

“Help Us, Serve England”: First World War Military Nursing and National Identities

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Abstract. Historians generally argue that the First World War was a defining experience from which Canadians emerged with a strong sense of national identity distinct from their British roots. There is little historical research on women’s wartime experiences and even less on military nurses. This article explores the working relationships of Nursing Sister Emeline Robinson with British nurses, VAD volunteers, orderlies, and medical officers during her one and a half years with the Queen Alexandra Imperial Military Nursing Service Reserve through her diary, which spans her enlistment, resignation, and re-enlistment with the Canadian Army Medical Corps.

Keywords. Military nursing, Canadian nursing sisters, First World War nurses

Résumé. Les historiens font généralement valoir que la Première Guerre mondiale a été une expérience à partir de laquelle les Canadiens ont développé un fort sentiment d’identité nationale distinct de leurs racines britanniques. Il y a peu de recherches historiques sur les expériences des femmes en temps de guerre et encore moins sur les infirmières militaires. Cette article explore les relations de travail entre l’infirmière Emeline Robinson et les infirmières britanniques, les bénévoles, les aides, les infirmières auxiliaires du VAD ainsi que les médecins pendant son année et demie passée au sein de la réserve britannique la Alexandra Imperial Military Nursing Service Reserve. Le journal personnel d’Emeline Robinson révèle son enrôlement au sein de l’Armée britannique et sa démission suivie de son enrôlement au sein du Corps de santé royal canadien.

Mots-clés. Infirmières militaires canadiennes, Première Guerre mondiale

On 17 April 1916 Emeline Robinson, a Canadian nurse, enlisted with the Queen Alexandra Imperial Military Nursing Sister Reserve (popularly known as the QAs). She did so in response to the British government’s

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call for nursing assistance during the First World War. The government, following a meeting of the Committee of the Supply of Nurses in 1916, asked “nurses from the Dominions” to “help us, serve England.”¹ Their initial contracts would be for one year after which nurses could extend their term of service for the duration of the war. Many Canadian nurses who did enlist with the QAs, however, opted to resign at the end of the first year and enlist (or try to enlist) with the Canadian Army Medical Corps (CAMC). Six months into her first QA contract, Nursing Sister (NS) Robinson renewed for an additional 12 months of service but before that contract expired, she resigned and joined the CAMC. Her personal diary, which she maintained during this one-and-a-half year



NS Emeline Robinson in her CAMC uniform, c1918. Used with permission of Deborah Brummell.



QAIMNS(Reserve)
service medal belonging
to NS Robinson. Used
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period, reveals a growing discontent with the QA experience and highlights some events that led to her decision to resign.²

Since the late 1980s and early 1990s, several important debates have emerged in the historical literature on women's involvement in war. Historian Joan Scott suggests that there is one basic overall theme within this literature that frames war as either a positive or a negative "watershed" experience for women. Depending which side of the debate scholars argue, there are at least four variations of this theme: new opportunities did or did not open up for women during war; gains or failures to gain new political rights based on women's wartime participation; portrayals of women as anti-war leaders of pacifist movements and war itself as antithetical to femininity; and various analyses of the long- and short-term impacts of war on women.³ Ruth Pierson further suggests that there are two dichotomous metaphors within this literature that stereotypically portray women as "beautiful souls" (angels and heroines) and men as "just warriors."⁴ For the most part, however, scholars have considered women to be a homogeneous category in relation to war and the military. When military nurses have been included, they appear primarily as victims of a militarization process or as battlefield heroines.⁵

In Gail Braybon's collection on the First World War, however, authors focused on "how different groups of people lived through the war, and what we really 'know' about their various experiences...."⁶ while readily acknowledging that "there was no one 'war experience.'"⁷ Braybon calls for further "research which concentrates on small groups, individual lives, [or] the events of a few days or weeks," set into larger perspectives of lives before and after war.⁸ To this end, I examine the personal war experience of one Canadian military nurse through the pages of her diary. The diary illustrates the fluid boundaries and tensions of military nursing mediated by a changing sense of national identity, professional versus volunteer nursing, and encounters with ideas of class and gender as they played out in the everyday working relationships that included nursing sisters, Voluntary Aid Detachments (VADs), medical orderlies, and Medical Officers (MOs). How did Robinson, a first-generation Canadian returning to her father's country of origin, fit in with British military medical personnel and QAIMNS colleagues? What prompted her to resign and re-enlist in the CAMC?

Language associated with national and imperial identities during this period becomes problematic since individual usage varied and

often terms were used interchangeably, even mistakenly.⁹ Canadian citizenship was established officially in 1947 although there was informal recognition of British subjects born and living in Canada as being Canadians from the time of Confederation in 1867.¹⁰ Historians generally argue that the First World War was a defining experience from which Canadians emerged with a strong sense of national identity, distinct from their British roots.¹¹ Carl Berger suggests that Canadian national identity during the early 1900s was full of complexities and that maintaining and building even stronger ties with Britain was one strategy to prove that Canada merited more power within the British Dominion structure while also demonstrating readiness to become an independent nation.¹² Katie Pickles builds on this argument by exploring how gender shaped national identity, arguing that women participated in distinctly gendered forms of female imperialism based on perceived maternal capabilities, as in nurturing and caring activities.¹³ This research extends the scholarship by examining the first-person accounts of one nurse whose war time work situated her in contradictory positions and raised questions about the fluidity of national identity—both Canadian and British, colonial and imperial.

CALLED TO SERVE

More than 600,000 Canadians served as members of the First World War Canadian Expeditionary Force.¹⁴ Like many of their brothers and fathers, Canadian nurses had a strong desire to be part of “history in the making” and participate in what was supposed to be “the last great war,”¹⁵ but as historian Susan Mann also points out, “Competition for the initial jobs in 1914 involved old-fashioned political favouritism, new-fangled professional lobbying through the Canadian National Association of Trained Nurses, and young women themselves pleading with hospital authorities to speed up their final examinations so they could enlist.”¹⁶ The war offered nurses opportunities for steady work, economic gain, social visibility, and demonstration of personal patriotism. As a result, the CAMC quota for trained nurses filled quickly. As one anonymous nurse wrote later during 1917:

[I]n spite of undreamed-of travels, such as might have been wrought by the wand of a fairy god-mother, their work remains the one thing of supreme importance, all the other events being merely incidental.... [W]herever the British soldier goes, and that is as far and wide as the British Empire extends, she is there to tend him when wounded and nurse him when sick.... To be a Military Nurse at this time, when our nation, with her Allies, is in mortal combat for the cause of Truth and Liberty, is the greatest privilege that is a woman's—and that privilege ... belongs to-day to thousands of women who are appropriately and beautifully named “Sisters.”¹⁷

For many nurses from English Canada, war time service also meant opportunities to re-connect with family roots, as well as solidify British identity and participate in a nationalistic discourse wherein dominion countries would rise to aid England in times of need.¹⁸

