
Place and Practice in Canadian Nursing History

*Edited by Jayne Elliott, Meryn Stuart,
and Cynthia Toman*

Place and Practice in Canadian
Nursing History



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Contents

List of Illustrations / vii

Acknowledgments / ix

Introduction / 1

Jayne Elliott, Cynthia Toman, and Meryn Stuart

- 1** “A Loyal Body of Empire Citizens”: Military Nurses and Identity at Lemnos and Salonika, 1915-17 / 8
Cynthia Toman
- 2** Social Sisters: A Feminist Analysis of the Discourses of Canadian Military Nurse Helen Fowlds, 1915-18 / 25
Meryn Stuart
- 3** The Healing Work of Aboriginal Women in Indigenous and Newcomer Communities / 40
Kristin Burnett
- 4** Cleansers, Cautious Caregivers, and Optimistic Adventurers: A Proposed Typology of Arctic Canadian Nurses, 1945-70 / 53
Myra Rutherford
- 5** Region, Faith, and Health: The Development of Winnipeg’s Visiting Nursing Agencies, 1897-1926 / 70
Marion McKay
- 6** “Suitable Young Women”: Red Cross Nursing Pioneers and the Crusade for Healthy Living in Manitoba, 1920-30 / 91
Linda Quiney

- 7** The Call of the North: Settlement Nurses in the Remote Areas of Québec, 1932-72 / 111
Johanne Daigle
- 8** (Re)constructing the Identity of a Red Cross Outpost Nurse: The Letters of Louise de Kiriline, 1927-36 / 136
Jayne Elliott
- 9** University Nursing Education for Francophones in New Brunswick in the 1960s: The Role of Nuns, Priests, Politicians, and Nurses / 153
Anne-Marie Arseneault
- Notes / 167
- Selected Bibliography / 205
- Contributors / 210
- Index / 212

Illustrations

Photographs

- 16 / Nursing sisters lunch at the pyramids
- 18 / Graves of Canadian nursing sisters at Lemnos
- 26 / Nursing Sister Helen Lauder Fowlds
- 37 / Helen Fowlds and nursing sister colleagues
- 47 / Eliza McDougall, wife of Methodist missionary John McDougall
- 54 / Donalda McKillop Copeland and family
- 73 / Russian immigrants in Winnipeg's North End
- 84 / Interior of a slum home in Winnipeg
- 130 / Blanche Pronovost's dispensary at Villebois, Québec
- 137 / Louise de Kiriline preparing formula for the Dionne quintuplets
- 140 / Louise de Kiriline at the age of eighteen
- 148 / Louise de Kiriline driving her dogsled through Bonfield
- 156 / Father Clément Cormier
- 162 / Sister Jacqueline Bouchard

Maps

- 6.1 Canadian Red Cross Society outpost stations in Manitoba, 1920s / 95
- 7.1 Networks of Québec's nursing settlement stations by region and location of assignment, 1926-88 / 118
- 7.2 Locations of Québec's nursing settlement stations, Bas-Saint-Laurent and Gaspésie-Îles-de-la-Madeleine regions / 119
- 7.3 Locations of Québec's nursing settlement stations, Abitibi-Témiscamingue and surrounding regions / 120

- 7.4 Locations of Québec's nursing settlement stations, Côte-Nord and surrounding regions / 123
- 7.5 Locations of Québec's nursing settlement stations, Saguenay–Lac-Saint-Jean / 128
- 9.1 Francophone colleges and universities in New Brunswick, 1960 / 155

Figure

- 7.1 Distribution of Québec settlement nursing stations / 124

Table

- 8.1 Bonfield outpost statistics, 1928-29 / 145

Acknowledgments

This book builds on the connections and enthusiastic debates generated by the first Hannah Conference on Canadian Nursing History, which was held in Ottawa in June 2005. Thank you to Associated Medical Services Inc. (AMS) for its generous financial support of the conference. We also acknowledge the support of the School of Nursing at the University of Ottawa which was, at that time, under the direction of Sylvie Lauzon, as well as that of the Faculty of Health Sciences. Conference organizer Linda Soulière's work in making the Hannah Conference such a memorable occasion through her expertise and attention to detail is also appreciated.

AMS was established in 1936 by Dr. Jason Hannah as a pioneer prepaid not-for-profit health care organization in Ontario. With the advent of medicare, AMS became a charitable organization supporting innovations in academic medicine and health services, specifically the history of medicine and health care, as well as innovations in health professional education and bioethics. In conjunction with the 2005 conference, and in partnership with the University of Ottawa, AMS sponsored the establishment of the Nursing History Research Unit (AMS NHRU) at the School of Nursing at the University of Ottawa. The Unit has a mandate to foster the production and dissemination of new knowledge in Canadian nursing history through education, research, and public outreach. This collection is the first publication produced under its auspices. We are grateful for the generous counsel and encouragement of former AMS CEO Dr. Bill Seidelman, and of Dr. Mary Ellen Jeans, current CEO and president. With this level of support, AMS has taken the lead in funding this field of inquiry in Canada.

Nursing history is a small albeit growing area of study in Canada, and many scholars, especially those employed in schools of nursing, conduct their research and writing in relative isolation. We are therefore particularly indebted to the contributors for the effort they put into preparing their chapters. This book could not have taken shape without their dedication and hard work, and we hope that the exchange of ideas, from which both

editors and authors have benefited, will make the field of nursing history stronger in the end.

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Introduction

Jayne Elliott, Cynthia Toman, and Meryn Stuart

In June 2005, historians working in the field of Canadian nursing history gathered together in Ottawa for the purpose of exploring the dual themes of identities and diversities. The Hannah Conference on Canadian Nursing History was one of two meetings that bracketed the opening of both the first national exhibit on the history of nursing mounted at the Canadian Museum of Civilization, and the Associated Medical Services Nursing History Research Unit at the University of Ottawa.¹ Encompassing roughly a one-hundred-year period from the late 1800s to the 1970s, the work of the invited presenters looked at Canadian nurses, broadly defined, who were engaged in healing work in medical institutions, the military, and out in the community over a wide geographical area both within Canada and abroad. Despite the wide range of material covered, enthusiastic discussions began to highlight common threads and fruitful directions for further research. At the same time, historians and nurse educators attending the conference, along with history and nursing students, engaged in a productive public debate over the role and meaning of nursing history within nursing programs.

One of the issues for nursing history that continues to have relevance for current health care debates concerns the category of “nurse”: who is a nurse, what constitutes nursing work, and to what degree (if any) is “nurse” a universal category of identity.² Various professionalization movements throughout North America exacerbated these debates during the early twentieth century. Nurse leaders, following a successful campaign by physicians to gain control over their practice, sought to establish dominance over nursing practice through the standardization of educational curricula and legal authority to credential graduates of recognized hospital-based training programs. In the process, the public came to perceive nurses and hospitals as being inextricably linked through training programs and, following the Second World War, increasingly through employment opportunities. Hospital-based training and work environments aimed to standardize nurses, nursing knowledge, and nursing care, creating the illusion of a universal nurse category while

devaluing the vast diversity of persons who did nursing work as well as the many formal and informal settings in which nursing took place.

