black Bands: Nursing in Newfoundland to 1934 (St John's: Jesperson, 1978) pp. 104, 108-109 & 112. Blanche served in local military hospitals to the end of the Epidemic, then in a variety of public hospitals.

First Aid room. The new role was based on her exemplary war record, as the first Canadian VAD to be "Mentioned-in-Dispatches". At the same time, it also allowed the company to reward her with a promotion in the sphere of "women's work", while preserving the "masculine" jobs for returning male veterans. In Ottawa also, the efficient and industrious Commandant of the local St John Ambulance VAD Nursing Division, Hazel Todd, maintained her position with the federal Board of Pension Commissioners through the war, but within a decade she had moved on to become Secretary of Ottawa's Social Hygiene Council.[63] To what extent the move was based on her experience in the social and health care sector through St John Ambulance, or the pressure to re-establish male veterans in civil service jobs cannot be measured, but it is notable that Hazel's new post matched her long experience in voluntary health care service. Another St John VAD, Marion Magee, was appointed Secretary to the Provincial Council of New Brunswick's St John Ambulance Association. The President, Col. Murray MacLaren, noted that Magee's VAD experience abroad was an asset, since her "technical knowledge is of the first importance in appointing and assisting in the difficulties of the centres she visits", and her veteran status allowed her to wear "the St John Ambulance uniform on official occasions" which added "distinction and impressiveness to the office."[64]

For Isobel Thomas, however, VAD service served as a catalyst that prompted her move into a less travelled career path for women. Thomas graduated from the University

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[63] Ottawa City Directory (1927) and (1930); also Archives of Ontario (AO), MU6814, St John Ambulance Association (SJAA), Administrative Records, 1909 – 1977, "Report of the Ontario Provincial, Canadian Branch, SJAA (1915)", pp. 13-15.

[64] SJAA, Eleventh Annual Report (1920) pp. 41-42 & 50. Marion Magee served in England and France for three years, earning two red efficiency stripes. See: BRCS M&A, Personnel Card Indexes.

of Toronto in 1912, intending to pursue a teaching career, but the war intervened. A member of the first overseas VAD contingent in 1916, Isobel Thomas went first to a military hospital in Birmingham and then to France, returning in mid-1919 laden with accolades. She was Mentioned-in-Dispatches for "Valuable services in the field", and also received the highest honour accorded to a VAD, the Royal Red Cross Medal (2nd class). After her return from France Isobel Thomas entered the University of Toronto Medical School, and graduated second in her class in 1926, two years after her marriage.[65]

Dr. Copp had indicated that few VADs had an interest in pursuing a post-war nursing career, with or without accredited nurses' training. Only an estimated 10 of the more than 800 identified Canadian VADs appear to have opted for post-war formal nurses' training, [see Appendix 5, Table 5.5]. Among them was Ada Flood of London, Ontario, a VAD veteran of 16 months at naval hospital in Plymouth, but she attended an American training programme, graduating to work as a nurse in a Cleveland, Ohio hospital for the next 30 years.[66] Daisy Johnson was among the few who entered VAD service because she "always wanted to be a nurse", but her mother had forbidden it because "nurses were not respected". Daisy however had met her future husband while she was a VAD in London, and returned to marry rather than follow a career.[67] When Jean Gunn and her colleagues on the 1918 Special Committee investigating solutions to

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[65] The Times (London) (21 June 1919); also, The Mail (Toronto) (5 June 1926); and, BRCS M&A, Personnel Card Indexes. Mary Maud Isobel Thomas married Edward Bliss Day in June 1924. Her father, Arnold Thomas was Secretary Treasurer for Copp Clark Publishing, and Dr. C. J. Copp was pallbearer at his funeral in 1936.

[66] AO, MU6860, SJAA, Administrative Records, 1909-1977 (File: 'VAD Personal Papers) "Letter: Anne Manson, 29 December 1977".

the post-war nursing shortages in the military hospitals, had proposed the assisted entry of former VADs into the hospital schools, they had declared it as a "splendid opportunity for every young woman to be of the greatest national service" both during and after the war.[68] The Committee were dismayed by Dr. Copp's rejection of their offer, believing VADs would then pursue a back door entry into a paid nursing career. Yet, Dr. Copp was adamant that VADs wanted only to serve King and Country as volunteers. His position was supported by the actions of one Toronto Nursing Division which rejected the new W.A.D. organisation, with its "salaried" component of General Service and Special Service VADs, threatening to disband rather than relinquish their volunteer status.[69]

Some nursing leaders like Gunn were also ready to concede that VADs had often demonstrated considerable ability and responsibility, despite their minimal training and hospital experience. In 1919, while many VADs were still on duty at home and overseas, the Canadian Association of Nurse Education (C.A.N.E.) compiled a report with the CNATN under the title, "The VAD as a Prospective Pupil". The Resolutions Committee of the C.A.N.E. offered a subsequent proposal:

"Re: V.A.D.

> That the C.A.N.E. recognise the service of the V.A.D. serving in hospitals in Canada or overseas; and that they wish to attract to our training schools V.A.D.s desirous of taking a nurse's training. The Association also approves of the principle of allowing a certain amount of time where service given has been nursing service. The time allowed not in any case

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[67] The Leader Post (Regina) (9 June 1983).

[68] Jean Gunn, "Nursing: Address Given Before National Council of Women", Woman's Century, 6:5 (August 1918) p. 11.

[69] Dr. Copp was aware that VADs at Toronto's College Nursing Division had threatened to disband rather than follow new W.A.D. structure offering a "salary" to General Service and Special Service VADs. See: AO, MU6858, SJAA, Administrative Records, 1909-1977 (File: A.K. Prentice) "News Article: 1918"; also, Gunn, "Nursing", p. 11.

> to exceed six months, and each case being considered on its own merits. The length of time allowed being decided by each individual Superintendent when the candidate has shown her work at the end of first year or second year training."[70]

Echoing the Committee's suggestions, Dr. Helen MacMurchy had also urged the Canadian nursing community to consider the more "flexible" position of British nurses in London's "best hospitals", crediting those VADs whose wartime service "had been so good and so helpful, one year off the three years" of hospital training.[71] Like the nurses, she had also interpreted the VADs' reluctance to leave volunteer service as an indication of their interest in a long term nursing career, rather than a desire to prolong their wartime experience of responsibility, independence, adventure and a sense of shared purpose.

The majority of Canadian VADs appear to have left nursing behind them, like Violet Wilson who was eager to get back to Europe. She passed the federal service examination for a "woman emigration officer" post overseas, but preference for civil service jobs was given to veteran soldiers. Although there was a question of whether VAD service qualified as military service since it had been unpaid, non-commissioned and voluntary, the government agreed that Violet could be classified as a "returned soldier". She was appointed as an Emigration Officer in Glasgow, interviewing war brides, and assisting their travel arrangements to Canada.[72] This was only the beginning

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[70] Anon, "Canadian Association of Nursing Education: Summary of Convention Proceedings, Vancouver, 1919", Canadian Nurse, 15:9 (September 1919) pp. 1989-1990.
[71] Helen MacMurchy, M.D., "The Future of the Nursing Profession", Canadian Nurse, 16:2, (February 1920) p. 73.
[72] NA, Voice of the Pioneer, "Violet Wilson Interview"; also, Linda J. Quiney, "'Hardly Feminine Work': A Canadian Voluntary Aid Detachment Nurse in World War One", in Sharon Cook, Lorna McLean and Kate O'Rourke, (eds.), Framing Our Past: Canadian Women's History in the Twentieth Century (Montreal/Kingston: McGill-Queen's University Press, 2001) pp. 289-294.

of a long and varied career in which Violet worked as a CBC broadcaster, concert promoter, Information Officer at Chateau Lake Louise near Banff, Recreation Director in a northern British Columbia oil camp, and finally as a European tour guide, before retiring in her seventies.[73]

Agnes Wilson's experience was more typical, she cheerfully left a teaching career in Edmonton for VAD service, and then returned to start a new career as a secretary. An alumnus of the University of Alberta, Agnes became the Secretary to the Dean of Arts and Sciences, necessarily attending business school in the mornings to learn typing and shorthand, but gave up her job when she met and married the university Registrar.[74] Frances Cluett returned to Belleoram Bay in Newfoundland after nearly four years abroad as both a VAD nurse, and a General Service worker. She then attended Normal School, and spent the rest of her life in the tiny village, teaching primary school and operating a small general store, but Frances remained active in the Red Cross, and became the unofficial "nurse" of her small community.[75]

Frances never married, and her life of adventure abroad began and ended with her VAD service. For others, marriage frequently drew a curtain over their future lives as their identities were subsumed into their husband's name [see Appendix 5, Table 5.6]. Few married women pursued a career outside the home in the convention of the time, and former VADs were no different despite their demonstrated taste for adventure. There were exceptions, like physiotherapist Marjorie Ross Finley, and Gertrude Murphy

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[73] NA, Voice of the Pioneer, "Violet Wilson Interview"; also, Edmonton Journal (27 July 1974) p. 19.
[74] Provincial Archives of Alberta (PAA), MG73.72, "Agnes Wilson Interview" (19 January 1973).

Charters, a journalist who began her career as an Alberta school teacher. After her marriage, Gertrude became a community activist in Grande Prairie, Alberta, and was elected there as the first woman counsellor, and by 1940 she had begun a new career as Editor of the local Prairie Herald-Tribune.[76]

For most VADs marriage brought an effective end to any paid employment. Voluntary work continued however to be a significant part of their lives. Daisy Johnson Cook continued to be active in the St John Ambulance, training new volunteers and sharing the memories of her war service.[77] Ambulance driver Grace MacPherson remained true to her adventurous spirit by moving to Northern British Columbia, where her civil engineer husband helped supervise the construction of a CPR branch line. Always active in voluntary work, Grace took particular interest in the veterans' hospitals, and marched each year alongside the men in Armistice Day parades.[78] During the Second World War, Grace volunteered with St John Ambulance to help train the new generation of VADs.[79] Sybil Johnson left VAD service in mid-1918 to marry her long-time fiancé, lawyer Brian Dunfield, and in her role as wife, mother and a prominent member of St John's society, there was no question of an independent career. Sybil was active in the voluntary sector of St John's, and as an accomplished violinist she also gave frequent concerts for special events and fund-raising activities. In 1949, she became Lady

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[75] The Gazette [St John's], (2 December 1993).
[76] Charters, "The Black Death at Drumheller", pp. 20-21, 27 & 29; also, Pettigrew, "The Silent Enemy", pp. 97-98; and, The Herald-Tribune (Grande Prairie) (03/02/75).
[77] The Leader-Post, (Regina) (9 June 1983); also, Saskatchewan Archives Board (SAB), Callum Family "News clip".
[78] Gwyn, Tapestry of War, p. 460.
[79] CWM, (58A1 21.12), Grace MacPherson, "Photographs re: Grace leading new recruits in exercises (W.W. II)".

Dunfield, when her husband was knighted shortly before Newfoundland entered Confederation.[80] Jean Sears also continued in St John Ambulance work after her marriage, and in 1931 as convenor of the St John Ambulance Brigade Nursing Division #1, presented a portrait to Dr. Charles Copp on behalf of the wartime VADs.[81] In later life, she reflected that contact with people "from all around the world" had made her a more tolerant person, and she remembered her VADs service as "a tremendous adventure", but it had forced her to mature very quickly and accept responsibility for others.[82]

Several of the Newfoundland VADs were affected by the devastation of the Newfoundland Regiment at Beaumont Hamel on 1 July 1916, losing a fiancé or young husband.[83] As Janet Miller Ayre's biographer noted, this was also the first generation of Newfoundland women to have been well educated, and they now were in need of a creative and meaningful outlet for their physical and intellectual energies. On their return, the VADs often found themselves out of step with their peers who had husbands and families, but they were also more mature and sophisticated than the young single "flappers". Janet abandoned her pre-war ambition to study law, since widowhood and the

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[80] Sybil Johnson married Brian E. S. Dunfield in August 1918, and raised three children in St John's. Her charity work included the Society for the Prevention of Cruelty to Animals, founded by her father and others in St John's at the turn of the century. See: The Gazette [St John's], 13 November 1977; also, CNS, Collection-201, Sybil Johnson, "Biography", p. 5..

[81] St John's Gate Archives Clerkenwell (SJGA) Canada File, "Tribute to Dr. Charles J. Copp"; also, Toronto Globe (28 December 1931).

[82] NA, (A19903-0008), The Great War and Canadian Society Project, "Jean Sears (Suydam)".

[83] Gwyn, Tapestry of War, pp. 304-305. Gwyn notes that only 68 of the 801 who went "over the top" at Beaumont Hamel on 1 July 1916 survived the slaughter, subsequently earning the designation of "Royal" Newfoundland Regiment.

war had left her "too old [and] out of touch", to resume life as a student, but it would be another eight years before she remarried.[84] Like many women of her class and generation, Janet Ayre became actively involved in Newfoundland's social and health care issues through organisations like the Child Welfare Association, and NONIA, the Newfoundland Outport Nursing and Industrial Association. Along with other veteran Newfoundland VADs, Janet was also actively involved in the Franchise League working for the vote.[85]

Home-based Newfoundland VAD veterans were no less politically motivated than those who had experienced British feminist activism. May Kennedy, a VAD in St John's, as well as a member of other women's patriotic activities, was the progenitor of the Newfoundland Suffrage movement, and committed to international woman's political movements, including the Alliance Congress.[86] Despite their efforts however, Newfoundland women did not achieve the vote until 1925, although in the estimation of Newfoundland historian Margot Duley "the Great War had significantly altered perceptions of the public value of women's work."[87] More likely, however, it was a combination of the war, and their personal wartime experiences, that changed women's perceptions of the value of their own work, both paid and voluntary. Yet, despite the

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[84] CNS, Collection-158, Ayre-Murray Collection, (File: 1.06), "Janet Morison Miller", (m.s.).
[85] Margot I. Duley, "The Radius of Her Influence for Good: The Rise and Triumph of the Women's Suffrage Movement in Newfoundland, 1909-1925", in L. Kealey, (ed.) Pursuing Equality: Historical Perspectives on Women in Newfoundland and Labrador (St. John's: Institute for Social and Economic Research, Memorial University, 1993) pp. 43-44.
[86] Ibid, pp. 38-39.

countless hours that VADs and other Newfoundland women had devoted to the war effort, only their active post-war campaigning assured that "a reluctant Newfoundland legislature" signed suffrage into law in 1925.[88]

Canadian women had already won the battle for the vote by the time the VADs had returned from overseas service. Their personal writing offers little evidence of any involvement in the activities of Britain's suffrage movement. Marjorie Starr, despite her work for the Scottish Women's Hospitals, viewed suffragists as a distinct ideological group separate from herself.[89] If not political, many former VADs remained committed to public service through their voluntary activities, and several continued to be involved with the work of the St John and the Red Cross after the war. Alice Houston and Ellen Scobie of Ottawa, both "Mentioned-in-Dispatches" for their VAD service in France, are among the names of veteran VADs found scattered through the post-war publications of St John Ambulance, along with several former VADs across Canada.[90]

Apart from former VADs, however, St John noted a substantial drop in women's participation after the war. Female membership still exceeded that of men by 1925, but the men's Ambulance Divisions had actually increased in number from 11 to 24, while the number of women's Nursing Divisions dropped from 48 to 23 between 1918 and

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[87] White, The Finest Kind, p. 9; also, Margot I. Duley, Where Once Our Mothers' Stood We Stand: Women's Suffrage in Newfoundland, 1890-1925 (Charlottetown: Gynergy Books, 1993) p. 74; and, Duley, "The Radius of Her Influence", pp. 43-44.
[88] Duley, Where Once Our Mothers' Stood, p. 74.
[89] IWM, Department of Documents (DD), Marjorie Starr Diary, (2 December 1915).
[90] The Civilian, XI:11 (October 1918) p. 310; also, SJAA, Sixteenth Annual Report, (1925), p. 38.

1925.[91] The official historian of St John Ambulance in Canada, G. W. L. Nicholson, reflected that in the post-war, "patriotism, which had proved a powerful incentive to service in wartime, had no effective counterpart capable of calling volunteers to humanitarian activities in time of peace."[92]

Historian Jay Winter observed, that the wartime volunteers had been part of a larger bond of kinship that included "Red Cross volunteers, searchers and officials", who had "stood as proxies for parents, wives, brothers and sisters", feeling privileged to have been at the bedside of the wounded, when family and loved ones were denied this opportunity, and conscious of the responsibility it entailed.[93] With the war behind them, they sought out a new reality for their post-war lives.

7.4 Canadian Nurses and VADs in the Post-War

When Jean Gunn addressed the CNATN Convention in July 1918, she was acutely aware of pressures being brought to bear on Canadian nurses, with the looming problems of nursing shortages, government interest in VADs, and expanding public health programmes.[94] As Gunn acknowledged in her address to the Convention:

> "The Great War has brought a testing time in our profession; we are very much in the public eye, and the time has come when we really are to be

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91 G. W. L. Nicholson, The White Cross in Canada: A History of St John Ambulance (Montreal: Harvest House, 1967), pp. 72 & 74.
92 Ibid, p. 73.
93 Jay Winter, Sites of Memory, Sites of Mourning, pp. 29-30.
94 Jean Gunn, "President's Address: Canadian National Association of Trained Nurses' Convention 1918", Canadian Nurse, 15:8 (August 1919) p. 1920.

> tested, and that test will be the degree in which we meet the national need."[95]

During this conference, the members of the Special Committee learned that the government would not support their proposal to reorganise the hospital training schools in order to provide for the immediate nursing needs of the military hospitals, and consequently create a reliable reserve of graduates for other civilian nursing needs.[96] The proposal had also been designed to prevent VADs from gaining easy access into a paid nursing career, but Gunn rationalised that although volunteers could become a fixture in the convalescent hospitals, the work could not continue indefinitely, and so she now turned her focus towards the long term prospects for guaranteeing the future for nursing graduates. For nursing activists, professional recognition and future control over job and wage security were inter-linked, but the appropriate methods of attaining these goals were less well defined. Respect for the role of nurses during the war was a factor in their favour, enhancing the status of all Canadian nurses, civilian or military. Although proportionately their numbers had been small in comparison to the Canadian men in military uniform, the CAMC Nursing Sisters had elevated the image of Canadian nurses through their work, and the sacrifice of 47 Sisters on active service.[97] Yet, the new visibility of nurses was a mixed blessing, often giving equal prominence to VADs under

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[95] Ibid, p. 1211.

[96] Riegler, Jean I. Gunn, (1997); and, Natalie M. 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., University of Toronto, 1992); also, Chapter 6.

[97] More than 600,000 Canadian men enlisted for military service, but only 3,000 Canadian Nursing Sisters were commissioned, a sore point with Gunn and the CNATN. See: Morton, and Granatstein, Marching to Armageddon, p. 279; and, Gunn, "The Services of Canadian Nurses and Voluntary Aids", p. 1975.

the generic allusions to "the nurse" in the popular press. Gunn cautioned that societal indifference to nursing qualifications had restricted nurses' advancement in the past, because in times of crisis people called only for "a nurse", as a maternal care-giver, without giving careful consideration to her educational qualifications. Nevertheless in her opinion, the war and the epidemic, had alerted the general population to "the value of nursing and the need of nursing", and the urgency in the immediate post-war, was to capitalise on this positive image, promoting the status and job security of Canadian nurses.[98]

Jean Gunn emphasised in 1919, that "the nurse who remained at home has not failed to do her part", but cautioned that the CAMC veteran needed particular consideration in order to "be fitted into the nursing needs of the country", after three or four years of service abroad, and now "completely out of touch with civil work in all its branches".[99] Gunn proposed a re-training programme, like the free education offered to veteran soldiers, in this instance to instruct nursing veterans in the rudiments of public health nursing. This had been tried at the University of Toronto, under the aegis of the Department of Soldiers' Civil Re-Establishment (DSCR), which provided a "short, intensive course in public health work" for veteran CAMC Sisters.[100] Gunn suggested the government could build on this approach, expanding into training programmes for nursing administration, and establishing a "Bureau of Information" as an employment service for veteran nurses, to coordinate any vacancies with the skills of the applicants. The purpose was to keep the American-trained Canadian veterans from heading south

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[98] Gunn, "President's Address" p. 1920.
[99] Gunn, "The Services of Canadian Nurses and Voluntary Aids", p. 1975.

again after demobilisation, consequently helping to alleviate the nursing shortages in Canada. Unfortunately, the Minister for the DSCR was not convinced, but his response was in line with the earlier decision not to enlarge the nursing schools and place the pupil-nurses in the military hospitals.[101]

Although the issue of the nurses re-employment prospects in the post-war remained unresolved, that of nurses' registration was less elusive. By late 1922 all nine provinces had added "some form of nursing legislation" to their statutes, but as Kathryn McPherson observed, the "quality of that legislation varied significantly".[102] The CNATN, as Riegler noted, had hoped to gain full control of national nursing standards, and secure the quality of nurses' training, eliminating those nurses who were deficient in their qualifications.[103] In McPherson's estimation, the legislation was disjointed, since it varied between provinces, and none of the provincial associations had won the right to set standards of membership, nor even to establish mandatory requirements for either membership or registration. They were therefore unable to prevent "unqualified practitioners from plying their trade". Consequently, the provincial nursing organisations failed to gain the right to define who should practise, and could only prevent those nurses who were unqualified from advertising themselves as "trained" graduates.[104] Although flawed, arguably national registration was an achievement influenced in part by the designation of VADs as a government panacea to projected nursing shortages in military

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[100] Ibid, p. 1978.
[101] Ibid, p. 1979.
[102] Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford University Press, 1996) p. 67.
[103] Riegler, Jean I. Gunn, pp. 116-117.
[104] McPherson, Bedside Matters, pp. 67-68.

convalescent hospitals, and their role as an emergency nursing reserve during the two domestic crises. Activists were motivated to lobby for a prompt completion of national registration after the war, as a first step to protecting the future status of qualified graduates from dilution by partially, or untrained nurses, ultimately promoting the goal of professional recognition.[105] Ironically, it was Jean Gunn's home province of Ontario that was the last to enact registration legislation, in November 1922. In David Coburn's estimation, this brought Canadian nursing to the "end of an era", and refocused efforts towards "improving the status" of the occupation.[106]

Dr. Copp's admission that St John Ambulance had no authority over retired VADs, with regard to their decision to enter nursing, had merited publication in the Canadian Nurse, alerting nurses to the dangers. Yet, although registration limited the potential for VADs to enter paid nursing ranks without a graduate diploma, as McPherson observed, there were no guarantees. The recruitment of VADs into military convalescent hospitals on a continuing basis was concrete proof that they could muster sufficient public confidence to challenge the status of qualified nurses. Thus, in Coburn's estimation, if nursing was to be considered a "professional" undertaking, it needed to gain an ascendancy over lesser categories of nursing related activities. Although defined as a "woman's occupation", not all women were automatically eligible for the work of nursing, based solely on their "natural" maternal qualities.[107] Nevertheless, registration

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[105] The final four were: Alberta (1919), Quebec (1920), Prince Edward Island (1922), and Ontario (1922). See: David Coburn, "The Development of Canadian Nursing: Professionalisation and Proletarianization", International Journal of Health Sciences, 18:13 (1988) p. 444.
[106] Ibid, p. 444.
[107] Ibid, p. 445.

could only lay the groundwork for "professional" recognition. A solid infrastructure was necessary to ensure public acknowledgement of the educational credentials of a graduate nurse. The "true", or "ideal", professions of the law, clergy and medicine shared the distinction of university based education.[108] If nurses could make the same claim of university accreditation, activists believed their superiority over VADs or any other partially trained nurses would be established.

As Riegler demonstrates, the push for university based nursing education emerged at the end of the war, but the idea had been openly discussed in Ontario since 1905.[109] Initially, it was not a fear of unqualified practitioners that concerned nursing leaders, but the realisation that the "best and brightest" were being lost to post-graduate programmes south of the border, never to return.[110] Left dormant for over a decade, the idea of university-based nursing education was rekindled in 1918. In Riegler's opinion, this was due to the convergence of several critical factors, including the return of the CAMC nurses, interest in public health reforms, the need for competent district or visiting nurses, and the demand for a reserve of well-trained public health nurses.[111]

The war and the epidemic had served as a catalyst to reveal both the endemic health problems in the population, and the lack of sufficient reserves of medical and nursing personnel. The tremendous losses sustained through combat and the epidemic, the rampant problem of venereal disease, and the alarmingly high incidence of infant mortality in Canada were all brought to the table at the 1918 Women's War Conference

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[108] R. D. Gidney and W. P. J. Millar, Professional Gentlemen: The Professions in Nineteenth Century Ontario (Toronto: University of Toronto Press, 1994) p. 3.
[109] Riegler, Jean I. Gunn, p. 130.
[110] Ibid, p. 131.

in Ottawa.[112] These problems required all the resources of qualified nursing personnel, but the wartime reliance on VADs to shore up the nursing deficit was not viewed as a satisfactory peacetime option for nursing leaders. Equally alarming was the prospect of the voluntary service agencies, the Red Cross and St John Ambulance, continuing or expanding their nursing programmes into the public health arena with the aid of VADs. The League of Red Cross Societies' Medical Conference in Cannes, in April 1919, counted British VADs as one of their leading assets. They recommended that all national Societies should consider providing further training in "public health and social welfare work" to both trained and untrained women who were now released from war work, and simultaneously create a permanent register of experienced volunteers for emergencies.[113] Discussions were also recommended on a proposal for "all health workers to be fully trained nurses", and the advisability of providing courses in public health for "nurses and others".[114] Although the recommendations were generalised, Jean Gunn, as a member of the executive for the Ontario Division of the CRCS, was well aware of their implications for graduate nurses.[115]

By the autumn of 1919, the CRCS was actively promoting a "national medical and nursing service", under a joint committee of leading voluntary service agencies

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[111] Ibid, p. 134.
[112] Ibid.
[113] League of Red Cross Societies, Proceedings of the Medical Conference, Cannes, France (April 1-11, 1919) pp. 137-138.
[114] Ibid, p. 138.
[115] Riegler, Jean I. Gunn, p. 237. Gunn was on the Ontario Board from 1919 to 1921, and served as Convenor from 1919 to 1920. In 1920-21 she was on a committee studying proposed nursing programmes at the University of Toronto. She maintained an active executive role in the CRCS until her death in 1941.

including the St John Ambulance and the Red Cross.[116] The CRCS was also interested both in developing "Nursing Departments" in the universities, and creating specialised courses for trained nurses' aids in Home Economics and First Aid in "suitable institutions".[117] These proposals promoted graduate nurses as the designated experts in public health based on university accreditation. They also offered control mechanisms over partially trained nurses by establishing categories of specialisation for non-graduates, which were clearly defined and easily distinguishable from those of qualified graduate nurses. University programmes did not preclude the entry of VADs, and nursing leaders openly encouraged veteran VADs to enter graduate nurses' training, hoping to capitalise on their experience, enthusiasm and educational background, while lessening the likelihood of their "back door entry" into a nursing career.[118] The University of British Columbia, in 1919, established a precedent as the first university in the Empire to offer a nursing programme, hoping to attract "middle class women with several years of high school".[119] The expectation was that higher standards would not only attract women capable of mastering new scientific technologies, but would also raise the status of nursing as a professional undertaking by appealing to women who would naturally be drawn to university study.[120]

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[116] Anon, "Pretentious Peacetime Programme Planned at First Meeting Held in West", Canadian Red Cross Society Bulletin, 46 (August/September 1919) p. 7.
[117] Ibid.
[118] Gunn, "Nursing: Address Given Before National Council of Women", p. 11.
[119] Lee Stewart, "It's Up to You": Women at UBC in the Early Years (Vancouver: University of British Columbia Press, 1990) p. 33. The UBC programme was approved in 1919.
[120] Ibid.

