

Prairie Bluebirds:

The No. 5 Canadian General Hospital Nurses at War

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Abstract

This thesis discusses the Canadian nursing sisters who served in the Second World War, as part of the general mobilization of the Canadian Army Medical Corps. It concentrates on a cohort of nurses from Winnipeg who were part of a medical unit known as No.5 Canadian General Hospital (No. 5 CGH). The analysis considers the mobilization of No.5 CGH, examining factors such as personal and professional connections, patriotism, and economic need in describing the recruitment of nurses. The discussion then follows the Winnipeg nursing sisters into various theatres of war, comparing their living and working conditions in England, Sicily and Italy. The study also discusses the nurses' rapid demobilization after the war, looking at their adjustment to civilian life, their postwar work as nurses, and overall legacy.

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Chapter I: Introduction

This thesis will discuss the formation of No. 5 General Hospital, which was raised in Winnipeg during the Second World War. From its formation in 1939, I will follow its path as it moves from Winnipeg to England and on to the central Mediterranean theatres of war. I will discuss how the hospital was created, and how the medical and nursing personnel came together and fostered an atmosphere, of congeniality, high standards of medical and nursing work, and a feeling of Canadian unity. The focus will particularly be on the cohort of women who were chosen as the first fifty nursing sisters.

This study is located at the intersection of multiple fields of history: women's and gender history, nursing history, and the social history of Winnipeg. In many respects, military nurses have remained all but invisible within national histories, military histories, women's histories and nursing histories.¹ As Cynthia Toman has noted, nurses have largely been treated as a, "homogenous category regardless of very different historical contexts in which they served or the diversity among them."² This particular study thus seeks to highlight the specificity of the experience of individual nurses, as well as of the different hospitals formed throughout Canada, by focusing on the nursing sisters from Winnipeg.

There have only been two full length studies on the history of Canada's military nurses. In 1975, highly respected military historian, Colonel G. W. L. Nicholson was chosen by the Nursing Sisters Association of Canada to write their first history. Entitled *Canada's Nursing Sisters*, Nicholson's study tells the story of the military nurses from

¹ Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, (Vancouver: UBC Press, 2007), 6.

² Toman, *An Officer and a Lady*, 6.

Batoche until shortly after the Second World War.³ He does not try to analyze individual nurses and their responses to war but tells the story of the nursing service in a largely descriptive, general manner. In 2007 a new history of Canadian military nurses was written by Cynthia Toman. Toman's study is strongly build on methodologies from cultural history, examining how "gender intersected with class, ethnicity, and to a lesser degree, race in transforming at least 4,079 civilian nurses into military nurses."⁴ Both of these books provide critical historical context and theoretical frameworks for my own project, which adds nuance to Toman and Nicholson's analyses of the national story by focusing in on a regional hospital and a single group of nurses.

There is also a more extensive historiography of wartime nursing pertaining to nurses outside of Canada, particularly in Britain and the United States. A recent publication by Christine Hallet studies the nursing work of British nursing sisters during World War I.⁵ While in terms of nursing practice, the first war is quite distinctive from the second war, Hallet provides important insight into the emotional impact of wartime service on nurses. An American study on the nursing experience in wartime Italy was also particularly useful because American nurses crossed paths with Canadian Nurses and they were all doing the same work.⁶ Another aspect of wartime nursing work that has been little discussed was the constant threat of communicable disease. This will be

³ Batoche was one of the battles fought during Canada's North-West rebellion lead by Louis Riel.

⁴ Toman, *An Officer and a Lady*, 3.

⁵ Christine E. Hallet, *Containing Trauma: Nursing Work in the First World War*, (Manchester: Manchester University Press, 2009).

⁶ Evelyn M. Monahan and Rosemary Neidal-Greenlee, *And If I Perish: Frontline U.S. Army Nurses in World War II* (New York: Anchor House, a division of Random House, 2004).

discussed in Chapter II, relying largely on information contained in a Canadian nursing sister memoir.⁷

This thesis is also influenced by and written in dialogue with the wider historiography on Canadian women and the Second World War. One of the earliest and most comprehensive studies of women in the war was written by Ruth Roach Pierson.⁸ She challenges the conventional view that World War II was an important event in the progress of the status of Canadian women. As I will show in chapter three, however, a close study of the nurses from No. 5 CGH complicates this position, in that nurses, unlike other wartime women workers, often retained their employment after the war, though certain wartime gains, such as military rank, proved more difficult to sustain.

In terms of primary material, this thesis relies heavily on *Medical Odyssey*, a memoir written by Dr. Charles Walton. Dr. Walton was put in charge of raising No. 5 CGH by the Canadian Army Medical Corps and his book describes the mobilization of the hospital and their work. Walton's memoir has never been explored by any previous scholar owing to its relative scarcity. Indeed, I could not find this book in any library but was able to secure a copy privately from Dr. Walton's daughter. I also utilized some of the recorded memories of the nurses themselves, such as the diary kept by Doris Carter, *Never Leave Your Head Uncovered*, which is particularly valuable for what it reveals about the nurses' experiences in Sicily and Italy, as well as a collection of short memoirs in three volumes, compiled and edited by Edith A. Landells from 1995-1999.⁹ Other

⁷ Doris V. Carter, *Never Leave Your Head Uncovered: A Canadian Nursing Sister in World War Two* (Watertown: Potlatch Publications Ltd., 1999)

⁸ Ruth Roach Pierson, *They're Still Women After All: The Second World War and Canadian Womanhood*, (Toronto: McClellan and Stewart, 1986).

⁹ Edith A. Landells, *The Military Nurses of Canada: Recollections of Canadian Military Nurses*, Three Volumes, (White Rock: Co-Publishing Co. 1995-99).

primary sources were contemporary print culture, including newspapers and professional nursing journals, as well as the biographical material on individual members of No. 5 CGH located at the Archives of The Winnipeg General Hospital/Health Sciences Centre Nurses Alumnae Archives (Nursing Sister Collection).

Chapter One discusses the mobilization of No.5 CGH and most specifically the recruitment of nursing sisters. It focuses on how nurses were selected and whether favouritism and patronage may have played a part. This chapter also analyzes the motivations of nurses in volunteering, exploring whether patriotism or economics was the strongest factor. I also describe the social history of Winnipeg prior to the war and how its strong Anglo-Canadian culture may have helped determine who, became nursing sisters.

In the second chapter of this thesis I describe the move of No.5 CGH and its nursing sisters to England and ultimately the central Mediterranean. I compare the living and working conditions of the nurses in these two theatres of war as well as the type of nursing work. In England the nurses were housed in a beautiful old Dower House and worked in a brand new hospital. The countryside was beautiful and for the most part unscarred by war. There was occasional danger from bombing but nursing sisters were usually safe. No.5 only lost one of their nursing sisters in England and that was from illness.

The nursing experience in Sicily and Italy was significantly different. Nursing sisters contended with increased danger to their personal safety, inferior accommodation and more challenging nursing work. The casualties had horrible injuries. Doris Carter describes, sucking chest wounds, and many injuries from landmines requiring

amputations.¹⁰ She also describes the battle of Ortona ... with “the Canadian troops engaged in house-to-house combat fighting against fierce resistance.”¹¹ It was the site of one of the bloodiest battles of the Italian campaign. “It was difficult for the nurses to comfort the soldiers coming from the battle, sick or wounded, in winter weather with only three kerosene stoves to heat a marquee containing thirty patients.”¹² Also, there were a huge number of soldiers and staff suffering from communicable diseases such as malaria and hepatitis. In comparing, these two theatres of war one gains insight into the adaptability and courage of Canadian Nursing Sisters.

The final chapter deals with postwar employment and legacy of Canadian Nursing Sisters. There is a discussion of job opportunities for nursing sisters in civilian life and the ways in which these nurses created their legacy.

On discharge from the Royal Canadian Army Medical Corps there were some job opportunities for veterans. Department of Veterans’ Affairs hospitals offered employment and some nursing sisters simply slipped back into their pre-war jobs in civilian hospitals. Others remained with the army but opportunity was limited for advancement due to a return to pre-war gender norms but “During the 1940’s most nursing sisters married and left the profession.”¹³

In his book, *Canada’s Nursing Sisters*, Gerald Nicholson discusses how many of the nursing sisters maintained contact with one another through local Nursing Sister’s Associations. “Those who had served in 1914-1918 joined together in various Canadian

¹⁰ Carter, 82.

¹¹ Carter, 93.

¹² Carter, 93.

¹³ Toman, *An Officer and a Lady*, 12.

cities to form units that became the Nursing Sister's Association of Canada."¹⁴ During the Second World War the association did valuable war work and emotionally supported the new generation of nursing sisters.

In her study of Canadian nursing sisters, Cynthia Toman says, "Many of the nurses, maintained contact with one another through these local and national nursing sisters' associations that met regularly over the next sixty years, developing an enduring symbolic community based on gender, shared experiences, and identities as military nurses."¹⁵ "Over time this community solidified around certain portrayals of military nursing, adopting a set of rituals and symbols forging a collective social memory. They actively promoted military nursing to younger generations of nursing while seeking to reconcile nursing ideologies with military objectives."¹⁶ These associations both local and national promoted the nursing sister's legacy through regular meetings which led to the establishment of memorial funds, promotion of nursing education, and many kinds of volunteer work.

In writing this thesis, my main goal was to illuminate and give voice to the creation of Winnipeg's No. 5 Canadian General Hospital. Because it could be a very large project, I chose to focus on the nursing sisters of the hospital. I linked the nurses with the social history of Winnipeg at the time, in order to obtain a clearer picture of what had shaped their characters and loyalties. I believe that their story sheds important light not only on medical history, but the broader history of Winnipeg and Canada in the Second World War.

¹⁴ G.W.L. Nicholson, *Canada's Nursing Sisters*, (Toronto: Hakkert & Company, 1975), 223.

¹⁵ Toman, *An Officer and a Lady*, 12.

¹⁶ Toman, *An Officer and a Lady*, 12.

Chapter II: Prairie Bluebirds: Making the No. 5 Canadian General Hospital Nurses

On September 3, 1939, Britain and France declared war on Germany after it ignored an ultimatum to withdraw its forces from Poland. Canada followed suit by declaring war on September 10, 1939. In anticipation of this declaration, Ottawa had issued orders on September 1, 1939, for Canada's entire mobile military force to be activated. This included the mobilization of the Royal Canadian Army Medical Corps (RCAMC) which included the nursing service. In response to these orders a military hospital was raised in Winnipeg which was known as No.5 Canadian General Hospital. [No.5 CGH]

This chapter will examine the creation of No. 5 General Hospital in Winnipeg, and particularly the recruitment and make-up of its cohort of nursing sisters, exploring who they were and why they joined up. Those who became Canada's nursing sisters in the First World War, enlisted for reasons of pay, travel, friends, adventure and the call of the British Empire would have also played a part.¹⁷ World War I nursing sister Clare Gass was born in 1887 in Nova Scotia to parents of Scottish origin. Her father became a recruiter and her brothers and cousins were in the fighting ranks. The war had become a family affair and their Scottish roots tied them more closely to empire.¹⁸

Nursing sisters who served in the Second World War expressed patriotism to both Canada and the Empire but they may have had more pragmatic reasons for volunteering. After a period of economic decline and professional stagnation in the interwar years, many nursing sisters were simply eager to obtain a job, and a higher paying one at that.

¹⁷ Susan Mann, editor, *The War Diary of Clare Gass, 1915-1918*, (Montreal: McGill-Queens University Press, 2000), xx.

¹⁸ Mann, xiii.

The chapter will also explore the formation and mobilization of No. 5 CGH and how the nurses were recruited under the leadership of Dr. Charles Walton. Dr. Walton had a distinguished career in the Canadian militia and as a lieutenant-colonel in charge of the medical division of No. 5. In 1980 he published a book which he called *Medical Odyssey* because he said, “it records the experiences of a man in peace and war, with much travel, and who was a physician and soldier”.¹⁹ He does not claim to be a historian but hopes his stories will have “some significance in years to come.”²⁰ His book is one of the few primary sources that records the formation and work of No.5 CGH.

This chapter will also examine how civilian and military needs for medical personnel were balanced during times of war when the demands for nursing care increased dramatically. “Like many Canadians, nurses struggled with varying levels of deprivation and uncertainty during the Great Depression.”²¹ The profession struggled with underemployment and oversupply, but joining the military was not an option between the wars, because the Canadian military system had languished under economic constraints, isolationism and policies of the William Lyon Mackenzie King’s government.²² When becoming a nursing sister was once again an option in 1939, the Canadian Nurses’ Association (CNA) was faced with the task of balancing both civilian and military needs. Competition was fierce for the newly created nursing sister positions. Nurses circumvented rules and regulations to secure one of these prestigious jobs.

Winnipeg 1939-1945

¹⁹ Charles H.A. Walton, *Medical Odyssey: Vignettes of People and Events at Home and Abroad* (Winnipeg: The Prairie Publishing Company, 1980), 1.

²⁰ Walton, 1.

²¹ Toman, *An Officer and a Lady*, 14.

²² Toman, *An Officer and a Lady*, 14.

Winnipeg was the second largest city in western Canada according to a 1941 census, with nearly two hundred and twenty thousand people. The city was a conglomeration of ethnic origins: the majority of residents (59%) claimed British origin and the economic, social and political elite - as well as – much of the general population – celebrated Winnipeg’s British character.”²³

During the interwar period it was also a city with competing political ideologies- capitalist democracy, fascism, and communism, which reflected, of course, a much wider struggle that would soon escalate on the international stage. Manitobans watched the march of events overseas, the rise of Fascism and the rapid ascent of Adolph Hitler with concern. These events were covered extensively by newspapers in Winnipeg, perhaps stoked by the persistence of *Winnipeg Free Press* editor, John Dafoe who warned the public that war was coming.²⁴ The public, barely recovered from World War I and excited by a Royal Visit to Winnipeg in 1939, were hoping for peaceful solutions to Europe’s problems.

As international tensions escalated during the latter half of the 1930s, English Canadians became increasingly committed to supporting Britain if war came. Conservative papers like the *Winnipeg Tribune* and the *Brandon Daily Sun* agreed that collective security and moral obligation to the Empire made Canada’s path clear.²⁵ According to J.L. Granatstein, “Canada went to war because Britain went to war. Not for democracy, not to stop Hitler, not to save Poland.”²⁶

²³ Jody C. Perrun, “The Patriotic Consensus: Winnipeg, 1939-1945,” PhD Dissertation, University of Manitoba, 2009, 2.

²⁴ Perrun, 2.

²⁵ Perrun, 10.

²⁶ J.L. Granatstein, *Canada’s War: The Politics of the Mackenzie King Government, 1939-1945*, (Toronto; University of Toronto Press, 1975, reprint 1990), 19.

The history of the people of Winnipeg in the late 19th and early 20th century is described in *Winnipeg: An Illustrated History* by Alan Artibise. He describes the British character of Winnipeg by the time of the First World War. This character was created due to the large influx of immigration to Winnipeg of British origin. Arriving from either Ontario or Great Britain, the large number of Anglo-Protestants, “quickly and effectively established their economic, social, cultural and political beliefs as the norm. Thereafter all newcomers were expected to conform to an established British mould.”²⁷

This early arrival of large numbers of people of Anglo-Saxon heritage is important to an understanding of Winnipeg’s culture. It helped to create a community where the civic leaders and eminent citizens were almost exclusively Anglo-Saxon and Protestant.²⁸ By 1899, this group of immigrants had a full generation to establish themselves as community leaders. Whether from Ontario or Great Britain they shared a common heritage and language, as well as religion. They also held most of the wealth and social authority. From this time on, “Winnipeg would remain in spirit if not in fact, a British city for over fifty years.”²⁹

Alan Artibise writes that “Nothing sums up the nature of Winnipeg society in this fifty year period, better than the reaction of its citizens to war.”³⁰ In 1899 when the Boer War broke out thousands of Winnipeg’s citizens attended a mass rally on Main Street in front of city hall to bid farewell to “fifty members of the Canadian contingent.”³¹ One medical officer and four nursing sisters accompanied the soldiers from Canada. The city’s social newspaper, *Town Topics*, voiced this sentiment,

²⁷ Alan Artibise, *Winnipeg: An Illustrated History*, (Toronto; James Lorimer & Company, 1977), 4.

