Bluebirds, Bombings, and Battle:

Shell Shock in Maritime Nursing Sisters of the First World War

by

Delaney Beck

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Approved: Dr. Kirrily Freeman
Co-Supervisor

Approved: Dr. Leslie Digdon
Co-Supervisor

Approved: Dr. Lyndsay Rosenthal
External Examiner

Approved: Dr. David Campbell
Examiner

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Abstract

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While the majority of the Canadian nursing sisters who served during the First World War returned home physically unscathed, very little has been said about those who returned home who had suffered mentally over the course of their military service. With origins in Victorian ideas on illness and gender, shell shock has long been associated with war and masculinity. Nursing sisters too began showing symptoms of shell shock, just as male soldiers did. Long periods of work with no rest and air raids were some of the major contributing factors to the deterioration of their condition. While there was no hesitancy in treating the nursing sisters who were struggling, very rarely were they ever explicitly diagnosed with shell shock itself. Instead, they often received similar diagnoses, such as nervous debility and neurasthenia, which were more in line with conventional ideas about illness and gender.

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When I thought about writing my acknowledgements, I did not expect it to be the hardest part of writing my thesis. It is much harder than I expected to accurately put into words how appreciative I am of all the people mentioned below, and even harder to describe what they all mean to me.

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Most importantly, I'd like to thank my family: my parents, Dave and Natalie, and my little sister, Emily Beck. Without their belief in me and my abilities, as well as their fostering of my love of history, I would not be where I am today. Their love and support were more than enough to carry me through the last bit of this degree, despite the crazy circumstances we have all found ourselves in over the past year and a half.

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Abbreviations

British Expeditionary Force	BEF
Canadian Army Medical Corps	CAMC
Canadian Permanent Force	CPF
Canadian Red Cross	CRC
Casualty Clearing Station	CCS
Canadian General Hospital	CGH
Canadian Stationary Hospital	CSH
General Hospital	GH
His Majesty's Hospital Ship	HMHS
Nursing Sister	NS
Officer Commanding	OC
Regimental Medical Officers	RMO
Sailing Ship	SS
Voluntary Aid Detachment	VAD

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Introduction

In the event of an air raid, Major Margaret Macdonald, Matron-in-Chief of the Canadian nursing service during the First World War, advised Canadian nursing sisters to take shelter under their beds. She felt that a larger number of personnel would be at risk clustered together in a dugout than in their own huts. Matron-in-chief Macdonald also made clear that "it is for those off duty that protection is sought, as casualties among them are preventable. Casualties among those on duty must, on the other hand, be considered as unavoidable and incidental to service."[1] It is likely that Matron-in-Chief Macdonald was only referring to physical casualties due to air raids as "unavoidable and incidental to service," but this is only one element of the risks posed to Canadian nursing sisters. The psychological effects of shell shock and wartime trauma were indeed present amongst their ranks, which is evident through an examination of medical records in their military service files. In contrast to male soldiers, nursing sisters were readily treated and given less invasive courses of treatment; however, there was hesitancy when diagnosing them with shell shock, instead receiving the more socially and gender appropriate neurasthenia and nervous debility instead.

The nurses of the Canadian Army Medical Corps (CAMC) were selectively chosen from a large pool of applicants of Canadian women.[2] To be eligible for a position,

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[1] Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps* (Vancouver: UBC, 2016), 103.

[2] Toman, *Sister Soldiers of the Great War,* 4. Before the First World War, the Canadian militia contracted civilian nurses for short-term needs, such as during the North-West Campaign (1885), and twelve nurses who served with the British Army during the South African War between 1899-1902. When the militia reorganized in 1904, it established the Canadian Army Medical Corps which included a permanent nursing force. Originally consisting of two nurses (Georgina Fane Pope and Margaret Macdonald), it soon comprised five nurses along with a small reserve of civilian nurses who had completed a military-nursing course, attended a summer training camp, or both.

a nurse had to be a British subject, as all Canadians were, a graduate of a three-year nursing program, single, in good health, and between the ages of twenty-one and thirty-eight upon enlistment.[3] The majority of these women came from a middle and upper-middle-class background, although there were some exceptions.[4] Not every requirement was strictly enforced, as there were numerous nurses who enlisted who were already married and some that had altered their birth years in order to meet the age limit.[5] In other areas, there were few exceptions made. Women who had no official qualifications, or not enough to meet matron-in-chief Macdonald's standards, were often rejected; very few who had originally signed up as Voluntary Aid Detachment (VAD) nurses and had been in the position for some time were successful in making the transition to nursing sister.[6] Due to ethnic standards set by many nursing schools, Indigenous women, women of a visible ethnicity, and women of colour were often barred from these programs. This consequently rendered them ineligible for service with the CAMC.[7]

Once chosen to join the CAMC, the women were given the relative rank of lieutenant which gave them authority over assistants in the hospital units and patients, however, this authority did not extend outside of the wards. Despite holding this military

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[3] Susan Mann, *Margaret Macdonald: Imperial Daughter* (Montreal: McGill-Queen's University Press, 2005), 75.
[4] Dianne Dodd, "Canadian Military Nurse Deaths in the First World War," *Canadian Bulletin of Medical History* 34, no. 2 (Fall 2017): 327-363, 338.
[5] Toman, *Sister Soldiers of the Great War*, 50; Mann, *Margaret Macdonald*, 75.
[6] Toman, *Sister Soldiers of the Great War*, 39-40.
[7] Toman, *Sister Soldiers of the Great War*, 50; Alison Norman, "'In Defense of the Empire': The Six Nations of the Grand River and the Great War," in *A Sisterhood of Suffering and Service: Women and Girls of Canada and Newfoundland during the First World War*, eds. Sarah Glassford and Amy Shaw (Vancouver: UBC Press, 2012), 29-50. Edith Anderson Monture (1890-1996), a Mohawk from the Six Nations of the Grand River Reserve in southern Ontario, was one of a few Indigenous women from Canada who enlisted as a nursing sister with the American Expeditionary Force. Monture enlisted upon the United States' entry into the war in 1917 and was later sent overseas to France in 1918.

rank, they were also given the title of "Nursing Sister" and were to be addressed as "Sister;" officially, their full rank and title was "Lt./Nursing Sister."[8] The matrons, who were in charge of the various hospital units, were given the rank of captain, and the Matron-in-Chief was given that of major.[9] During the First World War, Canadian nursing sisters were the only military nurses to hold a military rank. The "Sister" in their title had no religious association but was meant to evoke nursing's historical religious association.[10]

By the end of the First World War, 2,845 nursing sisters had served with the CAMC.[11] These women served throughout Canada, France, England, Belgium, Russia, and around the Mediterranean.[12] They were assigned to any of the different patient-care units: casualty clearing stations, stationary hospitals, or general hospitals.[13] Others, typically those in need of a break from the front, were stationed on hospital ships, hospital trains, at a special hospital in England, or at a convalescent home.[14] Nursing sisters who served overseas were forced to contend with many new challenges they would not have previously faced in the realm of civilian nursing. Provisions were reduced and potable water, particularly in the Mediterranean, was hard to come by. Lodging for the nurses was inconsistent. In England and France, nurses who were serving in towns or villages had more comfortable quarters, sometimes even castles. Those who were closer

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[8] Toman, *Sister Soldiers of the Great War*, 15-16.
[9] Toman, *Sister Soldiers of the Great War*, 30.
[10] Geneviève Allard, "Caregiving on the Front: The Experience of Canadian Military Nurses during World War I," in *On All Frontiers: Four Centuries of Canadian Nursing*, eds. Christina Bates, Dianne Dodd, and Nicole Rousseau (Ottawa: University of Ottawa Press, 2005), 153-167.
[11] Toman, *Sister Soldiers of the Great War*, 39.
[12] While the Mediterranean Front and Eastern Front covered a wider area, the area of service of Canadian nursing sisters consisted of the Greek island of Lemnos and the city of Salonika, and Cairo, Egypt.
[13] Allard, "Caregiving on the Front", 161.
[14] Toman, *Sister Soldiers*, 24.

to the front lived in canvas tents or wooden huts. Fleas, ticks, and rats were abundant, along with illness and disease. At times, nursing sisters also had to contend with the very real threat of enemy shelling and air raids.[15] Long periods of work were also common, but so were long periods of inactivity. Days could pass with not a single patient being admitted.[16] These conditions took their toll on the nursing sisters, some of whom developed the same symptoms and conditions as soldiers who had been on the front lines. Their diagnoses came in various forms, such as "nervous debility," "neurasthenia," and occasionally, "shell shock," and their treatments usually followed the same pattern as the long used "rest cure": lots of food and rest.

Incredibly, there are no studies devoted to shell shock or its treatment in nursing sisters in the ever-growing historiography surrounding this topic. Most of the study of nursing sisters, particularly in the early twentieth century, focused on their professional role and continued to emphasize the idea of women being the embodiment of nurturing, caring motherly figures. This slowly began to change around the turn of the twenty-first century, when historians began examining more elements of nurses' lives, including their relationships with each other as well as their experiences with war in a traditionally masculine environment. Scholars began to re-evaluate previously held ideas about nursing sisters and gender, including how the nurses themselves viewed their own position. Scholars also began to study nurses as individuals rather than as a collective, which revealed a much more diverse range of experiences. Examining their personal or, in some cases, public writings demonstrates how nurses viewed themselves in a wider

[15] Allard, "Caregiving on the Front", 161.
[16] Toman, *Sister Soldiers*, 27, 112.

context, as well as how they personally felt about their work and the war itself. They were the ones who had the most contact with soldiers, meaning that while often overlooked, the study of nursing sisters reveals not only more information on wartime experiences, but also another facet of the war itself: inside the medical tent, whether from a medical perspective or from the nurses' experiences as patients themselves. Much of the literature in the past decade acknowledges the lack of exploration into nursing sisters and shell shock, which is what this thesis will address.

The first discussion of Canadian nursing sisters came in Sir Andrew Macphail's *Official History of the Canadian Forces in the Great War: The Medical Services*, published in 1925. There is only a six-page section devoted to the nursing sisters, however, and the contents were not even written by Macphail. The work came from the Matron-in-Chief Macdonald's own attempt at writing an official history of the Canadian nursing service in 1921, however her contributions went unacknowledged.[17] The information included is broad, beginning with a mention of the first record of trained nurses being called to active service for the North-West Rebellion of 1885.[18] It is solely focused on their roles and achievements within the army during the First World War but makes no mention about anything relating to their gender. Neither Macdonald nor Macphail, who was already notorious for his misogynistic views, managed, or perhaps even attempted, to tell women's stories within the traditionally male narrative of war.[19]

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[17] Mann, *Margaret Macdonald*, 169.
[18] Andrew Macphail, *Official History of the Canadian Forces in the Great War 1914-19: The Medical Services* (Ottawa: Acland, 1925), 219.
[19] Mann, *Margaret Macdonald*, 169, 173.

"Nursing Sisters in the War of 1914-1918" in 1947's *Three Centuries of Canadian Nursing* by John Murray Gibbon and Mary S. Mathewson focuses mainly on the function of nurses within the military establishment and their work therein. It also relies heavily upon excerpts and quotes from various memoirs written by nursing sisters, among other personal writings. One quote from Matron-in-Chief Macdonald in particular emphasizes the "self-sacrificing" nature of nursing; it tells of how one nursing sister came to volunteer to serve aboard a hospital ship shortly after the sinking of the HMHS *Llandovery Castle* because she had no family who would miss her were another ship to be torpedoed. There is nothing else to go along with this quote to place it into a wider context on societal ideals of women and nursing before it simply moves on to the next section.[20]

It was not until 1975 that the first full-length scholarly work solely dedicated to Canadian nursing sisters was published.[21] G.W.L. Nicholson's *Canada's Nursing Sisters* covers the history of Canadian military nursing, from the North-West Rebellion in 1885 up to the Korean War. It is a broad piece, focusing on the nursing sisters as a single entity rather than examining their stories and motivations as individuals. There is also a lack of contextualization of the nurses' experiences within the military establishment. Many elements are left unexplored, thus rendering the book a very administrative look at the role and work of a significant and complex group of women. Nevertheless, *Canada's*

[20] John Murray Gibbon and Mary S. Mathewson, *Three Centuries of Canadian Nursing* (Toronto: Macmillan, 1947), 374.
[21] G.W.L. Nicholson, *Canada's Nursing Sisters*, (Toronto: Samuel Stevens, Hakkert, 1975).

Nursing Sisters is a foundational text in the field, but one to be built upon rather than relied upon.

The scholarship available on Canadian nursing sisters increased dramatically at the turn of the twenty-first century. *The War Diary of Clare Gass 1915-1918*, following Nova Scotia nursing sister Clare Gass's wartime experiences, was edited by Susan Mann and published in 2000. It is the first piece of primary documentation related to the experience of a Nursing Sister that was made widely available. Mann's introduction does an excellent job of picking up where Macphail and Nicholson fell short in contextualizing the nurses and their experiences with gender and social ideals in a traditionally male space. Mann argues that there was more to military nursing than simply how nurses functioned and what they did within the larger military machine.[22]

Geneviève Allard's chapter "Caregiving on the Front: The Experience of Canadian Military Nurses during World War I" in *On All Frontiers: Four Centuries of Canadian Nursing* (2005) adds more details of nursing sisters' lives in the military. Allard highlights her subjects' relationships with soldiers and other nurses, both Canadian and foreign, detailes how the nurses spent their leisure time, and examines their living and working conditions. Perhaps most significant is the connection she draws between the similarities of actions and tasks of those involved in civilian hospital nursing and those in military nursing. This chapter also rectifies the previous work done in *Three*

[22] Andrea McKenzie's *War-Torn Exchanges: The Lives and Letters of Nursing Sisters Laura Holland and Mildred Forbes* (Vancouver: UBC Press, 2016) follows much the same format. She presents an edited collection of letters between the two nurses as well as to friends and family at home, all the while providing valuable background information and explanation of the settings they were in and the various challenges they faced over the course of the war.

Centuries of Canadian Nursing by not focusing on the supposed "self-sacrificing" nature of nursing sisters and ensures that all information included about them is well contextualized.

"Social Sisters: A Feminist Analysis of the Discourses of Canadian Military Nurse Helen Fowlds, 1915-18" by Meryn Stuart, in *Place & Practice in Canadian Nursing History* (2008), focuses on one nursing sister in particular, NS Helen Fowlds, but this does not mean that the information contained within is too narrow or specific to be applicable elsewhere. Stuart highlights the social and gendered expectations placed on nurses in civilian hospitals and schools and how these expectations prepared those who went on to nurse in the military. Both environments maintained the same rules and standards for nurses, as well as having the same tasks, requirements, and obligations in place, thus echoing and elaborating on some of the work previously mentioned in Allard's chapter.[23]

These social and gendered expectations found in civilian nursing and how they served to prepare nurses for military nursing as are also found in the chapter "'Trained Mind in a Trained Body': The Standardization of the Uniform, 1900-1920" in *A Cultural History of the Nurse's Uniform*, published in 2012. In this work Christina Bates argues that the standardization of uniform led to an expectation of nurses to conform in both their looks and how they behaved. This expected conformity was furthered by restricting elements of individuality and social distinction, such as personal jewellery, that would be

[23] Meryn Stuart, "Social Sisters: A Feminist Analysis of the Discourses of Canadian Military Nurse Helen Fowlds, 1915-18," in *Place & Practice in Canadian Nursing History*, eds. Meryn Stuart, Jayne Elliott, and Cynthia Toman (Vancouver: UBC Press, 2008), 25-39.

visible in previous standards of uniform. The style of nurses' military uniforms maintained elements of femininity that were traditionally seen in those used in civilian nursing and in women's everyday clothing tying them to commonly held societal ideals of women and femininity even further. Nurses' uniforms, no matter if they were civilian or military, were enacting a direct discipline on their bodies, thus connecting them to an institution and its regulations in order to discipline their minds into the correct standards and behaviours expected of them. The uniform thus rendered them all at once as portraying their femininity as well as making them active participants in the formation of these institutions and their ideals.[24]

There are a few biographies dedicated to nursing sisters, most notably *Margaret Macdonald: Imperial Daughter* (2005) by Susan Mann and *Give Your Other Vote to the Sister: A Woman's Journey into the Great War* (2007) by Debbie Marshall. Mann's work focuses on the life and career of the matron-in-chief of the Canadian nursing service during the First World War. It provides a top-down, administrative look at how Canada's military nursing was run, as well as insight into how the nursing sisters were expected to (and did) behave within a highly controlled, traditionally male environment.[25] Marshall's work is unique in that it is a biography of Roberta MacAdams, one of the few women not professionally trained as a nurse who managed to join the CAMC as a nursing sister. She

[24] Christina Bates, "'Trained Mind in a Trained Body': The Standardization of the Uniform, 1900-1920," in *A Cultural History of the Nurse's Uniform* (Gatineau, Québec: Canadian Museum of Civilization, 2012), 57-58.
[25] Mann, *Margaret Macdonald*.

served as a dietician and was involved in politics during the war as one of the two MLAs elected to represent soldiers from Alberta in the province's legislature.[26]

One of the most significant sources solely focused on nursing sisters from the Maritimes is Katherine Dewar's *Those Splendid Girls: The Heroic Service of Prince Edward Island Nurses in the Great War* (2004). Dewar examines the service of nursing sisters but through the eyes and experiences of those who were from Prince Edward Island (PEI). In doing so she brings to light many more diaries and letters written by the nurses themselves that are in their families' and descendants' possession, such as the writings of Rena Maud McLean, Winnie Dobson Schurman, and Annie Clare MacDougall. All of this results in highly personal accounts and renders the nurses' wartime experiences more personal in nature. Dewar also went one step further and compiled short biographies on all the nurses from PEI who either served as nursing sisters in the Canadian Expeditionary Force (CEF), the United States, or the British Expeditionary Force (BEF), as well as those who served as Voluntary Aid Detachment (VAD) nurses or in some other volunteer capacity.[27]

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[26] Debbie Marshall, *Give Your Other Vote to the Sister: A Woman's Journey into the Great War* (Calgary, Alberta: University of Calgary, 2007).

[27] Katherine Dewar, *Those Splendid Girls: The Heroic Service of Prince Edward Island Nurses in the Great War*, (Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2014). Other sources which analyse nursing sisters from specific areas include Marjorie Barron Norris, *Sister Heroines: The Roseate Glow of Wartime Nursing, 1914-1918* (Calgary, Alberta: Bunker to Bunker Pub., 2002) and Maureen Duffus' *Battlefront Nurses of WW1: The Canadian Army Medical Corps in England* (Victoria, B.C.: Town and Gown Press, 2009). For more works on those who served as VADs during the war, see *Mobilizing Mercy: A History of the Canadian Red Cross* by Sarah Glassford, *This Small Army of Women: Canadian Volunteer Nurses and the First World War* by Linda J. Quiney, as well as her chapter "Gendering Patriotism: Canadian Volunteer Nurses as the Female 'Soldiers' of the Great War" in *A Sisterhood of Suffering and Service: Women and Girls of Canada and Newfoundland during the First World War*, eds. Sarah Glassford and Amy Shaw (Vancouver: UBC Press, 2012), 102-125.

Perhaps most notably, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps* (2016) by Cynthia Toman is the first English-language telling of the history of Canada's nursing sisters during the First World War.[28] She provides a detailed analysis of all nursing sisters' enlistment documents rather than simply compiling an assorted few for a general overview. Toman's work is the first to give historians a more accurate picture of who exactly these nursing sisters were by providing statistics for their age, background, and marital status, as well as enlistment numbers by province. Along with this, she includes an overview of nursing work in various fields, including in the Mediterranean and Russia, the social lives and post-war work of Canadian nursing sisters, rendering her piece a well-rounded and detailed view of nursing sisters as a group.[29]

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[28] Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps* (Vancouver: UBC Press, 2016). The first work to do so at all was Mélanie Morin-Pelletier's French-language book *Briser les ailes de l'ange: Les infirmières militaires canadiennes (1914-1918)* (Outremont: Athéna, 2006). See also Sarah Glassford's chapter "Fallen Sisters: Gender, Military Service, and Death in Canada's First World War," in *Portraits of Battle: Courage, Grief, and Strength in Canada's Great War*, eds. Peter Farrugia and Evan J. Habkirk (Vancouver: UBC Press, 2021), 151-174. For more on the post-war work of Canadian nursing sisters from the Maritimes, see Morin-Pelletier's article "Bâtisseuses de l'est: les vétéranes des Maritimes et la santé publique, 1919-1939," *Acadiensis* 42, no. 1 (2013): 127–49, and her chapter "'At Peace with the Germans, but at War with the Germs': Canadian Nurse Veterans after the First World War." For government benefits for nursing sisters after the war see Sarah Carter's chapter "The persistence of a 'curiously strong prejudice': from the First World War to the Great Depression," in *Imperial Plots: Women, Land, and the Spadework of British Colonialism on the Canadian Prairies* (Winnipeg, Manitoba: University of Manitoba Press, 2016), 327-374.