As Meryn Stuart notes, the status of all Canadian nurses had been elevated by the record of the CAMC nurses, and their commission as officers had engendered "unparalleled" international recognition.[121] Nursing leaders had feared that the popular acceptance of VADs during the war, and the confusion in their identity with the military nurses, might reinforce the notions of nursing as "women's work". By transforming VADs into qualified graduates, particularly at the university level, traditional perceptions of nursing as a maternalist, rather than a skilled knowledge-based endeavour, could be dispelled. University based nurses' training also had the benefit both of attracting superior VADs to graduate nurses' training, as well as putting a greater distance between nursing graduates and other less qualified nursing aspirants. The University of Toronto established a Department of Public Health Nursing in mid-1920, funded by the Ontario Division of the CRCS, and sponsored by the Faculty of Medicine's School of Hygiene. This was one of four nursing programmes initiated in Canadian universities that year with the support of the Red Cross. In Meryn Stuart's estimation nursing now had a "foot in the door", in the quest for higher education within a university setting.[122]

Apart from their recruitment for post-war service in military convalescent hospitals, VADs also posed a challenge to Canadian graduate nurses through their potential inclusion in the proposed post-war public health initiatives of the voluntary service agencies. Once the CRCS was granted a mandate in 1919, for "relieving peacetime distress and promotion of public health among civilians", their initial projects

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[121] Meryn Stuart, "War and Peace: Professional Identities and Nurses' Training, 1914-1930", in Elizabeth Smyth, Sandra Acker, Paula Bourne, and Alison Prentice, (eds.), Challenging Professions: Historical and Contemporary perspectives on Women's Professional Work (Toronto: University of Toronto Press, 1999), p. 172.

included the funding for the nursing department at UBC, and public health programmes at four other Canadian universities, and in 1920, the CRCS began training and sponsoring nurses for public health work in rural areas, creating "health centres".[123]

St John Ambulance had also begun to investigate possibilities for public health initiatives, in the Canadian northwest.[124] They sent an experienced VAD organiser from Ottawa to the western provinces to "survey conditions", and report back on a possible role for the Association, "especially for women in Home Nursing".[125] Mme Marie Taschereau cautioned that St John's efforts might conflict with similar projects sponsored by both the Red Cross and provincial authorities, demonstrating the fevered interest generated by concerns over public health in that era.[126] Activists in the CNATN worried that wartime reliance on VAD assistance might encourage these organisations to an "over zealousness" regarding volunteers, and consequently "launch on the public a group of partly-trained women to assume the responsibility of human life, unlicensed and uncontrolled by legislation".[127] The Superintendent of Public Health Nurses in Alberta proposed averting this outcome by establishing "trained attendants", or salaried trained nurses' aids, "so controlled by legislation that it would be impossible for them to practise as nurses."[128] A similar idea was put into practice by the Montreal chapter of the Young Women's Christian Association (YWCA) in the early 1920's, advertised in 1922 as the

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[122] Ibid, p. 185.
[123] McKenzie Porter, To All Men: The Story of the Canadian Red Cross (Toronto: McClelland & Stewart, 1960) pp. 57-58 & 148.
[124] SJAA, Eleventh Annual Report (1920) p. 20.
[125] Ibid, p. 20.
[126] Ibid, p. 30.
[127] Christine Smith, R.N., "The Trained Attendant", Canadian Nurse, 17:2 (February 1921) p. 69.

"Trained Attendant's Course". The YWCA offered a three month programme, awarding a "Badge and Certificate" to successful candidates, and promising a salary of two to three dollars per day for the services of "certified" students.[129] The YWCA Home Nursing classes replicated the original St John Ambulance VAD courses, as did a similar post-war version presented by the CRCS in 1922, to the great dismay of St John Ambulance.[130]

At the end of the war, the social and health problems of urban and rural Canada were well documented, providing ample testament to the need for increased and improved public health nursing services. Civilian nursing activists wisely calculated that the continuing role of VADs in the post-war convalescent hospitals was of less concern than their possible inclusion in the developing public health programmes. Leaving the government to deal with the residual staffing problems in the military facilities, civilian activists set out instead to assert their leadership and expertise in public health nursing, striving to prevent VADs, and any other partially trained women, from gaining a foothold. In January 1919, Canadian nurses woke to a new year of global peace, but social, economic and health problems on the homefront presented new battles to be fought and won. The Great War had offered Canadian nurses an unprecedented opportunity to demonstrate their skill and professionalism, but the unexpected success of the VAD challenged graduate nurses to solidify their status by firmly establishing the standards and qualifications of their work through national registration, and elevating their educational standards through university based training.

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[128] Ibid, p. 71.

[129] NA, MG28 I240, (Vol. 14), Montreal YWCA, (File: Home Nursing, 1921/22), "Home Nursing and Trained Attendant's Classes".

7.5 Lasting Impressions: VADs and Post-War Health Care Activities

Prior to August 1914, the prospect of women taking the lead in the wartime operations of St John Ambulance in Canada was never contemplated. The earliest programmes offered by St John Ambulance in Canada, in the late nineteenth century were for military personnel, although the "Ladies Educational Association" of Montreal had sponsored some classes in 1883, but women had played a strictly supportive role in the early years of St John Ambulance in Canada.[131] The first priority of the St John Ambulance Association in Canada had been First Aid instruction for men in the workplace, followed by the development of the men's Ambulance Divisions, under the direction of the St John Ambulance Brigade. The "Constitution" of the SJAA Canadian Branch in 1910 listed, "instruction in Nursing" and the creation of a "Nursing Corps" among the objectives, but as Deanna Toxopeus noted, they were always secondary to the men's work of emergency first aid.[132] At the time when the scheme for "Voluntary Medical Aid in Canada" was authorised in 1914, there were only three Nursing Divisions operative, with 54 members, as compared to the 700 men in 24 Ambulance Divisions. Regardless of the imbalance, St John Ambulance officials were encouraged, noting that

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[130] Ibid; also, CRCS, Executive Committee: Minute Book #6, "29 March 1922" and "10 October 1923"; also, SJAA, Fourteenth Annual Report (1923) pp. 47-48.

[131] Nicholson, The White Cross in Canada, p. 29. Two surgeons offered First Aid classes at Quebec City in the winter of 1882-1883, and again the following winter in Montreal.

[132] Canadian Branch of the St John Ambulance Association: Constitution and General Regulations, (1910) pp. 2-3: and, Deanna Toxopeus, "Women in the St John Ambulance Brigade, 1916-1990: A Study of Change in a Conservative Organisation", (Unpublished paper, Carleton University, Ottawa, 1994), p. 21.

the women's involvement had developed rapidly in the previous two years, and that in any case, the men were expected to take the lead in any potential wartime operations.[133]

There was no expectation that women would be called to give full-time nursing assistance, either at home or overseas, rather they would be trained in readiness for auxiliary nursing services, as clearly outlined in the Regulations:

> "The women's detachments would be employed chiefly in forming railway rest stations, preparing and serving meals, and refreshments to sick and wounded during transit by railway; and in taking temporary charge in evacuation stations or temporary hospitals, of severe cases unable to continue the journey."[134]

As Anne Summers observed of the British Voluntary Aid scheme, the "military nurse was the auxiliary of the soldier; the VAD was the auxiliary of the military nurse."[135] The Canadian plan was envisaged as a small, domestic, and primarily masculine reserve of emergency aid volunteers, not the 2,000 strong, international, and predominantly female force of nursing and related healthcare assistants it was to become by the war's end.[136] By October 31, 1920, when Canada's VADs were officially demobilised, the majority had long since completed their service, and returned home to former occupations, new marriages, or moved on to new employment prospects. Prior to their war service, few of

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[133] Annual Report for 1913 of the St John Ambulance Brigade Overseas: Within the Dominion of Canada (compl. Capt. G. R. N. Collins), pp. 12 –13; also, Militia Council, The Organisation of Voluntary Medical Aid in Canada, (3 March 1914); and, Strome Galloway, The White Cross in Canada, 1883-1983: A History of St John Ambulance, Centennial Edition (Ottawa: St John Priory, 1983), p. 41.

[134] The Organisation of Voluntary Medical Aid in Canada, p. 6.

[135] Anne Summers, Angels and Citizens: British Women as Military Nurses, 1854-1914 (London/New York: Routledge & Kegan Paul, 1988), p. 282.

[136] The numbers are gleaned from a variety of sources including: Report of the Chief Commissioner for Brigade Overseas, 1 October 1915 to 31 December 1917 (compl. Earl of Ranfurly), p. 35; and, BRCS, M&A, Personnel Card Indexes; also, Maude Seymour

the VADs had been members of St John Ambulance. A few were connected to St John through family members, like Violet Copp who was the daughter of the Assistant Commissioner of the Brigade in Canada, the man responsible for VAD organisation.[137] In the post-war era, however, several veteran VADs continued their association with the Brigade, as members of the Nursing Divisions in conjunction with Brigade Ambulance Divisions. In Winnipeg, Brigade Nursing Members were still lining up for inspection in 1927, wearing the standard wartime VAD uniform of grey dress, white-bibbed apron and white veil.[138]

When the federal and provincial authorities, and more particularly the volunteer service groups, began to concentrate on the new battles for public health reforms in the post-war years, former VADs might have been expected to become involved. This was not the case however, even Mme Taschereau's part in researching the nursing needs of western Canada was a isolated venture.[139] The majority of former VADs who remained connected to St John Ambulance returned to the pre-war model of the Brigade nursing members. They assisted the Ambulance Corps at public events, wearing the VAD uniform, and remained in readiness to be called on to help with "victims of slight accident or sudden illness".[140] In the wake of the Influenza epidemic, there were calls to create a

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Abbott, M.D., "Lectures on the History of Nursing", Canadian Nurse, 19:3 (March 1923) p. 149; and, IWM, Women at Work, (BRCS 12.11/04) "Lady Perley's Letter (1919)".

[137] Galloway, The White Cross in Canada, p. 41; also, BRCS, M&A, Personnel Card Indexes.

[138] A 1927 photograph of a Winnipeg Nursing Division shows the women wearing the wartime VAD working uniform, lined up for inspection alongside the men's Ambulance Division. See: Provincial Archives of Manitoba (PAM), Foote 305, St John Ambulance Society, "Photograph: 5 June 1927".

[139] SJAA, Eleventh Annual Report (1920) p. 11.

[140] Ibid, p. 51.

"register" of VADs, and other knowledgeable volunteers who could be summoned in any future public emergencies.[141] Veteran VADs who hoped to carry on an active involvement in public health, or related activities, were forced to find another medium of involvement outside of the Brigade Nursing Divisions. Anne Summers observed the same situation for the British VADs in their post-war relationship with the Red Cross and the other service organisations.[142] The dominant role of Canadian women in the St John Ambulance ended with the war, and they were once again expected to defer to the leadership of the men in the organisation. This was little different from the broader experience of Canadian society, where women were expected to cede employment or leadership opportunities to the returning veteran soldiers.

Deanna Toxopeus correctly observes that the female members of the Brigade quickly resumed their supporting role as nursing members after the war.[143] Yet in reality, the women had never relinquished the "traditional" role of care-givers as VADs, and had always remained under the ultimate direction of the organisation's male directorate. Only the proportional balance of membership in St John Ambulance had shifted during the war, temporarily shifting to the feminine dominance of the VAD nurse, and away from the masculine role of ambulance work. At the end of the war, as Toxopeus aptly concludes, there was no appreciable alteration regarding the "natural" leadership role of men in the Brigade, despite the larger wartime participation of women as VADs.[144] The disinclination to promote former VADs into post-war positions of influence in the

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[141] V. A. Macdonald, R.N., "Nursing Disasters", Canadian Nurse, 18:1 (January 1922) pp. 9-10.
[142] Summers, Angels and Citizens, p. 289.
[143] Toxopeus, "Women in the St John Ambulance Brigade", p. 35.

proposed new SJAA public health programmes was consistent with the prevailing gender roles and expectations.

Buoyed by the wartime success of the VADs, and the recent memory of the epidemic, the SJAA Home Nursing classes were enthusiastically promoted after the war. The offer of free classes for women in Saskatoon garnered "hundreds" of applicants in 1921, but there is no record of veteran VADs being asked to assist the nurses or physicians with the instruction.[145] A hint of women's wavering interest in joining the St John Nursing Divisions in the post-war was demonstrated when the Ottawa branch of the Brigade endeavoured to reawaken their enthusiasm by initiating Home Nursing Championships in 1921. This was later extended into mixed First Aid competitions, which was a radical change from the pre-war policy of "men only" events.[146] Notably, the first recipient of the new "Lady Drummond Cup" for Home Nursing was a much celebrated former Ottawa VAD, Alice Houston, "Captain of the No. 2 Team".[147] Alma (MacFarlane) Dougherty, a veteran of 16 months overseas as a VAD in England, had married after the war, but was still assisting with the Emergency Hospital displays at the Fredericton fair in 1925, and at other venues around the province.[148] Several other VADs

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[144] Ibid.
[145] SJAA, Twelfth Annual Report, (1921) p. 14.
[146] Ibid, pp. 14 & 46.
[147] The "Lady Drummond Cup" for Home Nursing was given by the former leader of the CRCS Information Bureau in London. She also sat on the Council of the SJAA. See: SJAA, Thirteenth Annual Report (1922) p. 11. Houston had earned a Scarlet Stripe for service and was "Mentioned-in-Dispatches". She returned to work in the federal Post Office Department in 1918, and later was an Actuarial Assistant with the Department of Labour. See: Ottawa City Directories (1916-1930); also, BRCS, M&A, Personnel Card Indexes; and, The Civilian, XI:11 (October, 1918) p. 310.
[148] SJAA, Sixteenth Annual Report (1925) p. 38; also, BRCS, M&A, Personnel Card Indexes

were also credited among the volunteer activities of the Brigade after 1918, but they were noticeably absent from the roster of executive members in St John publications.[149]

By 1929, enrolment in St John Ambulance Home Nursing classes had significantly declined, but the trend had been ongoing from early in the decade.[150] The central element of VAD training, the Home Nursing classes had lost their predominance, and the change reflected a general disinterest in women's activities overall in the pages of the Association's publications. The monthly journal, the First Aid Bulletin, increasingly reported items of masculine interest, particularly industrial safety and first aid techniques. By 1930, the general emphasis of the St John programmes had returned to the original focus of providing emergency first aid services for labour and industry.[151] Nursing was reported only when it complimented these interests, such as a 1929 article about "Miss Ell[a] Scobie, nurse at the Canadian Bank Note Company" who had been commended by an eye specialist at Ottawa's Civic Hospital for her first aid treatment of an eye injury.[152] Nevertheless, Scobie had proven the Company's confidence in her war record, and was still employed as a "nurse" more than a decade after her appointment.[153] By 1930, St John confessed to having had "less success in attracting women to Home Nursing

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[149] St John Annual Reports, and First Aid Bulletins to 1930.
[150] SJAA, Sixteenth Annual Report (1925) p. 9; also, SJAA, Twentieth Annual Report (1929) p. 18.
[151] SJAA, First Aid Bulletin (July/August 1929) features reports on the railways, telephone company, and fuel industry in British Columbia, but has no nursing related articles.
[152] SJAA, Canadian First Aid (May 1929) p. 7.
[153] Ellen Scobie was the first Canadian VAD to be "Mentioned-in-Dispatches".

courses", in comparison to their men's First Aid classes, this was the reverse of the war years when St John Ambulance had despaired over the lack of male interest.[154]

Some of the responsibility for drawing women away from the St John Ambulance programmes rested with the growth of the Red Cross in the inter-war years. Initially, relations between the two voluntary relief organisations remained cordial and cooperative, and many of the same influential citizens served on the executive of both organisations. In 1924 however, the Red Cross decided to initiate its own programme of Home Nursing classes, a development keenly resented by St John as an encroachment on their territory.[155] Yet the Red Cross made no apologies, justifying the decision as part of their "peace-time purpose" for the "improvement of health, prevention of disease and the mitigation of suffering". Denying any competition with St John, the Society asserted that not all regions of Canada were adequately served by SJAA programmes, and they had stepped in to eliminate the discrepancies.[156] The Red Cross also declared that, unlike the St John textbook, their new course manual for Home Nursing was designed for the "common folk" in the expectation of converting popular ideas, meaning traditional remedies, "to more technical knowledge".[157]

In the initial post-war period, St John had emphasised the development of highly organised public health nursing schemes, based on women's continuing interest in obtaining Home Nursing certificates, but without the necessity of being directly involved

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[154] SJAA, Canadian First Aid (April 1930) p. 2; also AO, MU6814, St John Ambulance Association Administrative Records, 1909-1977, "Report of the Ontario Provincial, Canadian Branch: Ottawa", p. 13.
[155] SJAA, First Aid Bulletin (April 1924) p. 6.
[156] CRCS, Annual Report (1923) p. 24.
[157] CRCS, Minute Book #6, (29 March 1922) p. 45, and, (4 April 1923) p. 151.

in Brigade work. Those women who had taken the courses would be listed on the proposed "register" of available volunteer emergency workers, in addition to medical, nursing and veteran VAD personnel.[158] Further plans were proposed to utilise St John certificate holders in creating local "Health Units", particularly in western provinces like Saskatchewan, where qualified medical help was scarce. It was suggested that women would be organised into five-person groups, or "units", ready to co-ordinate their activities in an emergency situation, although this would not include Brigade members or VADs, but regardless of extensive planning the "Health Units" also faded from the St John publications.[159] For its part, the Red Cross had moved ahead with their post-war plans involving volunteer women, in Nova Scotia, "Health Caravans" were organised to tour the province, engaging as one of their spokespersons Margaret Sibella Brown, an active Red Cross leader during the war, and a former VAD. A larger contingent of New Brunswick VADs continued their service after the Armistice by assisting in the Red Cross "Port Nurseries" with incoming war brides and their children, and later offering similar assistance to new immigrant families. The nurseries were under the direction of the Red Cross, with a graduate nurse in charge, but in Saint John the VADs were the primary assistants.[160] Similar services were offered at Quebec City and Halifax, but the local IODE and Red Cross chapters, respectively, took over responsibility in those cities, apparently without VAD assistance.[161] At the port of Saint John, New Brunswick, however, the work continued until at least 1927, still with the aid of VADs in the nursery,

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[158] Ibid, (7 September 1923) p. 171.
[159] SJAA, First Aid Bulletin, Volume II, No. 10 (October 1921), "Scheme for Organization of Voluntary Nursing Health Units".
[160] CRCS, Minute Book #7, (8 December 1925) p. 112.

under the direction of a veteran CAMC Nursing Sister, Vivian Tremaine.[162] Although the Red Cross took charge in Halifax, during the war the Brigade initially carried out the work with the help of VADs. Over the winter of 1918-1919, a committee of "lady volunteers" established a "crèche" or "Rest Room" at Pier II, where Brigade VADs, supervised by a nurse, cared for the children while their mothers prepared for their transport to their ultimate destination in Canada.[163]

Despite plans to introduce Home Nursing classes in 1924 to rural and remote regions of Canada, the Red Cross was limited by a lack of funds to pay for graduate nurses as instructors.[164] Yet, there was no suggestion that experienced VADs could be substituted for nurses, regardless of the nurses' disinclination to offer unpaid service. The Society instead put greater efforts into developing their programmes for outpost nursing in isolated regions. As the war, and the memory of the war, slipped farther into the background, the wartime experience of the VADs was increasingly distanced from the development of public health nursing, which demanded fully trained practitioners.

Over time, the veteran VADs who remained active in Brigade activities were increasingly found on the periphery. The pages of the First Aid Bulletin began to demonstrate a concern for "modernisation" as a factor in undermining women's traditional role as care-givers in the home, by forcing the surrender of their "natural" healing skills to the expertise of medical science, leaving little for mothers to pass onto

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[161] CRCS, New Brunswick Division: Annual Report (1924) pp. 25-26.
[162] Ibid, (1927) pp. 37-39. Nurse Tremaine was called in to assist King George V during the war after an accident with his horse. See: J. M. Gibbon and M. S. Mathewson, Three Centuries of Canadian Nursing (Toronto: Macmillan, 1947) pp. 301-302.
[163] Public Archives of Nova Scotia (PANS), MG1, (Vol. 321), Red Cross Collection, "Mrs Archibald: Draft of Red Cross History, Chapter 2".

their daughters and granddaughters.[165] In a 1922 article, a St John Ambulance spokesperson commented that a dependency on a graduate nurse was "not always needed for minor nursing duties" in the home, promoting the efficiency of having a St John certified "voluntary nurse" in every home as a more rational and economic strategy.[166] Regardless of this logic, the trend away from "Home Nursing" was irreversible, and St John's own first aid classes gradually overshadowed their home nursing programmes, including a concerted campaign to establish First Aid as a requirement for study in Normal Schools across the country. St John was responding to a general social trend to remove health and child care instruction from women and the home, to be disseminated instead by male "experts" in the medical, scientific, and political fields during the inter-war years, a phenomenon well documented by Canadian social historians.[167]

When Bessie Hall finally relinquished her beloved VAD uniform in the spring of 1919, she left Halifax for the long anticipated trip west to Alberta. She went not as a VAD, however, but to teach school in order to finance her future M.A. studies in Toronto, then on to Bryn Mawr to complete a doctorate in Social Work. Despite her considerable academic talents, and wartime VAD experience, Bessie was lost to Canada because her

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[164] CRCS, Minute Book No. 6 (1 February 1924 p. 223.
[165] Toxopeus, "Women in the St John Ambulance Brigade", p. 41.
[166] SJAA, First Aid Bulletin, III:3 (April 1922) p. 2.
[167] Scholarship on inter-war parental instruction is extensive, among some notable selections are: Comacchio, "Nations Are Built of Babies"; Katherine Arnup, Education for Motherhood: Advice for Mothers in Twentieth Century Canada (Toronto: University of Toronto, 1994); and, Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, M.D., and the Federal Department of Health, 1920-1934", Canadian Bulletin of Medical History, 8:2 (1991) pp. 203-230.

abilities commanded a much greater monetary value in the United States.[168] Bessie's experience was an example of the many paradoxes of women's opportunities in post-war Canada. Anne Summers reports much of the same outcome for the British women who had been heavily involved in the voluntary war effort, noting the greater part of their war activities had been directed by "a rigidly hierarchical male organisation". In Summer's opinion women, including the VADs who had sensed a new independence and freedom of choice during the war, were manipulated into serving the state. At the war's end, with their services no longer needed, they were unceremoniously shunted back to the private domain, where they could pose no threat to the traditional masculine dominance of the public sphere.[169]

Overall, the energies of veteran VADs were diverted away from an active involvement in the post-war clamour for improved public health services. Increasingly, it was the "qualified" expert who was called upon to offer advice and assistance in the matter of healthcare. Those veterans who remained active in St John and the Red Cross, were publicly represented by the male leadership, with no public persona other than "parading" in their wartime regalia. Like the war industries, and other non-traditional occupations which had rejected their female employees in favour of returning male veterans, so VADs also slipped silently into the background of the St John Ambulance and the Red Cross. Their help was much appreciated, their excellent work had brought praise to the organisations that sponsored their war service, and their names were

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[168] Margaret Conrad, Toni Laidlaw, and Donna Smyth, (eds.), No Place Like Home: Diaries and Letters of Nova Scotia Women 1771-1938 (Halifax: Formac, 1988) p. 260.
[169] Summers, Angels and Citizens, pp. 288-289.

inscribed on various registries as a precaution against future emergencies, but it was time to return to the "status quo".[170]

7.6 Conclusion: VADs and the End of the War

Regardless of the suffering, the loss, and the upheaval of their lives, during the war everyone had a purpose. Not all may have understood exactly why they were fighting, and many at home had little understanding of who the enemy was, but for all the misery it caused, the war also united people in a common goal for victory, and each person knew they had a job to do in order to achieve it. With the Armistice, this sense of common purpose came to an end, and after the first rapturous hours of celebration it was time to face the new reality of a world at peace, and come to terms with the future. Veteran VADs were equally affected by the social, economic and political dimensions of post-war society, but their unique war experience had set them apart from other women volunteers, and given them a singular perspective on the war. The men were expected to return to the workplace, and reconstruct their lives around accepted models of masculine dominance, despite the handicaps of war injuries, or economic dislocation. Women, including VADs, were also encouraged to return to pre-war standards of feminine diffidence, and ultimately marriage and motherhood. Yet for many women, domestic retirement was not necessarily desirable, nor even an achievable option in the wake of

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[170] See: CRCS, Bulletin, No. 46 (August/September 1910) p. 6.

war. Veteran VADs, like countless other women, had lost their potential marriage partners, and VADs in particular had discovered a sense of their own independence and self-confidence. Many had revelled in the responsibility of their war work, and they were still eager for new challenges, reluctant to relinquish their freedom for domesticity. The notable rise in women's university entrance, and a corresponding increase in the number of unmarried women entering waged employment included many former VADs among the statistics.[171] Women like Violet Wilson could not conform to a pre-war ideal of domestic harmony and feminine subservience, and craved the continued stimulation of travel and new experiences that marriage would curtail. Yet the women who eagerly sought new opportunities for career and employment often found themselves contained within the proscribed dimensions of acceptable female employment, such as teaching or social work, even with an advanced education.[172]

In one area of traditional female employment however, VADs proved surprisingly dormant. Despite the apparent threat that retired VADs would immediately invade the territory of graduate nurses, seeking to enter paid nursing work solely on the basis of their minimal training and wartime hospital experience, the fears of the nursing leadership proved groundless. Nursing activists had braced themselves for an onslaught of veteran VADs vying for the jobs of nurses, both in private duty and public health, since the hospital was still the realm of the unpaid, overworked student nurse. In order to better defend against the expected invasion of the VAD, nursing leaders worked hard in the immediate post-war years to have nursing registration legislation enacted across all nine

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[171] Ramkhalawansingh, "Women During the Great War", p. 293.
[172] Prentice, et al., Canadian Women, pp. 249-250.

provinces, and simultaneously to raise the quality and qualifications, for nurses' training to the university level, particularly in the field of public health where the demand was most acute. Without their knowledge or involvement, VADs had influenced the development of public health nursing by appearing to be on the threshold of overwhelming this developing field by virtue of their wartime experience, and their relationship to the voluntary relief organisations. As the graduate nurses endeavoured to raise their own qualifications to meet the post-war challenges in public health, former VADs were consistently overlooked as potential auxiliary practitioners. The era of the woman volunteer was steadily giving way to a new model of the well-educated, well-qualified practitioner of the new "women's professions".[173] Within the St John Ambulance Association itself, where VADs had been the main focus of the wartime activities, they were also shunted to the sidelines, quickly relegated to secondary status as the men returned from war, and offered little opportunity for leadership or responsibility in the post-war organisation.