Historians of nursing now call for a closer examination of nurses and nursing as well as of the meaning of nursing for those who have practised it, suggesting a need to nuance our analyses and qualify *which nurses* and *which settings* as well as in *which time frames*. American nurse historian Patricia D'Antonio, for example, noted that nursing "took on different meanings for different nurses at different times"³ and that historians need to consider alternative perspectives, practitioners, meanings, and stories to produce "a more inclusive history of health care that privileges new meanings about nursing's work and worth."⁴ Scholars working in nursing history, like those in other fields, now use increasingly complex analytical concepts and perspectives within their research. We are only now just beginning to understand how issues of gender, race, ethnicity, class, and religion have served to structure the occupation in ways that include some while excluding many others.⁵ Celia Davies has suggested it is time to "explore the way that inequalities of race, class, and gender work out, sometimes unintentionally, as health care personnel and health care systems travel across an international stage" – through analytical frameworks of imperialism, colonialism, post-colonialism, and globalization as well as nurses' relations to the state.⁶ Sioban Nelson critically appraised the field for a need to connect nursing history with broader historical scholarship, shifts in historiographical thinking, and efforts to situate nursing history in relation to mainstream histories.⁷

This collection seeks to disrupt and decentre assumptions about the relationship of nurses to hospitals and to the medical profession, which are found both in public perceptions and in much of the writing in nursing history. Focusing on alternate settings and places, it highlights a variety of persons who provide nursing care while performing different roles that come under the rubric of nursing work. We seek to complement the valuable text *On All Frontiers: Four Centuries of Canadian Nursing*, the first general survey on Canadian nursing history in more than half a century, which was published to coincide with the opening of the Canadian Museum of Civilization's exhibit.⁸ Our authors have expanded and deepened many of the themes raised in this text, adding to the wide-ranging research on nursing and its practitioners that had been previously highlighted in the two special editions of the *Canadian Bulletin of Medical History*, produced in 1994 and 2004, respectively.⁹ We anticipate that the broad scope of research presented in this text will suggest new pathways of investigation that will mirror the varied nature of current nursing practice and the diversity of its practitioners. We intend that the articles will help fill a gap for those who have lamented the dearth of historical sources¹⁰ relating to their questions on nursing history. Our ultimate hope is to encourage a deeper understanding of the historical

roots of issues that continue to challenge nurses and others in the health care system in the present.

“Place” in Nursing History

The idea of “place” provides an important heuristic device in organizing and situating the articles in this collection.¹¹ None of our contributors locates her investigations entirely in the hospital-based workplace, which, at least since the mid-twentieth century, has provided the highest number of paid positions for nurses. Only one of the chapters is partially situated within the context of hospitals and hospital training schools. In this chapter, Anne-Marie Arseneault studies the transition to secular university nursing education in a New Brunswick francophone community. The rest of the authors centre their exploration of nurses and their work primarily outside the walls of urban medical institutions. A shift in location or place of nursing work has frequently served to reshape nurses’ roles as well as their personal and social lives. As nurses moved further away from traditional settings such as hospitals, many leveraged more flexibility to challenge conventional expectations and meanings associated with nursing work.

Both Cynthia Toman and Meryn Stuart focus on Canadian military nurses from the First World War who worked in military hospital settings. These facilities bore some resemblance to the traditional civilian hospitals of the time and thereby reinforced gendered expectations for nurses and women who served in this male domain of war, but their distance from Canada and the conditions under which the nurses worked also served to disrupt expectations. Yearning for adventure and a place in history, fired with patriotism, and determined to take care of enlisted boyfriends and brothers, these military nurses coveted the limited number of overseas postings. While travel and sightseeing in off-duty hours did indeed make military service a grand adventure for many, nursing brutally mangled soldiers under canvas, in extreme conditions of weather, dirt, insect infestations, or even under fire, severely tested nurses’ mettle. Toman centres her discussion on nurses who were sent to several areas in the Mediterranean, where they nursed mostly Allied, but not Canadian, soldiers in a “foreign” part of the world. Using diaries, letters, published materials, and archival documents, she argues that Canadian nurses experienced multiple shifting identities of gender, race, and class. As uniformed representatives of the British Empire, they simultaneously identified themselves as “imperials” with all of the privileges of officer status and whiteness and as “colonials” who were relegated to second-class status in relation to British-trained nurses. As members of the military, they aspired simultaneously to “soldier on” without complaint, as men were expected to do, while preserving their femininity and reputation as good women.

Stuart takes advantage of the prolific letter writing of First World War nursing sister Helen Fowlds to focus on the social life of military nurses. Fowlds' letters (and even her diaries) concentrated much more on social activities and relationships with fellow officers, both male and female, than they did on the often distressing conditions of wartime nursing with which she and her colleagues were confronted. While these letters served on one level to reassure Fowlds' family back home that she was safe, Stuart argues that news and gossip about shopping, clothes, and parties also constructed her as feminine and heterosexual. Stuart points to the tensions within the male-dominated military that encouraged these identities as the "normal" behaviour of women nurses but that also worked to constrain and contain the nurses' sexuality.

Place was also an active agent in constructing nurses' identities and nursing work, particularly as most nurses trained in large urban hospitals and inculcated white, upwardly aspiring, middle-class perspectives from their training into their practice as graduate nurses.¹² Shifting time and place to late-nineteenth and early-twentieth-century western Canada, for example, Kristin Burnett raises questions about just whom we identify as a nurse. In her exploration of the relationships that developed between Aboriginal and white settler women, Burnett examines the small areas of contact that opened up between these two groups of women during the beginning stages of settlement, at the same time that official policy was working toward the assimilation, or even the suppression, of Native life. She sheds light on the desperate need for the healing and midwifery practices of indigenous women within the white settlement communities. Aboriginal women, she notes, often possessed a thorough knowledge of local plants and herbs, an expertise on which many white families relied especially for help in childbirth and in fighting the potentially fatal illnesses contracted by their children. Yet, acknowledgment of these skills is largely missing from the official documents of the period as well as from the traditional accounts of anthropologists and others. In their speeches and writings aimed at a public audience, missionaries also tended to ignore or deny the aid that they had received, obscuring the significant role played by indigenous women that ensured the very survival of white settler families. On a broader scale, failing to consider the healing work carried out by all of those outside the boundaries of formal nurse training not only leaves a gap in Canadian nursing history but also negates their contribution to the building of the Canadian nation.

Myra Rutherford studies nurses who worked with First Nations and Inuit peoples in the Canadian North, reminding us of the importance of paying attention to the diverse identities that nurses may assume or project, often unconsciously, even when practising in similar sets of circumstances. She identifies three prototypes of nurses who chose this environment, categor-

izing them as cleansers, cautious caregivers, or optimistic adventurers. Cleansers, she suggests, were the most interventionist in the lives of community residents. Often wives of missionaries, they zealously drew connections between cleanliness and godliness and equated both with good citizenship. Cautious caregivers approached their work in their communities with prudence, willing to observe and learn, and they often doubted the wisdom of applying southern solutions to medical problems in the North and the role of white nurses in implementing those practices. Optimistic adventurers went north primarily for adventure. Independent by nature, they embraced what they saw as the challenges of environment and geography and were impatient with those who complained about the perceived lack of southern amenities. Although they were sometimes critical of their patients, they more readily accepted the community practices that were already in place.

Marion McKay examines the development of visiting nurse associations in the urban centre of Winnipeg in the early twentieth century. While gender and class are important factors in this article, McKay adds to this mix the significance of both region/place and religion in shaping the response of those concerned with the need for social reform. In many areas of the country, middle-class women were the first to organize these services, which were later taken over by a male-dominated government bureaucracy. Winnipeg was no exception. Newly created by the city's commercial and political classes as the "gateway" to the West, Winnipeg was also the headquarters of evangelical Protestantism. At the same time, it was coping with the highest immigration rate of any Canadian city during this period, and both women and men of the white Anglo-Canadian elite viewed the growing numbers of Eastern European residents "with a mixture of loathing and compassion."¹³ The Margaret Scott Nursing Mission, which began at the turn of the last century under the direction of lay city missionary Margaret Scott, and the Victorian Order of Nurses, which did not take root in the city until 1907, were visible manifestations of the desire to address this perceived problem by sending nurses out into immigrant communities.

