Artifacts and Archives/Archives et artefacts de la pratique médicale

Assistant Angels: Canadian Voluntary Aid Detachment Nurses in the Great War*

LINDA J. QUINEY

Abstract. Canada’s Voluntary Aid Detachment nurses of the Great War have yet to be recognized in Canadian nursing history. This article offers a synopsis of the evidence traced thus far in the search to recover their history, and presents some of the issues that history addresses. Comparisons to the much larger and well-documented British VADs of the era testify to similarities in social origin from among the more privileged Protestant, middle and upper classes from across Canada. Yet significant distinctions have been found in both the academic and employment profile of Canada’s VADs. The research addresses conflicts that surrounded issues in the professionalization of nursing, the gendered dimensions of nursing as “women’s work,” both in peace and war, and tensions deriving from the juxtaposition of both volunteer and career nurses in the hospital environment. The postwar effects of VAD nursing are also addressed, both from the perspective of the women themselves and the emerging Canadian society witnessing the evolution of the “working girl” and the voting woman. While still incomplete, this research promises to recover a dynamic community of Canadian women, contributing new insights into women’s history, medical history, and Canada’s history.

Résumé. Les infirmières du détachement d’aide volontaire du Canada de la Grande Guerre attendent toujours la place qui leur revient dans l’histoire canadienne des services infirmiers. Ces notes de recherche présentent un résumé du témoignage que l’on a recueilli jusqu’à maintenant dans le but de reconstituer leur histoire et exposent certaines des questions que l’Histoire pose. On a établi des comparaisons avec le groupe beaucoup plus imposant des infirmières bri-
During the Great War the image of the "Angel of Mercy" frequently was used by Western war-relief organizations, like the Red Cross, to promote fund-raising, or recruitment of volunteers.\(^1\) The maternal and nurturant capacity of woman's role as the white-veiled nurse was idealized, and the Madonna-like nurse became a blatant, but acceptable mode of propaganda that served to legitimize Canadian women's participation as uniformed nurses in the military hospitals overseas.\(^2\) While little recruitment was needed to encourage Canadian graduate nursing sisters to heed the call of King and country, untrained women were also moved by the strength of the imagery to offer themselves as volunteer nurses for the duration of the war. The late-nineteenth-century spirit of voluntarism continued strong in the consciousness of English-speaking Canadian middle- and upper-class women, whose social world was still governed by Anglo-Victorian structures. The majority of these women satisfied their obligations to the war effort in a myriad of projects, contributing time and energy to Red Cross work rooms, fund-raising schemes for hospitals, and numerous other volunteer efforts that conformed both to their social and marital status, and to women's role in the male sport of warfare. However, a segment of the younger women were not satisfied with this surrogate war effort, and were determined to become more directly involved.

These women sought an active participation in the war, striving to place themselves as close to the battlefields as any woman was permitted, in the countless military and convalescent hospitals established by the allied forces and volunteer organizations. With rudimentary training courses in First Aid and Home Nursing offered in Canada through the St. John Ambulance Association, the women could apply to
be taken on by the St. John Ambulance Brigade and hope to serve as volunteer unpaid nurses in the military hospitals in England, or on the continent, following a brief internship in Canadian convalescent hospitals. The number of Canadian women who subsequently qualified as Voluntary Aid Detachment nurses in Canada in no way approximated the thousands of British women who became VAD nurses. Yet the enrollment of 1,199 Canadian women as VADs by the end of 1917 is significant when measured against the approximately 3,000 trained Canadian nurses serving overseas by the war’s end, from a total Canadian population that was then less than nine million. Regardless of their sizeable representation however, Canadian VAD nurses of the Great War have remained in obscurity, since no major Canadian nursing history has yet acknowledged their participation. While the British VAD nurses have been well represented through Vera Brittain’s diaries and testaments, and the more recent work of Anne Summers in Angels and Citizens (1988), their Canadian counterparts have found no voice in history, no Canadian Vera Brittain to tell their story. This article outlines continuing doctoral research examining the long-neglected history of Canada’s VAD nurses of World War I. The study intends to encompass the full scope of Canadian VAD history in the Great War, profiling the VAD membership, the origin and organization of the scheme, the central aspects of VAD hospital work, including relationships with trained nursing personnel and soldier patients, and significant outcomes such as postwar VAD employment, social, and political activities, and any influence the VAD scheme may have had on developments in the Canadian nursing profession and subsequent Canadian health care concerns of the interwar era.