While the end of the war brought VADs relief from the stress of overwork, and their exposure to the unimaginable suffering of their patients, many had developed a new self-confidence and independence, which could not be erased with the stroke of a pen on Armistice Day. Subsequently, many VADs lingered in overseas hospitals well after the war ended, working until the last of the patients were sent home. Others found new responsibilities for a time in the post-war convalescent hospitals at home in Canada,

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[173] The scholarship on Canadian women's professions in health care fields includes: Ruby Heap, "Physiotherapy's Quest for Professional Status in Ontario, 1950-1980", Canadian Bulletin of Medical History, 12:1 (1995) pp. 69-99; Dianne Dodd and Deborah

before finally discarding their VAD uniform for civilian dress. The "restlessness" that had fired Newfoundland VADs to fight for suffrage in the post-war, was the same force that encouraged some of their Canadian counterparts to seek out new careers as physiotherapists, social workers, tour guides, or even doctors, confident and determined to master any challenge after their VAD experience. Those VADs who had apparently conformed to societal expectations of marriage and motherhood, did not necessarily suppress their new found energy and independence, but could be found marching in veterans' parades like Grace MacPherson, or editing a newspaper like Gertrude Murphy Charters.

Much like the soldiers, the VADs had donned their crisp new uniforms with enthusiasm and pride, buoyed by a sense of adventure mixed with patriotic fervour, determined to prove their worth, or at least be "useful". Like countless other Canadian women in the immediate aftermath of the war, the VADs found their return to peacetime society full of uncertainties and challenges. Yet there were few Canadian VADs who would not have echoed the sentiments of Agnes Wilson when she declared, decades later: "Oh, it was a marvellous experience! Really, I wouldn't have missed that for anything!"[174]

Gorham, (eds.), Caring and Curing: Historical Perspectives on Women and Healing in Canada (Ottawa: University of Ottawa Press, 1994).

[174] PAA, MG73.72, Interview, "Agnes Wilson Teviotdale" (19 January 1973).

CHAPTER 8

CONCLUSION: CANADA'S VADs AND THE OPPORTUNITY TO SERVE

Speaking for St John Ambulance in 1921, Mme Marie Taschereau declared that the VADs, fired with the same "spirit of patriotism" as their brothers, had been given "the opportunity to serve and bravely and loyally they answered the call".[1] The words were little different to those used to praise the veteran soldiers, yet traditionally women had no place in the conduct of war. As Joan Wallach Scott observed, war generally has been justified on the basis of protecting "vulnerable women and children", by demanding an assertion of manhood on the battlefield. The women camp followers, who had long supported armies with their labour and companionship, expected no credit for heroism in their active role.[2] Historically, the language of war is inherently masculine and heroic, and as Jonathan Vance demonstrated, the Great War was also invested with the idealism of a crusade, "a holy war that pitted Christians against the pagans of Europe".[3] This

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[1] Canadian Branch of the St John Ambulance Association (SJAA), First Aid, II:7 (May 1921) p. 3.

[2] Joan Wallach Scott, Gender and the Politics of History (New York: Columbia University Press, 1999) p. 48; also, Ruth Roach Pierson. "They're Still Women After All": The Second World War and Canadian Womanhood (Toronto: McClelland & Stewart, 1986) p. 103.

[3] Jonathan F. Vance, Death So Noble: Memory, Meaning and the First World War (Vancouver: University of British Columbia Press, 1997) p. 35.

exalted imagery gave full scope to propagandists who converted old masculine notions of bravery, sacrifice, honour, piety and service into a modern mélange of gendered symbolism, to garner support for the "war to end all wars", as well as to justify women's active involvement.

The re-gendering of war imagery to include women as "soldiers" served to legitimise the entry of women into the battle zones of the First World War, although in reality few women were actually permitted behind the lines. No longer just a rag-tag group of followers, women were portrayed during the Great War as necessary supports for the masculine role of armed combat, and they adopted the appropriate military-style uniform of the women's army, military nurse or VAD. Sharon Ouditt has concluded that the VADs in particular, subsequently found themselves "at an ideological junction between a traditional, idealized value system and a radical new order of experience."[4] Indeed, the VAD bridged the modern experience of women's active participation in war, which was historically an arena of masculine dominion, and the traditional role of the middle and upper class woman volunteer of the Victorian era battling for social reforms on the homefront. As the new female volunteer of the Great War era, the VAD was granted a military identity that could be equated to soldiering. Both the soldier and the VAD had responded to the call of service to King and country in the cause of patriotism leaving "civilian" life behind for the duration.[5] For women of the Victorian era, voluntary service was their primary occupation outside the home, but the VADs had

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[4] Sharon Ouditt, Fighting Forces, Writing Women: Identity and Ideology in the First World War, (London: Routledge, 1994) p. 7.

[5] Janet Sledge Kobrin Watson, "Active Service: Gender, Class and British Representations of the Great War" (Ph.D., Stanford, 1996) p. 290.

selected war service as a temporary patriotic gesture, often having relinquished their waged employment for the duration. Like the soldiers, VADs offered their time and energy in the service of their country, many leaving home and family behind for service overseas.

Yet, at its inception, VAD service was not regarded as an exclusively, or even predominantly female undertaking. Instead, the role of women was envisaged as a well organised form of "camp follower" to support the work of the male VAD ambulance attendants in the field. Once war was declared, however, and the available men were drawn into the military or the war industries, VAD service rapidly evolved into what Anne Summers described as a "women's movement", despite its ultimate control by men.[6] The idealism of their "patriotic" service was demonstrated by VADs like Jean Sears, who declared "England was in danger, Canadian men were going over, and if Canadian women got a chance to go, they should go and help".[7] Thus service for women was no longer confined to home and community, the war legitimised women's patriotic voluntary service on the international stage.

For young, unmarried women like Sears, the urge to volunteer for patriotic service was also fostered, as Watson noted, by the middle class woman's increased access to

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[6] Anne Summers, Angels and Citizens: British Women as Military Nurses, 1854-1914 (London/New York: Routledge & Kegan Paul, 1988) p. 253.

[7] Daphne Read, (ed.), The Great War and Canadian Society: An Oral History (Toronto: New Hogtown Press, 1978) p. 97. The quote is attributed to "Mrs Jane Walters", a pseudonym for Jean Sears Suydam, who served overseas in Britain as a VAD for a year. See also: British Red Cross Society, Museum & Archives, (BRCS M&A), Personnel Card Indexes: Military Hospital Files/Record Cards (Barnett Hill, Wonersh, Guildford, Surrey); also, National Archives (NA), A1 9903-0008, The Great War and Canadian Society Project, "Jean Marita Sears (Suydam)", (23 July 1974).

education in the early twentieth century, and an increasing political sensibility.[8] The high proportion of British immigration to Canada also stirred the fires of patriotism among families with strong British ties. Violet Wilson also commented that hers was the first generation of Canadians born in western Canada to be able to take up arms for the nation, and the young women were no less affected than their brothers by this sense of patriotic obligation.[9] Voluntarism had released their grandmothers from the hearth, now the "new women" of the war era could legitimately experience the world beyond the confines of their community, with the potential for the adventure that soldiering offered their brothers.

Centred firmly within the expectations of "women's work", volunteer nursing was recognised as a maternalist endeavour and posed little challenge to societal norms. To the despair of the qualified nursing community however, VADs were easily confused with qualified military nurses and popularly regarded as a branch of Canadian or British military nursing services, since the multitude of uniforms were often indistinguishable to the casual observer. The VADs became generally accepted as part of the essential support services for the war effort, sharing the halo of "angelic" virtue attributed to the nursing sisters. The reverse of this characterisation, however, was as readily applied to the VAD as the military nurse, when both were transformed into women of suspect "virtue" in the popular culture of the day. As the sponsor of Canada's VADs, St John Ambulance adamantly rebuked these scurrilous notions, since undoubtedly such innuendo affected the decision of some women to enter VAD service. Overall however, the

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[8] Watson, "Active Service", p. 290.
[9] NA, 9861 Acc 1981-0111, Voice of the Pioneer, Interview: "Violet Wilson" (c. 1970).

construction of VAD nursing as a patriotic gesture, and an appropriate extension of natural "women's work", convinced hundreds of women to join, many of whom according to Dr. Copp came "from the best homes".[10]

While the construction of VAD service as a maternalist and patriotic pursuit made it easier for young women to convince anxious families to agree to their service abroad, it also complicated the prospects for trained graduate nurses. The rapid expansion of VAD support, from basic auxiliary assistance to the military medical services into full-time nursing work in hospitals at home and overseas, coincided with a shortage of available qualified graduate nurses in Canada. By 1918 there was also the anticipation of an increased demand for nurses for the care and rehabilitation of returning sick and wounded veterans. The 1918 reorganisation of the VAD programme as the Women's Aid Department signalled the government's recognition of the economic benefit of VAD service for post-war veterans' convalescent hospitals. Overseas the lack of communication between the civilian and military branches of Canadian nursing, left Matron Macdonald unprepared for a renewed threat to the integrity of the CAMC nursing service from the Women's Aid Department. Macdonald could only credit the Armistice for averting the entry of VADs into the CAMC hospitals in the form of a newly created category of physiotherapists, or Function Trainers.[11]

The VADs continued to be a concern for civilian nursing leaders who feared both their employment security and nursing standards would be diluted by the indefinite

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[10] Dr. Charles Copp, "The St John's Ambulance Brigade", Canadian Nurse, 14:7 (July 1918), p. 1165.

[11] Major Leslie Newell, "Led By the Spirit of Humanity: Canadian Military Nursing, 1914-1929" (M.Sc. (Nursing), University of Ottawa, 1996).

extension of VAD service in military convalescent hospitals. The progress of the past decades towards the recognition of nursing as a full "profession", and the positive record of the CAMC Nursing Service during the war, were jeopardised by these developments. A further complication was the apparent challenge created by the VADs in the field of public health, as a result of their efforts following the Halifax explosion, and during the Influenza epidemic. Both St John Ambulance, and the Canadian Red Cross with their new peacetime mandate, seemed poised to involve veteran VADs in post-war initiatives for public health nursing programmes across Canada. Civilian nursing leaders worried that the VADs posed a challenge to the primacy of graduate nurses in any proposed post-war public health initiatives. Raising the educational bar for nurses, particularly the qualifications for public health nursing, was seen as a viable option when the only apparent difference between volunteers and qualified nursing graduates seemed to be their level of training.[12]

The fear that graduate nurses could lose control of both private and community nursing can be seen as a catalyst in the post-war development of Canadian nursing. Canadian nursing activists were motivated to consolidate the standards of nursing qualifications through the completion of provincial registration legislation. Moreover, the need to elevate the recognised skill and training of nursing graduates out of reach of less qualified practitioners, gave further impetus to the beginnings of university-based nursing education, particularly in the field of public health. Although these issues evolved

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[12] Natalie Riegler, Jean I. Gunn: Nursing Leader (Toronto: A.M.S./Fitzhenry & Whiteside, 1997) pp. 130-145; also, Rondalyn Kirkwood, "The Development of University Nursing Education in Canada, 1920-1975: Two Case Studies" (Ph.D., University of Toronto, 1988).

gradually throughout the twentieth century, during the early post-war years the resurgence of the volunteer nurse in the form of the VAD profoundly affected developments in Canadian nursing.[13] A conjunction of social and economic stresses in the latter part of the war, including the domestic disasters, looming shortages of nursing graduates, and the impending return of thousands of wounded veterans, all helped to raise the profile of VADs as a potential alternative to qualified nurses.

As a group, VADs were little understood by the nursing community, who based their assessment on their own dedication to nursing, feeling convinced that VADs harboured a desire for a nursing career, and would use their war experience to gain a "back door" entry. In reality, however, VADs had opted for active service from a far more complex variety of motivations, rather than a thwarted interest in a nursing career. VADs were more affected by traditional notions of maternalism and patriotism, fuelled by propaganda and the political activism of the women's movement through the IODE and other affiliates of the NCWC. In addition, the grief of losing a brother or friend to the war, coupled with the sense of curiosity and adventure instilled in a generation of intelligent, educated, middle-class women, encouraged many of them to seek out "active" voluntary service. By 1918 Canadian nursing leaders were agreed that the educational background and experience of the VADs made them ideal candidates for nurses' training, and they were eager to enlist VADs as much needed student nurses. The nurses also

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[13] Beverly Boutilier, "Helpers or Heroines?: The National Council of Women, Nursing and 'Women's Work' in Late Victorian Canada", in Dianne Dodd and Deborah Gorham, (eds.), Caring and Curing: Historical Perspectives on Women and Healing in Canada (Ottawa: University of Ottawa Press, 1994) pp. 17-49;also, Kathryn McPherson, Bedside Matters: The Transformation of Canadian Nursing, 1900-1990 (Toronto: Oxford

hoped to divert veteran VADs from opting for paid nursing work without the proper qualifications, preferring to have them as colleagues rather than competitors.

Although few VADs would themselves seek out the opportunity for a post-war career in nursing, the record of their service as casually trained nursing assistants presaged a new category of nursing work in the years following the Armistice. In the 1920s, new training opportunities were created like the Montreal YWCA's "Trained Attendant's" programme. Encouraging women to become certificated nursing assistants, these classes were designed to help alleviate nursing shortages and offer new employment options to working class women. Variations on this model evolved during the Second World War era in Canada, resulting in the creation of Registered Nursing Assistants (RNA), and Licensed Practical Nurses (LPN).[14] Several VADs had already completed a university education, or training for another career like teaching, prior to their service, while the majority regarded nursing as a patriotic endeavour, not a peacetime occupation.

The VAD fulfilled a necessary auxiliary function during the Great War, both for the military medical services at home, and overseas in the British hospitals. The British VAD organisers had originally rationalised the creation of VAD service on the premise of "helping to fill the gap" until qualified help could be found, and the initiation of the Canadian VAD programme was little different.[15] Unlike the Victorian volunteer however, the VAD was not dependent on her voluntary service to take her out into the

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University Press, 1996) p. 21. McPherson notes the slow growth of the B.ScN. as a mark of nursing qualification.

[14] NA, MG28 I240, YWCA Montreal Collection, (Vol. 14), "Trained Attendants Course"; also, Strong-Boag, The New Day Recalled, pp. 65-66; and, McPherson, Bedside Matters, p. 21.

community. A sizeable proportion of VADs were gainfully employed in the public sphere, and unlike the traditional middle-class volunteer often depended on their wages for financial support. Many women were prevented from entering VAD service overseas because the War Office stipend of £20 to £30 for expenses could not replace their salary as a teacher or public service employee. Far from the image of the financially independent, upper-class British volunteer, Canadian VADs were socially and economically far more closely aligned to the wage dependent graduate nurses.

As single women who had readily offered their labour to the state without the need or expectation of remuneration, Canadian VADs were arguably of middle-class origins, although the determinants of their overall socio-economic profile are as varied as the regions of Canada they called home. They could have been the daughters of western mining engineers, Montreal barristers, and Halifax merchants or a horse clipper from Toronto, but they were all counted among the legion of Canada's VADs at some time during the war. Few Canadian VADs were in long-term service overseas, averaging about 12 months for a posting, but there were notable exceptions like Frances Cluett from Newfoundland, who stayed abroad for four years. Many of the women who succeeded in obtaining an overseas assignment returned to their former occupations once their commitment to VAD service had ended, unless marriage intervened. Overall, Canadian VADs included women who needed to earn a wage for financial support, those who had the luxury to chose a career for intellectual and personal fulfilment, and the traditional

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[15] Imperial War Museum (IWM), Women at Work Collection (BRCS 12.2/2) "Report of Work of the VAD Department in France".

upper middle-class volunteer whose social status precluded any consideration of paid employment.

The nurse, waged or volunteer, held a special place among the legion of women war workers as an essential element of the war effort, helping to ensure the survival of the soldiers and thereby generating the mythology that equated wartime nursing to the spiritual equivalent of the "angel of mercy". While propaganda elevated nursing's maternal qualities onto a heavenly plane, the VADs in their "saintly" veils were far more realistic about their abilities. Like the hastily acquired combat skills of the soldier, the VAD had only been trained to follow instructions, but it was enough to grant her an active part in the war effort. Although often made acutely aware of the resentments of the military nurses, particularly in hospitals abroad where their "Canadian-ness" was not always favourably regarded, the VADs derived satisfaction from their work, and their association with soldier patients, who won their respect and admiration.

Canada's VADs expected little fanfare for their service, a fortunate circumstance since the end of the war effectively dropped a curtain over their experiences and they were not called to take a bow. They had not performed an "official" military service for Canada, and the only medals came from Britain's War Office for service overseas in the military hospitals.[16] Following the Armistice, Canadian VADs slowly and quietly returned to their homes and jobs. A few lingered until hospitals overseas were closed,

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[16] Every Canadian VAD who served abroad was to receive a British War Medal, or Victory and General Service Medals if they were in France or another theatre of war. See: St John House Archives (SJHA), Box X(a) World War I - World War II Records: VAD Training, "VAD Members Who Served in Military and Naval Hospitals Overseas"; also, Canadian Branch of the St John Ambulance Association (SJAA), First Aid Bulletin, (December 1923) p. 15.

and at home, those who remained under the WAD programme were "demobilised" by October, 1920, when Canada's VAD programme officially came to an end. Overseas, Britain's VAD veterans began to commemorate their experience through the publication of their diaries and memoirs, though few could match the eloquence and poignancy of Vera Brittain.[17] In Canada, there was no-one to give voice to a record of VAD service that rivalled any in Britain. When the history of Canada's war was written, the VADs had all but vanished from the record, dismissed as the "wives and daughters of the wealthy".[18] Unlike the Canadian women munitions workers who were paid for their difficult and dangerous work, VADs were discounted for their freely given labour and lost their identity to their more numerous and apparently aristocratic British counterparts..

Regardless of the oversights of history, Canadian VADs have survived through the written words and captured voices of a few of their representatives. Their personal recollections reveal the vibrant spirit that carried many of them far from home across a dangerous ocean to the unfamiliar world of wartime hospitals. When they returned, it was to become the "working girls" of the 1920s, the activist farm women of the Depression era, and the mothers of the peace movement of the late 1930s. It is not by chance that theirs was the first generation of women to take their seats in Parliament, and fight to win a place in the Senate. During the war they were variously regaled in song and

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[17] Vera Brittain, Testament of Youth: An Autobiographical Study of the Years 1900-1925 (London: Fontana, [c. 1933] 1979); and, Alan Bishop, (ed.), Chronicle of Youth: Vera Brittain's War Diary, 1913-1917 (London: Victor Gollancz, 1981). Also, Enid Bagnold, A Diary Without Dates (London: Heinemann, 1918); Adèle de L'Isle, Leaves from a VAD's Diary (London: Elliot Stock, 1922); and, Diana Cooper, The Rainbow Comes and Goes (London: Hart-Davis, 1959).

verse as "Very Able Darlings", "Valiant And Determined", or even "Vague And Disillusioned", reflecting the reality and circumstances of the moment.[19] Their documents betray only a profound sense of pride and satisfaction in their experience as VADs, although at times it was "enough to drive one mad", as Frances Cluett declared in a rare moment of despair.[20] Despite the stresses and hardships, VADs prided themselves as volunteers in the ultimate service of their country, and still managed to have a good time. Together with the nurses, they were heralded by journalists like Mary Macleod Moore as "sympathetic women and . . . brave soldiers", betraying society's confusion with the new role of women in military uniform.[21] Yet as women without the specialised skills and training for the role of nurses, VADs were fully cognisant of their place as the assistants to the "angels of mercy". They were satisfied to have "done their bit" in their unique service as Canada's Voluntary Aid Detachment nurses.

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[18] Desmond Morton, and Glenn Wright, Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930 (Toronto: University of Toronto Press, 1987) p. 20.

[19] See: Appendix 4, Figure 4.2.

[20] CNS, Collection-174, Cluett, (File: 2.02.003) "Letter: 31 March 1918".

[21] Mary Macleod Moore, "Canadian Women War Workers Overseas", Canadian Magazine, 52:3 (January 1919) p. 738.

APPENDIX 1

DESCRIPTION OF THE VAD DATABASE

A database was built in Microsoft Access to collate, and allow the manipulation of, and the information collected on each VAD. The source of information for every entry in each table is identified, and these 500 references are listed in a separate table, "Reference". The main table, "Personal Information", contains information on the 808 women identified as Canadian VADs. An additional 2,700 items of information on the VADs, including their address, education, occupation, and family are contained in another table, "Reference Contents". The overseas and domestic postings of the VADs are contained in a separate table of 1,014 postings, "Postings". These three tables are related through a unique personal identification number (PIN). Tables were also constructed for the "Nursing Districts", to allow the rapid identification of the VADs by province or region, and the "Hospitals", to allow these to be identified in spite of wide variations in the accuracy of their recorded names and locations. Figure 1.1 shows the data elements and related fields from all six tables. Shaded fields indicate those used to relate one table to another.

The "Personal Information" table contains information found on all VADs identified, and forms the core of the database. The table contains: a unique identification number used to correlate the information across the database (PIN); the woman's maiden name (Name) and given names (Given Name); whether she was married (Married?, a yes/no indicator); her married name (Married Name); her city of domicile (City); the St John Ambulance Nursing District to which she was affiliated (Nursing District); awards given by the St John

Figure 1.1: Contents of the VAD Database Tables and their Relationships



Ambulance, or British government and their date (Awards, Awards2 and Awards Date); any specifically noted assignment from the St John House Archives (Ottawa) (Assignment); the source of the information (Reference); information from the British Red Cross Society Personnel Card Indexes, including her BRCS Identification Number (BRCS), her age and the date at which that age was recorded (Age and Age @ Date); the date she enrolled in the VAD scheme, and the date she was selected for service (Enrolled and Selected); her BRCS category, such as Nurse, Nurse II, or Housekeeper (Category), and any information that does not fit in the other categories but relates to the individual (Comments).

The "Reference Contents" table contains information common to many but not all VADs. It contains data fields for; the common identifier (PIN); the source of the information (Reference); the year to which the reference information applies (Ref-Year); any address noted (Address); information on the VAD's occupation or education (Occupation/Education); her father's name and occupation (Father's Name and Father's Occupation); her husband's name and occupation (Husband's Name and Husband's Occupation); any information on other family members (Family); and, any other information contained in the reference (Comments).

The "Postings" table contains information on recorded postings of the VADs. The majority of the information was gathered from the BRCS Personnel Card Indexes, but some postings were recorded elsewhere. The table contains data fields for; the common identifier (PIN); a unique counter generated by the software to distinguish different entries for the same VAD (Counter); the start and end dates for the particular assignment (Start and End); an indicator to note whether the posting was in Canada or overseas (Other Experience); the location of the posting (Location); a number to uniquely identify the hospital, to ensure that

the hospital could be identified even if the name was misspelled or otherwise imprecise (HIN); the source of the information, or reference (Source); and, any additional information on the posting that was recorded (Comments).

The "Reference Type" table records the source of all the information. The table was used to store three types of reference, from archives, journals or books, for which three data entry forms were designed. The fields recorded in this table may or may not be used depending upon the type of reference, but each reference is identified by a unique number (Reference). The table contains fields for the author of the reference (Author); the title of the work (Title); the journal (Journal); the volume of the reference (Volume); the city in which it was published, or in the case of archives located (City); the publisher of the book, or name of the archive (Publisher/Archive); the month and year of the publication (Month and Year); the page number of the reference (Pages); and, any information not captured elsewhere (Comments). This table is related to the first three through the "Reference" field, which allows every reference in the table to be traced to its source, no matter how it is combined or sorted.

For convenience, a table was designed to allocate Nursing Districts (Nursing District), to their respective province (Province) and region of Canada (Region). The date of formation of the Nursing District was noted where known (Date of Formation). The Nursing Districts include all those in Canada, the Canadian Imperials, and a number of British Nursing Districts which Canadian women joined directly. Some women from a British Nursing District were war brides. In this case, and for the Canadian Imperials, the VAD was assigned to the province in which they lived after or before the war. Those whose affiliation could not be determined were classified in an "Unknown" Nursing District.

There was a wide variation in the titles given to hospitals, both in the BRCS Personnel Card Indexes, but more especially elsewhere. Most hospital postings to France and other theatres of war were simply recorded as "France", or by a geographic location and not by hospital for contemporary security reasons. To enable VADs to be located as accurately as possible, a hospital table was designed to include the official names of all the British, and a number of other hospitals. The "Hospital" table contains: a unique hospital identification number (HIN); the official name of the hospital (Hospital); its number (H Number); and the city in which the hospital was located (H City). For example the 3rd London General Hospital, Camberwell, was recorded in this table as: Hospital = "London General"; H Number = 3rd; and H City = Camberwell.

Selective queries were designed to extract the information required for each table and figure present in this thesis. A single copy of an aggregation of all the information for each VAD was printed by region and is stored in three ring binders for ease of reference.

APPENDIX 2

ORGANISATION OF VADs BY REGION, THE EDUCATION AND OCCUPATION OF VADs' FATHERS AND VADs, AND MEMBERSHIP OF THE CANADIAN IMPERIAL VADs[#]

Table 2.1: St John Ambulance Brigade (SJAB) Nursing Districts (Canada): Date of formation

Province	*Nursing District*	*Date of Formation*
Alberta	Calgary #39	September 5, 1917
	Celia Lucas #35 (Edmonton)	September 7, 1917
	Edmonton #20	September 26, 1917
British Columbia	Vancouver #18	August 7, 1916
	Victoria # 34	May 11, 1917
Manitoba	CPR #8 (Winnipeg)	March 1, 1915
	Fort Garry #2	May 1, 1913
	Fort Rouge #6 (Winnipeg)	November 19, 1914
New Brunswick	Fredericton #31	May 1, 1917
	Saint John #27	May 11, 1917
Newfoundland	Avalon	April 21, 1913
	Newfoundland (St. John's)	September 17, 1914
Nova Scotia	Amherst #50	January 1, 1918
	Halifax #17	June 1, 1916

[#] Source: British Red Cross Society, Museum & Archives, (BRCS M&A), Personnel Card Indexes: Military Hospital Files/Record Cards; Canadian City Directories (1914-1930); Report of the Chief Commissioner for Brigade Overseas, 1 October 1915 to 31 December 1917, (compl. Earl of Ranfurly), pages 42-61; University of Toronto Archives, A73-0026/003(72), Graduate Records; Family Records from Archives across Canada, including City of Vancouver Archives, MSS 113, John James Southcott Papers (File 4) "Invitation, 21 May 1918"; Imperial War Museum, Women at Work Collection, (BRCS 12.11/4) "Canadian Imperial Voluntary Aid Detachment".