²⁸ Artibise, 42

²⁹ Artibise, 42.

³⁰ Artibise, 42.

³¹ Artibise, 42.

I know nothing that would bind the Empire so strongly together as associations in an enterprise of this kind. It will show the world that...when we speak of the "Soldiers of the Queen," we mean all who carry arms whenever the Union Jack waves from India to Australia, from Windsor Castle to Osborne Street Barracks [Winnipeg].³²

The advent of the First World War in 1914 brought an immediate heightening of pro-British feeling among members of the city's Anglo-Saxon community. It also made certain ethnic groups in Winnipeg targets of attack. The Germans were the obvious targets and during the war the natural reaction of British Winnipeg to the German enemy was fed by crude and persistent propaganda.³³

Although his works, *Winnipeg: A Social History of Urban Growth 1874-1914* and *Winnipeg: An Illustrated History* are of broad scope, Artibise says next to nothing about the Second World War.³⁴ Little has been written about the people of Winnipeg in the years following these histories by Artibise. It is as if historians' interest in the people of Winnipeg virtually ends with the general strike of 1919, and as if nothing significant happened over all the years that followed.³⁵ Jody Perrun writes that "We thus know very little about Winnipeg's history in the dynamic years of the mid-20th century, or the way Winnipeg (and Manitoba) residents experienced this period..."³⁶

Recent scholarship suggests that by the time of the Second World War the influence of the Anglo-Canadian culture was weakening. Ethnic minorities in Winnipeg were trying to exert more influence. In particular an article by Robert Cupido highlights these changes against the backdrop of the celebration of the Diamond Jubilee of

³² Artibise, 42.

³³ Artibise, 42.

³⁴ Perrun, 14.

³⁵ Perrun, 13.

³⁶ Perrun, 14.

Confederation in 1927. The celebration was intended to promote the idea of a “new nationality” based on the linguistic and cultural dualism associated with Canada’s two founding races.”³⁷ Cupido writes that “before 1927 there had been few points of contact between Winnipeg’s majority and minority cultures, to dispel the widespread hostility and prejudice that largely defined the attitudes of the former against the latter.”³⁸

However, Winnipeg’s ethnic communities had begun to challenge both the official meanings and the hegemonic Anglo-conformity of the city’s civic culture.³⁹ They did this by becoming involved in wider spheres such as unions and politics. They also responded to the hostility of the charter group by the use of collective self-defense, in the form of a dense network of churches, mutual benefit associations, banks, schools, community halls, literary societies and so on.⁴⁰

However, there was a great deal of prejudice to overcome. The activities of labour militants increased fear in Winnipeg’s Anglo-Saxon middle classes. There was a concern that foreign elements would lead to the dilution and eventual submergence of the British “race” in Canada. Winnipeg’s British born mayor, Ralph H. Webb, worried about further immigration of non-British settlers into the west.⁴¹ He saw their presence as a “menace to Canadianism.”⁴²

In his thesis, the *Patriotic Consensus*, Jody Perrun discusses at length the problems that existed in Winnipeg between the various ethnic populations prior to and during the Second World War. “Half of the Canadian population did not share British

³⁷ Robert Cupido, “Public Commemoration and Ethnocultural Assertion: Winnipeg celebrates the Diamond Jubilee of Confederation,” *Urban History Review*, Volume 38, No.2, (Spring 2010), 64.

³⁸ Cupido, 65.

³⁹ Cupido, 64.

⁴⁰ Cupido, 65.

⁴¹ Cupido, 65.

⁴² Cupido, 65.

ancestry, but the public discourse about the war promoted the values of the Anglo-Canadian charter group that exercised all the levers of political, social, and economic power.”⁴³ “Still, most of the ethnic minorities in Winnipeg came from homelands that were also at war with the Axis countries.”⁴⁴ Many of these citizens of Winnipeg proclaimed their loyalty not to Britain but to Canada and enlisted.” At heart the vast majority of Winnipeggers recognized that Canada was on the right side of the conflict and they did what they had to in order to see the task completed.”⁴⁵

Mobilization and Recruitment

In anticipation of a declaration of war, Ottawa had sent a mobilization telegram to all the military districts across Canada. Winnipeg and surrounding areas were known as No. 10 military district. On that same day the name of Canada’s mobile force was changed to the Canadian Active Service Force. (CASF) “In November of 1939, a policy was approved ‘whereby’ the care and treatment of sick and wounded personal of the CASF, to the rear of field ambulances, would be undertaken by the Royal Canadian Army Medical Corps (RCAMC) rather than facilities provided by the British Government.”⁴⁶ This was a departure from the medical organization of the First World War when Canadian forces had been under British command. In contrast to that war, the Canadian Forces, including the medical units, entered the Second War as Allies with full responsibility for meeting the medical needs of Canadian troops rather than as “British

⁴³ Perrun, 415.

⁴⁴ Perrun, 415

⁴⁵ Perrun, 415.

⁴⁶ Nicholson, *Canada’s Nursing Sisters*, 116.

soldiers recruited abroad”.⁴⁷ “Treated by Canadian doctors and nurses and sharing ward space with other Canadian wounded,” the soldier “”would find his convalescence eased by contact with welcome reminders of home.”⁴⁸

The RCAMC had been virtually ignored in the interwar years of the nineteen-twenties and thirties. Downsized rapidly after the First World War, it had only about a dozen regimental medical officers on service and had insufficient equipment to provide hospital facilities either inside or outside of Canada. Also, there was no comprehensive scheme for the provision of medical services to cover the needs of any forces mobilized for active duty, at home or abroad. Planning medical services for an army heading to war was an extremely complex task.

The concept of Canadian General Hospitals in a military setting consisted of developing trained complements of doctors, nurses, orderlies, and administrative staff, selected in Canada, then shipping them overseas with their equipment and instruments to run fully-fledged hospitals in support of the troops, wherever they might be situated.⁴⁹ Mainly they were to treat Canadian casualties, but they also treated British and other allied troops and civilians. In 1939, there were six Canadian General Hospitals organized across Canada. There were two based in Montreal and one each in Winnipeg, Saskatoon, Hamilton and Toronto. As Ian Robertson has noted, nurses were an integral part of these hospitals: “the arrival of Canadian nurses was always an important event at these hospitals, greatly improving their efficiency and effectiveness.”⁵⁰

⁴⁷ Nicholson, *Canada's Nursing Sisters*, 116.

⁴⁸ Jonathan F. Vance, *Maple Leaf Empire: Canada, Britain, and Two World Wars*, (Toronto: Oxford University Press, 2012), 90.

⁴⁹ Ian Robertson, *The Story of a Canadian Field Surgical Unit in the Second World War*, (Victoria: Trafford Publishing, 2007), 26.

⁵⁰ Robertson, 26.

The Mobilization of No. 5 Canadian General Hospital

The initial mobilization of No.5 CGH began in September, 1939 under the guidance, of Dr. Charles H. A. Walton. He was born in 1906, the first of the Canadian-born Waltons. His father was the third son of a doctor practicing in Barbados who had the misfortune to develop a disease known as Filaria which is carried by mosquitoes. He was advised to live in a colder climate – after consulting a map he decided that Winnipeg looked to be the coldest place in the Empire and he chose to move here.⁵¹ While at university in 1922, Dr. Walton joined the Canadian Officers Training Corps (C.O.T.C.). By 1939 he had achieved the rank of Lieutenant- Colonel and was a medical doctor practicing in Winnipeg. In 1935 he married Marjorie Grace Midwinter and the marriage produced two children: a son and a daughter.⁵²

With the mobilization of, No. 5 Canadian General Hospital, Dr. Walton had help from other doctors most notably Captain A.S. O'Hara, a very experienced militia officer and a provincial hygiene officer. Dr. Walton's memoir provides specific details of how he and the others went about mobilizing the hospital. He also discusses the setting up of the hospital in England and the eventual move of No. 5 to the Mediterranean for the invasion of Sicily and Italy.

The establishment of the six-hundred bed hospital, known as No.5CGH, provided for eighteen medical officers, a principle matron and fifty nursing sisters. The hospital also had two dieticians, ward or nursing orderlies, and administrative personal such as a quartermaster, paymaster, pharmacist and chaplain. Most of the first medical officers came from the Faculty of Medicine at the University of Manitoba and the two teaching

⁵¹ Walton, 9-13.

⁵² Walton, 24.

hospitals: St. Boniface General Hospital and the Winnipeg General Hospital.⁵³ Selection of the staff for the hospital was based on tradition from the First World War, when the medical and nursing staffs of large teaching hospitals, had mobilized as complete medical units and gone overseas together. The benefits of this method were thought to be; the best surgeons, the best technology available and nurses with the best experience and skill.

However, it also had the effect of stripping the hospitals of its best and most experienced staff. As the war progressed, this system altered with the transfer of doctors and nurses in and out of medical units.

The doctors who were recruited in Winnipeg had specialties in various areas of medicine, all useful in a theatre of war. Surgeons were at the top of the list and Dr. Roy Richardson, who was a young surgeon at St. Boniface General Hospital, was chosen as chief of the surgical division of No. 5. Some others were Dr. C. Rumbell, who was from Brandon and an anaesthesiologist. Dr. Norman L. Elvin, a senior ophthalmologist, from Winnipeg and the pathologist was Dr. L.P. Lansdowne, who after the war became chief pathologist for the Province of Manitoba.⁵⁴ Also among the first medical officers were Major Cooper, Major G. Ryan, Major Graham, Captain C. Bleeks and Lieutenant P. Tisdale. Although Dr. Walton had done most of the legwork in the raising of the hospital he was considered second in command. The Commander of No. 5 was Colonel Lennox Arthur, who was a prominent obstetrician in Winnipeg. Other ranks of the hospital were recruited from the general population. Trained hospital orderlies were in short supply and many of them were older men, so the hospital recruited young soldiers for these positions. Training them became the responsibility of the nursing sisters.

⁵³ Walton, 61.

⁵⁴ Walton, 62.

Recruiting a large military hospital such as No. 5 was not an easy task. Dr. Walton wrote “building up the hospital took time, in its early days many of us were afraid that our very small establishment, was hopelessly inadequate, but as time went on we found the impossible was possible.”⁵⁵ In the beginning the hospital existed only on paper and had to be created from scratch. There was no barrack accommodation and all personnel including nurses were allowed to live at home. Because the unit was moved almost immediately to England there was no actual physical hospital called No. 5 General Hospital in Winnipeg. The first actual hospital building that the unit occupied was in England.⁵⁶

Recruiting the Nurses

The process of selecting nursing sisters was the responsibility of the district medical officer, who chose suitable candidates from an approved list, and from a flood of new applications. Nurses were recruited from all the Winnipeg Hospitals, particularly the teaching hospitals. Some were from Brandon General Hospital and a few were from Port Arthur and Fort William (Thunder Bay) and Saskatchewan.

At the time that No. 5 CGH was formed in 1939-40 the initial lists, mentioned previously, had fallen into disuse across the country. There was difficulty maintaining the lists and it also depended on who was in charge of them for recruiting purposes. Doctors chose to recruit nurses by phoning up those that they knew. Cynthia Toman calls this,

⁵⁵ Walton, 62.

⁵⁶ Walton, 64.

“a penchant of commanding officers for independent decisions”⁵⁷ Dr. Walton appears to have taken matters into his own hands when he began recruiting nurses in early 1939. He said the, “few of us charged with raising No.5 CGH, agreed that it would be wise to invite women whose ability we knew, and I am afraid that our hospitals suffered the loss of many of their most valued nurses in consequence.”⁵⁸ He began by phoning some of the nurses he worked with and asked them if they would like to go to war. He said that, “in those days the war was rather a vague affair to these young women busy in their professional nursing careers, but few demurred.”⁵⁹

Most of the time district medical officers requested nurses whom they knew personally, and whose abilities they were sure of. Stories of how doctors circumvented the lists abound. A favourite was recalled by nursing sister Helen Morton who explained that one Toronto General Hospital physician went through the hospital over the Labour Day weekend in 1939, immediately after the call to recruit nurses. He personally recruited Agnes Neill as Matron and forty staff members for duty with No.15 CGH.⁶⁰

Nursing Sister Ruth (Littlejohn) McIlrath, who joined the RCAMC in 1942, recalls, “They recruited all the senior nurses from our hospital (Winnipeg General). In a week or so I was in charge of the maternity department. I was the most experienced person in the department and that wasn’t very experienced!”⁶¹ This practice necessitated the training of other nurses as replacements, and it takes time to train new personnel. No hospital can lose a significant number of their nurses without experiencing something of

⁵⁷ Toman, *An Officer and a Lady*, 23.

⁵⁸ Lt.-Col. C.H.A. Walton, RCAMC, *Canadian Nursing Sisters*, Nurses’ Alumnae Journal Winnipeg General Hospital, 1944, 15-19.

⁵⁹ Walton, 15.

⁶⁰ Walton, 23.

⁶¹ Landells, vol. III, 15.

a set-back. This type of dislocation did correct itself over time, as replacements acquired experience. It was found at the Winnipeg General Hospital, however, that as enlistment was more or less a continuous process it was not possible to create a satisfactory state of stability.⁶²

Surgeons in particular developed preferences for certain operating room nurses with whose work they were familiar. NS Betty Nicholson of No.5 CGH moved directly from the operating room at Winnipeg General Hospital to the Fort Osborne Barracks. She said the, “surgeon was one of our doctors from Winnipeg General and he wanted a scrub nurse from his hospital, of course. So, I was taken on strength immediately.”⁶³

The unit went abroad with a full complement of nursing sisters from Military District No. 10 and most were from the Winnipeg General Hospital. Dr. Walton said, “No military hospital ever went on active service with a finer group of nurses.”⁶⁴ Dr. Walton paints a rosy picture of nurses’ response to the call for military service. These young women suddenly found themselves with the equivalent rank of officers in the army, serving under decidedly strange conditions. For a few months their lives were almost a continuous round of excitement while preparing in Canada. “In Canada their duties were light, their uniforms lovely and their pay was good.”⁶⁵ These first few months soon passed, although not fast enough for the new nursing sisters who were anxious to get into the “real war”.

The nurses from Winnipeg spent the months between September of 1939 and June of 1940 preparing for the time when they would be moved overseas. Recruiting, training,

⁶² Toman, *An Officer and a Lady*, 22-24.

⁶³ Toman, *An Officer and a Lady*, 23.

⁶⁴ Toman, *An Officer and a Lady*, 15.

⁶⁵ Toman, *An Officer and a Lady*, 15.

and administration of the unit were carried out at Winnipeg's old immigration building on Water Street. Nurses also went on duty for two week periods at the Deer Lodge Veterans' Hospital located on Portage Avenue, or at the military hospital at Fort Osborne Barracks. The hospital at Fort Osborne Barracks was located at 139 Tuxedo Ave, and had originally served as an agricultural college. In 1917, it was taken over by the Canadian military, and for the next fifty years it served as a hospital site for veterans returning from World War I and World War II. When not working, the nurses reported daily for lectures in hygiene, map reading, and army organization. They were also kept busy with uniform preparation, and training the units' medical orderlies.⁶⁶ A nursing sister describes the uniform which clearly identified her as Canadian:

Our uniforms were navy blue, a pretty colour of blue for the shirt, with a navy blue tie and a navy blue hat with a little brim, and a caduceus pin, the medical insignia, which had a snake winding around a pole. On duty our uniform was pale-blue cotton, with a white bibbed apron, all starched and a brass buckle on a leather belt. We had white starched cuffs and a veil like the British nurses, a white organza veil...⁶⁷

It was these uniforms that earned Canadian Nursing Sisters the nickname "Bluebirds".

