

Article

"Sharing the Halo": Social and Professional Tensions in the Work of World War I Canadian Volunteer Nurses"

Linda J. Quiney

Journal of the Canadian Historical Association / Revue de la Société historique du Canada, vol. 9, n° 1, 1998, p. 105-124.

Pour citer cet article, utiliser l'information suivante :

URI: <http://id.erudit.org/iderudit/030494ar>

DOI: 10.7202/030494ar

Note : les règles d'écriture des références bibliographiques peuvent varier selon les différents domaines du savoir.

Ce document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter à l'URI <https://apropos.erudit.org/fr/usagers/politique-dutilisation/>

Érudit est un consortium interuniversitaire sans but lucratif composé de l'Université de Montréal, l'Université Laval et l'Université du Québec à Montréal. Il a pour mission la promotion et la valorisation de la recherche. Érudit offre des services d'édition numérique de documents scientifiques depuis 1998.

Pour communiquer avec les responsables d'Érudit : info@erudit.org

“Sharing the Halo”: Social and Professional Tensions in the Work of World War I Canadian Volunteer Nurses

LINDA J. QUINEY

Canadian women were no less eager than men to demonstrate their patriotism and commitment to service when Canada entered the war in August 1914. The general enthusiasm of Canadians to meet the challenge has been well documented.¹ Yet, while the men could take up arms to defend freedom and the motherland, women's service was circumscribed by gendered expectations that restricted their involvement to a supportive role, rather than active participation on the field of battle.² Although recruitment posters boldly displayed steely eyed, strong-jawed, uniformed men ready to risk all for King and country, women were represented more frequently in the ethereal, Madonna-like images of nurses and ministering angels.³ Such grandiose maternalistic illusions were largely out of

I would like to thank Ruby Heap for her support and assistance, Meryn Stuart for her advice and interest, and the anonymous readers for their constructive comments. I also wish to acknowledge the generous support of this research by the Hannah Institute for the History of Medicine, through Associated Medical Services, Inc. and the University of Ottawa, School of Graduate Studies.

- 1 The sense of patriotism and service demonstrated by Canadians is well illustrated in G. W. L. Nicholson, *The Canadian Expeditionary Force, 1914-1919: The Official History of the Canadian Army in the First World War* (Ottawa, 1962); also Daphne Read, ed., *The Great War and Canadian Society* (Toronto, 1978); and Desmond Morton and J. L. Granastein, *Marching to Armageddon: Canadians and the Great War, 1914-1919* (Toronto, 1989), and also Desmond Morton, *A Military History of Canada* (Toronto, 1992), see Ch. 4.
- 2 For a review of Canadian women's volunteer war work, see, Mary Macleod Moore, *The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas* (London, 1920). Her description emphasises the “maternal” nature of the war activities. The homefront organisation and back up work that supported the massive overseas infrastructure is described in the *Bulletins and Annual Reports of the Canadian Red Cross Society, 1914-1918*.
- 3 Examples of this powerful visual propaganda promoting the nurturant “Angel-Nurse” can be found in Joseph Darracott, ed., *The First World War in Posters* (Toronto, London, 1975), Plate 56; “The Greatest Mother in the World,” and the Australian War Memorial, *What Did You Do in the War Daddy? A Visual History of Propaganda Posters* 62, “We Need You.” Also, World War I postcards produced by Halcyon Cards (Wem, Shropshire) entitled, “In Praise of Nurses;” promoted the nurturant qualities of the nurse, but offered contradictory messages about the virtue of nurses and Voluntary Aid Detachment nurses (VADs).

reach of the majority of Canadian women, whose activities were limited by economic or domestic constraints that predetermined their level of involvement in the war effort.⁴ Only the trained, graduate nurses recruited for salaried service with the Canadian Army Medical Corps (CAMC) could aspire to work in the range of gunfire.⁵ As thousands of working women found employment in the war industries, those from the more privileged classes channelled their peacetime volunteer work into an increasing network of wartime projects, drawing on a tradition of voluntarism and service inherited from mothers and grandmothers.⁶ For this group of Canadian women to move outside accepted modes of war service that primarily involved fund-raising, provisioning, or knitting for the troops, required a particular commitment and determination.⁷ Although a substantial number of prominent Canadian women ventured overseas to work with the Red Cross or other special relief projects, only one segment of Canadian women volunteers was able to link their voluntarism to nursing, reflecting the idealism of the recruiting posters.⁸ These young women, primarily from middle and upper-class backgrounds, eagerly sought service as volunteer nursing assistants, their ambition justified by the prevailing ideologies of maternalism that recognised the nurse as the extension of the mother.⁹ By the War's end, the St. John Ambulance

-
- 4 See Ceta Ramkhalawansingh, "Women During the Great War," in *Women at Work: Ontario 1850-1930*. Jane Acton et al., eds. (Toronto, 1974). The paid work options available in the war industries were primarily, but not exclusively, filled by single or childless women. The article acknowledges both class and gender issues that affected decisions and options for war service.
 - 5 For a review of the role of CAMC nurses in World War I, see J. M. Gibbon and M. S. Mathewson, *Three Centuries of Canadian Nursing* (Toronto, 1947), Ch. 32; and more recently G. W. L. Nicholson, *Canada's Nursing Sisters* (Toronto, 1975).
 - 6 Studies of women's activism and voluntarism in late nineteenth-century reform movements and church societies, as well as innumerable smaller, local organisations are far too numerous to cite. For a concise overview, see Alison Prentice et al., *Canadian Women: A History* (Toronto, 1988), Ch. 7, "The Women's Movement," 169-211 (Revised, 1996).
 - 7 A selection of war projects can be found in Donna Fallis, "World War I Knitting," *Alberta Museums Review* (Fall 1984): 8-10; also Gwen Szychter, "The War Work of Women in Rural British Columbia: 1914-1919," *British Columbia Historical News* 27 No.4 (Fall 1994): 5-9; and Desmond Morton and Cheryl Smith, "Fuel for the Home Fires: The Patriotic Fund, 1914-1918," *The Beaver* 75 No.4 (August/September 1995): 12-14; and also, Gale Denise Warren, "The Patriotic Association of the Women of Newfoundland, 1914-1918," *Aspects* 33 No.2 (Summer 1998): 23-32.
 - 8 The organisation initiated by Mabel Adamson for Belgian Relief and the efforts of several other prominent Canadian women who relocated overseas for the duration of the War are detailed in Sandra Gwyn, *Tapestry of War: A Private View of Canadians in the Great War* (Toronto, 1992), Ch. 7.
 - 9 Linda S. Beeber, "To be one of the boys: Aftershocks of the World War I Nursing Experience," *Advances in Nursing Science* 12 No.4 (July 1990): 34.