Table 2.1: St John Ambulance Brigade (SJAB) Nursing Districts (Canada): Date of formation

Province	*Nursing District*	*Date of Formation*
Ontario	Brockville #36	June 3, 1917
	College #15 (Toronto)	February 29, 1916
	Guelph Central #25	April 3, 1917
	Hamilton #16	April 18, 1918
	Kingston Central #21	November 1, 1916
	London #4	April 12, 1914
	Lord Kitchener #28 (London)	April 12, 1917
	Ottawa Central #32	March 19, 1917
	St. Catharines #22	December 8, 1916
Ontario	St. Thomas #30	February 20, 1917
	Toronto Central #1	August 6, 1912
	West Toronto #14	March 17, 1916
	Windsor #11	April 6, 1915
Prince Edward Island	Charlottetown #41	January 1, 1918
Québec	Montreal Central #19	September 9, 1916
	Montreal North #24	December 19, 1917
	Montreal Western #38	June 11, 1917
	Mount Royal (Maple Leaf) #43	October 23, 1917
	Quebec Central #29	March 20, 1917
	Sherbrooke Central #12	May 25, 1915
Saskatchewan	Devonshire #40 (Regina)	July 16, 1917
	Edith Cavell #13 (Saskatoon)	November 29, 1915
	Regina #10	March 28, 1915
	Saskatoon #7	January 12, 1915

Table 2.2: Montreal VADs selected for Overseas Service

Name	*Nursing District*	*Category*	*Hospital*	*Start Date*
Isabel N. Abbott	Montreal Central #19		5th Northern General Hospital, Leicester	01-Oct-16
			M. H. France	18-Oct-16
Isobel Margaret Adami	Canadian Imperials		C. H. J. C.	06-Nov-18
			Hotel du Nord, J.C.	20-Feb-19
Mima Shaw Arnold	Montreal Central #19	Nurse	2nd South Gen, Bristol	05-Oct-18
Florence Marjorie Blackadder	Canadian Imperials		Boulogne France J.C.	06-Mar-18
Grace Errol (Alberta) Bolton	Montreal Central #19		2nd Northern General Hosp, Leeds	01-Oct-18
Phyllis Mary Coles	Montreal Central #19		Military Hospital, Chelsea	02-Aug-18
			Military Hospital Denmark Hill	01-Apr-19
Dorothy Alma Corneille	Montreal Central #19	Nurse	St Thomas' Hospital	01-Aug-18
Lilian Maud Corneille	Montreal Central #19		St Thomas' Hospital	01-Aug-18
			Portland Naval Hospital	11-Mar-19
Graham Watt Coughlan	Montreal Central #19	Nurse	MH Devonport	03-Jan-18
Ethel Marston Cummins	Montreal Central #19		4th London General M.H. Denmark Hill	06-Aug-18
			Frensham Hill M. H., Farnham	17-Sep-18
			5th London General M.H., St Thomas'	20-Dec-18
Florence Lavinia Cunningham	Montreal Central #19		2nd Northern General Leeds	01-Oct-18
Orian Hays Davidson	Canadian Imperials	House Member	France JC	17-Aug-18
Marguerite Augusta Duclos	Montreal Central #19	Nurse	2nd London General Chelsea	02-Aug-18
Mona Ruth Elliott	Montreal Central #19		2nd London General Chelsea	02-Aug-18
			St Dunstan's College Annex	04-Apr-19
Ivy Towers Ferguson	Montreal Central #19		M. H. Croydon	05-Jan-18

Table 2.2: Montreal VADs selected for Overseas Service

Name	*Nursing District*	*Category*	*Hospital*	*Start Date*
Mary Fleighman	(Unknown)	Clerk	Lady Drummond's Office Cockspur Street London	14-Mar-18
			CRX Office, Matlock Bath	01-Oct-18
Ethel Gledhill Fraser	Montreal Central #19	Nurse	5th Northern General Leicester	01-Oct-16
			No 5 Gen Hosp, France	18-Oct-16
Dorothy Margaret Madeline French	Montreal Central #19	Nurse III	Tedworth	12-Feb-17
Jean Lee George	London #1232 (UK)	Nurse	No 1 RCH France	03-Nov-16
			No 1 RCH France	02-Mar-18
Emily Girouard	Montreal Central #19		MH Reading	07-Oct-18
			Royal Naval Hospital Chatham	28-Jan-19
Ethel May Goodhugh	Montreal Central #19		MH France	17-Nov-16
			MH Colchester	31-Jul-18
Mary Augusta Cubitt Gwyn	Montreal Central #19		MH France	01-Oct-16
Honor Robinson Heward	Canadian Imperials	House	France JC	24-Apr-18
Beatrice Florence Hunt	Montreal Central #19	Nurse	MH Fargo	03-Jan-18
			MH Reading	18-Jan-18
Clara Elizabeth Jackson	St. Catharines #22		5th Southern General Portsmouth	25-Jul-17
Louisa Frances Johnson	Montreal Central #19		MH Colchester	01-Aug-18
Eva Fraser Kingman	Canadian Imperials	Pantry	NS Hostel, Boulogne	06-Mar-18
Alice Margaret Schuyler Lighthall	Montreal Central #19	Nurse	MH Leicester	01-Oct-16
			MH France (No 5 GH(BEF) Rouen)	18-Oct-16
Winnifred Sully Maclaren	Montreal Central #19	Nurse II	MH Colchester	31-Jul-18

Table 2.2: Montreal VADs selected for Overseas Service

Name	*Nursing District*	*Category*	*Hospital*	*Start Date*
Marie Virginia Meagher	Canadian Imperials	Nurse	VAD Hosp Shrood Kent	01-Nov-15
			Weybridge MH	01-Nov-15
			Queen's CGH, Shornecliffe	01-Jan-16
			No 3 CGH (McG) France	12-Apr-17
			No 3 CGH Camp, France	17-Aug-18
Yvonne Elizabeth Merrill	Montreal Central #19		2nd London General Chelsea	02-Aug-18
Dorothy Marion Morley	Montreal Central #19	Nurse	MH France	18-Oct-16
Ethel Isabel Morrison	Montreal Central #19		MH Fargo	03-Jan-18
			MH Netley	17-Jan-18
			King George Hosp, Stamford	01-Oct-18
Georgina Agnes Newnham	Montreal Central #19		No 8 Gen H France	01-Oct-16
Jean Gertrude Oliver	Montreal Central #19		MH Leicester (5th N Gen)	01-Oct-16
			MH France	18-Oct-16
Aline Pinsoneault	Montreal North #24		MH Devonport	03-Jan-18
Eva Mae Pitbaldo	Montreal Central #19		MH Colchester	31-Jul-18
Marguerite Hazel Plow	Montreal Central #19		Beaufort War Hosp, Bristol	05-Jan-18
			1st London General, Camberwell	15-Aug-18
Blanche Ricterta Reay	Montreal Central #19		Fargo MH Salisbury Plain	03-Jan-18
			MH Reading	18-Jan-18
Eugenie Marjorie Ross	Montreal Central #19		Gifford House, Roehampton	05-Dec-16
Edith Mary Amelia Smith	Montreal Central #19		MH Leicester	01-Oct-16
			MH France	18-Oct-16
Emma Pearl Smith	Montreal Central #19		Beaufort War Hospital Bristol	05-Jan-18
			MH Camberwell	15-Aug-18

Table 2.2: Montreal VADs selected for Overseas Service

Name	*Nursing District*	*Category*	*Hospital*	*Start Date*
Anna Smith Starke	Montreal Central #19	Nurse	MH Devonport	05-Jan-18
Ruth Stevenson	Montreal Central #19		No 5 GH Rouen	17-Jan-16
Marguerite Frances Strathy	Canadian Imperials	Canteen	#1 Cdn Gen Hut South Coast France	15-Apr-17
Marjorie Sutherland	Canadian Imperials	Clerk	CRX Information Bureau	01-May-18
Christina Taylor	Montreal North #24	Nurse	MH Croydon	05-Jan-18
Margaret Taylor	Montreal Central #19		VAD Hospital Croydon	05-Jan-18
Marguerite Terroux	Montreal Central #19		5th S Gen Portsmouth	01-Oct-16
			MH Egypt	30-Nov-17
Gertrude Mary Walker	Montreal Central #19		MH Chelsea	02-Aug-18
Florence Isobel Williamson	Montreal Central #19	Nurse I	Royal Naval Hosp Chatham	09-Jan-18
			Royal Naval Hosp Chatham	24-Sep-18
Isabel Williamson	Montreal Central #19	Nurse	Royal Naval Hosp Chatham	05-Jan-18
			Hotel du Nord, France JC	07-Oct-18
Alice Muriel Wilson	Middlesex Reserve	Nurse III	Middlesex War Hosp, Napsbury, St Albans	01-Jan-18
Emily Yates	Canadian Imperials		Recreation Hut #7, Cdn (BEF) France J.C.	09-Dec-17
			RX Receiving Hut, #7 CGH, France (under London 52 & transfer to CRX)	01-Jun-18

Table 2.3: University of Toronto VADs: Alumni & Students

Name	*Nursing District and City*	
Laura Katherine Aitken	Toronto Central #1, of Toronto	B.A., University of Toronto. University College, 1913
Lucy Francis Dorothea Bidwell	Kingston Central #21, of Kingston	University of Toronto, Trinity, B.A. 1916
Mary Gladys Burns	Berkshire #30, UK, of Toronto	University of Toronto, Victoria College, 1916 (B.A. 1919)
Norine Butler	Lord Kitchener #28, of London	B.A. University of Toronto (1909) First woman from Southern Ontario as Ambulance Driver
Norine Butler	Lord Kitchener #28, of London	B.A. University College 1909
Margaret Mackay Carlyle	Toronto Central #1, of Toronto	University of Toronto, B.A., University College 1914
Dorothy Leslie Code	College #15, of Toronto	University of Toronto, B.A. University College (1914)
Felicia Hannah (Nan) Cook	Canadian Imperials, of Toronto	University of Toronto, Modern Languages Department, B.A. (Trinity) 1914, M.A. 1915
Marjorie Cook	Anglo-French Red Cross, of Ottawa	Marjorie Cook, 3rd year University of Toronto, rep for CRCS
Shirley Gordon	Toronto Central #1, of Toronto	University of Toronto (graduated 1920)
Emily Jane Guest	(Toronto), of Toronto	B.A. 1899 (University College), M.A. 1901 Lectured on food conservation under Board of Agriculture, U.K. (1917 October) -- Organised Women's Institutes in North of England (December 1917)
Jean Emily Harstone	Canadian Imperials (from Ontario), of Peterborough, Ontario	B.A. Trinity 1913, M.A. 1914
Kathleen Winnifred Huntingdon	College #15, of Toronto	University of Toronto, Admin. Staff
Margaret Helen Kilmer	Unknown	University College, University of Toronto, 1907-1908
Elizabeth Margaret Ritchie (Bessie) Kilpatrick	Toronto Central #1, of Toronto	B.A. University of Toronto (1908) English & History. Teacher, English, Branksome Hall (25 years)
Marion St. Clair Leitch	St. Thomas #30, of St. Thomas	University of Toronto (1915), Victoria College (1918) [B.A. 1919]

Table 2.3: University of Toronto VADs: Alumni & Students

Name	*Nursing District and City*	
Ruth Isobel Moffat	St. Thomas #30, of Paris, Ontario	University of Toronto B.A. Trinity Arts (1915)
Christobel Robinson	Unknown	Trinity College, University of Toronto, 1904
Geraldine Wickstead Sewell	Toronto Central #1, of Toronto	B.A. Trinity College (1911)
V. Sparling	West Toronto #14, of Toronto	University of Toronto (Victoria College) 1917
Mary Maud Isobel Thomas	Toronto Central #1, of Toronto	University of Toronto B.A. (1912) M.D. June 1926 (after marriage) -- 2nd in class of 191 became Dr Isabel Day M.D. -- head Women's Ambulance Corps, Ontario (5 September 1942)
Frances Marion Walwyn	Toronto Central #1, of Toronto	Victoria College, 1912-1913

Table 2.4: VADs from the 'Western Group' attending Sir Henry Pellatt Dinner, Toronto, 18 May 1918

Name	*Age*	*Nursing District*	*City*
Jessie Heinler Angus	31	Fort Garry #2	Winnipeg
Margaret Graham Angus	24	Fort Garry #2	Winnipeg
Florence Beatrice Bailey	32	Victoria # 34	Victoria
Beatrice Gordon Baker	25	Regina #10	Regina
Betty Maude Beatty	25	Vancouver #18	Vancouver
Florence Sanderson Bennett	23	Calgary #39	Carseland
Gladys Christina Brown	23	Fort Garry #2	Winnipeg
Margaret Orr Buchanan	36	Celia Lucas #35	Edmonton
Constance W. Burnford	34	College #15	Toronto
Adah Lilian Burwash	31	Calgary #39	Calgary
Ruth Campbell	29	Vancouver #18	Vancouver
Elsie Chatwin	25	Regina #10	Regina
Ethel Girling Clark	29	Victoria # 34	Victoria
Marjorie Davis	24	Saskatoon #7	Saskatoon
Frances Estelle Dayton	28	Fort Garry #2	Portage La Prairie
Florence Dowding	32	Calgary #39	Calgary
Isabelle Ferguson	33	Fort Garry #2	Winnipeg
Alma Florence Iredale	22	Fort Garry #2	Winnipeg
Daisy Isabella Johnson	26	Regina #10	Regina
Emily May Johnston	26	Vancouver #18	Vancouver
Norma Elizabeth Jordan	24	Fort Garry #2	Winnipeg
Mary Cameron Kay	28	Regina #10	Regina
Maude Janice Kerr	32	Fort Garry #2	Winnipeg
Mary Norah Marlatt	26	Vancouver #18	Vancouver
Margaret Sophia Matthews	30	Fort Garry #2	Winnipeg
Katherine Isabel (Kate) McDonald	28	Regina #10	Regina
Florence Stuart Mulloy	26	Vancouver #18	Vancouver
Irene Paine	24	Devonshire #40	Qu'Appelle
Beatrice Prideau	30	Devonshire #40	Regina
Hylda Elizabeth Ratledge	24	Edmonton #20	Edmonton
Ethel Gertrude Shouldice	30	Calgary #39	Calgary
Sarah Sloane	30	Celia Lucas #35	Edmonton
Edith Maud Southcott	28	Vancouver #18	Vancouver
Edna Irene Talbot	33	Fort Rouge #6	Winnipeg
Dorothy Pearson Twist	30	Victoria # 34	Shawinigan Lake, B.C.

Table 2.4: VADs from the 'Western Group' attending Sir Henry Pellatt Dinner, Toronto, 18 May 1918

Name	*Age*	*Nursing District*	*City*
Mabel Webb	38	Vancouver #18	Birken, B.C.
Agnes Kathleen Wilson	25	Edmonton #20	Edmonton
Violet Henrietta Wilson	28	Toronto Central #1	Toronto
Emily Wood	23	Vancouver #18	Vancouver
Violet Younger	27	Fort Garry #2	East Kildonan

Table 2.5: VAD Fathers: Financiers & Business Leaders

VAD	*City*	*Father*
Marguerite Martha Allan	Montreal	Sir Hugh Montague Allan, President Merchants' Bank (1901-1922), & Shipping
Margaret C. R. Duggan	Montreal	G. H. Duggan, Civil Eng. & President, Dominion Bridge Co.
Jessie Fraser Fergusson	Toronto	G. Tower Fergusson, G. Tower Fergusson & Co., Investment Securities, Stockbroker
Jessie M. Logan	Montreal	R.S. Logan, Vice-Pres, Grand Trunk Railroad
Adeline MacTier	Westmount	A. D. McTier, General Manager, Eastern Lines, Canadian Pacific Railway
Bertha M. McCallum	St Lambert, Quebec	T. McCallum, Stockbroker
Edith Maud Southcott	Vancouver	John James Southcott, Businessman
Olga Florence Tough	Toronto	Robert J. Tough, Office 301-15 King W.

Table 2.6: VAD Fathers: Small Businessmen

VAD	*City*	*Father*
Phyllis Baker	Montreal	W. A. Baker, Mfrs. Agent
Vera Elizabeth Barker	Toronto	Harry C. Barker, Harry Barker Bread Co.
Annie Marjorie Bell	Halifax	Charles Bell, Pres., Maritime Dental Supply Co.
Phoebe D. Campbell	Montreal	Colin Campbell, Wine Merchant & Commercial Agent
Felicia Hannah (Nan) Cook	Toronto	John J. Cook, Real Estate Dealer (Armstrong & Cook)
Lucile Cruise	Windsor	Walter Wallace Cruise, Real Estate
Florence Dowding	Calgary	Ernest Dowding, Contractor
Christina Finlay	Montreal	D. A. Finlay, Commission Merchant
Loretta Finley	Ottawa	Wm. B. Finley, Photographer
Muriel Follett	Oakville, Ontario	Joseph J. Follett, Merchant Tailor
Euphemia I. Fyfe	Montreal	Andrew Fyfe, Real Estate & Insurance
E. Josephine Gartshore	Toronto	John J. Gartshore, Pres. John J. Gartshore Ltd., Railway Supplies
Mary D. Gordon	Montreal	P. D. Gordon, Mason, Gordon & Co.
Margaret Christie Gow	Toronto	Alex Gow, Pres., Bartlet, Macdonald & Gow Ltd.
Helen Ruth Griffin	St. Thomas	Frank M. Griffin, Pres., Griffin Coal & Ice Co
Elsie Herder	St. John's	W. J. Herder, Proprietor, "The Evening Telegram"
Cynthia J. Hill	Montreal	George Hill, Sculptor
Estelle Holland	Montreal	Philip H. Holland, Pres., Winn & Holland, Importers & Agents
Alice Louise Hughes	Toronto	Wm. Hughes, Confectioner
Helena Campbell Hughson	Ottawa	Ward Campbell Hughson, Pres., Lower Ottawa Boom Co.
Emily May Johnston	Vancouver	Andrew D. Johnston, Tailor
May Kennedy	St. John's	Mr Kennedy, Tailoring business
Mary King	Halifax	Colonel Andrew King, 66 P.L.F. & of James Fraser, Commission Men
Frances Knight	Lachine, Quebec	St. George Knight, Bookkeeper

Table 2.6: VAD Fathers: Small Businessmen

VAD	*City*	*Father*
Jean Evelyn Malcolmson	St. Catharines	Captain A. H. Malcolmson, Captain on Great Lakes & Owner/Mgr Welland House Hotel
Margaret Jean McCrimmon	London	Donald McCrimmon, Brickenden & McCrimmon, Wholesale Dry Goods
Mary Irene McQuade	Saint John, NB	Wm. H. M. McQuade, Prop., Grand Union Hotel & Prov. Tax Inspector
(Miss) Mink	Toronto	Solomon Mink, Tailor
Eveline Morine	Toronto	Horace A. Morine, Bus'mn
Maxine Morris	Edmonton	J. H. Morris, Merchant & Businessman, (J. H. Morris & Co) & fin. agent
Jean Gertrude Oliver	Westmount	R. W. Oliver, Grain Merchant
Sarah Evelyn Oliver	Ottawa	James Oliver, Pres & Mgr., J. Oliver & Sons Ltd.
Ottillie Ormsby	Toronto	John Y. Ormsby, Ferguson & Ormsby & Investment broker
Irene Paine	Qu'Appelle, Saskatchewan	Thomas Paine, Farmer
Beth Pears	Toronto	James Pears, James Pears & Son, Brick mfr.
Phillipa Despard Pemberton	Victoria	F. B. Pemberton,of Pemberton & Sons, Real Estate, Financial & Ins. Agts.
Edith May Schofield	Saint John, NB	John K. Schofield, Schofield & Beer/John K. & Reginald G. Schofield, Comm Merch
Ella Catherine Smith	St. Catharines	J. Sutcliffe Smith, Jeweller, Optician, issuer of Marriage licences
Mabel Herbert Smith	Toronto	Wm. H. Smith, mfrs. agent
Anna Smith Starke	Montreal	Wm Starke, Pres., Starke, Seybold Ltd (Wholesale hardware)
Rosalie May Stewart	Toronto	Alex M. S. Stewart, A.M.S. Stewart Co., Real Estate, Ins., Financial Broker
Blanche Stone	Toronto	Daniel Stone, Undertaker
Elizabeth May "Betty" Tisdall	Toronto	Henry W. Tisdall, Jeweller

Table 2.6: VAD Fathers: Small Businessmen

VAD	*City*	*Father*
Gertrude Mary Walker	Montreal	James Walker, The James Walker Hardware Co.
Jean Webster	Westmount	George M. Webster, President & Manager, Webster & Sons Ltd.
Ora Rood White	London	Harry (Henry) B. White, Pres, Geo White & Sons Co L, Engines, Boilers, Threshing machines
Maria Mary Windsor (Winsor)	St. John's	Capt. Billy Winsor, Captain of "Beothic"

Table 2.7: VAD Fathers: Politicians

VAD	*City*	*Father*
Dorothy Leslie Code	Toronto	Thomas Alfred Code, Perth, Ontario. Owner, Perth Code Felt & Knitting Co., & (past) Mayor of Perth
Gwen Cook	Ottawa	Frederick Cook, Asst. Dept. Head, King's Printers, Dept PPS, & Mayor of Ottawa 1902-03
Marjorie Cook	Ottawa	Frederick Cook, Asst. Dept. Head, King's Printers, Dept PPS, & Mayor of Ottawa 1902-03
Madeline M. Donnelly	St. John's	Hon. W. J. S. Donnelly, Minister of Finance, Newfoundland
Tena Jessie Finlayson	Regina	Donald M. Finlayson, M.L.A. (North Battleford, Saskatchewan) & Farmer
Harriet Armine Gosling	St. John's	Gilbert Gosling, Director, Harvey & Co., & Mayor of St John's
Alice Margaret Schuyler Lighthall	Westmount	Wm. Douw Lighthall K.C., Lighthall & Harwood; Barristers, Advocates & Solicitors, & Mayor of Westmount (1900-1903)
Cybel V. S. Lighthall	Westmount	Wm. Douw Lighthall K.C., Lighthall & Harwood; Barristers, Advocates & Solicitors, & Mayor of Westmount (1900-1903)
Emma Louise Nicholson	Charlottetown	Donald Nicholson, M.P., & Hickey & Nicholson Tobacco Ltd.
Ethel Perley	Ottawa	Sir George Perley, High Commissioner for Canada in London

Table 2.8: VAD fathers: Professionals in Law, Medicine and the Clergy

VAD	*City*	*Father*
Isobel Margaret Adami	Montreal	J. George Adami, F.R.S., M.D., Prof of Pathology & Director Pathology Museum, McGill
Laura Katherine Aitken	Toronto	Rev. Wm. Aitken
Lucy Francis Dorothea Bidwell	Kingston	Rt. Rev. Edward John Bidwell, Bishop of Ontario
Grace H. Brown	Montreal	Albert J. Brown K.C., Brown, Montgomery & McMichael
Mary Gladys Burns	Toronto	Rev. Dr. R.N. Burns
Elizabeth Burton	Toronto	Geo. F. Burton, Biggar & Burton, Barristers, Solicitors, etc.
Margaret Mackay Carlyle	Toronto	James C. Carlyle, Physician
Helen Louise Chown	Kingston	Albert P. Chown, M.D., Druggist
Eva Coon	Elgin, Ontario	Dr. D. A. Coon, Physician, Medical Supt., Kingston Gen Hospital (1915)
Violet Copp	Toronto	Dr. Charles J. Copp, Physician, Asst. Comm. Ontario SJAB
Louise De Salaberry	Ottawa	Justice Col. Rene De Salaberry, Legal Officer, Dept. of Justice
Hazel Duclos	Montreal	Charles A. Duclos, K.C., Atwater, Duclos & Bond, & later Judge
Marguerite Augusta Duclos	Montreal	Charles A. Duclos, K.C., Atwater, Duclos & Bond, & later Judge
Amelia Earhart	Toronto	Edwin Earhart, Lawyer, Railroad Executive U.S.A.
Ruth Flanders	Winnipeg	Rev. Chas. R. Flanders, Pastor, Broadway Methodist Church
Jane Fleet	Montreal	Charles J. Fleet, K.C., Fleet, Falconer, Phalen & Bovey
Thelma Caroline Fleming	Windsor	O. E. Fleming, K.C., Fleming, Drake & Foster
Dorothy Margaret Madeline French	Montreal	Rev. Arthur French, B.A., Rector, Church of St. John the Evangelist
Emily Girouard	Longueil, Quebec	Hon. J. Girouard, M.D., Physician & Pres. Longueuil Tramway Co.