As the history of British VADs has subsequently revealed, no single narrative regardless of its eloquence, can adequately represent the entire group. While the Canadian experience draws from a smaller community, it is no less complex and diverse, defined in part by geography and environment. The research thus far has identified approximately 500 Canadian VADs who served both at home and overseas. Many of these young, middle- and upper-class Canadian women travelled thousands of miles across country before embarking, with their more easterly sisters, on a journey across a dangerous ocean to serve as volunteer nurses in distant, unknown hospitals. The history of Canadian VAD nurses therefore cannot be examined solely from the perspective of one region of the country, or a few personal experiences. While Ontario with its larger population and developed urban centres contributed the larger share of volunteers, the Atlantic region, Quebec, and the western provinces provided a considerable proportion of the VAD nurses. Consequently, the history of the Canadian VADs involves both regional and
national perspectives, as well as the international influence of the British VAD scheme, which in large part controlled the Canadian organization. To develop all of these areas, as well as the critical perspective of the women themselves, a combination of official and personal documents from across Canada and in England have been consulted. The diaries, journals, and letters provide a vivid narrative of life in the wards of hospitals overseas and in Canada. They also offer insight into the working relations of the VADs with the trained nurses, and the equally complicated social and professional interaction with the medical hierarchy and their soldier patients.

Beyond the personal records, the official documents and reports of those charitable organizations most closely associated with the development and operation of the VAD scheme in wartime Canada, the Order of St. John and both the Canadian and British Red Cross, are critical to the study. In addition, Canadian government records, specifically those of the Canadian Army Medical Corps and the Military Hospitals Commission, provide the official government and military-medical perspective on the organization and operation of the VAD scheme in Canada and overseas. There is no single, comprehensive set of records that can reveal the history of Canada’s VAD nurses of the Great War. Evidence is scattered throughout a wide range of materials produced by organizations, academic institutions, governments, and individuals. Singular events, such as the Halifax explosion of December 1917, and the Spanish Flu epidemic that ravaged Europe and North America through 1918 and 1919, also called on the resources of Voluntary Aid Detachment Nursing Divisions, leaving evidence of their contribution to these crises. While the story of each individual woman cannot be told in detail, a comprehensive biographical outline is being developed, with unique aspects and regional diversities taken into account. From this, a comprehensive representation of Canada’s World War I Voluntary Aid Detachment nurses has begun to emerge.

The significance of the Canadian VAD experience of the Great War goes beyond its importance as a form of middle-class women’s wartime voluntarism. In Canada, the VAD scheme coincided with nursing’s early struggle for professionalization, an issue that was never fully realized in the sense of “self-regulation and workplace autonomy that characterised other professions such as medicine,” as Canadian historian Kathryn McPherson stated in her recent study Bedside Matters (1996). McPherson noted that by 1922, “legislative definition of the registered nurse” was a fact across Canada, but not all practising nurses were as yet qualified under this term. The war was both a help and a hindrance in this process, as nursing practitioners put aside career issues for the immediate concerns of wartime medicine. However, their
wartime performance overseas gave Canadian nurses positive impetus in their postwar drive for professional status.

Canadian historian Beverly Boutilier has observed that middle- and upper-class women of the war era still found difficulty in distinguishing between nursing as a hospital based professional career for women, and the traditional maternal-domestic role provided by women in the home. As evidence of this, VAD nursing in the Great War was seen to conform to what one Canadian St. John Ambulance Association President characterized as "women's natural and Divine instinct of nursing." This study therefore will question to what extent VAD nursing influenced the drive to professionalize Canadian trained nursing by reinforcing the perception of nursing as women's natural work rather than a skilled profession, or whether the VAD example accelerated the process of professionalization, by alerting trained nurses to the urgency of organizing and promoting their professional skills in the face of competition from volunteers.

The relationship between voluntarism and the development of women's professions is particularly notable. The wealth of recent international scholarship on the development of social work as a "woman's profession" underscores the critical role of women volunteers, both in the professionalization process, and the institution of the welfare state. The history of Canadian VADs must also explore themes similar to those examined by European historians Gisela Bock and Pat Thane in Maternity and Gender Policies (1991), which linked women's voluntary work both to the struggle for suffrage and the development of state welfare. Unlike the active feminists discussed in Bock and Thane, however, Canadian VADs have yet to demonstrate any participation in organized activity on behalf of women's rights. Vera Brittain's well-documented feminism and pacifism do not appear to have migrated to Canada in the bosom of returning Canadian VADs. There is some evidence of active VAD participation in the postwar suffrage movement among Newfoundland VADs, but Newfoundland's colonial status, until 1949, renders debatable whether this particular interest in the suffrage movement can be considered "Canadian" in the 1920s.