Association of Canada had trained and certified over 1,700 women as Voluntary Aid Detachment (VAD) nursing members.¹⁰

Given voice through the published recollections of some notable members, particularly the novelist Vera Brittain, the British VAD experience has tended to dominate the historical record.¹¹ Although few references to Canada's VAD participation are to be found in national histories of the Great War, an examination of the Canadian scheme through the unpublished personal documents of VAD members, and the records of the various agencies and government departments involved in the programme, present several questions relating to this unique experience of Canadian women.¹² Two aspects of Canadian VAD service in particular have emerged, each relating specifically to the working relationships that developed within the wartime hospital environment. In an era when nursing was struggling for recognition as a respectable, skilled profession for women, the creation of a casually trained contingent of nursing volunteers to serve temporarily in a crisis was not met with alacrity or enthusiasm by the nursing establishments of either Canada or

-
- 10 The St. John Ambulance Brigade Overseas, *Report of the Chief Commissioner for Brigade Overseas: 1 October 1915 to 31 December 1917* (London: Chancery of the Order, St John's Gate, Clerkenwell, c. 1918), 35. The *Report* cites a total of 1,789 women VADs in Canada and 51 from Newfoundland, from 1 October 1915 to 31 December 1917. This includes VADs both at home and overseas; many more have been discovered who did not become VADs through the St. John Ambulance in Canada. Also, this *Report* does not include women from 31 December 1917 to the Armistice.
- 11 See, Vera Brittain, *Testament of Youth: An Autobiographical Study of the Years 1900-1925* (London, 1978 [c. 1933]). Also, Alan Bishop, ed., *Chronicle of Youth: Vera Brittain's War Diary, 1913-1917* (London, 1981). Also recent biographies include Paul Berry and Mark Bostridge, *Vera Brittain: A Life* (London, 1995); and Deborah Gorham, *Vera Brittain: A Feminist Life* (Oxford, 1996) is a thorough analysis of Brittain's life and VAD experience. The largest contingent of VAD nurses were British, with over 23,000 women, cited by Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914* (London/New York, 1988), 270. In addition to Canada and Newfoundland, VAD programmes were created in New Zealand, South Africa, Ceylon, Hong Kong, India, and Malta, and Australia with the largest number of more than 2,500 VAD nurses (see note).
- 12 The agencies most concerned with the Canadian VAD scheme were the Canadian Branch of the St John Ambulance Association, the St. John Ambulance Brigade, and the Canadian Red Cross Society. In the National Archives of Canada (NA), the Canadian Army Medical Corps records [NA RG9], the papers of Sir Edward Kemp [NA MG11 D9], and Matron-in-Chief Margaret Macdonald [NA MG30 E45] demonstrate the attitude of the military medical establishment to the employment of VAD nurses in Canadian hospitals overseas. See also, Desmond Morton and Glenn Wright, in *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930* (Toronto, 1987) 9, refers once to the "wives and daughters of the wealthy" taking St. John Ambulance VAD courses.

Britain.¹³ The first issue therefore concerns the professional tensions created in the wartime hospitals by the juxtaposition of trained, experienced, and salaried graduate nurses alongside the casually trained, inexperienced, and unpaid VAD nursing assistants. Further tensions concerning class and nationality also surfaced. Although few Canadian VADs had the aristocratic connections of their British counterparts, the majority were recruited from the middle and upper classes of Canadian society, and were unaccustomed to taking orders, particularly from women they frequently viewed as their social inferiors.¹⁴ Conversely, Canadian VADs were at times affronted by unexpected challenges to their own Canadian heritage, labelled as “colonials,” and treated as inferior upstarts by the British nurses.

In addition to the professional tensions experienced by nurses and VADs working alongside in the military hospitals, there are questions relating to the social tensions created by the necessity of having young, inexperienced VADs working as nursing assistants to soldier patients. One aspect of this relates to issues of class and gender that fuelled parental concerns about the propriety of their well-bred, unmarried daughters attending to the frequently intimate physical needs of sick and wounded men, particularly low ranking soldiers, or German prisoners-of-war. An extension of these concerns was the possible risk of emotional attachment between VADs and their soldier patients. Questions arise as to how effectively these risks were minimised through the rationalisation of the VADs’ role that served to “maternalise” relationships between the women volunteers and the male patients. Distant families exposed to unrealistic media depictions, in both print and picture, of girls in spotless white aprons serving teas to men neatly dressed in hospital uniforms allowed romantic ideas

13 The issues concerning Canada’s developing nursing profession are thoroughly analysed in Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (Toronto, 1996). Concerns about the VAD scheme are discussed in Natalie Riegler, *Jean I. Gunn: Nursing Leader* (Markham, 1997), Ch. 5. British nursing response to the VAD scheme is well documented in Summers, *Angels and Citizens*, Ch. 9; and also Stella Bingham, *Ministering Angels* (London, 1979).

14 A detailed analysis of British VAD organisation is found in Summers, *Angels and Citizens*, Ch. 9. Personal accounts of British VAD experience are recounted in Lyn Macdonald, *The Roses of No Man’s Land* (London, 1993 [originally published 1980]). British VADs have historically been regarded as having primarily aristocratic or upper-middle-class origins, as noted in Summers, *Angels and Citizens*, 270, and Bingham, *Ministering Angels*, 130. However, Gorham, *Vera Brittain*, 101, note , has found evidence that “many VADs did not conform to this upper-middle class pattern.”

of social gatherings to form.¹⁵ In reality, Canadian VADs were required to perform many difficult and unpleasant tasks for the bedridden and incapacitated men who were their patients. Moreover, the lack of hospital training left many VADs unprepared for their tasks, but undeterred and ready to adapt, while the maternal and nurturant underpinnings of the work offered support for both the physical and emotional demands of the job.

At the outset of the War, however, the Canadian VAD scheme was still being developed. The official government plan was finalised in March 1914, in collaboration with the St. John Ambulance Association, the Brigade and the Canadian Red Cross Society. At that time, it did not envisage a need to send Canadian VADs overseas, but was created instead “to supplement the Militia Medical Service in the event of war in Canadian territory.”¹⁶ St. John Ambulance undertook to recruit suitable applicants, including men to train as orderlies, ambulance drivers, and stretcher bearers, and women as auxiliary nurses and cooks, intended to set up rest stations for ambulance trains and organise emergency hospitals.¹⁷ To qualify as a recruit, both men and women were required to take the St. John Ambulance First Aid course, while women took an additional Home Nursing course.¹⁸ St. John Ambulance assumed responsibility for training and organising VADs, and the Red Cross assumed all funding responsibilities, as the organisations formed a joint “National Relief Committee” for the duration of the War.¹⁹ In addition, there were limits on the eligibility for VAD nursing members, and initially women had to be between 23 and 38 years of age, but by 1918 this had been relaxed to between 21 and 48 years to meet the increased demand.²⁰ Trained nurses were also ineligible for VAD work, considered by St. John Ambulance to be a service to be undertaken only by “non-professional civilian volunteers,” leaving hospital staff free

15 Articles in the women’s pages of national magazines drew attention to the overseas war service of Canadian women. While positive and approving, some of these items also conveyed a “country-club” atmosphere to the hospitals, distorting the reality of suffering men and the relentless physical work of nurses and VADs. See Mary MacLeod Moore, “The Canadian Nurse in Wartime,” *Saturday Night* (8 July 1916): 21, 24; also “Canadian Women in the War Zone,” *Saturday Night* (16 March 1918): 17; and “Canadian War Workers Overseas,” *The Canadian Magazine* 52 No.3 (January 1919): 737-51.