Table 2.8: VAD fathers: Professionals in Law, Medicine and the Clergy

VAD	*City*	*Father*
Mary Augusta Cubitt Gwyn	Sherbrooke	Lt.Col. N.B. Gwyn, M.D., CAMC, No.1 CGH
Alice Sophia Houston	Ottawa	Rev R.L.M. Houston, M.A. (deceased), Rector, Trinity Memorial Church, Cornwall (12 years)
Estelle Marie (Jill) Johnson	St. John's	George MacNess Johnson, Supreme Court Judge of Newfoundland
Louisa Frances Johnson	Montreal	J. Guy W. Johnson, M.D., Physician with the CEF
Sybil Francis Carrington Johnson	St. John's	George MacNess Johnson, Supreme Court Judge of Newfoundland
Elizabeth Margaret Ritchie (Bessie) Kilpatrick	Toronto	Rev. Thomas B. Kilpatrick, Professor, Knox College
Charlotte St. Clair Leitch	St. Thomas	C. St. Clair Leitch, K.C., Barrs. etc., Leitch & McClury
Marion St. Clair Leitch	St. Thomas	C. St. Clair Leitch, K.C., Barrs. etc., Leitch & McClury
Alice Margaret Schuyler Lighthall	Westmount	Wm. Douw Lighthall K.C., Lighthall & Harwood; Barristers, Advocates & Solicitors, & Mayor of Westmount (1900-1903)
Cybel V. S. Lighthall	Westmount	Wm. Douw Lighthall K.C., Lighthall & Harwood; Barristers, Advocates & Solicitors, & Mayor of Westmount (1900-1903)
Mary Todd Low	Regina	Dr. David Low, Supt. Regina G. H. & Pioneer Regina M.D.
Dorothy Macphail	Montreal	Sir Andrew Macphail, B.A., M.D., Prof. McGill
Marion Louise Cushing Magee	Saint John, NB	Dr James M. Magee, Dentist
Mary Morris	St. John's	Judge Francis J. Morris, District Court Judge
Georgina Agnes Newnham	Prince Albert, Saskatchewan	Rt. Rev Jarvis A. Newnham, Bishop of Saskatchewan

Table 2.8: VAD fathers: Professionals in Law, Medicine and the Clergy

VAD	*City*	*Father*
Aline Pinsoneault	Montreal	Dr. B. Pinsonneault, M.D.
Madge Rimmer	Regina	Hon. Reginald Rimmer, Judge, District Court & Vice President of Saskatchewan Red Cross
Muriel Stuart Robertson	Ottawa	Dr. John Robertson (deceased)
Jessie Campbell Tupper	Winnipeg	J. Stewart Tupper B.A., K.C., Lawyer, Senior member Tupper, Galt, Tupper, Minty & McTavish
Marie Stewart Tupper	Winnipeg	J. Stewart Tupper B.A., K.C., Lawyer, Senior member Tupper, Galt, Tupper, Minty & McTavish
Frances Marion Walwyn	Toronto	Rev. I. B. Walwyn (Methodist & United)
Marjorie Weir	Westmount	Hon. Robert Stanley Weir, K.C., DCL, advocate
Violet Henrietta Wilson	Toronto	Dr. Herbert Charles Wilson, First Resident M.D. in Edmonton (died 17 December 1909)
Phoebe Marion Wright	Ottawa	Dr. H. P. Wright (deceased)
Emily Yates	Montreal	Lt.Col. H. B. Yates, M.D. (Died on active service), Prof of Pathology, McGill

Table 2.9: VAD Fathers: Academics, Engineers, Senior Civil Servants and Managers

VAD	*City*	*Father*
Flora Edna Abernethy	Kingston	Alfred J. Abernethy, Traveller
Lillias J. Alexander	Toronto	John Alexander, Mgr., Alexander & Cable Lithographing Co. (h. 43 Roxborough)
Germaine Amos	Montreal	L. A. Amos, Architect & Civil Engineer
Mima Shaw Arnold	Westmount	J. Porteous Arnold, F.E.I.S. (Edin), Principal, Roslyn Ladies' College, 423 Mt Pleasant Ave.
Beatrice Gordon Baker	Regina	Col. Gordon Baker, Mgr., Loan Dept., Confederation Life Assoc.
Florence Marjorie Blackader	Montreal	Wm. B. Blackader, of John Hope & Co.
Ada (Uta) M. Bolger	Montreal	H. M. Bolger, sales mgr.
Grace Errol Bolton	Montreal	James W. Bolton, Mgr; Standard Engraving Co.
Alice Harriet Bray	Ottawa	Samuel Bray, Chief Surveyor, Dept. of Indian Affairs
Jeanetta Drysdale Bridges	Saint John, NB	Henry S. Bridges, M.A., Ph.D., Supt of Schools
Lillian Jane Seward Brown	Halifax	Richard Brown, Civil Engineer, Pres., Mortgage Corp of NB, & Author and Mine Manager
Elsie Kincernan Brownlow	Toronto	James W. Brownlow, Dist. Mgr., California Fruit Growers Exchange
Eva M. Bruneau	Westmount	F. F. Bruneau, Traveller
Norah Winnifred Bungay	Toronto	Frank L. Bungay, Dept. Mgr., Stone Ltd. &Dept. Mgr., Ralph Clark Ltd.
Winifred Mary Burns	Kingston	R. Easton Burns, Chartered Accountant, Ontario Chambers, & Chairman Board, Kingston General Hospital
Marion Calhoun	Ottawa	Robert Charles Calhoun, Cost Accountant, B. of Commerce
Jeanne Chevalier	Montreal	Martial Chevalier, Gen-Mgr, Credit Foncier Franco-Canadian
Dorothy Chown	Kingston	George Young Chown, Registrar & Sec. Treas, Queen's & Dir. Wormwith Piano Co.
Phyllis Mary Coles	Montreal	W. H. Clement Coles, Civil Engineer

Table 2.9: VAD Fathers: Academics, Engineers, Senior Civil Servants and Managers

VAD	*City*	*Father*
Gwen Cook	Ottawa	Frederick Cook, Asst. Dept. Head, King's Printers, Dept PPS, & Mayor of Ottawa 1902-03
Marjorie Cook	Ottawa	Frederick Cook, Asst. Dept. Head, King's Printers, Dept PPS, & Mayor of Ottawa 1902-03
Louise Ashmore Creelman	Guelph	G. C. Creelman, B.S.A., M.S., President, Ontario Agricultural College
Elsie Crowdy	St. John's	Mr W. H. Crowdy, Mgr., Royal Bank, St. John's
Kathleen G. Darling	Montreal	A. J. Darling, Vet.
Mary Olive Davidson	Regina	Charles O. Davidson, sec., Local Govt. Board
Marion Rioch Flaglor	Saint John, NB	James F. Flaglor, Asst. Post Master
Lucile Entrwrothe Hawkins	Fredericton	G.N.C. Hawkins, Mgr., Bank of Montreal
Margaret M. Hay	Toronto	John M. Hay, District Mgr., Bell Telephone Co.
Nina Isabella Hickling	Toronto	Charles Hickling, Mgr., Imperial Refining & Smelting Co.
Elsie Highet	Edmonton	John M. Highet, Edmonton, Sanitary Inspector City
Helen Christine Hope	Vancouver	T. C. Hope, Architect & Surveyor
Audrey Hamilton Horrocks	Toronto	Cecil S. E. Horrocks, Registrar General's Dept., Prov. Rec. Clerk
Naomi Hamilton Horrocks	Toronto	Cecil S. E. Horrocks, Registrar General's Dept., Prov. Rec. Clerk
Marion Gladys Humphrys	Ottawa	Beauchamp Humphrys (died 1909), Inspector, Dept Interior
Mary Hunter	Regina	A. T. Hunter, sec., Regina Command G.W.V.A. & Sec. Moderation League of Sask & Grt West Inv Ltd.
Mabel Hunter	Montreal	C.P. Hunter, Manager
Alma Florence Iredale	Winnipeg	A. E. Iredale, Postmaster Dauphin
Edna Louise Johnson	Ottawa	Edward Valentine Johnson, Dept. Rivers & Canals

Table 2.9: VAD Fathers: Academics, Engineers, Senior Civil Servants and Managers

VAD	*City*	*Father*
Norma Elizabeth Jordan	Winnipeg	Alfred O. Jordan, clk., Hartford Fire Ins. & Acct.
Alice Keenleyside	Vancouver	Ellis W. Keenleyside, mgr., N. Am Life Assn.
Marion Kingston	Ottawa	Alfred G. Kingston, Chief Acct., Dept Public Works
Gwyneth Lewis	Westmount	Lansing Lewis, Director, L'Union Fire Ins. Co.
Mary Laurence MacLaren	Saint John, NB	John S. MacLaren, Inspector Of Customs, NB & PEI
Florence Dorothy Bright Marks	Toronto	John W. Marks, Clerk, Bank of Toronto
Margaret Mawer	Regina	W. Moncrieff Mawer, Music Teacher & Clerk, Govt Printers Dept.
Katherine Isabel (Kate) McDonald	Regina	Peter R. McDonald, Insp. Sch. Dists., Prov. Govt.
Lilian Mary McGaw	St. Thomas	Wm. McGaw, Stat. Eng. (Sanders & Bell)
Ruth Isobel Moffat	Paris, Ontario	S. N. Moffat, Mgr., Canadian Bank of Commerce, Paris Ontario
Dorothy Marion Morley	Montreal	E. H. Morley, Civil Engineer
Evelyn Patterson	Montreal	G. F. Patterson, Sec-Treas., Board of School Commissioners, Montreal West
Thora Paulson	Regina	Wilhelm Hans Paulson, Inspect. Theatres, Prov Govt
Constance Gwendolyn (Gladys) Powys	Winnipeg	(poss) Percy C. Powys, field supvr., Soldiers' Settlement Bd
Dorothy Wilmott Purdy	Rothesay, N.B.	John D. Purdy, Bond Salesman, J. M. Robinson & Co
Mary Patience Randell	Port Rexton, Newfoundland	Capt. John Randell (Bob), Captain of "Bellaventure"
Blanche Ricerta Reay	Montreal	John L. Reay, Acct.
Kate Roe	Ottawa	John Wm. Roe, Chief Clerk, Supt & Acct, Royal Mint
Isabelle M. Schwartz	Longueil, Quebec	F. J. Schwartz, gen insp., Bell Tel. Co. of Montreal

Table 2.9: VAD Fathers: Academics, Engineers, Senior Civil Servants and Managers

VAD	*City*	*Father*
E. Norton Scott	Montreal	Arthur H. Scott, VP, Watt, Scott & Goodacre
Jean Marita Sears	Toronto	Thomas Sears, Sales Mgr., Toronto Type Foundry & former newspaper owner, Welland, Ontario
Geraldine Wickstead Sewell	Toronto	Stephen St. Alban Sewell, Mgr., Perkins Ins. Co.
Anna B. Shepphard	Regina	Alexander Shepphard, City Tax Inspector
Mary Maud Isobel Thomas	Toronto	Mr. Arnold W. Thomas, Sec. Treas., Copp Clark Publishing
Hazel E. C. Todd	Ottawa	Walter Todd, Examiner & Clerk of Committees, House of Commons
Gwyneth Wanklyn	Montreal	F. L. Wanklyn, Gen. Exec. Asst., CPR, Windsor Station
Jessie Helen Weir	Winnipeg	Wm. A. Weir, Dept. Mgr., Wm. Grassie Ltd., & Mgr. Wpg Clearing House
Eleanor Josephine White	Toronto	Walter C. White, trav., White & Co.
Marjorie Bruce Whittaker	Toronto	John S. Whittaker, Designer, Rex Tailoring
Emily Wood	Vancouver	Charles Wood, Clerk
Violet Mary Woolner	Toronto	Isaac M. Woolner, trav.
Buddug Annie Wynne-Roberts	Toronto	R. O. Wynne-Roberts, Consulting Civil Engineer & V.P., Frank Barber & Assoc

Table 2.10: VAD fathers: Employed in Skilled or Unskilled Labour

VAD	*City*	*Father*
Elsie Chatwin	Regina	James N. Chatwin, Judges messenger., Courthouse
Blanche Batiste	Toronto	Daniel Batiste, Foreman, W. E. Dillon Co.
Jessie Callander	Guelph	Alex Callander, Molder
Dorothy Persis Child	Toronto	Harold J. Child, Decorator
Margaret Cecilia Delaney	Winnipeg	Wm. E. Delaney, Piano tuner
Ada Flood	London	W. Edward Flood, Fireman, G.T.R.
Jessie Hall	Toronto	John T. Hall, Caretaker, Parkdale School
Grace Christina Holmes	Toronto	Herbert Holmes, Stonecutter
Alma Maude MacFarlane	Fredericton	Robert Bruce McFarlane, Pool Room
Margaret Mulholland	Toronto	John Mulholland, Labourer/busheller (Toronto Police Force)
Alma Beatrice Neely	London	Thomas J. Neely, Herdsman, Asylum & Labourer (McCormick Mfg. Co.)
Alma Beatrice Neely	London	Thomas J. Neely, carpenter, McCormick Co.
Margaret S. (Daisy) Offord	Toronto	Thomas Offord, Horse Clipper
E. Kathleen Parsons	St. Thomas	Lewis N. Parsons, Ch. opr, M.C.R.
Caroline Annie Ram	London	Harry F. Ram, Foreman, GTR
Bertha Slater	Toronto	Wm. J. Slater, Foreman
Hazel Frances Spence	Toronto	John Spence, Carpenter
Myrtle Agnes Tait	Winnipeg	James Tait, Stable foreman, Cresent Creamery
Lucy Gertrude Thompson	London	John P. Thompson, Yardman, GTR
Winifred Margerie Whitaker	London	Wm. C. Whitaker, Freight agt, CPR
Violet Younger	East Kildonan, Manitoba	Robert Younger, stonemason

Table 2.11: Identified VADs with Names of French Origin

Name	*Nursing District, City*
Blanche Batiste	College #15, Toronto
Eva M. Bruneau	Montreal Central #19, Westmount
Jeanne Chevalier	Montreal Central #19, Montreal
Gwendolen Marion Choisy	Canadian Imperials, Unknown
Dorothy Alma Corneille	Montreal Central #19, Westmount
Lilian Maud Corneille	Montreal Central #19, Westmount (Montreal)
Louise De Salaberry	Ottawa Central #32, Ottawa
Helene B. Dellin	Montreal Central #19, Westmount
Mary P. Domville	Mount Royal (Maple Leaf) #43, Westmount
Marguerite Augusta Duclos	Montreal Central #19, Montreal
Hazel Duclos	Montreal Central #19, Montreal
Georgette Eugenie Georgiana Dufour	Ottawa Central #32, Ottawa
Emily Girouard	Montreal Central #19, Longueil, Quebec
Edith Le Messurier	Newfoundland (St. John's), St. John's
Isabel A. Le Messurier	Newfoundland (St. John's), St. John's
Susan Lebrun	St. Thomas #30, St. Thomas
Aline Pinsoneault	Montreal North #24, Montreal
Beatrice Prideau	Devonshire #40, Regina
Blanche Ricerta Reay	Montreal Central #19, Montreal
Doris Josephine Sabine	Lord Kitchener #28 (London), London
Marguerite Terroux	Montreal Central #19, Montreal
Alice Tessier	Newfoundland (St. John's), St. John's
Emma Plimsoll Vaux	Toronto Central #1, Toronto
(Miss) Verret	Unknown affiliation

Total = 24

Table 2.12: VADs Identified as University Alumni or Students

Name	*Year*	*City*	*Academic Institution*
Flora Edna Abernethy		Kingston	Queen's Alumnus
Laura Katherine Aitken		Toronto	B.A., University of Toronto. University College, 1913
Mabel Atwill		St. John's	Methodist College, St. John's
Janet Morison Ayre (née Miller)		St. John's	Bishop Spencer College (Anglican), Law School
Betty Maude Beatty	1913	Vancouver	B.A., McGill
Lucy Francis Dorothea Bidwell	1916	Kingston	B.A., University of Toronto, (Trinity)
Isabelle Marjorie Bleasdell		Toronto	St. Margaret's College, Toronto
Grace Errol Bolton	1913	Montreal	McGill, Arts
Mary Gladys Burns	1916	Toronto	University of Toronto, Victoria College, 1916 (B.A. 1919)
Norine Butler	1909	London	B.A. University of Toronto (University College)
Lilian Mary Campbell	1912	Ottawa	B.A. McGill, Arts
Margaret Mackay Carlyle	1914	Toronto	B.A., University of Toronto, (University College)
Dorothy Leslie Code	1914	Toronto	B.A., University of Toronto, (University College)
Felicia Hannah (Nan) Cook	1914	Toronto	B.A., University of Toronto, (Trinity), M.A. (1915)
Eva Coon	1917	Elgin, Ontario	B.A., Queen's University (Arts)
Louise Ashmore Creelman	1916	Guelph	Grad. Dietician, Macdonald Institute, Guelph
Ethel G. Dickinson		St. John's	Methodist College, St. John's, Business School Chicago, Mcdonald College, Guelph (Teacher Domestic Science)
Shirley Gordon	1920	Toronto	University of Toronto (attended during War years, graduated 1920)

Table 2.12: VADs Identified as University Alumni or Students

Name	*Year*	*City*	*Academic Institution*
Dorothy E Greensmith	1925	Regina	1925 University of Saskatchewan, Bachelor of Law, Law Society of Saskatchewan (23 September 1925) admitted as Barrister & Solicitor 1948 Appointed King's Counsel (13 March 1948)
Emily Jane Guest	1899	Toronto	B.A., University of Toronto (University College), M.A. 1901
Bessie Hall	1911	Bridgewater NS	Boston University (1911), B.A., Dalhousie University (1916), Governor General's Medal University of Toronto, M.A. (1921), Ph.D., Bryn Mawr, (1929)
Jean Emily Harstone	1913	Peterbor'gh, Ontario	B.A., University of Toronto, (Trinity), M.A. 1914
Helen Christine Hope		Vancouver	Victoria College, Manchester, England
Sybil Francis Carrington Johnson		St. John's	Cheltenham Ladies College School, Leipzig, Germany, study violin, voice
Margaret Helen Kilmer		Unknown	University College, University of Toronto, 1907-1908
Elizabeth Margaret Ritchie (Bessie) Kilpatrick	1908	Toronto	B.A. University of Toronto (English & History) & Teachers' Training College, Cambridge Manitoba, University of Toronto
Marion St. Clair Leitch	1919	St. Thomas	University of Toronto (1915), Victoria College (1918) [B.A. 1919]
Anna Mary MacKeen	1908	Rothesay, N.B.	McGill Arts (1908)
Ruth Isobel Moffat	1915	Paris, Ontario	B.A., University of Toronto, (Trinity)
Christobel Robinson	1904	Unknown	Trinity College, University of Toronto

Table 2.12: VADs Identified as University Alumni or Students

Name	*Year*	*City*	*Academic Institution*
Geraldine Wickstead Sewell	1911	Toronto	B.A., University of Toronto, (Trinity College)
V. Sparling	1917	Toronto	University of Toronto (Victoria College)
Margaret Taylor	1910	Westmount	McGill (Arts)
Mary Maud Isobel Thomas	1912	Toronto	B.A. University of Toronto, M.D. June 1926 (after marriage) (Second in class of 191), became Dr Isabel Day, M.D.
Frances Marion Walwyn	1913	Toronto	University of Toronto, (Victoria College), 1912-1913
Agnes Kathleen Wilson	1912	Edmonton	B.A., University of Alberta (First graduating class, 1908-1912), (Arts)
Buddug Annie Wynne-Roberts		Toronto	Battersea Polytechnic College (Domestic Science), began B.Comm. 6 March 1916 (return 26 Nov 1919)

Table 2.13: VADs identified from SJAB Ottawa Central Nursing Division*

Name	*Employment*	*Months overseas*	*Start of First Posting*	*End of Last Posting*
Alice Abbott	(1917) steno., Continental Life Ins. Co.			
Marjorie Allen	(1920) steno., Bryson-Graham			
Leonora Beer (Mrs Powell)	(1917) clerk, Dominion Lands Branch, Dept. of Interior, (1918) clerk, Minister's Office, Dept. of Immig. & Colonization	6	24-Jul-18	27-Jan-19
Alice Harriet Bray (Mrs Abbott)		25	30-Sep-16	10-Feb-19
Marion Calhoun (Mrs McLean)	(1917) Assistant Librarian, Geological Survey, Ottawa	13	30-Sep-18	30-Apr-19
Lilian Mary Campbell (Mrs O'Neill)	(1920) Clerk, Bank of Montreal, (1921) Clerk, Bank of Canada	16	20-Jul-17	01-Nov-18
Helen Muriel Carter (Mrs Hume)	(1917) Clerk, Mining Lands & Yukon, Dept. of Interior	13	12-Apr-18	12-May-19
Mary Louise Charleson	employ Finance Department, (1921) Clerk, War Loan Br., Finance Dept	17	20-Jul-17	31-Dec-18
Elizabeth "Betty" Chrysler (Mrs)				
Gwen Cook				
Hester Cossar (Mrs Weddel)	staff of Imperial Munitions Board, Ottawa	13	12-Apr-18	11-May-19
Patricia Dawson (Mrs)		15	12-Dec-17	29-Mar-19
Louise De Salaberry (Mrs Forrest)	resumed post June 1919, Finance Dept., then Soldiers' Civil Re-Establishment Dept.	11	12-Apr-18	21-Mar-19

* At least 70 women were enrolled as VADs with the Ottawa Central Nursing Division. See Report of the Ontario Provincial, Canadian Branch St John Ambulance Association (1915) page 16.

Table 2.13: VADs identified from SJAB Ottawa Central Nursing Division*

Name	*Employment*	*Months overseas*	*Start of First Posting*	*End of Last Posting*
Georgette Eugenie Georgiana Dufour	(1921) Clerk, Equip & Supply Br, Post Office Dept.	37	23-Oct-16	30-Dec-19
Julia Cecilia Flanagan (Mrs Morris)	(1916) Clerk, (Royal Bank of Canada)	12	28-Sep-16	29-Sep-17
Adine Elvira Geach[1]	(1916) steno., Dominion Parks Comm., (1918) Parks Branch, Interior, Edmonton, (1920) Office in Dominion Parks closed before return -- worked at Alberta Legislature -- applied for re-instatement & 1 March appointed to Soldier Settlement Board, Edmonton	12	5-Mar-18	30-May-19
Esther Laura Gibson				
Helen Marguerite Grant		7	01-Oct-16	01-May-17
Alice Sophia Houston	(1916) Clerk, Canadian Annuities Branch, Post Office Dept.	19	30-Sep-16	30-Apr-18
Helena Campbell Hughson (Mrs Viets)		9	27-Oct-17	02-Jul-18
Marion Gladys Humphrys (Mrs Currie)	(1921) Clerk, Auditor General's Office	25	30-Sep-16	11-Feb-19
Edna Louise Johnson	(1920) Clerk, War Loan Branch, Dept. Finance	19	30-Sep-16	30-Apr-18
Vera Waters Johnstone (Mrs Dickson)		8	15-Apr-18	31-Mar-19

[1] Adine Geach was not an Ottawa VAD, but the only other civil service employee identified, from the Edmonton office of the Parks Department.

Table 2.13: VADs identified from SJAB Ottawa Central Nursing Division*

Name	*Employment*	*Months overseas*	*Start of First Posting*	*End of Last Posting*
Margaret Clare Kingston (Mrs Gillespie)	(1916) teacher, Laurier Avenue School	6	01-Oct-18	02-Apr-19
Marion Kingston				
Elizabeth Ewing Scott MacFarlane (Mrs Adaire)	(1922) clerk, Dept. Soldiers Civil Re-Establishment	2	20-Apr-18	01-Jun-19
Betty Masson		7	01-Oct-16	01-May-17
Marion May		14	01-Dec-17	28-Feb-19
Marion McLean (Mrs)		4	30-Nov-18	23-Mar-19
Laura Jane Mulvaugh	(1918) Seed Branch, Department of Agriculture	8	12-Apr-18	17-Dec-18
Mary Allison O'Halloran (Mrs)		16	01-Oct-16	28-Aug-18
Sarah Evelyn Oliver		13	12-Apr-18	12-May-19
Ethyle Peters	(1919) Records Office, Militia & Defence Department	15	15-Apr-18	14-Aug-19
Muriel Stuart Robertson (Mrs Robinson)	(1916) Clerk, Library Branch, Naval dept.	7	15-Apr-18	03-Nov-18
Kate Roe	(1923) steno., Ordnance Branch, Dept. of Interior	5	01-Oct-18	12-Mar-19
Ellen Beatrice Scobie (Mrs Parker)	(1916) Press Feeder, American Bank Note Co.	28	28-Sep-16	03-Jan-19
Eva Olive [Alice] Shaver (Mrs Scrivens)		7	12-Apr-18	20-Nov-18
Janet Wilhelmina Stewart		3	24-Jul-17	02-Oct-17
Freida Roberta Stothers	(1917) teacher, Wellington School	7	01-Oct-18	31-May-19
Laura Ray Stothers	(1916) teacher, Bronson Ave. School	7	01-Oct-18	31-May-19

Table 2.13: VADs identified from SJAB Ottawa Central Nursing Division*

Name	*Employment*	*Months overseas*	*Start of First Posting*	*End of Last Posting*
Katherine (Kaye) Rosanna Symes		13	01-Oct-18	18-Nov-19
Florence Thompson	staff of Imperial Munitions Board, Ottawa	13	18-Apr-18	20-May-19
Hazel E. C. Todd	(1919) Clerk, Board of Pension Commissioners			
Muriel Hazelwood Stone Wainwright	(1916) Clerk, Accts Branch, Dept. of Marine, (1920) Clerk, Dept. of Immig. & Colonization	21	19-Jul-17	07-Apr-19
Lola Clarabut Wilson		21	20-Jul-17	02-Apr-19
Lorena Montague Yorke	(1922) Clerk, Coupon Redemption Branch, Finance Dept.	13	01-Oct-16	22-Jan-18
Winnifred Van Allen Phillips Young	(1920) Clerk of Taxation, Finance Dept	14	12-Apr-18	30-Jun-19

Table 2.14: Identified VADs: Pre-Service Bank Employees

Name	*Bank*	*City*	*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Overseas (months)*
Beatrice Gordon Baker ‡ (Mrs McCallum)	Canadian Bank of Commerce	Regina	25	08-Jul-18	04-Sep-19	14
Isabelle Marjorie Bleasdell	Canadian Bank of Commerce	Toronto		Jan-17		
Jessie M. Choate	Bank of Montreal	Victoria		§		
Julia Cecilia Flanagan (Mrs Morris)	Royal Bank of Canada	Moncton, N.B.	28	28-Sep-16	29-Sep-17	12
Jessie Hall (Mrs Walker)	Bank of Hamilton	Toronto		13-Aug-17	01-Aug-18	7
Lucile Entrwrothe Hawkins	Bank of Montreal	Fredericton	23	02-Aug-18	19-Apr-19	8
Helen Christine Hope ‡ (Mrs Smith)	Canadian Bank of Commerce	Vancouver	28	09-Oct-18	14-May-19	6
(Muriel) Dorothy MacLennan (Mrs Chisholm)	Royal Bank	Dartmouth		§		
Ruth Isobel Moffat †	Canadian Bank of Commerce	Paris, Ontario	23	12-Apr-18	01-Apr-19	12
Constance Gwendolyn (Gladys) Powys (Mrs MacNeil)	Union Bank	Winnipeg	21	04-Mar-15	09-Jul-19	52
Grace Olga Thompson	Royal Bank	Fredericton	23	02-Aug-18	10-Jun-19	10
Emily Wood ‡ (Mrs James)	Canadian Bank of Commerce	Vancouver	23	08-Jul-18	26-Mar-19	8
Buddug Annie Wynne-Roberts ‡ (Mrs McCaul)	Canadian Bank of Commerce	Toronto	23	30-Sep-16	28-Aug-19	35

‡ Returned to work at the bank, but married shortly thereafter † Returned to work at the bank § served at home

Table 2.15: Identified VADs: Employed Pre-Service as Teachers

Name	*City*		*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Time overseas (months)*
Jessie Heinler Angus	Winnipeg	Linwood School †	31	08-Jul-18	01-May-19	10
Hilda Bashford	Rosthern, Saskatchewan	Superintendent, Teachers' Hostel†	26	26-Jul-16	06-Oct-19	20
Winnifred Bawden	Winnipeg	King Edward School †		*		
Betty Maude Beatty (Mrs Greer)	Vancouver	Mt. Pleasant School (B.A., McGill, 1913)	26	08-Jul-18	05-May-20	22
Anne (Annie) Bredin	Regina	Connaught School†		§		
Margaret Orr Buchanan	Edmonton	Alex Taylor School † (Alberta Master List of Teachers)	37	15-Jul-18	14-Jun-19	10
Emily Grace Burrough	Edmonton	Edmonton Public Schools † (Alberta Master List of Teachers)	30	25-Feb-18	25-Mar-19	13
Dorothy Anna Buzzell	Abbotsford, Quebec	Riverside School		§		
Margaret Mackay Carlyle	Toronto	University of Toronto (B.A., University College 1914), Denison School †	25	06-Aug-18	14-Apr-19	8
Irene O. Caron	Regina	Albert School †		§		
Leila A. Carson	Victoria	Victoria West School †		§		
Gertrude Murphy Charters (Mrs)	Calgary					
Mary A. Crosbie	London		25	01-Oct-18	01-May-19	7

† Returned to Teaching after service * Overseas posting not identified § served at home

Table 2.15: Identified VADs: Employed Pre-Service as Teachers

Name	*City*		*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Time overseas (months)*
Ethel G. Dickinson[∇]	St. Johns	Mcdonald College, Guelph Principal of Interdenominational Domestic Science School, St. John's	36	1915	Aug-18	36
Loretta Finley (Mrs Sproule)	Ottawa	music teacher	23	28-Sep-16	08-Nov-18	26
Marion Rioch Flaglor (Mrs MacGowan)	Saint John, NB		23	05-Jan-18	03-Feb-19	13
Ruth Flanders	Winnipeg	Kindergarten teacher		*		
Florence Mabel Greer	Calgary	Alexandra School † (Alberta Master List of Teachers)	28	17-Aug-18	26-Apr-19	8
(Elizabeth) Bessie Hall	Halifax	School for the Blind	28	§		
Ethel Muriel Hicks	Winnipeg	Rupert's Land Ladies' College †	27	05-Oct-16	22-Mar-19	29
Clara Edith Hyndman	Edmonton	Oliver School † (Alberta Master List of Teachers)	30	25-Feb-18	01-May-19	15
Alma Florence Iredale	Winnipeg	King George V school †	22	17-Aug-18	23-Jun-19	10
Emily May Johnston	Vancouver	Bayview School	26	08-Jul-18	31-Aug-19	13
Elizabeth Margaret Ritchie (Bessie) Kilpatrick	Toronto	University of Toronto, B.A. (1908) (English & History) & Teachers' Training College, Cambridge, first taught St Margaret's College after graduation, teacher, English, (Branksome Hall) (25 years) †	32	12-Apr-18	24-Apr-19	12

[∇] Died October 1918.