The theme of maternalism informs any discussion of women's voluntary nursing, as denoted in the perception of women's "natural and Divine instinct" for the work. Yet despite the enthusiastic response to the British VAD scheme, the concept of the VAD nurse was not wholly accepted in Canada. Neither the Canadian medical establishment nor the military was eager to receive female volunteers, as evidenced by one Canadian doctor who declared from his knowledge of the British military and VAD hospitals that "the unqualified woman is a nuisance... she is an absolute failure." Another physician, responding to a
friend's enquiry about possible VAD work for his daughter overseas, replied that girls were needed, but only "if they mean business and really want to help instead of just going to England for a jaunt as we are told many have done." The perception of the VAD nurse as frivolous and vacuous was compounded by the uncertain social status of VAD work as unpaid, voluntary nursing. When Canadian Grace Morris sought advice about war work in London from her brothers serving overseas, she noted that, "For some reason which I never learned, my brothers did not wish me to become a VAD." Such concerns were fed by images produced in popular culture questioning the virtue of nurses and VADs. A series of postcards depicted nurses and VADs embracing soldier patients while drinking and smoking, over captions declaring "Second Aid" or "Not in the Prescription." Likewise, books purporting to praise women's war work, like Hampden Gordon's Our Girls in Wartime (c. 1917), instead emphasized the soldier's flirtatious attraction to the VAD.

The gendered dimensions of VAD nursing reflected in these attitudes require that the issue of femininity as a social construct also must be considered within the context of women's volunteer and paid work. In her work on the Revolutionary era, American historian Ruth Bloch has demonstrated that feminine virtue in time of crisis necessarily was extended from private maternal and domestic nurturing to include nursing in the public domain, in caring for wounded and dying men, who were frequently strangers and of lower social standing. In wartime the military nurse and her volunteer sister declare their patriotism and valor in service and sacrifice behind the lines, substituting their nursing skills and maternal compassion for weapons. Yet there is a dilemma in the ascribed maternal role of nurturing the soldier back to health in order that he may return to the battlefield and the further risk of injury or death. The wartime nurse, whether volunteer or trained, is thus situated firmly in the gendered dimensions of virtue, morality, and patriotism, at once feminine and maternal, as well as masculine and military.

During the Great War, Canadian volunteer and trained nurses alike responded in force to do "their bit" for the war effort, motivated to varying degrees by patriotism, propaganda, and a sense of adventure. Qualified graduate nurses had a clearly defined path through the Canadian Army Medical Corps (CAMC), which recruited them to serve in the Canadian military hospitals overseas. Conversely, women who aspired to enter hospital work as Voluntary Aid Detachment nurses had a far less certain route to follow, since the Canadian VAD nurse did not enjoy the unreserved confidence of either the medical or military wartime establishments. Only the two charitable societies responsible for the development of the VAD scheme, the Order of St. John in Canada
and the Canadian Red Cross Society, were fully confident of the value of VAD nursing. The Canadian Branch of the St. John Ambulance Association had been offering separate training courses in First Aid for men and women since 1883, and their courses in Home Nursing specifically for women, date from 1912 when the first Canadian Nursing Division was formed in Toronto. The St. John Ambulance Association in Canada was transplanted in the image of the British parent organization, as an elite, Protestant, and militarist charitable foundation dedicated to emergency medical aid and training. A significant proportion of the Canadian membership of St. John were ex-military, as well as professional physicians and surgeons. The early courses for women were largely attended by the daughters, wives, and sisters of the members, plus their associates from other women’s groups including the Young Women’s Christian Association (YWCA) and the International Order of the Daughters of the Empire (IODE). With the onset of war, recruitment for the VAD scheme was extended to a wider circle of applicants beyond the St. John Ambulance membership, but a requisite fee for the First Aid and Home Nursing courses helped to maintain their exclusive accessibility to women from the middle and upper classes of Canadian society. In Britain, complaints from the British Red Cross Society (BRCS) that fees made the courses elitist were countered with the St. John Ambulance Association’s perspective that limiting the type of applicant was the desired result.

When Canada entered the Great War in 1914 the British VAD scheme, created in 1909 in anticipation of the coming war, was adopted as the model for the Canadian organization. Canadians, like the British, also assumed a need to shore up their national internal military medical services in order to prepare for possible invasion. Fear of invasion in Canada was fuelled by hysterical journalism and flagrant war propaganda, and gave impetus to the St. John Ambulance recruitment initiatives, which enthusiastically encouraged suitable VAD candidates to qualify for St. John Ambulance Brigade nursing divisions. As the initial concern for invasion diminished, the first officially designated Canadian VAD nurses, trained and organized by the St. John Ambulance, began their war service cheerfully distributing candy and cigarettes to departing troops at train stations and dockyards, with the typical optimism that characterized the early stages of the war. The reality of war had not yet begun to fill the waiting convalescent hospitals with returning casualties, nor the honor rolls of the glorious dead.