Patriotism or Pragmatism?

In 1939, the Army was the only service in Canada with a nursing division. After World War I, a very small nucleus of nursing sisters had been retained in the RCAMC permanent force. Because the permanent force was reduced drastically between the wars the sisters who retained employment and were appointed to the various nursing districts

⁶⁶ Walton, 64.

⁶⁷ Jean Bruce, *Back the Attack! Canadian Women during the Second World War-at home and Abroad*, (Toronto: Macmillan of Canada, 1985), 130.

all had overseas experience. Six of them had been awarded the Royal Red Cross.⁶⁸

Although there were few nurses who were permanent force, many nursing sisters returning from overseas had their names placed on the army's list of reserve officers who could be called for active duty. When war came again in 1939 the reserve list had the names of over three hundred qualified nursing sisters.

Jean Wilson, writing on behalf of the Canadian Nurses Association, had assured the Canadian government in August, 1939, that should the need arise to recruit nurses again "there would be an immediate rush by nurses to answer 'The Call' for their professional services." She claimed that civilian nurses would be ready to answer, "Ready, aye Ready" to any emergency call.⁶⁹

The nurses did volunteer with enthusiasm and cited a number of reasons for their motivation. Patriotism and adventure motivated nurses and many had a strong desire to emulate the legacy established by the nursing sisters of World War I. While on the reserve list many of these very experienced nurses who had served in World War I became the instructors for the next generation of nurses. "Patriotism, that old-fashioned word, carried most of us into service", said one nurse among the hundreds who volunteered.⁷⁰

One could argue that economics may have played the larger role in the rush to enlist. "In Canada, the severe working conditions of the 1930s combined with a legacy of military nursing that bestowed officer status, military benefits, and overwhelming social

⁶⁸ The Royal Red Cross is a military decoration awarded in the United Kingdom and Commonwealth for exceptional service in military nursing. The award is made to a fully trained nurse of an officially recognized nursing service who has shown exceptional devotion and competency in the performance of actual nursing duties, over a continuous and long period, or has performed some very exceptional act of bravery and devotion to duty.

⁶⁹ Toman, *An Officer and a Lady*, 18-19.

⁷⁰ Bruce, 125.

approval in addition to similar ideological expectations,” writes Toman. In this context, military service “was very attractive to the large, valuable and underemployed pool of trained civilian nurses.”⁷¹ Was it patriotism or economics or perhaps a little of both that compelled nurses to volunteer in large numbers?

Patriotism in World War I & II

In the First World War there were over three thousand nursing sisters in the RCAMC and twenty-five hundred had served in England, the Middle East and continental Europe. Six of those had been killed on land and fifteen had died at sea.⁷² This motivating factor for service in the Second World War was voiced by NS Helen Ross of No. 5 when she said, “I wished to emulate nursing sisters of the First World War who were close friends. It was also an opportunity to travel... I joined the Army in 1939 and soon found myself in England with No. 5 CGH.”⁷³

The legacy created by the nursing sisters of the First World War was related to patriotism to Canada but also to Britain, the “mother country” of many Canadians. “The two world wars affirmed how widely these views were held across Canada and how eagerly they might be acted upon”.⁷⁴ Many of the World War I nursing sisters had at least one parent born in Britain and it was sometimes the country of their birth as well. In this earlier war, there were many reasons motivating men and women to enlist, “but an attachment to British ideals, to the British connection was one of the most common”.⁷⁵ At the time of the First World War civilian nurses enlisted with the RCAMC as part of a

⁷¹ Toman, *An Officer and a Lady*, 18.

⁷² Bruce, 125.

⁷³ Bruce, 125.

⁷⁴ Vance. *Maple Leaf Empire*, 3.

⁷⁵ Mann, *The War Diary of Clare Gass*, intro, xx.

general rush from the Dominions to show support for Mother England.⁷⁶ Many citizens of British descent were not many years removed from their time of immigration and connections to the old countries, were strong. The cultural customs of the country of origin were transported across the oceans and played out in the new country. Celebrations related to patron saints days and literary figures such as Robert Burns were common and allegiance to the monarchy was strong. At the same time a new Canadian identity was being forged. World War I nursing sisters have not left much written or oral testimony expressing pro-British attitudes. However, in her memoir nursing sister Mabel Clint, part of the first Canadian force in 1914 describes her arrival in England with this jingoistic passage. “Back from the western continent, came a loyal body of Empire Citizens eager to aid in defense of the old home.” Many of the first contingent of Canadian nursing sisters were born in “these islands” and as they, “crowded to the rigging whatever emotions they felt were those of familiar sights, home reminders, and unchanging affection that the, beauty of England brings.”⁷⁷ Mabel Clint expresses her allegiance to England with the flair of a poet.

At the time of the First World War, all Canadians were still considered British citizens. A survey of over a thousand attestation records⁷⁸ done by historian Cynthia Toman revealed that about thirteen percent of Canadian nursing sisters had been born in Britain.⁷⁹ Many others would have had one or both parents born in the British Isles. It was thought that nurses had a specific “Imperial” mandate to civilize and save the rest of

⁷⁶Toman, *An Officer and a Lady*, 8.

⁷⁷ Cynthia Toman, “A Loyal Body of Empire Citizens,” in Jayne Elliot, Meryn Stuart & Cynthia Toman, eds. *Place and Practice in Canadian Nursing History* (Vancouver: UBC Press, 2008), 13.

⁷⁸ Attestation records were documents that nursing sisters completed when joining the military. It was basically a vital statistics form.

⁷⁹ Toman, “A Loyal Body of Empire Citizens”, 13.

the world through the care of sick and wounded soldiers. This was considered a moral obligation.⁸⁰

Nursing sister Clare Gass left a diary which seems to typify the profile of a World War I nurse. She was born in Nova Scotia to Scottish born parents. Her decision to enlist was perhaps influenced by her father who was a recruiting officer, and her two brothers who had enlisted in the Canadian army. Although motivation to enlist in both World Wars was pay, friends, travel and adventure, Gass may have also responded to the call of the British Empire. In her fine introduction to this diary, Susan Mann suggests that Gass “went to war as a patriotic Canadian, a dutiful daughter, a devout Anglican, a loving sister, a dear friend, an adventurer, a romantic, and a nurse.”⁸¹

Toman argues that nursing sisters “were perceived and perceived themselves as both imperials and colonials” during the First World War.⁸² An example is the nursing sisters who served in Salonica and Lemnos. They sometimes found themselves torn between their two identities, Canadian and British. It has often been said that the First World War was a defining moment for Canadian identity formation. Toman argues that the issue of identity for Canadian nursing sisters was not clear. She says that nursing sisters who had “preconceived notions of themselves as Canadians and members of the British Empire found the reality of what they encountered was complicated.”⁸³

The nurses at Salonica and Lemnos often found it hard to comply with both identities. On the one hand they were members of the territorial forces, that is they were “colonials” from the dominions, but they increasingly disliked being treated as such.

⁸⁰ Toman, “A Loyal Body of Empire Citizens,” 13.

⁸¹ Mann, *The War Diary of Clare Gass*, xiii.

⁸² Toman, “A Loyal Body of Empire Citizens,” 11.

⁸³ Toman, “A Loyal Body of Empire Citizens,” 11.

Nursing sisters were proud of their Canadian identity and looked for ways to express it. One nursing sister was quite critical of the presence of Canadian medical units in an area where there were no Canadian troops. They wanted to care for “our boys” and increasingly seemed to perceive themselves as Canadian rather than British. They had volunteered to “watch over the health of their beloved brothers and cousins”, and to fly the flag for Empire but primarily for Canada.⁸⁴

Nursing sisters were also staunch in their desire to be found not lacking by the British nurses with whom they worked. They were sometimes made to feel second class because they were nurses from a Dominion. “Imbedded as they were in a military hierarchy and highly visible as uniformed representatives of white British military might, the nurses began “to share an emerging self-awareness of Canadian differences.”⁸⁵

Nursing sisters who served in France recall similar feelings of inferiority. World War I nursing sister Kate Wilson remembers members of the Queen Alexandra Imperial Military Nursing Corps (QA’s) as being somewhat disdainful of Canadian nursing sisters. “As these Imperial Sisters passed us they neither, glanced at us, or wished us good morning ... I could not help glancing down at our own smart, light blue service uniforms, and feel a wave of pride that I was Canadian.”⁸⁶

“By the time of the Second World War all nursing sisters still claimed British citizenship, an essential criterion of military service, or referred to themselves as simply

⁸⁴ Toman, “A Loyal Body of Empire Citizens,” 28.

⁸⁵ Toman, “A Loyal Body of Empire Citizens,” 12.

⁸⁶ Katherine Wilson-Simmie, *Lights Out; The Memoir of Nursing Sister Kate Wilson, Canadian Army Medical Corps, 1915-1918*, (Ottawa; CEF Books, 1981), 24.

Canadian, although Canadian citizenship did not officially exist until 1947.”⁸⁷ There was never any doubt that Canada would once again support the Empire.

The Economics of Nursing

To understand the economic situation that drove nurses to enlist in the military, one has to look at the status of nursing between the Wars. After the First World War there was no longer a need for a large group of military nurses. The armed forces demobilized the nurses as rapidly as possible, downsizing the number to eighty nurses within all three service branches.⁸⁸ Some returned nursing sisters found work in military hospitals with some rising to positions of authority. On November 1, 1919, the Army’s medical services were operating twenty-seven military hospitals including Winnipeg’s Deer Lodge Hospital. But as time went on veterans died or regained their health and there was less demand for nurses in the veterans’ hospitals.

Nurses looked for work in the growing fields of psychiatry and public health. There was a rise in the number of nurses working for the Victorian Order of Nurses (VON). Nurses who were war veterans were considered to have qualities which were important to the field of public health. One of these nurses was NS Elizabeth Smellie R.R.C. who had ended the First World War, as assistant to Matron-in-Chief Rayside. Elizabeth Smellie became Chief-Superintendent for the VON, a post she held with distinction from 1925 to 1947, except for four years as Matron-in-Chief for Canada during the Second World War.⁸⁹

⁸⁷ Toman, *An Officer and a Lady*, 44.

⁸⁸ Toman, *An Officer and a Lady*, 12.

⁸⁹ Nicholson, 102.

By the 1930's the profession of nursing had gained in public recognition and respect, but the employment situation steadily got worse.⁹⁰ On a national level the employment situation for nurses was showing the “signs and symptoms of occupational stress.”⁹¹ This occupational stress was documented in a report written by George Weir, professor of Education at the University of British Columbia.

Weir's report called the *Survey of Nursing Education in Canada*, commonly known as the *Weir Report*, provides a portrait of the state of civilian nursing in Canada as it existed in the year 1932. It reports that the employment situation for nurses had grown worse, as had working conditions.⁹² Each year nurses' training schools were graduating more practitioners into a private health care market which was eroding. The generalized economic depression of the 1930's, “accentuated, but did not cause, the crisis that began taking form soon after World War I.”⁹³ During the inter-war years nurses had sought employment in three sub sectors of their occupation – hospital, public health and private-duty nursing. The eroding of the private health care market was significant. More and more the public relied on hospital services for their health care. People no longer had the means to pay for private nursing and could receive cheaper care at the hospitals from student nurses. Qualified and experienced nurses were no longer able to find permanent employment as private duty nurses.

There were regional variations in the availability of work for private duty nurses. Available statistics for the Manitoba Association of Registered Nurses directory suggests

⁹⁰ Kathryn McPherson, *Beside Matters: The Transformation of Canadian Nursing, 1900-1990* (Oxford University Press, Toronto, 1996), 115.

⁹¹ McPherson, 116.

⁹² Toman, *An Officer and a Lady*, 13.

⁹³ McPherson, 133.

that while the number of calls filled by the registry rose dramatically during the 1920's, these jobs were shared by growing numbers of nurses.

Weir's report also highlighted a number of sociological characteristics that inter-war nurses shared. The most obvious one was gender – almost all of the nurses in the years 1921-41 were women. Another finding was that many nurses were single and self-supporting, but also had economic responsibilities to their families. Like others of their generation they had lost fathers and perhaps a husband or a fiancé, to the earlier war. Other family members were lost due to the global influenza pandemic of 1918-19.⁹⁴ For many nurses “the support of dependents was a significant commitment.”⁹⁵ Nursing also became an occupational change for single women in search of economic security. While they were learning their new profession women had the security of the training school which provided board and room. McPherson compares this to “riding the rails” for men of the same period: “while their brothers “road the rails” to look for work...rural women went to nursing schools.”⁹⁶

The outbreak of World War II created opportunity for employment and it was a very attractive alternative for many nurses. It was so attractive that one nurse from Saskatchewan said she “ran to join up” - not quite finished her training she thought, “Oh my, I hope it's not over before I get there” running all the way to Saskatoon's Bessborough Hotel for her interview.⁹⁷ Another nurse describes how she was both patriotic and eager for a good job. It was hard to get into the RCAMC and attributes it to the allure of the pay. It was fantastic, “\$150.00 a month compared to \$70.00 which I was

⁹⁴ McPherson, 116.

⁹⁵ Toman, *An Officer and a Lady*, 39.

⁹⁶ McPherson, 124.

⁹⁷ Bruce, 126.

making before, and our accommodation and meals were all paid. We were anxious to join for the money and adventure, but we were patriotic too.”⁹⁸

There were multiple factors which influenced who became a nursing sister. These factors were controlled by the military as well as the civilian nursing profession. For instance, the civilian nursing profession controlled training school admission, criteria, curriculum, and examination process. This “credentialed a pool of the “right kind” of nurses for recruitment.”⁹⁹ Basic eligibility requirements for nursing sisters were also outlined in specific sections of *The King’s Regulations and Orders for the Canadian Militia, 1939*. These sections established eligibility requirements such as citizenship, gender, age and marital status. An important basic requirement for the military was that a nursing sister be a graduate of an approved school of nursing. Therefore, “the demographic profile of military nurses closely reflected the civilian nursing workforce, except for the relatively low number of French-Canadian nurses. This can be partially explained in relation to prevailing French-Canadian perceptions of the war as a “British Endeavour”.¹⁰⁰ The requirement to be a graduate of an approved training school which excluded candidates on the basis of age, gender, class and race meant that they were also excluded from becoming a nursing sister.

The civilian nursing profession exerted their influence in other ways. They tried to create a fair system for selecting and enlisting military nurses. The Canadian Nursing Association in conjunction with the Canadian Red Cross and the RCAMC began this process in 1939. The goal was to balance civilian and military nursing needs in the event of a war. It was called the *Plan for National Enrolment of Nurses for Emergency*

⁹⁸ Bruce, 126.

⁹⁹ Toman, *An Officer and a Lady*, 21.

¹⁰⁰ Toman, *An Officer and a Lady*, 21.

