

Where Have All The Bluebirds Gone? On The Trail of Canada's Military Nurses, 1914-1918

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ABSTRACT

Why do we know so little about Canada's military nurses of the First World War? The author examines the historiographical implications of two prevailing images of the war and of military nurses, offers an interpretation of the nurses' own silence based on their work and points to some unused sources.

RÉSUMÉ

Pourquoi en savons-nous si peu au sujet des infirmières militaires du Canada de la Première Guerre mondiale? L'auteure étudie les implications historiogéographiques de deux images dominantes de la guerre et des infirmières militaires, offre une interprétation du silence des infirmières elles-mêmes basée sur leur travail et attire l'attention sur certaines ressources inutilisées.

Until the recent appearance of *The War Diary of Clare Gass 1915-1918*, no first-hand account existed in print of a nurse serving in the Canadian Army Medical Corps (CAMC) of the Canadian Expeditionary Force (CEF) (Gass 2000). The "bluebirds" - the soldiers' affectionate nickname for the Canadian nurses whose workday garb was bright blue complete with brass buttons and the two stars denoting lieutenant status - had vanished. To explain the virtual extinction of some 3000 Canadian women - 2000 of them working overseas between 1914 and 1919 - requires more than a feminist awareness of history's niggardly attention to women. For even in the last thirty years of extraordinary women's history production in Canada, the bluebirds have yet to find their place. What is it about these women, or their occupation, that has kept the bird-watching sleuths of the historical profession at bay? My suggestion is that larks and nightingales have attracted all the attention, their existence and connotations casting long shadows that have hidden the bluebirds.¹

Personal sources of and by the nurses are part of the story and they are both slim and scattered. Three nurses' memoirs, those of Constance Bruce (1918), Mabel Clint (1934) and Katherine Wilson-Simmie (1981), written after the fact and published obscurely, are the only public

recollections. They share the most exotic of Canadian nurses' wartime experience: Bruce, Clint and Wilson-Simmie all served with Canadian hospitals on the ill-fated island of Lemnos, tending to the sick and wounded from Gallipoli. Time and the censor may have limited the number of texts in *The Canadian Nurse*; only five touch on the CAMC during the war years. In 1977 the same periodical published the brief recollections of Maude Wilkinson.² Equally scant are archival sources of a personal nature. The Canadian Nurses' Association is divesting itself of its small archival holdings; presumably the interviews with nurse veterans taped in the 1970s under Margaret Allemang's supervision will find their way to the National Archives. At the Archives themselves, six CAMC nurses - Dorothy Cotton, Sophie Hoerner, Laura Gamble, Margaret Macdonald, Ruby Peterkin and Anne Ross - peep out from the tiniest of collections. Macdonald who was the Matron-in-chief of the CAMC has only one thin volume of papers: the outline and notes for her never-completed official history of the Canadian Nursing Service during the First World War. Like the unpublished and undated memoir of Wilhelmina Mowat-Waugh in the archives of the Brandon General Hospital, archives across the country may yet yield more treasures.

Given the scant number of personal papers,

one might well excuse the slim coverage of the bluebirds in secondary sources (Gibbon and Mathewson 1947; Nicholson 1975; Dundas 2000; Morton 1993; McPherson 1996a; Allard 1996 & 2000; Newell 1996; Stuart 1999; and two entries in the *Dictionary of Canadian Biography* (1998)). But I think there is more to it than that. For the bluebirds show up in iconographic form and this suggests that they may enjoy more symbolic than historical value in the Canadian imagination. They appear in a few war paintings on display at the National Museum of Civilization (2000-2001) and on the occasional war memorial in bronze (the Cenotaph in Ottawa), marble (a bas-relief in the Parliament Buildings, Ottawa), brass (a church tablet) or stone (a graveyard marker). Photographs by and of Clare Gass indicate that such resources, in public and private hands, may yet tell us much. More significantly, the bluebirds were nowhere in sight in a Remembrance Day (2000) exhibition at the National Library, the title of which was taken from a tiny volume of wartime poetry by chaplain Frederick George Scott, "In the Battle Silences."