While VAD nurses were gradually recruited to assist in the Canadian convalescent hospitals at home, helping to fill the void left by military nurses departing for overseas duty, many Canadian VADs grew impatient for a more immediate and active role in the war. A sizeable, but as
yet undetermined number of Canadian women circumvented the slow official route through the St. John Ambulance Brigade in Canada and financed their own passage to London. If qualified, the women frequently were taken on service directly at the British Red Cross headquarters at Devonshire House in London, and then placed in British military hospitals working alongside British VADs. The women who patiently waited back in Canada for placement in the Canadian military hospitals established overseas were largely unaware of the obstacles in their path. When the Joint War Committee of the British Red Cross and Order of St. John of Jerusalem called for the first Canadian Detachment for overseas service in 1916, the women were to be despatched to British military hospitals only, since the CAMC wanted no part of volunteer nurses in its hospitals. Some Canadian women were later able to transfer to privately funded hospitals established in England and France for Canadian officers, establishments approved by the Canadian military, but not staffed or financed by the government.

The CAMC had militarized the male and female medical personnel in its hospitals for the duration of the war, appointing nurses to the rank of Lieutenant, and feared that volunteers would undermine hospital discipline. The physicians and nursing leadership of the CAMC were equally concerned that "amateurs" would undermine their efficiency and professional standards. A limited number of Canadian VADs were eventually accepted into the CAMC hospitals for non-medical duties only, to answer telephones, run errands, and entertain convalescents in the Red Cross Recreation Huts. Once overseas, most Canadian VADs entered a limbo-like existence, subsumed into the legion of British VAD nurses, and became an unidentified part of the British military hospital personnel, subsequently lost to Canada's nursing and women's history. Regardless of the similarities in the composition of British and Canadian VAD enrolment derived from the middle and upper classes, there are some notable variations in the Canadian contingent. As voluntary unpaid war work, VAD nursing in Canada and Great Britain overwhelmingly excluded women who needed to earn a wage for self-support. This, combined with the cost of instruction for the required St. John Ambulance courses, placed undeclared economic restraints on VAD participation in both countries. The requirement that VAD nurses be between 21 and 48 years of age, plus a preference for unmarried women, further narrowed the range of possible applicants. Anne Summers found that British VAD enrolment favored women who were, in her words, largely "outside the labour market altogether." While the composition of Canadian VAD nursing divisions, like the British, definitely favored those candidates who were economically secure, the enrolment also demonstrates a high proportion of previously
waged women. Unlike the Summers representation of the British VAD, a significant number of the 500 women already identified as Canadian VADs left responsible, paid positions to take up VAD work. While Summers' work does not discuss the proportion of British VADs who had either university degrees or training, Canadian evidence reveals that this also was not uncommon among the Canadian VAD enrolment. Most Canadian VAD prewar employment was concentrated within the boundaries of early-twentieth-century women's occupations, particularly in teaching, social work, and clerical work and positions in the provincial and federal public service. In Canada, trained nurses were excluded from VAD service, beyond instructing in St. John Ambulance courses or commanding nursing divisions, volunteer work usually taken on by married or retired graduate nurses. The skills of active trained nurses were reserved for the military and convalescent hospitals.

Being in paid employment did not conflict with the social image of a young middle-class woman in the war era, but the prospective VAD had to be ready to relinquish her salaried position on short notice in order to take up the duties of volunteer nursing. Despite reimbursement for uniform costs, travel, and a basic stipend for necessities while working, benefits not offered in the early stages of Canadian VAD organization, these allowances did not replace the young women's salary yet this loss of salary was apparently not a problem for Canadian VADs, who appear to have had other means of financial support. Daisy Johnson of Regina left her job as secretary to the provincial Deputy Minister of Education for Saskatchewan in 1918, to take up VAD work overseas. She did not hesitate to abandon her position, betraying no fear for the loss of income, nor concern for her job at war's end. Bessie Hall of Bridgewater, Nova Scotia, who held a BA with "distinction" from Dalhousie University, gave up a teaching position at the School for the Blind in Halifax in October 1918, to do VAD work in a Halifax hospital. Writing to her mother, Bessie expressed the hope that her sacrifice and experience would guarantee an overseas posting, but the war ended before she became eligible for transfer. Overall the evidence indicates that nearly one third of the 500 Canadian women identified thus far held pre-VAD paid employment, work they readily relinquished for unpaid voluntary war service.

While less frequent, VAD nursing combined with university study was not an unusual Canadian experience. As a student at the University of Toronto, Adrienne Stone also served as a VAD nurse at the Davisville Convalescent Hospital in Toronto. When interviewed in the 1970s, she noted that: "Everybody worked at two things. If you were at the university you'd work during your holidays." Mrs. Stone also noted that
social pressure required women doing war work to suppress some of their maternal instinct in the interests of the war effort, and that only married women with children were expected to stay home. Mrs. Stone recalled a contemporary news article which demanded that single women ignore a crying child in the street if the diversion might lead to her being late for work, and to let other women who had the time attend to the child’s needs. For the purpose of the war effort, the work of a single woman was often given the value of men’s work. These observations also speak to the reconstruction of gender roles, and adaptation of feminine virtue in the crisis of war, noted by Ruth Bloch. The VAD nurse had to extend her maternal instincts to a wider sphere beyond the home, when her feminine, domestic nurturing was applied to the greater good of the common cause, in the public institution. While any woman could care for the child, the nurse in uniform, whether paid or voluntary, was needed to serve the cause of the war.