Services. Using a survey administered through provincial nursing organizations, nurses were asked to categorize their availability according to four options, “Class A” being the one for both war and disaster.¹⁰¹ These lists were then sent to the military district of each province with the purpose of only calling up those nurses on the lists who had applied in their district. In this way each military district could only call up the number of nurses proportioned to them on the basis of population. There was a desire to see medical units more representative of all parts of Canada not just of individual localities. This idea of proportional representation from each of the provinces was also designed to prevent the stripping of large teaching hospitals of their best and most experienced staff. As we have seen earlier in this thesis these rules were not well enforced at the beginning of the war. It was much better enforced by the end of 1942.¹⁰²

Nurses who were eager to become nursing sisters also found ways to circumvent the lists and rules in both World Wars, as there were always more applicants than positions available. When the First World War came along nurses saw that wars offered an unusual opportunity, and “competition for the initial jobs in 1914 involved, old-fashioned political favouritism and, new-fangled professional lobbying...”¹⁰³ A nurse who found war work the most satisfying area of nursing was Margaret MacDonald. MacDonald was Matron-in-chief of Canada’s Military Nurses during the First World War and confessed to a “yen for wars.”¹⁰⁴ She always liked to be in the “thick of things”.

Margaret McDonald first sought an appointment as a military nurse at the time of the Boer War. She did not receive acknowledgement of her application until her father

¹⁰¹ Toman, *An Officer and a Lady*, 21.

¹⁰² Toman, *An Officer and a Lady*, 23.

¹⁰³ Mann, *The War Diary of Clare Gass*, xix.

¹⁰⁴ Susan Mann, *Margaret MacDonald: Imperial Daughter*, (Montreal and Kingston: McGill-Queen’s University Press), 29.

intervened by speaking to Prime Minister Laurier. Her credentials were passed on to the Minister of Militia, Nova Scotia MP Frederick W. Bordan. “Two weeks later Margaret was on her way to South Africa.” “The explicit or implied favouritism” of these appointments carried on with subsequent nurses who served in South Africa.¹⁰⁵

Nurses continued to circumvent lists and rules at the time of the Second World War. Although the military preferred nurses with at least two years experience one NS received a call only two months after graduating from Regina General Hospital. Because she had not applied she was surprised by this but discovered she had been recommended by a former patient, who also happened to be a World War I nursing sister.¹⁰⁶ Another way that nurses circumvented the system was by submitting numerous applications as there was no restriction on applying in several military districts at a time, hoping to find one that had not filled their quota. Nurses in both wars, also used personal and family connections and wrote letters to Parliament requesting military appointments.

In *An Officer and a Lady*, Toman develops an age, race, and class profile of the World War II nursing sister. Although gender was not specifically mentioned in the *King's Regulations and Orders*, the Canadian military only allowed women to be nursing sisters. According to social constructions of masculinity and femininity at the time, men were soldiers, sailors or pilots, but never nurses. Data collected by Cynthia Toman reveals that the average age of a NS during the Second World War, was 28.03 years. A nurse this age would have had about 5 years of nursing experience easily meeting the requirement of the military. “With an abundance of applicants, the armed forces, could be

¹⁰⁵ Mann, *War Diary of Clare Gass*, 36.

¹⁰⁶ Toman, *An Officer and a Lady*, 23.

selective, and they were particularly interested in the more experienced nurses who had teaching and supervisory experience...”¹⁰⁷

An official photograph of No. 5 CGH taken in 1939 seems to show only nurses with white faces. The systematic exclusion of Black, First Nation and Asian women meant that there were no nursing sisters of colour. The issue of race was clearly a factor in practices of recruitment and hiring. Black Canadian women who wanted to become nurses had to train in the United States. Recruitment for the other Canadian women’s services, the Royal Canadian Air Force and Royal Canadian Navy, had policies that required personnel to be of, “pure European descent and the white race.”¹⁰⁸ Due to informal and formal practices, more than seventy percent of Canadian nurses were of British ancestry. “According to a 1941 Canadian census 72% of employed civilian nurses were of British origin...The military nursing profile was similar to the civilian profile.”¹⁰⁹ Most of the military nurses were born in Canada of either British or French backgrounds (92.6%). Another significant number had been born in Great Britain and had immigrated to Canada as children.¹¹⁰

Social class of nursing sisters is harder to pin down. Cynthia Toman argues that “one might expect the demographic composition of the national military forces to reflect that of the larger population”, but her research suggests that women from privileged backgrounds were more likely to enlist.¹¹¹ Toman suggests that prevailing socio-economic conditions, specific eligibility criteria, and strategies used to either avoid or

¹⁰⁷ Toman, *An Officer and a Lady*, 38.

¹⁰⁸ Toman, *An Officer and a Lady*, 45.

¹⁰⁹ Toman, *An Officer and a Lady*, 45.

¹¹⁰ Toman, *An Officer and a Lady*, 45.

¹¹¹ Toman, *An Officer and a Lady*, 20.

achieve enlistment accounts for the over-representation of elite women in the nursing sisters¹¹²

Research done by Kathryn McPherson in the mid-nineties reached the conclusion that there was a marked presence of working class women in nursing. However she found that determining the precise class origins of inter-war nurses is difficult because of a lack of documentary evidence. Nursing schools in Canada did not require entering candidates to indicate the profession of their father.¹¹³ This was the policy as well of the Winnipeg General Hospital, where one-half of the original fifty nursing sisters trained.

The 1932 the *Weir Report* included a questionnaire asking nurses to identify their father's occupations. . It was the only study at the time to document this information. Weir's data reflects that there was a diversity of class backgrounds among Canadian inter-war nurses. An anecdote suggests that class sometimes played out in subtle ways. A memoir by nursing sister Doris Carter demonstrates that she did make use of personal and family privilege throughout her time as a nursing sister. She seemed to have the money to make modifications to her uniforms that other nursing sisters did not. She also used family influence to obtain her discharge, rather than be posted to a rehabilitation unit at the end of the war.¹¹⁴

The fifty nurses selected in 1939 for No. 5 CGH fit the profile of the World War II nursing sisters in many ways. Initially they preferred women who had some experience. As already mentioned the military preferred a minimum of two years experience after a nurse had graduated and gave priority to those with more. By selecting older nurses the medical corps could establish a solid base of experienced nursing sisters

¹¹² Toman, *An Officer and a Lady*, 20.

¹¹³ McPherson, 120.

¹¹⁴ Toman, *An Officer and a Lady*, 181.

who could then become mentors for younger ones who came behind them.¹¹⁵ The women selected in Winnipeg fit a profile: they were mature, experienced and many had special post-graduate training.

Of the fifty nurses selected, one half had trained at the Winnipeg General Hospital. Their years of graduation ranged from 1926 to 1938. Five of them were from the class of 1934 which gave them five to six years of experience. The matron, Annie Taylor, was a 1926 graduate and the assistant matron was from the class of 1928. Most of the nurses were in their late twenties or older when selected.

Winnipeg's nursing sisters appeared to be white women and tended to have British ancestry. There was not an obvious presence of French nurses from the suburban area of St. Boniface. Despite their French ethnicity nurses from St. Boniface were classified as British subjects until 1947. In 1940, Ethel Johns, national editor of the *Canadian Nurse* associated Canadian nurses with a British identity: "Although we Canadian nurses have distinct and vigorous characteristics of our own, our roots go deep into the rich soil of British tradition..."¹¹⁶

When war came in 1939 there was less rhetoric about British patriotism than there had been in 1914. "It was not 1914 all over again; there were no marching bands or firecrackers in the street, no crowds of giddy civilians singing with patriotic fever. Yet when the call for recruits went out, it was picked up eagerly, despite the pervasive sense of ennui."¹¹⁷ The reactions of Winnipeg nurses were tied to the economic conditions of the 1930s and, more particularly, the Great depression. Nurses saw the war as an opportunity to solve their employment problems. The profile of the nursing sisters was

¹¹⁵ Toman, *An Officer and a Lady*, 37-39.

¹¹⁶ Ethel Johns, "This Heritage of Freedom," *Canadian Nurse* 36: 7 (1940): 401.

¹¹⁷ Vance, 149.

female, white and mostly middle-class. Many achieved their goal of military nursing due to favouritism, personal connections, family and letters to parliament. Nursing sisters remained patriotic but the strongest motivation for joining the military was perhaps economic. A Canadian General Hospital was successfully raised in Winnipeg by a few, and moved overseas where they established a reputation for excellence and bravery.

Chapter III: The No. 5 Canadian General Hospital Nurses Overseas

During both world wars Canadian nursing sisters were generally eager to serve in medical and surgical positions and they desired postings at the “frontlines”. Such assignments were considered “real war nursing”.¹¹⁸ Canadian nursing sisters did serve on the frontlines, and this chapter will discuss their service in England and the Mediterranean areas of Sicily and Italy. Although nursing sisters always carried out the work of caring for the sick and wounded, wherever they were located geographically, the experiences were significantly different in these two theatres of war. The differences were most marked in living conditions and the type of nursing work which continuously challenged the skills of the nurses. The chapter will discuss how living and working conditions were influenced by geographic location and co-terminously, proximity to the front lines. It will again focus on the specific experiences of No. 5 Canadian General Hospital [CGH] in these two theatres of war.

Little has been written about the actual work of military nurses in World War II. A recent publication by British historian Christine Hallet discusses the service of English nurses in the First World War which sheds light on the earlier generation of nursing sisters. The public perception was that of the ministering angel, as described in this quote,

The First World War nurse was an iconic figure of the twentieth century; in her white, starched dress and flowing veil, she floated across cinema screens and through the pages of mass produced romantic fiction, inhibiting the postwar imaginations of three successive generations.¹¹⁹

¹¹⁸ Cynthia Toman, “A Loyal Body of Empire Citizens,” in Jayne Elliot, Meryn Stuart & Cynthia Toman, eds. *Place and Practice in Canadian Nursing History* (Vancouver: UBC Press, 2008), 8.

¹¹⁹ Christine E. Hallet, *Containing Trauma; Nursing Work in the First World War*, (Manchester: Manchester University Press, 2009), 1.

The war nurse, Hallet continues, was considered a “strange exotic creature...spotless among the mud and grime of Northern France and Flanders she has been preserved for the 21st century.”¹²⁰

In this work, Hallet deconstructs this iconic image and discusses how nurses cared for the casualties of the First World War. She also examines how carrying out that care affected the nurses physically and emotionally. She draws attention to what she calls “one of the most mysterious of modern professions and she offers some answers to the questions, “Who were nursing sisters?” and more importantly, “What did they really do?”¹²¹

To date there is no comparable study of World War II nursing sisters. In *An Officer and a Lady*, Cynthia Toman examines the World War II work of nursing sisters by linking it to advances in technology. In the early days of the war military nursing practice more closely resembled civilian practice. After 1943 there was a change in the nature of this work and who could perform it. This coincided with larger numbers of Canadian casualties and advances in medical technology. Nursing sisters were allowed to have more autonomy and responsibility, straying into doctor territory. Nursing Sister Betty Nicholson reflected on the acquisition of new skills,

When we were in the Army, you really...
had to think right on the spot how to do things.
And you certainly did do things that you...just
never did in training or in the hospital situation...
And you never hesitated. You just did them.
You improvised lots of the time.¹²²

¹²⁰ Hallet, 1.

¹²¹ Hallet, 1.

¹²² Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War*, (Vancouver: UBC Press, 2007), 125.

These expanded responsibilities and roles were contingent on geography. The closer the nursing sisters were to the front, the more improvisation was needed. Civilian nurses also gained more autonomy contingent on geography. When a nurse worked in a smaller, more remote situation they were allowed greater freedom to improvise and given more responsibility. However when nurses from forward units returned to England or Canada, previous restraints were re-imposed.¹²³

This chapter also focuses on the contrasting living and working conditions in the two theatres of war. Of the two overseas sites, Britain was the safer overseas posting for Canadian nursing sisters and the most comfortable physically and emotionally, whatever the challenges of wartime Britain. I will explore and explain why this was so and how nurses reacted to the greater challenges they were confronted with in Sicily and Italy.

England

England was the first stop in a theatre of war for the nurses of No.5 Canadian General Hospital [CGH]. The newly recruited nursing sisters had passed six months in Winnipeg working at various military hospitals and being indoctrinated into the mysterious ways of the Royal Canadian Army Medical Corps [RCAMC]. With the coming of spring 1940, the nurses found their training becoming more relevant each day. Soon they found themselves on their way overseas.

Their departure was covered extensively in the *Winnipeg Tribune*. Newspaper coverage of the nurses was consistently upbeat and the articles were full of pride for the “girls” from Winnipeg. The departure of No. 5’s nurses was only revealed after the fact, as newspapers conformed to censorship regulations. The *Winnipeg Tribune* described the event, More than three

¹²³ Toman, *An Officer and a Lady*, 125.

weeks ago, they left Winnipeg. But censorship regulations did not allow the news to be published. Now it is officially announced that they have arrived in Britain, and the story of their departure is released.¹²⁴

This quote describes the first time in the Second World War that the city of Winnipeg had bid farewell to a group of young women on their way to the “front”.

The fifty nursing sisters of No. 5 CGH, Winnipeg’s first overseas detachment of women in uniform, left the city for England on the bright sunny morning of June 5, 1940. It was described in the paper as a “sprightly” scene with hundreds crowded into the C.N.R. station yards to say goodbye to the blue and white uniformed nurses. There were tears of pride and sorrow as family and friends said goodbye to the “girls” holding huge bouquets of flowers in their arms as they offered their services to take care of casualties at the front.¹²⁵

Nursing Sister Edna Leishman expressed her feelings on that morning, “Imagine with me, the excitement of the first nursing sisters to leave home for the war zone then you will realize how we felt in June, 1940. Our first thrill was a troop train, just like the pictures we had seen in newsreels or books and we were actually part of this vast movement.”¹²⁶ The train took the nurses to Halifax and the debarkation scene was described by Edna. “A new experience for many of us, it was like a fairytale come to life, ships from all parts of the world were anchored in the harbour.”¹²⁷

On arriving in Halifax, the nursing sisters were joined by their counterparts from Toronto’s No. 15 CGH, and the 129 women boarded the *Duchess of Bedford*, a converted

¹²⁴ *The Winnipeg Tribune*, June 21, 1940.

¹²⁵ *Ibid*, June 21, 1940.

¹²⁶ NS Edna Leishman, *Nurses Alumni Journal*, 1944, 11.

¹²⁷ *Ibid*, 11.

ocean liner which sailed on June 8, 1940. The nurses of No. 5 CGH were led by Matron C.T. Lunn, and those from Toronto were under the charge of Matron Agnes C. Neil. These matrons would later serve successively as Matron in Chief, Canadian Military Headquarters (C.H.M.Q.) and Matron-in Chief for Canada.¹²⁸

The nurses had an uneventful Atlantic crossing under, “perfect summer conditions, a few excited and enthusiastic young women with thousands of soldiers”.¹²⁹ “The voyage seemed like a delightful pleasure cruise in spite of convoys, battleships, life boat drill, blackout and other grim reminders of war.”¹³⁰ Halfway across the Atlantic the news of the capitulation of France was received and it cast a gloom of uncertainty and foreboding on all the passengers.¹³¹ On arrival in England, waiting on the dock at Liverpool to welcome the nursing sisters was Emma Pence, Matron-in-Chief of Canada.

The Canadian Red Cross Society built a hospital for No. 5CGH and this institution had been handed over to the Canadian Army in May of 1940. It was here that the nurses were welcomed by the officers and men who had preceded them to England.¹³²

The hospital was located on the estate of Lord and Lady Astor, named Cliveden, and was located near the town of Taplow, Buckinghamshire.¹³³ The location of the hospital was always referred to as “Taplow, Bucks” or Cliveden. No. 5 CGH was at this location from the spring of 1940 until the spring of 1943. When the unit was withdrawn it

¹²⁸ Colonel G.W.L Nicholson, C.D, *Seventy Years of Service: A History of the Royal Canadian Medical Corps*, (Ottawa: Borealis, 1977), 1977, 144.

¹²⁹ Leishman, 11.

¹³⁰ Leishman, 13.

¹³¹ Lt. Col. C.H.A. Walton, RCAMC, *Canadian Nursing Sisters*, Nurses Alumni Journal of the Winnipeg General Hospital, 1944.