Table 2.15: Identified VADs: Employed Pre-Service as Teachers

Name	*City*		*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Time overseas (months)*
Ivy Lodge (Mrs)	Edmonton	Alberta Master List of Teachers	24	Dec-16	Sep-17	9
Marion Louise Macdonald (Mrs Grant)	Kingston	St. Mary's School	26	12-Apr-18	31-Oct-18	6
Mary Norah Marlatt (Mrs Farr)	Vancouver	Supervisor, Vancouver Public Schools †	26	08-Jul-18	30-Apr-19	9
Margaret Sophia Matthews	Winnipeg		30	08-Jul-18	03-Jul-19	12
Margaret Jean McCrimmon (Mrs McKay)	London	Talbot St. School †	30	12-Apr-18	03-Jul-19	14
Florence Stuart Mulloy	Vancouver	Eburne Public School †	26	08-Jul-18	30-Apr-19	9
Ruby J. Pinfold (Mrs Lawrence)	St. Thomas	Park Avenue School	26	12-Apr-18	02-Jun-19	12
Mary Patience Randell	Port Rexton, Newfoundland		28	11-Sep-16	28-May-17	8
Sarah Sloane	Edmonton	Alex. Taylor School (Alberta Master list of Teachers)	30	11-Jul-18	12-Jun-19	11
Freida Roberta Stothers	Ottawa	Wellington School †	25	01-Oct-18	31-May-19	7
Laura Ray Stothers	Ottawa	Bronson Ave. School †	30	01-Oct-18	31-May-19	7
Myrtle Agnes Tait	Winnipeg	Wellington School †	28	04-Mar-18	01-Jul-19	15
Olive Mabel Thompson	Edmonton	Edmonton Public Schools † (Alberta Master list of Teachers)	38	25-May-18	18-Jun-19	13
Frances Marion Walwyn	Toronto	University of Toronto (Victoria College 1912-1913), Teacher's Certificate, Regina Normal School, school teacher (Regina)	26	21-Jul-17	10-Aug-18	13
Marjorie Bruce Whittaker	Toronto	Earl Grey School	22	06-Aug-18	17-Apr-19	8

Table 2.15: Identified VADs: Employed Pre-Service as Teachers

Name	*City*		*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Time overseas (months)*
(Mrs Morris)						
Agnes Kathleen Wilson (Mrs Teviotdale)	Edmonton	First graduating class of University of Alberta 1908-1912, B.A. (Arts), King Edward School (Alberta Master list of Teachers)	25	08-Jul-18	30-Jun-19	11
Dorothy Woodward	Victoria	The Poplar School		§		

Table 2.16: Identified VADs: Employed Pre-Service in Careers requiring Specialised Training, or Education

Name	*City*		*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Time overseas (months)*
Florence Jean Aitken	Georgetown, PEI	assistant, Public Library	36	01-Oct-18	04-Jun-19	7
Frederica Blake Armstrong	Regina	cataloguer, Public Library	23	17-Aug-18	18-Mar-19	7
Dorothy S. Ayre	St. John's	artist who introduced Cubism to Newfoundland				
Janet Morison Ayre (née Miller) (Mrs Murray)	St. John's	Lawyer				
Willa D. Carrick (Mrs Rogers)	Calgary	Girls' Work Secretary, YWCA	26	17-Aug-18	31-Mar-19	7
Dorothy Chown (Mrs Dewar)	Kingston	Dietician, Queen's Hospital	24	01-Oct-18	30-May-19	7
Eileen Mary Coughlan	Saint John, NB	assistant librarian, Free Public Library	27	05-Jan-19	01-Apr-19	3
Louise Ashmore Creelman (Mrs Curtis)	Guelph	Dietician	21	13-Dec-16	24-Aug-17	8
Gertrude E. English	St. John's	Poet				
Emily Jane Guest	Toronto	dietician				
Constance Harris	Toronto	musician				
Alice Kennedy (Mrs)	Victoria	reporter, "The Colonist"				
Anne Merrill	Edmonton	journalist, (Edmonton Journal) (overseas correspondent)		01-Jul-17	31-Dec-17	5
Thora Paulson (Mrs Albert)	Regina	manager, travelling libraries, Provincial Library	28	25-Feb-18	10-Dec-19	22
Violet Henrietta Wilson	Toronto	Studied voice	28	26-Jul-18	18-Jun-19	10

Table 2.17: Identified VADs: Employed Pre-Service in Sales & Service, Manufacturing, and as Telephone Operators

Name	*City*		*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Time overseas (months)*
Margaret Graham Angus	Winnipeg	Clerk, Rosedale Pharmacy	24	24-Jul-18	25-Apr-19	9
Gladys Bawden	Winnipeg	operator, Manitoba Govt Phones				
Josephine Barbara Chalmers (Mrs Smith)	Winnipeg	Clerk, Steel Briggs Seed Co.		01-Oct-16	30-Jun-19	32
Jean Cosby (Mrs Mitchell)	Hamilton	Clerk, W. A. Freeman	23	26-Jul-17	26-Feb-19	19
Isabelle Ferguson (Mrs McVicar)	Winnipeg	Clerk, Eatons	33	08-Jul-18	20-Mar-19	8
Helen Huntly Gordon	London	operator, Bell Telephone	26	01-Oct-18	11-Oct-20	24
Adeline Green	Winnipeg	Lady's Maid				
Elsie Highet	Edmonton	operator, Alberta Govt Phones				
Lucretia McLellan Hill (Mrs Siddall)	Saint John, NB	Chiropodist (Work from Home)	37	01-Aug-18	15-Apr-19	8
Jean C. Oram	Toronto	Clerk	36	01-Oct-18	01-May-19	7
Irene Paine (Mrs Turnbull)	Qu'Appelle, Saskatchewan	Clerk, Simpson's	25	08-Jul-18	10-Jun-21	35
Edith May Peters	St. Thomas	tailors (dressmaker)	38	18-Apr-18	02-May-19	13
Caroline Annie Ram (Mrs Marsh)	London	saleslady, R.J. Young & Co	25	12-Apr-18	08-Aug-19	15
Blanche Ricerta Reay	Montreal	Clerk	34	03-Jan-18	15-Aug-19	19
Kathleen Marianne Rudkin	Victoria	waitress, Alexandra Club,	35	25-Feb-18	22-Apr-18	2

Table 2.17: Identified VADs: Employed Pre-Service in Sales & Service, Manufacturing, and as Telephone Operators

Name	*City*		*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Time overseas (months)*
Ellen Beatrice Scobie (Mrs Parker)	Ottawa	press feeder, American Bank Note Co.	26	28-Sep-16	03-Jan-19	28
Emma Louisa Swain	Toronto	operator, Bell Telephone	39	29-Sep-16	29-Oct-18	25
Dorothy Todd (Mrs Skelton)	Hamilton	Operator	29	05-Oct-18	05-May-19	7
Alice Maud Turner (Mrs Evans)	Saskatoon	clerk, Simpson's	23	28-Sep-16	09-May-19	32
Esther Walkling (Mrs May)	Hamilton	works, Westinghouse Co.	30	17-Aug-18	24-Jan-19	5
Rachel Webb (Mrs)	Toronto	Matron, Knox College				
Anne Townshend Wilson	Vancouver	operator, B.C. Tel		01-Jun-15	01-Mar-19	42
Violet Younger	East Kildonan, Manitoba	clerk, Eatons	27	08-Jul-18	29-Aug-19	13

Table 2.18: Identified VADs: Employed, or Trained, Pre-Service as Nurses

Name	*City*		*Age (years)*	*Start of First Posting*	*End of Last Posting*	*Time overseas (months)*
Elizabeth Cheetham	London	Nurse	36	18-Jul-17	19-Mar-19	20
Ada Flood		Nurse (Asylum)	24	15-Apr-18	04-Aug-19	16
Ethel Gledhill Fraser	Montreal	Trained Nurse	26	01-Oct-16	18-Nov-17	13
Louise Gammage	Calgary	Nurse	30	14-Aug-18	20-Aug-19	12
Janet S. Gow	Toronto	Nurse (Grace Hospital)	36	12-Apr-18	31-Mar-19	11
Viola V. Hersey (Mrs Henderson)	Montreal	Graduate Nurse, Montreal General Hospital, (1894). Commandant of Montreal Nursing District, Lady District Superintendent				
Florence Elizabeth Hughes (Mrs Chadwick)	London	Nurse (Victoria Home for Incurables)	22	28-Sep-16	23-Apr-18	18
Clara F. M. MacIntosh (Mrs)	Halifax	Trained Nurse & VON (Ottawa)				
E. E. Nelson (Mrs)	Calgary	Trained Nurse & Lady Divisional Superintendent, Calgary #39				
F. Isabel Stewart (Mrs)	Westmount	Trained Nurse				

Table 2.19: Identified Canadian Imperial VADs

Name	*Married Name*	*Category*
Adami, Isobel Margaret	Mrs. Bain	
Adams, Barbara Florence		
Allan, Lady Marguerite Ethel	Mrs.	
Allen, June Seeley		Quarter Master
Baker, Phyllis		
Barton, Bessie Frances Margaret		House Member
Barwick	Mrs.	
Bates, Emma Eunice Whidden		Ward Maid
Bayley, Alice de Forest	Mrs.	Nurse
Bell, Alice Edwards		
Bell, Helen		Nurse
Bird, Mazie	Mrs.	Nurse
Blackader, Florence Marjorie		Nurse
Bond, Mary Pellatt	Mrs. Black	Pantry
Bovey, Erika		
Bovey, Jean		
Brown, Ethel	Mrs.	House
Brown, Helen Vesey		
Brunton, Lady Elizabeth Bonsall		Clerk
Butcher, Violet M.		
Campbell, Ethel Ferguson	Mrs.	Nurse
Cherry, Mary Emily	Mrs.	Nurse
Choisy, Gwendolen Marion		Book Keeper
Clarke, Katherine Wyatt	Mrs.	
Code, M. Louise	Mrs.	
Colbourne, Florence Marion	Mrs.	Nurse
Cook, Felicia Hannah (Nan)	Mrs. Bulman	Nurse
Coote, Ada Dorien		House Member
Davidson, Orian Hays	Mrs.	House Member
Deer, Margaret	Mrs.	Nurse
Denison, Jessie Florence		
Dewson, Emma		Nurse
Edwards, Dorothy		House or Pantry
Evans, Emma Annie	Mrs.	Clerk
Fraser, Harriet	Mrs.	
Fraser, Louise Drynan		House member
Gordon-Brown	Mrs.	Assistant Commandant
Gordon-Brown, Evelyn		
Harstone, Jean Emily		Chauffeuse
Hawkins, Ethel Lucy Kairi	Mrs.	Pantry

Table 2.19: Identified Canadian Imperial VADs

Name	*Married Name*	*Category*
Heward, Honor Robinson		House
Holt, Cynthia		Unselected (Chauffeuse)
Jacques, Gertrude Emily	Mrs.	Nurse
Johnson, Christine	Mrs.	Nurse
Kay, Edith		
Kidd, Edith Augusta	Mrs.	Storekeeper
Kingman, Eva Fraser		Pantry
Laurie, Mary Hyndman	Mrs.	House member
Lee, Ada Mary		Nurse
Lemon, Barbara Alice		House member
Lodge, Ivy	Mrs.	Nurse III
Lofthouse, Mary Hood		
MacAulay, Mary		Nurse
Macdonald, Theodora Marie		Auxiliary
MacPherson, Grace Evelyn	Mrs. Livingston	Chauffeuse
Mathewson, Helen	Mrs. Bristol	Nurse
McBride, Embree		House
McFarland, Pauline Adene	Mrs.	Nurse
McLachlin, Jessie Maria		Chauffeuse
Meagher, Marie Virginia		Nurse
Mitchie, Rubie		
Morgan, Eva [Ada]	Mrs.	
Morgan, Phyllis	Mrs. Smith	Nurse
Nicholas, Ada Mary Dorothy		House
Peel, Aileen Powers		Chauffeuse
Pelly, Evelyn	Mrs. Rivers-Bulkley	Assistant Commandant
Pender, Elizabeth Lilias	Mrs.	Nurse
Perley, Lady Emily Colby (Milly)	Mrs.	Commandant
Prescott, Alleta S.	Mrs.	Clerk
Pyper, Charlotte Elizabeth		Nurse
Rutherford, Mary	Mrs. Hume [1] & Winchester [2]	Nurse
Ryde, Doris Edith		Nurse
Saunders, Grace Willcocks		Nurse
Saunders, Isabel Brehaut		Canteen
Smallman, Martha Emma	Mrs.	Cook
Steele, Flora Macdonald		Nurse
Sterns, Geraldine M.	Mrs. Cunningham	Clerk
Strathy, Marguerite Frances	Mrs. Holden	Canteen
Sutherland, Marjorie		Clerk
Taylor, Phyllis Madeline		House member

Table 2.19: Identified Canadian Imperial VADs

Name	*Married Name*	*Category*
Thomas, Armorel MacAulay		
Thorne, Elsie Marion		House
Todd, Jessie Chisholm	Mrs.	Nurse
Watts, Mabel Edith	Mrs.	House member
Whitehead, Margaret May	Mrs. Hebden	Chauffeuse
Whitworth, Margaret Annie		Cook
Wiggins, Susan Henderson		Nurse
Wood, Florence Gertrude	Mrs.	Chauffeuse
Wright, Alice Sophia	Mrs. Leighton	
Wright, Phoebe Marion	Mrs. Fitz	Nurse
Wylde, Mary Gertrude		House
Yates, Alice	Mrs.	Assistant Commandant
Yates, Emily		
Young, Doris Crawford	Mrs. Hiam	Nurse III

APPENDIX 3

PRIOR HOSPITAL EXPERIENCE OF CANADIAN VADs POSTED OVERSEAS, AND SIBLINGS AND NEWFOUNDLAND VADs SERVING TOGETHER OVERSEAS

Table 3.1: Prior Hospital Experience Of Canadian VADs Posted Overseas*

Name	*Nursing District*	*Canadian Hospital*	*Weeks*
Helen Muriel Carter	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	1
Georgette Eugenie Georgiana Dufour	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	1
Margaret Gladys Halbert	Regina #10	St. Chad's Military Convalescent Hospital	1
Daisy Isabella Johnson	Regina #10	St. Chad's Military Convalescent Hospital	1
Elizabeth Ewing Scott MacFarlane	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	1
Katherine Isabel (Kate) McDonald	Regina #10	St. Chad's Military Convalescent Hospital	1
Thora Paulson	Regina #10	St. Chad's Military Convalescent Hospital	1
Lorena Montague Yorke	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	1
Jeanetta Drysdale Bridges	Saint John #27	Parks Convalescent Home	2
Mary Allison O'Halloran	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	2
Margaret S. (Daisy) Offord	West Toronto #14	Davisville Orthopaedic Hospital	2
Eva Lucretia Payson	London 40 {UK}	M. H. Victoria, B.C.	2
Bertha Slater	Toronto Central #1	Davisville Orthopaedic Hospital	2

* Source: British Red Cross Society, Museum & Archives, (BRCS M&A), Personnel Card Indexes: Military Hospital Files/Record Cards. "Weeks" is the recorded time between the start and end dates for the VAD's Canadian service, but does not necessarily represent full-time service in a hospital for that period. Many women worked on weekends, in holiday time, or partial days only, according to their own personal work schedule, or the rota designated by their Nursing District. Women whose service was recorded without a definite time period are not included. In some cases this service was spread over long periods, occasionally years, before an overseas placement was achieved.

Table 3.1: Prior Hospital Experience Of Canadian VADs Posted Overseas*

Name	*Nursing District*	*Canadian Hospital*	*Weeks*
Eveline Frances Whitton	Victoria # 34	Stadacona VAD Hospital	2
Freida Roberta Stothers	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	3
Annie Mabel Swain	Toronto Central #1	Military Convalescent Hospital	3
Winifred Mary Burns	Kingston Central #21	Elmhurst Convalescent Hospital	4
Mary Anna Elizabeth Clarke	Toronto Central #1	Central Military Convalescent Hospital, College Street	4
Eva Coon	Kingston Central #21	Elmhurst Convalescent Home	4
Jeanetta Edgar Coultas	Newfoundland #2, St. John's	Newfoundland General Hospital	4
Tena Jessie Finlayson	Regina #10	St. Chad's Military Convalescent Hospital	4
Georgina Gosnell	Victoria # 34	M. H. Esquimalt	4
Marion Grant	College #15	Spadina M.H.	4
Alice Sophia Houston	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	4
Sadie Emily Inch	Fredericton #31	Victoria Public Hospital.	4
Edna Louise Johnson	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	4
Margaret Clare Kingston	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	4
Betty Masson	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	4
Lydia Squires Miller	Newfoundland (St. John's)	Infirmary, Newfoundland General Hospital	4
Edith Alice Milley	Newfoundland #2, St. John's	Newfoundland General Hospital	4
Marguerite Hazel Plow	Montreal Central #19	Khaki League Homes	4
Ellen Beatrice Scobie	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	4
E. Norton Scott	Montreal North #24	Khaki League Homes	4
Olga Florence Tough	College #15	Spadina M.H.	4
Hilda Williamson	Regina #10	St. Chad's Military Convalescent Hospital	4
Maria Mary Windsor (Winsor)	Newfoundland #2, St. John's	Newfoundland General Hospital	4

Table 3.1: Prior Hospital Experience Of Canadian VADs Posted Overseas*

Name	*Nursing District*	*Canadian Hospital*	*Weeks*
Patricia Dawson	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	5
Betty Masson	Ottawa Central #32	Elmwood Convalescent Home	5
Mazie Bird	Canadian Imperials (from Ontario)	Sir Sanford Fleming Convalescent Home	6
Elizabeth (Bessie) Hudson	Devonshire #40	St. Chad's Military Convalescent Hospital	6
Margaret Mearns King	Toronto Central #1	Davisville Orthopaedic Hospital	6
Blanche Ricterta Reay	Montreal Central #19	Khaki League Homes	6
Emma Louisa Swain	Toronto Central #1	Military Convalescent Hospital	7
Eveline Morine	Toronto Central #1	Davisville Orthopaedic Hospital	8
Mary Maud Isobel Thomas	Toronto Central #1	Military Convalescent Hospital	8
Mary Louise Charleson	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	9
Elsie Crowdy	Avalon	Naval Military Convalescent Hospital	9
Ivy Towers Ferguson	Montreal Central #19	Khaki League Homes, McTavish Street	9
Nina Isabella Hickling	College #15	M.H. Spadina	9
Elizabeth Margaret Ritchie Kilpatrick	Toronto Central #1	Central Military Convalescent Hospital	9
Isabella Hall Taylor	Newfoundland #2, St. John's	Newfoundland General Hospital	9
Jean Marita Sears	Toronto Central #1	Central Military Convalescent Hospital	10
Marjorie Bruce Whittaker	Toronto Central #1	Davisville Orthopaedic Hospital	10
Jean Lillian Daniels	Saint John #27	MH St James Street	11
Eva Mae Pitbaldo	Montreal Central #19	Drummond MH	11
Aline Pinsoneault	Montreal North #24	Khaki League Homes, McTavish Street	12
Isabel N. Abbott	Montreal Central #19	Khaki League Homes	13
Helen Arundell	London #4	Byron Sanatorium	13
Margaret Mackay Carlyle	Toronto Central #1	Davisville Orthopaedic Hospital	13

Table 3.1: Prior Hospital Experience Of Canadian VADs Posted Overseas*

Name	*Nursing District*	*Canadian Hospital*	*Weeks*
Mary A. Crosbie	London #4	Soldiers' Infirmary	13
Louise De Salaberry	Ottawa Central #32	Sir Sanford Fleming Convalescent Home	13
Emily Girouard	Montreal Central #19	Drummond MH	13
Kathleen Winnifred Huntington	College #15	Euclid Hall M.H.	13
Dorothea Margaret MacKeen	Saint John #27	Field Hospital, Aldershot Camp, N.S.	13
Mary Irene McQuade	Saint John #27	Saint John Military Hospital	13
Phyllis Morgan	Canadian Imperials (from Toronto)	Davisville Orthopaedic Hospital	13
Alma Beatrice Neely	London #4	Soldiers'Infirmary Biglow Sanatorium	13
Jennie Isobel Roper	Newfoundland (St. John's)	Donovan's Hospital	13
Christina Taylor	Montreal North #24	Khaki League Homes, McTavish Street	13
Olive Gertrude Willsie	London #4	Soldiers' Infirmary, Queen Alexandra's San.	13
Elsie Chatwin	Regina #10	St. Chad's Military Convalescent Hospital	15
Marion Rioch Flaglor	Saint John #27	Parks Military Hospital	15
Florence Lavinia Cunningham	Montreal Central #19	Drummond Convalescent Hospital	17
Ethel Gledhill Fraser	Montreal Central #19	Khaki League Homes, McTavish Street	17
Isabella Sarah Murray	Toronto Central #1	Davisville Orthopaedic Hospital	17
Georgina Agnes Newnham	Montreal Central #19*	Khaki League Homes	17
Edith Mary Amelia Smith	Montreal Central #19	Khaki League Homes	17
Buddug Annie Wynne-Roberts	Toronto Central #1	Central Military Convalescent Home	17
Ethel May Goodhugh	Montreal Central #19	Khaki League Homes	20
Emily May Isobel Fothergill	Quebec Central #29	Military Hospital	22

Table 3.1: Prior Hospital Experience Of Canadian VADs Posted Overseas*

Name	*Nursing District*	*Canadian Hospital*	*Weeks*
Audrey Hamilton Horrocks	Toronto Central #1	Davisville Orthopaedic Hospital	22
Alice Louise Hughes	College #15	Spadina M.H.	22
Eva Mundy	Toronto Central #1	Davisville Orthopaedic Hospital	23
Emma Pearl Smith	Montreal Central #19	Khaki League Homes	24
Ethelwyn I. Acton	College #15	Spadina M. H. Toronto	26
Harriet Doris De Veber	Saint John #27	St. James Street Hospital	26
Minnie Amelia Hall	London #4	40th & 142nd Field Hospital, (Queen's Park)	26
Alice Kennedy	Victoria # 34	Matron, VAD Hospital (Victoria, B.C.)	26
Florence Dorothy Bright Marks	Toronto Central #1	Central Military Hospital	26
Jessie Tupper	(Winnipeg)	Matron, VAD Hospital (Victoria, B.C.)	26
Lucy Francis Dorothea Bidwell	Kingston Central #21	Queen's Military Hospital, (Grant Hall)	29
Alice Regina Carleton Cullum	Regina #10	St. Chad's Military Convalescent Hospital	29
Lilian Maud Corneille	Montreal Central #19	Khaki League Homes, McTavish Street & Baly Hospital, St Urbain Street	30
(Mrs G. W.) Coughlan	Montreal Central #19	Khaki League Homes	30
Jane Mereen Easton	(Ontario)	Davisville Orthopaedic Hospital	30
Eugenie Marjorie Ross	Montreal Central #19	Khaki League Homes	30
Blanche Stone	Toronto Central #1	Cantlie Convalescent Hospital	30
Mima Shaw Arnold	Montreal Central #19	Khaki League Homes, McTavish Street, & Belmont Convalescent Home	35
Eileen Mary Coughlan	Saint John #27	Parks Convalescent Home	35
Yvonne Elizabeth Merrill	Montreal Central #19	Khaki League Homes	39
Isabel Williamson	Montreal Central #19	Military Convalescent Home Grey Nunnery & Khaki League No 1	43

Table 3.1: Prior Hospital Experience Of Canadian VADs Posted Overseas*

Name	*Nursing District*	*Canadian Hospital*	*Weeks*
Vera Elizabeth Barker	Toronto Central #1	College Military Convalescent Hospital	52
Dorothy Marion Morley	Montreal Central #19	Khaki League Homes	52
Anna Smith Starke	Montreal Central #19	Khaki League Homes No 1 Belmont Park & No 3 128 McTavish Street	52
Louisa Frances Johnson	Montreal Central #19	Khaki League Homes, McTavish	56
Mona Ruth Elliott	Montreal Central #19	Belmont Convalescent Home	65
Gertrude Mary Walker	Montreal Central #19	Military Hospital	74
Dorothy Alma Corneille	Montreal Central #19	Khaki League Homes, Grey Nuns' Convalescent Home	83
Marguerite Augusta Duclos	Montreal Central #19	Khaki League Homes No 1, & NCHD Mil Hosp	130
Marion Slayter Doull	Halifax #17	Pine Hill M C Hospital	208

Table 3.2: Canadian VADs Serving Overseas with Siblings and Other Relations†

Sisters' Names	*Nursing District*	*Dates of Service*	*Hospital*
Bartlett, Bertha	Newfoundland #2, St. John's	06-07-16 to 06-07-17	4th Northern General Military Hospital (Lincoln)
		23-07-17 to 03-09-18	Overseas (Likely France)
Bartlett, Sybil	Newfoundland (St. John's)		Gifford House, Auxiliary Hospital (Roehampton, Sussex)
Corneille, Dorothy Alma	Montreal Central #19	01-08-18 to 28-02-19	5th London General Military Hospital (St. Thomas')
Corneille, Lilian Maud	Montreal Central #19	01-08-18 to 01-03-19	5th London General Military Hospital (St. Thomas')
		11-03-19 to 12-06-19	Royal Naval Hospital (Portland)
Gow, Janet S.	Windsor #11	12-04-18 to 31-03-19	2nd London General Military Hospital (Chelsea)
Gow, Margaret Christie	Windsor #11	18-04-18 to 31-03-19	2nd London General Military Hospital (Chelsea)
Horrocks, Audrey Hamilton	Toronto Central #1	12-04-18 to 30-10-18	4th Northern General Military Hospital (Lincoln)
Horrocks, Naomi Hamilton	Toronto Central #1	12-04-18 to 25-06-19	4th Northern General Military Hospital (Lincoln)
Johnson, Estelle Marie (Jill)	Newfoundland (St. John's)	30-01-17 to 03-08-17	1st Western General Military Hospital (Liverpool)
		04-03-18 to 01-04-19	Liverpool Auxiliary Hospital
Johnson, Sybil Francis Carrington	Newfoundland (St. John's)	03-01-17 to 15-07-18	1st Western General Military Hospital (Liverpool)

† Source: BRCS M&A, Personnel Card Indexes. There were 12 instances where both family members were found in the Card Indexes. In two cases family members were not posted to the same hospital, but the dates and exact locations are either unknown (Bartlett), or the family members arrived in England at different times (Turner).