According to Dame Maud McCarthy, British nurses did not respond to the call to join the army nursing reserves or "special forces" to the extent that the government had expected during prewar planning for times of emergency or war. Therefore the British War Office looked to Dominion nurses to supplement British nursing units.¹⁹ This call appeared in both the *British Journal of Nursing* and the *Canadian Nurse*. At least 314 Canadian nurses, including Robinson, joined the QA reserves.²⁰ Eligible nurses had to be between 25-45 years old, of "British parentage," unmarried, and a graduate from a three-year recognized hospital training school for nurses. Transportation was provided to and from Canada with the caveat that return passage would not be provided if a nurse terminated the contract voluntarily by resignation or misconduct. Nurses travelled in civilian clothes under the authority of the CAMC to England at which time the QAIMNS assumed full responsibility for them and issued them with QA uniforms. They signed contracts to serve a minimum of one year for an annual salary of £40.00 plus board and laundry costs with options for renewal.²¹

Jean Gunn, supervisor of nurses at the Toronto General Hospital, was the contact person and a *Canadian Nurse* article made it clear that "There is no connection between the Queen Alexandra's Imperial Nursing Service and the Canadian Army Medical Corps."²² This caveat attempted to prevent queue jumping by Canadian nurses who paid their own way to England, acquired "military experience" as QAs, and leveraged that experience to enlist with the CAMC ahead of nurses waiting for appointments back in Canada. Enforcement of the policy varied, however, since at least 102 former QAs transferred successfully into the CAMC according to analysis of Canadian Expeditionary Force attestation papers.²³

CAMC NS Mabel Clint is one of the best examples of a nurse who published strong expressions of patriotism and British identity. Clint was a well-known member of the Imperial Order Daughters of the Empire (IODE) and had published articles for the organization as early as 1904.²⁴ She was also among the first nurses to enlist in the highly selective first contingent of 104 CAMC nurses to go overseas.²⁵ Her colleague, NS Frances Upton, wrote that "to my mind, her devotion to God, her King, and the Empire, was her outstanding characteristic and the one which coloured her life and work."²⁶ Clint's memoir is full of jingoism from the first page where she situates herself among those who "declared themselves as loyal British subjects, ready to stand with King and Empire as champions of liberty and honour."²⁷ On arrival in

England, Clint portrayed the Canadians as sons and daughters of the empire "returning home," writing: "Back from this western continent came a loyal body of Empire citizens, eager to aid in defence of the old home.... Most of the First Contingent were [sic] born in 'these Islands,' and as they crowded to the rigging, whatever emotions they felt were those of familiar sights, home reminders, and unchanging affection the beauty of England inspires."²⁸

While many Canadian nurses likely shared Clint's strong identification with the Empire initially, time and experiences altered some of their perceptions. Few of them anticipated that British nurses might resent their presence or that their British status might be considered as an inferior type of British-ness. Dame McCarthy often referred to the Canadians, as well as Australian and New Zealand nurses, as "colonials" or sometimes more politely as "nurses from the Dominions"—implying an inferior professional status as many of them were soon to learn.²⁹ As CAMC nursing sister Helen Fowlds wrote, "They were prepared to find us crude and in every sense of the word 'common Canadians' and when we don't look and act the part they are sore over their disappointment. A Canadian with the R.A.M.C. here was saying yesterday that an English doctor also R.A.M.C. was jeering at the 'Two star freaks'—meaning Canadian Sisters—said he prayed that if he were sick he'd never fall into our clutches...."³⁰

Although there is a substantial body of scholarship on British nursing history,³¹ there is far less on British military nursing during the First World War.³² Florence Nightingale is the iconic figure whose experiences during the Crimean War form a huge body of scholarship and to whom the origins of British military nursing is generally attributed.³³ During and after the South African War (also referred to as the Boer War of 1899-1902), separate groups of women competing to provide the military with nursing services coalesced under the patronage of England's Queen Alexandra to form the QAIMNS in 1902 as an auxiliary service to the military.³⁴

The eligibility criteria were stringent, insisting equally on a full three years of formal training in an approved hospital and acceptance only of ladies with good social standing—that is, elite upper middle-class society. In 1914 there were only 297 members, classified into three groups as Matrons, Sisters, and Staff nurses and employed in military hospitals in England, Malta, Gibraltar, Egypt, South Africa, and China. By the end of the war some 10,400 trained nurses had served as QAs.³⁵ These numbers proved inadequate to meet the needs for nursing care, however, as the First World War dragged on and the number of wounded and sick soldiers increased far beyond initial predictions. The QAIMNS called upon its own reserve force, the QAIMNS(R), established in 1908, to help fill the regular nursing ranks along with some 9,000 VADs who served

under the QAs. It was this reserve force that called for and accepted nurses from the Dominions into the British auxiliary military nursing service. Although QAs differentiated among themselves between the regular and reserve nurses, I refer to Robinson simply as a QA. Her descendants knew her only as a CAMC nursing sister and were unaware of her QAIMNS involvement, perhaps due to Robinson's own silence regarding this part of her experience.

BIOGRAPHICAL BACKGROUND

Emeline Louise Robinson was born on 18 August 1883 in Minden, Ontario, to John and Sarah Robinson, an English immigrant farmer and an Irish-American woman who immigrated to Canada from the United States. Some travel documents and her CAMC attestation papers indicate her birth year erroneously as 1886—whether by her intent or by copy error. American-Canadian border crossing records suggest that she likely trained in the state of New York from 1903-1906, and travelled to Philadelphia in 1913 for a "post graduate" course at the Philadelphia Orthopedic Institute—the beginning of a lifelong interest in massage therapy. She never married although, according to the family, she was engaged once but lost this romance to a friend who promised to take care of her fiancé while she was away in France during the war. Both the diary and family memory suggest she had at least one other budding romance with a Canadian physician while serving overseas.

Robinson enlisted as a QA reserve in April 1916 and did her first hours "in fear and trembling" on 6 May at Devonport, England. In November 1916, after six and a half months of service and desiring a more active posting, she renewed her contract early for an additional year, whereupon she received a posting with #4 British General Hospital at Étaples, France. Shortly after renewing, she developed Trench Fever and phlebitis—requiring two weeks of treatment and another two weeks of convalescence. Robinson then went on two-weeks leave to Scotland during June 1917, just prior to taking charge of #38 Ambulance Train in France.