[29] While outside the scope of this study, it would be remiss not to mention the often-forgotten service of those assigned to hospitals in the Mediterranean and Russia. For sources on Canadian nursing sisters in the Mediterranean, see McKenzie's *War-Torn Exchanges*, "'Our common colonial voices': Canadian Nurses, Patient Relations, and Nation on Lemnos," in *Other Fronts, Other Wars?: First World War Studies on the Eve of the Centennial*, eds. Joachim Bürgschwentner, Matthias Egger, and Gunda Barth-Scalmani (Leiden: Brill, 2014), 92-122, McKenzie's "The Battle to Care: Canadian Nurses in France and Gallipoli," in *Two Sides of the Same Bad Penny: Galliopoli and the Western Front, a Comparison*, ed. Micheal Locicero (Helion & Company Limited, Warwick, England, 2018), Cynthia Toman's "'A Loyal Body of Empire Citizens': Military Nurses and Identity at Lemnos and Salonika, 1915-17," in *Place & Practice in Canadian Nursing History*, eds. Meryn Stuart, Jayne Elliott, and Cynthia Toman (Vancouver: UBC Press, 2008), 8-24, Christine E. Hallett's "Nursing in 'far flung places,'" in *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 127-154. For sources on Canadian nursing sisters in Russia, see Cynthia Toman's "Eyewitnesses to revolution: Canadian military nurses at

Dewar followed up her earlier work by publishing a full-length biography of Matron Georgina Fane Pope, *Called to Serve: Georgina Pope, Canadian Military Nursing Heroine* in 2018. Pope was a decorated military nurse from the South African War who served until the First World War before her discharge from the military. This biography allows for a more in-depth look at an influential figure in Canadian military nursing history. Dewar also contextualizes Matron Pope's place as a high-ranking woman in a largely male-dominated environment and society. What is perhaps most notable is her exploration of Matron Pope's struggle with what was most likely shell shock. This is a subject that has been largely overlooked within the existing scholarship on Canadian nursing sisters and thus serves to contribute more to this idea of not just nurses, but also matrons, being affected by their wartime service.[30]

There has been very little written on shell shock in a Canadian context. It tends to get lost in larger discussions of shell shock within the Commonwealth, so to find scholarly work dedicated to the topic is quite rare. However, this is starting to change within the last twenty years. Mark Osborne Humphries has been one of the leaders in this area; three of his works contain the same information, but they differ in focus. "Rest, Relax and Get Well: A Re-Conceptualization of Great War Shell Shock Treatment" provides excellent information on life at convalescent hospitals and rest homes, and makes the argument that Canadian soldiers who were diagnosed with shell shock were treated very well and not harshly as generally believed by historians. He also argues they

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Petrograd, 1915-1917," in *One Hundred Years of Wartime Nursing Practices, 1854*-1953, eds. Christine E. Hallett and Jane Brooks (Manchester England: Manchester University Press, 2015), 122-142.

[30] Katherine Dewar, *Called to Serve: Georgina Pope, Canadian Military Nursing Heroine* (Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2018).

were treated better than British soldiers, who were usually sent to asylums while the Canadians were primarily sent to requisitioned Victorian and Edwardian-style health spas and resorts.[31] "War's Long Shadow: Masculinity, Medicine, and the Gendered Politics of Trauma, 1914-1939" examines masculine ideals of the Victorian and Edwardian period along with a history and gendered view of hysteria, shell shock, and mental trauma in soldiers. Here Humphires also details male soldiers' many struggles and difficulties after the war in trying to receive a pension from the Canadian government due to their claims of wartime injury.[32] *A Weary Road: Shell Shock in the Canadian Expeditionary Force, 1914-1918* combines the contents of both articles and provides an extremely detailed and well-researched overview of shell shock and the many elements surrounding it, such as its history, treatments, military responses, and post-war difficulties due to shell shock and its effects.[33]

One thing to note, as Humphries himself clearly states in his book, is that the work focuses on the BEF and their response to shell shock, using the Canadians as a case study.[34] This is not to say that there is little to no information on the CEF's response; in fact, it is quite the opposite. Instead, he explains that

> ...although the Canadian Corps was a national formation, it always fought as part of a British army and its medical services operated under the aegis of the Royal Army Medical Corps (RAMC). It was thus British officers rather than Canadians (or Australians or New Zealanders) who were responsible for setting military and

[31] Mark Osborne Humphries and Kellen Kurchinski. "Rest, Relax and Get Well: A Re-Conceptualisation of Great War Shell Shock Treatment." *War & Society* 27, no. 2 (2008): 89–110. https://doi.org/10.1179/war.2008.27.2.89. 109.
[32] Mark Humphries, "War's Long Shadow: Masculinity, Medicine, and the Gendered Politics of Trauma, 1914–1939." *Canadian Historical Review* 91, no. 3 (2010): 503–31. https://doi.org/10.3138/chr.91.3.503.
[33] Mark Osborne Humphries, *A Weary Road: Shell Shock in the Canadian Expeditionary Force, 1914-1918* (Toronto: University of Toronto Press, 2018).
[34] Humphries, *A Weary Road*, 9.

> medical policies and operating the network of imperial casualty clearing stations and hospitals that treated the wounded.[35]

Indeed, he states that there is no reason to believe that the Canadian Corps operated any differently than their British counterparts; however, when using this book as a source, I would advise some caution so as not to mix up statistics or information for one country for the other.[36]

The same caution should be taken with 2010's *Combat Stress in the 20th Century: The Commonwealth Perspective* by Terry Copp and Mark Osborne Humphries. This is another excellent monograph that, although not solely dedicated to the First World War, provides valuable information on both pre- and post-war hysteria, mental trauma, and shell shock. It also includes several primary sources and excerpts from the writings of various doctors, medical professionals, and publications relating to shell shock, along with background information and context for each, making this an all-around excellent piece on shell shock.[37]

What both Humphries' and Copp's works are missing, however, is any mention of nursing sisters and how they were affected by shell shock. This is a significant element that is missing from existing historical scholarship on the topic. The most comprehensive piece available relating to Canadian nursing sisters to date is the aforementioned *Called to Serve: Georgina Pope, Canadian Military Nursing Heroine*, which focuses solely on

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[35] Humphries, *A Weary Road*, 9-10.
[36] Humphries, *A Weary Road*, 10.
[37] Terry Copp and Mark Osborne Humphries, *Combat Stress in the 20th Century: The Commonwealth Perspective* (Kingston, Ont.: Canadian Defence Academy Press, 2010).

Matron Pope's experience with shell shock.[38] There are mentions of some individual nurses' experiences in Dewar's previously mentioned work, *Those Splendid Girls: The Heroic Service of Prince Edward Island Nurses in the Great War,* and in Toman's *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*, but neither go into great detail, further emphasizing the need for more scholarship in this area.[39]

Dianne Dodd's 2010 article "Canadian Military Nurse Deaths in the First World War" contains some brief mentions of shell shock in nursing sisters, as well as how their gender and position as officers in the military afforded them some sort of protection and better treatment.[40] She also highlights how the CAMC medical officers were influenced by gendered understandings of illness when diagnosing nursing sisters. Since the main focus of Dodd's article is on military nurse deaths, she does not go into any further detail on the subject of shell shock in nursing sisters; nevertheless, her article reveals the need for further research and studies on nurse sickness and death.

There are two chapters in Christine E. Hallett's monograph *Containing Trauma: Nursing Work in the First World War* (2009) that discuss the nurse's role in treating soldiers with shell shock and how nurses confronted their own struggles with mental trauma. Chapter 5, "Emotional containment" covers the former, explaining how nurses used their motherly, nurturing image to provide a safe environment for the soldiers, as well establishing a familial type of relationship with the men, something which was seen as beneficial to their recovery by medical authorities. However, the nurses made sure to

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[38] Dewar, *Called to Serve*.
[39] Dewar, *Those Splendid Girls*; Toman, *Sister Soldiers.*
[40] Dodd, "Canadian Military Nurse Deaths in the First World War," 343-344.

do this in a way that would prevent them getting too personally involved with the soldiers, who were first and foremost their patients, and as a form of self-protection by compartmentalizing these feelings and emotions. This, and the struggles these women faced when they dealt with trauma and shell shock, is explored in Chapter 6, "Self-containment."[41]

Hallett's article "Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers" (2010) explores how both nursing sisters and VADs wrote about and represented their experiences with trauma, as well as how some attempted to find meaning in the things they had witnessed and experienced.[42] Many of the same sources from *Containing Trauma: Nursing Work in the First World War* are again used here, but in different ways, with this article focusing more specifically on the nurses' thoughts and feelings, rather than detailing their experiences in a professional and medical capacity. As with the Humphries' and Copp's works, caution must be taken when attempting to use either of Hallett's pieces in a Canadian context, as both centre on Commonwealth nurses (those from Australia and New Zealand, as well as from Britain and Canada).

To study how nursing sisters with shell shock were viewed, one must go back to the Victorian period to understand how society and the medical profession viewed women, illness, and women's illnesses. Wendy Mitchinson's *The Nature of Their Bodies:*

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[41] Hallett, "Emotional containment," in *Containing Trauma,* 155-193; Hallett, "Self-containment," 194-217.

[42] Christine E. Hallett, "Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers." *Canadian Bulletin of Medical History: Bulletin Canadien D'histoire De La Medecine* 27, no. 1 (2010): 65–84.

Women and Their Doctors in Victorian Canada (1991) is a broad overview, covering many elements of women's health in the Victorian period, and is the first of its kind devoted to a focus solely on Canada. "The Victorian World: Doctors, Science, and Woman" and "The Frailty of Woman", Chapters 1 and 2 respectively, provide a good background of how women's health was viewed by medical professionals, while Chapters 10 and 11, "Women and Mental Health" and "Insane Women: Their Symptoms and Treatment" focus more on women's mental health and treatments relating to the matter. It is the latter two which contain far more detail on the history and gendered views of hysteria that were held by society and medical professionals from a female-oriented focus than any of the other sources previously mentioned.[43]

For this study, I have chosen to focus on the experiences of eleven out of the 381 nursing sisters from the Maritime provinces of New Brunswick (5), Nova Scotia (4), and Prince Edward Island (3) that I have found, as well as one matron. They are NS Emma Ella Barry (NB), NS Margaret Moorehead Ellis (NB), NS Catherine Finley Gardiner (NB), NS Maude Pearl Gaskin (NB), NS Alice Amelia Thompson (NB), NS Minnie Asenath Follette (NS), NS Minnie Frances MacDonald (NS), NS Florence Louisa MacInnes (NS), NS Annie Tremaine McLeod (NS), NS Eleanor MacLaren Gordon (PEI), NS Florence Mary Kelly (PEI), and Matron Georgina Fane Pope (PEI). This choice is due, in part, to a regional interest, as Maritime nursing sisters are often forgotten in

[43] Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada*. (Toronto: University of Toronto Press, 1991).

studies in favour of those from Ontario, Quebec, and the western provinces, but also because it creates a more manageable pool of subjects to work from.

These women all listed their current address at the time of their enlistment as being in any of the three provinces either on their attestation paper, a medical record, or later a discharge paper. Their medical records also listed a diagnosis of any of the following terms: nervous debility, neurasthenia, or shell shock. These twelve women represent 3.15 percent of all 381 Maritime nursing sisters and matrons. Through an analysis of their military records, a pattern emerged about what sort of experiences precipitated their hospitalizations along with common symptoms seen among the women, and what steps were taken to treat them. To study shell shock in nursing sisters, I also familiarized myself with the history and treatments for shell shock in both a civilian and military context as well.

The military records of the individual nursing sisters serve as the main primary source for this thesis as they contain the medical records and record of their movements, the basis on which this research is built. Much of the information in their medical records is not very detailed, which raises even more questions on how male medical professionals viewed shell shock, a very masculine condition, in these women who were challenging long-held ideas on gender. This creates an added challenge when analysing these files, as one must look for the answers that are hidden in other forms, or simply make do without the missing information and try to understand why it is missing.

Hospital war diaries for each of the hospitals where the nurses served to provide a detailed day-by-day account of what they would have faced in terms of workloads or

major events, such as air raids or outbreaks of illness. This helps situate the nurses' experiences and gives background to the type of environment and events they would have encountered. The war diaries contain a wealth of information on the history and operating of the hospitals the nurses who were ill found themselves at. While some nursing sisters did leave behind written accounts, none of those involved in this study did, apart from Matron Pope; towards the end of her time in France, she began recording thoughts and sentiments in her official matron's diary that were more typical of a personal diary than an official military record. Prior to and between the publication of the texts mentioned in the historiography, various nursing sisters themselves had been publishing their own memoirs, adding their stories as those who experienced war nursing first-hand.[44] The first to be published was Constance Bruce's *Humour in Tragedy: Hospital Life Behind Three Fronts* in 1918, followed by Mabel Clint's *Our Bit: Memories of War Service by a Canadian Nursing Sister* in 1934, Maude Wilkinson's *Four Score and Ten: Memoirs of a Canadian Nurse* in 1977, and then finally Katharine Wilson-Simmie's *Lights Out: A Canadian Nursing Sister's Tale* in 1981. Containing hand-drawn illustrations depicting life behind the lines, Bruce's account details encounters with patients and other nursing sisters in France and in the Mediterranean, while Clint's is full of patriotism and unabashed loyalty to the British Empire. Wilkinson published hers in successive issues of the *Canadian Nurse* as brief, autobiographical pieces. Clint and Wilson-Simmie

[44] Susan Mann's article "Where Have All the Bluebirds Gone? On the Trail of Canada's Military Nurses, 1914-1918," *Atlantis* 26, no. 1 (2001): 35–43 examines the difficulty and lack of sources available when it comes to first-hand accounts from Canadian nursing sisters. T. Robert Fowler's article "The Canadian Nursing Service and the British War Office: The Debate Over Awarding the Military Cross, 1918," *Canadian Military History* 14, no. 4 (2005): 30-42 discusses the difficulties Canadian nurses faced in attempting to gain official recognition and awards for their actions and service while in the military.

questioned why Canadian nurses had been largely forgotten in Canadian histories of the First World War.[45] There is some information to be found in "Canadian Nurse," which contains both authored and anonymous essays and poems, memoirs, and accounts of wartime nursing, as well as significant life updates such as births, marriages, and deaths for nurses across the country.[46]

For the history of shell shock, there are numerous treatises and publications on the condition written by doctors, all of whom were male, offering their opinions on its origin and causes, as well as any treatments they had found to be successful. Most of the writings surrounding women focused on the very gendered idea of hysteria with nothing written about shell shock in nursing sisters.

Chapter one of this thesis explores the history and evolution of how conditions such as shell shock were diagnosed before the diagnosis of "shell shock" came into common usage, starting with hysteria in the Victorian period. It also considers discourses around shell shock and how these Victorian concepts of gender and illness influenced the treatment and diagnosis of those with the condition, and how it affected both soldiers and nursing sisters.

Chapter two is dedicated to an examination of the eleven nursing sisters' and one matron's various experiences overseas in France and England, including major events

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[45] Constance Bruce, *Humour in Tragedy: Hospital Life Behind 3 Fronts by a Canadian Nursing Sister* (London: Skeffington, 1918); M. B. Clint, *Our Bit: Memories of War Service by a Canadian Nursing-Sister* (Montreal: Alumnae Association of the Royal Victoria Hospital, 1934); Maude Wilkinson, *Four Score and Ten: Memoirs of a Canadian Nurse* (Brampton, Ontario: M. M. Armstrong, 2003) [Previously published in *The Canadian Nurse*], Katharine Wilson-Simmie's *Lights Out: A Canadian Nursing Sister's Tale* (Belleville, Ont.: Mika, 1981).

[46] "Canadian Army Medical Nursing Service Department," *Canadian Nurse*.

while at a certain hospital, such as air raids, and the level of work they faced in the period before their hospitalization. An analysis of the types of situations the nursing sisters found themselves in, when coupled with an understanding of causes of shell shock, shows that nursing sisters were also affected by traumatic wartime events.

The consequences of these experiences are examined in chapter three, where a timeline of the nurses' care and treatment in hospital is outlined. My research reveals that nursing sisters, for the most part, received the same treatment as their male counterparts: after a traumatic event, they were granted two weeks leave followed by a posting to a quieter hospital where they typically remained for anywhere from a few days to a few months and then, if symptoms or difficulties persisted, were admitted for shell shock. Their treatments primarily centred around rest and food, which was in line with the standard treatment of the time.

Ideas of mental illness were strongly divided along both class and gender lines. While those who received a diagnosis of hysteria, who were predominantly women or men deemed unmasculine, were looked down upon, those with neurasthenia, typically middle- or upper-class men, were met with empathy. Many of the nursing sisters came from the same backgrounds, but they were also women, so were already straddling the two lines. Combined with their newfound positions as officers in the military who were thrust into a war, the treatment of nursing sisters' and matrons' mental health appears even more complicated. This is not entirely the case, as the steps taken when a nurse became overworked or experienced something traumatic are clear and routine and were experienced by all eleven nursing sisters and one matron analysed in this thesis. Their

medical files containing details of their illnesses show a different story, with many explicit details of their symptoms and treatments being left out or made to appear as less of an issue than they perhaps really were. There was a hesitancy to diagnose a nursing sister with shell shock, with the most common diagnoses given to them being “nervous debility” or “neurasthenia.” This shows that their treatments and diagnoses were kept more in line with commonly held ideals on mental health, illness, and gender.

It was not only men who served near the front lines of the First World War. Nursing sisters were an important and integral part of the system of wartime care and treatment and are often neglected within the study of the traditionally masculine environment of war. Their experiences were no less traumatic and difficult than the soldiers and as such must not be disregarded. The study of nursing sisters from the Maritimes and their experiences with shell shock is only the starting point for a wider study on a national scale. This kind of study will also contribute to the historiography on shell shock, adding another angle to an already complex and interesting subject.

Chapter 1: Hysteria to Shell Shock: A Brief History

The history of shell shock has long been one of gender. The diagnosis of shell shock grew in usage during the First World War, and was believed to be the result of a sudden depletion of a person's supply of nervous energy. It was a more acceptable diagnosis for men than that of hysteria, which carried with it heavy connotations of weakness and femininity, both seen as very negative things for a man to be associated with during the period. For the nursing sisters and matrons who found themselves near the battlefields or behind the lines, they, too, experienced many of the same traumatic experiences that were contributing to the soldiers' diagnoses of shell shock. Despite this, there was a hesitancy among medical staff to diagnose them with the condition, instead preferring other alternatives, such as nervous debility or neurasthenia, which fit more in line with ideas of gender and illness of the day. Nursing sisters did not share in this hesitancy, with some readily identifying the condition in their fellow nurses and taking steps to try to cope with the stresses of military nursing.