The transference of the nurses’ maternal concern from the child to the wounded soldier has been noted by literary historian Sandra Gilbert, who examined the blurring of gender definitions and femininity in wartime through the literature of the era. Gilbert explored the apparent role reversal of male and female dominance in wartime hospitals, commenting, “while men were now invalided, and may be in-valid, their sisters were triumphant survivors,” and while the nurse was the “servant of her patient,” she was the “mistress rather than the slave.” Gilbert noted that “when men are immobilised and dehumanised, it is only these women who possess the old (matriarchal) formulas for survival.” Popular Red Cross posters of the era such as a larger than life Madonna-like nurse cradling a miniaturized wounded soldier visually emphasized this phenomenon. Written accounts of life in the British War Hospitals, like those found in the letters of Newfoundland VAD nurse, Sybil Johnson, reinforce the concept of the wounded man’s dependency, and she frequently refers to her soldier-patients as “children” or “little boys.” Johnson’s description of a day’s work demonstrates her maternal approach to the work, as 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 also “help them up to dress.”

From Sybil Johnson’s account and others, it is apparent that Canadian VAD nurses, as auxiliary nursing assistants, were aware of their subsidiary nursing roles. Yet their letters and diaries demonstrate that they remained determinedly dedicated to the cause of the war and the needs of the men, and were relatively uncomplaining in the face of unfamiliar, often unpleasant and continuously exhausting work. The fear and cynicism demonstrated by the Canadian medical and military hierarchy to-
wards the performance of VAD nurses in the British military hospitals have not yet been proven by example. In a filmed interview, Canadian VAD Doreen Gery recounted her first experience in a British military hospital, where she was required to use gauze pads to gently pat down the exposed and rising intestines of a mortally wounded soldier. Barely able to face the horror, and protesting vehemently to the Sister that she would rather die than do this task, Gery was curtly reproved: “Well die then! You’re no good to me if you can’t do the work!” Angry, but determined, she carried on and was rewarded a few weeks later by a sign of approval from the same Sister. Adrienne Stone and others have noted that the most responsibility a Canada-based VAD usually could aspire to was changing dressings or night duty in charge of a ward, but the work varied according to the hospital type and location, and the VADs were expected to adapt, as Doreen Gery described.

Volunteer and professional nursing relationships did not always develop on positive terms. Canadian VAD Violet Wilson experienced prejudice against her “colonial” status, and recounted that the Matron in her London hospital had declared: “colonials have no sense of discipline,” and other awful faults that Wilson declined to relate. Wilson was adamant that British nurses were antagonistic to all VADs, but more so to the “colonials,” and she herself rebelled when told to rise half an hour earlier in order to bring hot water to the nurses’ bedrooms, answering impertinently that she had come to wait on the men, not the nurses! Wilson, the eldest daughter of Edmonton’s first medical doctor, had entered VAD service following her younger brother’s death at Ypres, and her sister’s departure for nursing school. She abandoned her voice lessons for a more active role in the war, and an aunt responded to Violet’s training in motor mechanics, in anticipation of driving an ambulance, as “Hardly feminine work!” Violet’s only nod to the possible loss of femininity was to have her regulation VAD hat cut to a more fashionable tilt before leaving Canada, and the rest of the uniform altered to more flattering proportions after arriving in London, both against St. John Ambulance regulations. Wilson’s experience of a comfortable and leisurely life in the prewar era was not uncommon among VADs. British historian Lyn Macdonald noted that, “no-one could have been less equipped for the job than these gently nurtured girls who walked straight out of the Edwardian drawing rooms into the manifold horrors of the First World War.” This sentiment applied for British and Canadian VADs alike, yet the voluntary definition of VAD work demanded a degree of financial security not dependent on waged employment.