By the end of the first year of war, the Western Front had turned into a relatively stationary trench war. Reduced troop mobility on the front lines enabled British military medical services to establish large base hospitals along the French coast (at Le Havre, Rouen, Boulogne, Wimereux, Versailles, Dieppe, and Abbeville) where more invasive or more prolonged treatments could take place. This relative stability during the early part of the war also allowed the medical services to organize routines and systematic evacuations of soldiers from the front lines to the coastal areas by 12 ambulance trains or if necessary, back to England

on one of 7 hospital ships. As one historian pointed out, "The transport system at Boulogne settled down into almost clockwork precision."³⁶

Initially hospital trains consisted of converted passenger sleeping coaches. By 1916 there were specially equipped rail cars staffed by three nurses who had their own personal quarters and separate sleeping cabins. On loading soldiers for evacuation, nurses inspected medical cards attached to the front of patients' uniforms, fed them, and noted any treatments due during the trip. After unloading their patients either at a base hospital or hospital ship, they changed beds, scrubbed the cars down, re-stocked supplies, and prepared to receive the next round of patients. Hospital trains were popular, coveted postings partially because no two days were alike and partially because nurses could transgress social norms by being in dangerous places on or near the front lines.³⁷

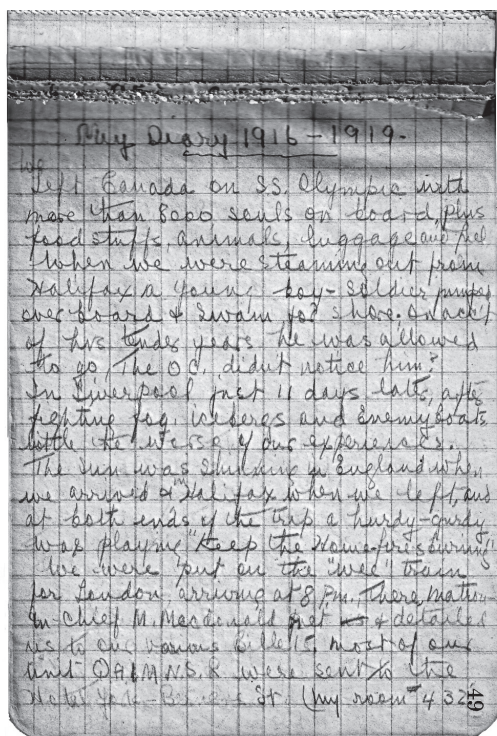
Robinson was given charge of her ambulance train, transporting patients from clearing stations to Abbeville and from there to the coast in July 1917. When her "Movement Orders" finally arrived, the Matron told her to give the ward over to another Sister and pack her kit to leave. Robinson wrote, "Did I hurry! But I made it. I said, 'Sister, here are 60 pts. [patients]; you can see for yourself that there are 60 beds, lockers, coverings, etc. etc. Plenty rats too. Good-bye boys!'" According to her diary, this was the most exciting and satisfying experience of her military career. It is curious then, why she suddenly requested to resign on 8 September and re-submitted the request on 20 September 1917. Her request letter states simply, "I wish to join the Canadian Army Nursing Service with a view to home service (in Canada) presently."³⁸ This is a bit of a mystery since home service in Canada was usually the least desirable posting for the majority of military nurses who sought postings as close to the front lines as possible, and she actually remained in England with the CAMC until July 1919.

Canadian soldiers were warned officially not to keep diaries or carry cameras and their correspondence was censored, but many of them found ways around these regulations. QA nurses may or may not have been under similar constraints since theirs was an auxiliary service instead of an integrated military service. This may partially explain why Robinson stopped recording in this diary shortly after she enlisted with the CAMC. Historian Steven Stowe refers to both letters and diaries as "personal" rather than "private" sources in that they "tend to follow certain shared forms or styles of what was considered to be appropriate or satisfying to express." He notes that diaries "were born of self-examination but expanded into a means of self-reflection and self-fashioning (experimenting with who one wants to be in the world)." By the early 20th century, diaries had become "a means of emotional well-being and

self-discovery." While it is tempting to accept diaries as the most accurate and reliable account of a person's experience, Stowe reminds us that there is a constant "tension between concealing and revealing, between 'telling all' and speaking obliquely or keeping silent."³⁹

Historian Cecilia Morgan studied English Canadian women who kept travel journals and diaries based on their transatlantic tourism between 1870 and 1930.⁴⁰ She suggests that they "arrived in Britain carrying notions of themselves as 'Canadians,' as members of the British Empire.... Their sense of themselves as part of a nation that was enfolded into a larger entity, the empire, [and] complicated their reactions."⁴¹ They travelled with "the expectation that there [in Britain] they would find the basis for their own histories, their own meanings of 'Canada,' and their own membership in the British Empire."⁴²

While some Canadian nurses of the early 1900s did come from upper middle-class backgrounds and would have had such resources to travel pre-war, not all of them did.⁴³ The First World War, however, enabled military nurses to travel overseas and once there to take advantage of off-duty leaves to extend their travels further; in the process, they



First page of NS Robinson's diary. Used with permission of Deborah Brummell.

encountered both Englishness and British-ness first hand. Like other military nurses, Robinson wrote a good deal about her social life, her general living and working conditions, and travel opportunities while she was in England. After a leave to Scotland, she wrote: "Goodbye to Scotland, but not forever I hope. I like you. But it costs a lot to stay in your country. 1st class fares do not always mean first class accommodation. Not like home."

Robinson's diary begins a few days after her arrival in England, in a partially used British military "Field Message Book" from which she removed the first 48 pages to convert it for her private use. She self-titled it as "My Diary, 1916-1919," with the first entry on 4 May 1916 and the last entry on 14 of January 1918—spanning her arrival in England, work as a QA, resignation, and transition to the CAMC. On the front page, she listed names of other Canadian nurses who had joined the QAs with her and with whom she spent most of her recorded off-duty and leave time according to the diary. Although the book has pre-printed page numbers, with the missing 48 pages and Robinson's own inaccuracy with numbering as well as her admission that at times she is too busy to write every day or date the entries, I have endeavoured to indicate the dates wherever they are important to understanding the content.

The first few pages contain a retrospective summary of her journey port to port and the first week in London, spent touring and settling into routines as in the following entry: "Lady Trotter conducted us thru St Thomas Hospital where the Matron served special tea—rather antiquated." Then she wrote daily until posted to #38 Ambulance Train in France where she claimed to be too busy to write every day. Her entries are sometimes short but always engaging, with expressions and exclamation marks indicating feelings like: "English! Cheerful! Beautiful! Oh you Army! What a thrill!" Frequent entries described trips into town with Canadian QA friends and their officer boyfriends, descriptions of entertainment shows performed at their base, and food shared with fellow Canadian sisters in their tents when off-duty. She documented her sick leaves and her leave to Scotland in more detail including the food or lack of it.

Her diary also hints at some experiences that she chose to conceal while in other entries, she hints at individual identities rather than providing names. It contains enough material about her work, however, that we can "read between the lines" to examine working relationships between her and her British colleagues. Robinson was ambivalent about some aspects of her work with the British medical units. She had several unsettling incidents which she refrained from describing in detail, for example, writing on 15 August 1917 that "I can't write the full account of what happened, but I shan't forget it." Again on 27 August she wrote,

"What a time I had! How I worked to get to my train. I can't write it here, but I shall not forget." Several of her most frequently mentioned Canadian NS friends resigned from the QAs and enlisted with the CAMC around this period of the diary, which unsettled her further until finally she decided to do the same. Her resignation was approved on 25 September and she applied to CAMC Matron Margaret Macdonald in London on 2 October 1917.