Hysteria was the traditionally used term for a wide variety of symptoms, such as crying, fits, imagined illnesses, and fainting, primarily affecting women.[1] Hysteria was attributed by medical professionals to some still unknown hereditary defect in the chemistry or structures of the central nervous system which shaped the personality of the patient.[2] Hysteria was then, as a result, a doubly stigmatized word; not only was it inherently feminized from the very beginning, but it also suggested that the sufferer was

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[1] Mark Osborne Humphries, *A Weary Road: Shell Shock in the Canadian Expeditionary Force, 1914-1918* (Toronto: University of Toronto Press, 2018), 16. The term "hysteria" originated from the Greek idea of "wandering wombs" being responsible for the many symptoms listed above.
[2] Humphries, *A Weary Road,* 16-17.

somehow biologically defective. In a society that equated femininity with weakness and saw men as biologically superior to women, both physically and psychologically, a diagnosis of hysteria for a man implied a lack of emotional control that had become an essential feature of Victorian and Edwardian masculinity.[3] This was not to say that men were never afflicted with hysteria; by the late nineteenth century, some of the leading neurologists of the day acknowledged that men did indeed suffer from the condition, although they felt that it was a relatively rare occurrence.[4]

In the nineteenth century, with the lack of a clear, organic cause, an intense debate had arisen amongst the same neurologists about what exactly the disease was, and whether it was even a legitimate diagnosis. Some neurologists argued that it was a distinct illness due to a defect of the nervous system itself while others felt it was the result of a hereditary personality problem; others still felt that it was not an illness at all, but rather simply a form of attention-seeking. Both physicians who did not specialize in neurology and neurologists themselves participated in these debates.[5] Along with this discourse came a few key main schools of thought around whether mental illness and its symptoms were innate or acquired. One took a neurological approach, attempting to trace the symptoms of mental illness to lesions in the brain or nervous system, while another took a more biological approach, suggesting that such symptoms were the result of inherited congenital defects. A third constructed a hybrid interpretation that was called "nerves" in which social and emotional interactions drained the body of its supply of

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[3] Humphries, *A Weary Road*, 16-17.
[4] Mark Humphries, "War's Long Shadow: Masculinity, Medicine, and the Gendered Politics of Trauma, 1914–1939." *Canadian Historical Review* 91, no. 3 (2010): 503–31. https://doi.org/10.3138/chr.91.3.503., 506-507
[5] Humphries, *A Weary Road*, 16.

nervous energy. No matter which school one subscribed to, debates still carried on about whether conditions were acquired or constitutional.[6]

By the late nineteenth century, the term "hysteria" was still commonly used by doctors to describe the most common clusters of symptoms. They had since abandoned the idea of the "wandering womb" but, despite this, hysteria remained a very gendered diagnosis. Hysterical reactions were believed to be the result of the female patient's loss of control over her emotions, which then allowed her baser instincts to take control of her body and mind. It was believed by doctors that the susceptibility to this condition was hereditary and that it was thus attributable to specific functional organic defects passed on through families. The "exciting factor" that had triggered the symptoms could be either a thought or action that overexerted the patient's mind and body and, in some cases, even childbirth, largely viewed by doctors of the period as the most female thing a woman could do. This idea in turn necessitated the isolation of the patient while also justifying the notion that a woman's proper place was in the more stable environment of her house rather than that of hectic public spaces.[7]

The threat of being labelled as "hysterical" did much to discourage open and free discussion of emotional suffering, particularly among men; however, these conversations could be had under the new concept of "neurasthenia."[8] It was a diagnosis for a new condition that was different from (but nearly identical to) hysteria. The one key difference between the two was that, while hysteria was seen as being an innate

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[6] Humphries, "War's Long Shadow," 508-509.
[7] Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), 280-284.
[8] Humphries, *A Weary Road,* 17.

condition, neurasthenia was acquired. Neurasthenia was thus a condition that could encompass male patients without the threat of the same stigma associated with hysteria; it was a result of over-engagement with the public sphere rather than an abundance of emotionality, as was the case with hysteria.[9] Nerve doctors theorized that everyone was born with differing levels of nervous energy. As people (mainly men) interacted with the physically and emotionally taxing modern world, their finite supplies of nervous energy were slowly drained, and once they were fully depleted, the condition of neurasthenia was the result. Therefore, neurasthenia was a blameless disease as it was something that was acquired and thus freed sufferers from the potential shame and stigmatization that hysteria carried.[10] Being an acquired illness also meant that it was curable through rest and a period of socio-economic disengagement, meaning that in order to get the disease in the first place, one had to be very modern.[11] It also reinforced the ideas of gender and innate and acquired illnesses: women broke down because they were psychologically and biologically inferior (innate) while men were exhausted due to their engagement with the modern world (acquired).[12]

The idea of a finite supply of nervous energy also made it possible to understand and talk about the psychological effects of physical and emotional trauma, commonly associated during the late nineteenth century with railway and industrial accidents. "Railway spine" was coined as a term to explain the physical and psychological symptoms found in accident victims that were similar to those found in cases of hysteria

[9] Humphries, "War's Long Shadow," 510.
[10] Humphries, *A Weary Road*, 18.
[11] Humphries, "War's Long Shadow," 510; Humphries, *A Weary Road*, 18.
[12] Terry Copp and Mark Osborne Humphries, *Combat Stress in the 20th Century: The Commonwealth Perspective* (Kingston, Ont.: Canadian Defence Academy Press, 2010), 6.

and neurasthenia but lacked any sign of organic injury.[13] It was later associated with neurasthenia, and with it came the rise of new categories of diagnosis, such as "nervous shock," "traumatic neurosis," and "traumatic neurasthenia."[14] These were used in the cases of sudden and dramatic events which were said to produce hysterical symptoms by causing lesions in the central nervous system, mimicking the hereditary defects that were found in cases of hysteria.[15] They could also be thought of as acute forms of neurasthenia, or in neurasthenic terms, which were brought on by a sudden trauma or physical crash that quickly and dramatically, rather than gradually, depleted a person's nervous energy.[16] In this way, its victims were left equally as blameless.[17]

Whereas hysteria was seen as a permanent disease that would always prevent a man from living up to the masculine ideals of the Victorian and Edwardian period, neurasthenia and shock could be used to describe temporary lapses or breakdowns, meaning it was possible for the person suffering to get well again. The latter two diagnoses could also be indicative of masculine behaviour, as both required a certain willingness to take risks and engage with the world. Hysteria was instead constructed as an essential failing of the whole body. Those who were deemed to be hysterical, both

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[13] Copp and Mark Osborne Humphries, *Combat Stress in the 20th Century*, 6.
[14] Humphries, *A Weary Road*, 18; Humphries, "War's Long Shadow," 510-511.
[15] Copp, Appendix 1: Colin Russel, The Management of Psycho-Neuroses in the Canadian Army (*Journal of Abnormal Psychology*, 1919). Physicians theorized they caused lesions but, despite decades of trying, none were ever able to locate any. This is due, in part, that autopsies were not routinely conducted and getting permission from the families of the deceased patients was difficult.
[16] Humphries, *A Weary Road*, 18; Humphries, "War's Long Shadow," 510-511.
[17] Humphries, *A Weary Road*, 18.

men and women, might be pitied and deserving of empathy, but they could never be fully trusted nor were they seen as potentially being cured of their condition.[18]

Things had progressed slightly differently in the military sphere compared to that of the civilian sphere by the end of the nineteenth century. While military physicians' conceptions of nervous disease were influenced by those in use in the civilian sphere, by the time of the South Africa War, the military's ideas had developed in parallel.[19] The military tended to diagnose acute nervous illness in men with long histories of military service, those with a supposed hereditary predisposition, or a physical weakness, which is very similar to the civilian concept of traumatic neuroses found in railway accident victims - a sudden draining of a man's supply of nervous energy rather than it being a more gradual process. Civilian doctors accepted that the relationship between mind and body was complicated and intertwined; for those in the military, however, the question of malingerers and those feigning illness always lurked beneath any diagnosis of nervous illness because sufferers being sent for any sort of medical treatment meant the loss of effective soldiers who otherwise appeared healthy.[20]

By the early twentieth century, the British War Office began urging the Canadian government to make arrangements to take over the care of its own soldiers, including some who had been committed to mental hospitals in London. Up until this point, members of the Canadian Permanent Force (CPF) who were deemed to be "insane" were discharged from the army and sent to public asylums in the province of their birth; in

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[18] Humphries, *A Weary Road*, 18; Copp and Mark Osborne Humphries, *Combat Stress in the 20th Century*, 6.
[19] Humphries, *A Weary Road*, 23.
[20] Humphries, *A Weary Road*, 27.

1906, there were only three such patients in Canada and their care was paid for and administered by the local authorities rather than the federal Department of Militia and Defence. The Canadian government also denied responsibility for the care of Canadian veterans; if veterans were to receive any pensions or medical treatment, it had been paid for by the British government instead. Neither level of Canadian government was pleased about taking on the extra expense.[21]

It was not until 1906, after the British Army began to reform and standardize militaries across the Commonwealth to support the creation of a truly imperial army, that the Canadian Army Medical Corps (CAMC) was formed. With permanent headquarters staff, field ambulance units, casualty clearing hospitals (which later became stations), and general hospitals, the CAMC was a stark contrast to the militia medical establishment prior to 1898. Regional field hospitals had been used since they were better suited for the local nature of militias, and the only doctors were the regimental medical officers (RMO) with the title of surgeon-officers who were attached to local battalions.[22] By the start of the First World War, the CAMC had a permanent staff of 25 officers, which included 5 nursing sisters, and 102 other ranks.[23] Most of the officers served at the army headquarters located in Ottawa, at barracks hospitals, on the staff of Canada's nine military districts, or with any of the infantry and artillery regiments. The vast majority of the men in the CAMC were part of the active militia, meaning they were part-time soldiers who staffed the six cavalry field ambulances, fifteen regular field ambulances,

[21] Humphries, *A Weary Road*, 31-32.
[22] Humphries, *A Weary Road*, 32-33.
[23] Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*, (Vancouver: UBC, 2016), 4.

and two clearing hospitals located from Halifax to Winnipeg. Most of these, however, were severely lacking in strength and proper equipment, meaning the militia medical units were scarcely more than skeletons around which a more established medical service might be organized in wartime.[24]

The moment arrived for an established medical service to be organized after the start of the First World War in 1914 when Canada agreed to send an expeditionary force to serve as part of the British Expeditionary Force (BEF). Unlike the Canadian infantry and artillery units, which typically fought as one entity, Canadian hospitals operating behind the front lines were integrated into a network of imperial establishments, where patients from all across the British empire and its commonwealth moved between hospitals freely, regardless of their nationality. In the same instance, when located far enough away from the immediate front line, Canadian medical units fell under British jurisdiction, meaning they were required to follow British rules, regulations, orders, and chain of command. For most of the doctors of the CAMC, who had been born in Canada and were mainly civilians with little military experience, this came with quite the adjustment period. Although the work was the same as that in the civilian sphere, the priorities and mindset needed of a military doctor were different. Efficiency took priority over altruism, as casualties were to be treated in order to keep the army moving and fighting. This meant it was up to the medical officers, at each stage of a soldier's treatment, to decide whether it was in the best interest of the army, and not the soldier, to evacuate him to the rear, keep him for treatment, or to send him back to his duties.[25]

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[24] Humphries, *A Weary Road*, 32-33.
[25] Humphries, *A Weary Road*, 48-49.

Long before the Canadians arrived in Europe, ideas were circulating in Canada around the concept of "shell shock." The first stories began appearing in Albertan newspapers in December 1914, around the time when the first Canadian contingent was still training in England. Numerous wire services began arriving from the correspondent for the Canadian Press relaying reports about British doctors observing the same symptoms in soldiers, such as blindness, muteness, and deafness, as were suffered by those with hysteria and railway accident victims. Any ideas about the weakness of afflicted soldiers' characters were quickly dismissed, with further wire reports from experts explaining that this was a normal reaction to encountering the new, technological horror of warfare, and was not because the sufferer was weak or of poor character. These men were seen as brave and should be viewed as heroes as they kept returning to fight at the risk of being driven permanently mad. They were thus excused from displaying any symptoms that appeared to be more "feminine" or cowardly in nature.[26]

In Sir Andrew Macphail's official history of the CAMC, he wrote that shell shock was a term "used in the early days to describe a variety of conditions ranging from cowardice to maniacal insanity."[27] He also claimed that the war produced no new nervous disease, but rather that it was the same hysteria and neurasthenia that was known before the war, but that it produced many new names and theories.[28] Macphail was, evidently, less sympathetic to the plight of soldiers who were very possibly truly suffering from shell shock and still subscribed to the traditional Victorian and Edwardian views on

[26] Humphries, *A Weary Road*, 61.
[27] Andrew Macphail, *Official History of the Canadian Forces in the Great War 1914-19*: *The Medical Services* (Ottawa: Acland, 1925), 270-271.
[28] Macphail, *Official History of the Canadian Forces in the Great War 1914-19*, 270-271.

masculinity and mental illness. Indeed, shell shock was not a new term, but by the spring of 1915 it was coming into more common usage. Within the Canadian Expeditionary Force (CEF), the prevalence of "shock" or similar "commotional diagnoses" grew from about 13 per cent in March of 1915 to a peak of almost 90 per cent in June of the same year. This averaged out to around 60 per cent for the rest of 1915. The first usage of "shell shock" as a specific diagnosis was done by the No. 1 Field Ambulance on 18 June 1915, and from there its usage rose steadily before eventually slowing down. However, it did not fully displace "shock" as the main diagnosis until the spring of 1916.[29]

Soon after the Second Battle of Ypres in May 1915, the emerging language of "concussion" and "shock" was integrated into the official casualty lists sent out by telegraph from Ottawa daily. The name, rank, regimental number, and unit of wounded soldiers under broad categories like ill, wounded, seriously wounded, missing in action, and killed were then printed in the casualty lists. However, these categories changed throughout the war to include new types of injuries created by new types of technologies, as well as to satiate the public's desire for more specific information about the condition of the soldiers who were serving. Categories like "gassed," "mildly gassed," and "concussion" were some of the new additions, with a separate one for "shock" being added later. With these terms coming into more common usage in the daily casualty lists, it appears that the Department of Militia and Defence expected Canadian civilians to

[29] Humphries, *A Weary Road*, 58-59.

understand what these terms meant.[30] The War Office also went on to recognize "hysteria" and "neurasthenia" as diagnoses, as well as "shell shock."[31]

In 1915, many of the symptoms shown by these men were familiar to the Canadian doctors, however, the scale of the problem was new. That year alone saw 642 Canadians sent to hospital and diagnosed with what soon came to be known as "shell shock."[32] From March to November, shell shock, neurasthenia, and hysteria accounted for 6 percent of the 7882 non-fatal casualties that were evacuated by the Canadians on the western front. During the winter of 1915-1916, the number of neuropsychiatric evacuations doubled that of those who were physically wounded. Between December and March 1916 official figures show 287 Canadians were evacuated from the front and admitted to hospital with those same diagnoses. This represented 13 percent of the 2152 non-fatal battlefield casualties sustained throughout that period.[33]

At first, the Canadians who were to be evacuated were sent to general hospitals, but as these began to fill up and the number of soldiers needing treatment increased, the need for dedicated neurological centres grew. The first Canadian establishment was the Granville Special Hospital in Ramsgate in 1915, followed by the Buxton Red Cross Special Hospital early the next year. Canadian patients began arriving at the Granville hospital in November 1915. Upon their arrival, they were brought before a medical officer who made the preliminary diagnosis, entered it in the admission and discharge

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[30] Humphries, *A Weary Road*, 62-63.
[31] Macphail, *Official History of the Canadian Forces in the Great War 1914-19*, 271.
[32] Humphries, "War's Long Shadow," 512-513.
[33] Humphries, *A Weary Road*, 88-89.

books, and prescribed a treatment.[34] These two hospitals were equipped to treat soldiers' symptoms as though they had neurasthenia, focusing on the physical ailments rather than emotional or psychological issues.[35] The long-established treatment for neurasthenia was the rest cure, which combined sleep, light activity, food, electrotherapy, massage, and a relaxing environment, among numerous other treatment.[36] Others tried hypnosis, suggestion, and dream analysis.[37] These approaches were also typical of private civilian clinics. Patients were deprived of any form of mental or physical exercise and were isolated from the outside world, thus providing them with the opportunity for physical and psychological rest; this was if they could afford to visit one of the numerous specialized spas and resort hotels that were established across Europe and North America at the end of the nineteenth century.[38] Soldiers, however, were not expected to pay for their treatment. Both the rest homes at Ramsgate and Buxton were established in seaside rest cure hotels and resorts; the former was established at the Granville Hotel, with the latter at the Peak Hotel.[39] This proved to be beneficial and practical, as both already had most of the necessary equipment installed.[40]

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[34] Mark Osborne Humphries and Kellen Kurchinski. "Rest, Relax and Get Well: A Re-Conceptualisation of Great War Shell Shock Treatment." *War & Society* 27, no. 2 (2008): 89–110. https://doi.org/10.1179/war.2008.27.2.89. 93

[35] Humphries, "War's Long Shadow," 513.

[36] Copp and Mark Humphries, *Combat Stress*, Appendix 7: The Treatment of some Common War Neuroses, E.D. Adrian & L.R. Yealland (Lancet, 1917), 67. In electrotherapy treatments, electricity was applied to the affected area; so, if the patient was mute, an electric probe was placed at the back of the soldier's throat and was thus subjected to repeated electric shocks until he finally said something.

[37] Katherine Dewar, *Those Splendid Girls: The Heroic Service of Prince Edward Island Nurses in the Great War*, (Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2014), 81-82.

[38] Humphries, *A Weary Road*, 10, 19.

[39] Humphries and Kellen Kurchinski. "Rest, Relax and Get Well," 100-101.

[40] Humphries, "War's Long Shadow," 513.

At its base, the "rest cure" was a euphemism for nursing care, meaning that nurses were responsible for a patient's convalescence as well as managing the day-to-day running of the ward. They would be the ones with the most contact with patients and who would ultimately be the ones to create an environment that was conducive to cure. Nurses had to be sure to curate a patient's environment and treatment specifically for them, as what worked for one soldier might not work for another. As well, going along with their usual routine was also seen as being conducive to a soldier's recovery, giving the impression that everything was normal. In summary, rest, combined with the reassurance of routine and the minimizing of symptoms were essential to a successful outcome and recovery.[41]

There was another important element to a soldier's treatment, and that was diet. In hospitals, food served a therapeutic purpose. Many of the nervous patients were described as underweight and having a poor appetite upon admission, while some had general gastric complaints and even refused food at all. In some cases, with little else to measure a patient's improvement against, body weight became equated with improvement and recovery, with a decrease implying the opposite. Some Canadian nurses had been trained as dieticians prior to the First World War and were thus assigned to carefully control and monitor patient meals.[42] A meal for the patients at Granville consisted of roast mutton, baked potatoes, cabbage, turnips, tapioca pudding, bread, and milk. The next day, they received curried beef, potatoes, vegetables, bread, sage pudding, and milk.[43] These meals

[41] Humphries, *A Weary Road*, 129.
[42] Humphries, *A Weary Road*, 129-130.
[43] Humphries and Kellen Kurchinski. "Rest, Relax and Get Well," 103.

were far more appetizing than the typical front line fare; soldiers at the front were supposed to receive 14 oz. of fresh beef per day and one pound of bread, although shelling and bad roads meant that fresh food often failed to make it to the soldiers in the trenches, who were then forced to live off of tinned field rations. These rations consisted of canned corned beef, a meat and vegetable stew, various types of jams, and hard tack biscuits which had to be soaked in either tea or hot water before they could be eaten. Despite being unappetizing and boring, these meals provided soldiers with 4000 calories a day.[44]

These two treatments were not the only methods nurses used when treating soldiers.[45] Nurses provided a socially acceptable outlet for the men to talk about their experiences because the nurses were viewed as motherly, caring figures in comparison to the colder, male doctors and orderlies. Most of the nursing sisters were not trained as asylum or psychiatric nurses, as this was not a widely specialized field at the time, but were rather more generally trained; however, the nurses were still trained medical professionals, and used these conversations to help encourage the men to talk through their trauma as part of their therapy and healing, a common practice at the time.[46] More specifically, they were trained on how to take control of the dialogue and use it to help the patient deal with this trauma, which required precise timing and good powers of observation. A nurse had to be prepared to listen and make the conversation one that was therapeutic and not detrimental. They did not need to truly be nurturing caregivers, but

[44] Humphries, *A Weary Road*, 129-130.
[45] Humphries, *A Weary Road*, 129.
[46] Christine E. Hallett, "Emotional containment," in *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 170.

rather create the impression of emotional intimacy so as to encourage the patient to talk. Throughout the whole interaction, a nurse was required to be an objective observer and not become involved in the situation personally as a civilian might have done. When nurses wrote about the exchanges, they were very clear in that they viewed them as both emotional exchanges between two individuals as well as clinical conversations between a patient and their therapist.[47]

Prior to the summer of June 1916, there is little evidence that senior officers were worried about shell shock.[48] Between November 1915 and August 1917, of the 769 patients that were admitted to both Granville and Buxton with symptoms of shell shock, 53 percent (411) were diagnosed with shell shock, 33 percent (258) with neurasthenia, and 13 percent (100) with other assorted diagnoses.[49] However, during the spring and summer of 1916, shell shock cases accounted for 21 percent of all non-fatal casualties in the Canadian army. This quickly grew into a problem when, after the Battle of Mount Sorel from 24 May to 13 June, 532 cases of shell shock were reported, which accounted for 44.6 percent of casualties. Military authorities began to worry that soldiers who had been near a shell blast and felt it would begin self-identifying as shell shocked, and that the term may be having a suggestive effect. This was such a concern that in June 1917, the commander of the BEF, Sir Douglas Haig, issued this order:

> In no circumstances whatever will the expression "shell-shock" be made use of verbally or be recorded in any regimental or other casualty report, or in any

[47] Humphries, *A Weary Road*, 130-132.
[48] Humphries, *A Weary Road*, 158.
[49] Humphries and Kellen Kurchinski. "Rest, Relax and Get Well," 94.