Linda Quiney and Johanne Daigle (with Nicole Rousseau) contribute to the growing body of historical research on outpost and outport nursing in rural and remote Canadian communities.¹⁴ Quiney focuses on nurses employed during the early years of the outpost program operated by the Manitoba Division of the Canadian Red Cross Society. As part of the national organization's peacetime program, which was launched immediately following the First World War, the division established a small number of nursing stations for returning war veterans and immigrants being settled on often marginal land in remote areas of the province. The presence of "suitable" (white, middle-class, and female) nurses was intended not only to

address the basic health care needs of this population but also, in a similar way to McKay's study, to connect with the nation-building agenda of "Canadianizing" immigrants. Daigle and Rousseau study nurses working with the Medical Service to Settlers in Québec, which was one of the few outpost nursing programs in Canada initiated and directed by government officials. Searching for a solution to alleviate the effects of the Depression and partnering with militant nationalist clergy who wanted to protect and regenerate the French Canadian "race," the state looked to the North as the ideal physical and ideological space for preservation and renewal. Colonization projects settled large numbers of poor French Canadian families in northern and isolated sections of the province. Unable to attract physicians to work in these settlements, the government hired nurses to attend to the medical needs of the settlers and, in particular, to provide maternity care for women. Even after the colonization project ended, the government continued to supply nurses to remote communities into the 1960s. The authors interviewed a large number of former nurses involved with the project, using analytical concepts of "contact zones" and isolation to understand the nurses' different perceptions of the people and their work in these communities.

Isolation, non-traditional settings, and shifting identities were a part of the immigrant nurse's experience as well. Jayne Elliott bases her study on a decade of letters that Louise de Kiriline, who arrived in Canada in 1927, wrote regularly to her mother back home in Sweden. Although de Kiriline worked for most of this time as an outpost nurse with the Ontario Division of the Canadian Red Cross Society and was then employed as the first charge nurse of the Dionne quintuplets, she clearly considered nursing as only one aspect of her identity. De Kiriline claimed other social identities: she was a recent immigrant, a self-supporting single woman, and, perhaps most importantly, an attentive daughter to her distant mother. Elliott investigates the ways in which de Kiriline constructed her multiple simultaneous identities, arguing that the particular shape taken by her perspectives on race, gender, and class functioned as "markers of familiarity" to her mother. As editors of other immigrant collections of letters have suggested, de Kiriline's wish to remain the daughter her mother knew helped to maintain the close relationship between the two as she adapted to a new life on her own in a northern Canadian environment.¹⁵

Francophone nurse education outside of Québec, as examined by Anne-Marie Arseneault in her study of changes in nurse training for students in northern New Brunswick during the 1960s, highlights the significance of both place and religion in shaping, in this instance, the "appropriate" education for nurses. Suggesting that religious orders and secular government competed for control over university education for New Brunswick nurses, Arseneault discusses the confluence of ideas, individuals, and groups that

came together to establish the first university nursing program for francophone students at the newly formed Université de Moncton in 1965, a form of education already in place for anglophone nursing students at the University of New Brunswick. These developments, which took place within the context of sweeping social changes introduced by Premier Louis J. Robichaud and his government during the 1960s, were meant to discourage the marked regionalism between the northern and southern areas of the province and to provide equal access to public services for all New Brunswick residents. The opening of the *École des sciences infirmières* in Moncton in the southern part of the province, however, led directly to the closure of the baccalaureate nursing program under the Religious Hospitallers of Saint Joseph at their Collège Maillet, which had long been situated in the north of the province. The Hospitallers were a group of religious women who had a long history of involvement in health care in the North through their hospitals and nursing schools. Their presence had added much to the local economy of the region, but their struggle to maintain the programs in nursing education ultimately proved futile and was only one manifestation of the demise of the significant role played by religious congregations throughout the province in francophone higher education in general.

Overall, this collection of articles attempts to decentre the strong connection between nursing and hospital work that persists within the writing of nursing history and within the public perception of nurses and their workplaces. The studies suggest that place needs to be considered as a significant variable, in conjunction with gender, race, class, war, and religion, in shaping nursing identities and nurses' work. Paying attention to place reveals considerable diversity in the ideas, concepts, and meanings associated with nursing work, providing a framework through which to interrogate the meanings that nurses ascribed to their own practice as well as the meanings that historians, among others, attribute to nurses' work.

1

“A Loyal Body of Empire Citizens”: Military Nurses and Identity at Lemnos and Salonika, 1915-17

Cynthia Toman

Trained civilian nurses enlisted with the Canadian Army Medical Corps (CAMC) during the First World War as part of a general rush from the dominions to show support for Mother England. Granted officer status and the military rank of nursing sister (NS), they shared a strong desire, along with many other soldiers, to be part of “history in the making” through participation in what was supposed to be “the last great war.”¹ Canadian nursing sisters were generally eager to serve in forward medical and surgical units during the war, anticipating postings to the western front. They argued that such an assignment was “real” war nursing. Safer postings in England and Canada, where an increasing number of convalescent and rehabilitation soldiers needed nursing care, were far less desirable, according to Matron-in-Chief Margaret Macdonald, who noted the reticence among civilian nurses to enlist for these positions.²

However, most nursing sisters never imagined that several hundred of them would spend nearly two years in the Mediterranean theatre as members of one of the five CAMC units posted in support of the British forces at Lemnos, Salonika, and Cairo during the Gallipoli campaign, although there were no Canadian fighting troops involved in this military theatre of war. NS Mabel Clint described the posting announcement as causing a good deal “of consternation, as we had thought of the war in terms of the western front, though the campaigns in the near east had made us realize the vast scale of operations, and some international problems involved. The majority had rather expected that we should be attached to the Canadian Corps.”³ It was considered inappropriate, even scandalous, during this period to have women close to an active theatre of war, but the level of carnage made medical and nursing care a necessity. As NS May Bastedo wrote to her family, “You didn’t think when I went abroad that I would have a Mediterranean trip, did you? ... 50 miles from Galilpoli [sic], too close to guns for me, thank you.”⁴ Their postings lasted between six months and two years (from

mid-1915 to mid-1917), depending on the particular medical unit and on the nurses' state of health, which often deteriorated in these settings reputed to be the worst conditions of the war for soldiers – both men and women.

Military nurses are conspicuously marginalized in the historical scholarship on women and war, partially because the association of nurses with war and killing runs counter to conventional accounts of nurses as idealized women who epitomize both femininity and pacifism. The failure to distinguish between volunteer and trained nurses, as though their experiences were identical, is an important limitation within the scholarship.⁵ When trained nurses are the subjects of inquiry, historians typically treat them as a single, homogeneous group comprising a chapter or two within larger studies. Gail Braybon noted in particular the very narrow range of sources used by those who do study women and war, contending that "women's wartime history was, and often still is, overlaid with myth. They have their own stereotypical roles to fill. There is scope for them to be seen as victims, villains or heroines, depending upon the viewpoint of the writer."⁶

Recent scholars have pointed to the importance of context-specific studies as sites of evidence to explore these often contradictory and ambivalent behaviours.⁷ Braybon, too, called for historical research to specifically examine small cohorts, individual lives, and/or the events of a few days or weeks that can then be situated into the larger context of lives before and after the war, eschewing grand narratives and macro history in favour of "looking closely" at the small parts of the jigsaw while taking care to fit them together.⁸ No historians have studied the Canadian nursing sisters within context-specific situations from the perspective of diverse intersecting identities or as subjects within military-medical contexts.