The battle silences are just the places to look for and find bluebirds. Of all the assistance nurses provided to soldiers, silence was perhaps their greatest gift. Usually out of the range of shell fire, artillery, guns and explosions, nurses cared for shattered bodies and shattered minds, silence being one of their considerable professional skills.³ For a soldier, undisturbed sleep in a hospital bed was a long-remembered wartime luxury. But that memory is not in the record. Instead, the battle silences are filled with larks and the memory is one of nightingales. Both overshadow the bluebirds.

Larks are omnipresent over the skies of north-eastern France. When all else of nature had been reduced to mud, grime, rats and corpses, the larks persisted. So much so that they caught the fancy of sensitive souls among the soldiers. In awe, in hope, in gratitude, or in despair those soldiers captured the larks permanently in much of the poetry of the war. For Canadians, the most familiar larks are those of John McCrae's poem from 1915 *In Flanders Fields* (1920):

(...) and in the sky
the larks, still bravely singing, fly
scarce heard amid the guns below (...)

As the very next line states, more than the guns were below. "We are the Dead" and they are the ones who speak through the rest of the poem. McCrae was one of the first to give voice to the dead but he was by no means the last. The dead have been speaking to us across the generations since the First World War. One need only glance at any war memorial, participate in or think of any commemorative service. The war and our memory of it is about dead men. The horrors of that war were inflicted by and upon men. The guns were in their hands and the resulting deaths were theirs. If anything, memory has solidified the image. That memory, as Jonathan Vance (1997) argues, rendered those deaths bearable by making them noble. Neither the memory nor Vance's brilliant reconstruction has any place for women. Stated bluntly, the nurses - the bluebirds - were forgotten because they weren't men and they didn't die. No literary larks, still bravely singing, flew over them.

Numbers and image temper the assessment somewhat. A few of the nurses did in fact die, and in numerical terms their story does pale in comparison with that of the men: 600,000 soldiers 470,000 of whom went overseas, and 3000 nurses of whom 2000 went overseas with the CEF; 60,000 dead soldiers and 46 dead nurses (39 of them overseas). This is reason enough for omitting them from the history books. But the gender image of the bluebirds may also contribute to their being ignored. Women are gendered as non-combatant; they represented the home front, the protection of which was purportedly one of the purposes of the war (Stiehm 1982; di Leonardo 1985; Pierson 1987). But the women soldiers of 1914-18, albeit nurses, were very much part of war and a certain ambiguity thus surrounds them. For how can women, symbols of not-war, take an active part close to, and sometimes actually in, combat? Canadian nurses were part of "flying teams" of medical personnel (a surgeon, an anaesthetist, a nursing sister and an orderly) that followed an army in retreat; nurses worked at Casualty Clearing Stations, small hospitals so close behind the lines that they were sometimes shelled out by the enemy advance (Gass 2000, 189-90), on ambulance trains and hospital ships; they staffed so-called Stationary hospitals (actually quite mobile) and the large base or General hospitals some thirty or forty miles behind the fighting. In all locations, the nurses were

idealized by the soldiers⁴ yet their function was to patch, repair and return the men to battle as quickly as possible. Frequently they failed in that task as death or permanent disability took over. And at a time when death for one's country was glorified as the supreme sacrifice, the bluebirds usually failed in that regard too. Most of the nurses did not die.

Indeed it was not intended that they die. The shock was therefore great - and useful for propaganda - when nurses' deaths occurred as a result of enemy action. In 1918, six nurses died from two air-raids over Canadian hospitals in May and fourteen nurses drowned when the hospital ship *Llandoverly Castle* was torpedoed in June (Nicholson 1975 92; 94-6). The ship's name is just visible on a life-buoy in a war poster urging the purchase of Victory Bonds to help win the battle of Humanity versus Kultur. More prominent is a drowned nurse draped rather provocatively in the arms of a would-be rescuer (a male soldier). The double message is clear: an attack on a hospital ship contravened the norms of warfare but women killed because of it violated the norms of gender and civilization. Less dramatic were deaths from illness. Dysentery, for example, killed Nursing Sister Munro and Matron Jaggard on Lemnos in 1915 (Wilson-Simmie 1981, 73-4). Though a senior matron predicted immortality for them - "What nobler death could any have than theirs?" - she was quite wrong. Their story has not been "told in the pages of Canada's history and read by the children of generations to come."⁵ That story has been reserved for the male soldiers. Nonetheless, in 1926, a sculpture in memory of the nursing dead was placed in the Parliament Buildings (McPherson 1996b) but unlike many other war memorials, it does not name the nurses and of the eight figures symbolizing nursing history in Canada only two are CAMC nurses. Thus even death has not helped to preserve the memory of the bluebirds.