> hospital or other medical document except in cases so classified by the order of the Officer Commanding the Special Hospital for such cases.[50]

This restricted those who could diagnose shell shock to trained medical professionals who were working at special shell shock centres close behind the front.[51]

Despite this restriction, Macphail still saw hysteria as "the most epidemical of all diseases," and thought that special facilities for its treatment only encouraged its development.[52] While Macphail also felt that "against [hysteria] there [was] no remedy," hospitals were created that were dedicated to its treatment.[53] NS Annie McLeod and NS Florence Kelly, were two nurses who found themselves assigned to one such hospital. Both arrived at No. 3 Canadian Stationary Hospital (CSH) in Doullens, France on 16 April 1917.[54] The hospital, which had been handling shell shock cases for the Fifth Army, had seen a continued increase in admissions of shell shocked patients, with 164 being admitted with shell shock, neurasthenia, and gas poisoning on 21 May 1917 alone.[55] In July 1917, by which point NS McLeod had been assigned to a different hospital, the shell shock centre for the Third Army was officially transferred to No. 3 CSH.[56] With continued numbers of shell-shocked and gassed patients being admitted to the hospital, the staff managed to distinguish themselves over the first half of the year

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[50] Macphail, *Official History of the Canadian Forces in the Great War 1914-19*, 273.
[51] Humphries, "War's Long Shadow," 514-515.
[52] Macphail, *Official History of the Canadian Forces in the Great War 1914-19*, 273.
[53] Macphail, *Official History of the Canadian Forces in the Great War 1914-19*, 273.
[54] Florence Kelly, "Record of Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 5051-15, Library and Archives Canada, Ottawa, Canada; Annie McLeod, "Record of Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 7073-36. Library and Archives Canada, Ottawa, Canada.
[55] Humphries, *A Weary Road*, 228-229; No. 3 Canadian Stationary Hospital, War Diary, 21 May 1917, RG9, Militia and Defence, Series III-D-3, vol. 5033, file number 844, reel T-10923, item ID 2005088, Library and Archives Canada, Ottawa, Canada.
[56] No. 3 Canadian Stationary Hospital, Historical Record, n.d., RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada.

with their method of immediate implementation of the rest cure treatment. Many were treated 24-48 hours after leaving the battlefield.[57] It was so successful that, as the official hospital record explains, whereas previously countless numbers of men "who had lost control of themselves" would be filling up hospitals in England and only be able to live on as "useless wrecks of humanity," the vast majority of men affected were now being returned to the front as "effective soldiers" in the span of a few weeks.[58] These soldiers also experienced a relapse rate of less than 5%, further adding to the success of their methods.[59] NS Kelly was assigned to a different hospital shortly after No. 3 CSH received this designation.[60]

Like soldiers, many nursing sisters suffered from mental exhaustion or the effects of war trauma. Despite enjoying the intermittent quiet periods and the occasional travel opportunities, when a trainload of wounded soldiers was brought in from a battle site, nurses would often work 18-hour days. They were forced to confront horrific injuries and comfort the dying, sometimes even turning away a case they deemed as hopeless to prioritize the care of those who they felt had a better chance of survival.[61] Many would spend hours after their shift writing to the grieving families and loved ones of the men under their care who had died, while others would spend their time tending to the graves of fallen soldiers and colleagues.[62]

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[57] No. 3 Canadian Stationary Hospital, Historical Record, n.d., Library and Archives Canada; Copp and Mark Humphries, *Combat* Stress, 11.
[58] No. 3 Canadian Stationary Hospital, Historical Record, n.d., Library and Archives Canada.
[59] Humphries, *A Weary Road*, 269.
[60] Florence Kelly, "Record of Service," n.d., Library and Archives Canada.
[61] Dianne Dodd, "Canadian Military Nurse Deaths in the First World War," *Canadian Bulletin of Medical History* 34, no. 2 (Fall 2017): 327-363. 343
[62] Christine E. Hallett, "Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers." Canadian Bulletin of Medical History: Bulletin Canadien D'histoire De La

In Sir Andrew Macphail's official history of the (CAMC), he wrote that "[t]o witness this suffering which they could so imperfectly allay was the continuous and appalling experience of the nurses at the front and at the base."[63] However, further on in the book, he describes soldiers who were suffering from battle fatigue as malingerers who were shrugging off their responsibilities, and that the condition itself was "a manifestation of childishness and femininity."[64] Nursing sisters appear to have escaped this harsher view in favour of the more sympathetic one mentioned above. They generally received preferential treatment, as they were protected by their relatively smaller numbers and their position as officers, with their illnesses posing little threat to war preparedness. The association of illness with femininity also fit quite well in the existing gender ideology of the day and, along with Macphail, CAMC physicians appear to have also shared in this idea.[65]

When a nursing sister fell ill, CAMC physicians demonstrated a sympathetic attitude towards them, expressing their admiration for those who bravely carried on through difficult conditions. This is not entirely surprising, given the many shared social characteristics between the nurses and physicians: they typically came from the same class and shared the same ethnic identity, professional ties, and rank, as both were officially officers. Nevertheless, the sense of guilt and misgiving is evident in the speed with which physicians, when presiding over medical boards, blamed any sort of illness afflicting the nursing sisters, including mental exhaustion or war trauma, on "arduous

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Medecine 27, no. 1 (2010): 65–84. 9; Dodd, "Canadian Military Nurse Deaths in the First World War," 343.

[63] Macphail, *Official History of the Canadian Forces in the Great War 1914-19*, 133-134.

[64] Macphail, *Official History of the Canadian Forces in the Great War 1914-19*, 272-273.

[65] Dodd, "Canadian Military Nurse Deaths in the First World War," 343-344.

overseas work," "climactic conditions in France," and "strain of duties."[66] Whenever nurses suffered from the effects of war trauma, it was labelled as "nervous debility" or "neurasthenia", and hardly ever as "shell shock." Physicians were quick to emphasize the effect that overwork, stress, and wartime conditions had on the nurses and their illness.[67] However, nursing sisters did acknowledge shell shock in each other. One nurse wrote after the bombing raid of No. 1 Canadian General Hospital (CGH) on 19 May 1918 that "[s]ome of the sisters have shell shock as well as wounds."[68] This nurse did not hesitate to describe some of their conditions as that of shell shock rather than nervous debility or neurasthenia, perhaps not fully subscribing to the same ideas that were shared amongst CAMC physicians and society at large.

Nursing sisters also tried to cope with these stresses in various ways. Many of them found an outlet in their writings, whether privately, such as in diaries, or in letters to friends and loved ones.[69] The trauma the nursing sisters witnessed was not the main focus of most of their private writings; in fact, the majority of them focused on comments about their fatigue, rhetorical statements that questioned the need for war, as well as details of the actions they took to relieve any suffering by the patients.[70] In their diaries, nurses were less likely to comment on their need or ability to detach themselves emotionally from their patients and their work, perhaps due to this being a practice they would have experienced throughout their civilian nursing careers. They would also give pragmatic

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[66] Dodd, "Canadian Military Nurse Deaths in the First World War," 342.
[67] Dodd, "Canadian Military Nurse Deaths in the First World War," 344.
[68] Toman, *Sister Soldiers*, 104.
[69] Christine E. Hallett, "Self-containment," in *Containing Trauma: Nursing Work in the First World War*, (Manchester: Manchester University Press, 2009), 214.
[70] Hallett, "Portrayals of Suffering," 6, 17.

and conversational descriptions of their days, as well as detailed accounts of various wounds and injuries they encountered over the course of their work all in their diaries. This was usually either to note the extreme differences from those they would have encountered pre-war or to help decompress from the traumatic injuries they had just seen. They would also tend to write about what they did to treat the wounds rather than how they reacted to them.[71]

Nurses sometimes wrote about the trauma they endured by being around those who were suffering; however, they were overall more likely to internalize any thoughts or ideas they had on suffering and trauma and were also more likely to remain quiet on any personal philosophies they held on the subject. Many grew to feel a sense of detachment and depersonalization from all of their time spent encountering horrific wounds and injuries. Overall, they were less likely to philosophize about the meaning of trauma but rather commented on the meaninglessness of war itself and the unnecessary nature of the suffering that was inflicted.[72] A common theme was that it was impossible to understand the true meaning of conflict unless one had been present themselves; to comment from a distance was presumptuous.[73] This matter-of-fact tone would unintentionally express the horrors of war.[74] Many of them purposefully excluded overtly graphic details when writing letters to their families and friends at home in order to protect them from the horrors of war but appeared to write more freely when corresponding with someone else who was involved in the war.[75] Instead, they wrote about more positive experiences that

[71] Hallett, "Portrayals of Suffering," 7, 8, 10.
[72] Hallett, "Portrayals of Suffering," 12-13, 16.
[73] Hallett, "Portrayals of Suffering," 9-10.
[74] Hallett, "Portrayals of Suffering," 16.
[75] Hallett, "Portrayals of Suffering," 6.

they had, both to put their loved ones at ease but also to make it easier for them not to think about the war, even if just for a little while. The nurses would write about educational or cultural experiences they might have had in places such as France, the Mediterranean, Egypt, and the United Kingdom. There were also many mentions of taking walks in a variety of places, such as along the beaches in France and among the cliffs and woods that sometimes surrounded their medical units, either alone or with others.[76]

The only Maritime nursing sister examined in this thesis who left any written account of her experiences was a matron. Matron Georgina Fane Pope was responsible for writing the monthly record for No. 2 Canadian Stationary Hospital (CSH), which was to be sent to Matron-in-Chief Margaret Macdonald as part of her duties as matron. What is interesting in regard to these entries is that Matron Pope frequently, and particularly towards the end of her time in France, wrote more as she would in a diary, including more of her own thoughts and worries, rather than something meant as an official report or document.[77] This could be seen to show the decline in her own comfort, health, and mental stability after the repeated air raids she had been experiencing, as well as her own prior susceptibility to overwork and emotional strain. These writings are examined more thoroughly in chapter 2 when the nurses' experiences are discussed.

Another method many nurses used was to try and compartmentalize their emotions. This was not only meant to protect the nurses but the patients as well. These women provided a comforting and supportive presence for the men in part by keeping

[76] Toman, *Sister Soldiers*, 207.
[77] Dewar, *Those Splendid Girls,* 78, 87.

their own emotions, and particularly their negative ones, hidden.[78] This did not entirely prevent the nurses from growing emotionally attached to the men, with feelings towards them usually felt in a friendly, maternal, or sisterly way. Some viewed these types of relationships as essential and even necessary to a soldier's healing process, as discussed above, so these were all seen as acceptable forms of relationships at the time, as long a professional boundary was still maintained. Some nurses felt more detached from the men than others and were less skilled at presenting this image.[79]

Every nurse, as an individual, held her own opinion of these men, so attempting to analyse how the soldiers were seen comes with much subjectivity and will thus be a more general and broad assessment. As mentioned above, many of the nurses not only maintained this maternal or sisterly relationship but also felt that way towards their "boys."[80] Some felt no connection of that sort at all. Others viewed their work of treating these men as being very "interesting." Most felt sad at seeing their "boys" leave, whether it be because of them being transferred to another hospital or discharged, and especially if it was a soldier who would have benefitted from more time, care, and treatment before being sent back out to the front and thus back out to battle.[81]

What was important for all the nurses was their ability to remain calm and collected within the stressful environment of military nursing. Faced with air raids, shelling, and horrifically wounded soldiers, the nurses accomplished a great feat by

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[78] Hallett, "Emotional containment," *Containing Trauma*, 195, 197; Humphries, *A Weary Road*, 129.
[79] Hallett, "Self-containment," *Containing Trauma*, 197-199, 201.
[80] Hallett, "Self-containment," *Containing Trauma*, 197-199, 201.
[81] Humphries, *A Weary Road*, 133.

maintaining this image and their composure.[82] However, the toll it took on some of them was so great or traumatic that they were no longer able to keep working effectively themselves and were thus sent to a hospital or, alternatively, a convalescent rest home.[83] These homes were found in both England and France, but of all the Maritime nursing sisters that will be examined in further chapters, all spent their stays at rest homes primarily in England, away from the front lines for a much needed break. However, this subject is explored and analysed in more detail later in chapter 3 where treatments for nurses and the steps that were taken will be examined for each of the nurses.

Shell shock, despite being applicable to both men and women, was still heavily reserved for soldiers. Instead, medical professionals stuck with conventional ideas of gender, illness, and femininity when diagnosing the nursing sisters, who were sharing in many of the soldiers' experiences. The doctors never went as far as to label them being hysteric, either because it did not fit with the perceived origins of their illness, or out of due deference and respect to their positions as officers, as well as in the class hierarchy of the civilian sphere. Nursing sisters themselves, however, knew they, at times, met the criteria for a diagnosis of shell shock, ignoring social convention on ideas of illness, gender, and femininity.

[82] Hallett, "Self-containment," *Containing Trauma*, 203-204.
[83] Hallett, "Self-containment," *Containing Trauma*, 214.

Chapter 2: From Tents to Trauma: Nursing Sisters' Experiences of Wartime Service in England and on the Western Front

There were many aspects of military nursing work that nursing sisters had to contend with. Nurses were often shifted around hospitals and locations, uprooting what social or professional relationships they had formed. They would receive assignments in France, Belgium, or back in England. Many of these women found themselves at one of the three types of establishments: a Casualty Clearing Station (CCS), a Canadian Stationary Hospital (CSH), or a Canadian General Hospital (CGH). With these varying posts came different experiences, from periods of overwork and no rest due to large military pushes, to being forced to confront horrific wounds without respite. Air raids could occur night after night for hours on end, sometimes causing mass amounts of damage, injuries, and even death. The eleven nursing sisters and one matron who serve as the focus for this research were not without their own traumatic experiences.

The nurses closest to the front lines were those who were assigned to a casualty clearing station (CCS), which was typically found within several miles of the trenches, and on or near railway lines.[130] As the fighting developed into trench warfare, the CCSs began to shift from canvas tents to more permanent buildings.[131] Such was the case with No. 1 CCS which, upon its posting in Aire, France, established itself in Fort Gassion,

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[130] Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*. Studies in Canadian Military History (Vancouver: UBC Press, 2016), 19; Susan Mann, *Margaret Macdonald: Imperial Daughter* (Montréal, Québec: McGill-Queen's University Press, 2010), 91.
[131] Andrew Macphail, *Official History of the Canadian Forces in the Great War 1914-19: The Medical Services* (Ottawa: Acland, 1925), 119; Toman, *Sister Soldiers of the Great War*, 19.

which had historically been used as a military prison.[132] However, despite these seemingly permanent establishments, all four Canadian CCSs were moved around as military need dictated or when the environment became too dangerous due to bombings or the approaching enemy.[133]

Casualty clearing stations became larger in both their function and size from 1916 onwards.[134] Equipped as full surgical facilities, they were to treat short-term patients, such as those with wounds from shellfire or a wound with a high risk of infection, who could then be returned to the front quickly; longer-term patients were to be evacuated farther back behind the lines to base hospitals for further treatment. Patients were at first limited to a maximum four day stay, unless seriously ill, but it was later extended to two weeks as more invasive surgical procedures became available at the CCS. This change came as the amount and type of equipment increased and as nurses, and even a dentist, joined the units, which changed the nature of the work that a CCS could do, as early as June 1916 but especially through 1916 and onward.[135]

A CCS was to have two huts, each 60 feet long: one for operations and one for dressing. The operation hut was further divided into three rooms, one for the administration of anaesthetic, one for sterilizing, and one for surgery, with enough space for three tables. By the end of the war, this number increased to twelve. Two new wards

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[132] No. 1 Casualty Clearing Station, War Diary, March 1915, RG9, Militia and Defence, Series III-D-3, vol. 5032, file number 838, reel T-10921, item ID 2005082, Library and Archives Canada, Ottawa, Canada, 6.
[133] Canada, Ministry, Overseas Military Forces of Canada. *Report of the Ministry, Overseas Military Forces of Canada, 1918* (London: Printed by authority of the Ministry, Overseas Military Forces of Canada, 1919), 374.
[134] Toman, *Sister Soldiers of the Great War*, 20.
[135] Toman, *Sister Soldiers of the Great War*, 19-20; Macphail, *Official History of the Canadian Forces in the Great War*, 119.

were added to the operation hut: a resuscitation ward for the treatment of shock, and a pre-operation ward where men were prepped for surgery.[136] Beds were added, allowing for patients to stay for extended amounts of time, as previously the CCS only had stretchers and operating theatres.[137] Two to three CCSs were placed on railway sidings, where possible, to facilitate the evacuation of wounded patients by ambulance train. Despite the increased capabilities of the CCS, their sheer size and amount of equipment they contained rendered them effectively stationary.[138] This loss of original purpose and mobility meant they began to function as stationary hospitals.[139] One of the two huts contained 200 beds and in the other were 800 stretchers.

Each CCS was staffed with thirteen to twenty-four medical officers and approximately twenty nursing sisters.[140] This is where injured soldiers would first encounter nursing sisters; however, in the early days of the war, nurses were not posted there as there were no beds to keep soldiers in for any extended period, instead only stretchers and operating theatres. Those higher up in the military chain of command felt that women should not be too close to the front lines, although it quickly became apparent that nurses were just as necessary at a CCS as they were at a general or stationary hospital. Working at a CCS was seen as the epitome of service postings by the nurses; to be posted to one meant that Matron-in-Chief Margaret Macdonald had carefully chosen the nurse for the assignment due to her abilities, such as leadership and

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[136] Macphail, *Official History of the Canadian Forces in the Great War*, 120-121.
[137] Toman, *Sister Soldiers of the Great War*, 20.
[138] Macphail, *Official History of the Canadian Forces in the Great War*, 120-121.
[139] Toman, *Sister Soldiers of the Great War*, 20.
[140] Macphail, *Official History of the Canadian Forces in the Great War*, 121.

independence, and a nurse's ability to cope with being so close to the front line.[141] It also meant that the nurse was highly efficient and competent when it came to treating seriously wounded patients or being part of a surgical team, other important factors when determining who to send to one of these stations.[142] Life for nurses at a CCS was difficult; they faced the risk of shelling, bombing, and capture by the enemy, and their living conditions did not make the situation any better. They usually lived in tents, were constantly exposed to the cold and mud, and worked long hours with little leave. These nurses encountered the most horrific injuries and the most heroic surgeries since evacuating wounded patients back down the line was the prized goal.[143]

One nurse assigned to a CCS was Minnie Follette. Born on 11 November 1884 in Port Grenville, Nova Scotia, Follette trained as a nurse at the Victoria General Hospital in Halifax. She enlisted on 25 September 1914, shortly after the war began. Follette was swiftly sent overseas and was posted to No. 1 CCS in Aire, France on 10 April 1915.[144] No. 1 CCS had been established in Fort Gassion in Aire the month before.[145] Follette was granted leave for a period of seven days beginning on 26 July 1915 and promptly returned the following week.[146] The war diaries for No. 1 CCS do not contain much detail about the number of patients admitted or the work NS Follette may have conducted; however, a note was made in September 1915 that from 25-30 September the station was

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[141] Toman, *Sister Soldiers of the Great War,* 20, 22; *Those Splendid Girls*, 85-86
[142] Toman, *Sister Soldiers of the Great War*, 20, 22.
[143] Katherine Dewar, *Those Splendid Girls: The Heroic Service of Prince Edward Island Nurses in the Great War*, (Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2014), 85-86; Toman, *Sister Soldiers of the Great War*, 22.
[144] Minnie Follette, "Casualty Form - Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3172-18, Library and Archives Canada, Ottawa, Canada.
[145] No. 1 Casualty Clearing Station, War Diary, March 1915, Library and Archives Canada, 6.
[146] Minnie Follette, "Casualty Form - Active Service," n.d., Library and Archives Canada.

full due to the arrival of wounded from the fighting around Loos. The battle began on 25 September and lasted until 8 October, however there is no mention of this in the war diaries for October 1915.[147]

On 19 January 1916 at 1PM, No. 1 CCS was transferred to Bailleul, France. It took four truck loads to move everything, and all the personnel stationed there.[148] The new hospital site was shelled by hostile aircraft on 20 January before everything was finally set up and ready for more patients by 31 January.[149] Every few days the CCS was admitting patients in the double digits, with the number even hitting three digits with 119 admitted on 9 February, leading to a total of 140 patients present. On 12 February, 200 more wounded were admitted. Later that month there were reports of a zeppelin raid overnight in the town, with bombs dropped near the station.[150] On 9 March, five German planes flew over the CCS "at great height." The number of patients continued to fluctuate.[151]

It appears that NS Follette would have had her work cut out for her during her time at No. 1 CCS. The clearing station operated on a three-day cycle with one day dedicated to admitting patients, the next to discharging them, and the third for cleaning and preparing for patients the next day. Several CCSs were grouped closely together, and a sign would indicate which CCS was accepting patients that day. However, during big

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[147] No. 1 Casualty Clearing Station, War Diary, September 1915, Library and Archives Canada; No. 1 Casualty Clearing Station, War Diary, October 1915, Library and Archives Canada.
[148] No. 1 Casualty Clearing Station, Historical Record, n.d., RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada; No. 1 Casualty Clearing Station, War Diary, 19 January 1916, Library and Archives Canada.
[149] No. 1 Casualty Clearing Station, War Diary, 4-5 January 1916, Library and Archives Canada.
[150] No. 1 Casualty Clearing Station, War Diary, February 1916, Library and Archives Canada, 4-5.
[151] No. 1 Casualty Clearing Station, War Diary, March 1916, Library and Archives Canada.