This chapter explores the contingent and often contradictory workings of identity from the perspective of the First World War Canadian military nurses who were stationed primarily at Lemnos and Salonika, where they were perceived, and perceived themselves, as both "imperialists" and "colonials." As NS Clint wrote when embarking for the Mediterranean, "It seemed now that we should lose our identity, and be side-tracked [from the western front in France, which was considered the main focus of war activity]."⁹ What did it mean for these nursing sisters to be simultaneously British and colonials, officers and soldiers, women and nurses in these settings? Would they prove to be worthy representatives of the Empire? How would they measure up against two dominant colonialist discourses that portrayed Canadians as hardy, adventurous, accustomed to primitive conditions, and efficient at "making do" but which also positioned them as being inferior in comparison to proper British-trained nurses?¹⁰

On the one hand, the Canadian nursing sisters represented British power and superiority as military officers of an Allied force and as members of the

British Empire. On the other hand, they were members of the territorial forces – that is, they were “colonials” from the dominions and they increasingly resented colonialist discourses. NS Mildred Forbes, for example, was quite critical of the presence of Canadian medical units in the Mediterranean when there were no Canadian troops stationed there. She maintained that the British were using dominion nurses as test cases for the harsh conditions. At the same time, she staunchly determined that Canadian nurses would not be found lacking or inferior to British-trained nurses. As Forbes wrote, “I suppose by sending the Canadian and Australian nurses to Lemnos first ... [the British] could see how they stood it before venturing to send theirs over. But we will show them of [sic] the stuff we are made of.”¹¹

The Mediterranean postings were portals to the Orient or “Near East,” where the nursing sisters encountered what they perceived to be “strange” exotic races, languages, and cultural practices as well as competing discourses regarding imperial, colonial, and national identity. The near Orient, bordering on the Mediterranean Sea, was within easy reach and had been a favourite place for Europeans to travel to and write about since the early nineteenth century. Yet it had become associated with backwardness, degeneracy, inequality, and, in particular, with ideas about the “biological bases of racial inequality.”¹² Scholar Edward Said described the western European perspective of the “Orient” as a “semi-mythical construct” that privileged whiteness along with the institutions, vocabulary, scholarship, imagery, doctrines, colonial bureaucracies, and colonial styles associated with whiteness.¹³ Furthermore, for members of the Empire, “to reside in the Orient is to live the privileged life, not of an ordinary citizen, but of a representative European whose empire (French or British) *contains* the Orient in its military, economic, and above all, cultural arms.”¹⁴

In this article, Empire carries dual meaning. It refers specifically to the British Empire of the early twentieth century as well as to an extensive colonial network of goods, economies, and politics. Prevailing discourse on the British Empire portrayed an “idealized notion of the national character as comprised of the ‘manly’ qualities necessary for military triumph and successful colonization: independence, fortitude, courage, daring, resourcefulness, and paternalistic duty.”¹⁵ As Catherine Hall and others have pointed out, “Empire was about the political, military, economic, and cultural exploitation and domination of the British over subject peoples.” It included a range of practices and discourses affecting both the metropole and the colonial periphery, including the “justification of conquest and domination.”¹⁶ Anne McClintock argued for a gendered perspective on empire – the idea that men and women experienced imperialism differently and that various categories of difference were brought into being “*in and through* relation to each other – if in contradictory and conflictual ways.” She contended

that "the rationed privileges of race all too often put white women in positions of decided – if borrowed – power, not only over colonized women but also over colonized men. As such, white women were not the hapless on-lookers of empire but were ambiguously complicit both as colonizers and colonized, privileged and restricted, acted upon and acting."¹⁷ Katie Pickles also referred to the need "to gender national, imperial, and colonial spaces" and suggested that women participated in distinctly gendered forms of female imperialism associated with nurturing and caring activities.¹⁸

The First World War is portrayed typically as a defining moment for Canadian identity formation. Carl Berger was one of the earliest historians to explore the emergence of a Canadian national identity within the context of the early 1900s, arguing that the country deliberately chose to maintain and build stronger ties with Britain during this war in order to demonstrate that Canada deserved more power within the dominion structure. At the same time, politicians wanted to show that the country was ready for independence from England.¹⁹ More recently, a growing body of literature has broadened the conceptualization of national identity from definitions contingent on geography toward conceptualizations of national identity as "imagined communities and spaces" that people perceive as bonding themselves to one another.²⁰ The nursing sisters, for example, consistently sought opportunities to care for "our boys," referring to the Canadian soldiers, while increasingly calling themselves Canadian rather than British although there was no official Canadian citizenship until 1947. And far from geographical Canadian territory, they sought to recreate Canadian-style living conditions, traditions, and celebrations. As Barbara Lorezkowski and Steven High have recently pointed out, "if the vast body of recent scholarship on nationalism shares a unifying concern, it is with the fluidity, complexity, and shifting boundaries of national belonging, the role of gender and race in shaping narratives of empire and nation, and, indeed, the tendency to regard the nation itself as a 'text.'"²¹

As others have shown, transnational spaces, such as those the nursing sisters encountered in the Mediterranean, were significant in the construction of national identity. Historian Cecilia Morgan, in her study of English-Canadian travellers to Britain during the pre-war period, examined how the concepts of nation and empire were both staged and performed during the late Victorian and Edwardian periods. Morgan argued that "many tourists arrived with preconceived notions of themselves as 'Canadians' and as members of the British Empire," which subsequently "complicated their reactions to the staging of empire that they encountered."²² Canadian military nurses found themselves in somewhat similar positions at Lemnos and Salonika, embedded as they were within the military hierarchy and highly visible as uniformed representatives of white British military might, and yet

they were considered second class because they were nurses from the dominions. It was in resisting such a preconception that they began to share an emerging self-awareness of Canadian difference.

Nursing sisters' accounts frequently illuminate the interplay of empire, race, and gender through portrayals of hardship and danger on the one hand and portrayals of opportunity, marvels, and curiosities on the other.²³ These women left a relatively small body of first-hand accounts, which include several memoirs, diaries, a few sets of letters, collections of photographs, autograph books, and a small body of oral histories. One can also glimpse their presence and find references to their activities by reading traditional archival documents and records, medical unit histories, and an official history of the CAMC "against the grain." Nurses' accounts were constructed by individuals who appeared to be very aware of their unique situation as women privileged by occupational status to participate in an otherwise all-male domain of war. Their accounts vary considerably in both quantity and content, partially due to individual characteristics and to their intended audiences. NS Clint, for example, had previous publication experience related to her involvement with the Imperial Order Daughters of the Empire.²⁴ Some nurses wrote themselves into personal histories through their diaries and memoirs, punctuating everyday activities with visits from royalty or excursions to local tourist attractions. Clint, Katharine Wilson-Simmie, and Maude Wilkinson waited until the 1930s and 1970s, respectively, to publish their accounts, requiring readers to take the passage of time and post-war reconstructions of collective social memory into account, among other problematic aspects of these personal accounts.²⁵