After joining the CAMC, Robinson served with #12 Canadian General Hospital (CGH) at Bramshott, England and never returned to the Western front in France. She contracted Trench Fever and then influenza, becoming a patient herself at Bramshott. In April 1918 she was posted to #16 CGH at Orpington where she was demobilized in July 1919. Interestingly, Orpington was also the site of a Canadian orthopaedic hospital and offered a specialized massage training program for nurses. Although there is no evidence that Robinson took this course, family tradition suggests that she was instrumental in establishing a massage course (an early type of physiotherapy) at Edmonton, Alberta, after the war. According to her QA files when she applied for a disability pension in 1923, she was definitely living in, and probably also working in, Edmonton either as a nurse or a physiotherapist. There are



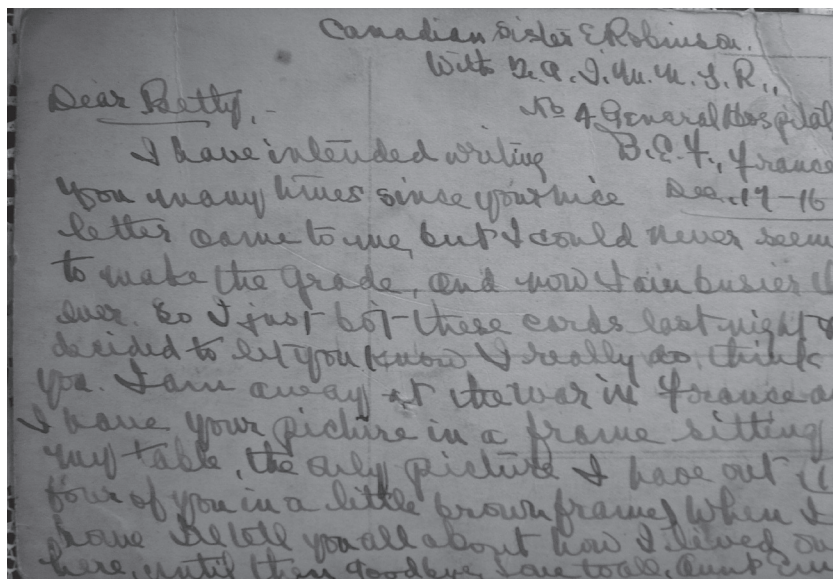
Emeline Robinson, 1920s. Used with permission of Deborah Brummell.

photographs of her in later years but no further information before her death on 23 May 1960 at the age of 76.

WORKING RELATIONSHIPS WITHIN THE QAIMNS

The need for medical and nursing personnel during the First World War opened up additional opportunities for a range of workers within the predominantly male military medical units, and in the process, challenged traditional relationships between physicians and nurses as well as between trained, semi-trained, and untrained personnel. Canadian nurses had very limited prior experience with orderlies or assistants during their training period and found the plethora of both voluntary and military workers atypical of settings in which they had trained and worked as civilians. This called for a repositioning of relationships that were further complicated by military rank and imperial/colonial discourses that played out differently as the war continued.

There were a number of significant differences between the QAs (an auxiliary nursing service) and the CAMC (a fully integrated military nursing service with officer rank and privileges). English nurses had a much longer history of war time involvements that included the Crimean War and various wars in Africa and India. First World War QAs, identifying with the dominant political force within the British empire, expected "colonial nurses" to be inferior in character and nursing skills;



Postcard sent from France to NS Robinson's niece. Used with permission of Deborah Brummell.

they were "to show deference to the English ways of doing things."⁴⁴ As NS Clint wrote in her memoir, British sisters "just assumed" that Canadians "would not be worth much professionally."⁴⁵ Officer status, however, confused and inverted expected relationships between the two groups of nursing sisters.⁴⁶ CAMC nurses frequently claimed that English nurses envied them their uniforms, higher rates of pay based on rank, and additional perks as officers such as travel arrangements (first class) and opportunities to socialize with male officers (which non-commissioned personnel could not do).⁴⁷

Robinson clearly referred to herself as a Canadian nursing sister working within the QA reserve. For example, she documented her return address on a postcard to her niece as, "Canadian Sister E. Robinson, with QAIMNSR, #4 General Hospital, BEF [British Expeditionary Force], France."

Her emerging identification as Canadian becomes increasingly apparent through the diary. She socialized almost exclusively with other Canadians who had signed contracts with the QAIMNS although she still cherished her QA promotions and advancements—particularly when they opened the door for her to a coveted front line posting in France. On 5 November 1917, she noted that "Matron Cox ... [was] pleased to present us with the 'stripes' ... now we go to France as 'charge sisters' ... 15 more shillings per month too as well as the Honor" [emphasis original].⁴⁸

A published account in the *Canadian Nurse* by an anonymous nursing sister compared the "undemocratic" nature of the British nursing service to the CAMC. Her description of the hierarchy is useful for understanding the various positions of nurses, VADs, and medical orderlies to one another within British military medical units:

In the Imperial Service [QAIMNS] ... they have, besides the Matron and her assistant, Sisters of the Royal Army Medical Corps, who are detailed for the duty of Supervisors of Divisions, e. g., the Sister supervising a section of the Surgical Division (usually divided into four sections) of the Medical Division, and the Sister supervising at night. These Sisters wear all scarlet shoulder capes and the badge of their rank, two-inch wide red bands around the forearm of their uniform. Next come the Sisters in charge of wards; they are either from the Army Reserve Branch or the Territorials, but both wear grey shoulder capes trimmed all around with scarlet cloth about two inches wide, and the badge of their rank, two inch-wide scarlet bands on the forearm. Then come the Staff Nurses, who are also drawn from the Army Reserve or Territorial ranks. Promotion to the rank of Sister comes to them with length or distinction of service.... V. A. D. nurses rank below the Staff Nurses and take the same standing as Junior Nurses or Probationers.... There are also Nursing Orderlies, who have two years training, and are often very capable and efficient nurses. The curriculum of their training is much the same as the calendars used in Canadian Training Schools. It is easy to comprehend that democracy is not a feature of the R. A. M. C. [Royal

Army Medical Corps]. But it is a beautiful and established fact in the C. A. M. C., where all Sisters are Trained Nurses and rank as equals.⁴⁹

British regulations (and the Matron's authority to enforce them) did not always sit well with Robinson's practicality and independence. During one particular rain storm when her tent ward developed leaks, she took it upon herself to modify her uniform and moved patient beds to stay dry—actions that subsequently earned the Matron's disapproval. As she wrote, "Tent leaking so I put my Sou'wester and Macintosh on, but Matron ordered beds back in place—wet or not and my proper dress—it is more necessary that the ward look right than the patients or staff feel comfortable—English!" She referred to one Matron several times as "Awful woman!" On another occasion, ward laundry was an issue: "One day last week we were told off for dirty pillow cases, today for clean ones, oh you Army!"

Robinson's opinion of English ways in general resembled her views on ward regulations. During illness and convalescence, for example, she portrayed herself as an outsider to English ways: "All queer but me? ... Cheerful! English style of humor. They love it. They seem to laugh about nothing. But perhaps I don't know a joke when I hear it.... I am entertaining myself mostly by watching others seem queer" [emphasis in original]. Robinson was happier after finding another Canadian nurse on the same ward but still complained that, "They waken us at 6am to drink a cup of Tea—then wash, comb and make our bed and wait until a.m for breakfast—English! Then the bed is made again and at 10am, tidied a bit." Although she resented English ways, Robinson never complained specifically about English-trained nurses except for the lack of them. She frequently requested more trained nursing sisters.