battles or a large push, all the CCSs would overflow with patients, leading to stretchers covering the lawn outside. During these periods nursing sisters, orderlies, and surgeons would frequently find themselves working 18-hour days, many times while wearing gas masks and enduring shell fire or bombings. There was, however, downtime for the nurses on the quiet days. Many of them took to exploring what the nearby towns had to offer.[152]

When work at a CCS began to be too overwhelming, nurses were frequently pulled back for service in England, sent to one of the Canadian Forestry Corps hospitals in more remote areas of France where the work was less strenuous, and in 1916, some were posted to transport duty onboard hospital ships. The average posting for a nurse at a CCS was six months before Matron-in-Chief Macdonald moved them, so for NS Follette to remain at No. 1 CCS for almost an entire year speaks volumes about her dedication to duty and her role as a nurse. Many nurses requested to be sent to France and to closer to the front lines, so one wonders whether Follette's long posting was her request or Macdonald's decision.[153]

While not stationed at a CCS, NS Florence MacInnes was instead assigned to No. 1 Canadian General Hospital (CGH).[154]A Canadian General Hospital was initially able to hold 520 patients, however this number dramatically increased as the war went on, with some being able to hold 2,000. A CGH required a staff of 30 medical officers, 70 nursing

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[152] Susan Mann, *Margaret Macdonald: Imperial Daughter* (Montréal, Québec: McGill-Queen's University Press, 2010), 196-197.
[153] Mann, Margaret Macdonald: Imperial Daughter, 93-94.
[154] Florence MacInnes, "Casualty Form - Active Service," n.d. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 6994-37, Library and Archives Canada, Ottawa, Canada.

sisters, and 205 miscellaneous ranks. Much like the CSH, a CGH was able to function as a CCS when necessary.[155]

NS MacInnes arrived at No. 1 CGH on 11 August 1915 and enjoyed a few months of relative quiet. By October, things had begun picking up and every other day hundreds of patients were being admitted, totalling thousands of patients who had passed through their doors by the end of one month. This carried on for several months, with no change ever noted.[156] There was a zeppelin raid on 25 April 1916, but it passed right over the hospital and dropped no bombs nearby.[157] On 2 July at 2:15 PM, the hospital began receiving their first convoys of patients, 393 in total, from the Battle of the Somme, which had begun on 1 July 1916.[158] It was a long and bloody battle that lasted until 18 November 1916.[159] The next day, they were instructed to increase the bed capacity from 1400 to 1850. In the early hours of the morning, they received a convoy of 500 patients. On 4 July, there were 310; 5 July, 252; 6 July, 300; 8 July, 323. It was on this same day that their water usage was restricted to be between the hours of 5 AM and noon, and once again from 4 to 9 PM.[160] The hospital war diary records that the first week of July 1916 alone was the busiest the hospital had ever been since its establishment in May the previous year. It states,

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[155] Toman, Sister Soldiers of the Great War, 23.
[156] No. 1 Canadian General Hospital, War Diary, October 1915-March 1916, RG9, Militia and Defence, Series III-D-3, vol. 5034, file number 851, reel T-10924, item ID 2005096, Library and Archives Canada, Ottawa, Canada.
[157] No. 1 Canadian General Hospital, War Diary, 25 April 1916, Library and Archives Canada.
[158] No. 1 Canadian General Hospital, War Diary, 1-2 July 1916, RG9, Militia and Defence, Library and Archives Canada.
[159] Dewar, *Those Splendid Girls*, 51.
[160] No. 1 Canadian General Hospital, War Diary, July 1916, Library and Archives Canada.

> Every available square inch of ground and canvas have been utilized to cope with the great influx of wounded soldiers. The Canadian Red Cross Hut, constructed and opened primarily as a recreation hut last month, was used as a hospital ward with one hundred beds. The Church Tents also were used as Wards.[161]

The start of the Battle of Thiepval Ridge on 26 September 1916 saw 678 patients admitted in one day; 27 September saw 422.[162] This trend of consecutive days with hundreds of admissions continued for the rest of the year.[163]

Nursing Sister Catherine Gardiner, of Hibernia, New Brunswick, also endured large numbers of patients being admitted while she was attached to the Kitchener Military Hospital (later designated the No. 10 CGH on 10 September 1917) in Brighton. She arrived on 23 March 1917, shortly after control of the hospital was given to the Canadians by the Australians. After originally containing only 1040 beds, this number increased to 1900 by 22 February 1918. The hospital operated almost entirely as a convoy hospital, receiving cases from France and the Mediterranean by way of Dover and Southampton. In addition to this, it also served as a dysentery centre for the Eastern Command.[164]

There are no specific details for the period that NS Gardiner was attached to No. 10 CGH, but the hospital's record of service provides some numbers for the twenty-four months that the Canadians operated the hospital; however, NS Gardiner left the hospital

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[161] No. 1 Canadian General Hospital, War Diary, 10 July 1916, Library and Archives Canada.
[162] No. 1 Canadian General Hospital, War Diary, 26-27 September 1916, Library and Archives Canada.
[163] No. 1 Canadian General Hospital, War Diary, September-December 1916, Library and Archives Canada.
[164] Catherine Gardiner "Casualty Form - Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3403-30, Library and Archives Canada, Ottawa, Canada; No. 10 Canadian General Hospital, Historical Record, n.d., RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada.

nine months before it closed on 3 September 1919, so she would not have encountered these exact numbers. During the two years that it was open, No. 10 CGH saw 12,136 surgical cases and 10,997 medical cases. It conducted approximately 2,000 operations and over 8,000 x-rays were taken. They treated over 600 cases where many of a patients' bones were fractured.[165]

Another nurse who seemed to have impressed Matron-in-Chief Macdonald was Florence Kelly of Summerside, Prince Edward Island. Long-time friends, Macdonald and Kelly were roommates while attending Mount St. Vincent Academy in Halifax, Nova Scotia.[166] They also graduated together in 1895 from the New York Training School for Nurses in New York City. Following this, Kelly went on to work for New York's Public Health Department. She later served as a nurse in the Spanish-American war. Upon her enlistment on 3 April 1916, Kelly listed her birthday as being 5 December 1876, making her thirty-nine years old, which already put her just above the age limit for nurses, which was thirty-eight. However, Kelly was even older than that; she had enlisted using the birth year of her younger sister, Constance. Kelly's real birthday was 5 December 1872 and her real age forty-three.[167] Whether Macdonald was aware of this or not is unknown, but it does not seem to have become an issue for Kelly as she continued to be listed as being in her late thirties and early forties throughout her file.[168]

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[165] No. 10 Canadian General Hospital, Historical Record, n.d., RG9, Militia and Defence, Library and Archives Canada. While there is a hospital war diary available for No. 10 CGH, it is not digitized, and due to restrictions caused by the COVID-19 pandemic, was not accessible at the time of writing.
[166] Mount St. Vincent Academy is now the present-day Mount St. Vincent University.
[167] Dewar, *Those Splendid Girls*, 69, 192.
[168] Florence Kelly, Personnel Record, RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 5051-15, Library and Archives Canada, Ottawa, Canada.

Almost immediately upon her arrival in England, Kelly was posted to Outreau, France to No. 2 Canadian Stationary Hospital (CSH) on 8 July 1916.[169] CSHs were situated further behind the lines and were often established in buildings that had been converted to hospitals, such as schools, hotels, and abbeys. If a soldier required longer-term care or more extensive surgery than what a CCS could provide, he was sent to a CSH. They started out as fixed resting places along railway lines and were meant to be smaller than general hospitals, originally starting with 200 beds, later increasing to 400 in 1915 and then 500.[170] Some reached 650 beds with one, No. 3 CSH, reaching a total of 1,090 beds by the last year of the war.[171] They were slightly more mobile than general hospitals, and some were thus sent to the Mediterranean front in August 1915. However, much like the CCS, some CSH grew in size and function and began to operate like general hospitals, especially as the demand for beds for war casualties increased; out of the ten CSH that opened, four eventually became general hospitals.[172]

NS Kelly happened to arrive at No. 2 CSH a few days after the start of the Battle of the Somme. The war diary for No. 2 CSH during the month of July notes some busy days, with many Australians being admitted at one point, but does not provide any specific numbers.[173] The month of August is mainly listed as being full of quiet days.[174]

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[169] Florence Kelly, "Casualty Form - Active Service," n.d., Library and Archives Canada.
[170] Toman, *Sister Soldiers of the Great War*, 23.
[171] Macphail, *Official History of the Canadian Forces in the Great War*, 212.
[172] Toman, *Sister Soldiers of the Great War*, 23.
[173] No. 2 Canadian Stationary Hospital, War Diary, July 1916, RG9, Militia and Defence, Series III-D-3, vol. 5033, file number 843, reel T-10922, item ID 2005087, Library and Archives Canada, Ottawa, Canada, 4.
[174] No. 2 Canadian Stationary Hospital, War Diary, August 1916, Library and Archives Canada.

On 18 September, they had a record number of patients admitted in a day at 448. 28 September saw many Canadians admitted from the Battle of Thiepval Ridge.[175]

On 8 October 1916, NS Kelly was posted back to England where she enjoyed a two week leave period and where she remained until being assigned to No. 3 CSH in Doullens, France on 16 April 1917.[176] Kelly was in England for the Battle of Vimy Ridge, which took place from 9-12 April, however, she returned in time for the rest of the Battle of Arras, from 9 April to 16 May 1917.[177] NS Annie McLeod of Sydney, Nova Scotia, and fellow nurse from No. 9 CSH, joined NS Kelly at No. 3 CSH on 30 September 1916.[178] No. 3 CSH was situated in a sixteenth-century citadel not far from the Vimy Ridge battlefield. The whole month, Kelly, McLeod, and everyone else at No. 3 CSH had to contend with the cold and wet April weather, complete with high winds and sleet; however, this was the least of their difficulties.[179]

Patients were unable to be evacuated from No. 3 CSH to other hospitals due to a lack of trains. New wards had to be created, and the hospital was near the limit of how many patients it could handle, with 74 admissions on 8 April alone and 691 patients in hospital out of their maximum 750.[180] No extra nurses were assigned to the hospital to help cover the work. The staff that were there were forced to contend with a rapid

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[175] No. 2 Canadian Stationary Hospital, War Diary, September 1916, Library and Archives Canada, 4.
[176] Florence Kelly, "Casualty Form - Active Service," n.d. RG150, Canadian Expeditionary Force, Library and Archives Canada.
[177] Dewar, *Those Splendid Girls*, 70.
[178] Annie McLeod "Casualty Form - Active Service," n.d. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 7073-36, Library and Archives Canada, Ottawa, Canada.
[179] Dewar, *Those Splendid Girls*, 70.
[180] No. 3 Canadian Stationary Hospital, War Diary, April 1917, RG9, Militia and Defence, Series III-D-3, vol. 5033, file number 844, reel T-10923, item ID 2005088, Library and Archives Canada, Ottawa, Canada, 3.

turnover of patients, with convoys coming in and evacuations going out; they were operating more like a CCS than a CSH.[181] Clean linen was not always available; the hospital war diary for 28 April 1917 noted that the laundry which was doing work for No. 3 CCS ,as well as some British CCS, had washed and dried 8765 pieces in the past week.[182] The number of gassed and shell-shocked soldiers who were arriving increased dramatically. Those who had been gassed required constant oxygen and intensive care, while shell shock patients were unpredictable and erratic. On 1 July, No. 3 CSH was officially designated as a shell shock hospital, admitting all the shell shock patients from the Third Army.[183] By June, the other hospitals in the area had moved, leaving No. 3 to take in more patients. On the sixth, they had 893 patients; the eighteenth, 911, despite their limit being 750.[184]

While every nursing sister would experience periods of long, arduous work, there is another element to their experiences that often gets overlooked. Numerous air raids were conducted by the Germans against Allied hospitals, located in both England, along the Western Front in France and Belgium, as well as on the Mediterranean Front.

NS Maude Gaskin of Saint John, New Brunswick, was assigned to the Westcliffe Canadian Eye and Ear Hospital on 30 September 1916.[185] In order to centralize resources and optimize care for those with eye, ear, nose, or throat injuries, the CAMC established a hospital solely dedicated to that kind care. It was established in Folkestone in the

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[181] Dewar, *Those Splendid Girls,* 70.
[182] No. 3 Canadian Stationary Hospital, War Diary, April 1917, Library and Archives Canada, 5.
[183] Dewar, *Those Splendid Girls,* 70.
[184] No. 3 Canadian Stationary Hospital, War Diary, June 1917, Library and Archives Canada, 3.
[185] Maude Gaskin "Casualty Form - Active Service," n.d. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3435-43, Library and Archives Canada, Ottawa, Canada.

Westcliffe Hotel on 20 October 1915. The hotel covered two acres and sat atop a cliff, overlooking the sea. Facing due south, it had numerous vantage points and was only a five-minute walk to the station and a ten-minute walk to the harbour. It had four floors and a basement, with the four floors comprising of 168 rooms. Many of these rooms were heated by steam and almost all were equipped with their own fireplace.[186]

The hospital's work was divided into two departments: the eye department and the ear, nose, and throat department. It also had a separate clinic where treatments and examinations were done. Both the clinic and the operating theatre were well-equipped with all the necessary instruments to perform any sort of specialized surgery or examination. Most of the surgical work was done on noses and throats, and for a time on the jaws as well, but this was later moved to a different hospital. Plastic surgery was also performed there. Blind patients were also treated at Westcliffe before being sent to St. Dunstan's Home for Blind soldiers.[187]

NS Gaskin's first month at Westcliffe passed rather quietly. It was not until late May 1917 that the first significant bombing raid occurred. On 25 May 1917 at 6:15 PM, an attack was launched by sixteen German planes on the town of Folkestone. Orders which had been given in the spring of 1916 in the case of such an emergency were swiftly put into action by the time of the first alarm. All patients were brought down from their floors to the ground floor and the basement, and those who were laid up in beds

[186] Westcliffe Canadian Eye and Ear Hospital, Historical Record, n.d., RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada.
[187] Westcliffe Canadian Eye and Ear Hospital, Historical Record, n.d., Library and Archives Canada; Linda J. Quiney, *This Small Army of Women: Canadian Volunteer Nurses and the First World War* (Vancouver: UBC Press, 2017), 166

were brought down on stretchers. Guards were placed at the exits to deter any curious onlookers from going outside. Stretchers were prepared and by this time, patients with minor injuries had already begun showing up. Calls came in from various parts of the town, asking for assistance. Officers were sent out to deal with these calls and the hospital's ambulance, which had been partially wrecked by a bomb and was still not in complete working condition, was sent out as well, working through the rest of the night. For a period, it was the only ambulance on the ground ready for service as the telephone to Moore Barracks Hospital in Shorncliffe was out of order. Eventually the Mechanical Transport was reached and rendered assistance.[188]

At the same time, the nursing sisters and other officers were preparing the ward in the drawing room to serve as a dressing station for wounded men who had begun to arrive, while other wards on the first floor began to receive women and children. More wounded from the surrounding areas also began to arrive, being given first aid and an injection of morphine. Most of the injuries were quite severe, with the hospital war diary describing some bodies as being "fearfully mutilated."[189] Once general aid had been given, those requiring more extensive surgeries were transferred to other hospitals, including the Moore Barracks Hospital. The Westcliffe hospital only retained those not requiring operations and some special cases of head injuries as, since they were a specialist hospital, they were only equipped to deal with eye, ear, and nasal surgeries. The hospital administrators had previously requested a supply of general surgical tools, in the

[188] Westcliffe Canadian Eye and Ear Hospital, War Diary, 25 May 1917, RG9, Militia and Defence, Series III-D-3, vol. 5040, file number 879, reel T-10923, item ID 2005147, Library and Archives Canada, Ottawa, Canada.
[189] Westcliffe Canadian Eye and Ear Hospital, War Diary, 25 May 1917, RG9, Militia and Defence, Library and Archives Canada.

likelihood of an event such as this occurring, but did not receive any; however, 12 sacks of tools were supplied afterwards.[190] The hospital itself escaped any major damage, with only one small bomb striking its garage and destroying two cars, whereas several large bombs were dropped on the town. It was described in the hospital historical record as "providential" that no bomb was dropped directly on the hospital, as with several hundred patients that were presently admitted, the loss of life would have been great.[191]

There were two more air raid warnings in the month of June. The warning on 5 June came from Dover at 11 AM with a second warning at 11:30 AM, but nothing came of them. On 16 June, a warning came in at midnight with another warning fifteen minutes later, informing them that special precautions should be taken. The staff stood ready, and patients were prepared for immediate removal, but nothing happened and the all-clear was sounded at 3:30AM. At the end of the month, on 27 June, NS Gaskin and her younger sister, NS Bessie Gaskin, who was stationed at Westcliffe with her, received notice of immediate assignments in France. A formal protest was submitted by the hospital, claiming that their removal would cause disorganization of service at the hospital as they did not have a nursing sister to take charge of the operating room at that time. Which Gaskin sister was in charge is not clear. The hospital submitted another complaint, stating that there was insufficient notice of removal of nursing sisters for

[190] Westcliffe Canadian Eye and Ear Hospital, War Diary, 25 May 1917, RG9, Militia and Defence, Library and Archives Canada.
[191] Westcliffe Canadian Eye and Ear Hospital, Historical Record, n.d., RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada.

overseas service. On 29 June, notice came by way of telephone that they were not to proceed overseas to France and that their assignments were cancelled.[192]

The months of July and September passed in much the same way as June. There were four air raid warnings on 4, 7, 14, and 22 July, but nothing came of any of them. On 31 July, a letter was sent complaining about the slowness of repairs of broken windows in the hospital, something left over from the 25 May air raid. There had been constant rain for the previous three days, making four or five of the wards very uncomfortable.[193] It is unclear whether this window was ever fixed, or when. September brought with it more air raids on 2, 3, 4, 5, and 9 September, with no bombs appearing to have been dropped.[194]

Air raids were not solely reserved for hospitals on the English coast. There were many that were conducted against hospitals stationed along the Western Front around France and Belgium. One such woman who found herself there was not a nursing sister, but a matron. Born on 1 January 1862 in Charlottetown, PEI, Matron Georgina Fane Pope had eighteen years of military nursing experience, having served in the Boer War, and ten years of experience as a matron at the Cogswell Street Military Hospital in Halifax, Nova Scotia where she worked.[195] She had been at Cogswell Street since the beginning of the war but did not receive an overseas posting until 1917, three months into her first leave after having worked with no break for three years.[196] Pope was entitled to

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[192] Westcliffe Canadian Eye and Ear Hospital, War Diary, June 1917, Library and Archives Canada.
[193] Westcliffe Canadian Eye and Ear Hospital, War Diary, July 1917, Library and Archives Canada.
[194] Westcliffe Canadian Eye and Ear Hospital, War Diary, September 1917, Library and Archives Canada.
[195] Dewar, *Those Splendid Girls*, 77, 199.
[196] Dewar, *Those Splendid Girls*, 77; Katherine Dewar, *Called to Serve: Georgina Pope, Canadian Military Nursing Heroine* (Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2018), 125.

two weeks leave every six months, but due to the war and a lack of a temporary replacement for her in her position as matron, she was long overdue for her leave.[197] Nevertheless, Pope was excited, having longed to serve overseas for years, as was the "desire of her heart."[198] So, on 10 August 1917, she boarded SS *Missanabie* at Pier 2 in Halifax. She arrived in England twelve days later and promptly received numerous postings to allow other matrons to take a period of rest.[199] There was another benefit to undertaking numerous hospital postings while in England; despite her ample experience as a matron, Pope had no battlefield experience. She spent four months moving from hospital to hospital, gaining valuable experience in battlefield hospital administration and getting a glimpse at the diversity and complexity of work in different hospital environments, having to adjust to a new command each time.[200] However, none of her various postings in England would prepare her for the difficulties and struggles that she would endure while in France.