For the most part, nursing sisters maintained a proper official silence regarding the contentious or controversial aspects of their war experiences, as good soldiers were supposed to do. They were subject to military regulations that included the censorship of personal mail, although they creatively avoided censorship sometimes by sending letters back to England with friends who posted them outside of the military system. They also self-censored their accounts, as NS Helen Fowlds illustrated through her adherence to the soldier's unwritten code in writing to her family: "Already its [sic] getting to be a case of *in* the army or *not* and those who are, don't discuss their troubles with those who aren't."²⁶ As Meryn Stuart points out in her chapter in this volume, for example, NS Fowlds was a prolific letter and diary writer, especially during her time at Lemnos and Salonika where she explicitly warned her family not to divulge the contents of her letters and not to publish them in the newspapers for public viewing: "We have been cautioned repeatedly against allowing any of our letters to be published and we are to make all our friends understand that thoroughly. Some of the letters from the first caused a great deal of comment in military circles. One Nova Scotia nurse wrote of admitting a soldier covered with vermin. He said 'Sister – keep

away. I'm covered with vermin,' and she said, 'Brother, I honour every louse on your body.' Did you ever hear any thing more disgusting? That was copied into dozens of eastern papers and was very severely criticized so warn anyone I might be likely to write to – in case I forget."²⁷ Given these various constraints, the small but significant collection of surviving sources are nonetheless remarkable and useful for study.

"Soldiering" for the Empire

Nurses from the white dominions were particularly favoured as recruits to the British nursing services, even during the pre-war period. A survey of the British nursing supply at the beginning of the war, published as the *Report of an Advisory Committee Appointed by the Army Council to Enquire into the Supply of Nurses*, clearly gave preference to nurses from the dominions and warned nursing services to "abstain from recruiting in the United States or foreign countries."²⁸ When the British War Office issued a call for dominion nurses to supplement the British units as war became imminent, 314 Canadian civilian nurses joined the Queen Alexandra Imperial Nursing Service (QAIMNS) prior to the mobilization of nursing sisters for the CAMC.²⁹

Many nursing sisters held strong pro-British stances. NS Clint, who was part of the first Canadian contingent, described the 1914 arrival in England with this jingoistic passage in her memoir: "Back from this western continent came a loyal body of Empire citizens, eager to aid in defence of the old home. Into the famous Devon seaport, which no enemy had ever penetrated, sailed a very different 'Armada,' to add a significant episode to the long and memorable pageant it had witnessed down the centuries. Most of the First Contingent 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 the beauty of England inspires."³⁰ British citizenship was one of the basic requirements for enlisting with the CAMC. The majority of Canadian nursing sisters already had strong British roots as either first- or second-generation Canadians. According to the demographic analysis of 1,133 attestation records, at least 13 percent of the nursing sisters were born in Britain, Scotland, Ireland, or Wales. They also shared in a prevailing British post-industrial revolution discourse regarding a moral obligation to "save" and "civilize" the rest of the world. Their specific imperial mandate was to "save the world" through the care of sick and wounded soldiers, and they believed that they could limit war's devastation by doing so. Nothing in their prior experiences, however, had prepared them for the conditions at Lemnos and Salonika.

The Mediterranean expedition began as a naval campaign in March 1915 to divert German actions against Russia by opening a second front. It ended in a "reverse," according to most accounts. Combined British, Australian, and French troops landed on the Gallipoli peninsula of Turkey, sustaining

heavy losses and making very little military progress against Turkey and Bulgaria, who were aligned with Germany. By January 1916, the Allied forces had to evacuate the peninsula. Canadian nursing sisters cared for thousands of these soldiers from the ill-fated Gallipoli campaign, primarily at two field hospitals on the island of Lemnos and two in Salonika in Greece, under some of the worst conditions of the war. Between 1915 and 1917, the five CAMC units supported Allied troops, although there were no Canadian combat units involved in the area. It was a relatively brief but horrendous period for the units on Lemnos, but the units in Salonika remained there for almost two years.

Lemnos was bleak and barren, a sandy, rocky wasteland with few trees, where there was no comfortable season for tented hospitals. It was extremely hot in the summer, flooded and muddy during the rainy season, and freezing cold with snow during the winter. At least one medical unit was situated over a previous camp's sanitation dump, and water had to be transported from Alexandria or distilled onboard supply ships in the harbour. The lack of water and sanitary conditions caused as many or more deaths as battle wounds.³¹ Both men and women soldiers experienced the bleakness of Lemnos, but, according to NS Clint, at least one soldier declared the island as "no place for Sisters" (read: women). Clint further claimed that they were the first cohort of nurses to arrive there to care for more than 97,000 sick and wounded soldiers, although the Gallipoli campaign had been going on for seven months already when they arrived.³² When Canadian hospital units withdrew from Lemnos, one moved to Salonika to join the other units already there in support of British troops fighting in Albania and Serbia (1915-17).

NS Fowlds collected her colleagues' stereotypical expectations about Lemnos en route to the island in an autograph album that she titled "It has been said." In this album, NS Cecily Galt wrote, for example: "No nurses or white women at all – only Greeks ... We will all be very black both from the sun and not having any water to wash with. A very dirty place." NS Frances Upton, in a more soldierly tradition, wrote: "I have heard that we are going to Lemnos, and also that whoever suggested sending white women there, should be shot. However, it's up to Canada."³³ In her memoir, NS Clint described life and work on Lemnos after the nurses had been there for several weeks as follows: "Chief characteristic: Flies! Small flies, big flies, flies of all colours, historic flies, up-to-date flies, 7,350 types ... It's a long way home." One could not "eat or drink without swallowing flies, the tables swarmed with them; every patient's dressing removed required another to stand by fanning vigorously as a cloud of pests prepared to settle. Pus and maggots abounded and wounds would not heal."³⁴

Hunger was an immediate and persistent problem for men and women alike on Lemnos. Matron Eleanor Charleson of No. 1 Canadian Stationary

Hospital (CSH) reported upon arrival that there was "nothing to eat except malted milk tablets" for two days until the British navy finally arrived with food and water. Throughout their stay, nurses wrote consistently about how hungry they were.³⁵ NS Katherine Wilson painted a particularly bleak picture at No. 3 CSH, where "Matron Jaggard sat at the head of the table; she made no excuse for the lack of table linen, or china dishes that make a table attractive. She simply asked us to remember the men in the trenches, and that we were all part of the army, all working for a victory that would come ... She finished with the quotation 'Ours not to question why, ours but to do or die.' Looking down at the pale gray bread and wax margarine, I wondered, 'How soon?'"³⁶ Entries from nurses' military personnel files support these personal accounts, qualifying their discharges from the CAMC for reasons such as "debility," weight loss, anemia, or being "medically unfit due to the conditions of service."³⁷