16 Canada’s VAD scheme was adapted from the British government plan of 1909. See Anne Summers, *Angels and Citizens*, 247. Also Government of Canada, *The Organisation of Voluntary Medical Aid in Canada* (Ottawa: 1914).

17 Government of Canada, *The Organisation of Voluntary Medical Aid in Canada*, 5.

18 *Ibid.*, 6. Also G. W. L. Nicholson, *The White Cross in Canada: A History of the St John Ambulance* (Montreal, 1967), 56.

19 Nicholson, *The White Cross*, 56. Also Strome Galloway, *The White Cross in Canada, 1883-1983* (Ottawa, 1983), an update of Nicholson’s history.

20 Government of Canada, Women’s Aid Department, *St John Ambulance Brigade Overseas, within the Dominion of Canada: Regulations, 1918* (Ottawa, 1918), 4.

to perform the skilled work for which they were trained.²¹ Originally the plan had required that a trained nurse be assigned to every women's detachment, as a "lady superintendent," but as the organisation evolved married, or otherwise retired, nurses were recruited for this task and to assist with VAD training.²² Fees for the St. John Ambulance courses also limited enrolment, and drew criticism in Britain from the Red Cross, which accused the Order of St. John of elitism, while St. John countered that quality, not quantity, was the desired result.²³ Irrespective of fees for the courses, few Canadian women could afford to volunteer their time for VAD work, unless they were financially secure. This further limited the range of applicants to the middle and upper classes, predominantly single women, or young wives without families.

Canadian and Newfoundland VADs were drawn mainly from urban centres where the St. John Ambulance Association established its training programmes. Their socio-economic origins were similar to their British counterparts, being predominantly young, single women from middle and upper-class homes, but some differences were apparent. Anne Summers characterised the early British VADs as women of "little formal education or previous training in practical skills," generally "outside the labour market altogether."²⁴ By contrast, Canadian VADs demonstrated both education and a high instance of pre-war waged employment, frequently in the "women's" occupations of teaching, clerical, banking, library, and social work.²⁵ At the beginning of the War, successful Canadian VAD applicants had little hope of overseas service through the official scheme, since it was intended for home service only. Canadian men, however, were already heading overseas in the early rush of masculine enthusiasm, closely followed by a shadow army of Canadian women.²⁶ Sandra Gwyn has estimated that upwards of thirty thousand wives, daughters, sisters, and fiancées had temporarily emigrated to Britain by 1917, and many of the younger Canadian women subsequently registered and trained in England as

21 *Ibid.*, *Regulations, 1918*. Also see, Nicholson, *The White Cross in Canada*, 55-56.

22 Government of Canada, Militia Council, *The Organisation of Voluntary Medical Aid in Canada: 3rd March 1914* (Ottawa, 1914), 5. Not all Lady superintendents were former nurses, some were MDs, while others were non-professional, long-serving St. John Ambulance Brigade members. See Nicholson, *The White Cross*, 55-62.

23 John Hutchinson, *Champions of Charity: War and the Rise of the Red Cross*, (Boulder, 1996), 25.

24 Summers, *Angels and Citizens*, 270.

25 Sources for the education and occupation of Canada's VADs are diverse, but include city directories, University Alumnae records, personal documents, and secondary sources such as biographical reports and dictionaries. A database that references education, occupation, and numerous other biographical details for each VAD is being created out of the research. With over 500 women identified, the list of education and occupation records is too lengthy to reproduce here.

26 Sandra Gwyn, *Tapestry of War: A Private View of Canadians in the Great War* (Toronto, 1992), 45.

VAD nurses for British hospitals, circumventing the “official” Canadian scheme.²⁷

In Canada before 1916, the reserve of certified St. John Ambulance VAD nursing members grew steadily, although their service was still confined to part-time work in local convalescent hospitals. Impatient for an overseas posting, some of these “official” Canadian VADs discovered a third, more immediate route to VAD work in British hospitals, by way of the British colony of Newfoundland. Newfoundland women could apply for service directly through Devonshire House, headquarters of the British Joint War Commission’s VAD organisation, under Dame Katherine Furse.²⁸ While the mechanism is as yet unclear, several Canadian VADs obtained early postings abroad through membership in one of Newfoundland’s two VAD Nursing Divisions of the St. John Ambulance Brigade. Of 54 women who went overseas as VADs from Newfoundland, 35 actually resided in towns and cities across Canada. When Canada began sending official VADs from Brigade Nursing Divisions, these women were re-registered in their own local divisions.²⁹ A fourth route to Canadian VAD service abroad developed late in the War, under the auspices of Lady Perley, wife of the Canadian High Commissioner to London, who established her own “Canadian Imperial Voluntary Aid Detachment” in February 1918, and became Commandant of 187 Canadian women volunteers, recruited both in Canada and Britain.³⁰

Members of the original Canadian St. John Ambulance VADs were not requested for overseas service until the summer of 1916.³¹ Overall, eight contingents of Canadian VADs, totalling 345 women, were sent overseas during the War through the official scheme, primarily to work in British military hospitals. This number, combined with those known to have achieved an overseas post by other means, identifies at least 500 Canadian women as VADs who served

27 Ibid., 107.

28 Dame Katherine Furse, *Hearts and Pomegranates: The Story of Forty-Five Years, 1875 to 1920* (London, 1940). Also Imperial War Museum (IWM), *Women at Work Collection*, “Furse Papers,” BRCS 1.1 to 25.8. Dame Furse was instrumental in the organisation and implementation of the British VAD scheme until a disagreement with the War Office in 1917, when she resigned.

29 A list of Newfoundland VADs was compiled by St John Ambulance for Nicholson’s history. See, St. John House Archives, Box X(A), *St John Ambulance Brigade in Newfoundland: VADs Who Served in a Theatre of War*.

30 Imperial War Museum (IWM), *Women at Work Collection*, “Lady Perley’s Letter, 1919,” BRCS 12.11/4. The letter confirms the date of origin and numbers, as well as names of prominent Canadian women who were members.