Matron Pope began her assignment at No. 2 CSH in Outreau, France, on 22 December 1917, joining fellow Islander, NS Eleanor Gordon, born 11 March 1889 in Georgetown, herself stationed at the hospital since her arrival overseas on 7 June 1916.[201] Pope received quite a welcome: on her very first night, there was an air raid. The war diary for the hospital notes "considerable damage to life and property," however there do

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[197] Dewar, *Called to* Serve, 123.
[198] "Tribute to Nursing Sister Pope," *Charlottetown Guardian* (Charlottetown, PEI), Aug. 14, 1917. http://www.islandnewspapers.ca
[199] Dewar, *Called to Serve*, 135-136.
[200] Dewar, *Called to Serve*, 141.
[201] Georgina Fane Pope "Casualty Form - Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 7901-51, Library and Archives Canada, Ottawa, Canada. Eleanor Gordon, "Casualty Form - Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3645-9, Library and Archives Canada, Ottawa, Canada.

not seem to have been any losses in the hospital itself.[202] All throughout the month of January 1918, numerous air raids or enemy planes flying overhead were noted in the war diary for No. 2 CSH, something which continued into February as well.[203] In February, Matron Pope began to complain of hypertension, constant fatigue, dizziness, and loss of sleep, thought to be signs of arteriosclerosis, likely due to aging; the symptoms, however, are not typical of arteriosclerosis but are early signs of shell shock in nurses and officers.[204]

March 1918 was also not without difficulties. It was the start of the German Spring Offensive, meaning bombing raids were becoming even more frequent. The number of enemy planes flying overhead increased. On 9 March, a German plane passed overhead, and anti-aircraft guns were fired, but no bombs were dropped, leading most to assume the plane was on a photographic mission. At 9:15 PM on 12 March, after a very busy day at the hospital, there was another an air raid in which several bombs were dropped for half an hour, although there was very little damage to the hospital itself. Another plane flew overhead the next day but did not stay for long. The day after that, the hospital's usual operations were interrupted by an air raid at 10:15 PM.[205] On 20 March, a few days before the offensive began, enemy airplanes had been spotted, along with much firing being heard in the distance although nothing came near the hospital.[206] Three days later, on 23 March, the day after the offensive began, a bombing raid was launched

[202] No. 2 Canadian Stationary Hospital, War Diary, 22 December 1917, Library and Archives Canada.
[203] No. 2 Canadian Stationary Hospital, War Diary, January 1918, Library and Archives Canada; No. 2 Canadian Stationary Hospital, War Diary, February 1918, Library and Archives Canada.
[204] Dewar, *Those Splendid Girls*, 79; Dewar, *Called to Serve*, 156.
[205] No. 2 Canadian Stationary Hospital, War Diary, March 1918, Library and Archives Canada, 3.
[206] No. 2 Canadian Stationary Hospital, War Diary, March 1918, Library and Archives Canada, 4.

on No. 2 CSH beginning at 9 PM and lasting until midnight. German scout planes flew overhead three times on the next day as well, with the response of a heavy barrage towards the planes leading to much noise and confusion for those in the hospital.[207] At the end of the month, the hospital had been ordered to undergo a crisis expansion, whereby their capacity was increased to 600 beds and added an extra fifty in preparation for large numbers of wounded.[208] Matron Pope was responsible for organizing the creation of a new ward to accommodate the incoming overflow.[209]

The month of April passed uneventfully, with only two minor air raid alarms at the beginning of the month, one of which was a false alarm.[210] In May, Matron Pope's diary only makes mention of two out of five bombing raids and warnings that occurred at her hospital during the month, instead preferring to focus on the positive events and social outings.[211] This is odd, since her diary was meant to be a report on the hospital and nurses for Matron-in-Chief Macdonald; personal notes or details about her social life are not meant to be included.[212] This was perhaps her way of denying the horrors she had been hearing about from other hospitals; numerous deadly air raids had been conducted on Canadian hospitals around the end of May, and Matron Pope was sure to have known some of the nurses stationed there. The month of June passed much more calmly, with only two air raid alarms going off at No. 2 CSH, but nothing came of them.[213]

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[207] Dewar, Those Splendid Girls, 82-83.
[208] No. 2 Canadian Stationary Hospital, War Diary, March 1918, Library and Archives Canada, 4.
[209] Dewar, *Those Splendid Girls*, 83.
[210] Dewar, *Called to Serve*, 153; No. 2 Canadian Stationary Hospital, War Diary, April 1918, Library and Archives Canada, 3.
[211] Dewar, *Called to Serve*, 154-155.
[212] Dewar, *Those Splendid Girls*, 78, 87.
[213] No. 2 Canadian Stationary Hospital, War Diary, June 1918, Library and Archives Canada, 3.

Matron Pope and NS Gordon's hospital endured a few more air raids in July, but no planes were ever spotted.[214] It was later that month when she took her first leave period, despite being entitled to two weeks off every six months. She left for England on 20 July and returned to a scene of utter devastation.[215] On 1 August, two days before Matron Pope's return, the Germans had conducted a bombing raid on No. 2 CSH. The war diary notes,

> Air-raid. All personnel not on duty immediately proceeded to the trenches. One bomb dropped 10 feet from the gate in the rear of the Officers' Mess. Almost instantly another dropped in the yard between the men's mess and the trenches. Two others fell 50 [yards] away. Almost all the windows and doors on the west side of the buildings were demolished. The second bomb smashed the windows and doors of the C.O.'s office, the concussion causing the C.O. to fall on the stove, fracturing two ribs. During the raid the Headquarters, Boulogne Base, were struck with incendiary bombs. The illumination was evident for miles.[216]

The clean-up had begun the next day, but surely would not have been finished by the time of her return on 3 August. Later it was asserted by the hospital administrators that their protection against air raids was "inadequate;" the trenches and dugouts that the engineers and German prisoners-of-war had constructed were simply not enough to protect them from falling bombs.[217] However, any sort of updated protection did not arrive quick enough, as with the launch of the Battle of Arras on 8 August, the hospital

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[214] No. 2 Canadian Stationary Hospital, War Diary, July 1918, Library and Archives Canada, 3-4.
[215] Georgina Fane Pope "Casualty Form - Active Service," n.d., Library and Archives Canada.
[216] No. 2 Canadian Stationary Hospital, War Diary, August 1918, RG9, Militia and Defence, Library and Archives Canada, 3.
[217] No. 2 Canadian Stationary Hospital, War Diary, August 1918, RG9, Militia and Defence, Library and Archives Canada, 3; No. 2 Canadian Stationary Hospital, Historical Record, n.d., RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada; Dewar, *Called to Serve*, 158.

became busier than ever and saw a record number of air raids conducted against it. The period known as The Last Hundred Days began the next day, and so did the air raids.[218]

NS Alice Thompson of Chance Harbour, New Brunswick, had been assigned to the hospital on 28 July, and was thrust into a busy and chaotic environment. Having been assigned to three different CCSs over two years, it would be nothing she had not seen before, but it was quite different for the hospital.[219] The war diary from the 9 August notes that "Never before in the history of the [hospital] has there been so many surgical cases as at present. All we receive now are stretchers and thus more serious cases."[220] This is just a glimpse of what the rest of the first week of the offensive looked like:

> 9 August: Air-raid warning, but nothing came of it.
> 10 August: Raid at night. Several bombs were dropped within a radius of 100 [yards]
> of [Hospital]. Some windows were again broken, but no material damage.
> 11 August: Enemy planes made two or three photographing trips during the day.
> 13 August: Air-raid. Several bombs were dropped, but no material damage done.
> 15 August: Air-raid. No damage done.[221]

Matron Pope and NSs Gordon and Thompson were far from the only ones to be affected by air raids. NSs Emma Barry of Saint John, New Brunswick, Margaret Ellis of Bathurst, New Brunswick, and Minnie MacDonald of New Glasgow, Nova Scotia experienced some of the worst bombings of Canadian hospitals throughout the entire war. After enlisting on 3 April 1916 and serving some time in England, NS Barry received her first assignment in France with the No. 9 CSH in Saint-Omer on 22 November 1917,

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[218] No. 2 Canadian Stationary Hospital, War Diary, August 1918, Library and Archives Canada, 3.
[219] Alice Thompson, "Casualty Form - Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 9621-38, Library and Archives Canada, Ottawa, Canada.
[220] No. 2 Canadian Stationary Hospital, War Diary, 9 August 1918, Library and Archives Canada.
[221] No. 2 Canadian Stationary Hospital, War Diary, August 1918, Library and Archives Canada, 3.

where her time passed rather uneventfully. She, along with NS MacDonald, were later assigned to No. 1 CGH in Étaples for temporary duty on 15 April and 20 April 1918, respectively, joining NS Ellis who had arrived a few months prior.[222]

NSs Barry and MacDonald arrived at No. 1 CGH just as it hit its record number of patients in the hospital: 2218, surpassing the previous record from April 1917 of 2205.[223] Aside from the large number of patients being admitted, the rest of the month passed uneventfully. The month of May, however, was a vastly different story. At 10 PM on the night of 19 May 1918, the general alarm was sounded for an air raid. The hospital's lights were not immediately extinguished, making No. 1 CGH an unmistakable target for the incoming aircraft. Before any staff had time to reach their shelters, bombs had already begun dropping. 15 German bombers came in two waves over the next two hours. Incendiary bombs rained down, first hitting the men's quarters and setting the building ablaze, killing many of the off-duty men who had been sleeping inside. As other staff rushed to aid those who were trapped, the glow of the fire lit them up, making them perfect targets for one plane to swoop down and machine-gun the survivors. The second wave of bombs hit near the officers' and nursing sisters' quarters, destroying the wing that the sisters on night duty used. All the orderlies for No. 1 CGH were either dead or wounded, so some of the off-duty nursing sisters rushed into action, taking over their spots in the operating room. The surgeons and sisters worked diligently all night,

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[222] Emma Barry, "Casualty Form - Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 474-2, Library and Archives Canada, Ottawa, Canada; Margaret Ellis, "Casualty Form - Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 2886-24, Library and Archives Canada, Ottawa, Canada; Minnie MacDonald, "Casualty Form - Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 6753-29, Library and Archives Canada, Ottawa, Canada.

[223] No. 1 Canadian General Hospital, War Diary, April 1918, Library and Archives Canada, 5.

desperately trying to save the most severely injured. Those sisters who had already been on duty that night stayed with the patients, trying to keep them calm throughout the ordeal. This was especially needed as No. 1 CGH had 300 femur cases with patients confined to their beds, immobilized in leg frames. Other off-duty nurses remained in their quarters as they had been instructed to.[224] After everything was over, the final death toll was calculated. No. 1 CGH was the worst hit out of all the hospitals that had been bombed; there were sixty-six dead and seventy-three injured. Among the dead were three nursing sisters, one who died instantly and two who later died of their wounds. The medical staff at the hospital could not understand how the Germans (who claimed they did not realize that they were bombing a hospital) missed the giant red cross on their roof. As a precaution against further raids, off-duty staff were sent away during the night, with some going to nearby accommodations, however due to limited space the majority, including some nursing sisters, spent their nights in the woods.[225] It is unknown where NSs Barry, Ellis, and MacDonald ended up spending their nights while off-duty.

Clean-up of the hospital began in the aftermath of the raid, with many people involved in sand-bagging the walls of the wards and making "preparations for protection against enemy aircraft."[226] What these preparations fully entailed is unclear, but the measures for nursing sisters had been clearly outlined by Matron-in-Chief Macdonald. She felt that trenches were useless and advised nursing sisters to take shelter under their beds instead. Her reasoning for this was that more personnel would be hit in a dug out

[224] T. Robert Fowler. "The Canadian Nursing Service and the British War Office: The Debate Over Awarding the Military Cross, 1918." *Canadian Military History* 14, no. 4 (2005). 32-33.
[225] Fowler, "The Canadian Nursing Service and the British War Office", 32.
[226] No. 1 Canadian General Hospital, War Diary, May 1918, Library and Archives Canada, 7.

than if the nurses were in their own huts. Macdonald also stated that "...it is for those off duty that protection is sought, as casualties among them are preventable. Casualties among those on duty must, on the other hand, be considered as unavoidable and detrimental to service."[227]

The sandbags that had been put in place at No. 1 CGH were put to the test when, at 10 PM on the night of 31 May, German bombers once again attacked the hospital. This raid was longer than that of 19 May, lasting two and a half hours with three relays instead of the previous two. Flares had been dropped to light up the area and there was much anti-aircraft fire.[228] As recorded in the hospital's war diary, large numbers of bombs were dropped, two wards and the Administration block were damaged, the patients' kitchen and bathhouse were totally destroyed, the laboratory was rendered temporarily useless, and broken windows littered the rest of the hospital. Thankfully, the sandbags seemed to have worked, with the diary crediting them as having saved the lives of several patients; only one patient was seriously wounded, and no other casualties were reported.[229]

The hospital's official history states that "the effect of the lights, the whistling of the bombs, the terrific explosions, the uncertainty of where the next crash would come, the cries from the femur wards, where the unfortunates had lost much of their fortitude and self-control, all combined to strike terror into the stoutest hearts."[230] The hospital's matron wrote that the raid "was much harder to bear than the [other raids], with much

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[227] Toman, *Sister Soldiers of the Great War*, 103.
[228] Fowler, "The Canadian Nursing Service and the British War Office", 36.
[229] No. 1 Canadian General Hospital, War Diary, May 1918, RG9, Militia and Defence, Library and Archives Canada, 8-9.
[230] Kenneth Cameron, The History of No. 1 Canadian General Hospital 1914-1919 (Sackville, NB, 1938), 378.

greater strain on both the nursing sisters and officers on duty."[231] While there were no more bombing raids, on 4 and 6 of June, German planes continued to fly overhead, ostensibly for photographing purposes.[232] It was on the latter date that NS Barry was granted fourteen days leave in England.[233] Whether she personally requested this or was given a temporary respite is uncertain, as numerous other nurses also departed on leave to England in the same period.[234] She later returned on 23 June and was then assigned to No. 7 CGH for temporary duty in Étaples before quickly being reassigned to No. 10 CSH for temporary duty in Calais a few days later.[235] NS MacDonald was sent back to No. 9 CSH, also in Étaples, on 1 June 1918, with NS Ellis being given a new assignment in England on 16 June 1918.[236]

NS Barry was not free of German air raids and bombs yet. The war diary for No. 10 CSH lists air raids on these dates:

> 5 July: 11:25 PM to 12:10 AM. Air raid alarms. Enemy plane passed over hospital in direction of city. Caught several times in search light beams but apparently escaped. Six bombs dropped quite close to hospital.
> 22 July: 12:10 - 2:45 AM. Air-raid warning. Hostile air-craft attacked Calais, coming in relays. Many bombs were dropped in the city. The closest to this hospital fell on a house 300 yards west of the grounds, on the Canal de Marck, completely demolishing the building and killing its five occupants.
> 24 July: 11:15 PM to 11:40 PM. Air-raid warning. Anti-aircraft fire was observed towards AUDRUICQ but no machines attempted to raid CALAIS.
> 25 July: 1:20 to 2:03 AM. Enemy machines attacked CALAIS from a very low altitude. Several bombs were dropped and seven and three duds fell within the

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[231] G.W.L. Nicholson, *Canada's Nursing Sisters*, (Toronto: Samuel Stevens, Hakkert, 1975), 93.
[232] No. 1 Canadian General Hospital, War Diary, Library and Archives Canada, 4.
[233] Emma Barry, "Casualty Form - Active Service," n.d., Library and Archives Canada.
[234] No. 1 Canadian General Hospital, War Diary, June 1918, Library and Archives Canada, 4.
[235] Emma Barry, "Casualty Form - Active Service," n.d., Library and Archives Canada.
[236] Minnie MacDonald, "Casualty Form - Active Service," n.d., Library and Archives Canada; Margaret Ellis, "Casualty Form - Active Service," n.d., Library and Archives Canada.

> area for which this hospital is responsible to report. 2:27 to 3:00 AM. Airraid warning. Apparently the enemy failed to reach CALAIS.[237]

From overwork to air raids and bombings, a nurse's period of duty could be a long one with little respite. NS Follette was stationed miles from the front lines for months on end, as had been NS Thompson. NSs MacInnes, Gardiner, Kelly, and McLeod, were constantly exposed to horrific injuries and long periods of overwork with no rest, nursing through the carnage brought on by the Battles of the Somme and Arras. NS Gaskin, as well as Matron Pope and NSs Gordon and Thompson, and along with NSs Ellis, Barry, MacDonald, all experienced multiple air raids, with at least one instance of bombings causing mass destruction, injuries, and death. Despite international conventions, nurses and hospitals were not immune to bombing, which was a stark reminder that efforts that were made to save their comrades could prove fruitless. There are few accounts by nurses to describe what any of these events were like for them, being either outright forgotten or overlooked in accounts and retellings of battles on the front lines and of the events from the German Spring Offensive. Hospital war diaries and records of service provide this broad, but still important, insight into the experiences of these nurses, which demonstrate the horrors they would have encountered.

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[237] No. 10 Canadian Stationary Hospital, War Diary, July 1918, RG9, Militia and Defence, Series III-D-3, vol. 5034, file number 850, reel T-10923, item ID 2005095, Library and Archives Canada, Ottawa, Canada, 3, 5.

Chapter 3: Care and Convalescence: Diagnoses, Treatments, and Post-War Compensation

A nursing sister or matron's personnel record is expected to contain a detailed account of the entirety of their military service. While this is true for their movements and assignments throughout the war, when it comes to their medical files, they can suddenly turn quite sparse. The contents of the medical records of the eleven nursing sisters and one matron analysed here vary in their depth and description, but when it comes to mentions of their symptoms, diagnoses, or treatments, things tended to be written quite broadly, were discreetly hidden between the lines, or were outright omitted. What is clear is that the steps taken for nursing sisters who experienced something traumatic, whether by overwork or air raids, were relatively consistent across all their files. Any sort of compensation the women would have received, however, varied greatly.

Matron-in-Chief Margaret Macdonald was acutely aware of the toll that long periods of work with no rest could take on her nurses and kept a close eye on those who were mentally ill. She had multiple resources in place for the nurses who did fall ill, from a "home sister" in the nurses' mess, who was there as a maternal figure and a source of support, to doctors available for consultation in London. If their illness was more severe, they could be isolated in the camp or sent to an army hospital. Once well enough, they were then sent to a rest home which had been personally selected and inspected, and on occasion, even furnished, by the Matron-in-Chief herself. Finding appropriate locations for these rest homes was simple; numerous wealthy English families were more than

willing to offer up their homes for the purpose of establishing rest homes for nurses. So many homes were offered that Macdonald often had to turn families down.[1]

Macdonald also successfully petitioned the Red Cross to finance and run the rest homes, despite the commissioner of the Canadian Red Cross in London, Colonel Charles A. Hodgetts, feeling that Red Cross time and money would be better used in the running of actual hospitals instead.[2] This type of back-and-forth was especially notable when Matron-in-Chief Macdonald wished to establish a rest home for the nurses of the Canadian army in the spring of 1915. A location had been selected in Cheyne Place, in London's wealthy Chelsea area.[3] Macdonald and Hodgetts argued over everything, from the principle of the Red Cross's responsibilities not extending to nurses, to the cost, furnishings, and regulations of the rest home. Macdonald wanted a nice home suitable for ladies - with glasses, linen, and plates for the dining room, and white counterpanes from Harrods for the beds. She also wanted a matron from the Canadian Army Medical Corps to oversee the home. Hodgetts suggested grey army blankets and second-hand quilts, and that he run the home instead. In the end, Macdonald won, and the nurses got to spend their rest period in a nicely furnished home, perfectly acceptable for ladies and officers such as themselves.[4]

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[1] Susan Mann, *Margaret Macdonald: Imperial Daughter* (Montréal, Québec: McGill-Queen's University Press, 2010), 130.
[2] Mann, *Margaret Macdonald: Imperial Daughter*, 130.
[3] Sarah Glassford, *Mobilizing Mercy: A History of the Canadian Red Cross* (Montreal: McGill-Queen's University Press, 2017), 100; Mary MacLeod Moore, *The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas* (London: Skeffington and Son, 1919), 98, 100. By the end of the war there were four rest homes for nurses in operation by the Canadian Red Cross Society: Cheyne Place and Ennismore Gardens in London, one in Margate, and one in Boulogne.
[4] Mann, *Margaret Macdonald: Imperial Daughter*, 130.