But she bemoaned the need to work with VADs: "New Matron and 6 VADs to arrive tomorrow. Why not sisters I wonder!" With six operations after tea time one day, she complained to the diary, "I hope they give me more help tomorrow, I'm all in." Another time she despaired that "I have no real help." Robinson likely had few, if any, encounters with untrained or semi-trained nursing assistants in her training or practice due to the political activism of the emerging profession in Canada. In 1915, for example, an anonymous author rails against use of untrained assistants in a *Canadian Nurse* article, claiming that "previous experiences have demonstrated past a shadow of doubt that the untrained woman cannot, with the best intentions, provide this adequate care."⁵⁰ Indeed with the exception of two women who managed to finagle an appointment in the service, the CAMC systematically excluded even semi-trained VADs from military service.

Canadian Sophie Smethurst, for example, wrote to Matron Margaret Macdonald in August 1916 requesting a transfer from a British hospital

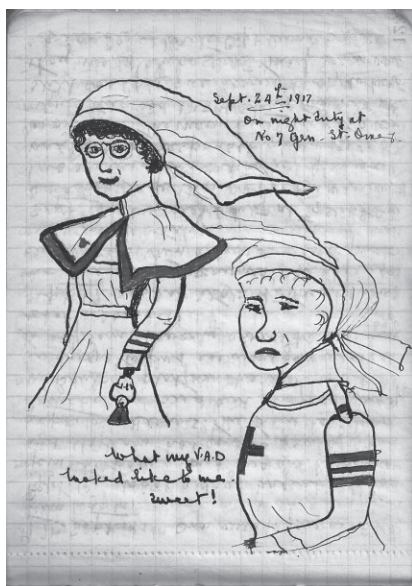
to No. 8 Canadian Stationary Hospital. She explained that she had paid her own way to England from Saskatoon "with the intention of joining the Canadian forces" once she was overseas but subsequently found the CAMC would not accept her without nurses' training. So she joined the British Red Cross as a VAD and served in British hospitals, gaining experience and a "First Aid and Home Nursing Certificates and Medallion" which she felt then qualified her for the CAMC. Smethurst also requested a Canadian posting as a means for the return trip home, writing "If I do not get with the Canadians I really do not know how I shall get back to Canada where the Government is holding a position for me on my return. The money I brought with me, intending to use for my return passage to Canada, has nearly all gone buying uniforms, etc." Matron Macdonald was not sympathetic and replied simply, "I am directed to state that VAD nurses are not at present being employed in our hospitals."⁵¹ The QAIMNS, however, welcomed and depended on VADs as assistants in their hospitals.

Historian Janet Watson attributes the tension between professionally trained military nurses and VADs as "an unusual circumstance where people who were perceived to be members of different classes were trying to occupy the same place" or "same cultural space."⁵² Henriette Donner, in her study of British VADs and their position within the military medical hierarchy, refers to an inversion of class and status between paid medical/nursing professionals and VADs.⁵³ Donner suggests that working-class women had more options during the war, from work in munitions factories to serving in the Land Army, while bourgeois notions of respectability prevented upper middle-class women from performing paid work. But as volunteers with programs organized and administered by either the Red Cross or St. John Ambulance Brigade, their work was sanctioned and supported by royal and titled personages. According to Donner, a total of 80,000 VADs and FANYs (First Aid Nursing Yeomanry) signed up on a full-time or part-time basis during the war. They typically served one or more terms of six-month duration each.⁵⁴ While they had a minimum amount of training, some went on to develop a substantial level of nursing skill with experience.

In contrast to nursing sisters, who tended to be older due to the length of training programs (three years), VADs are typically portrayed as young and from wealthy families who could afford for their daughters to volunteer.⁵⁵ Thus VADs were of a higher social class than most working nurses who anticipated a need to support themselves for an indefinite period of time in the paid workforce. British historian Lyn Macdonald characterizes VADs, whom she called the "roses of no man's land," as "gently nurtured girls who walked straight out of Edwardian drawing-rooms into the manifold horrors of the First World War."⁵⁶

As both Watson and Donner point out, there were significant differences in how professional nurses and VADs perceived their wartime involvements; VADs saw their participation as temporary and taking the form of national service while nurses participated as paid workers regardless of other motivations for enlisting.⁵⁷ Watson defined paid war work as involving some type of professional advancement, increased wages, and the performance of necessary jobs; she notes that military nurses were in reality performing "routine work under exceptional circumstances."⁵⁸ In contrast, service involved classed expectations related to philanthropy, empire, patriotism, honour, and glory.⁵⁹ On one hand, VADs retained a privileged status within the hierarchy, while on the other hand, they perceived themselves to be exploited by the nurses under whom they served. In spite of having charge over the VADs within their hospital units, nurses seldom had the type of connections that permitted them entry to English elite social circles such as those the VADs enjoyed.⁶⁰ These differences led to ambivalent relationships and on occasion, tensions within the units.

According to NS Robinson, although they were well-intentioned, the VADs whom she encountered often made her life difficult. She frequently commented that she "had trouble with VADs today. Can't depend on them," and again, "Nothing properly finished, VAD no



Hand-drawn caricature of herself and a VAD in Robinson's diary. Used with permission of Deborah Brummell.

good." Although she named many individual people with whom she worked or socialized on the ward, Robinson usually referred to VADs merely by their role as follows: "Played 'I doubt it' and Snap with Lee, Lockart, Harrington, Spencer and a VAD." Perhaps the most telling portrayal of relationships between her and VADs on her ward are the hand-drawn caricatures complete with commentary that she created of herself and a VAD within the diary. Yet she also made occasional positive remarks such as being thankful for the assistance of certain VADs, and when she was on leave in Scotland, she gladly took advantage of offers for accommodation, meals, and entertainment from families of VADs whom she met. While on leave in Scotland, for example, she "phoned Miss McCombe (VAD) and she had me to her home for supper."

Throughout the diary medical officers (MO) arrived and departed frequently, unsettling hospital units by the constant turnover. They came from across the British Dominion as well as outside of it, including South Africa, Australia, Germany, and Portugal according to Robinson, who often disparaged their reticence to work and occasionally even claimed a lack of competence. Captain Klein, for example, "says I'm working too hard. I couldn't truthfully return the compliment." She described Captain Bain as "Scotch and slow. An old maternity doctor I think." On another occasion, she wrote, "the M.O. [medical officer] and I fell out, but he is leaving."