31 Nicholson, *The White Cross*, 60.

abroad in Britain, and in the various theatres of war.³² Of this total, fewer than 50 women were invited to serve in the CAMC hospitals overseas, and none of these were assigned nursing duties, but worked as telephonists, stenographers, supply clerks, or entertainment convenors.³³ A few Canadian VADs found places in non-military, privately funded convalescent homes for Canadian officers, in Britain or France.³⁴

Objections to employing Canadian VADs in CAMC hospitals devolved on two issues: the military's concern for order and discipline, and the medical and nursing concern for maintaining professional standards. The government, conversely, favoured the use of VADs as a cost-saving measure, both at home and abroad, but was never able to counter CAMC objections to VADs in overseas hospitals.³⁵ Reinforcing the arguments of the CAMC, influential civilians like Dr C. K. Clarke of Toronto General Hospital opposed the concept of VAD nursing, declaring "the unqualified woman is a nuisance" and "volunteer women are not amenable to discipline themselves, nor can they enforce discipline."³⁶ Backed by such support, the CAMC also refuted a government proposal to save personnel costs by using VADs overseas for massage therapy, arguing that training existing military and nursing personnel in the treatment was more cost effective than feeding and housing volunteers.³⁷

Civilian nursing leaders also feared the government would use projected postwar nursing shortages as an excuse to bring VADs into the military convalescent hospitals in Canada. Jean Gunn, of the Toronto General Hospital, representing several nursing organisations, warned that the status of nursing

32 Ibid., 60-61. Nicholson cites 368 VADs from Canada and 23 from Newfoundland, totalling 391. Also, Jean Gunn, "The Services of Canadian Nurses and Voluntary Aids During the War," *Canadian Nurse* 15 (September 1919): 1977; Gunn cites 341 overseas VADs, excluding Newfoundlanders. See also, *The CRCS Annual Report* (1917): 29, cites 123 VADs overseas by December 1917, and *The CRCS Annual Report* (1918): 69, cites a further 223 overseas VADs between February and September 1918, totalling 345 excluding Newfoundland. Also, *The CRCS Bulletin* 43 (March 1919): 37, cites 342 overseas VADs, between July 1916 and the Armistice.

33 NA, MG30 E45, Margaret Macdonald Papers, "Report of the Work of CAMC Nursing Service with the BEF France," 6. The report notes that 15 VADs were sanctioned for work in Canadian hospitals in France in April 1917, but only in recreation huts or as secretaries. Also, Ibid., "Westcliffe Eye and Ear Hospital, Folkestone," 1, reports Canadian VADs operating the main telephone and transporting supplies from the Red Cross Depot to the hospital, other VADs had "more humble duties."

34 NA, 9861 ACC1981-0111, Voice of the Pioneer, "Interview with Violet Wilson," [Sound tape]. Wilson transferred from a British hospital for amputees in London to a privately funded Canadian Officers' Convalescent Home in France.

35 NA, RG9, III B2, CAMC Records, Vol. 3460, 1771, Memo, 3 July 1918.

36 NA, MG27, II D9, Kemp Papers, Vol. 106, Dr Clarke to Prof. Mavor, 16 February 1917.

37 NA, RG9 III B2, CAMC Records, Vol. 3460, 2017, DGMS, Maj-Gen G. L. Foster to Chief of General Staff, 4 September 1918.

“SHARING THE HALO”

professionals would be compromised by VAD nurses, once again relegating the image of trained nursing to the realm of “women’s work.” Gunn urged the government instead to encourage “young nursing enthusiasts” to qualify as trained nurses.³⁸ Despite Gunn’s fears, there was no obvious rush of VADs to assume nursing positions at the War’s end. For the majority, their VAD service had been motivated by a mixture of patriotism and the tradition of female service through voluntarism, rather than the desire for a nursing career.³⁹

Some young Canadian women displayed an aggressive patriotism, ignited by an eagerness for excitement and challenge. Grace MacPherson of Vancouver was accepted as an ambulance driver in France in March 1917, an achievement which “means more to me than anything has meant yet!” she exclaimed in her diary.⁴⁰ The tone echoes schoolgirl enthusiasm, but MacPherson’s commitment was founded on the loss of a brother at Gallipoli in 1915, and a boyfriend soon after, motivations frequently echoed by other Canadian VADs.⁴¹ For unmarried Canadian middle- and upper-class women, the War meant choosing the type of war service, not choosing whether to serve. A Toronto VAD, Shirley Gordon, emphasised in an interview that: “you married or you worked.”⁴² Mrs. Gordon explained that she had chosen VAD nursing while she was still a university student, because she could work in vacation time. She had also been told there was a shortage of trained nurses for local military hospitals.⁴³ When Jean Sears decided to go overseas as a VAD after her brother was killed, she dismissed her family’s anxiety, declaring: “Canadian men were going over, and if Canadian women got a chance to go, they should go and help.” In looking back, Jean Sears, the daughter of a former Southern Ontario newspaper publisher, remembered an almost blind patriotism and sense of duty, despite little understanding of the causes of the War, and she noted in an interview: “You didn’t think about the cost to yourself, you just did it when it was needed.”⁴⁴

Violet Wilson’s younger brother, Charlie, enlisted in an Edmonton regiment on 5 August 1914, and her sister moved to New York in September 1915 to begin nurses’ training. Violet continued with her voice lessons, until she

38 Jean Gunn, “Nursing,” Address Given Before the National Council of Women, *Woman’s Century* (August 1918), 11.

39 See, Prentice, *Canadian Women*, Ch. 7.

40 Canadian War Museum (CWM), 58 AI 21.12/198602.82.001, Grace MacPherson Collection, Diary, 7 March 1917.

41 Gwyn, *Tapestry of War*, 446.

42 Daphne Read, ed., *The Great War in Canadian Society* (Toronto, 1978), see “Adrienne Stone Interview,” 164. The interviews for this oral history were part of an Opportunities for Youth project, and “Adrienne Stone” was the pseudonym used in the publication for Mrs Shirley Gordon. See, NA A1 9903-0015 [CD recording].

43 Read, *The Great War*, 183.

44 Read, Jane Walters Interview, 97. The name “Jane Walters” was the pseudonym for Jean Marita Sears (Mrs John H. Suydam). See, NA, A1 9903-0008 [CD recording].

received the news of Charlie's death, and the subsequent loss of three cousins "during that awful summer of 1916." She went to Toronto in order to train as a VAD and take a motor mechanics' course, in hopes of becoming an ambulance driver, noting in an interview that an elderly aunt had declared that this was "hardly feminine work!" Undeterred, Violet declared "But I loved it!"⁴⁵ In Regina, Elsie Chatwin and Daisy Johnson responded independently to the call for VAD nurses in 1916, and both were finally requested for overseas work in March 1918. They joined a much delayed contingent of 40 western Canadian women, including Violet Wilson, that left Halifax for Liverpool in June 1918. Both women had given up well-paid office work to follow their brothers overseas, but Daisy's brother, an RAF pilot, was killed soon after her arrival in England. It is likely Elsie also lost her brother, when interviewed for an NFB film at approximately 97 years of age, she ruefully declared: "all the boys were killed there . . . it's a crime."⁴⁶ Interviewed for the same project, Doreen Gery described how she and her brother both responded to the inescapable propaganda posters challenging: "Your King and Country Need You!" Gery became a VAD, her younger brother and 15 of his grammar school classmates enlisted, but only one of the boys returned.⁴⁷ Janet Ayre of Newfoundland, with her mother and her unmarried sister-in-law, Ruby Ayre, had moved to England during the War. Janet subsequently lost her young husband of eleven months at Beaumont Hamel, along with another of Ruby's brothers. Both women joined a British VAD Division and worked in the Ascot Military Hospital throughout the War, along with two other friends from St. John's.⁴⁸

By whatever means, whether official or self-initiated, approximately 500 Canadian and Newfoundland women did achieve a posting for overseas VAD service, and once there, any perception of the "angel-nurse" of the propaganda posters quickly evaporated. Yet the sights, sounds, smells, and numbing fatigue of wartime hospital work were often less stressful than the need to develop effective working relationships under these extreme conditions. The success of the VAD's nursing assignment was critically dependent upon two aspects of the work. First, there was the adjustment to unfamiliar expectations, hospital routines, and the demands of supervising trained nurses. Secondly, there was a

45 NA, 9861 ACC 1981-011, Violet Wilson Interview.

46 Silva Basmajian, producer, "*And We Knew How to Dance*": *Women in World War I* (NFB, 1993) 53 minutes, Elsie Chatwin Malone Interview. Also, Daisy Johnson Cook, "Who Am I?" in *Review of the History of St John Ambulance in Saskatchewan, 1911 – 1983*. K. J. Quarry, compiler (Regina: St John Ambulance, 1983), 34-35. See also, Quarry, 31-33.