One nurse who spent some time at the rest home in Cheyne Place was NS Minnie Follette. After being diagnosed with "nervous exhaustion" caused by the "strain of duties on Active Service," NS Follette appeared before the members of a medical board in London who were to decide what her best course of treatment was and whether she was fit to continue with some sort of duty.[5] A medical board was composed of two medical officers and a combatant officer of high ranks. Its job was to evaluate any soldier, officer, or nurse who was admitted to a hospital and to declare them fit or unfit for service of any variation thereof.[6] The medical board decided to send Follette to the rest home for two months beginning on 8 April 1916. It stated that she required "...a considerable time of leave for complete recovery."[7] She was also declared unfit for any sort of work for that time period.[8] Unfortunately, that is all we know about NS Follette and her treatment, as she appeared before the medical board after her period of leave on 5 June 1916 and was considered to have "...now quite recovered" and was deemed fit for service again.[9] She was assigned to No. 2 CGH in Le Tréport where she remained until her admission to No. 3 CGH in Boulogne due to bronchitis on 6 March 1917.[10]

The file of NS Florence Kelly offers more insight into what treatments nurses at rest homes may have been given. Kelly first appeared before the medical board on 9 July 1917 after two previous periods of illness and returning to work. She had been evacuated

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[5] Minnie Follette, "Proceedings of a Medical Board," 8 April 1916, RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3172-18, Library and Archives Canada, Ottawa, Canada.
[6] Andrew Macphail, *Official History of the Canadian Forces in the Great War 1914-19: The Medical Services* (Ottawa: Acland, 1925), 201.
[7] Minnie Follette, "Proceedings of a Medical Board," 8 April 1916, RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3172-18, Library and Archives Canada, Ottawa, Canada.
[8] Minnie Follette, "Proceedings of a Medical Board," 8 April 1916, Library and Archives Canada.
[9] Minnie Follette, "Proceedings of a Medical Board," 5 June 1916, Library and Archives Canada.
[10] Minnie Follette, "Medical History of an Invalid," n.d., Library and Archives Canada.

to the British No. 2 Stationary Hospital in Abbeville on 2 July, and then to the British No. 14 General Hospital in Wimereux on 3 July, before finally being admitted to Queen Alexandra's Imperial Nursing Service Hospital in London.[11] Appearing before the medical board in London, her condition was described as "...fair but … weak and run down."[12] Along with giving her a diagnosis of "debility" caused by "(Infection) Strain of Service," the medical board recommended one month leave without any sort of work as part of her treatment.[13]

At some point during her month of leave, NS Kelly had moved or been moved to a nurses' rest home in Margate, on the southeast coast of England.[14] It had been established a year after the one in Cheyne Place and there was significantly less conflict between Macdonald and Hodgetts surrounding the establishing of this rest home.[15] Patients at Margate were described in a letter written by Macdonald to Hodgetts as being "...happy, contented, sunbrowned, and appreciative…" and full of praise and gratitude for the home.[16] Some testimonials from the women emphasized the comfort, stating that it was the "[f]irst time I've ever experienced a homey feeling in a strange place."[17] Others stated that they were "...better looked after than Members of any other Nursing Service."[18] Macdonald attributed these positive comments to the care and attention

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[11] Florence Kelly, "Proceedings of a Medical Board," 9 July 1917, RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 5051-15, Library and Archives Canada, Ottawa, Canada.
[12] Florence Kelly, "Proceedings of a Medical Board," 9 July 1917, Library and Archives Canada.
[13] Florence Kelly, "Proceedings of a Medical Board," 9 July 1917, Library and Archives Canada.
[14] Florence Kelly, "Proceedings of a Medical Board," 11 August 1917, Library and Archives Canada.
[15] Mann, *Margaret Macdonald: Imperial Daughter*, 130-131.
[16] Margaret Clotilde Macdonald to Col. Hodgetts, 6 June 1916, RG 9 III B2, vol. 3511, file 19-1-30, Library and Archives Canada, Ottawa, Canada.
[17] Margaret Clotilde Macdonald to Col. Hodgetts, 6 June 1916, RG 9 III B2, vol. 3511, file 19-1-30, Library and Archives Canada, Ottawa, Canada.
[18] Margaret Clotilde Macdonald to Col. Hodgetts, 6 June 1916, RG 9 III B2, vol. 3511, file 19-1-30, Library and Archives Canada, Ottawa, Canada.

provided to them by the Canadian Red Cross Society; this could be her attempt at showing her appreciation of Hodgetts and ensuring future support, or to emphasize that she was right in setting up the homes in the way that she did.[19]

After one month's leave at the rest home in Margate, NS Kelly was reassessed by the medical board on 11 August 1917. Her condition does not seem to have improved and, in fact, appears to have gotten worse. She is described as being "...highly neurotic and run down," and the Board updated her diagnosis to be "debility and neurasthenia," still due to "strain of service."[20] NS Kelly was again deemed unfit for any sort of service, but this time only for six weeks, which she was to spend at Margate and where she was to have a "long rest and fattening food".[21] When the board reconvened after the six weeks were up on 24 September, they reported that NS Kelly was "...looking very well now" and that she "sleeps and eats well" after her two and a half months rest.[22] She was deemed fit for general service once more, being assigned to various hospitals around England before being sent overseas to France the following year on 5 November 1918.[23]

NS Florence MacInnes' experience with debility was much different. After enlisting on 13 April 1915, NS MacInnes arrived in England in May 1915 and then proceeded to France the following month. There, she was assigned to No. 1 CGH in Étaples, where she worked without any leave until 19 August 1916 when she was admitted (for debility) to Villa Tino Hospital in Étaples, which was attached to the British

[19] Margaret Clotilde Macdonald to Col. Hodgetts, 6 June 1916, Library and Archives Canada.
[20] Florence Kelly, "Proceedings of a Medical Board," 11 August 1917, Library and Archives Canada.
[21] Florence Kelly, "Proceedings of a Medical Board," 11 August 1917, Library and Archives Canada.
[22] Florence Kelly, "Proceedings of a Medical Board," 24 September 1917, Library and Archives Canada.
[23] Florence Kelly, "Record of Service," n.d., Library and Archives Canada.

No. 24 GH. NS MacInnes was discharged on 1 September 1916.[24] In November of 1916 her condition began to fluctuate greatly. She experienced a great number of symptoms, ranging from dizziness and insomnia, to lack of concentration and memory problems, along with nervousness. The severity of these symptoms also varied, with MacInnes originally being hospitalized for extreme dizziness; this was so severe that she stayed in bed for six weeks. She was frequently plagued by distressing dreams and would often mix up words or lose her train of thought. Her file states that at times she thought she was "becoming insane."[25] She was later described as feeling very depressed and emotional, as well as complaining of feeling "absolutely fragged out."[26]

NS MacInnes received a multitude of different diagnoses that grew more serious in nature as time progressed. What started out as debility and vertigo later changed into neurasthenia and then, by 1919, depressive psychosis and mental depression. One doctor determined her condition to be a "Border Line" one and even suggested "Manic Depressive Ins." as a diagnosis.[27] The medical board and various doctors frequently suggested different treatments for her and transfered her between hospitals quite often. She was also discharged on leave for a period before eventually being readmitted once more. One of the first main attempts at treatment was her admission to the Granville Special Hospital in Ramsgate.[28]

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[24] Florence MacInnes, "Record of Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 6994-37, Library and Archives Canada, Ottawa, Canada.
[25] Florence MacInnes, "Case History Sheet," 23 July 1919, Library and Archives Canada. After it states that NS MacInnes was suffering from distressing dreams, the form then says this: "(working very hard – moving into different houses)." It is unclear what is meant by "moving into different houses."
[26] Florence MacInnes, "Case History Sheet," 23 July 1919, Library and Archives Canada.
[27] Her medical file does not elaborate on what "Ins." means.
[28] Florence MacInnes, "Record of Service," n.d., Library and Archives Canada.

Situated on a cliffside and overlooking the sea, the Granville Hotel in Ramsgate had been requisitioned by the War Office for use as a Canadian hospital on 28 September 1915. Across the street was a two-acre private park belonging to the hotel. The hotel was also completely furnished, but all the furniture and equipment that were not to be used in a hospital setting had been removed. The hospital depended on the town for its water and gas supplies, and its sewage was connected to the town as well, however the building had its own electricity and was heated by steam. It also had an electric and hydrotherapy department which was kept and remodelled to better serve in a medical capacity, despite it originally being slated to serve as a convalescent hospital. Within a few days of its opening on 15 November 1915, it was renamed the Granville Canadian Special Hospital and was designated for the treatment of shell shock and other nervous diseases, as well as lesions and bone and joint injuries.[29]

NS MacInnes had one remission of two weeks where she was described as in "the best of spirits" and gained four pounds, but later relapsed.[30] However, the Medical Board found her to have improved after her relapse and NS MacInnes herself expressed that she felt as if she had been recovering as well.[31] While she was at Granville, there had been both an air raid and a bombardment. On 5 April 1917, a German airplane dropped seven bombs in the area, while on 27 April, "enemy Destroyers" began a bombardment of the town at 1:05 AM, which lasted ten minutes.[32] The Germans fired approximately 250

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[29] Granville Canadian Special Hospital, Historical Record, RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada.
[30] Florence MacInnes, "Proceedings of a Medical Board," 28 April 1917, Library and Archives Canada.
[31] Florence MacInnes, "Proceedings of a Medical Board," 28 April 1917, Library and Archives Canada.
[32] Granville Canadian Special Hospital, War Diary, April 1917, RG9, Militia and Defence, Series III-D-3, vol. 5040, file number 878, reel T-10931, item ID 2006032, Library and Archives Canada, Ottawa, Canada, 17; Granville Canadian Special Hospital, Historical Record, Library and Archives Canada.

shells, but the hospital suffered no damage or casualties.[33] It is unclear whether these incidents are what triggered her relapse. NS MacInnes was then transferred to the Westcliffe Nursing Sisters' Home in Margate on 21 May 1917 before being sent back to Canada for further medical treatment.[34]

The medical board decided to place MacInnes under medical supervision since she was unfit for service, but it found it difficult to say for how long this would be necessary; they decided it would be for at least six months, beginning from 29 June 1917.[35] She was admitted to Pine Hill Hospital in Halifax for neurasthenia two months later and was discharged back to duty on 31 December 1917. Her discharge sheet lists the cause of her illness as overwork, but that she also was suffering from mental depression following air raids.[36] There do not seem to be any major air raids that occurred while NS MacInnes was assigned to No. 1 CGH, so it is unknown whether the air raids mentioned were in France, or while she was at the Granville Hospital.

After spending four months at Margate, two months at Ramsgate, and having been at Pine Hill Hospital for four months, the medical board felt further treatment in hospital or convalescent home would not be of benefit to MacInnes. She was placed on sick leave for two months, from 6 March to 6 May 1918, due to not being able to return to her job as a nurse.[37] She presumably spent this time in Bermuda, as the Incoming Passenger List states she departed the city of Hamilton on board the *Caraquet*, and

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[33] Granville Canadian Special Hospital, War Diary, April 1917, Library and Archives Canada, 17; Granville Canadian Special Hospital, Historical Record, Library and Archives Canada.
[34] Florence MacInnes, "Record of Service," n.d., Library and Archives Canada.
[35] Florence MacInnes, "Proceedings of a Medical Board," 29 June 1917, Library and Archives Canada.
[36] Florence MacInnes, "Medical Case History Sheet," 29 August 1917, Library and Archives Canada.
[37] Florence MacInnes, "Medical History of an Invalid," 21 February 1918, Library and Archives Canada.

arrived at port in St John's, Newfoundland, on 2 May 1918.[38] While NS MacInnes stated to the medical board upon her return that she had improved in the last few months, she was still suffering from "disturbed sleep" and that any sort of excitement caused heart palpitations.[39] Again, further treatment in hospital or convalescent home is listed as not being of benefit, but this time she was deemed fit to return to her job and return to duty.[40] NS MacInnes was later listed as returning from Bermuda again, this time arriving in Saint John, New Brunswick, on 10 June 1918, on board the *Caraquet* once more.[41] Why she went to Bermuda again is uncertain; perhaps it was felt by the medical board that she needed more time to recover after attempting to return to work. Her medical case history from the following year notes that she felt better while in Bermuda, so this may indeed be the case.[42] It is also unclear whether the medical board itself decided to send her to Bermuda or if NS MacInnes herself chose to spend her period of leave abroad. Some of the other treatments prescribed for NS MacInnes before being discharged from hospital were massage and medicine, with massages being given daily. The medical board also tried to arrange Hydrotherapy for her and to "feed her up in every possible way."[43] She was later discharged from the hospital on 25 July as improved, with all other systems normal, and then was discharged from the military on 27 July 1919.[44]

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[38] *Passenger Lists, 1865–1935*. Microfilm Publications T-479 to T-520, T-4689 to T-4874, T-14700 to T-14938, C-4511 to C-4542. Library and Archives Canada, n.d. RG 76-C. Department of Employment and Immigration fonds. Library and Archives Canada Ottawa, Ontario, Canada.

[39] Florence MacInnes, "Medical History of an Invalid," 22 May 1918, Library and Archives Canada.

[40] Florence MacInnes, "Medical History of an Invalid," 22 May 1918, Library and Archives Canada.

[41] *Passenger Lists, 1865–1935*. Library and Archives Canada.

[42] Florence MacInnes, "Case History Sheet," 23 July 1919, Library and Archives Canada.

[43] Florence MacInnes, "Case History Sheet," 23 July 1919, Library and Archives Canada.

[44] Florence MacInnes, "Case History Sheet," 23 July 1919, Library and Archives Canada; Florence MacInnes, "Record of Service," n.d., Library and Archives Canada.

Another nursing sister, NS Maude Gaskin, was described as being in need of a vacation. On 21 September 1917, she appeared before the Medical Board in London, after having already been in the Westcliffe Canadian Eye and Ear Hospital in Folkestone, Kent, where she had been assigned for the last three weeks with "gastritis and nervous debility."[45] At her appearance, she had with her a report from her Officer Commanding at Westcliffe, Lt. Col. Samuel Hanford McKee, who stated that NS Gaskin had not been improving much and that she was in need of a "long holiday."[46] He recommended that she take a two-month "vacation," which the Medical Board agreed with, although they described it as being a two month leave of absence. The board determined that her illness was caused by "General Service conditions" and that she was unfit for any service for two months.[47] They also granted her permission to return to Canada, which she did the next day, arriving on 19 December 1917.[48] On 21 January 1918, she was granted an extension of her leave for further medical treatment before being assigned to the Saint John Military Hospital in Saint John, New Brunswick, around late September or early October.[49] NS Gaskin was finally discharged from the military on 1 July 1919.[50]

Nursing Sisters Margaret Ellis, Minnie MacDonald, and Annie McLeod were not lucky enough to receive a vacation. Following traumatic experiences at No. 1 Canadian

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[45] Maude Gaskin, "Proceedings of a Medical Board," 21 September 1917, RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3435-43, Library and Archives Canada, Ottawa, Canada; Maude Gaskin, "Record of Service," n.d., Library and Archives Canada.
[46] Maude Gaskin, "Proceedings of a Medical Board," 21 September 1917, Library and Archives Canada.
[47] Maude Gaskin, "Proceedings of a Medical Board," 21 September 1917
[48] Maude Gaskin, "Proceedings of a Medical Board," 21 September 1917; Maude Gaskin, "Record of Service," n.d., Library and Archives Canada.
[49] Maude Gaskin, "Casualty Form - Active Service," n.d., Library and Archives Canada.
[50] Maude Gaskin, "Canadian Expeditionary Force - Certificate of Service", 15 December 1919, Library and Archives Canada.

General Hospital in Étaples (Ellis and MacDonald) and No. 3 Canadian Stationary Hospital in Doullens (McLeod), all three women were first assigned to temporary duty at No. 2 Canadian General Hospital in Le Tréport, France: NS McLeod arrived on 31 May 1918, NS Ellis and MacDonald arrived on 1 June 1918. On 7 June, NS Ellis was sent to the British No. 3 General Hospital in Le Tréport, with MacDonald and McLeod following on 11 and 14 June, respectively, preceding transfers to No. 10 CGH in Brighton on 17 June, before all were finally transferred to the Northwood Convalescent Hospital at the Canadian Red Cross Special Hospital in Buxton on 4 July 1918.[51]

The Canadian Red Cross Special Hospital, Buxton was established in November 1915 after an offer was made by the Canadian Red Cross Society to the Canadian Army Medical Corps (CAMC) to establish a special hospital in Buxton that would be able to accommodate two hundred and seventy-five beds. The CAMC accepted and the organization leased the spacious Peak Hydro Hotel, which was in what was described in hospital records as "the most picturesque spot of the Midland counties."[52] The hotel had been built in 1880 as an elegant retreat for the rich who wished to "take the waters."[53] It

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[51] Margaret Ellis, "Record of Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 2886-24, Library and Archives Canada, Ottawa, Canada; Minnie MacDonald, "Record of Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 6753-29. Library and Archives Canada, Ottawa, Canada; Annie McLeod, "Record of Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 7073-36. Library and Archives Canada, Ottawa, Canada.

[52] Canadian Red Cross Special Hospital, Historical Record, RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada. Due to the hotel being in the middle of Buxton and on one of the main streets, there were no grounds to accompany the hospital. The Canadian Red Cross also decided to lease a large field found in the public park across the street for recreational purposes for the patients. An agreement was made in which the Canadian Red Cross would cover, along with the rent, any other charges incurred along with the rent, and would equip and maintain the hospital itself while the CAMC would supply it with medical personnel. On 1 February 1916, it was officially authorized to operate as a hospital under its original name of Canadian Red Cross Convalescent Hospital, No. 2, Buxton, however this name was soon changed to the Canadian Red Cross Special Hospital, Buxton on 1 April 1916.

[53] Canadian Red Cross Special Hospital, Historical Record, Library and Archives Canada.

had a central heating system and its own electric light system.[54] One of the features of the hospital that was noted was the supply of drinking water from St. Ann's Well. Located in the town and noted nationwide, the spring-fed well had made the town of Buxton famous as being an excellent place to recuperate as well as to enjoy a nice holiday.[55] What made the hospital "special" were the treatments it offered, which included: swimming baths, warm mineral baths, vapour baths, whirl baths, various types of massages, scotch douches, peat packs, and radiant heat treatments.[56] Seventy-five percent of patients received baths for therapeutic purposes either daily or every other day. These treatments, as the record of service for the hospital states, were the most beneficial for ailments such as rheumatic fever, myalgia, neurasthenia, neuritis, osteitis, insomnia, arthritis, nephritis, heart disease, neuralgia, gout, and "especially shell shock cases, to which this 'Special' treatment proved most effective."[57]

In October 1917, the CAMC took full control of the hospital from the Canadian Red Cross, reorganized it, and increased its bed capacity from 275 to 310 on 16 November 1917. Of the 310 beds, thirty-five were specifically for nursing sister patients. These thirty-five beds were located in the Northwood Convalescent Hospital.[58] This is where NS Ellis, NS MacDonald, and NS McLeod, spent the majority of their time in hospital.

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[54] Canadian Red Cross Special Hospital, Historical Record, Library and Archives Canada.
[55] Canadian Red Cross Special Hospital, War Diary, February 1916, RG9, Militia and Defence, Series III-D-3, vol. 5039, file number 876, reel T-10931, item ID 2005143, Library and Archives Canada, Ottawa, Canada, 2. Due to the perceived healing effects of the spring waters of St. Ann's Well, as well as the town's water in general, Buxton became well-known as a thermal resort/spa town.
[56] Canadian Red Cross Special Hospital, War Diary, February 1916, Library and Archives Canada, 2.
[57] Canadian Red Cross Special Hospital, Historical Record, Library and Archives Canada.
[58] Canadian Red Cross Special Hospital, Historical Record, Library and Archives Canada.