¹³² Nicholson, G.W.L. Nicholson, *Canada's Nursing Sisters*, (Toronto: Hakkert & Company, 1975), 139.

¹³³ Nicholson, *Seventy Years of Service*, 144.

went into training under canvas, preparing to join the 1st Canadian Division for operations in the Central Mediterranean theatre of war.¹³⁴

The area of Buckinghamshire where the small town of Taplow is located is a rural, spectacularly beautiful area of England. The small train station must have been a bustling place in the 1940's, but in 2007 when the author visited it was a quiet, deserted place. I had to summon a cab from Taplow which took me to the Astor estate. Following that visit I walked about a kilometre to the site of the hospital.¹³⁵

The Astor estate was situated on "a high embankment, about two hundred feet, above the Thames, with a beautiful view of a gentle curve of the river."¹³⁶ During the 1930's the Astor house was a social whirl of important entertaining, as well as a family home for the five Astor children. The visitor's book reads like a *Who's Who* of, British and American society of the period. Some of the names are playwright, George Bernard Shaw, Charlie Chaplin, Joseph Kennedy, and Winston Churchill was an occasional guest, as were King George and Queen Mary.

The star of Cliveden was Nancy Astor, an American by birth. When her husband inherited the title of second Viscount Astor and moved to the House of Lords, she decided to fight his vacant constituency seat and in 1919, became a member of the House of Commons. Possessing an enormous personality, Nancy Astor took an active interest in the Canadian Hospitals on her estate during both World Wars. A devout Christian Scientist she never considered her work with the military hospitals conflicted in any way with her religion. Like many people, she knew that war created a large number of battle

¹³⁴ Walton, 70.

¹³⁵ The author visited in October of 2007.

¹³⁶ Walton, 156.

casualties as well as illness and those casualties needed doctors to treatment, in addition to prayer. She felt that her faith, “in which neither sin nor disease found a place” could supplement rather than supersede the work of the doctors and nurses.¹³⁷ Lady Astor extended great hospitality to the Canadian hospital in the form of tea parties and in Dr. Walton’s case, the opportunities to attend dinners at the big house where he met many interesting people.¹³⁸

The nursing sisters of No. 5 CGH took full advantage of the hospitality extended by the Astors. NS Elizabeth Burnham recalled, “three glorious years in England enjoying the facilities of the Astor estate...“punting on the Thames and spending our days off in London.”¹³⁹ Another nursing sister recalls that “the hospital was situated on one of the loveliest estates in England. Here the staff and patients enjoy the privilege of many beautiful walks, the spectacular gardens, and the adjoining countryside.”¹⁴⁰ Other accounts by nursing sisters, who spent most of the war at Taplow, remember the experience as very positive. They talked about the chances they had to travel and socialize. They were also able to further their educations by taking specialized courses in London.

The hospital site at Cliveden had also been occupied during the First World War by a Canadian military hospital, No. 15 CGH. Waldorf Astor had offered the British War Office the use of his estate, but “his offer was for some strange reason, not accepted.”¹⁴¹ In November 1914 Astor renewed the offer of Cliveden as a hospital, but this time

¹³⁷ Elizabeth Langhorne, *Nancy Astor and Her Friends* (New York: Praeger, Publishers, 1974), 69.

¹³⁸ Charles H.A. Walton, *Medical Odyssey: Vignettes of People and Events at Home and Abroad* (Winnipeg: The Prairie Publishing Company, 1980),120.

¹³⁹ Landells,154.

¹⁴⁰ *Nurses Alumni Journal*, Winnipeg General Hospital, 1941, 22.

¹⁴¹ Christopher Sykes, *The Life of Nancy Astor*, (Glasgow: William Collins Sons, 1972), 153.

making it to the Canadian Army. This offer was accepted with enthusiasm and the *Duchess of Connaught*, Canadian Red Cross Hospital was opened in February, 1915 with a bed capacity of 110 patients. A Canadian NS of the First War describes her tenure there in a diary. After spending time in France, close to the front-lines, she and others were re-assigned temporarily to No. 15 CGH. After serving in France she found it rather tame but was impressed by electric lights, going to bed under a roof and “the ascent in the elevator was almost a sensation.”¹⁴²

At the beginning of the Second World War, the Astors again offered this location on their estate as a hospital and this time the offer was made directly to Canada. The offer was accepted by the Canadian government on behalf of the Canadian Red Cross Society. The land was leased to the society at a nominal rent and there was to be a new building erected on the same site as the *Duchess of Connaught*. The new hospital building was designed in consultation with army and civilian authorities, and the result was a uniquely designed modern hospital, which became famous throughout Britain as a showplace. It was described by Dr. C. Walton:

It consisted of a ground floor only and was laid out in sixteen wards, each ward had about thirty-five beds, connected by a long corridor about a fifth of a mile long... between each of the wards was a huge concrete air-raid shelter. The hospital also included a large laboratory, X-ray department, pharmacy, ENT department, and a beautifully equipped kitchen and officer patient wing of sixty beds.¹⁴³

A nursing sister describes the hospital with a more feminine eye,

¹⁴² Susan Mann, editor, *The War Diary of Clare Gass, 1915-1918*. (McGill-Queens University Press, 2000), 84-85.

¹⁴³ Walton, 67.

Each ward has a large French door opening out to a balcony where the patients may be wheeled into the sun...the floor is of dark green battleship linoleum kept highly polished. Heavy lined curtains of a lighter green fabric cover each window. These are attractive and cheery as well as practical because, they are black-out curtains too...it is the duty of each sister in the evening to check these and see that no ray of light escapes.¹⁴⁴

The nursing sisters lived in a lovely Georgian house across the road from the hospital. It was once the lodge on the estate and had comfortable lounges and dining rooms and a beautiful garden. Contemporary pictures show nursing sisters relaxing in a large sitting room, reading, and one nursing sister playing a grand piano. The officers were billeted in the mess and some in cottages that had been built originally for the gardeners of the estate.

Not far from the main house was an area which had been developed as a cemetery for soldiers who had died in the First World War. Located in a small valley, it was oval in shape and beautifully cultivated and maintained. One of No. 5's nursing sisters, Winnie Spafford, died tragically during the war and is buried in the cemetery. Her funeral service was conducted in the little Byzantine chapel nearby, with full military honours. Pictures of the event show her casket lying in state with an honour guard. At the internment her casket is followed by many nursing sisters in their dress blues carrying armloads of flowers.¹⁴⁵

Toman writes that "Canadian nursing sisters had increasingly perceived themselves as soldiers: they called themselves soldiers and they understood their work as "winning the war", through the salvage of damaged men."¹⁴⁶ The burial rites accorded

¹⁴⁴ NS Margaret (Mackay) Horner (1934), *Nurses Alumni Journal*, WGH, 1941, 23.

¹⁴⁵ Walton, 161.

¹⁴⁶ Toman, *An Officer and a Lady*, 5.

Winnie Spafford, represents the nursing sister as a “soldier” as well as a nurse. The flowers carried by the other nurses recall a nursing graduation ceremony which is characterized by each nurse carrying an armful of red roses.

As No. 5 CGH settled into their beautiful location, the unit created a sense of community and identity based on shared Canadian cultural symbols. Dr. Walton remembered a beautiful roast beef luncheon where he had dessert made from maple sugar. He also spoke of the hospital kitchen, with two or three excellent cooks recruited in Winnipeg, with experience as chefs in large hotels. The sergeant in charge of the kitchen had been the meat chef at the famous Fort Garry Hotel.¹⁴⁷ On the wards another Canadian touch was the woolly Hudson Bay blankets on all the patient beds.

No. 5 was also a favourite place for other Canadians in England to visit. Soldiers used to hop the train to Taplow and visit with old friends. Dr. John (Jack) Abra, Lieutenant-Colonel in the Canadian Dental Corps, wrote in his memoir: “I had my first visit to No. 5 CGH which was from Winnipeg. I knew practically all the officers as most of them had been in the Medical Arts Building in Winnipeg.”¹⁴⁸ Dr. Abra made many subsequent visits both professionally and socially to the unit.

As the war progressed with the enemy invading France, Belgium and the Netherlands followed by the dramatic evacuation of the British Expeditionary Force over the beaches at Dunkirk, any existing plans for the employment of Canadian troops on the European Continent were voided. With the exception of the disastrous raid on Dieppe, for

¹⁴⁷ Walton, 75.

¹⁴⁸ Dr. John E. Abra, *Memoir: One Man's War*, 2000, (unpublished memoir, 2001), 5

the next three years the Canadians would stay in Britain, their primary task “the defense of the islands.”¹⁴⁹

However, nursing sisters had come to Taplow to work and contribute to the war effort. What kind of work did they do? Canadian nursing sisters have left very few insights into that work. They have contributed to their own invisibility. The nursing sisters are reticent and self-censoring, disinclined to share their experiences outside the sisterhood of nursing.¹⁵⁰ They were not encouraged to keep diaries and their letters were censored. There was an emphasis on only talking about the positive aspects of their experiences. When Canadian personnel first arrived in England General McNaughton, who was in command of Canadian Forces advised, “When writing to our loved ones, we should omit the horrors of war, and emphasis the good and especially the funny things that happened.”¹⁵¹ NS Doris Carter who joined No.5 CGH in Sicily commented, “It was really not worth sending them (letters), as there was little one could write without the Army blacking it out and it took ages for them to arrive in Canada.”¹⁵²

The work of the nurse involved daily encounters with dirt, death, pain and despair. It was generally acknowledged that good nursing care often meant the difference between survival and death. Nurses’ work overlapped significantly with that of the surgeon or physician – much of it was concerned with reporting observations of the patient’s condition and carrying out “orders” by the doctor. Although nurses’ work took place because of medical decisions, a nurse who made a seriously ill and perhaps physically helpless patient comfortable in a clean bed, dressed his wounds, eased his pain

¹⁴⁹ Abra, 145.

¹⁵⁰ Toman, *An Officer and a Lady*, 6.

¹⁵¹ Abra, 1.

¹⁵² Doris V. Carter, *Never Leave Your Head Uncovered: A Canadian Nursing Sister in World War Two*, (Watertown: Potlatch Publications Ltd., 1999), 55.

and distress, assisted him with washing and ensured that he had an adequate intake of food and fluids was practicing outside and well beyond the domain of medicine, performing skilled tasks essential to the maintenance and restoration of health.¹⁵³

The type of work that nursing sisters encountered at Taplow, has been partially documented by Dr. C. Walton and NS Marguerite MacKay. In the first year the nursing was not unlike what Canadian nurses were used to at home. The hospital consisted of two divisions: medical and surgical. From there it was further sub-divided into specialty wards such as an eye ward, gastro-intestinal ward and so on. “Each ward was in charge of one nursing sister, who may have had a second one to assist her and another one to take night duty.”¹⁵⁴ Nursing sister, Connie (Clark) Vicars describes her experiences and working life in England, “...we arrived at Taplow on the Astor estate – a beautiful set-up. The nurses’ mess was across the road in the Dower House. We arrived in time for the Unit’s Christmas mess dinner and a great welcome. I worked on the medical chest ward with Anna Millar. Captain Ben Schoemperlen was our doctor for three years.”¹⁵⁵ Connie remained at Taplow until the nursing sisters were suddenly ordered to pack their trunks and head for Coupar in Fifeshire, where they were lectured on tropical diseases prior to their move to Sicily.

Most of the patients at No. 5 were Canadian soldiers and “came by ambulance because they were stretcher cases or too sick to come in any other way.”¹⁵⁶ The patients were dealt with in the usual way that one would handle patients in a civilian hospital. There was a large operating theatre in which every kind of surgery was carried out. The

¹⁵³ Hallett, *Containing Trauma*, 2.

¹⁵⁴ Walton, 70.

¹⁵⁵ Landells, Volume II, 162.

¹⁵⁶ Walton, 70.

specialists in the hospital also did out-patient consultations on British and Canadian troops who were within reasonable distance from the hospital.

Dr. Walton described the military hospital as two separate entities: the physical plant which consisted of the buildings, tents or whatever passed for accommodations. The second entity was the staff, which was a self-contained military unit that could be moved around.¹⁵⁷ Occasionally civilians, particularly air raid victims, were admitted to the wards, and at times there were “special patients”. One such patient was the Honourable J.L. Ralston, the Canadian Minister of Defense, who arrived in England with acute sciatica. Another special patient was General H.D.G. Crerar, the Chief of the Canadian General Staff. General Crerar, known as a somewhat humourless man, was being cared for by NS Marnie Hearn, a veteran of the First World War and the only one of the nursing sisters to have campaign ribbons on her chest. So imagine General Crerar’s surprise when NS Marnie Hearn, after completing the General’s nightly care slapped him on the rump and said: “Now, go to sleep, son.”¹⁵⁸ Fortunately for nursing sister Hearne, General Crerar chose to overlook this indignity.

Where there were a large number of men on active service there were bound to be many requiring hospitalization for problems such as tonsillitis, appendicitis, and hernias, as well as the various medical ailments such as flu and pneumonia. In the early days there were many cases resulting from training accidents and a substantial number of the early casualties were as a result of road accidents. These accidents took a heavy toll as army motorcyclists learned to negotiate narrow British lanes in a black-out. “Give the Canadians enough motorcycles,” the Germans are reported to have said, “and we don’t

¹⁵⁷ Walton, 70.

¹⁵⁸ Walton, 85.

need to worry about them.”¹⁵⁹ On one occasion a Canadian Spitfire pilot was shot down near the hospital. Found by a local farmer, the pilot was brought to No. 5 suffering from many broken bones. He ultimately recovered completely.¹⁶⁰

For the most part the nursing work at Taplow was carried out safely but not totally without danger. Nursing sister Helen Ross remembers air raids being common. “We had shelters adjoining the wards and patients and beds were quickly moved onto them. Eventually this practice was abandoned as it became too tedious and there was never a direct hit on the hospital. When the nurses went to London on days off duty they were subjected to many bomb scares.”¹⁶¹ Nursing sister Pearl (Lundgren) Swan of No.5 also recalled air raids but it didn’t keep them from going into London. Pearl found them “scary” and describes the shelters: “Underground stations served as shelters: many bunk beds had been installed on the platforms. When occupied they were covered by blankets to give the occupants some privacy. Many others slept on the cement floors”.¹⁶²

Over time No.5 hospital functioned more as a military entity and was run less like a civilian one. This required adjustment for the nursing sisters, as they forged a new identity as military nurses. As Canadian nursing sisters moved closer to the frontlines, they perceived themselves as soldiers and officers. When interviewed one nurse confirmed that in her mind military identity began to overtake nursing identity. From the time of the First World War, Canadian nursing sisters held military rank and were under military control.¹⁶³ This led to “embedded expectations of nurses and officers, along with

¹⁵⁹ Nicholson, *Seventy Years of Service*, 145.

¹⁶⁰ Walton, 132.

¹⁶¹ Landells, 159.

¹⁶² Landells, 159.