One common operation during the First World War involved inserting small glass tubes attached to rubber tubing into wounds. Nurses then irrigated these wounds (especially amputations) with Dakin's solution, which had antiseptic properties, every several hours in an attempt to prevent gas gangrene infections. Robinson complained in her diary that one MO "dressed a stump [an amputation] and cut the tied ends off the tubes & put them in upside down. I had to do it all over again. If he were not so nice I think I'd die." Likewise, she notes that Captain Klein "seems to favour me, says I can do surgery better than he can—whew! I hope so ... what a mess he makes of the dressings. He is a bit cruel too." On the other hand, she referred to Captain Gill as "very sweet," adding that he "spoils" very ill patients. Likewise Captain Johnston was "very charming."

Orderlies, however, were very problematic for Robinson, especially at #4 British General Hospital. Regarding their less than gentlemanly conduct during a shift on Christmas Day, she wrote that "Cpl. Robinson and Osborne got drunk and are they mean!" But General Duty Officer Percy caused the most trouble for her, as he and Robinson engaged in an ongoing power struggle over the running of the ward, particularly its cleanliness. In one entry, she wrote: "Ward dirty. Had an encounter with Percy ... He can't run me as he did my predecessor." She got revenge by reporting to the Colonel that "Bugs big and small running wild in

[the ward] ...," and subsequently wrote that "patients are being bathed with paraffin & beds cleaned ... And were the Orderlies mad!" Later she sent Percy up before the Colonel for not obeying orders, with the result that he was "confined to base for a week." Robinson also ordered a certain Sgt. Ball to appear before the Matron to be "reprimanded and taken from the ward." One can only surmise what orderlies thought of her as well.

By mid-1917 Robinson felt increasingly "lonely and blue" as her Canadian nursing sister friends left the QA service to enlist with the CAMC. But at least two other incidents precipitated her own resignation while she was assigned to #38 British Ambulance Train. One involved her absence when the train left a station and her desperate attempts to re-board without being missed by the officer in charge. Her account is veiled with suggestions of subterfuge and influence brokering in the process of locating and re-boarding the train. Robinson confessed that she had been shopping in Abbeville and missed the train's departure for St. Omer; she also had no proper "taggery" (identification) with her. When she managed to get onto Ambulance Train #30, also bound for St. Omer, she found the staff there "afraid to cheep" as well as a

Dreadnaught [who] made it plenty tough for me & told me to report at Hdqts. [headquarters] in St. Omer. But I scooted into the RTO [Railway Transport Officer]—capital fellow—instead and he arranged for Amb. [ambulance] & escort to take to Steenbeck where the train was side tracked 2 miles off. We travelled through Hazebrouck just $\frac{3}{4}$ hr. before it was destroyed. The escort took the lamp off his car & we tramped up the RR [railroad] to #38, got there about 2 AM. The sky was a sight. No one heard me enter the train, but they seemed glad to have me back and were thrilled as I recounted the things I had had to do in order to get here.

The final straw, however, seemed to have been the demobilization of the ambulance train itself when she found her trunk dumped on a train platform after her personal things had been packed up by a "man," after which she was posted to regular ward duties with #7 British Stationary Hospital at St. Omer. She submitted her resignation, writing in the diary that she was "dying for a change."

Resignation approved, Robinson went on the CAMC payroll as of mid-October, posted to #12 Canadian General Hospital at Bramshott. She referred to her new uniforms as "some nifty outfit!" and when wearing it, she felt "much admired." Besides nursing duties, Robinson enjoyed an enhanced social life with the CAMC, noting on 1 November that "My muscles are sore from dancing last night, but had a good time. Two days later she comments: "The boys are as thick as bees here. Didn't sleep much." But Trench Fever reoccurred and Robinson spent much of the next two months off-duty in recovery. Her last entry on 14 January 1918 simply reads, "On duty again."

At this point, Robinson falls silent regarding her wartime nursing experiences. Family lore suggests that there were other diaries although none have been found to date. It was the final year of the war and Robinson remained in England until her demobilization—she never returned to the front lines. She may have found the nursing work itself less challenging in England among recovering soldiers, or the work of caring for influenza patients to be time-consuming as the pandemic spread through the armed forces. With the end of the war in sight and a very large number of soldiers who had lost vision, limbs or both, the allied forces anticipated a need for increased rehabilitation services, including massage therapists (forerunners of the emerging physiotherapy profession).⁶¹ According to her descendants, Robinson was active in massage (physiotherapy) at the Edmonton Military Hospital for at least part of her postwar career, suggesting that she may have spent part of 1918 taking a special course in massage offered to military nurses in England. At least 88 Canadian Nursing Sisters completed the training program in "military massage" at Granville Special Hospital (Buxton, England).⁶² This would have been a consistent choice for her, given that she had already taken one massage therapy course before the war in 1913.

The CAMC nursing service quota filled rapidly at the beginning of the war. Robinson joined the QAIMNS reserves in 1916, likely responding to the published call for nurses from the Dominions to supplement the regular QA nursing service rather than waiting in Canada for a vacancy with the CAMC. She was thrilled to be in England and took every opportunity to travel while there, describing visits to the Tower of London, Westminster Abbey, Scotland, and more. She resented perceived second-class treatment as a colonial nurse from the Dominion of Canada as well as the need to defer to British ways. But she also capitalized on seniority and her volunteer status in the QAIMNS reserve at a time when the organization desperately needed nurses, to obtain an in-charge position on an ambulance train in France where she could be closer to the action and excitement of war while creating a space with more independence. When the ambulance train was demobilized in September 1917, she faced a return to work in British General hospitals and the same contentious work relationships she had left previously. These events precipitated her decision to resign from the QAIMNS and apply to the CAMC with no certainty of acceptance. Robinson's diary reveals plenty of ambivalence over Canadian-British identities and ways of doing things. She specifically noted when she cared for Canadian troops and the number of them in her ward. She was always pleased to find Canadian nursing colleagues either within the QAIMNS or the CAMC through work or social opportunities. Their names thread through diary entries as she followed their various postings, leaves, and

romances as do her references to being “lonely and blue” when these friends moved on.

The diary moves beyond a documentation of dates and descriptions of events, as Stowe suggested above, becoming a means of emotional well-being. Robinson’s account illuminates some of the complexity of various identities that intersected within military medical units. Dominion-colonial status, variations in professional backgrounds, class differences, and gendered expectations re-shaped working relationships in seemingly contradictory ways—sometimes inverting traditional roles and relationships. Like other nurses who enlisted to “help save England” during the First World War, Robinson was eager to return to her roots and to experience British-ness first hand. Some experiences re-affirmed a sense of belonging within this cultural tradition but other experiences highlighted differences from Anglo-Canadian contexts that were more familiar to her, especially class consciousness that was so divisive within the nursing profession and rigidity in hospital regulations that strongly reflected master-servant relationships between Matron, Sisters, and Staff nurses. When she was accepted into the CAMC, her relief was palpable as “lonely and blue” comments disappear from the diary pages.

Braybon challenged historians regarding what is really known about how different people lived through the war, pointing out that there is no one war experience, and called for closer examination of individual lives and events set into the context of their pre-war and postwar lives. Robinson and her diary help us understand the war better from the perspective of one Canadian nurse who joined a British auxiliary military nursing service and resigned after some 18 months, only to enlist with the Canadian Army Medical Corp nursing service. At least 102 other CAMC nurses did the same although to date, Robinson is the only one known to have left a diary of the experience. Her silence on the subsequent CAMC experience remains an unfilled gap for now. Whether or not the war defined Canadian identity, it did unsettle assumptions about traditional British roots and relationships for at least some of those serving during the conflict.