The nurses themselves probably contributed to their being forgotten. Like many soldier veterans who suffered the same fate (not having been flown over by "the larks still bravely singing"), most nurses went silent after the war. They may have sought, like civilians, to put the war behind them as quickly as possible. Their overseas experience may have been, literally, beyond words and best forgotten. The increasing number of gaps in the Gass *Diary* as the war progresses suggests

this. Like the soldiers and civilians, the nurses may have sought the "normality" of peace time. This meant quick demobilization from the army through 1919; only a small number of nurses remained to staff the temporarily numerous veterans' hospitals. What were the others to do? The normal occupation of private duty nurse - low paying and uncertain even before the war - now had far too many applicants as the number of nursing graduates had increased because of the prestige and glamour of military nursing. Student nurses mostly staffed civilian hospitals; the few supervisory positions available required skills different from those of a military nurse.⁶ Even the normal path of marriage and motherhood was blocked for many of the nurses. Lists of former nurses, members of the Overseas' Nurses Association of Canada, an organization established in the 1920s, reveal an astonishing number of "Miss," many of whom would have been into their thirties by war's end.⁷ So the bluebirds' route back into society was an abnormal one of finding, even inventing, new professions. Social work, public health nursing, school nursing, frontier nursing, physiotherapy; former CAMC nurses show up among them all. They even had to invent housing arrangements, for the tradition of single women living at home, if not entirely gone, was certainly inappropriate for women who had known considerable independence, albeit controlled, as members of the military. Former nurses can therefore be found living together or, as in the case of Clare Gass, with other single, professional women (Mann 2000, 294-5). If the dearth of personal papers is any indication, it would seem that they got on with their living rather than dwelling on the war, tucking war diaries and correspondence away, perhaps even tossing them out, and rarely telling war stories. Subsequent generations seem to have considered that normal too and respected the silence of their aunts.⁸

The earliest attempt at telling the nurses' story fell prey to this post-war desire for normality, silence and forgetting. In the early 1920s Matron-in-chief Margaret Macdonald, still in the military, began the official history of the nursing service. She never completed the task; part of the explanation seems to be her encounter with the silence of the nurses, followed by her own once she retired from the CAMC in 1923. She had hoped to garner individual accounts of nurses - recollections,

adventures, descriptions of work and locations, anecdotes, friendships, and reflections. But they were not forthcoming and she was left with administrative records and a few brief accounts of particular hospitals that she or some of her matron colleagues had written. For reasons of her own she chose not to write her own story although it could easily have been constructed from her own experience and that of the hundreds of nurses who passed through her London office on their way to or from various postings. After her retirement the officials in charge of the Historical Section at the Department of National Defence tried a second round of soliciting recollections.⁹ But nothing could bestir the nurses. Silence had closed in. Except for a few extracts used by Andrew Macphail (1925), Macdonald's history was relegated to the shelves and eventually to the National Archives, a silent testimony to historical indifference and perhaps to the nurses' own desire for oblivion. Meanwhile, *In Flanders Fields* is heard in voice and music and television documentary; it now appears on Canadian ten dollar bills. Larks cast long shadows.