Table 3.2: Canadian VADs Serving Overseas with Siblings and Other Relations†

Sisters' Names	*Nursing District*	*Dates of Service*	*Hospital*
Leitch, Charlotte St. Clair	St. Thomas #30	01-03-17 to 01-10-18	Étaples Motor Convoy (France)
Leitch, Marion St. Clair	St. Thomas #30	01-12-15 to 31-01-16	Overseas
		16-10-17 to 03-12-17	Étaples Motor Convoy (France)
		05-05-18 to 20-06-18	Gifford House, Auxiliary Hospital (Roehampton, Sussex)
Moodie, Mary Reid	Saint John #27	23-09-18 to 11-04-19	1st Eastern General Military Hospital (Cambridge)
Moodie, Margaret	Saint John #27	23-12-18 to 22-01-19	1st Eastern General Military Hospital (Cambridge)
Stothers, Freida Roberta	Ottawa Central #32	01-10-18 to 31-05-19	Military Hospital (Rugeley Camp, Staffordshire)
Stothers, Laura Ray	Ottawa Central #32	01-10-18 to 31-05-19	Military Hospital (Rugeley Camp, Staffordshire)
Swain, Annie Mabel	Toronto Central #1	29-09-16 to 27-12-18	1st Western General Military Hospital (Liverpool)
Swain, Emma Louisa	Toronto Central #1	29-09-16 to 29-10-18	1st Western General Military Hospital (Liverpool)
Taylor, Christina	Montreal North #24	05-01-18 to 20-05-19	Military Hospital (Croydon)
Taylor, Margaret	Montreal Central #19	05-01-18 to 26-07-18	Military Hospital (Croydon)
Turner, Alice Maud	Saskatoon #7	28-09-16 to 15-07-17	2nd Western General Military Hospital (Manchester)
		15-07-17 to 09-05-19	(France)
Turner, Dora Beatrice	Saskatoon #7	25-02-18 to 25-09-18	Royal Naval Hospital (Portland)
		05-10-18 to 10-10-19	Military Hospital (Reading)
Williamson, Florence Isabel	Montreal Central #19	09-01-18 to 09-08-18	Royal Naval Hospital (Chatham, Kent (Fort Pitt))
		24-09-18 to 08-02-19	Royal Naval Hospital (Chatham, Kent (Fort Pitt))
Williamson, Isabel	Montreal Central #19	05-01-18 to 06-09-18	Royal Naval Hospital (Chatham, Kent (Fort Pitt))
		07-10-18 to 28-04-19	Hotel du Nord (Boulogne, France J.C.)

Table 3.3: Newfoundland VADs Serving with Colleagues and Relations Overseas‡

Dates	*Name*	*Nursing District*
3rd London General Military Hospital, Wandsworth		
10-25-1917 to 08-14-1918	Annie M. Worsley	Avalon
06-15-1918 to 04-15-1919	Jeanetta Edgar Coultas	Newfoundland #2, St. John's
06-15-1918 to 04-26-1919	Isabella Hall Taylor	Newfoundland #2, St. John's
06-15-1918 to 04-12-1919	Edith Alice Milley	Newfoundland #2, St. John's
4th London General Military Hospital, Denmark Hill		
06-15-1918 to 05-22-1919	Maria Mary Windsor (Winsor)	Newfoundland #2, St. John's
06-15-1918 to 01-30-1919	Louise Noonan	Newfoundland #2, St. John's
06-15-1918 to 05-22-1919	Lydia Squires Miller	Newfoundland (St. John's)
2nd Northern General Military Hospital, Leeds		
01-12-1916 to 08-12-1916	Annie M. Worsley	Avalon
01-12-1916 to 08-11-1919	Isabel A. Le Messurier	Newfoundland (St. John's)
4th Northern General Military Hospital, Lincoln		
07-06-1916 to 07-06-1917	Bertha Bartlett	Newfoundland #2, St. John's
08-23-1916 to 07-11-1917	Mabel Atwill	Newfoundland (St. John's)
09-22-1916 to 07-12-1917	Patience Greenland	Newfoundland (St. John's)
12-06-1916 to 01-06-1918	Henrietta Gallishaw	Avalon
12-06-1916 to 04-27-1917	Frances Cluett	Newfoundland (St. John's)
1st Western General Military Hospital, Liverpool		
01-03-1917 to 05-19-1919	Jessie Dempster	Newfoundland (St. John's)
01-03-1917 to 07-15-1918	Sybil Francis Carrington Johnson	Newfoundland (St. John's)
01-03-1917 to 05-19-1919	Jennie Isobel Roper	Newfoundland (St. John's)
01-30-1917 to 08-03-1917	Estelle Marie (Jill) Johnson	Newfoundland (St. John's)
Beltham Park Military Hospital, Grantham		
12-28-1915 to 01-28-1918	Cecily N. Moffat	Newfoundland #2, St. John's
12-28-1915 to 03-26-1917	Madeline M. Donnelly	Newfoundland (St. John's)

‡ Source: BRCS M&A, Personnel Card Indexes.

APPENDIX 4

DOCUMENTS RELATED TO VAD SERVICE

Figure 4.1: Poem found among the papers of Montreal VAD, Louisa F. Johnson:

"V.A.D."*

There's an angel in our ward as keeps a-flittin'' to and fro,
With fifty eyes upon 'er wherever she may go;
She's as pretty as a picture and as bright as mercury,
And she wears the cap and apron of a V.A.D.

The Matron she is gracious and the Sister she is kind,
But they wasn't born just yesterday and lets you know their mind;
The M.O. and the Padre is as thoughtful as can be,
But they ain't so good to look at as our V.A.D.

She's a honourable miss because 'er father is a dook,
But, Lord, you'd never guess it and it ain't no good to look,
For 'er portrait in the illustrated papers for you see
She ain't an advertiser, not our V.A.D.

Not like them that wash a tea-cup in an orficer's canteen
And then "Engaged in War Work" in the weekly press is seen;
She's on the trot from morn to night and busy as a bee,
And there's 'eaps of wounded Tommies bless that V.A.D.

She's the lightest 'and at dressin's and she polishes the floor,
She feeds Bill Smith who'll never never use 'is 'ands no more;
And we're all of us supporters of the harristocracy
'Cos our weary days are lightened by that V.A.D.

And when the War is over, some knight or belted earl,
What's survived from killin' Germans, will take 'er for 'is girl;
They'll go and see the pictures and then 'ave shrimps and tea;
"E's a lucky man as gets 'er -- and don't I wish 'twas me!

---

* Source: Archives of Ontario (AO), MU6860, St John Ambulance Association (SJAA), Administrative Records, 1909-1977 (File: "VAD Personal Papers" [Author Unknown]).

Figure 4.2: Poem composed by the mother of British VAD, Grace Bignold†

Valueless, A Duffer! Says the Sister's face,
When I try to do her orders with my bestest grace.
'Vain and Disappointing!' say Staff Nurse's eye,
If I dare to put my cap straight while she's walking by.

'Very Active Danger', looks the angry pro.,
If I sometimes score a wee bit over her, you know.
'Virtuous And Dumpy!' that's the way I feel,
When I'm uniformed from cap strings to each wardroom heel.
'Vague And Disillusioned!' that's my mood each night.
When I've tried all day to please'em and done nothing right.

'Valiant And Determined!' I arise next day,
As I tell myself it's *duty* and I must obey.
'Very Anxious Daily' I await my leave,
Which I spend with my *own* soldier, as you may believe.
'Verily A Darling' that's his name for me,
When I meet him in my uniform of VAD.*

* Grace Bignold married her "own soldier" and became Mrs Francke.

† Source: Lyn Macdonald, The Roses' of No Man's Land (London: Penguin, 1993) page 70.

Figure 4.3: Document Given to Every VAD Called Up to Active Service Through Devonshire House (Face side)[‡]

This paper is to be considered by each V.A.D. member as confidential and to be kept in her Pocket Book.

You are being sent to work for the Red Cross. You have to perform a task which will need your courage, your energy, your patience, your humility, your determination to overcome all difficulties.
Remember that the honour of the V.A.D. organisation depends on your individual conduct. It will be your duty not only to set an example of discipline and perfect steadiness of character, but also to maintain the most courteous relations with those whom you are helping in this great struggle.
Be invariably courteous, unselfish and kind. Remember that whatever duty you undertake, you must carry it out faithfully, loyally, and to the best of your ability.
Rules and regulations are necessary in whatever formation you join. Comply with them without grumble or criticism and try to believe that there is reason at the back of them, though at the time you may not understand the necessity.
Sacrifices may be asked of you. Give generously and wholeheartedly, grudging nothing, but remembering that you are giving because your Country needs your help. If you see others in better circumstances than yourself, be patient and think of the men who are fighting amid discomfort and who are often in great pain.
Those of you who are paid can give to the Red Cross Society which is your Mother and which needs more and more money to carry on its great work. their Mother Society and thus to the Sick and Wounded.
Let our mottos be 'Willing to do anything' and 'The People give gladly'. If we live up to these, the V.A.D. members will come out of this world war triumphant.

Do your duty loyally
Fear God
Honour the King

Katharine Furse
Commandant-in-Chief,
B.R.C.S.
Women's V.A.D.

---

‡ Source: British Red Cross Society, Museum & Archives, ACC 513.

Figure 4.4: Document Given to Every VAD Called Up to Active Service Through Devonshire House (Reverse side)

[Prayer]

And only the Master shall praise us,
and only the Master shall blame.
And no one shall work for money, and
no one shall work for fame,
But each for the joy of working, and
each in his separate star,
Shall draw the thing as he sees
it for the God of things as they are.

[Prayer written by Rachel Crowdy, Commandant of VADs in France]

Lord, who once born your own Cross shoulder high to save mankind, help us to bear our Red Cross banner high with clean hands unafraid.
To those who tend the wounded and sick give health and courage, that they of their store, may give to those who lie awake in pain with strength and courage gone.
Teach us no task can be too great, no work too small, for those who die or suffer pain for us and their Country. Give unto those who rule a gentle justice and a wisely guiding hand, remembering "Blessed are the Merciful." And when Peace comes, grant neither deed nor word of ours has thrown a shadow on the Cross, nor stained the flag of England

Figure 4.5: "Don'ts for V.A.D.s"[§]

DON'T talk about anything you hear in Hospital.

DON'T criticise anybody, but do all you can to see that your own bit of work needs no criticism.

DON'T forget you are under Military discipline – therefore under absolute obedience to all seniors.

DON'T forget to stand up when seniors come into ward or room.

DON'T forget that when in uniform all members should be immaculately clean, trim and tidy.

DON'T forget that the outside public often judge the Association by the individual members.

DON'T forget that duty comes before pleasure.

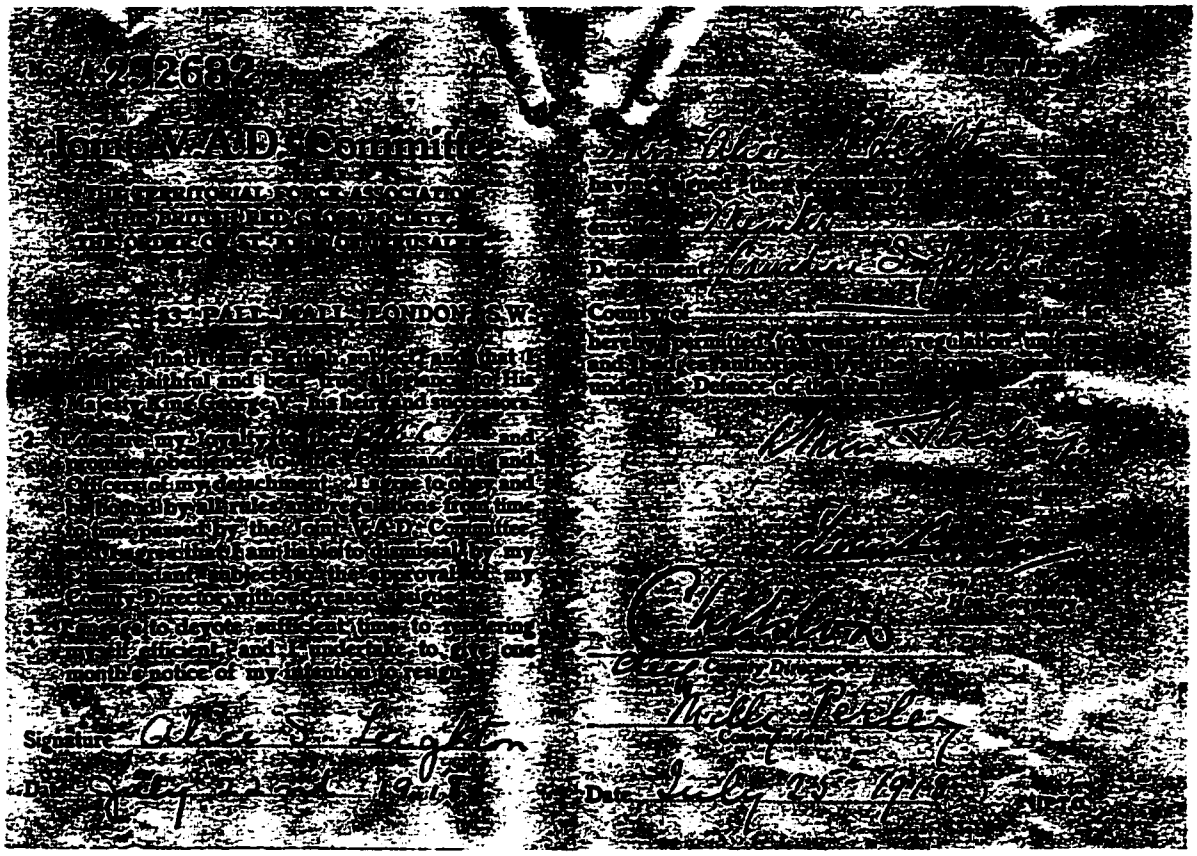
DON'T expect your own particular feelings or likes to be considered. You are but one of many.

DON'T think you can pick and choose your own work at *first*. Do all that comes your way with your whole heart, and others will soon see what you are best fitted for.

DON'T forget to "Bring your will to your work, and suit your mind to your circumstances – for that which is not for the interest of the whole swarm is not for the interest of the single bee!" *(Marcus Aurelius)*

[§] Source: Imperial War Museum, Women at Work Collection, (BRCS 1.1/40).

Figure 4.6: VAD Committee enrolment certificate of Mrs Alice S. Leighton of Nanaimo, signed by Lady Milly Perley, Commandant, Canadian Imperial VADs.**



** Source: (Figures 4.6-4.8) Malaspina University College (Internet Archive), Canadian Letter and Images Project, "The Alice and Arthur Leighton Collection", © Nanaimo Community Archives. (http://web.mala.bc.ca/davies/letters.images/collections.index.htm states "Use of any material in an educational, non-commercial format is permissible.")

Figure 4.7: St John Ambulance Association "First Aid" certificate of Mrs A. Leighton, signed by Dr. Brydon-Jack in 1915.

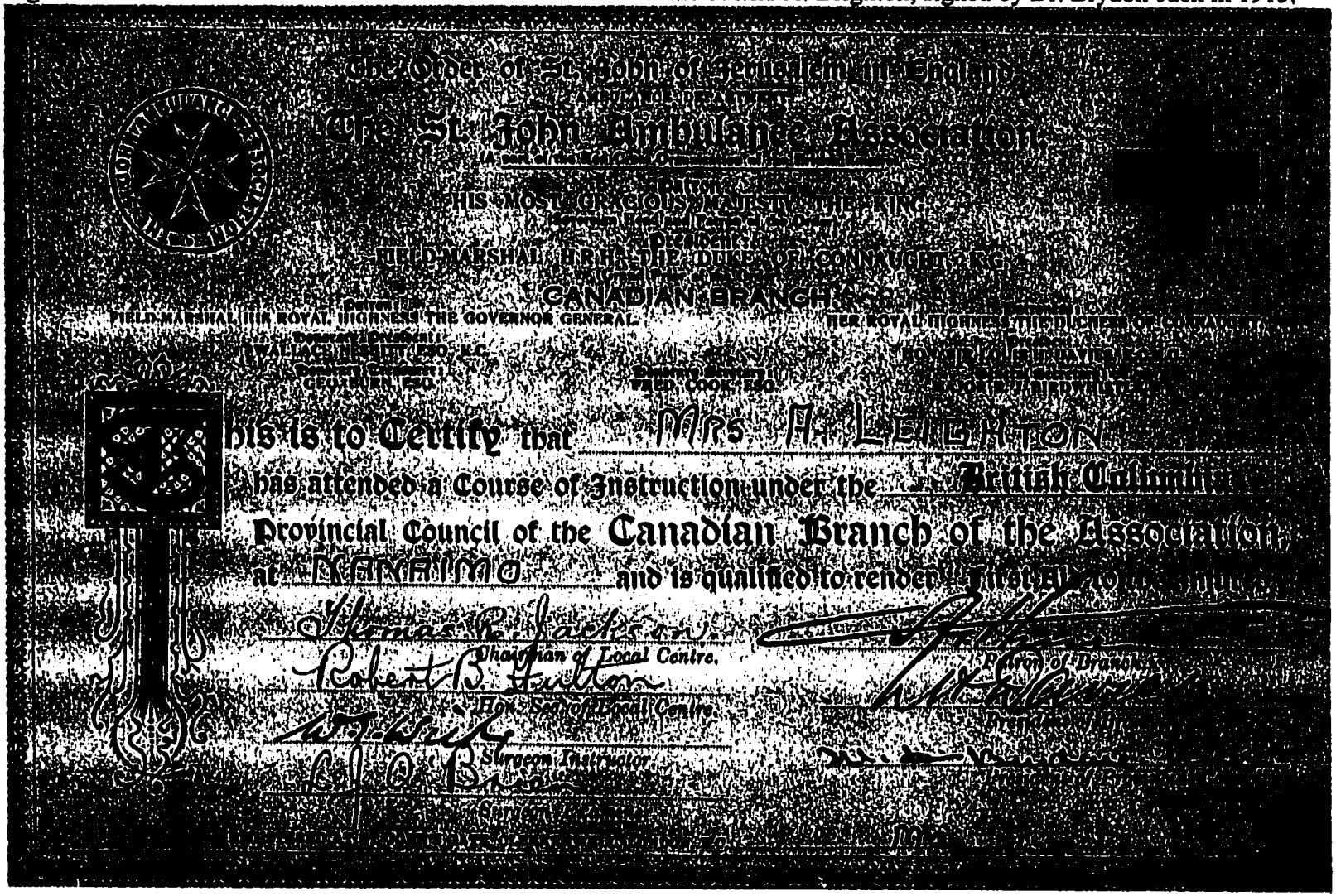
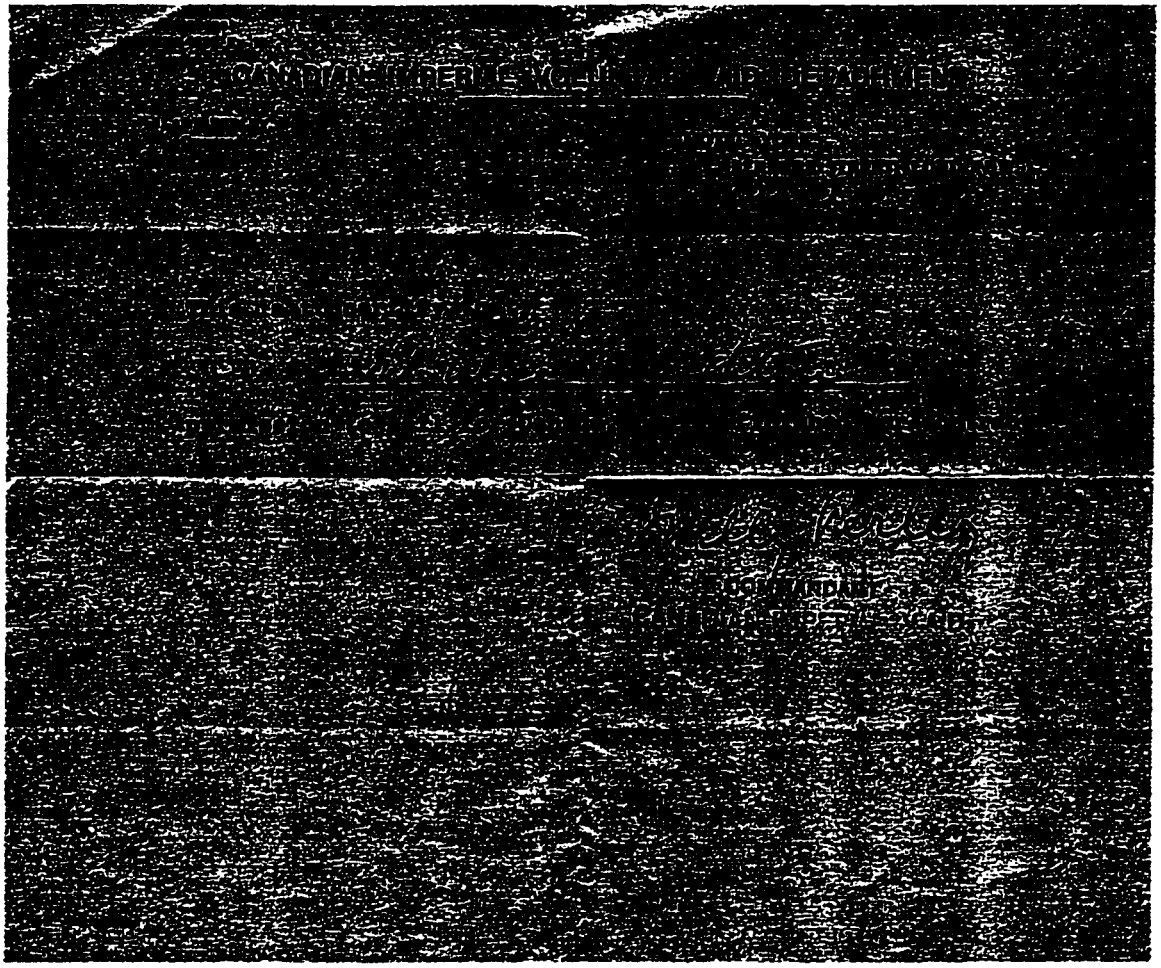


Figure 4.8: Permission to return to Canada at the end of her contract for Mrs Alice Leighton, signed by Lady Milly Perley.



APPENDIX 5

POST-WAR VAD ACTIVITIES AND HONOURS*

Table 5.1: Post-War Employment of VADs

Year	*Occupation*	*Name*	*City*
1921	Accountant, Barnard Robertson Heisterman & Tait	Mary Anna Wigley	Victoria
1921	Secretary to Prov. Council of NB SJAA, (retired 1921)	Marion Louise Cushing Magee	Saint John, NB
1920	Assistant Librarian, Free Public Library	Eileen Mary Coughlan	Saint John, NB
1920	Bookkeeper, City Gas Co.	Geraldine Blanche Atkinson	London
1920	Bookkeeper	Daisy Thomson	London
1920	Bookkeeper	Nellie Thomson	London
1920	Bookkeeper, Durnam & Spry (later Registered Nurse)	Lilian Mary McGaw	St. Thomas
1923	Bookkeeper, Canadian Brush Co.	Dorothy Leslie Code	Toronto
1922	Bookkeeper, Dominion Income Tax	Caroline Annie Ram	London
1923	Bookkeeper, Elliott Maclean & Shandley	Jessie M. Choate	Victoria
1921	Bookkeeper, Quaker Candy Co.	Margaret Mearns King	Toronto
1920	Bookkeeper, Silverwood & Co	Caroline Sykes	London
1923	Bookkeeper, Bell Tel. Co.	Rose M. Campbell	Hamilton
1921	Cashier	Muriel Follett	Oakville, Ontario
1920	Cashier, M.T.& T. Co. Ltd.	Daisy Shrum	Dartmouth, N.S.
1920	Cataloguer, Public Library	Frederica Blake Armstrong	Regina
1920	Chiropodist	Lucretia McLellan Hill	Saint John, NB
1922	Civil Service, Emigration Dept.	Nellie Thomson	London
1927	Clerk	Marion Egerton	Victoria
1921	Clerk	Hazel Frances Spence	Toronto
1920	Clerk of Taxation, Finance Dept	Winnifred Van Allen Phillips Young	Ottawa

* Source: British Red Cross Society, Museum & Archives, Personnel Card Indexes: Military Hospital Files/Record Cards; City Directories (1920 to 1930); Imperial War Museum, Women at Work Collection, (BRCS 12.2/2) "Report of the Work of the VAD Department, France"; Strome Galloway, The White Cross in Canada, 1883-1983: A History of St John Ambulance (Ottawa: St John Priory, 1983); G. Oswald Smith, University of Toronto Roll of Service, 1914-1918 (Toronto: University of Toronto Press, 1921); Family Records from Archives across Canada.