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NOTES

- 1 Maude Abbott, "Lectures on the History of Nursing," *Canadian Nurse*, 18, 3 (March 1922): 141.
- 2 All of Robinson's personal sources are held privately by her great-great niece Deborah Brummell.
- 3 Joan W. Scott, "Rewriting History," in Margaret Randolph Higonnet, Jane Jenson, Sonya Michel, and Margaret Collins Weitz, eds., *Behind the Lines: Gender and the Two World Wars* (New Haven: Yale University Press, 1987), p. 21-30.
- 4 Ruth Roach Pierson, "Beautiful Soul or Just Warrior: Gender and War," *Gender & History*, 1, 1 (Spring 1989): 77-86; Jean Elshtain, *Women and War* (New York: Basic Books, 1987), p. 10-11.
- 5 Cynthia Enloe, *Maneuvers: The International Politics of Militarizing Women's Lives* (Berkeley: University of California Press, 2000) and *Does Khaki Become You? The Militarisation of Women's Lives* (Boston, Mass.: South End Press, 1983); Mary T. Sarnecky, *A History of the U.S. Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999); Elizabeth M. Norman, *We Band of Angels: The Untold Story of American Nurses Trapped on Bataan by the Japanese* (New York: Random House, 1999); Ian Hay, *One Hundred Years of Army Nursing: The Story of the British Army Nursing Services from the Time of Florence Nightingale to the Present Day* (London: Cassell and Company, 1953); and Juliet Piggott, *Queen Alexandra's Royal Army Nursing Corps* (London: Leo Cooper, 1975).
- 6 Gail Braybon, ed., *Evidence, History and the Great War: Historians and the Impact of 1914-1918* (New York and Oxford: Berghahn Books, 2003), p. 1.
- 7 Braybon, *Evidence, History and the Great War*, p. 3.
- 8 Braybon, *Evidence, History and the Great War*, p. 21.
- 9 For this article, I use the terms found in the contemporary literature of the period and by Emeline Robinson in her diary.
- 10 Citizenship and Immigration Canada, "Forging Our Legacy: Canadian Citizenship and Immigration, 1900-1977," <http://www.cic.gc.ca/english/resources/publications/legacy/chap-5.asp#chap5-1>. Accessed 5 September 2012.
- 11 Desmond Morton, *A Military History of Canada*, 3rd ed. (Toronto: McClelland & Stewart, 1992) and *A Peculiar Kind of Politics: Canada's Overseas Ministry in the First World War* (Toronto: University of Toronto Press, 1982).
- 12 Carl Berger, *The Sense of Power: Studies in the Ideas of Canadian Imperialism, 1867-1914* (Toronto: University of Toronto Press, 1970).
- 13 Katie Pickles, *Female Imperialism and National Identity: Imperial Order Daughters of the Empire* (Manchester: Manchester University Press, 2002), p. 5-9.
- 14 Morton, *A Peculiar Kind of Politics*, p. xi.
- 15 "No. 1 Canadian General Hospital on Salisbury Plain and Early Days in France," Margaret Macdonald papers, Aii, MG30E45, Library and Archives Canada [hereafter as LAC].
- 16 Susan Mann, ed. *The War Diary of Clare Gass, 1915-1918* (Montreal and Kingston: McGill-Queen's University Press), p. xix.
- 17 *Canadian Nurse*, 13, 8 (August 1917): 482.
- 18 Robert Rutherford, "Send-offs during Canada's Great War: Interpreting Hometown Rituals in Dispatching Home Front Volunteers," *Histoire sociale/Social History*, 36, 72 (November 2003): 433-35.
- 19 Maud McCarthy, "Military Nursing in England," *Canadian Nurse*, 22, 12 (December 1926): 623; William C. Bridgeman, "Supply of Nurses Advisory Committee Report," 14 November 1916, WO 32/9343, National Archives, Kew. According to the report, England anticipated a need for 2400 more nurses for 1917 and the preferred source

- was the Dominions. The committee clearly wanted to refrain from recruiting nurses out of positions in English civilian hospitals.
- 20 Abbott, "Lectures on the History of Nursing," p. 141.
 - 21 McCarthy, "Military Nursing in England," p. 623; "Mrs. Manson's report to the Alberta Association of Graduate Nurses in 1919," in "AARN Official Minutes Council, vol. 1, 1916-192," College and Association of Registered Nurses of Alberta Archives; Abbott, "Lectures on the History of Nursing," p. 141; and "BC Nurses Leave for Active Service," *Canadian Nurse* 12, 12 (December 1916): 700.
 - 22 "Queen Alexandra's Imperial Nursing Service," *Canadian Nurse*, 13, 3 (March 1917): 167.
 - 23 As part of a larger study, I extracted demographic data from all 2,860 files of First World War Canadian nursing sisters held by the Library and Archives of Canada under Record Group 150, Accession 1992-93. This constitutes a complete set of records for the CAMC nursing service after removing multiple files for persons who enlisted under more than one name or more than one time.
 - 24 The IODE was a strongly British elitist group whose roots were typically based on bloodlines to United Empire Loyalists who fled the American Revolution during the 1770s. See Pickles, *Female Imperialism and National Identity*, p. 22 and 36.
 - 25 Mabel Clint, *Our Bit: Memories of War Service by a Canadian Nurse* (Montreal: Barwick Limited, 1934), p. 21.
 - 26 "A Valiant Heart," *Canadian Nurse*, 35, 8 (August 1939): 462.
 - 27 Clint, *Our Bit*, p. 3.
 - 28 Clint, *Our Bit*, p. 11.
 - 29 McCarthy, "Military Nursing in England," p. 619-627; Cecilia Morgan, *"A Happy Holiday": English Canadians and Transatlantic Tourism, 1870-1930* (Toronto: University of Toronto Press, 2008), p. 122.
 - 30 Helen Fowlds, letter of 27 February 1916 to her mother, Boxes 1-2, file 69-001/1/1, Helen Marryat Fonds, Trent University Archives. Two-star Freaks refers pejoratively to Canadian military nurses officer status as Lieutenants; no other nurses held officer rank at that time.
 - 31 Key examples include: Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, 1996); Anne Marie Rafferty, Jane Robinson, and Ruth Elkan, eds., *Nursing History and the Politics of Welfare* (London and New York, 1997); Susan McGann, *The Battle of the Nurses: A Study of Eight Women Who Influenced the Development of Professional Nursing, 1880-1930* (London: Scutari Press, 1992); Susan McGann, Anne Crowther, and Rona Dougall, *A Voice for Nurses: A History of the Royal College of Nursing, 1916-90* (Manchester: Manchester University Press, 2009); Celia Davies and Abigail Beach, *Interpreting Professional Self-regulation: A History of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting* (London and New York, 2000); Gerald Bowman, *The Lamp and the Book: The Story of the RCN, 1916-1966* (London, 1967); Monica Baly, *Nursing and Social Change*, 3rd ed. (London: Heinemann Medical, 1995); Celia Davies, *Gender and the Professional Predicament in Nursing* (Buckingham and Philadelphia: Open University Press, 1995); Brian Abel-Smith, *A History of the Nursing Profession* (London: Heinemann, 1960); and Christopher J. Maggs, *The Origins of General Nursing* (London: Croom Helm, 1983).
 - 32 Piggott, *Queen Alexandra's Royal Army Nursing Corp*; Ian Hay, *One Hundred Years of Army Nursing*; Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009); and Sue Light, "British Military Nurses and the Great War: A Guide to the Services," <http://www.westernfrontassociation.com/great-war-on-land/casualties-medcal/1140-british-military-nurses-and-the-great-war-a-guide-to-the-services.html>. Accessed 22 August 2012.