It would be dangerous to infer the predominant response of nursing sisters towards VADs, Canadian or British, solely from Violet Wilson’s
impressions. Not all of Wilson’s VAD experience was negative, and the British hospital in London is contrasted markedly in her narrative with the country club atmosphere of the private convalescent home for Canadian officers that she transferred to in France. Commentaries from other Canadian and Newfoundland VADs do not echo a consistent animosity towards "colonials," or any sustained resentment towards VADs specifically, but a lack of civility was not uncommon. Frequently it is difficult to determine if a nurse’s caustic attitude was natural temperament, or a defensiveness against upstart volunteers with privileged backgrounds. Canadian VAD Jane Walters, daughter of a prominent Southern Ontario newspaper publisher, once responded to a British nurse’s perceived rudeness, protesting "she had not come 3000 miles as a volunteer to be spoken to in that manner," for which she was reprimanded and transferred to another ward. It is clear that friction stemmed from a variety of sources, including professionalism and class. As Kathryn McPherson has demonstrated in her history of Canadian nursing, structure, rules, and hierarchy were at the core of hospital nursing, and the presence of so many untrained neophytes who lacked the understanding of the hospital system often horrified the regular nursing personnel.

However, for the few Canadian VADs actually posted to CAMC hospitals overseas, the recorded nursing response is quite positive. Visiting Matron Cameron-Smith of the CAMC Nursing Service reported from an inspection of a Canadian hospital at Folkestone, that there was "no evidence of friction between Sisters and VAD workers." The Matron was complimentary about the value of VAD help which, in her words, allowed "a Nursing Sister to be free for the more technical duties." Newfoundland VAD Sybil Johnson however had mixed reactions to the nursing hierarchy in her Liverpool area hospital, and while she did not perceive any resentment for either her VAD or "colonial" status, she candidly observed that: "In some wards the Sisters are pigs and the nurses horrors, but mine are all nice and quite jolly...."

Despite their mixed reception, Canadian VADs served in hospitals at home and overseas for the duration of the war and often beyond. From the personal documents available, primarily letters and diaries, it is difficult to define the motivations for voluntary nursing service, where fatigue and hard work were often the easy part of the routine. There is no single answer as to why a young woman of good family, often well-educated and frequently employed in a respectable waged position, would eagerly seek the kind of voluntary war work that challenged her finer sensibilities, threatened her health and disturbed her self-confidence, often taking her thousands of miles from home. Sybil Johnson declared in a letter: "Sentimentality was what brought me and
it even made me like it.’’61 Violet Wilson and Jane Walters each sought VAD work after losing a brother early in the war, but Jane declared that patriotism was her motivation, asserting that: ‘‘You didn’t think about the costs to yourself, you just did what was needed.’’62 The authors of Canadian Women: A History (1988) have defined women’s public service as a phenomenon of the war era in Canada. They noted that most of the volunteer work sprang from a myriad of ‘‘pro-British women’s groups or reform organizations that adapted or enhanced their programs by emphasising war service,’’ among them suffragist groups who worked actively for the Red Cross.63 Canadian VAD nursing is firmly situated within this experience, thus discounting the concern of the Canadian doctor that girls were going to England ‘‘for a jaunt,’’ a claim not supported by the available evidence.64

A further initial hypothesis that Canadian women may have used VAD work as a quick entry into a nursing career also remains unsubstantiated. Whatever their varied motivations for becoming VADs, Canadian volunteers have not demonstrated a predilection for a professional nursing career in the postwar era. Only three of more than 500 Canadian VAD women identified thus far appear to have entered into postwar nursing.65 Four others were found to have held prewar nursing credentials, despite the restrictions on nursing graduates becoming VADs, and another three women gave their postwar occupation as nurses, but the interpretation of ‘‘nurse’’ is questionable.66

In the postwar era some VAD veterans put their training and experience to work in new civilian careers, like Eugenie Marjorie Ross, who used her wartime experience as a masseuse in the Ste. Anne de Bellevue Hospital, to develop a notable career in physiotherapy.67 Bessie Hall, cited earlier as a Dalhousie University graduate and former teacher in Halifax, obtained a doctorate from Bryn Mawr in 1929, and continued her career as a social worker in the United States.68 Some former VADs developed careers that related to health care, dietetics, and social service, while many returned to their former positions as teachers, public servants, and clerical workers.69

While based in women’s history, the study is also founded in medical history and intrinsically bound to both the civilian and military aspects of the Great War era. Roger Cooter has well demonstrated that the theatres of war and medicine cannot be separated ‘‘from the social and economic contexts of which they are a part.’’70 Likewise, the development of an ‘‘army’’ of volunteer nurses, both in Canada and Britain, must be seen from within and without the military framework of the war, as part of the whole social history of the era, including medicine and women, and the history and sociology of women’s work. Many questions remain to be considered through this research, including
those relating to gender, class, ethnicity, religion, maternalism, professionalization, and voluntarism. Though it may not prove possible to fully address all of these issues, it is essential to recover the history of the Canadian VAD nurses of the Great War. This was a unique experience for women in a critical era of transition, when the Canadian women's movement was poised on the brink of suffrage, and at a time, as Alison Prentice and her colleagues have shown, when the "Canadian pioneer and gentlewoman" was giving way to the "working girl."71 The Canadian VAD experience is firmly situated within the context of that transition. Beyond its historical significance, the story of this special community of Canadian women has so far proven to have a full measure of warmth, humor, horror, courage, and tears, and has recovered an association of women imbued with a vibrant determination to do "their bit" for the war effort.