¹⁶³ Nicholson, *Canada’s Nursing Sisters*, 52.

equality of pay and benefits.”¹⁶⁴ However for nurses, it was second-class rank lacking the power of command - when nursing sisters did receive the power of command in 1942, it was still restricted to authority over women and patients on medical wards.¹⁶⁵

For the nursing sisters in the military hospital there were new methods of caring for patients. In a military hospital the food was procured from the “Stewards Stores”. Each nurse had to requisition daily the food required for her patients for the next day. All foods were ordered by the ounce and food for new patients was cared for by special requisition on admission. As in civilian hospitals each patient was given hot cocoa and a biscuit in the evening. On admission the patient was given a bath and his uniform and equipment- with the exception of his great coat, cap and boots are put in “pack stores”. From the stores each man was issued hospital “blues” and a set of dishes, to be returned on the day of discharge. “Blues” consisted of a light blue woolen suit, white shirt, red tie and a pair of rubber running shoes. Patients who were up and able were assigned to “light duty”, tasks such as dusting, emptying ash trays and also taking turns in the kitchen.¹⁶⁶

As time passed NS Edna Leishman came to realize that Taplow was the “display hospital”. “This entailed a great many pleasures and also a great deal of work.”¹⁶⁷ Leishman said, “we had the privilege of having an inspection by the Queen and the two Royal Princesses, and it was a very real thrill to make rounds with them as they spoke to every patient on your ward individually... we worked fairly hard and were close enough to London to have a few nerve-racking moments during the blitz but we met many

¹⁶⁴ Toman, *An Officer and a Lady*, 94.

¹⁶⁵ Toman, *An Officer and a Lady*, 94.

¹⁶⁶ NS Marguerite MacKay, *Nurses Alumni Journal*, Winnipeg General Hospital/Health Sciences Centre, 1941, 23.

¹⁶⁷ NS Edna Leishman, *Nurses Alumni Journal*, 1944, 12.

English people who were kind, hospitable and generous. We all ...made lifelong friends during our three years on this beautiful island.”¹⁶⁸

The nursing sisters of No. 5 General Hospital carried out their work in extremely pleasant surroundings, but this is not to minimize its difficulty both emotionally and physically. Within months most of the nursing sisters of No.5 CGH would be on their way to distant theatres of operation, and become the first Canadian nursing sisters to serve in territory taken from the enemy.¹⁶⁹

Sicily and Italy

Allied armies planned to exploit their success in North Africa by launching a full-scale assault on the island of Sicily in April of 1943. Canada had agreed to participate in this operation. One of the commitments made by Canada was to send a six hundred bed hospital unit (No.5 CGH) along with the five British hospitals that had been mobilized for the assault. In order to avoid Canadian casualties being evacuated to British hospitals in the middle-east Canada also decided to send the 1200 bed No. 15 Canadian Hospital for service in North Africa.

On May 4, 1943 the officers and nursing sisters of No. 5 were told in strict secrecy that their unit was scheduled to take part in a summer campaign but they were not told where they were going. Within a week all their patients had been transferred or discharged and the wards at Taplow were closed.¹⁷⁰

Departure from Taplow was followed by four weeks of lectures on military law, camp hygiene and map reading. They were also taught to pitch tents. The nurses were

¹⁶⁸ Leishman, 12.

¹⁶⁹ Nicholson, *Canada's Nursing Sisters*, 133.

¹⁷⁰ Nicholson, *Canada's Nursing Sisters*, 133.

issued khaki drill uniforms and tropical respirators and had much instruction on anti-malaria measures. All this preparation led nurses to think they were off to a tropical country. One day the nursing sisters were told to pack, destination unknown. NS Elizabeth Burnham said, “We went under canvas and were sent to lectures on tropical diseases and taught the intricacies of drill and route marching along with saluting. Rumours were rampant as the nurses knew their inactive role was to end, but where and when the invasion would be was the big question.”¹⁷¹ As Nicholson notes, “On May 4, 1943, the officers which included the nursing sisters of No. 5 CGH were told in strict secrecy that their unit was included in plans for the summer’s offensive wherever it might be.”¹⁷² They were to take part in an amphibious assault known as “Operation Husky.”¹⁷³

“Operation Husky” was the code name for the invasion of Sicily. No.5 CGH had been chosen to replace a 600 bed British Hospital that had been previously selected to go.¹⁷⁴ On July 1, 1943, Dominion Day, No. 5CGH and No. 15 CGH found themselves sailing down the Clyde River, neither aware of the other’s presence in the convoy. The No. 5 nurses sailed on the *Franconia*, and had a pleasant Mediterranean voyage with plenty of sunshine to enjoy on deck during the day. At night it was a different story, “with port holes closed, the disturbing sounds of guns booming at intervals and depth charges going off from time to time.”¹⁷⁵ The convoy split up at Algiers, “the *Nea Hellas* carrying No. 15 CGH another 250 miles along the African coast to Philippeville.”¹⁷⁶ No.

¹⁷¹ Landells, Vol. I, 154-155.

¹⁷² Nicholson, *Canada’s Nursing Sisters*, 133.

¹⁷³ Nicholson, *Seventy Years of Service*, 157.

¹⁷⁴ Nicholson, *Seventy Years of Service*, 165.

¹⁷⁵ Nicholson, *Canada’s Nursing Sisters*, 135.

¹⁷⁶ Nicholson, *Canada’s Nursing Sisters*, 134.

15 CGH set up at El Arrouch, Algeria and served as a major evacuation point for casualties from Sicily and Italy.

Soon the No.5 nursing sisters knew where they were going. At Algiers the nurses learned about the invasion of Sicily, “so we knew,” Edna Leishman explained.¹⁷⁷ They arrived in Sicily on landing barges, dressed in their blue suits, carrying haversacks, respirators, water bottles, steel helmets and suitcases. The boys on the docks not expecting us just looked in amazement and all we heard as we neared the docks were shouts of “Dames, dames, on board.”¹⁷⁸ The nurses were taken by trucks to Syracuse and on the route they passed the Canadian first division and the men shouted and threw fruit to us which, was a treat after three years without it. Hot, tired and dirty they arrived at a British Casualty Clearing Station (CCS), where they had tea and biscuits and supper. By this time the nurses wanted a bath and sleep but there was no water so they went to bed dirty. Within a few minutes they became aware that the mattresses were full of bedbugs.¹⁷⁹ The nursing sisters of No. 5 were in for a totally different experience than they had in England.

As earlier stated, nurses were always seeking opportunities to move closer to the frontlines and the No. 5 nursing sisters had arrived. Canadian medical services were brought up to peak strength during the invasion of Sicily and Italy and would remain that way for the invasion of northwestern Europe in June, 1944. Nursing sisters would

¹⁷⁷ Edna Leishman, *Nurses Alumni Journal* Winnipeg General Hospital / Health Sciences Centre, 1944, 13.

¹⁷⁸ Leishman, 13.

¹⁷⁹ Leishman, 13.

continue to be moved forward as they followed their troops in rapid advance across long distances.¹⁸⁰

While waiting to disembark at Augusta, Sicily, a plane dropped bombs on either side of No. 5's troop ship and sank the ship carrying its medical supplies. Most of their medical supplies were lost and the nurses mourned the loss of their beloved khaki nursing uniforms which made them feel, as they put it, "more army."¹⁸¹ The loss of their equipment would continue to plague No. 5 for months.¹⁸²

The nurses were taken on the back of open trucks, sitting along the sides with their luggage, to Syracuse. The roads were winding and trucks had to back up to make the turns. The nurses were billeted in one large room of an insane asylum. They were given a bucket of water to wash; the "biffy" was outside and it was very hot. Work in this location started the next day in an open courtyard with wires stretched to hold canvas for shade from the heat. They wore their blue uniforms but not their veils; instead they wrapped gauze around their heads.¹⁸³

As their drugs and supplies had been lost they were initially unable to function as a hospital. For a short time they worked with the American nurses attached to the famous "8th Army". The nurses were "loaned" out to various British field ambulance units in the area of Augusta. Nursing sister Elizabeth Burnham and five others went to a British air evacuation centre, where patients, were transferred to the base hospital in North Africa. The British nurses were very good to them and taught them the shortcuts they had already

¹⁸⁰ Toman, *An Officer and a Lady*, 32.

¹⁸¹ Landells, Vol. I, 160.

¹⁸² Landells, Vol. II, 163.

¹⁸³ Landells, Vol. II, 163.

learned to utilize in desert nursing. Eventually with much scrounging for equipment they began to function as a hospital.

While in Augusta the nurses worked harder than they ever had in their lives. The nursing sisters were exposed to much different conditions than they had experienced in England. These conditions are described in the Nurses' *Alumni Journal*, 1944, of the Winnipeg General Hospital...

There was three weeks of nightmare running a hospital, most of which was without any cover, and using a hodgepodge of captured enemy medical equipment in lieu of our own, lost at sea: air raids every night from dusk till dawn, surrounded by anti-aircraft batteries which never stopped barking into a cloudless sky; heat and humidity such as few had ever experienced; dust, dirt, flies, cockroaches and hoards of voracious bedbugs.¹⁸⁴

Many of the patients were on stretchers instead of beds which made nursing them more difficult. However, "they are the best patients in the world, even when we had to improvise so much of our equipment."¹⁸⁵ With Canadian men finally taking part in the fighting, the war felt much closer to the nurses and they were proud to be taking part. The army came to highly value the knowledge and skills the nurses brought - it was observed that there were better outcomes for soldiers under their care.¹⁸⁶

"The work was always beyond all previous experience. Many hundreds of very sick soldiers were admitted every day. In fact it is all but impossible to paint the extraordinary picture of those first few weeks of the Sicilian campaign."¹⁸⁷ Dr. Walton always expressed his admiration for the No. 5 nursing sisters. They accomplished

¹⁸⁴ Walton, "Canadian Nursing Sisters," *Nurses Alumni Journal*, 1944, 15.

¹⁸⁵ Walton, "Canadian Nursing Sisters," 14.

¹⁸⁶ Toman, *An Officer and a Lady*, 5.

¹⁸⁷ Walton, "Canadian Nursing Sisters," 18.

miracles: they were always cool, efficient, cheerful, neat and tidy, and above all the patients received the best possible attention.¹⁸⁸

The nursing sisters moved on to Catania, which was on the east coast of Sicily. The hospital there was a flat-roofed, five story building at the end of a long winding driveway. It had originally been a Tuberculosis Sanatorium. It was described as a lovely building on top of a hill overlooking the city and harbour. Mount Etna could be seen to the north belching flames.¹⁸⁹ The nurses often reacted to the beauty of the country and to the warmth of the Sicilian people. However, Sicily still had fleas, flies, mosquitoes and bedbugs.

Nursing sister Doris Carter had been transferred to No. 5 CGH at the time of the move to Catania. She has written the most realistic memoir of what nursing was like in the Mediterranean. It was not received well postwar by the nursing sisters' community because she mentions alcohol abuse and sexuality and power struggles within military medical units. This threatened a more desirable collective social memory that nursing sisters had created.¹⁹⁰ The memoir however remains one of the few primary sources and is valuable for the insights she provides on the work of nurses and the emotional and psychological toll it took on them.

Carter says the essence of her experience in Italy was the contrast between the rich and poor. "One could look up at a stately cathedral and then look down at a child begging for a piece of bread."¹⁹¹ Doris was one of the few Canadian nursing sisters who recorded the reality of war. On her way to Catania she says, they had just rounded a

¹⁸⁸ Walton, "Canadian Nursing Sisters", 18.

¹⁸⁹ Carter, 78.

¹⁹⁰ Toman, *An Officer and a Lady*, 178.

¹⁹¹ Carter, 78.

corner when they saw two bodies on the road. They stopped, got out and discovered they were Canadian soldiers and both were dead. Their boots had already been stolen - it was terrible to think that these two young men had been killed for their boots.¹⁹²

The unit was still scrounging for equipment and the nurses were wearing men's khaki bush shirts and trousers which were too big. Eventually they were issued the "tropical kit" of the British Auxiliary Territorial Service: khaki cotton slacks, skirts, necktie and a "bush shirt", a kind of tropical jacket which had long sleeves, four pockets, side slits, and buttons up the front. It was quite cool and all officers wore them. This garb had been worn by the British in hot countries since the nineteenth century and spoke of colonialism. The nurses were very happy to get the clothes but wanted to be identified as Canadian. "We removed our insignia, the pips and cloth 'CANADA' badges, and sewed them on our new bush shirts."¹⁹³

After the fall of Catania, in the middle of August, 1943 the unit moved on to Italy where the hospital was set up behind the sector occupied by the Canadian Corps. The hospital site was near the small city of Andria and this time the nursing sisters were flown in. By the time the hospital had reached Andria most of the equipment and medical stores had arrived – this was the first time since leaving England that the unit had enough tents.

However, any illusions that the unit may have had about sunny Italy were shattered that winter of 1943-44. The sun did not shine for four months and it snowed or rained every day; the northwest wind never stopped. "Under these conditions life in tents was not pleasant and working in tented wards which were always dark, wet and cold,

¹⁹² Carter, 78.

¹⁹³ Carter, 62.

could hardly be called thrilling.”¹⁹⁴ There were no floors in the tents and it was often cold enough to freeze water in the canvas pails. The wards were heated with small space heaters which weren’t very effective and the nurses wore all the clothes they could and still function.¹⁹⁵

The fighting became more severe as the Canadians moved up into Italy and the hospital quickly became overcrowded. The nurses admitted their first patients from the terrible Battle of Ortona. The town of Ortona dated from the medieval period and was located on the Adriatic Sea directly across from Rome. It was the site of one of the bloodiest battles of the Italian campaign with Canadian troops engaged in house to house fighting against fierce resistance. “It was difficult for the nurses to comfort the soldiers coming from the battle, sick or wounded in winter weather, with only three kerosene stoves to heat a marquee containing thirty patients. But the men never complained. Their beds were comfortable, with lots of blankets, and we did our best for them under awful conditions.”¹⁹⁶

The nurses’ work continued to be difficult caring for very sick or wounded men from the battlefield under the trying winter conditions.¹⁹⁷ With patients in corridors and also on the roof under canvas, one nurse expressed, “alone on the roof on night duty with many shell-shocked and mental patients, I often wondered about our safety in this wartime nursing.”¹⁹⁸

Wartime casualties must have been traumatic to both patients and the women who nursed them. However, Canadian nurses have not left much record of their feelings and

¹⁹⁴ Walton, “Canadian Nursing Sisters,” 19.

¹⁹⁵ Walton, 255.

¹⁹⁶ Carter, 93.

¹⁹⁷ Carter, 93.

¹⁹⁸ Carter, 157.

their memoirs tend to concentrate on the good and humorous things that happened. In reality working with seriously wounded patients was a rewarding but sad experience. An American nurse in Sicily recalls an 18 year old soldier brought in, “who looked up at me trustingly, sighed and asked, “How am I doing nurse? I was standing at the head of his litter. I put my hands around his face, kissed his forehead and said, “You are doing just fine soldier.” He smiled sweetly and said, “I was just checking up.” Then he died. Many of us shed tears in private. Otherwise we try to be cheerful and reassuring.”¹⁹⁹ For nurses of all nationalities scenes like this were common.

One of the biggest challenges in the Mediterranean was infectious disease. Dysentery, fever, malaria and hepatitis were rampant. If a patient was treated for fever of unknown origin, (FUO) it was often the first sign of malaria which became a huge problem. The word malaria literally means “bad air” and for hundreds of years people believed that inhaled swamp water caused the disease. Nursing sister Doris Carter said that two days after arriving in Sicily the nurses were told to take a mepacrine pill during lunch every day but Sunday, to prevent malaria. This practice became known as the “mepacrine lunch”. Eventually a dye in the medication gave their skin a yellow tinge.²⁰⁰ Despite these precautions malaria took a large toll on doctors, nurses and medical corpsman.

Carter was assigned to a medical ward where all the patients had hepatitis. She says it, “was an extremely debilitating disease and the patients were miserably ill with nausea and vomiting. Many were on stretchers in the corridors, as well as beds in large

¹⁹⁹ Lisa Grunwald and Stephen J. Adler, eds., *Women's Letters; America from the Revolutionary War to the Present*, (New York: The Dial Press, 2003), 571.

²⁰⁰ Carter, 63.

rooms.”²⁰¹ There was very little medication or even suitable food. They were sent to a base hospital as soon as possible, usually No. 15 CGH in El Arrouch, and then on to England.