- 33 Two recent examples include: Sioban Nelson and Anne Marie Rafferty, *Notes on Nightingale: The Influence and Legacy of a Nursing Icon* (Ithaca: ILR Press, 2010) and Lynn McDonald, *Florence Nightingale at First Hand* (Waterloo: Wilfrid Laurier University Press, 2010).
- 34 Piggott, *Queen Alexandra's Royal Army Nursing Corp*, p. 38 and Light, "British Military Nurses and the Great War."
- 35 Piggott, *Queen Alexandra's Royal Army Nursing Corp*, 46; and Light, "British Military Nurses and the Great War."
- 36 Hay, *One Hundred Years of Army Nursing*, p. 89, 91.
- 37 Hay, *One Hundred Years of Army Nursing*, p. 136-37.
- 38 Emeline Robinson, letter to Acting Matron G. A. Howe of #7 British General Hospital, 20 September 1917, WO 32/9343, National Archives, Kew.
- 39 Steven Stowe, "Making Sense of Letters and Diaries," <http://historymatters.gmu.edu/mse/letters/whatkind.html>. Accessed 15 Feb 2012.
- 40 Morgan admittedly avoids the First World War period as a distinct period that disrupted usual pre-war and postwar travel practices. See "A Happy Holiday," p. 21-22.
- 41 Morgan, "A Happy Holiday," p. 8-9.
- 42 Morgan, "A Happy Holiday," p. 109.
- 43 Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto: Oxford University Press, 1996), p. 18-19 refers to these nurses as the "first generation" of trained nurses in Canada and describes them as both upper middle-class and working-class, noting that they brought a range of ambitions to the fledgling profession from supervisory and administrative roles to rank and file private duty roles in patients' homes.
- 44 "Military Nursing," *Canadian Nurse*, 13, 8 (August 1917): 482-490; Cynthia Toman, "'A Loyal Body of Empire Citizens': Military Nurses and Identity at Lemnos and Salonika, 1915-1917," in Jayne Elliott, Meryn Stuart, and Cynthia Toman, eds., *Place and Practice in Canadian Nursing History* (Vancouver: UBC Press, 2008), p. 8-24.
- 45 Clint, *Our Bit*, p. 41.
- 46 Toman, "A Loyal Body of Empire Citizens," p. 9-10.
- 47 Toman, "A Loyal Body of Empire Citizens," p. 22-24.
- 48 "Stripes" refers to QAIMNS practice of bestowing a rank-type hierarchy to designate some nurses as having fulfilled a specified period of satisfactory "conduct" and therefore eligible for supervisory authority. QAs received a stripe after 13 months according to the "Supply of Nurses Advisory Committee Report" for 14 November 1916, WO 32/9343, Doc. 6110622-3-N-189, National Archives, Kew.
- 49 "Military Nursing," p. 483.
- 50 "The Nurses' Opportunity," *Canadian Nurse*, 11, 4 (April 1915): 209.
- 51 Correspondence between Sophie Smethurst, Col. Munro, and Matron-in-Chief Margaret Macdonald dated 13, 19, and 21 August 1916. Margaret Macdonald Papers, LAC, RG 9, III, B1, vol. 3419, N-5-47.
- 52 Janet Sledge Kobrin Watson, "Active Service: Gender, Class, and British Representations of the Great War," PhD dissertation, Stanford University, 1996, p. 146; and Janet S. K. Watson, *Fighting Different Wars: Experience, Memory, and the First World War in Britain* (Cambridge: University Press, 2004), p. 94.
- 53 Henriette Donner, "Under the Cross—Why VADs Performed the Filthiest Task in the Dirtiest War: Red Cross Women Volunteers, 1914-1918," *Journal of Social History*, 30, 3 (Spring 1997): 687-704; Vera Brittain, *Testament of Youth* (London: Virago, 1978, originally 1933); Linda J. Quiney, "Assistant Angels: Canadian Voluntary Aid Detachment Nurses in the Great War," *Canadian Bulletin of Medical History*, 15, 1 (1998): 189-206; and "'Sharing the Halo': Social and Professional Tensions in the Work of World War I, Canadian Volunteer Nurses," *Journal of the Canadian Historical Association*, 8 (1998): 105-24.

- 54 Donner, "Under the Cross," p. 687, 696-97.
- 55 Demographic analysis indicates that they were 30.4 years on average at enlistment with the CAMC. VADs are typically portrayed as younger, in their early 20s, according to Donner, "Under the Cross," p. 691-92; and Janet S. K. Watson, "Khaki Girls, VADs, and Tommy's Sisters: Gender and Class in First World War Britain," *The International History Review*, 19, 1 (February 1997): 35.
- 56 Lyn Macdonald, *The Roses of No Man's Land* (Toronto: Penguin Books, 1980), p. xi.
- 57 Watson, "Khaki Girls, VADs, and Tommy's Sisters," p. 32-51.
- 58 Watson, "Active Service," p. 122.
- 59 Watson, "Active Service," p. iv and *Fighting Different Wars*, p. 7-9.
- 60 Morgan, "A Happy Holiday," p. 286.
- 61 Ruby Heap, "'Salvaging War's Waste': The University of Toronto and the 'Physical Reconstruction' of Disabled Soldiers During the First World War," in Edgar-André Montigny and Lori Chambers, eds., *Ontario Since Confederation: A Reader* (Toronto: University of Toronto Press, 2000), p. 214-34 and "Training Women for a New 'Women's Profession': Physiotherapy Education at the University of Toronto, 1917-1940," *History of Education Quarterly*, 35, 1 (1995): 135-58. See also Ruby Heap and Meryn Stuart, "Nurses and Physiotherapists: Issues in the Professionalization of Health Care Occupations During and After World War I," *Health and Canadian Society/Santé et société canadienne*, 3, 1-2 (1995): 179-93.
- 62 "The Place of Massage in Nursing," *Canadian Nurse*, 5, 10 (October 1909): 632-34; Andrew Macphail, *The Medical Services: Official History of the Canadian Forces in the Great War, 1914-1919* (Ottawa: King's Printer, 1925) p. 212.