In comparison to Lemnos, conditions at Salonika were slightly different, partially because these medical units arrived later in the season and with better systems of provisioning. Forty-six-year-old NS May Bastedo, for example, arrived at Salonika with No. 4 Canadian General Hospital from Toronto (CGH) during November 1915.³⁸ She described the unit's setting as located five miles from the town of Salonika, overlooking the main harbour, with Mount Olympus visible about forty miles away. No. 5 CGH from Vancouver was expected to join them, and did eventually, although they were diverted for some weeks to Cairo and then bombed on arrival to the harbour. Bastedo's tented hospital had been in existence for only two weeks. Both patients and staff lived in tents with two coal-oil stoves per tent and straw mats for flooring. According to her letters home, it rained all day, creating dreadful mud everywhere and necessitating the use of rubber boots, raincoats, and hats. Like Lemnos, however, "the water supply is the problem as it has to be brought so far, then it is boiled and chlorinated and even the soup tastes of it."³⁹ Bastedo was in charge of the isolation tents, where illnesses combined with December snow and freezing rain to increase the misery: "I have the Isolation tents, six and my own tent in a field. I have two orderlies and now the special one. We have been here nearly three weeks and the hospital has been fine. We have had a good many patients in & were a regular clearing station for a while ... A good many men came in with frozen feet as well as influenza, colds and rheumatism ... My duty tent is in the centre and I have to walk back and forth to the others. They are all infectious diseases."⁴⁰ In addition to cases of frostbite, the medical units had to deal with typhoid, malnutrition, black water fever, malaria, and other assorted fevers of undiagnosed varieties.⁴¹

A few Canadian nurses served briefly at Malta and Cairo. The island of Malta was primarily a transfer point for patients evacuated from the Gallipoli peninsula to Lemnos, Salonika, or back to England. It was also a respite



Lunch at the pyramids with Nursing Sisters Johnstone, Mildred Forbes, and Laura Holland. Exploiting all opportunities for travel, many nursing sisters wrote about and photographed their settings as an exotic world of adventure. They described themselves primarily in terms of whiteness, femininity, cleanliness, and British-ness, in contrast to Blackness, masculinity, dirtiness, and Greek-ness. Some of their diaries, letters, and photographs resemble travelogues in which they naturalized their own presence and authority while representing contexts “new” to them through pejorative images.

Courtesy of Trent University Archives, 69-001, Helen Marryat Fonds

posting for medical and nursing staff who might need an extended recovery period from their own illnesses or from the harsh conditions encountered at the other sites. NS Luella Lees noted, for example, that Malta was an easy and pleasant assignment.⁴² No. 5 CSH, which converted into No. 7 CGH during its brief eight-month stay in Cairo, was redirected to Europe and the western front. On occasion, hospital units in transit or individual nurses in need of rest spent short periods of time in Cairo, while the authorities determined where to send them next. Cairo offered multiple tourist attractions to be enjoyed during off-duty furloughs, especially by the nurses who staffed a British hospital located within sight of the pyramids at Giza and Sakkara. NS Elsie Collis, for example, was one of six nurses with No. 5 CSH at Heliopolis during December 1915, where she described in her diary the “magic” of the pyramids during several moonlight expeditions.⁴³

Performing the expected behaviours of good soldiers (which nursing sisters readily called themselves) was an important aspect of proving oneself a worthy member of the Empire. It included enduring all manner of wartime

conditions, exhibiting a willingness to die for the Empire, and adhering to the soldier's code of silence – all without complaint. Canadian military nurses were determined to forge an exemplary professional and military reputation, in spite of the conditions and risks. After all, as NS Wilson wrote, this was "real soldiering."⁴⁴ They had enlisted with the anticipation of some hardships and a lack of conveniences associated with civilian hospitals and private duty work. Yet they had also expected to work in relative safety under the protection of the Geneva Conventions, and it is doubtful that they seriously considered their work dangerous.⁴⁵ Although they did experience occasional shelling and infrequent bombing from Zeppelins, the main Mediterranean threats were poor nutrition, exposure to diseases, and unsanitary conditions. Even Matron-in-Chief Margaret Macdonald, who played down the apparent failure to adequately provision nurses at Lemnos and Salonika, acknowledged the rugged, inhospitable conditions as being "quite unsuited to the presence of women. The nursing sisters were surely tried, yet, of such soldierly material were they constituted, that complaint was rare."⁴⁶

During September 1915, for example, it was the unsanitary conditions and lack of water that took its toll, as medical officers, nursing sisters, and orderlies succumbed to dysentery one by one. NS Clint wrote that "everyone was temporarily or permanently poisoned at Lemnos," and at one point "only three out of thirty-five nurses were on duty at No. 1."⁴⁷ Matron Jessie Jaggard and NS M. Frances Munro of No. 3 CSH died as a result of the severe dysentery. Eulogizing their burials on Lemnos, Matron Jean Cameron-Smith wrote in her report: "What nobler death could any have than theirs? Serving their King and Country, in a time of stress and strain, such as the world has never seen, and yielding up their own lives in this greatest of all services – the service of humanity – they have not died but have entered into immortality. Their story will be told in the pages of Canada's history and *read* by the children of generations to come."⁴⁸

According to NS Clint, special preparations were made in the anticipation of the death of more nurses, wherein a "trench to hold six was dug in the Officers' lines. A laconic notice-board bore the legend: 'For Sisters only' ... But whether or not the hilarity with which the premature preparation was received cured our invalids I know not, but no more [nurses'] deaths occurred in the Canadian hospitals ... a corner that is forever Canada."⁴⁹ NS Fowlds found the funerals chilling reminders of their obligations as soldiers, recording in her diary: "Such a desolate place for a woman to be buried and everything so different from what it would have been at home ... all jarred terribly on one's nerves. It was so absolutely matter of fact, and military, strictly active service."⁵⁰

These "unsuitable" working conditions were also threats to nurses' femininity and womanliness, which would potentially harden them through their exposure to such unheard-of filth and disorder. NS Myra Goodene asked



Graves of Canadian sisters at Lemnos. Nursing Sister Helen Fowlds found the funerals chilling reminders of their obligations as soldiers, recording in her diary: "Such a desolate place for a woman to be buried and everything so different from what it would have been at home ... all jarred terribly on one's nerves. It was so absolutely matter of fact, and military, strictly active service."

Courtesy of Trent University Archives, 69-001, Diary #1, 15 September 1915, Helen Marryat Fonds

one of the medical officers, for example, "if he saw much change in us, having known us when we first came. He thinks we all look older and a bit seedy. Certainly the lye here has told on us, whether we like to admit it or not. Our skin is roughened, our hair is getting grayer and worst of all our teeth are in a sad state. The iron in the water seems to be the cause – when disturbed the water is brickish in colour, settling in time. Have not had a hot bath for 6 months."⁵¹

However, retreat from the conditions was not acceptable, at least to those nurses who left accounts. NS Fowlds was particularly scathing and sarcastic about the efforts of her matron at No. 1 CSH to have their unit returned to England due to the hardships. Fowlds had served under Matron Eleanor Charleson, nicknamed Birdie, for a long time, and her diaries are full of grievances and complaints against the matron who apparently also had problems with her feet. The ultimate insult was the threat that Matron Charleson posed to the nurses' personal and professional reputations, as Fowlds described in the following passage:

Our Matron of course – you know by reputation – for I think I've written you about her. She is an extraordinary creature [,] a very poor talker but quite a plausible writer. She is fed up and it's evident she wants to go home. Well she is trying to work it that the entire unit – Sisters at least will be recalled and of course the reason given will be that we couldn't get along at

all out here – She could have stood it but that the Sisters were discontented etc. We are doing our best to "fix her feet" as none of us is anxious to leave. This is our really first chance of making good. We are needed out here and we have a splendid unit. In France we were of no account. To be *recalled* from here would be awful and we are all prepared to resign if necessary though of course we won't ever come to that. But to have the Matron [unclear] us with everyone we will not stand.⁵²