NOTES

* The author gratefully acknowledges the generous support of this research by the Hannah Institute for the History of Medicine through Associated Medical Services, Inc., Toronto. This article is based on a paper presented at the "Women, Policy and Politics" Conference, London, England, 15 July 1997.


2 For a discussion of the religious imagery of the Great War as it was perceived in the Canadian context, see Jonathan K. Vance, Death So Noble: Memory, Meaning and the First World War (Vancouver: University of British Columbia Press, 1997), especially chap. 2.


A database containing all the available information on individual VADs is being developed. This will include addresses, age, marital status, occupation, and education of each VAD, the locations of her service, medals or distinctions earned in service, and family details including father's and husband's occupations. Sources include: St. John House Archives, Ottawa; Report: VAD Members Who Served in Military and Naval Hospitals Overseas, and Report: St. John Ambulance Brigade in Newfoundland—VADs Who Served in a Theatre of War; St. John Ambulance Association, Annual Reports (1920-30) and First Aid Bulletins, (1916-32); British Red Cross Society Museum and Archives, Guildford, Surrey, Personnel Card Indexes: Military Hospital Files, 1914-20; Canadian Red Cross Society Library and Archives, Ottawa, Canadian Red Cross Society Annual Reports, Bulletins, Divisional Annual Reports, and Minute Books, 1914-30; City Directories, 1915-40 (across Canada and Newfoundland); general sources including newspapers, contemporary accounts of the war, and personal records in the letters, diaries, journals, and recorded narratives.


See sources noted above for the database.

10 McPherson, Bedside Matters, p. 7.
11 McPherson, Bedside Matters, p. 20.
14 Kathryn McPherson cites a passage from the 6 May 1919 Minutes of the Brandon Graduate Nurses’ Association that notes the competition from returned VADs for nursing work. A year of overseas practical experience in a wartime military hospital was deemed by the graduate nurses to be equivalent to one month of official hospital nurses' training (McPherson, Bedside Matters, p. 70, note 142).
15 For example, see American historian Robyn Muncy, Creating a Female Dominion in American Reform, 1890-1935 (New York and Oxford: Oxford University Press, 1991); and Carol Baines, Patricia Evans, and Sheila Neysmith, eds., Women Caring: Feminist Perspectives on Social Welfare (Toronto: McClelland and Stewart, 1991) for the Canadian context.
17 The most recent exploration of Vera Brittain’s feminism is Canadian historian Deborah Gorham, Vera Britain: A Feminist Life (Oxford: Blackwell, 1996).
18 See Marion Frances White, The Finest Kind: Voices of Newfoundland and Labrador Women (St. John’s: Creative Publishers, 1992), p. 9. In an oral interview, Agnes Marion Ayre, who was related to at least two Canadian VADs and was a daughter of that generation, notes that along with her mother, these women “campaigned vigorously for votes for women in the 1920s.” Also, a photograph of a Newfoundland VAD wearing her Votes
for Women sash, and promoting a Votes for Women poster in company with several other women, while still serving in a British convalescent hospital at war's end, is located in Janet Ayre's file (see Centre for Newfoundland Studies (CNS), Coll-158, File 8.11, Janet [Miller] Ayre Murray Papers).

19 See note 8.
20 National Archives of Canada (NAC), MG27 II D9, Vol. 106, Kemp Papers, Dr. C. K. Clarke to Professor Mavor, both of Toronto, "Letter: February 27th, 1917," p. 2
22 Grace Morris Craig, But This Is Our War (Toronto: University of Toronto Press, 1991), p. 102.
25Strome Galloway, The White Cross in Canada, 1883-1983: A History of St. John Ambulance, Centennial Edition (Ottawa: St. John Priory of Canada, 1983), p. 26, 40. Records are scarce for these early classes, but a woman's First Aid Course is recorded for Quebec City in the winter of 1883-84, granting "Certificates" to 17 candidates (see p. 26). While there is no date for the earliest Home Nursing Course, the first nursing division was formed in Toronto in August 1912, under the St. John Ambulance Brigade (see p. 40). Volunteer nurses would have needed both certificates in order to qualify as VAD nurses.
28 For a full description of the organization of the British VAD scheme, see Summers, Angels and Citizens, chap. 9. For the Canadian scheme, see The Organization of Voluntary Medical Aid in Canada (Ottawa: Government Printing Bureau, 1914), p. 3.
32 Nicholson, The White Cross in Canada, p. 60. See also NAC, 9861, ACC 1981-0111, Voice of the Pioneer, by Bill McNeil, "Oral Interview: Violet Wilson." VAD Violet Wilson went over with an official St. John Ambulance Brigade group of Western-based VADs in the summer of 1918. She was first posted to the British convalescent hospital for amputees, Gifford House in Putney. Wilson applied for and was granted a transfer to the Canadian convalescent Home for Officers at Deauville, funded by private money from Toronto.
33 NAC, MG27 II D9, Vol. 106, File #19, Letter: Dr. C. K. Clarke, 16 February 1917: "soldiers who are being treated in the so-called civil hospitals are much more easily managed when nursed by Army Sisters, as they have respect for rank...."
Anne Summers (Angels and Citizens, p. 270) notes that at least 23,000 women served as British VAD nurses in the Great War.