So, in relation to military nurses, do nightingales, notably Florence Nightingale. She has had the best press of any nurse in history. Even in her own time, Nightingale managed her own image so skilfully that she blocked out other women working in ways different from hers in tending to soldiers in the Crimean War (Summers 1988 43-7). She still draws our attention today as indicated by recent reviews in the *Times Literary Supplement* (8 Dec. 2000) and in the *New York Review of Books* (8 March 2001) and by Lynn McDonald's vast project at the University of Guelph to publish the Collected Works of Florence Nightingale. Over the years, Nightingale's reputation attracted many young women throughout the western world into nursing. That reputation seems also to mean that most other stories do not warrant telling. For what is there to add to the tale of a young Englishwoman flouting upper-middle-class family convention in her desire to be a nurse? What more need be said about women as military nurses than the harrowing tales of conditions at Scutari in the 1850s? And what greater success story could be imagined than that of a woman exercising influence over the military and politicians to the betterment of both army and civilian hospital care and organization? Nightingale opened up nursing as an occupation for educated

women of "good" society; Nightingale cracked the military as a place for women. What other nurse's story could match hers? It is easy enough then for history to render the Nightingale story common knowledge and leave the others in darkness.

Bluebirds are not alone in that darkness. Their British counterparts, the professional nurses of Queen Alexandra's Imperial Military Nursing Service (QAIMNS), have yet to receive their wartime historical due. The "nurses" that we know of are in fact young women volunteers named for the organization that recruited them and provided rudimentary training: the Voluntary Aid Detachments (VADs). Here too, like Nightingale, one VAD stands in for them all. Vera Brittain's *Testament of Youth* captured literary and historical imagination in book form in the 1930s and on television in the 1980s. Her image, combined with that of Nightingale, may account for the total obscurity of Canada's 1700 VADs now under scrutiny by Linda Quiney (1998).

Canadian nurses were well aware of the Nightingale shadow and model that loomed over them. Their nursing training, whether in Canada or the United States, reflected the programme of the Nightingale School of Nursing at St. Thomas' Hospital in London (Nicholson 1975, 15-16). Had student nurses not known of her before, they certainly learned of Nightingale in their lectures on the history of nursing. Many of them will have thought first of her when the chance arose in 1914 to be a military nurse. Some other reasons for their enlisting were pay, adventure, the imperial cause and family ties - the number of nurses with brothers, cousins, even a few with husbands, is astonishing¹⁰ - but a model, a feminine model, was ready-made in Florence Nightingale. And so throughout the war there were always more applicants than the CAMC could use. For the lucky ones chosen for service overseas, St. Thomas' was a sightseeing must in London; indeed the first contingent of one hundred nurses stayed there in the fall of 1914 (Gass 2000, 14; Clint 1934, 16-17). One of those nurses filled her memoir *Our Bit* with pleas for a Nightingale to put some order into the administrative maze she frequently encountered while on duty in France, Britain or the Mediterranean (Clint 1934, 57; 61; 129). The image of Nightingale may even have kept the nurses going in some of their darker moments. She could be light as well as shadow on their

experience.

The problem with Nightingale as a symbol of female service, sacrifice and heroism is that it disguises the fact that the nurses were actually working. That disguise pervades the few personal sources that are available to us (the three memoirs and one diary in print, and several archival letters). It is very difficult to glean from these sources just what the nurses did while on duty. Only a very careful reading reveals preparation of wards, post-operative dressings, meals for sick or wounded who could not feed themselves, chats with the patients, comfort for the dying, letters to the family (Mann 2000, xxix-xxxii; Wilson-Simmie 1981). Why did the nurses speak so little of their work? Were they simply as reticent about their work as other middle-class diary keepers who worked outside the home (Conrad *et al.* 1998)? Or did nursing and military training impose an additional injunction to silence: one did not talk about cases and one did not query commands. The censorship of wartime correspondence will have played its part too. Just as the nurses did not identify their location ("Somewhere in France" was the required heading for a letter), so too they may have felt the need to be silent about their work.