Table 5.1: Post-War Employment of VADs

Year	*Occupation*	*Name*	*City*
1921	Clerk, Auditor General's Office	Marion Gladys Humphrys	Ottawa
1920	Clerk, Bank of Montreal	Lilian Mary Campbell	Ottawa
1920	Clerk, Bank of Commerce	Emily Wood	Vancouver
1921	Clerk, Bell Telephone Co.	Margaret M. Hay	Toronto
1920	Clerk, Broad of Pension Commissioners	Hazel E. C. Todd	Ottawa
1920	Clerk, Canadian Annuities Branch, P.O. Dept.	Alice Sophia Houston	Ottawa
1922	Clerk, Coupon Redemption Branch, Finance Dept.	Lorena Montague Yorke	Ottawa
1920	Clerk, CPR	Margaret Cecilia Delaney	Winnipeg
1920	Clerk, Dept. of Immigration & Colonization	Muriel Hazelwood Stone Wainwright	Ottawa
1922	Clerk, Dept. Soldiers Civil Re-Establishment	Louise De Salaberry	Ottawa
1922	Clerk, Dept. Soldiers Civil Re-Establishment	Elizabeth Ewing Scott MacFarlane	Ottawa
1922	Clerk, Dominion Income Tax	Lucy Gertrude Thompson	London
1921	Clerk, Equip & Supply Br, P.O. Dept.	Georgette Eugenie Georgiana Dufour	Ottawa
1921	Clerk, Goodyear Tire & Rubber	Mila Elizabeth Webster	Toronto
1922	Clerk, Govt. Tax Office	Helen Huntly Gordon	London
1923	Clerk, LR Steel Services Corp. Ltd.	Blanche Stone	Toronto
1920	Clerk, Rosedale Pharmacy	Margaret Graham Angus	Winnipeg
1920	Clerk, Steele Briggs	Josephine Barbara Chalmers	Winnipeg
1920	Clerk, War Loan Branch, Dept. Finance	Edna Louise Johnson	Ottawa
1923	Clerk, B.C. Tel	J. V. Lauder	Vancouver
1920	Clerk, Bank of Commerce	Beatrice Gordon Baker	Regina
1923	Clerk, Dr. Harrison	Hylda Elizabeth Ratledge	Edmonton
1920	Clerk, Drs Corbett & Coles	Madge Rimmer	Regina
1922	Clerk, A. Webb	Margaret MacLean (McLean)	Calgary
1922	Clerk, Can Bible Society	Florence Dowding	Calgary
1920	Clerk, Eatons	Isabelle Ferguson	Winnipeg
1924	Clerk, Eatons	Elizabeth (Bessie) Hudson	Regina
1920	Clerk, GTP	Violet Younger	East Kildonan

Table 5.1: Post-War Employment of VADs

Year	*Occupation*	*Name*	*City*
1924	Clerk, H. A. Godby	Mary Elizabeth Evans	Saskatoon
1924	Clerk, H.B. Co.	Martha J. Fletcher	Unknown
1927	Clerk, J. W. Kelly Piano	Ruth Campbell	Vancouver
1920	Clerk, Moody & Kenny	Florence Price	Winnipeg
1921	Clerk, Ontario Govt., Public Emp.	Amelia K. Prentice	Toronto
1920	Clerk, Prov. Govt	Margaret Gladys Halbert	Regina
1921	Clerk, Prov. Govt.	Kate Annie Barnett	Edmonton
1920	Clerk, Public Library	Margaret Whittaker	Winnipeg
1925	Clerk, Victoria Sch Brd.	Ethel Girling Clark	Victoria
1921	Clerk, War Loan Br., Finance Dept.	Mary Louise Charleson	Ottawa
1921	Coll. Clerk, Bell Telephone	Annie Mabel Swain	Toronto
1922	Compto Opr., Ogilvies	Margaret Charlotte Barrett	Truro, Nova Scotia
1923	Dietician	Helen Louise Chown	Kingston
1928	Employee, Henry Birks & Sons	Alice Maud Turner	Saskatoon
1924	Employee, Eatons	Mary Hood Lofthouse	UK
1926	Employee, Turvalta Oil Co.	Adah Lilian Burwash	Calgary
1924	Employee, Eatons	Jean B. Thompson	Unknown
1922	Employee, Simpsons	Irene Paine	Qu'Appelle, Saskatchewan
1923	Examiner, Eaton's	Bertha Slater	Toronto
1920	Inspection Dept., Bank of Montreal	Ethel Wadge	Regina
1922	Maid, Children's Hospital	Adeline Green	Winnipeg
1925	Nurse	Alice Bell	Victoria
1923	Nurse	Leila A. Carson	Victoria
1922	Nurse	Mary A. Crosbie	London
1922	Nurse	Louise Gammage	Calgary
1930	Nurse	Alice Hall	Hamilton
1923	Nurse	Laura Marietta Harper	Vinemount, Ontario
1923	Nurse	L. E. Pierce	Victoria
1923	Nurse	Anna B. Shepphard	Regina
1930	Nurse, Victoria Hospital	Marguerite B. Stuart	London
1923	Nurse	Dorothy Persis Child	Toronto
1929	Nurse (Dental)	Blanche Thistle	St. Johns
1922	Nurse, Bethesda Hospital (grad)	Ada Flood	London
1921	"Nurse", American Bank Note Co.	Ellen Beatrice Scobie	Ottawa
1928	Nurse, Gen Hosp.	Jean R. Allison	Regina
1924	Nurse, Health Dept., City	Bessie McInnes Gray	Winnipeg
1923	Nurse, Health Dept., City Hall	Mary Catherine O'Connor	Toronto
1928	Nurse, Regina General Hospital	Morgan	Regina

Table 5.1: Post-War Employment of VADs

Year	*Occupation*	*Name*	*City*
1923	Operator	Mima Hamilton Linton	Hamilton
1924	Principal, Teachers' Hostel	Hilda Bashford	Rosthern, Sask.
1930	Prov. Sec of SJAA, NB	Dorothy Wilmott Purdy	Rothesay, N.B.
1920	Public Stenographer	Olive Blanche Bowkett	Calgary
1920	Secretary to Deputy Minister, Dept Education, Provincial Govt	Daisy Isabella Johnson	Regina
1923	Secretary, Dr. Wm. H. B. Atkins	Lillias J. Alexander	Toronto
1920	Secretary, Prov. Normal School	Elsie Chatwin	Regina
1923	Secretary, Public Trustee's Office, Osgoode Hall	Eva Mundy	Toronto
1924	Stenographer	Marjorie Davis	Saskatoon
1920	Stenographer, Stirling & Rankin & Saul	Gladys Christina Brown	Winnipeg
1920	Stenographer, Royal Ins. Co.	Lillian Brownell	Halifax
1921	Stenographer	Mary Geddes	Hamilton
1920	Stenographer, Attorney General's Dept., Prov Govt.	Margaret Sarah McKinney	Winnipeg
1923	Stenographer, B.C. Tel	Helen May Simpson	Victoria
1920	Stenographer, Bryson-Graham	Marjorie Allen	Ottawa
1930	Stenographer, Canadian Well Supply	Alice Regina Carleton Cullum	Atlas, Saskatchewan
1920	Stenographer, Cockshutt Plow Co.	Jean Gilmour	Regina
1922	Stenographer, CRCS	Miss Hunter	Regina
1920	Stenographer, Dept of Education	Miss M. Casey	Regina
1923	Stenographer, Dept. Agriculture	Miss Leighton	Victoria
1923	Stenographer, Edgecumbe-Newham	Agnes Wallace	Vancouver
1924	Stenographer, (Govt)	Jessie Chisholm Todd	Winnipeg
1920	Stenographer, Mackenzie Thorn & Co	Gladys Laird	Regina
1920	Stenographer, P. Burns & Co.	Dora Beatrice Turner	Saskatoon
1924	Stenographer, Premier's Office	Nellie May Gillespie	Charlottetown
1920	Stenographer, Provincial Govt	Frances Estelle Dayton	Portage La Prairie, Manitoba
1920	Stenographer, Provincial Govt. (Barrister 1925, & K.C. 1948)	Dorothy E Greensmith	Regina
1921	Stenographer, Prov. Govt.	Ella Ethel Bethune	Edmonton
1920	Stenographer, Prov. Govt.	Tena Jessie Finlayson	Regina
1920	Stenographer, Union Bank	Constance Gwendolyn (Gladys) Powys	Winnipeg
1920	Stenographer, United Grain Growers	Elsie May Shute	Calgary
1924	Stenographer	Alma Beatrice Neely	London
1923	Stenographer, Ordnance Branch, Dept. of Interior	Kate Roe	Ottawa

Table 5.1: Post-War Employment of VADs

Year	*Occupation*	*Name*	*City*
1920	Supervisor, Ward Aides (Sanitorium for Consumptives)	Mary Olive Davidson	Regina
1922	Teacher, Connaught School	Anne (Annie) Bredin	Regina
1923	Teacher	Emma Margaret Frame	Burnaby Lake, B.C.
1923	Teacher	Mildred Henderson	Vancouver
1923	Teacher	Alice Keenleyside	Vancouver
1920	Teacher, Albert School	Irene O. Caron	Regina
1920	Teacher, Alexandra School	Florence Mabel Greer	Calgary
1925	Teacher, B.C. School of Cosmetics	Ethyl Maude Reid	Victoria
1922	Teacher, Connaught School	Florence Sanderson Bennett	Carseland, Alberta
1924	Teacher, Gen. Wolfe School	Myrtle Agnes Tait	Winnipeg
1921	Teacher, Lloyd George School	Florence Stuart Mulloy	Vancouver
1923	Teacher, Lord Roberts School	Lillian Mildred Ross	Victoria
1921	Teacher, McCauley School	Clara Edith Hyndman	Edmonton
1921	Teacher, Parkdale School	Olive Mabel Thompson	Edmonton
1922	Teacher, Tache School	Mabel Wilmot Robertson McPhail	Winnipeg
1924	Teacher, Talbot St. School	Margaret Jean McCrimmon	London
1923	Teacher, Techumseh School	Georgina Agar	Vancouver
1922	Teacher, King George V School	Alma Florence Iredale	Winnipeg
1920	Teacher	Jessie Heinler Angus	Winnipeg
1945	Teacher	Lula Calvert	Guelph
1920	Teacher (Province of Alberta Master list of Teachers)	Margaret Orr Buchanan	Edmonton
1920	Teacher (Province of Alberta Master list of Teachers)	Emily Grace Burrough	Edmonton
1920	Teacher, Bronson Ave. School	Laura Ray Stothers	Ottawa
1921	Teacher, Denison School	Margaret Mackay Carlyle	Toronto
1920	Teacher, (kindergarten), Rupert's Land Ladies' College	Ethel Muriel Hicks	Winnipeg
1922	Teacher, King Edward School	Winnifred Bawden	Winnipeg
1920	Teacher, Tennyson School	Mary Norah Marlatt	Vancouver
1920	Teacher, Wellington School	Freida Roberta Stothers	Ottawa
1920	Teacher, Storekeeper	Frances Cluett	Belleorum Bay, Newfoundland
1920	Teller, Toronto General Trusts	Maude Janice Kerr	Winnipeg
1922	Ward Aide, SCR [Sanitorium for Consumptives]	Annie Wood	Winnipeg

Table 5.2: Canadian VADs Mentioned-in-Dispatches

Name	*Comments*	*Nursing District*
Amy Augusta Bruce	Mentioned in Dispatches	London 40 (UK) (Toronto)
Mary W. M. Gordon	Mentioned in Dispatches on 14 January 1918, work in Egypt, 2 years (General Sir A. Murray, "for valuable service to the sick and wounded")	Fort Rouge #6
Alice Sophia Houston	Mentioned-in-Dispatches on 21 December 1917 (General Sir Douglas Haig, "for gallantry in air raid in France"; 59th General Hospital bombed while on duty) [First Canadian VAD to earn]	Ottawa Central #32
Amy Eliza Haydon Luck	Mentioned in Dispatches	#2 / 196 (UK) (Harrison Mills, B.C.)
Christobel Robinson	Mentioned in Dispatches	Unknown (Toronto)
Ellen Beatrice Scobie	Mentioned in Dispatches on 30 December 1918 (General Sir Douglas Haig)	Ottawa Central #32
Phyllis Madeline Taylor	Mentioned in Dispatches, (Recreation Huts at Canadian Hospitals in France)	Canadian Imperials (Kingston)
Mary Maud Isobel Thomas	Mentioned in Dispatches on 30 December 1918 (General Sir Douglas Haig "Valuable Services in the Field")	Toronto Central #1

Table 5.3: VADs awarded "Scarlet Efficiency Stripes"

Name	*Nursing District*	*AwardDate*	*Number of Stripes*
Abbott, Isabel N.	Montreal Central #19	01/01/1918	One
Atwill, Mabel	Newfoundland (St. John's)	23/10/1918	Two
Bashford, Hilda	Saskatoon #7	05/06/1919	One
Beard, Edith Annie May	Victoria # 34	04/11/1918	Two
Beatty, Betty Maude	Vancouver #18	07/03/1919	One
Beven, Frances Mary	Staffs 4 (UK)	12/04/1918	Two
Bradbury, Margaret Annie	East Lancs 222 (UK)	01/01/1918	Two
Bray, Alice Harriet	Ottawa Central #32	11/08/1918	One
Bridges, Jeanetta Drysdale	Saint John #27	20/02/1918	One
Bruce, Amy Augusta	London 40 (UK)	24/12/1917	One
Burns, Winifred Mary	Kingston Central #21	19/09/1918	One
Burrough, Emily Grace	Edmonton #20	25/03/1919	One
Calvert, Lula	Guelph Central #25	15/09/1918	One
Charleson, Mary Louise	Ottawa Central #32	01/08/1918	One
Cheetham, Elizabeth	London #4	14/01/1919	Two
Child, Dorothy Persis	College #15	19/08/1918	One
Clarke, Mary Anna Elizabeth	Toronto Central #1	05/04/1919	One
Cluett, Frances	Newfoundland (St. John's)	08/03/1918	One
Cook, Felicia Hannah	Canadian Imperials	23/03/1919	Two
Coon, Eva	Kingston Central #21	19/09/1918	One
Cosby, Jean	Hamilton #16	26/08/1918	One
Coughlan, Eileen Mary	Saint John #27		One
Crockett, Marion MacGregor	Fredericton #31	20/02/1918	One
Dack, Marion Rosa Lena	St. Thomas #30		Blue Naval Efficiency Stripe
Dempster, Jessie	Newfoundland (St. John's)	01/10/1918	Two
Donnelly, Madeline M.	Newfoundland (St. John's)	20/09/1918	Two
Doull, Marion Slayter [or Slater]	Halifax #17	29/03/1919	One
Dufour, Georgette Eugenie Georgiana	Ottawa Central #32	31/01/1919	One
Echenberg, Rebecca	Sherbrooke Central #12	30/10/1917	One
Evans, Mary Elizabeth	Saskatoon #7	25/03/1919	One
Ferguson, Ivy Towers	Montreal Central #19	05/02/1919	One
Fleming, Thelma Caroline	Windsor #11	31/03/1919	One

Table 5.3: VADs awarded "Scarlet Efficiency Stripes"

Name	*Nursing District*	*AwardDate*	*Number of Stripes*
French, Dorothy Margaret Madeline	Montreal Central #19	28/01/1919	One
Gibson, Ivy	Quebec Central #29	05/02/1919	One
Grant, Marion	College #15	15/08/1919	One
Greenland, Patience	Newfoundland (St. John's)	25/11/1918	One
Griffin, Helen Ruth	St. Thomas #30	31/03/1919	One
Harper, Laura Marietta	Hamilton #16	04/12/1918	One
Hicks, Ethel Muriel	Unknown (Manitoba)	19/11/1918	Two
Horrocks, Naomi Hamilton	Toronto Central #1	12/03/1919	One
Houston, Alice Sophia	Ottawa Central #32	05/03/1918	One
Hudson, Gertrude A.	West Lancs. #22 (UK)	18/05/1918	Two
Hughes, Alice Louise	College #15	19/08/1918	One
Humphrys, Marion Gladys	Ottawa Central #32	08/04/1918	One
Hunt, Beatrice Florence	Montreal Central #19	18/02/1919	One
Inch, Sadie Emily	Fredericton #31	02/05/1919	One
Janes, Eda Clare	Halifax #17	05/04/1918	One
Johnson, Edna Louise	Ottawa Central #32	05/03/1918	One
Kenyon, Jennie	Hamilton #16	01/05/1919	One
Kilpatrick, Elizabeth Margaret Ritchie	Toronto Central #1	24/04/1919	One
Lapper, Alice	Saskatoon #7	20/07/1918	Two
Le Messurier, Isabel A.	Newfoundland (St. John's)	18/07/1918	Two
Lee, Ada Mary	Canadian Imperials	07/09/1918	Two
Lighthall, Alice Margaret Schuyler	Montreal Central #19	17/11/1919	Two
Luck, Amy Eliza Haydon	#2 / 196 (UK)	08/07/1919	Two
MacAulay, Mary	Canadian Imperials	28/06/1917	One
MacFarlane, Alma Maude	Fredericton #31	05/02/1919	One
MacKenzie, Clare LaVere	Saskatoon #7		One
Magee, Marion Louise Cushing	Saint John #27	24/10/1918	Two
Marks, Florence Dorothy Bright	Toronto Central #1	14/06/1920	One
May, Marion	Ottawa Central #32	15/02/1919	One
McGaw, Lilian Mary	St. Thomas #30		Blue Efficiency Stripe (Naval)

Table 5.3: VADs awarded "Scarlet Efficiency Stripes"

Name	*Nursing District*	*AwardDate*	*Number of Stripes*
McKeague, Agnes Pendrigh	CPR #8 (Winnipeg)	25/03/1919	One
McKinney, Margaret Sarah	Fort Garry #2	12/07/1919	One
McPhail, Mabel Wilmot Robertson	Fort Garry #2	25/03/1919	Two
McQuade, Mary Irene	Saint John #27	16/07/1918	Two
Moffat, Cecily N.	Newfoundland #2, St. John's	28/05/1917	One
Moffat, Ruth Isobel	St. Thomas #30	31/03/1919	One
Mulholland, Margaret	West Toronto #14	13/05/1919	One
Newnham, Georgina Agnes	Montreal Central #19*	01/01/1918	One
Offord, Margaret S.	West Toronto #14	27/09/1919	One
Oliver, Jean Gertrude	Montreal Central #19	20/06/1918	One
Palmer, Olive Jean	Sherbrooke Central #12	03/10/1917	One
Paulson, Thora	Regina #10	25/03/1919	One
Reay, Blanche Ricerta	Montreal Central #19	13/02/1919	One
Roper, Jennie Isobel	Newfoundland (St. John's)	01/10/1918	Two
Rutherford, Mary	Canadian Imperials	10/01/1919	One
Scobie, Ellen Beatrice	Ottawa Central #32	23/04/1919	Two
Smith, Ella Catherine	St. Catharines #22		One
Smith, Mabel Herbert	Toronto Central #1	18/05/1919	One
Stewart, Janet Wilhelmina	Ottawa Central #32	01/08/1918	One
Swain, Annie Mabel	Toronto Central #1	27/08/1918	Two
Swain, Emma Louisa	Toronto Central #1	27/11/1918	One
Symes, Katherine (Kaye) Rosanna	Ottawa Central #32	19/11/1918	One
Taylor, Christina	Montreal North #24	04/02/1919	One
Terroux, Marguerite	Montreal Central #19	10/03/1919	One
Thomas, Mary Maud Isobel	Toronto Central #1	14/06/1919	Two
Thompson, Florence	Ottawa Central #32	01/05/1919	One
Thompson, Lucy Gertrude	London #4	28/03/1919	Two
Turner, Alice Maud	Saskatoon #7	23/04/1919	Two
Walker, Mary Elizabeth	College #15	01/12/1918	Two
Wallis, Gladys Marie	College #15		One
Ward, Lucie Johanna	West Lancs 170 (UK)	07/08/1918	Two

Table 5.3: VADs awarded "Scarlet Efficiency Stripes"

Name	*Nursing District*	*AwardDate*	*Number of Stripes*
Wiggins, Susan Henderson	Canadian Imperials	12/10/1917	One
Williamson, Hilda	Regina #10	28/03/1919	One
Wilson, Lola Clarabut	Ottawa Central #32	01/08/1918	Two
Wynne-Roberts, Buddug Annie	Toronto Central #1	17/11/1918	Two
Younger, Violet	Fort Garry #2	03/09/1919	One

Table 5.4: VADs with Post-War Careers in a Non-Nursing Health Care Field

Full Name	*City*	*Nursing District*	*Occupation/Education*
Alexander, Lillias J.	Toronto	College #15	Secretary to Dr. Wm. H. B. Atkins
Angus, Margaret Graham	Winnipeg	Fort Garry #2	"Druggist" (may have been clerk)
Chown, Dorothy	Kingston	Kingston Central #21	Dietician, Queen's Hospital
Chown, Helen Louise	Kingston	Kingston Central #21	Dietician
Davidson, Mary Olive	Regina	Regina #10	Supervisor, Ward Aides S.C.R. (Sanitorium for Consumptives)
Green, Adeline	Winnipeg	Fort Garry #2	"Maid", Children's Hospital
Hall, Bessie	Bridgewater, NS	Halifax #17	Social Work; post 1929 in U.S.
Hill, Lucretia McLellan	Saint John, NB	Saint John #27	Chiropodist
Ratledge, Hylda Elizabeth	Edmonton	Edmonton #20	Physician's clerk
Rimmer, Madge	Regina	Regina #10	Physician's clerk
Ross, Eugenie Marjorie	Montreal	Montreal Central #19	Physiotherapist, Ste Anne de Bellevue, (also WWII)
Thistle, Blanche	St. Johns	Newfoundland #2, St. John's	Dental Nurse (First in Newfoundland)
Thomas, Mary Maud Isobel	Toronto	Toronto Central #1	M.D. June 1926 (Dr Isobel Thomas Day M.D.)
Wood, Annie	Winnipeg	Newfoundland N.D.	Ward Aide, SCR [Sanitorium for Consumptives]

Table 5.5: VADs Listed as Nurses in the Post-War

Name	*Nursing District*	*Occupation*	*Year*
Bell, Alice Edwards	Canadian Imperials (BC)	Nurse	1925
Carson, Leila A.	Victoria # 34	Nurse	1927
Child, Dorothy Persis	College #15	Nurse	1923
Crosbie, Mary A.	London #4	Nurse	1924
Flood, Ada	Lord Kitchener #28 (London)	Ada Flood Jr., Nurse, Bethesda Hospital (grad)	1922
Gammage, Louise	Calgary #39	Nurse	1922
Gray, Bessie McInnes	Unknown	Nurse, Health Dept., City	1924
Hall, Alice	Hamilton #16	Nurse	1930
Harper, Laura Marietta	Hamilton #16	Nurse	1923
MacIntosh, Clara F. M.	Halifax #17	Pre-War graduate Nurse; VON Ottawa post-war	
Mackinson, Flora	Newfoundland (St. John's)	Trained at Sussex County Hospital, Brighton (UK), stayed on as Nurse	
McGaw, Lilian Mary	St. Thomas #30	Reg. Nurse	1938
Morgan, D.	Regina #10	Nurse	1930
Pierce, L. E.	Victoria # 34	Nurse	1923
Ram, Caroline Annie	London #4	Nurse	1930
Ratledge, Hylda Elizabeth	Edmonton #20	"Nurse", (Dr. Harrison)	1923
Scobie, Ellen Beatrice	Ottawa Central #32	"Nurse" of American Bank Note Co.	1927
Shepphard, Anna B.	Regina #10	Nurse	1923
Stewart, F. Isabel	Montreal Central #19	Nurse (graduate)	
Stuart, Marguerite B.	London #4	Nurse, Victoria Hospital	1930
Thistle, Blanche	Newfoundland #2, St. John's	Dental Nurse	1929

Table 5.6: VADs Married in the Post-War

Name	*Husband*	*Nursing District*	
Aitken, Laura Katherine	Douglas Ramsey	Toronto Central #1	Married (Edinburgh), 9 December 1925
Allison, Jean R.		Devonshire #40	
Ayre (née Miller), Janet Morison	(1) Eric Ayre, (2) Andrew H. Murray	Berks #4	Married (Scotland) June 1915 to Capt Eric Ayre, who died 1 July 1916 at Beaumont Hamel; Married Andrew H. Murray (1924)
Baker, Beatrice Gordon	McCallum	Regina #10	
Bartlett, Sybil	(1) Anderson, (2) Hannover (Montreal)	Newfoundland (St. John's)	
Beatty, Betty Maude	Greer	Vancouver #18	
Beer, Leonora	Lt. C. H. E. Powell, R.G.A.	Ottawa Central #32	Married 29 June, 1919
Bennett, Florence Sanderson	Lonsdale	Calgary #39	
Brown, Ida Florence	Townsend	Devonshire #40	Married age 22
Calhoun, Marion	Stuart C. McLean	Ottawa Central #32	Married, November 1919
Cook, Felicia Hannah (Nan)	Dr. John Roderick Bulman, M.D., Hereford, UK	Canadian Imperials (Toronto)	Married 5 October 1921 (moved to UK to live)
Cossar, Hester	Charles Scott Weddel	Ottawa Central #32	Married June 12, 1919
Follett, Muriel	Hillman	College #15	
Gillespie, Nellie May	C. Grant Gregory	Charlottetown #41	
Gordon, Shirley	Gordon	Toronto Central #1	Married, post War
Gosling, Harriet Armine	(1) Denis Keegan (2) Duncan Campbell	Newfoundland (St. John's)	Married (1) Denis Keegan (1920), resided UK & India; divorced; remarried (2) Duncan Campbell, (Novelist), resided Bermuda

Table 5.6: VADs Married in the Post-War

Name	*Husband*	*Nursing District*	
Grant, Marion	Smith	College #15	
Halloran, Madeline Florence	Francis Bell Baragar	Kent 48 (UK)	Born U.K. Met Frank Baragar in hospital when wounded. Married 1921.
Job, Helen (Nell) Carson	Charles Burch-Schiff	Newfoundland (St. John's)	Married 11 January 1917 (New York) met while VAD at Ascot
Johnstone, Vera Waters	Lt. J. R. Dickson	Ottawa Central #32	married October 25, 1918 (London)
Kennedy, May	Thomas Gooderidge	Newfoundland (St. John's)	Married late in life
MacPherson, Grace Evelyn	David A. Livingston	Canadian Imperials	
McCrimmon, Margaret Jean	McKay	Lord Kitchener #28 (London)	
Pemberton, Phillipa Despard	Lt. Cuthbert Holmes	Victoria # 34	Married 12 October 1917
Pinfold, Ruby J.	C. V. Lawrence	St. Thomas #30	
Ram, Caroline Annie	Marsh	London #4	
Robertson, Muriel Stuart	Major S. D. Robinson	Ottawa Central #32	Married May 1918
Ross, Eugenie Marjorie	Eric Barrett Finley	Montreal Central #19	Married 3 June 1919
Rutherford, Mary	L. R. Winchester	Canadian Imperials (Saskatchewan)	Twice married before 1919, (1) Hume, (2) L. R. Winchester
Thomas, Mary Maud Isobel	Edward Bliss Day	Toronto Central #1	Married 7 June 1924
Tough, Olga Florence	Stratton	College #15	
White, Ora Rood	Nichol	Lord Kitchener #28 (London)	
Wilson, Agnes Kathleen	David J. Teviotdale	Edmonton #20	Married (1922)
Wynne-Roberts, Buddug Annie	McCaul	Toronto Central #1	

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W. D. Lighthall (MG 29, D93)
Margaret C. Macdonald (MG 30, E45)
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G. W. L. Nicholson (MG 31, G19)
Sir George Perley (MG 27, II D12)
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Jean Marita Sears (A1 9903-0008)
Shirley Gordon (A1 9903-0015)
Voice of the Pioneer: Violet Wilson (9861 ACC 1981-0111)

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- Margaret G. Warren (née Wright) (512/6)
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Frances Cluett (Collection-174)
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