47 Basmajian, producer, "*And We Knew How to Dance*," Doreen Gery Interview.

48 Centre for Newfoundland Studies (CNS), Collection 158, Janet Ayre Murray, File, 1.06, Biographical Outline, 2 & 3. Janet's sister-in-law, Ruby Ayre Emerson, Mary Rendell and Helen (Nell) Job served together at Ascot Military Hospital. See also, CNS, Collection MF-210, Ruby Ayre, and; CNS, Collection 098, *Robert Brown Job*.

“SHARING THE HALO”

need for the VAD to adapt to the physical and emotional needs of the critically ill men they were helping to nurse. Doreen Gery’s first task overseas was to assist the nurse with a young patient “bayoneted from chest to abdomen.” Gery was given two gauze pads with which to push down his intestines, to keep them from impairing his breathing as he slowly died. Horrified, Doreen Gery protested to the Sister that she “could not do this, could not look at it” and “would rather die!” Harassed and overworked, the Sister snapped: “Well die then! You’re no use to me if you can’t do the work.” She described how the sharp retort steeled her resolve, and Doreen Gery carried on with her task to be rewarded a few weeks later, when the same Sister came up and patted her on the back. Gery then reflected, “I knew I was being useful.”⁴⁹

It was essential that the VADs like Doreen Gery adjust quickly to their role in the hospital routine, and recognise the value of the work of others, particularly the nurses. Marjorie Starr of Montreal knew her fluency in French was an asset to the all-female staff of the Scottish Women’s Hospital at the Royaumont Abbey in France, but it did not lessen her workload.⁵⁰ Under the Scottish system it was “not considered etiquette” for the Head Sister to do any work, only supervise, and Starr recorded after being on duty alone with the Head: “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.”⁵¹ Starr’s working relationship with her initial supervising Sister was difficult, having in Starr’s opinion, “the most trying Sister in the hospital to train me.” Marjorie Starr was methodical and organised, but the Sister tended to become panicky and disordered when there was a rush of new patients, and continually ordered Starr to start new tasks before completing previous ones. The result was that Marjorie Starr developed an overwhelming sense of fatigue, and suffered bouts of frustrated crying when off duty. Apparently because she didn’t complain, the Matron took pity and assigned a new supervisor, and Marjorie Starr recorded in her diary: “Now it is just heaven . . . in fact I feel like a different being.”⁵²

Not all British matrons were as sensitive to the needs of their staff as the one at Royaumont, and many Canadian VADs found the strict discipline of the nursing hierarchy in the hospital system difficult to adjust to. Jean Sears described mealtimes at her London hospital, where the senior nursing staff and

49 Basmajian, producer, “*And We Knew How to Dance*,” Doreen Gery Interview.

50 IWM, *Marjorie Starr (Manson) Diary*, 10 September 1915, 1. The most recent account of this unique hospital is Eileen Crofton’s, *The Women of Royaumont: A Scottish Woman’s Hospital on the Western Front* (East Lothian, 1997).

51 IWM, *Starr Diary*, 15 September 1915.

52 *Ibid.*, 27 September 1915.

Matron sat at high table. As Matron arrived, the nearest VAD would rush to hold the door, and all the junior staff and VADs bowed as she entered. The deference required annoyed Jean Sears, born to a privileged upbringing, and lacking the student nurses' experience. She found all her supervisors strict, but some "she couldn't bear," and once, piqued by the perceived rudeness of a nurse, Sears archly retorted: "I haven't come 3,000 miles to work voluntarily to be spoken to like that!" and was subsequently posted to another ward.⁵³ Such friction between sisters accustomed to deferent probationers, and VADs with little concept of hospital culture, is commonly noted in VAD personal accounts. Historian Kathryn McPherson has illustrated how student nurses were "expected to internalise the values of industrial work discipline and female submissiveness."⁵⁴ Nurses, trained under such a system of control and regulation, expected an automatic response from their own subordinates, but VADs did not have the conditioning of a student nurse. The crisis atmosphere of wartime hospitals with its constant influx of critically wounded men put enormous stress on regular hospital routines, and if a VAD upset the system, she also put at risk the standards of hygiene and efficiency established by the nursing personnel, and had to be admonished. Under these conditions, the confusion and humiliation of an eager, neophyte VAD, unused to rebuke and criticism, is as readily comprehended as the frustration and stress of an overworked nursing supervisor.

Violet Wilson, daughter of an Edmonton physician, found that her first VAD experience in a London hospital was similar to that of Jean Sears, with the added dimension of a xenophobic Matron. Admittedly Wilson's early attitude to her new position as a VAD was somewhat superior, and her dignity was affronted by her first, pre-hospital assignment at Devonshire House, when she was detailed to the menial task of cleaning cars. In Wilson's view, this was "a waste of trained personnel," but likely her qualifications in motor mechanics had earned her the task. Once posted to a London military hospital for amputees, Wilson soon clashed with English nurses, finding them "very antagonistic to VADs" and seeming "to go out of their way to be unpleasant. . . more particularly to the 'colonials'." Interviewed for the CBC's "Voice of the Pioneer" series, Violet Wilson described how she "loudly" refused an order instructing VADs to rise early and bring hot water to the nurses' rooms, and in the manner of Jean Sears, Wilson declared she had "come to help wait on the men, not the nurses." Punished with night duty, Violet Wilson was further rebuked by the Matron, who avowed that "colonials amongst our other awful characteristics, had no sense of discipline."⁵⁵ The combination of the VADs' inexperience and lack of practical training, with the resentment of trained

53 Read, *The Great War*, Jane Walters Interview, 125.

54 McPherson, *Bedside Matters*, 93.

55 NA, 9861 ACC 1981-011, Violet Wilson Interview.

“SHARING THE HALO”

nurses having unskilled women thrust upon them in the general assumption that nursing was instinctive women’s work, made workplace harmony a challenge in British wartime hospitals. The added dimension of “culture shock” as Sandra Gwyn described it, could serve to increase the tensions in the British hospital atmosphere, adding an extra element to the adjustment required of both nursing supervisor and Canadian VAD.⁵⁶