More likely, the reticence about work stemmed from its gendered and contradictory nature in the masculine setting of the military. If part of their work was to "exert a wholesome and uplifting influence on the soldier," and be a reminder of the "normal conditions of life,"¹¹ in fact what they were doing was quite abnormal. For here were strong, capable, fit women looking after men's bodies, mangled and weakened by war. "Some terrible cases," remarked Clare Gass in an early encounter with the wounded, "oh so much better dead (one young lad with eyes & nose all gone - one blur of mangled flesh...) heads shattered to pieces or limbs hanging by a thread of tendons" (Gass 2000, 32). The women knew their work was significant. The doctors told them so; the sick and wounded told them so; journalists told them so; and in the female hierarchy of war workers, the top rank accorded to the professional nurse said it all (Moore 1919, 739). Moreover, for all their lack of description, the few who speak to us make it very clear that they loved their work. And who wouldn't? The army provided working conditions that women could not find anywhere else. In return for signing up, the nurses

received every support imaginable to facilitate their work. They were fed, housed and dressed; they were waited upon and entertained, and cared for when ill. Paid vacation and sick leave were the norm; travel to and from work (across the Atlantic, to Egypt, the Greek Isles, India and Russia) was free. Their profession entitled them, as in Canada, to male orderlies; batmen were a military perk. All the women had to do was work. Although they never said so, they must have realized that this was a work pattern usually reserved for men both in military and civilian life. Indeed, as women - normally in households but gradually in the business and professional world as well - one of their major functions was to facilitate the work of men. In one sense their work in the army was just that: facilitating the work of male soldiers. But in another sense it was the nurses' own work that was being facilitated. It is just possible that the nurses, well aware of and skilled in the practice of gender codes (Mann 2000, xxii-xxvi) chose to stay silent about the details of their work. For all its attendant horrors, it was just too good to be true.

This lack of recognition that nurses actually work has affected even historians of women. When feminist scholars began studying women's history in the 1970s, one of the first areas they tackled was women's work. Educational work (be it teaching or studying), industrial work, farm labour, household work, voluntary work, political work (in the guise of the suffrage) - all came under scrutiny. But never nursing, military or any other kind. The first scholarly account of civilian nursing had to await the second generation of women's historians (McPherson 1996a). This raises another historiographical puzzle as to the whereabouts of the bluebirds. Why did the earlier generation of women's historians shy away from the study of nursing? Perhaps for the same reasons that they shied away from nursing as a profession for themselves. The feminist historians of the 1970s had grown up on the Nightingale legacy too: nursing, with secretarial work and teaching, was part of the trilogy of occupations offered to young educated women of the mid-twentieth century. But along with the itch of wings beginning to sprout, these early feminist historians had also taken to their university studies with gusto; graduate work was now on the horizon. The future might just hold something other than that trilogy. And if one didn't

want to *be* a nurse, why would one study them? Only now can one detect a certain feminist intellectual snobbery at play. Just as one can detect some feminist idealism in the avoidance of the bluebirds. If nursing itself was not a subject fit for study, military nursing was even less so. Women in the army? Women going to war? Women and war as complementary rather than contradictory? Women avowedly not pacifist? Surely not. Or so we thought. Thinking that, and trying desperately to shake off the call of the nightingale ourselves, we ignored the bluebirds.

How then to track them? If the bluebirds themselves are in hiding and anyone in their vicinity, whether archivist, historian, feminist or relative, is blinded by the larks and the nightingales, how can we detect them? In my case, I found one, Clare Gass, quite outside the official memory of archive or library. There are probably more like her hidden among family keepsakes and, as the generations pass, increasingly among the family junk. Unless that material reaches an archive, those bluebirds and their personal stories, usually in diary, letter or photographic form, will be extinct. In the interim, one can scrutinize the official records of the CAMC at the National Archives. There one can at least spot the lead bluebird, Margaret Macdonald, directing her flock in very efficient manner from the London office of the Director General of Medical Services. Having nursed in the South African War and been a permanent member of the CAMC since 1906, Macdonald is very much at ease in her lead role and has no difficulty standing up to British authority should the occasion arise. She also tends to mother her charges with a mix of authority, humour, affection and, when necessary, chastisement.¹² All of Macdonald's charges can be pulled from the files of the CEF if one knows the name and has the patience. The so-called "attestation paper," completed on enlistment, can be culled for each of the nurses and used to construct a composite picture of home addresses, next-of-kin, age, religion, place of birth, height, weight, hair, eye colour, size of chest, and any distinguishing physical characteristics.