Report: Women’s Aid Department, St. John Ambulance Brigade Overseas within the Dominion of Canada: Regulations, 1918 (Ottawa: King’s Printer, 1918), p. 4.


This evidence is gleaned from a wide variety of sources, including City Directories, University Alumnae Records, personal documents, and secondary sources, particularly biographical reports, and dictionaries.


See note 15.


From Darracott, ed., The First World War in Posters, Plate 56, “The Greatest Mother in the World.” The poster was produced for the Red Cross Division of Advertising to elicit funds.


CNS, Johnson Family Papers, Collection 201, letter to parents, 29 January 1917.

See Macdonald, The Roses of No Man’s Land, for oral or written accounts of life in the British War Hospitals from the perspective of nurses, VADs, and the soldier patients.

Silva Basmajian, producer, And We Knew How to Dance: Women in World War I (Canada: National Film Board, 1993), 56 minutes. Interview with World War I VAD, Doreen Gery.

“Interview with Adrienne Stone,” p. 183.


See Macdonald, The Roses of No Man’s Land, p. xi.


See McPherson, Bedside Matters, chap. 3, “Rituals and Resistance,” and Macdonald, Roses of No Man’s Land, chap. 8. The author notes similar British expectations for hospital procedures as those cited by McPherson, even in the makeshift environment of hastily assembled hospitals in war-torn France.


Letters of Sybil Johnson, letter to mother, 15 January 1917.

British Red Cross Society record cards indicate that many Canadian VADs stayed on well into 1919, helping to nurse convalescent soldiers.

Letters of Sybil Johnson, letter to parents, 29 January 1917.


Prentice, et al., eds., Canadian Women: A History, chap. 8, especially p. 204.

See note 14.
Postwar nurses were Janet M. Gow (Toronto City Directory, 1919, 1921); Dorothy Child (Toronto City Directory, 1923); and Edith Southcott (Vancouver City Directory, 1920).

Prewar trained nurses were Mabel Hunter and Isobel Stewart, both VAD masseuses at the large Ste. Anne de Bellevue convalescent hospital near Montreal (St. John Ambulance Archives, Ottawa, Box XB); Maud Isobel Thomas of Toronto was awarded the R.R.C. in 1919, and is listed as part of the Administrative Staff of the Medical Faculty at the University of Toronto in 1926 (University of Toronto Honour Roll [Toronto: University of Toronto Press, 1921]); and Clara McIntosh of Halifax was a retired nurse, married to a Halifax doctor, who served as Lady Superintendent to the Halifax Nursing Division in World War I, and organized volunteer services after the Halifax Explosion in December 1917 (PANS, MG100). Also, see the Ottawa City Directories, 1921 through 1930. (The other two cases, sisters Mabel and Emma Swain both list their work alternately as nurse and telephone operator [Toronto City Directory, 1919, 1921]). Further, Ellen B. Scobie listed her postwar position as nurse, but was actually in charge of the "restroom and first aid station" in her federal government office, a situation created due to her "excellent war record as a VAD...both in England and France." The tribute was a sincere recognition of Ellen Scobie's having been honored for bravery during the war. See Canadian Branch of the St. John Ambulance Association, First Aid Bulletin (June/July 1923), p. 9. See also Galloway, The White Cross in Canada, p. 55.

St. John Ambulance Archives, Ottawa, Box XA. Also, personal documents on loan from Mr. G. Finley, son of Eugenie Marjorie (Ross) Finley. Marjorie Ross Finley also served overseas in a London hospital for amputees (British Red Cross Archives).

See note 32.

Lady Martha Allen, daughter of Canadian shipping magnate Sir Hugh Allen of Montreal did VAD work in England following the death of her two sisters on the Lusitania. After the war she was active in writing plays and promoting theatre in Canada. See Sandra Gwyn, Tapestry of War: A Private View of Canadians in the Great War (Toronto: Harper Collins, 1992), p. 384. Violet Wilson of Edmonton had never held a paid position before the war. After her VAD experience, she pursued a wide variety of careers, including radio broadcaster in Vancouver and tour guide in Europe (see McNeil, "Oral Interview: Violet Wilson").