Sybil Johnson, daughter of a Newfoundland Supreme Court Judge, and a confident and prominent member of St. John’s society, betrayed some trepidation when she began her overseas assignment during Christmas, 1916. Writing to her father, she related the hospital wisdom of an unnamed, experienced Canadian VAD, and revealed her own uncertainty:

She says that some of the nurses are infuriatingly superior and not only that but positively rude and overbearing, but that most of them are not bad . . . Several sisters were turned away from King George’s [hospital] for being so horrid to VADs, so that sounds promising. I suppose some of the VADs are trying, but on the other hand there is a certain kind of Englishwoman who is infuriating, self-satisfied and perfectly inhuman . . . They are so annoying and of course it is quite useless to be up against those in authority, though . . . it doesn’t do to be too docile and meek. It is rather hard to strike a happy medium.⁵⁷

Johnson appeared to have found that “happy medium” at a hospital in Liverpool a few weeks later, declaring: “In some wards the Sisters are pigs and the nurses horrors, but mine are all nice and jolly.”⁵⁸ Sybil Johnson believed that the nurses should be more appreciative of the VADs who did “the menial work which would otherwise fall to them” and thus exercise more tolerance of the “blundering inefficients put under them, while they learn their work.”⁵⁹ After the nurse dubbed as “Bully” had gone to France, Johnson remarked: “All our staff are nice as possible now and everything goes so smoothly!”⁶⁰

Johnson’s assessment of the VADs’ value to the nursing staff was supported by the unlikely figure of Matron Cameron-Smith of the CAMC. After touring the Westcliffe Eye and Ear Hospital in Folkestone, Cameron-Smith reported that it was one of the few Canadian establishments to embrace the VAD scheme. While noting that no VAD was assigned nursing duties, she conceded the usefulness of VAD help, and commented: “There is certainly no evidence of friction between Sisters and VAD workers” and admitted that the use of VADs

56 Gwyn, *Tapestry of War*, 451.

57 CNS, Collection 201, Sybil Johnson, File: 2.01.013, Letter, Christmas Day 1916. Johnson married in 1918, and as the wife of Sir Brian Dunfield, K.B., Supreme Court Justice, became known as Lady Dunfield.

58 *Ibid.*, File: 2.01.014, Letter, 15 January 1917.

59 *Ibid.*, File 2.03.002, Diary, 21 December 1916.

60 *Ibid.*, 17 May 1917.

“allows a Nursing Sister to be free for more technical duties.”⁶¹ Despite the fears of the CAMC, Canadian VADs appear to have been cognisant that their role in the war hospital was subsidiary, and did not equate with trained paid nursing staff. When Sybil Johnson’s sister, Jill, also a VAD, was discovered weeping over a badly wounded patient, an amazed orderly commented that he didn’t know nurses wept. Jill replied: “I’m not a nurse. Only a sham one.”⁶²

Canadian VADs had volunteered to serve the needs of the wounded soldier, and unable to care for lost brothers or fiancés, many women tried to submerge their grief in hard work. For most, the idealised image of the “angel-nurse” restoring the grateful patient to health vanished quickly in the reality of the fevered pace of hospital work. Yet, there is also a sense of genuine caring and sensitivity towards the suffering of men the VADs helped to nurse, whatever their rank. Issues of class and propriety weighed more heavily on parents than on the young Canadian VADs themselves, who were caring for men of all ages and military rank, under very direct and personal conditions. Some, like Frances Cluett of Newfoundland, were assigned to nurse injured German prisoners in France, a fact she related home with some trepidation.⁶³ Frances admitted to some feelings of anxiety on night duty, and had refrained from telling her mother because, “she would have felt a bit uneasy.”⁶⁴ British nursing historian, Stella Bingham, discussed how the War had threatened the social norms of middle- and upper-class parents, accustomed to “keeping their unmarried daughters in decent subservience at home.”⁶⁵ One young British VAD who defied objections, described her family’s reactions: “The fact that I was going to nurse other ranks and not convalescent officers was spoken of in hushed whispers with much head shaking.”⁶⁶

Few VADs had time to ponder weighty issues of class or propriety, and it is rare to find a comment that reflects such concerns. Only Marjorie Starr, still coping with the shock of adjustment to Royaumont, and the tasks required of her, registered a comment in late September 1915, after a rush of French casualties. With her facility for the language, Starr was eager to discuss the battle, and she was relieved to discover: “The men seem all a much nicer class and very intelligent, and so able to tell us more about it all.”⁶⁷ Worries over class were soon replaced by concerns for suffering, when Starr noted, “the poor little man whose arm had been amputated died of lock-jaw.”⁶⁸ Violet Wilson

61 NA, MG30 E45, Macdonald Papers, Westcliffe Eye and Ear Hospital, Folkestone, 1.

62 CNS, Collection 201, Sybil Johnson, Diary, 16 June 1917.

63 CNS, Cluett, File, 2.02.002, Rouen, 26 October 1917.

64 Ibid.

65 Bingham, *Ministering Angels*, 30.

66 Ibid.

67 IWM, Starr Diary, 28 September 1915.

68 Ibid., 8 October 1915.

thought she would fit in better as a VAD at a privately funded convalescent home for Canadian officers in France, than in the British hospital in London where she was first assigned. Her own reaction to the move was unexpected: “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 English hospitals, and French ones, and the people our allies, were starved of necessities, and were so terribly short of food, we were living in luxury.”⁶⁹

Hospital life was strict and regulated, and the nursing staff took care that impressionable VADs should have only impersonal and professional contact with the patients. Enid Bagnold’s perspective was encouraged: “In all honesty the hospital is a convent, and the men in it my brothers.”⁷⁰ She considered that it was easier for the men if hospital women were “cool, gentle; anything else becomes a torment.”⁷¹ Bagnold learned from experience when she transgressed the unwritten code and developed an attachment to a patient, letting him, “stand near me and talk.”⁷² On her next shift Bagnold found the patient in Bed 11 had been transferred to another hospital, and she had never learned his name.⁷³

Not only were VADs required to remain detached, they must be seen to be so. Early in her posting to the Étaples Motor Convoy, Grace MacPherson was reprimanded for being “rather free to stretcher-bearers,” and told it was a “Canadian failing.” Indignantly MacPherson refuted the accusation, protesting that a sense of propriety was universal, and that both her virtue and her heritage had been maligned.⁷⁴ Jean Sears candidly observed that “patients had a habit of falling in love with you,” a not unnatural reaction in men now safe from the horrors of the War, surrounded by caring and attractive young women. She admitted to once being tempted to “believe” she was in love, commenting that “it took some doing to keep level, not have your head turned.”⁷⁵ Sybil Johnson’s engagement to a St. John’s lawyer kept her free of emotional entanglement. She was amused by one patient, who was always “jolly and helpful” because “the funny part of it is that he is married and doesn’t know I know it and is fearfully coquettish.”⁷⁶ Frances Cluett’s hospital in Lincoln observed a strict code of detachment, noting, “we are not allowed to speak but little to the patients,” but realistically she acknowledged “to tell the truth we scarcely have time to speak to ourselves sometimes.”⁷⁷

69 NA, #9861 ACC 1981-011, Violet Wilson Interview.

70 Enid Bagnold, *A Diary Without Dates* (London, 1918), 78.

71 *Ibid.*, 79.