The information is not always accurate. In Margaret Macdonald's case, her attestation paper has her born in 1879; in fact she was born in 1873.¹³ The earlier date would have placed her beyond the age parameters (21-38) allowed for nurses but

surely the military would have made exception for the woman they named Matron-in-chief. The attestation paper is only one page of the military file that exists for each member of the CEF; that file, for a nurse just as for a soldier, traces her movements from one unit to another, records her leaves, and sends her home to Canada for demobilization at the end of the war. Her pay records are sometimes included; where available they indicate the nurses were earning enough to have a good portion banked at home. From their pre-war days as private duty nurses they would have known about financial insecurity. On occasion too there is a report from a medical board if the nurse had been incapacitated in any way. Such a document exists for Mabel Clint and reveals the phlebitis and pulmonary embolism that explains her three month hospital stay in Cairo on the way back to England from Lemnos. It also explains the curious chronological gap in her memoir; she never mentions being in Canada from July 1916 until Christmas 1917 when a medical board finally declared her fit for overseas service again.¹⁴ Another medical report sometimes accompanies demobilization forms in the military file, as the army tried to preclude post-war claims for war-related illnesses. Such a document in Matron Macdonald's file reveals her having contracted malaria during a nursing stint in Panama in 1905 and then succumbing, temporarily, to the influenza epidemic just after the war. All this kind of information is available. So too are the official records of each of the hospital units with items such as Nominal Rolls of Nursing Sisters and sometimes a Matron's brief report attached to the war diary of the unit. What none of this material tells us, however, just as Macdonald herself discovered when trying to fashion her history of the nursing service in the early 1920s, is what the nurses (or the soldiers for that matter) actually did and what they might have thought about it. These official records can, nonetheless, provide a sketch of the bluebirds, and detail their general habitat and trajectory.

Some of the bluebirds' background shows up in the records of Schools of Nursing. Although not always complete for the early years - some of the war nurses trained in the 1890s - and not always easy to access, such records can be revealing. For example, those for the Montreal General Hospital at the Archives of McGill University have admission registers that show the women's age, origin, and

sometimes previous occupation. Those occupations varied from teacher or governess to clerk or bookkeeper and suggest middle-class women looking for new and promising careers. Clare Gass and many others responded "Nil" to such a question, that response itself indicating her middle-class status. She was "at home" between the end of schooling at Edgemoor in Windsor, Nova Scotia and the beginning of nursing training at age twenty-one (Mann 2000, xvi-xviii). The records also indicate that many of Gass's colleagues were much older. Their three-year training in all the wards of a major urban hospital is duly recorded in a register of nurses' work; the student records themselves, where available, reveal the expectations of them in terms of behaviour and skill.¹⁵ Except for the strict discipline of hospital and residence, however, none of this material predicts the eventual appearance of bluebirds. One might have to trace each of them from her military record to her schooling to detect any common patterns.

More promising, but an even more delicate task, is the route of private sources to track the bluebirds. For if personal material still exists, it will be in family hands. Those hands can be sometimes welcoming, sometimes not. Families can display their own preference for larks and nightingales and not consider bluebirds of any great significance. The notion of women being important in and to history has not always filtered much beyond feminist circles. And the public/private divide is even more durable. Families can be very reticent about rendering "private" papers public. Barely modernized, the old admonition "What will the

neighbours think?" still hovers over women's private papers. Add an historian to this mix and the complexities abound. Why is the historian interested? Is she likely to turn up something unseemly? Will she say something unkind about our relative? Will she discover family secrets? Will the bluebird that she traces conform to our memories? All of these worries, spoken or not, surround any encounter between an historian and a family keeper of a bluebird. So even if chance puts the historian and family together, much watching, waiting and listening are still required before sighting a bluebird. Even, perhaps, a moral dilemma: should an historian's attachment to abstractions such as "truth" and "accuracy" override a family's sense of memory and pride?