Fowlds described another situation at Lemnos during November 1915 when the nurses, who were ordered off night duty due to the bitter winter conditions, resisted the order. The matron "was furious at her domain being invaded – called a meeting of the Sisters. Wrote a verbose sickly sentimental letter to Williams [the officer commanding] about our utter lack of thought for our health when the soldiers 'our brave lads' needed care. The meeting was as per usual, simply to back her up. Everything she wanted to say always goes in as coming unanimously from the Sisters ... The hardship of night duty under existing weather conditions were thought too great."⁵³ Like Fowlds, other nurses resented any implications that they might desert their duties because of the difficult conditions, choosing to represent themselves as loyal, self-abnegating, and sacrificial. NS Forbes expressed her resignation to the situation as follows: "I only hope we will all get home intact! But it is no use worrying – we must all 'play the game' ... I hear malaria is apt to be prevalent later on – it is a nasty thing to get but cannot beat dysentery – which we had to fight before."⁵⁴ Forbes was eventually placed on the "casualty list" for a series of boils that she developed, typically caused by staphylococcal infections, first on her arm and then on her eye. At least two of the boils required surgery to drain the infection, followed by hot fomentations to heal them. At this point, she admitted that she was "getting sick of roughing it."⁵⁵ NS Upton contracted malaria and required several lengthy convalescent leaves that delayed her full return to civilian work until 1921. Other nurses decided that they had had enough of war, however, and used either their length of service or debility and illness incurred in the Mediterranean theatre as an excuse for requesting an early return to England as invalids suffering from the "conditions of service." Less conspicuously, still other nurses simply resigned their commissions "in order to marry," a socially acceptable end to harsh wartime service.

Eventually, according to NS Clint, "news leaked to Canada of our sorry plight ... The Canadian Government was communicated with, and a cable to London authorities had a quick reaction on Lemnos. The A.D.M.S. [assistant director of medical services] was instructed to inspect the hospital and redress disabilities. He happened to be one of those old-style officials ... who fully believed Colonials were still pioneers and 'accustomed to roughing it,' as he said."⁵⁶ There is good evidence from both NS Fowlds' diary and the

correspondence of NS Forbes to Canadian senator Cairine Wilson in Ottawa that “leaks” to the Canadian government originated at least partially with the nurses themselves, some of whom had political connections in Canada through family members.⁵⁷

It is difficult to know just how deliberate the leaks were, but, regardless of the intent, the complaints and leaks violated the soldier’s code of silence and put into question, in effect, a nurse’s behaviour as a good soldier. The leaks fuelled debates within Canada regarding the country’s participation in what many citizens considered a “foreign war” or “England’s war.” They also fuelled emerging power struggles within the military organization that involved the surgeon general, a minister of Parliament, and high-level military authorities, resulting in a controversial investigation of the CAMC as a whole.⁵⁸ Ultimately, all Canadian units were withdrawn from Lemnos in January 1916, and the last Canadian nurses left Salonika by August 1917.⁵⁹

Identity and Empire

Historian Adele Perry has pointed out that while the construction of white women as a symbol of empire might have constricted the parameters of their experience, it also “accord[ed] them levels of power and authority usually denied women on the grounds of sex.” In racialized contexts, where there were few white women, they generally benefited from deferential treatment regardless of their social positions “back home.”⁶⁰ Historian Dea Birkett, in her study of nurses in colonial West Africa, also found that “for many women, the sense of importance instilled by imperial duty, combined with the promise of adventure, was strong enough to draw them away from more comfortable positions in Britain.”⁶¹ As members of the Allied military forces, Canadian nursing sisters were inextricably linked to the British Empire’s long history of dominance and privilege, which constructed “Others” as inferior, backward, degenerate, and unequal, based on perceived racial and class differences. Empire and race intersected with their work and off-work activities, disrupting their self-perceptions of identity, professional roles, and competencies.

Nursing sisters were doubly privileged as white women and officers, in spite of the harsh conditions at Lemnos and Salonika. Their privileges included occasional opportunities to be tourists as well as to benefit from the surveillance and protection of military men with whom they served. They were supposed to “know one’s position,” however, and behave according to the socially constructed expectations of uniformed representatives of the Empire. In particular, they were to maintain “proper” class and race relationships in relation to the local inhabitants. NS Clint perceived the Canadian nurses, rightly or wrongly, to be “the first white women, other than the natives, and they were not very white, to set foot on this classic ground.”⁶² Illustrating the extent to which gender, race, and empire intertwined in

discourses regarding the maintenance of "proper" relations in these settings, she wrote: "It was noticeable that men and women from other parts of the Empire did not know how to treat the natives with that indescribable mixture of *benignant aloofness* ... learned by Great Britain in centuries of administration of other Races and Religions. The natives understand it perfectly, and it is not really a barrier. Limitations are mutually recognized, and not overstepped."⁶³ Clint took her superior status and British-ness as both natural and given. She clearly differentiated herself from the other (read: non-white) parts of the Empire at the same time, claiming membership in the dominant "we" and assuming a mutual acceptance by local peoples.

Exploiting all opportunities for travel, many nursing sisters wrote about and photographed their settings as an exotic world of adventure. They described themselves primarily in terms of whiteness, femininity, cleanliness, and British-ness in contrast to Blackness, masculinity, dirtiness, and Greekness. Some of their diaries, letters, and photographs resemble travelogues in which they naturalize their own presence and authority while representing contexts "new" to them through pejorative images.⁶⁴ There are, for example, many descriptions of devious "dusky" Turkish and Egyptian men. NS Mabel Lucas called Malta an "international place" where they "wouldn't dare walk alone."⁶⁵ She characterized one group of people as infantile and another group as devious: "The Soudanese are a much finer type of humanity than the Egyptians: great, ebony, good-natured, biddable children, always grinning, willing, and loyal ... But my impression of the Egyptians on the other hand was of a mysterious, furtive, evasive scheming people, always ready to double-cross their benefactors, the British."⁶⁶ An anonymous nurse in Salonika portrayed French, Greek, and Serbian patients as subservient, passive, and childlike rather than dangerous: "They were always most courteous, agreeable, docile patients, and always absurdly grateful and devoted."⁶⁷

Racial and cultural differences are most frequently described in unflattering ways. The nursing sisters' accounts typically portrayed local peoples and conditions as unkempt, unruly, or divergent from European standards of neatness, cleanliness, and order.⁶⁸ NS Fowlds described Salonika: "The streets are very narrow and paved [with] cobbles, and absolutely filthy. They say it is not safe in the city after dark, and I can easily believe it, for such a rough looking lot of people I never saw before. English, French, Greek, and a few Serbian soldiers, hordes of refugees and villanous [sic] looking Turks and Greeks ... The place was full of spies."⁶⁹ NS Wilson recounted her experience in Alexandria, Egypt: "In front of some shops sat old men, smoking large pipes resting in bowls of water on the ground. From these extended the long curved pipe stem decorated with many coloured tassels. But ugh! Such filth, flies, and odours. It might all look very well on canvas, but at close range it was far from beautiful. I shuddered and thanked my lucky stars we had two strong Canadian padres as guards."⁷⁰