72 *Ibid.*, 81.

73 *Ibid.*, 83.

74 CWM, MacPherson Collection, Diary, 26 April 1917.

75 Read, “Jane Walters,” *The Great War*, 147.

76 CNS, Johnson, Diary, 25 January 1917.

77 CNS, Cluett, Letter, 29 March 1917.

Despite the care exercised by the nursing staff of the hospitals, the popular culture of the era promoted myths about the lax moral standards of the nurses and VADs. In stark contrast to the propaganda of the charitable agencies promoting the “angel-nurse” as a symbol for voluntarism and fundraising, the popular press frequently portrayed the nurse as a harlot. A series of postcards produced in the war era depicted women in nurses’ dress in a variety of suggestive poses. Titled “In Praise of Nurses,” the cards depicted the women embracing the men and drinking wine while seated on their laps, underlined with coy captions such as “Not in the Prescription” and “The Patient is not yet Out of Danger.”⁷⁸ With such misogynist images pervasive in social mythology, the vigour with which the CAMC defended its professional standards can be as readily understood as the anxiety of far away families.

In contrast to the distorted visual perceptions of the nurse and VAD as a sexual object, literary historian, Sandra Gilbert, discussed the blurring of gender roles in the literature of the war era, noting the apparent role reversal of male and female dominance in hospital wards, and observed that “while men were invalided, and may be in-valid, their sisters are triumphant survivors.” In Gilbert’s view, while the nurse is the “servant of her patient” she is in turn “the mistress rather than the slave,” and when “men are immobilised and dehumanised” it is the women who apply old matriarchal formulas for survival.⁷⁹ This theme was used in visual representation also, such as the Red Cross poster image of the larger-than-life Madonna-nurse cradling the miniaturised soldier-patient.⁸⁰ The maternal qualities of the nurse are emphasised to justify her strength, rather than her sexuality, while the soldier becomes a boy-child until he recovers his strength.

The assumption of a mother-son relationship is a frequent allusion in Canadian VAD writing and commentaries. In one instance, Sybil Johnson experienced a sense of guilt in usurping a visiting mother’s role: “I thought how mean it must seem to her that 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!”⁸¹ Johnson’s writing is replete with maternal imagery, such as her description of a

78 Sylvia Marie Haynes’ Museum of Cards, *Postcard Series: “In Praise of Nurses,”* 18 cards (Wem, Shropshire: Halcyon Cards, [c. World War I]). See also, Hampden Gordon and Joyce Dennys, *Our Girls in Wartime* (London, New York, c. 1917). A series of “humorous” illustrations and verse depicting women’s war work, including VADs. Generally portraying women as inept, vacuous, and of suspect moral virtue.

79 Sandra M. Gilbert, “Soldier’s Heart: Literary Men, Literary Women, and the Great War,” in *Behind the Lines: Gender and the Two World Wars*. Margaret R. Higonnet, Jane Jensen, Sonya Michel and Margaret C. Weitz, eds. (New Haven, 1987), 197-228.

80 Darracott, *The First World War in Posters*, Plate 56, “The Greatest Mother in the World!”

81 CNS, Johnson, Diary, 25 January 1917.

morning's work with the patients. She would give the soldiers “their meals nicely and keep their hot bottles hot and get them drinks and make their beds and wash them and get them clean clothes” and then “help them up to dress.”⁸² Speaking of a particular patient she commented: “Of course he has to be fed by spoon. When I do it I feel like an old mother-bird.”⁸³ This assumption of mother-son roles seems to have helped VADs and patients cope with situations undreamed of in their prewar lives. Annie Wynne-Roberts' letters to her former office colleagues also conveyed a sense of the mother-child relationship: “The boys are dears. They do every solitary bit of work which does not absolutely need a woman's hand . . . so that I am not a bit overworked, really. And the pranks they are up to! The place is in an uproar half the time.”⁸⁴

Jean Harstone, an ambulance driver from Peterborough, Ontario described ambulatory patients as, “dazed, blood-soaked men, once strong fighters, now worn, weary, stunned, bewildered . . . they were like helpless children, these strong men who had been through hell for the sake of freedom.”⁸⁵ For Frances Cluett in her early thirties, the younger soldiers really were “boys,” she took particular interest in an 18-year-old soldier, who had a spinal injury and was unable to walk for 15 months.⁸⁶ As he recovered, he became “a very mischievous boy” constantly demanding attention, which Cluett ascribed to boredom with hospital life, and encouraged him by playing tricks on him for April Fools Day.⁸⁷ Cluett's approach to VAD nursing was both pragmatic and sympathetic, in one letter she describes the sorrow of watching a 17-year-old boy die of his wounds and in the next sentence reflects positively that “however badly the surgical boys are wounded, they seem quite merry and cheerful, and can enjoy a laugh as well as anyone.”⁸⁸

Each woman experienced the War and VAD service in her own way. Frances Cluett, in a rare moment of depression, sadly reflected: “This is a very wicked world mother; you cannot realise what sufferings there are: Some of the misery will ever live in my memory: it seems to me now as though I shall always have sad sights in my eyes.”⁸⁹ Yet, they had good times too, and for many it was their first experience away from home when days off with a friend, sharing tea in a cafe, or walking in the sun without hat or gloves were simple pleasures and new freedoms for young women raised to dress for dinner, or

82 Ibid. Letter, 29 January 1917.

83 Ibid., Diary, 12 February 1917.

84 Foster, *Letters from the Front*, Volume I, 162.

85 IWM, *Jean Emily Harstone*, “While the World Sleeps,” (Étaples, 1917), unpublished, Misc. Box 30, Item MO. 540.

86 CNS, Cluett, 20 January 1917.

87 Ibid., 29 March 1917 and 1 April 1917.

88 Ibid., 20 November 1917.

89 CNS, Cluett, 7 May 1917.

spend Sundays with maiden aunts. Beyond that, the confirmation that they were "being useful," as Doreen Gery acknowledged, was a critical element in their personal satisfaction with their VAD service. For many, going back to the old reality was almost more difficult than their original adjustment to the new. Some experienced a restlessness, described by a daughter of a St. John's VAD who noted that: "They had to find things to occupy themselves after they'd seen a bit of the world."⁹⁰ One response was that of the young Newfoundland widow, Janet Ayre, who "campaign[ed] vigorously for votes for women in the 1920s."⁹¹ While Violet Wilson, who hurriedly left Boulogne at the War's end because of her mother's illness, found Victoria to be "too quiet and too sudden a change from all the wartime hustle and bustle." Feeling "restless and dissatisfied," she used her "veteran" status to gain a post as an Emigration Officer for the Canadian government in Glasgow, Scotland. Thereafter, Violet Wilson rejected marriage to a British Columbia fruit farmer in favour of a varied career that ranged from broadcasting, to work in a northern oil exploration camp, before settling into a 15-year career as a tour guide in Europe.⁹² Few VADs followed such an unconventional path, and many opted for the traditional security of marriage, but not all willingly remained in the home. Elsie Chatwin Malone acknowledged that war service had given her a taste for independence, but that her husband would not countenance a wife in paid employment, and she had little choice.⁹³ Such experiences validate recent scholarship on women's voluntary war service that argues against prevailing views of the War as a watershed for women's emancipation.⁹⁴

However, many former Canadian VADs did return to previous positions in offices, schools, and the civil service, and a few found their VAD service was an asset to future careers, providing them with enhanced status and credibility.⁹⁵ The President of New Brunswick's St. John Ambulance Association declared it essential that his Council employ a "well qualified, paid secretary," and he

90 Marion Frances White, *The Finest Kind: Voices of Newfoundland and Labrador Women*, (St John's, 1992), 9.

91 CNS, Collection 158, Janet (Miller) Ayre Murray, File, 1.06, Biographical outline, unpublished. Janet Ayre later remarried to Alexander Murray of St. John's.