The nurses also suffered from what they called “gypy tummy”, and was a form of gastroenteritis. In her memoir, Doris Carter explained that the gastroenteritis would re-occur intermittently and she said “we would always have a bottle of sulphaquanidine handy, and just drink it from the bottle... “we must be tougher, I thought.”²⁰² There were also new treatments such as an increasing use of blood transfusions and the introduction of penicillin.²⁰³ The ability to give blood transfusions allowed patients with large blood loss to recover more quickly and prevented them from going into irreversible circulatory collapse. The introduction of penicillin drastically reduced infection rates. Although a group of drugs known as sulphonamides had been available for a number of years to treat infection, penicillin was just beginning to be used extensively around 1943.

The arrival of the unit in Sicily did not go unnoticed in Winnipeg newspapers. It is described in a *Winnipeg Tribune* article entitled “Somewhere in Sicily”, by Ross Munroe.

For more than two weeks a Canadian General Hospital has been operating here in the heat of a base area with 18 doctors and 55 nurses treating Canadian and British wounded and sick coming back from the front.²⁰⁴

Munroe talks about the hospital being kept busy with soldiers suffering from illnesses such as dysentery, fever and malaria. He reports that the hospital came originally from

²⁰¹ Carter, 63.

²⁰² Carter, 63.

²⁰³ Toman, *An Officer and a Lady*, 32.

²⁰⁴ Ross Monro, *Winnipeg Tribune*, August 13, 1943.

Winnipeg and that there are many Manitobans on staff. He names some of those Manitoba nurses already familiar to this thesis, Edna Leishman, Helen Ross, Helen Wilson, Elizabeth Bernham and Betty Nicholson.

The newspapers also announced, “*Soldier Dead, 5 Nurses Injured*”: the nurses and a matron listed as casualties were struck by bomb splinters during an air raid in Sicily. All are now back on duty in the hospital in the Mediterranean war theatre.”²⁰⁵ Considering the danger that nursing sisters had placed themselves in, it is not surprising, that ultimately some would become casualties. In September, 1943, eleven were wounded by a shell falling and exploding in the mess. The biggest concern of the nurses was that they might be returned to England or Canada. A few returned to duty in a short period of time, others were in hospital for several weeks, but two of the nurses had to be evacuated to England.

At this point in the history of No. 5 CGH, the unit had remained largely intact since it had first left Winnipeg. However, by Christmas of 1943, a number of the nurses were transferred to hospitals back in England to lend their experience to the new hospitals that were arriving there. From then on No.5 had a steady stream of new sisters as replacements. These new nurses were of course less experienced but achieved a high standard of efficiency within a short time.

On June 4, 1944 the Canadian Corps along with the Americans and British were in the suburbs of Rome. On June 6, the second front in Western Europe had begun. Doris Carter writes how, “Many officers both junior and senior, returned to England at this

²⁰⁵ *The Winnipeg Tribune*, 1943, date unknown due to damage, 6.

time, some of my comrades and dear friends among them to take part in the Second Front.”²⁰⁶

Two of the original members of No. 5 who left accounts of their service were transferred out and assigned to Western Europe. Nursing sister Mabel (Dolly) Watkins went to France shortly after the invasion with No. 7 CGH. It was the first Canadian hospital to land after D-Day. After France she went on into Belgium, Holland and Germany and found the nursing extremely challenging with “dreadful cases to care for...”²⁰⁷ She says, that it was the highlight of her experience in the Medical Corps, confirming the desire of nursing sisters to be closer to the fighting. It was not a highlight for some nurses. Nursing sister Anna Swail’s memories are of a different sort. Her experience is summed up in her own words, “Whatever you think of war, it’s just gruesome, gruesome. I don’t think we won anything.”²⁰⁸ She remembers many negative experiences, bombed out nunneries, dogfights over London and seeing houses ripped apart, having to nurse German patients, and starving people.²⁰⁹

Nursing sister Helen Ross stayed with No. 5 for her entire five years service. Her last nine months were spent in Rome - the hospital set up at a former military academy quite close to St. Peters and the Vatican. The fighting was reaching an end and she had opportunities for sightseeing. Ross wrote that “My entire five years with the No. 5 Canadian General Hospital were a marvelous experience, memories of which I still treasure.”²¹⁰

²⁰⁶ Carter, 108.

²⁰⁷ Landells, Volume I, 163.

²⁰⁸ Landells, Volume I, 162.

²⁰⁹ Landells, Volume I, 162.

²¹⁰ Landells, Volume I, 160.

There was significant contrast between the two theatres of war experienced by the nursing sisters of No. 5 CGH. Ross's romantic comments have to be put into perspective. Hers was no doubt a wonderful experience from the point of view of friendship and work satisfaction. But Ross's celebration of that time minimizes the truly horrific slaughter that nursing sisters witnessed in Sicily and Italy.

Living conditions at Taplow were beautiful, the work less stressful, and the danger minimal. Sicily and Italy offered basic living conditions, an extremely stressful work environment and greater danger to the health of the nurses both from war and communicable disease. Canada had lost many of its best and most experienced soldiers in Sicily and Italy to death, injury and illness.²¹¹ The nursing sisters of No. 5 demonstrated that they were able to adapt to all kinds of nursing work and living conditions. Moving ever closer to the frontlines they were given more autonomy and decision making responsibility.

²¹¹ Carter, 108.

Chapter IV: The Postwar Legacy of the No. 5 Canadian General Hospital Nurses

Elizabeth Norman wrote the following words about nurses who had served in the American war in Vietnam. In many ways, they could be applied to nurses who fought in any major international war:

If the nurses in this study were asked to draw a diagram of their lives, they most likely would sketch a straight line: the beginning of the line would represent their births, and the end would be the present. The line is a continuum and represents a life filled with the usual landmarks- homes, children, husbands, friends... Their Vietnam experience, however, does not fit into the rhythm or follow this straight line. The nurses would probably put the war on a small line above everything else. Vietnam was unique in their lives. Nothing, before or after, compared with the stresses and rewards of serving overseas. Because of its uniqueness, the war continued to be a focal point to which their other life experiences were compared. "Nothing," said a former army nurse..., "can ever be the same after you've been in that environment."²¹²

The focus of this chapter will be the "after." It begins with the demobilization of Canada's nursing sisters and their subsequent adjustment to a peacetime world. The discussion will revolve around the rapid downsizing of the number of military nurses postwar, and the job opportunities, available to them in civilian life. Who took advantage of these opportunities? How many nursing sisters left the profession for marriage and a different kind of life? I will utilize memories of the nursing sisters of No.5CGH where possible to answer these and related questions. This chapter also addresses the legacy of nursing sisters and how the shared identity that they forged during the war was commemorated in their civilian lives. This will include a discussion of the formation of Overseas Nursing Sisters Clubs and will explain how these clubs fulfilled a need for companionship and public service.

²¹² Elizabeth Norman, *Women at War: The Story of Fifty Military Nurses who served in Vietnam*, (Philadelphia: University of Pennsylvania Press, 1990), 155.

Demobilization

When the Second World War ended Canada's 4,480 nursing sisters had cared for more than 60,000 wounded Canadians, numerous allied servicemen, and many enemy casualties. In recognition of their service, they received 386 awards of the Royal Red Cross medal and they were mentioned in over 100 dispatches, which are communications from the "front" sent back to headquarters.²¹³

All three of the women's services were rapidly demobilized in 1946, downsizing until only a small nucleus of nursing sisters were retained in the permanent force.²¹⁴ When the war was over, "everybody was in the same boat, picking up the pieces as one woman put it."²¹⁵ Nursing sisters, like servicemen were set adrift to find their way in a peacetime Canada.²¹⁶

How were returning nursing sisters greeted in Canada? Historian Cynthia Toman notes that "The first troops to return to Canada received warm welcomes and much public attention"²¹⁷ A quote found in *Back the Attack*, by Gertrude Laing describes the scene in Winnipeg:

Whoever has seen a railway station in Winnipeg just before the arrival of a troop train is not likely to forget the picture. Flags and "Welcome" home banners give an aura of gaiety and expectancy to the great rotunda ... long white covered tables are laden with plates of donuts and cups are set out to receive the steaming coffee. Young hostesses are waiting to pass refreshments or hand out pamphlets, souvenir packages, and magazines; the Canadian Legion guides... go about their jobs of

²¹³ Jean Bruce, *Back the Attack: Canadian Women at Home and Abroad During World War II* (Toronto: Macmillan of Canada, 1985), 126.

²¹⁴ Bruce, 159.

²¹⁵ Bruce, 159.

²¹⁶ Bruce, 160.

²¹⁷ Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War* (Vancouver: UBC Press, 2007), 186.

directing relatives, answering questions, or leading the parade of returning men through the station to the reception.”²¹⁸

This quote describes the return of troops but nowhere are nursing sisters mentioned. In reality homecomings for nursing sisters were not always joyous. They were discharged later and in many cases under different circumstances from combat troops. Often they had to work on their return voyage caring for wounded troops and in some cases accompanying war brides and their children. Nursing sister Pauline Lamont remembers caring for a group of thirty war brides and twelve children under the age of five from England to Halifax. On arrival the war brides were greeted enthusiastically but the nursing sisters were neither “welcomed nor acknowledged.”²¹⁹ Another nursing sister had a similar experience. She thought it “very odd” that they didn’t get the same welcome as earlier troops.²²⁰

What did not end were the needs of thousands of Canadian servicemen, for continuation of medical treatment, and nursing care, on which they had depended since becoming casualties. Initially this care continued in Canadian hospitals overseas but as they were demobilized a growing number of veterans’ hospitals were being established in Canada.²²¹ “While modern medical and surgical practice would produce a speed of recovery greater than after the First World War, it was realized that hospitals of DVA would be busy for years to come.”²²² The Canadian government foreseeing the large number of casualties that would be returning after the war, “had been increasing the

²¹⁸ Bruce, 159-60.

²¹⁹ Toman, *An Officer and a Lady*, 186..

²²⁰ Toman, 186.

²²¹ G.W.L. Nicholson, *Canada’s Nursing Sisters* (Toronto: A.M. Hakkert Co. 1975), 209.

²²² Nicholson, 209.

number of beds for veterans by renovation of existing buildings and the construction of annexes and new hospitals.”²²³

The expansion of hospital services naturally required more nurses. Agnes Macleod the first matron-in-chief of Canada’s newly reorganized nursing services was responsible for providing the best possible nursing care to the veterans. She knew that the experience gained by nursing sisters qualified them, in a special way, to continue to care for war casualties. In a circular outlining the requirements of the DVA treatment services she wrote: “We hope that a sufficient number who have enjoyed their overseas experience and are interested in the nursing of our returned men will seek employment with this department.”²²⁴

There was a very positive response. Over the next three years the number of nurses employed by the DVA, most of them former nursing sisters, rose by over one thousand and reached a peak of 1,785 in 1947.²²⁵ Perhaps many nursing sisters used those immediate postwar years to continue the nursing that they loved and gradually detach themselves to resume a more traditional civilian life. Nursing sister Pauline Lamont’s summed up her postwar career as, “DVA nursing at Sunnybrook Military Hospital and at Shaughnessy, British Columbia, prior to marriage and raising a family.”²²⁶

Other choices open to nursing sisters included applying to the permanent forces. Nurses saw this as means to carry on with the adventure and travel they had experienced during the war. Nursing sister Elizabeth Pense had been a member of the permanent forces before the war and ultimately served 21 years. She found however even with her

²²³ Nicholson, 209.

²²⁴ Nicholson, 210.

²²⁵ Nicholson, 210.

²²⁶ Toman, *An Officer and a Lady*, 209.

status as permanent force and years of service, the postwar army took measures to, “constrain her authority and privilege by posting her where she would pose little threat to the male hierarchy.”²²⁷

In a study done by Ruth Roach Pierson, in 1975, she discusses the impact of the Second World War on the status of women in Canada. It challenges the conventional view that World War II was an important event in the progress of women’s rights in Canada. Women stepped up to fill all types of jobs in industry such as munitions and aircraft factories. Many joined the Canadian Women’s Army Corps (CWAC) and worked at a variety of jobs such as stenographers, typists, drivers, and clerks.²²⁸

The experiences of nurses were different. Firstly nurses often had a job in Canada to come back to as nurses were still needed to care for veterans. Also, nursing sisters had been given rank. They all began as lieutenants and could be promoted accordingly. This gave them power over men although it was confined to those under their command within the military hospitals. The story of nursing sister Elizabeth Pence illustrates how her power and privilege were, constrained, limiting her to posting where she did not threaten the male hierarchy. Pierson concludes that for most women, a slight reconstruction of Canadian womanhood in the direction of equality with men was short-lived and gains were few. In the end women for the most part returned to hearth and home²²⁹

Other nurses who remained in Royal Canadian Army Medical Corps went on to serve in other wars and peacekeeping missions. However there were not many openings in the postwar army and it was not a possibility for most nursing sisters.

²²⁷ Toman, *An Officer and a Lady*, 186.

²²⁸ Ruth Roach Pierson, *They’re Still Women After All: The Second World War and Canadian Womanhood* (Toronto: McClelland & Stewart Inc, 1986), 107.

²²⁹ Pierson, 220.

Canadian nursing sisters did not return to a Canada that had made no provision for them. The Canadian Nurses' Association had been carrying out postwar planning for at least a year before the war ended. The objectives of the postwar committee had been clearly set out in the journal of the *Canadian Nurse* in September of 1944. The main objective was that all nurses be informed concerning educational and service opportunities as they developed, and that announcements would be made monthly in the pages of the journals.²³⁰ It was obvious to the postwar committee that six years of war had created many problems in all fields of nursing. There was a need for bedside nurses, nurses with special preparation in administration and teaching, and a need in the ever growing field of public health nursing.²³¹ Doris Carter, who had served with No. 5 Hospital in the Mediterranean, used her "veteran's credits to complete a public health diploma at McGill University and worked in public health the rest of her career retiring in 1975."²³²

During World War II, "Civilian nurses had 'saved' the military with their overwhelming rush to enlist...and the military had 'saved' hundreds of nurses who needed regular full-time, decently paid work after almost a decade of underemployment associated with the Great Depression."²³³ Now those nurses were badly needed at home.

Nurses who had served in a war were considered to have qualities which were important to the field of public health, such as the ability to improvise and make independent decisions. One organization, The Victorian Order of Nurses, was happy to employ military nurses. The Victorian Order of Nurses is a non-profit organization

²³⁰ *The Canadian Nurse*, May, 1945, 387.

²³¹ *The Canadian Nurse*, 387.

²³² Toman, *An Office and a Lady*, 207.

²³³ Toman, *An Office and a Lady*, 200.

which provides home nursing care. It was founded in 1897, as a memorial to the 60th anniversary of Queen Victoria's ascent to the throne. The organization has helped Canada through many crises such as World War I, the Halifax Explosion, and World War II. World War I nursing sister Elizabeth Smellie became Chief-Superintendent for the VON, a post she held with distinction from 1925 to 1947, except for her four years as Matron-in-Chief for Canada during the Second World War.²³⁴ The VON was also active in providing nursing care to northern communities. Northern nursing was attractive to nursing sisters because it gave them autonomy.

Despite having to supply the necessary nurses for the fighting men of Canada, the journal *The Canadian Nurse* maintained that nursing in Canada was still being practiced at a high standard. "The shortage of nurses at home was acute, yet hospitals and health services continued to expand."²³⁵ Just as civilian nurses had stepped up to serve in the military they now had a duty to help out at home. Overseas nurses had a responsibility to represent Canadian nursing and required qualities such as mental ability, education, flexibility, freedom from prejudice and physical and emotional stamina. These qualities would serve the civilian nursing profession well.