Trailing bluebirds is therefore a delicate undertaking. Even if one can clear the scene of larks and nightingales, the bluebirds remain elusive. To track them down requires all the patience and some of the stealth of the proverbial bird-watcher. But the task is just as absorbing and the rewards as great. For on the trail of Canada's military nurses, we find material for analyzing the formation of a female profession and the intricacies of a community of women within a male military hierarchy. Ultimately we may even detect the impact of their shadow too, bluebirds casting war stories in lights different from those of larks and nightingales.

ENDNOTES

1. The question of the whereabouts of the bluebirds arose as I was preparing the edition of *The War Diary of Clare Gass*. That Gass's should be the first diary of a CAMC nurse to become public is perhaps understandable given the relatively recent interest in women's diaries as literary and historical sources. But that only the faintest glimpses of Canada's First World War military nurses could be found in the historical record seemed a larger problem. What I was able to unearth up to 1999 informs the introduction to the *Gass Diary*. With the addition of sources perused since then - and more keep surfacing - I wish to raise the historiographical question: why do we know so little about these nurses?
2. Gertrude Arnold's (1919) fictionalized book *Sister Anne! Sister Anne!* recounts the tales of an English voluntary worker with the British army hospitals. Ella Mae Bongard's (1997) *Nobody Ever Wins a War*, the first diary of a Canadian to appear in print, records her eighteen-months with the American Nursing Service.
3. See Mann (2001) for a discussion of silence in the nurses' experience and its possible post-war impact.
4. A drawing of an angel complete with halo appears in Clare Gass's autograph book in the possession of Geraldine Brenton of Halifax and in the autographed art book of Mary Augusta Scriver in the archives of the Canadian Nurses' Association (CNA), Ottawa.
5. National Archives of Canada (NA), MG 30 E45 Margaret Macdonald Papers, file "History of the Nursing Services, transcripts, ch.

- 7": Jean Cameron-Smith, "The Story of Moore Barracks" [1916].
6. CNA, Nursing Sisters' Association of Canada Papers, Vol. I.1, Jean Gunn to Sir James Lougheed, 27 March 1919.
7. *Ibid.*, Vol. II.3/A, General Directory of Overseas Nursing Sisters' Association of Canada, 1936; McGill University Archives (MUA), RG 96 Montreal General Hospital, Container 437, file 854: "Wartime Nursing," General Directory of Overseas Nursing Sisters' Association of Canada, 1931.
8. Clare Gass's diary only became known to her family after her death in 1968. None of that family (see acknowledgements in Gass 2000) recalls hearing stories of the war from their aunt.
9. NA, Macdonald papers, file "Correspondence 1923": Col. A.F. Duguid to Mrs Basil Stead, 30 Aug. 1923.
10. Such relationships appear in the Gass *Diary* and in the lengthy lists of requests to visit relatives' graves in France before the nurses returned to Canada in 1919. NA, RG 9 III B-2 Department of Militia and Defence, Vol. 3678, file 29-11-1 (FD 32).
11. NA, Macdonald Papers, "History of Nursing Services, transcripts, ch. 5": Jean Cameron-Smith, "The Canadian Casualty Clearing Stations Nos 2 & 3": 5.
12. This impression of Macdonald - my current research - is drawn from NA, Department of Militia and Defence, Director, Medical Services, London, Vols. 3482; 3701-5.
13. NA, RG 150 Canadian Expeditionary Force, Acc 1992-3/166, Box 6752-26 (Margaret C. Macdonald); her gravestone at Bailey's Brook, Nova Scotia, has the correct birthdate. (This is because the wrong day is on the gravestone.) The online research tool, ArchiviaNet, at www.archives.ca leads to information about the CEF files. The Archives intends eventually to have the attestation paper of the more than 600,000 members of the CEF on line. Mabel Clint is already there.
14. NA, RG 150 CEF, Acc 1992-3/166, Box 1803-57 (Mabel Clint).
15. MUA, RG 96 Montreal General Hospital, School of Nursing, Container 417: Admission Registers; Container 427, file 688: Registers of Nurses Work; Container 429: Student Records [1911 sample].

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