92 NA, 9861 ACC 1981-011, Violet Wilson Interview.

93 Basmajian, producer, *And We Knew How to Dance*, Elsie Chatwin Malone Interview.

94 Janet S. K. Watson, "Khaki Girls, VADs and Tommy's Sisters: Gender and Class in First World War Britain," *International History Review* 19 No.1 (February 1997): 51; and Henriette Donner, "Under the Cross - Why VADs performed the Filthiest Tasks in the Dirtiest War: Red Cross Women Volunteers, 1914-1918," *Journal of Social History* 30 No.3 (Spring 1997): 699-700. See also, Prentice, *Canadian Women*, 249-63, for a discussion of the obstacles that restricted married women's employment and single women's advancement.

95 Evidence from Canadian City Directories show many VADs returned to schools and offices, while *The Civilian* (June 1918 to July 1920) indicates that 7 of 10 VADs who returned unmarried resumed their posts in the federal public service. The five newly married VADs relinquished their jobs in the government.

selected “a VAD who served overseas. Her technical knowledge is of the first importance in appreciating and assisting in the difficulties of the centres she visits. Wearing the St. John Ambulance uniform on official occasions in this case has been found to add distinction and impressiveness to the office.”⁹⁶ VAD experience also influenced the choice of postwar activity for other Canadian women. Eugenie Marjorie Ross of Montreal returned from overseas service to become a VAD masseuse at the Ste. Anne de Bellevue Military Convalescent Hospital. Her experience and training led to a notable career in physiotherapy at the hospital.⁹⁷ Bessie Hall held a BA from Dalhousie when she enlisted for VAD service in Halifax in mid-1918, after the War she continued her studies, earning an MA at the University of Toronto and a PhD at Bryn Mawr, followed by a career in social work.⁹⁸ A former federal employee, Hazel Todd, was Lady Superintendent of her VAD Nursing Division in Ottawa and in the postwar she found a new position as Secretary of the Ottawa Social Hygiene Council.⁹⁹ VAD and Red Cross volunteer, Margaret S. Brown of Halifax, found work in the newly established postwar Red Cross “Peace Programme,” promoting Health Caravans across Nova Scotia.¹⁰⁰ Ellen Scobie was honoured for bravery during the bombing of Étapes, and once home in Ottawa she was rewarded for “her excellent war record as a VAD.” Formerly in charge of a press at the Canadian Bank Note Company, she was appointed “nurse,” and given responsibility for the “rest room and first aid station.”¹⁰¹

While some women can be seen to have benefited from VAD service through new careers and opportunities after the War, it is apparent also that very few went on to train for careers as graduate nurses, or used their VAD experience as a bridge to nursing work, as Canadian nursing associations had feared.¹⁰²

96 Col. Murray MacLaren, “Address, 9 March 1921,” in *Canadian Branch of the St John Ambulance Association Eleventh Annual Report* (1920), 40-42.

97 Material kindly loaned by Mr G. Finley, son of Eugenie Marjorie Ross (Finley).

98 Public Archives of Nova Scotia (PANS), MG31 Vol. 661, McGregor-Millar Collection, Bessie Hall Letters. See also, Margaret Conrad, Toni Laidlaw, and Donna Smyth, eds., *No Place Like Home: Diaries and Letters of Nova Scotia Women, 1771-1938* (Halifax, 1988), 242-60, “Bessie Hall, 1890-1969.”

99 Ottawa City Archives, MG42-1-1537 and MG42-18-181, *St John Ambulance, Ottawa Collection*. Also, *Canadian Branch of the St John Ambulance Association, First Aid Bulletin*, (December 1923), 15. See also, *The Ottawa City Directories* (1916 through 1930).

100 PANS, MG20, No. 321, Red Cross File, 1914-1918. Also, *Halifax City Directory*, (1920).

101 *First Aid Bulletin*, (June/July 1923): 9. Also: Galloway, *The White Cross in Canada*, 55.

102 Jean Gunn, “Nursing: Address Given Before National Council of Women,” *Woman’s Century* (August 1918), 11. Also, Riegler, *Jean I. Gunn*, 83. Evidence thus far indicates no more than four women who listed their postwar work as “nurse,” and are not otherwise accounted for in nursing related occupations. All four women have a gap in their postwar records that would allow time for their nurse’s training. They are: Dorothy Persis Child, Toronto; Alice Hall, Hamilton; Laura Marietta Harper, Hamilton; and, Anna B. Sheppard, Regina. Information comes from a variety of local records, city directories, St. John House Archives, and BRCS records.

Some nursing groups attempted to circumvent former VADs from undermining hard-won professional standards. Kathryn McPherson noted that nurses in Brandon, Manitoba agreed to credit VADs with one month experience for every year of overseas nursing service, for the purpose of registering their qualifications for hire.¹⁰³ Yet, few VADs equated their work and experience with that of the trained nurses they had worked under, for most it was enough to have “done their bit,” through long hours, under conditions of extreme stress and discomfort, with little room for initiative and much opportunity for criticism and reprimand. Within the hospital world, only the patients accorded the VADs equal status to the trained nursing staff, suffering men who saw no difference in the cool hands and veil-framed faces of the women who cared for them. Anne Summers noted British attempts by matrons to curb the confusion of the patients by having VADs referred to as “VADETs,” but the patients refused to comply.¹⁰⁴ While their work had been hard, often unpleasant, and frequently heartbreaking, Canada’s VADs weathered the problems and proved their usefulness. As a few had declared emphatically to outraged nursing supervisors, they had “come to serve the men,” and were proud of their service. Yet, the VADs quickly shed their nurses’ veils, choosing not to “share the halo” once the crisis was past, and returned instead to familiar surroundings far removed from the world of the wartime hospitals. Perhaps in the end it was the pragmatic Frances Cluett who had the final word on Canadian VAD service: “Being a VAD is not all sunshine mother!”¹⁰⁵

103 McPherson, *Bedside Matters*, 283, footnote 142.

104 Summers, *Angels and Citizens*, 262.

105 CNS, Cluett, Rouen, 26 October 1917.