Legacy

The shared identity that military nurses created during the war was one as Canadians, women, soldiers, and members of specific military units. This sharing of the war experience was about to be interrupted with the coming of peace. Some nursing sisters expressed concern about where they might fit into civilian life, and worried that

²³⁴ Nicholson, 102.

²³⁵ Fanny Munroe, *The Canadian Nurse*, Volume 41, January 1945, 15.

they would struggle to find a sense of identity and purpose.²³⁶ These feelings of disorientation that peace would bring are expressed in a poem that nursing sister Marguerite McLimont wrote while serving in Italy. Her uncertainty about the future is expressed in the last line of the poem, “Lord, give us strength to stand the strain of peace”.²³⁷

Cynthia Toman writes, “For many returning nursing sisters, wartime experiences shaped an enduring postwar military nursing identity as members of an ‘imagined community’ who engaged in constructing a collective social memory.” This included commemoration of their participation in this major world event.²³⁸ Nurses continued to identify strongly, “as an imagined or symbolic community despite postwar physical and social distance – even when they might never have known one another during the war.” Betty Nicholson who served with No.5, said sixty years after the end of the war, “I’m Army...you have a loyalty.”²³⁹

Toman argues that “Nursing sisters frequently referred to a special camaraderie and closeness that lasted a lifetime and was both similar to and different from civilian nursing experiences.”²⁴⁰ They had felt like a family during the war and they missed the unique relationships that they had experienced during that time. Nursing sisters sought ways to stay connected:

It was inconceivable that the spirit of comradeship that had so closely linked Canadian Nursing sisters as they served together overseas, undergoing similar hardships and facing common dangers, should be

²³⁶ Toman, *An Officer and a Lady*, 168.

²³⁷ Toman, *An Officer and a Lady*, 168.

²³⁸ Toman, *An Officer and a Lady*, 168.

²³⁹ Toman, *An Officer and a Lady*, 168.

²⁴⁰ Toman, *An Officer and a Lady*, 169.

allowed to die at the end of the war.²⁴¹

This desire to continue friendships begun in wartime and share experiences found expression Overseas Nursing Clubs established between the wars.²⁴²

These clubs were first created after World War I and grew rapidly with regard to membership and purpose during the 1920s and 30s. In April of 1920, a group of nursing sisters in Edmonton met at the Macdonald Hotel to form the first chapter of the Overseas Nursing Sisters' Association.²⁴³ The wartime Matron-in-Chief, Margaret Macdonald, was elected honorary president. The new association had three objectives:

1. Foster the spirit of patriotism and love of our King and Country, and to promote National Peace.
2. Promote a greater feeling of unity and friendship between all nurses who served overseas.
3. Act as a body when occasions arise which call for united effort.²⁴⁴

Ex-nursing sisters in Edmonton and surrounding areas responded with enthusiasm and by 1920 the Overseas Nursing Sisters' Association had 39 members.²⁴⁵

Over the next few years there were associations formed in Montreal, Calgary and Winnipeg. "Nursing sisters in Winnipeg chose the name, the Nursing Sisters' Club when they organized on December 12th, 1923."²⁴⁶ Their first president was Mrs. Annie D. McLeod. It is recorded that eighty nursing sisters were present at the initial meeting. In 1925, President Annie McLeod was succeeded by nursing sister Alfreda Attrill, who had served with No. 5 Canadian General Hospital at Salonika during the First World War.

²⁴¹ Nicholson, 106.

²⁴² Nicholson, 206.

²⁴³ They were sometimes called clubs and sometimes associations depending on where in Canada they were located.

²⁴⁴ Nicholson, 107.

²⁴⁵ Nicholson, 107.

²⁴⁶ Nicholson, 107.

She was known to have nursed Major George Vanier, who had lost a leg during the last days of the war.²⁴⁷

Within a few years there were a dozen formed groups of nursing sisters across Canada functioning independently of each other. The clubs had proved successful at keeping nursing sisters in touch with each other and preserving the feeling of comradeship that they had enjoyed during the wartime years. Members believed that the positive results that the individual clubs were experiencing could be enhanced by the formation of a national association. The Canadian Overseas Nursing Sisters' Association held its first meeting in Regina on June 26, 1930.²⁴⁸ At this time the association was only open to nursing sisters who had served overseas. This seemed unfair to those who had stayed in Canada, despite their willingness to go to a war zone. Eventually this changed and in 1944 there was an amendment to the original by-law and the word overseas was deleted from the constitution. Membership became open to all nursing sisters who had received an honourable discharge from one of the three military nursing services.²⁴⁹

Between the wars the Overseas Nursing Sisters' Association not only provided camaraderie between nursing sisters, they took on special tasks and projects. The Association attached special significance to the annual observance of Remembrance Day. In the various cities, branch members attended the ceremonies in uniform and laid a wreath at the local cenotaph. Records show that at the national level the association was lobbying the government for employment of overseas nursing sisters into jobs under

²⁴⁷ George Vanier served as Governor-General of Canada from 1959-1967. See Nicholson, 107.

²⁴⁸ Nicholson, 108-109.

²⁴⁹ Nicholson, 109.

federal control. It also sought free hospitalizations under the Department of Pensions and National Health for nursing sisters unable to pay their own way.²⁵⁰

Within days of the outbreak of World War II the Overseas Nursing Sisters' Association had offered their services to the Canadian government. The 1940 general meeting in Calgary heard units report on the various types of war work in which they were involved. Many offered to send packages overseas to servicemen and recalling shortages they had experienced in the first war, unit members were eager to make surgical dressings and bandages. "Many nursing sisters worked with the Red Cross Society, taught first aid and home nursing with St. John's Ambulance, or acted as hostesses in hostels for servicemen."²⁵¹

No. 5 Canadian General Hospital

As the campaign in Italy wound down, No.5CGH prepared to move to northwest Europe. By March 1945 they were located in Belgium acting as a base hospital. The documents of surrender ending the Second World War were signed at Rheims on May 7 of the same year, ending six years of hostilities. No. 5 CGH disbanded at Turnhout, Belgium, in September of 1945.²⁵²

The postwar stories of the Prairie Bluebirds, who had left Winnipeg with No. 5 CGH in 1940, do not reveal much about their subsequent lives. Many wrote small memoirs of their wartime experiences which have been compiled in three volumes and edited by E.A. Landells. Although extremely interesting to read these stories do not

²⁵⁰ Nicholson, 110-111.

²⁵¹ Nicholson, 113.

²⁵² *War Diary, No. 5 Canadian General Hospital*, (National Archives of Canada).

reveal much about the emotional impact of their experiences and do not say much about their postwar lives. Those memories would have been saved for the Nursing Sisters' Clubs where they felt free to discuss all the challenges of their war service.

We are left with fragments of their stories: Isabel Gervin joined the army in Winnipeg and left in May, 1940. She served in England, Sicily and Italy. After the war was over she stayed in England and worked in the Canadian hospitals there. She never had children and left her letters and medals to her extended family when she died.²⁵³

Another nursing sisters, Muriel (Cascaden) Guyot joined No.5CGH in Winnipeg. She worked periodically at Deer Lodge Hospital until June, 1940 when she went to England and was posted to Taplow. She served in Sicily and Italy and returned to Canada in 1945. She was discharged in 1946. She does not comment on what she did after the war.²⁵⁴

NS Elizabeth (Burnham) Lowe was from New Brunswick but was assigned to No. 5, four months after it had moved to England. She also served in the Mediterranean. In December of 1944 she was returned to England because she was married. Her husband was killed on the Gothic line, September 1, 1944. His name was Major J. Bruce Lawson. Elizabeth returned to Canada in June, 1945 and gives no further information.²⁵⁵

Helen M. (Ross) O'Brien joined No.5CGH in 1939 because she wanted to emulate nursing sisters of the First World War who were close friends. She served for five years with No. 5: "it was a marvellous experience, memories of which I still treasure."²⁵⁶

²⁵³ Orpha (Peggy) Galloway, ed., *Women of the War Years*, (Brandon: Leach Printing, 2000), 80-81.

²⁵⁴ Landells, Volume III, 153.

²⁵⁵ Landells, Volume I, 154-58.

²⁵⁶ Landells, Volume III, 160.

Cynthia Toman's book, *An Officer and a Lady*, was partially based on twenty-five interviews she conducted with nursing sisters in 2001. These interviews are more revealing about postwar life than the written memoirs, showing a variety of experiences. Some nursing sisters acquired university degrees and went on to shape a life teaching nursing. Others worked in public health and many married and had children. Several continued to have adventuresome lives because their husbands had interesting careers. Nursing sister Elizabeth Dean was married to an oceanographer for the Fisheries Department and they travelled widely in South America and Europe while raising their family.²⁵⁷ Many of these women were nearing the end of their lives and the interviews she conducted were invaluable to the historical memory of Canada's Nursing sisters.

The Canadian Red Cross Hospital at Taplow became part of the National Health Service and operated as a general hospital until approximately 1952. At that time it became mostly a maternity hospital. It was closed in 1985 and became derelict over the years. In 2006 the landowners, the National Trust demolished the buildings to make way for private housing. When I visited in 2007 some of that housing was built and there was no trace left of the hospital buildings. However, the small Commonwealth cemetery was still immaculately maintained on the Astor Estate. No. 5 CGH nursing sister, Winnifred Spafford, is buried there.

There is a sculpture erected in memory of the hospital. The inscription reads:

Cliveden Village sits on the site of the former Canadian Red Cross Memorial Hospital which principally treated Canadian troops during the First and Second wars. This sculpture comprises fifty maple leaves representing the 50,000 men and women who were cared for during the wars. The swirling maple leaves of the

²⁵⁷ Toman, *An Officer and a Lady*, 208.

sculpture symbolise the physical or spiritual return of the troops back to their homelands.²⁵⁸

The memory of No.5 Canadian General Hospital from Winnipeg has remained strong for seventy years. Apparently there were small reunion parties held in private homes through the years. The children of the members of No. 5, CGH, grew up on the stories of its exploits and hang on to memorabilia acquired by their parents. The daughter of one doctor has a ruby necklace presented to her father by Lady Astor, as a gift for his wife.

In the conclusion of his memoir Dr. Walton says, “the experience of our hospital in England and in the central Mediterranean Force indicated that efficient hospital work could be done under very primitive conditions and with a staff that was incredibly small... we also demonstrated that our young nursing sisters were quite capable of enduring any hardships and were as brave and dependable in action as soldiers.”²⁵⁹

²⁵⁸ This Information is from a postcard acquired by the writer of this thesis, on a visit to Taplow in October, 2007.

²⁵⁹ Walton, 282.

Chapter V: Conclusion

I became interested in this topic because as both a member of the baby boom generation and a nurse myself, I had often heard stories about the No. 5 CGH hospital from the older people in my life. Its memory was well etched in the minds of a generation of people from Winnipeg who had who served in World War II. Everybody seemed to know one of the doctors or nurses, and some had been patients at the hospital. The history of No. 5 CGH is thus rich and ripe for historical research, and this thesis has sought to commence that process in its focus on the hospital's nursing sisters.

As Cynthia Toman has written, "In order to fulfill society's expectation, that sick and wounded soldiers during the Second World War would be well cared for, the Canadian armed forces, looked to the civilian nursing profession to 'fill the ranks' and serve alongside an almost non-existent, permanent force military nursing service."²⁶⁰ The nurses of No. 5 Canadian General Hospital helped to answer that call. Nurses wanted to be military nurses for various reasons. They said they were patriotic and wanted to emulate their nursing heroes from The First World War, but for many it was an economic decision. After a decade of economic depression and scarcity of work nurses were anxious to secure well paid jobs. The war opened up opportunities that had not been available to nurses for two decades.

Nurses applied with great enthusiasm for the vacancies in the Royal Canadian Army Medical Corps but they could not all be accommodated. As a result some nurses used favouritism and family connections to secure these positions, thus circumventing the rules and regulations that had been laid down by the civilian nursing profession and the

²⁶⁰ Cynthia Toman, *An Officer and A Lady: Canadian Military Nursing & The Second World War* (Vancouver: UBC Press, 2007), 200.

Canadian Government. Some nurses were barred because of race, and gender. There was also concern that stripping hospitals of their best nurses would put civilian nursing care in jeopardy. Yet civilian nursing authorities eventually proved able to work around this problem, continuing to deliver a high standard of nursing care in Canada.

With respect to the overseas experiences of No.5 CGH, it was apparent that the safer and arguably more pleasant posting for nurses was England. There they had good living accommodations, above average work conditions and faced minimal danger. As the war progressed, military and medical policies moved nurses ever closer to the front lines. In Sicily and Italy nurses lived and worked in below average surroundings and their health was in danger from communicable diseases and bomb strikes. The kind of injuries they treated, were massive: horrible burns from tank and plane warfare, head, chest and abdominal wounds needing surgery and blood transfusions. This type of nursing work led to nurses accepting expanded roles, and despite the dangers, it was an opportunity many relished.

When nurses were demobilized following the war there were a variety of options open to them. They could attempt to stay in the military which was difficult due to rapid downsizing. There were jobs available in civilian hospitals as well as the growing number of veterans' hospitals. There was also work in public health nursing. Another choice was to stay home, get married and raise a family. Nurses could also take advantage of government money to do post-graduate education. Nursing sisters took advantage of all these opportunities, and their breadth of experience strongly illustrates that the postwar fates of Canadian women were not monolithic. Some nurses were able to continue working despite the more general demobilization of wartime women, particularly those

roles considered non-conventional like munitions work, though it must be noted that it was a small percentage who continued to work in nursing two years after the war.

Nursing sisters also ensured their legacy through the formation of Nursing Sisters Clubs. These clubs were designed to create a safe place where veteran nurses could gather and share wartime stories. These clubs were very successful in helping nursing sisters retain the special bond created by being part of the military community. The endurance of the clubs is also indicative of the ongoing importance that their wartime experiences continued to play in the lives of many of these women. Regardless of postwar arguments that have been made about the retrenchment of conventional gender lines, the nursing sisters of No. 5 CGH seemed to recognize that the war had been a watershed in their individual lives, which provided experiences, while sometimes full of darkness and horror, that they felt fortunate to have had.

Appendix

This is a list of the nursing sisters of No. 5 Canadian General Hospital as they appear in two official pictures (1939-40). Date of graduation is indicated where known:

Margaret Baldwin (1926)*

Helen Wilson (1937)*

Alice Nicholson (1932)*

Anna Miller (1928)*

L. M. Orme (Blackburn) (1931)*

Phyllis Bennest (1928) *

Anna (Allen) Swail (1928) (Assistant Matron)*

Catherine (Kay) Lunn (1930) (Matron)*

Jean Newman(MacRae) *

Edna Leishman (1937)*

Marguerite Horner (MacKay) (1934)*

Nancy Hall (1938)*

Margaret (Peggy) Lawson (Grandy) *

Winnifred Spafford (1933)*

Evelyn (McNichol) Gregory (1936)*

Annie Patterson (Taylor) (1926)*

Pearl Swift *

Marnie Hearne*

Marge MacCullough*

Kay Henneberg *

Helen Sharp *

Fan McLeod *

Nellie Harburn *

Helen Sutcliffe *

Helen O'Brian *

Jane Inches *

Helen Adams *

Anna Horstrum *

Dorothy Quehl *

Betty Vetterli *

Connie Browne *

Muriel Guyot (Cascaden)*

Doris Small (Ralston) *

Alice Thaw (Clarke) *

Clare Hutton (Brazier) *

Margaret Taylor *

Blanche Souliere *

Fran Jekyll (Watt) *

Anna McLean (Cran)*

Olive Harrington (Meadows) *

Dorothy Given *

Adele Parker *

Kay McCord (Cork)*

Irene Keen (Lang) *

Florence O'Donghue *

Margaret Woolery (Stanley) *

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