Although inextricably linked to the Empire, the nursing sisters perceived themselves as being variously positioned within it. As historians Barbara Lorenzkowski and Steven High pointed out, “although Anglo-Canadians prided themselves on their ‘senior’ position in the imperial family, the ‘British world’ was far more ambiguous about the status of Canadian ‘colonials.’”⁷¹ Many Canadian nursing sisters shared NS Clint’s strong sense of identification with the Empire, at least initially. They expected British nurses to welcome them warmly and treat them as professional equals. Not long after their arrival in England, however, the British nurses made it clear that they were the senior and superior nursing service. NS Clint bristled vigorously that both public and professional discourse “just assumed” that Canadians “would not be worth much professionally.”⁷² Canadian nurses especially resented being referred to as “colonials,” a derogatory designation that positioned them as inferior in relation to the British-trained QAIMNS. The designation reflected systemic inequalities wherein imperials subordinated colonials, relegating them to less desirable settings and work and expecting deference accordingly. Historian Jan Bassett, for example, referred to the Australian nursing sisters as “pawns in an imperial game” in Salonika and India. She argued that colonial nurses were deliberately assigned to the dirtiest settings (the “backwaters of war”) and that British authorities considered them as being good only for the nursing care of Greeks, Turks, and Bulgarians.⁷³

Major sources of tension between QAIMNS and Canadian nurses concerned issues of officer’s rank, pay, and privileges that the CAMC nurses had and the QAIMNS nurses did not. As this jealousy over rank grew, the QAIMNS nurses were guilty of treating their dominion colleagues very poorly. One medical officer described the Canadian nurses in Malta as having had a “rotten time” with “hardly enough to eat,” being made to “sleep in the same quarters as the servants,” and enduring “nasty remarks about them wearing a uniform with lieutenant’s stars and receiving lieutenant’s pay.” It is doubtful that Canadian nurses were entirely innocent parties to these controversies. They were always proud to be officers, ready to claim the privileges and capitalize on whatever opportunities the status might afford them. When sturdier and more protective facilities were built in Salonika in 1917 for incoming British nursing sisters, the Canadian medical units made haste to occupy them and assert “squatters’ rights” to the more comfortable amenities.

Officer rank inverted expected relationships, where colonial or dominion nurses were to show deference to the QAIMNS nurses, which exacerbated imperial-colonial tensions. Both NS Clint and Fowlds often referred to the British as “they” and to the Canadian contingent as “we.” Fowlds, for example, wrote: “You say we embarrass the British. Well maybe – ... They were

prepared to find us crude and in every sense of the word 'common Canadians' and when we don't look and act the part they are sore over their disappointment. A Canadian ... was saying yesterday that an English doctor ... was jeering at the 'Two star freaks' – meaning Canadian Sisters – said he prayed that if he were sick he'd never fall into our clutches.⁷⁴ Fowlds also resented British nursing sisters who refused to give up their privileged position during the evacuation of Lemnos. She felt that the Canadian nurses should have received priority for evacuation based on the "sacrifices" they had endured, writing that "#27 Gen. [a British hospital unit] has been kicking up a row & insisted on going, and suggested – the nerve! – that we stay. They who have never seen active service, came straight from England, have only been here a month or so and who have 600 patients. We sent our 7 patients over there & they refused to take them saying they were to send their patients to us. They certainly have played a dirty game."⁷⁵

Still other contentious issues concerned the differences between the British and Canadian uniforms, which were closely linked to perceptions of femininity. Even prior to her postings at Lemnos and Salonika, NS Fowlds reported that "the English nurses are openly jealous of our uniform and every day we notice little changes they are making in order to look like us – and imitation in this case is certainly flattery. They all say 'Your uniform is so becoming and ours makes us look like maids' ... No English women can criticize Canadian feet – our girls are much better shod. They all wear heavy tan boots while the English affect strap slippers with French heels – and usually run over at the ankles."⁷⁶ Here again, Canadian nursing sisters were probably not as innocent as they portrayed themselves to be. They were exceptionally proud of their official wardrobe, referring often to its flattering design, soft fabric, and smart looks.

At the same time that these tensions were growing between the QAIMNS and CAMC nurses, a sense of national belonging was also developing, which both unified the Canadian nursing sisters and differentiated them from the British nurses. Canadian nurses who had served temporarily at British hospital units and adopted British mannerisms generated antagonism upon their return to the Canadian units. According to NS Fowlds, "Some of the girls who have been in Imperial Hospitals all winter used to make us wild, they were so darned English – the name Canadian was almost distasteful to them. They talked English ... and they ran down everything Canadian. Now of course they are full of pride to belong to the country – Isn't it sickening? I wonder they scruple to take Canadian money."⁷⁷

The tensions went further than appearance and mannerisms, extending to the domain of nursing practice skills – in the same way that graduates of different training schools typically competed with one another to assert that their way of doing things was better than any other. One newspaper account,

for example, published the “Impressions of a Canadian Nurse: On the English Methods Caring for the Sick and Wounded.” It criticized the number of nurses available for patients, the different techniques of doing dressings, and the amount of training. For example, the author wrote: “We notice, for instance, that your fully-trained [three years] nurses does [sic] not appear to have had an experience as varied as our own nurses, and take certain subjects as ‘extras,’ which are taken by ours in the ordinary course.”⁷⁸ NS Fowlds went so far as to summarize the differences in this way: “It’s a case of oil and water and we’re better kept apart. Our ways are not their ways.”⁷⁹

Context-specific studies, such as those of the experiences of Canadian military nurses on Lemnos and in Salonika, allow us to examine the complexity of national identity as well as the significance of time and place in shaping the contradictory and ambivalent behaviours related to identity formation. Nursing sisters’ occupational status positioned them uniquely as white women serving with the Canadian army in exotic settings of the Mediterranean and as officers who shared associated military privileges usually reserved for men. Both positions assured them of protection by the British army. Furthermore, they were simultaneously “imperials” and “colonials” in relation to the British Empire, which served to unsettle pre-war discourses regarding citizenship and national identity. Through their work of salvaging war’s waste, First World War nursing sisters were engaged in the process of nation building. In addition to saving Canadian soldiers’ lives, they re-created an imagined Canadian community through everyday social activities and relationships within the CAMC, while differentiating themselves from both the British and the non-whites they encountered. Identity among these military nurses was fluid and shifting, contingent on what was at stake and how such claims might be parlayed into opportunities, either professionally or personally.

2

Social Sisters: A Feminist Analysis of the Discourses of Canadian Military Nurse Helen Fowlds, 1915-18

Meryn Stuart

“Feminist ideology” is another word for trying to understand in the life of a woman, the life of the mind, which is ... not coldly cerebral but impassioned.

– Carolyn Heilbrun, *Writing a Woman's Life*

This chapter examines the experiences of Helen Fowlds, a Canadian nursing sister who worked in France and the Mediterranean during the First World War. Using her copious letters home to her mother, as well as her diaries for 1915-17, I analyze the ways in which she constructed and expressed ideas of femininity and sexuality in her military social life. Historian Joan Scott warned against seeing experience as “incontestable” and as the unassailable evidence of the truth of a life. I do not treat Fowlds’ words as *transparent* of her actual thoughts or actions. Rather, I confront questions of the *constructed nature of experience* and how subjects (such as female nurses) constituted themselves in the context of war.¹

The Great War was Canada’s first military engagement to employ significant numbers of nurses, and both military officials and nursing leaders strove to provide a “proper” space for women within a male-dominated sphere. Nurse training that emphasized skill and discipline, uniforms linked to the imagery of religious habits, and rules and regulations that governed both the on- and off-duty hours of nurses all worked together to promote an idealized portrait of nurses as protected and dutiful daughters of the military. Like many of the women who eagerly signed up for the front lines, however, Fowlds had never experienced the excitement of travel to unknown places nor had she ever before considered herself free in a man’s world. In reading through her letters, we can see how she constructed herself as a young, modern “new woman” of the 1910s and 1920s who was coming of age through these wartime experiences and looking for self-fulfillment and sexual equality within the context of the war.² She was unafraid to express, even