NS Ellis' file is quite sparse, but shows she was suffering from debility. After arriving at No. 10 CGH in Brighton from the British No. 3 GH in Le Tréport on 17 June 1918, her file notes that she was "nervous, sleeping very little, and very fatigued" after raids she experienced while stationed at No. 1 CGH, but was now "sleeping very well in England".[59] Upon her arrival at Northwood on 4 July, the board noted her debility was from "disturbed rest and air raids at No. 1 Gen Hosp," but that she now had no symptoms.[60] The medical board came to the same conclusion at her review hearing on 9 July and declared her fit for active duty, but NS Ellis was not discharged until 15 July.[61] Immediately upon her discharge she went on leave until 5 August and was then assigned to No. 15 CGH in Taplow on 8 August 1918.[62]

The file for NS MacDonald followed much the same pattern. She was first described in her medical case sheet on 17 June 1918, while at No. 10 CGH, as having been sleeping badly after bombing raids, as well as feeling fatigued and nervous. On 25 June, she was noted as sleeping well while in Brighton and now had "very little tremor" but was "rather pale."[63] A few days later, on 28 June, there was no change, and on 1 July, the decision was made to send her to Northwood Convalescent Hospital on 4 July 1918.[64] Upon her arrival there, she was noted as having nervous debility due to the bombings she experienced while in France.[65] At her review hearing on 9 July, the medical board found

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[59] Margaret Ellis, "Medical Case Sheet," 17 June 1918, Library and Archives Canada.
[60] Margaret Ellis, "Medical Case Sheet," 4 July 1918, Library and Archives Canada.
[61] Margaret Ellis, "Medical Board Report on a Disabled Officer", 8 July 1918, Library and Archives Canada.
[62] Margaret Ellis, "Record of Service," n.d., Library and Archives Canada.
[63] Minnie MacDonald, "Medical Case Sheet," 25 June 1918, Library and Archives Canada.
[64] Minnie MacDonald, "Medical Case Sheet," 28 June, 1 July 1918, Library and Archives Canada.
[65] Minnie MacDonald, "Medical Case Sheet," 4 July 1918, Library and Archives Canada.

her to have no more symptoms and declared her fit for active duty, but much like NS Ellis, she was not discharged until 15 July.[66] NS MacDonald also immediately went on leave from 15 July until 5 August 1918. She was then assigned to No. 4 CGH in Basingstoke.[67]

Much of what is written in NS McLeod's file was also found in the previous two. On 16 June 1918, shortly after her arrival at No. 10 CGH, she was described as "tired, debilitated, and generally unfit" after being at No. 3 CSH when it was bombed "etc," as the medical board described.[68] The entry for 24 June notes her feeling "much more rested: was very tired. Sleeping fairly well."[69] NS McLeod was also suffering from slight headaches at times, which she felt were due to her eyes, although there is no elaboration. She was also experiencing some slight tremors of her eyelids and her tongue being coated but everything else, such as her heart and lungs, appeared healthy. On 28 June, she was prescribed a pair of eyeglasses, was feeling better, and sleeping well.[70] Upon her arrival at Northwood, she was described as being "debilitated and nervous" following the air raids at No. 3 CSH but was experiencing "no tremor of lids" now.[71] On 8 July, there was "no tremor," implying that up until this point, NS McLeod was still experiencing some form of tremor elsewhere on her body.[72] At her review on 9 July, the medical board deemed her recovered from the effects of the air raids and noted that she no longer had an

[66] Minnie MacDonald, "Medical Board Report on a Disabled Officer," 9 July 1918, Library and Archives Canada.
[67] Minnie MacDonald, Record of Service," n.d., Library and Archives Canada.
[68] Annie McLeod, "Medical Case Sheet," 16 June 1918, Library and Archives Canada.
[69] Annie McLeod, "Medical Case Sheet," 24 June 1918, Library and Archives Canada.
[70] Annie McLeod, "Medical Case Sheet," 28 June 1918, Library and Archives Canada.
[71] Annie McLeod, "Medical Case Sheet," 3 July 1918, Library and Archives Canada.
[72] Annie McLeod, "Medical Case Sheet," 8 July 1918, Library and Archives Canada.

eye tremor.[73] She was, just as the other two nursing sisters mentioned above, not discharged until 15 July, after which she went on leave until 5 August 1918, before proceeding to No. 12 CGH in Bramshott.[74]

For all three women, the assignment of temporary duty to the quieter No. 2 CGH in Le Tréport after numerous traumatic incidents looks as if it were to serve as temporary respite, perhaps offering them a break and a chance to recuperate, were there any symptoms of shell shock or neurasthenia already present. Or, perhaps, it was a pre-emptive move, hoping that getting them out of that environment and into a calmer one would prevent any serious symptoms or conditions from developing. Whatever the aim, it did not work as all three were eventually admitted for debility, with sleeplessness and nervousness that were treated by stays at Northwood Convalescent Hospital, followed by a two week leave period before returning to duty in England, which was still meant to be an easier time than nearer the battlefield.

NS Emma Barry also followed a similar pattern. After her experiences in the many air raids at No. 1 CGH (along with NS Ellis and MacDonald) during the month of May 1918, NS Barry was given a two week leave period beginning 5 June 1918. Upon her return, she was assigned for temporary duty at No. 10 Canadian Stationary Hospital in Calais on 26 June 1918; however, unlike NS Ellis, MacDonald, and McLeod, NS Barry's time at No. 10 CSH was anything but quiet.[75] There she experienced even more

[73] Annie McLeod, "Medical Board Report on a Disabled Officer," 9 July 1918, Library and Archives Canada.
[74] Annie McLeod, "Record of Service," n.d., Library and Archives Canada.
[75] Emma Barry, "Record of Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 474-2, Library and Archives Canada, Ottawa, Canada; No. 1 Canadian General Hospital, War Diary,

air raids over the next month until her admission to the British No.14 General Hospital in Wimereux on 27 July 1918.[76] From there, she went to Queen Alexandra's Imperial Military Nursing Service hospital on 6 August 1918. While there, she was diagnosed with "debility due to shock" and was noted as having "been in an area which has been bombed" and "suffered from… [a] degree of shock."[77]

NS Barry was then transferred to Northwood Convalescent Hospital at the CRCS Hospital in Buxton on 13 August 1918. A few days later, on 15 August, she is described as sleeping well, having a good appetite. She stated that she "wants a little more rest and will be ready for duty."[78] At her medical board review hearing on 21 August, the board noted that NS Barry had been "nervous and run down" as a result of the multiple air raids she had experienced while at various hospitals. Her present condition described her as having recovered from "nervous effects" of the air raids and was gaining in strength and weight and sleeping well. They determined she was fit for duty in England, as had been decided on 19 August, and was to be reassessed in one month. She was discharged on 28 August and then proceeded on leave until 17 September 1918 when, upon her return, she was attached to the Westcliffe Canadian Ear and Eye hospital in Folkestone, Kent.[79] The following month, on 7 October, NS Barry reappeared before the medical board, stating

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May 1918, RG9, Militia and Defence, Series III-D-3, vol. 5034, file number 851, reel T-10924, item ID 2005096, Library and Archives Canada, Ottawa, Canada.

[76] Emma Barry, "Record of Service," n.d., Library and Archives Canada; No. 10 Canadian Stationary Hospital, War Diary, July 1918, RG9, Militia and Defence, Series III-D-3, vol. 5034, file number 850, reel T-10923, item ID 2005095, Library and Archives Canada, Ottawa, Canada.

[77] Emma Barry, "Medical History Sheet," n.d., Library and Archives Canada.

[78] Emma Barry, "Medical Case Sheet," 15 August 1918, Library and Archives Canada.

[79] Emma Barry, "Record of Service," n.d., Library and Archives Canada.

that she "now feels well in every way."[80] The board determined her to be in good physical condition and ruled that she was now fit for general service.[81] NS Barry's hospital experiences very closely resemble those of other nursing sisters, with a temporary assignment after a period of immense strain and work, followed by two weeks of leave and, eventually, hospitalization either in an active treatment hospital or a convalescent one.

While this path was followed by most nursing sisters, there were some variations in the locations encountered. NS Eleanor Gordon had been assigned to No. 2 CSH in Outreau since 7 June 1916.[82] Shortly after this she was admitted to the American Nursing Sisters Convalescent Hospital (also known as No. 1 GH) in Étretat for debility on 30 May whilst on her leave period, having begun her two weeks on 28 May. She was later discharged on 10 June while still on leave; she later returned to No. 2 CSH on 11 June.[83] On 15 August, Captain R.M. Ferguson, Acting O.C. for No. 2 CSH, wrote a note to the O.C. of No. 14 GH about NS Gordon, explaining that she

> ...has had 26 months service in France and has been feeling unwell for some time. In her debilitated condition the air raids have affected her greatly and her nervous condition is so bad at present that it is necessary to admit her to hospital for evacuation to England.[84]

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[80] Emma Barry, "Medical Board Report on a Disabled Officer," 7 October 1918, Library and Archives Canada.
[81] Emma Barry, "Medical Board Report on a Disabled Officer," 7 October 1918, Library and Archives Canada.
[82] Eleanor Gordon, "Casualty Form – Active Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3645-9, Library and Archives Canada, Ottawa, Canada.
[83] Eleanor Gordon, "Casualty Form – Active Service," n.d., Library and Archives Canada.
[84] Eleanor Gordon, "Note from Capt. R.M. Ferguson, Acting O.C. to O.C. of No. 14 GH," 15 August 1918, Library and Archives Canada.

She was duly admitted to No. 14 GH that same day with nervous debility.[85] This note seems to imply that NS Gordon was already experiencing some difficulties due to her long period of service, and that the air raids from the previous few months only aggravated whatever symptoms she may have been having.

Following this, she went to the QAIMNS hospital in London on 17 August for debility and neurasthenia, although she is listed as having debility after shell shock elsewhere in her file.[86] Her hospital notes say that her condition is "said to be the result of long service in France" and "exposure to air raids."[87] The staff at the hospital felt her condition was "likely to be completely recovered from."[88] NS Gordon was then transferred to the CRCS hospital in Buxton on 29 August, being admitted to the Northwood Convalescent Hospital with debility following air raids.[89] On 11 September 1918 she appeared before the medical board where it noted she had been feeling unwell for some time prior to reporting sick and had no definite symptoms upon her admission to the CRCS hospital. They determined her to be fit for duty in England for two months and she was later discharged on 17 September.[90] NS Gordon then proceeded on leave the same day until 7 October 1918 when she returned and was assigned to the Canadian Convalescent Officer's Hospital in Matlock, Bath.[91] She was reassessed by the medical

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[85] Eleanor Gordon, "Casualty Form – Active Service," n.d., Library and Archives Canada; Eleanor Gordon, "Hospital Movement Card," n.d., Library and Archives Canada.
[86] Eleanor Gordon, "Medical History Sheet," n.d., Library and Archives Canada.
[87] Eleanor Gordon, "Medical History Sheet," n.d., Library and Archives Canada.
[88] Eleanor Gordon, "Medical History Sheet," n.d., Library and Archives Canada.
[89] Eleanor Gordon, "Medical Case Sheet," 29 August 1918, Library and Archives Canada.
[90] Emma Barry, "Medical Board Report on a Disabled Officer," 11 September 1918, Library and Archives Canada.
[91] Eleanor Gordon, "Casualty Form – Active Service," n.d., Library and Archives Canada; Emma Barry, "Record of Service," n.d., Library and Archives Canada.

board on 23 November, where they noted she was eating and sleeping well, and determined her to be fit for general duty once more. Under the section on her assessment sheet where it asks what treatment she had been receiving and where, "Convalescent & light duty" had been written in; it is the only note about a specific treatment in her file.[92]

NS Gordon had not been the only Maritime nursing sister at No. 2 CSH to require treatment for shell shock, neurasthenia, or debility. Perhaps most interestingly, the hospital's own Matron, Georgina Fane Pope, was another Islander who required an extended period of time in hospital. After being welcomed to the hospital in France with an air raid, the next year of Matron Pope's wartime experience was wrought with bombings and ill health. These eventually took their toll on her as a week after her two-week leave period in England, she was admitted to No. 14 GH on 15 August 1918 with "nervous debility."[93] The day of this admission, Capt. Ferguson sent a note to the O.C. of No. 14 GH, just as he had done for NS Gordon. The note regarding Matron Pope described her as having been

> ...unwell for some time. She had been complaining of dizzy spells and on examining her I find that she has a blood pressure of 180 and a pulse of 90. The urine examination is negative and I think the condition is purely one of age with slight arteriosclerosis probably normal for her age. The air raids of late have accentuated this condition very much and in my opinion it is dangerous for her to continue longer here and I am admitting her to Hospital with a request that she be evacuated to England.[94]

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[92] Emma Barry, "Medical Board Report on a Disabled Officer," 23 November 1918, Library and Archives Canada.

[93] Georgina Fane Pope, "Hospital Movement Card," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 7901-51, Library and Archives Canada, Ottawa, Canada; Georgina Fane Pope, "Casualty Form – Active Service," n.d., Library and Archives Canada.

[94] Georgina Fane Pope, "Hospital Movement Card," n.d., Library and Archives Canada; "Note from Capt. R.M. Ferguson, Acting O.C. to O.C. of No. 14 GH," 15 August 1918, Library and Archives Canada.

In fact, during the night of 14 and 15 August, the Germans had launched another air raid; for Matron Pope to be admitted to hospital the following day primarily for her arteriosclerosis seems like an odd decision. If she had been feeling ill for months prior with arteriosclerosis, as it is recorded that she had been, although her symptoms were more similar to shell shock than arteriosclerosis, why wait until after an air raid, to admit her? Ferguson does not elaborate on how the air raids would have worsened her condition, so one can surmise that perhaps "arteriosclerosis" was only part of the story.

Matron Pope was then sent back to England the next day on board the *Jan Breydel* and quickly admitted to the QAIMNS hospital in London on 17 August 1918 with "debility after shell shock," although a separate form lists solely arteriosclerosis.[95] A note in her medical file while at the QAIMNS hospital states that she had "had no alarming symptoms whilst here and her general condition has improved with rest and suitable diet."[96] This could imply that Matron Pope had been having "alarming symptoms" prior to this but had now made steps towards her recovery, details which, due to her high-ranking position and society connections, may have been purposefully left out.

Matron Pope was transferred to the CRCS Hospital in Buxton on 24 August 1918 for both arteriosclerosis and neurasthenia although, once again, other forms list only arteriosclerosis as her sole diagnosis.[97] Her medical case sheet lists her as being at

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[95] Georgina Fane Pope, "Hospital Movement Card," n.d., Library and Archives Canada; Georgina Fane Pope, "Casualty Form – Active Service," n.d., Library and Archives Canada; Georgina Fane Pope, "Medical History Sheet," n.d., Library and Archives Canada.

[96] Georgina Fane Pope, "Medical History Sheet," n.d., Library and Archives Canada.

[97] Georgina Fane Pope, "Hospital Movement Card," n.d., Library and Archives Canada; Georgina Fane Pope, "Medical History Sheet,"n.d., Library and Archives Canada.

Northwood Convalescent Hospital, but as this is the only spot where this is specified and all others list, more broadly, the CRCS Hospital, this must not be taken as definite fact.[98] If Matron Pope was admitted to and spent time at Northwood, this could suggest her condition was not as severe as someone who was directly admitted to the CRCS hospital might have been. They note on her medical case sheet that she had a bad cold and some dizziness. When it mentions air raids, it describes them as being a danger to her eardrums and that she was ultimately sent home (most likely referring to England, despite Matron Pope being from PEI) for quiet rest.[99] The next day, she was noted as having high levels of benzene and was thus prescribed bromides and small doses of iodides and saline every morning, along with rest.[100] What is most interesting is the listing of bromides; in the nineteenth and early twentieth centuries, bromide was used for many things, from a sedative or as a treatment for seizures or nervous disorders.[101] If this was indeed the type of bromide Matron Pope was prescribed, then it is a new insight into just how severe her condition may have really been, as well as another potential treatment used on matrons and nursing sisters who were suffering from shell shock or nervous debility outside of the typical long rests and food.

On 8 October 1918 it was noted by the medical board that neither her arteriosclerosis nor neurasthenia were causing any symptoms and she was discharged for

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[98] Georgina Fane Pope, "Medical Case Sheet," n.d., Library and Archives Canada.
[99] Georgina Fane Pope, "Medical Case Sheet," 24 August 1918, Library and Archives Canada.
[100] Georgina Fane Pope, "Medical Case Sheet," 29 August 1918, Library and Archives Canada.
[101] Mark Osborne Humphries, *A Weary Road: Shell Shock in the Canadian Expeditionary Force, 1914-1918* (Toronto: University of Toronto Press, 2018), 262.

duty in England.[102] Her medical board report from the next day describes the origin of her "present condition" as having become "noticeable in France after a bad cold. Had attacks of bad dizziness… In this condition air raids caused a nervous condition to develop."[103] It listed both arteriosclerosis and neurasthenia but attributed only the latter to "condition and climate"; arteriosclerosis was only aggravated by service conditions.[104] After treatment in hospital, Matron Pope's condition was good overall; she was deemed cured of her "nervous condition" and the medical board concluded that she was not disabled by it. The board also determined that her arteriosclerosis would be no issue under service conditions in England, which the board recommended for three months.[105] She proceeded on leave shortly after, from 18 October to 7 November 1918.[106]

Just over a week after returning to service, on 19 November 1918, Matron Pope was readmitted to the CRCS hospital, again with arteriosclerosis as the main issue and neurasthenia also listed.[107] Her condition had deteriorated, she was slightly underweight and suffered from frequent headaches and spells of dizziness. She was easily startled by "any sudden noise," slept only about three hours a night, and tired easily even on slight exertion. Her arteriosclerosis had worsened as well, being now described as

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[102] Georgina Fane Pope, "Medical History Sheet" n.d., Library and Archives Canada; Georgina Fane Pope, "Medical Case Sheet," 8 October 1918, Library and Archives Canada.
[103] Georgina Fane Pope, "Medical Board Report on a Disabled Officer," 9 October 1918, Library and Archives Canada.
[104] Georgina Fane Pope, "Medical Board Report on a Disabled Officer," 9 October 1918, Library and Archives Canada.
[105] Georgina Fane Pope, "Medical Board Report on a Disabled Officer," 9 October 1918, Library and Archives Canada.
[106] Georgina Fane Pope, "Record of Service," n.d., Library and Archives Canada.
[107] Georgina Fane Pope, "Hospital Movement Card," n.d., Library and Archives Canada; Georgina Fane Pope, "Medical History Sheet," n.d., Library and Archives Canada.

"moderate."[108] The degree to which she was disabled was described as being at 80 per cent but they did not find the neurasthenia to be permanent, only the arteriosclerosis. The board recommended she be re-examined six months from the date of her medical board report, on 23 November 1918. Matron Pope had been receiving treatment in hospital but a stay at a convalescent hospital was recommended and required for six months.[109] She was discharged from the hospital and sent back to Canada on 26 November 1918. She arrived on 16 December 1918.[110]

At Pope's last medical board review on 20 January 1919, only arteriosclerosis was listed as an illness. She was suffering from constant fatigue combined with sleeplessness and dizziness. The next line, however, notes that her general condition was improving, but that in a large crowd she becomes nervous. Her dizziness was most present in the morning, along with a pain in the nape of her neck, but the dizziness was only felt four or five times a week, not constantly. Her recommended treatment was rest, and further treatment in hospital was not to be of benefit, since the disability was likely to be permanent.[111] Matron Pope was eventually declared unfit for service and discharged on 16 March 1919.[112]

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[108] Georgina Fane Pope, "Medical Board Report on a Disabled Officer," 23 November 1918, Library and Archives Canada.
[109] Georgina Fane Pope, "Medical Board Report on a Disabled Officer," 23 November 1918, Library and Archives Canada.
[110] Georgina Fane Pope, "Medical History Sheet" n.d., Library and Archives Canada; Georgina Fane Pope, Medical History of an Invalid," 20 January 1919, Library and Archives Canada; Georgina Fane Pope, "Record of Service," n.d., Library and Archives Canada.
[111] Georgina Fane Pope, Medical History of an Invalid," 20 January 1919, Library and Archives Canada.
[112] Katherine Dewar, Those Splendid Girls: The Heroic Service of Prince Edward Island Nurses in the Great War, (Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2014), 95.

NS Alice Thompson had just missed working with Matron Pope at No. 2 CSH by a week; after having worked at various CCS for almost three years, NS Thompson was transferred from No. 2 CCS to No. 2 CSH on 27 July 1918.[113] As with NS Follette, the length of time NS Thompson spent at a CCS is astonishing, since a typical posting was only meant to last six months; she did seem to receive regular periods of leave, but the work eventually took its toll on her.[114] On 6 October 1918 she was admitted to No. 14 GH and was soon transferred to the QAIMNS hospital a few days later.[115] She was described by the medical board as becoming tired easily and as having recurring headaches, dizziness, and palpitations. For this, the medical board prescribed her rest and tonic treatments, however they did not specify what was included in the tonics.[116] She was transferred to the CRCS hospital on 16 October 1918.[117] While there, her headaches and dizziness persisted. NS Thompson also developed pains in her arms, lost some weight despite supposedly having a good appetite, slept poorly, and tired easily on exertion. She was once again prescribed rest. The continued rest must have worked: on 21 October 1918 she was noted as doing well and on 28 October, her general condition was good.[118]

NS Thompson appeared before the medical board on 29 October 1918 where it was noted that she had been diagnosed with neurasthenia caused by air raids upon her

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[113] Georgina Fane Pope, "Medical Board Report on a Disabled Officer," 23 November 1918, Library and Archives Canada.
[114] Mann, *Margaret Macdonald: Imperial Daughter*, 93-94.
[115] Alice Thompson, "Record of Service," n.d., RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 9621-38, Library and Archives Canada, Ottawa, Canada.
[116] Alice Thompson, "Medical History Sheet" n.d., Library and Archives Canada.
[117] Alice Thompson, "Medical History Sheet" n.d., Library and Archives Canada.
[118] Alice Thompson, "Medical Case Sheet" 21, 28 October 1918, Library and Archives Canada.

first admission to hospital, which was at No. 14 GH; however, at QAIMNS and CRCS, her diagnosis was changed to debility, which was also how the medical board report described it.[119] They found her general condition to be good. She was also sleeping well, had a good appetite, and her nervous condition had been relieved, but concluded she was still 20 per cent disabled and was thus only fit for home service and was to be reassessed in one month.[120] Upon her discharge on 5 November 1918, she went on leave until 25 November 1918, after which she began working at No. 12 CGH in Bramshott.[121] At her review hearing on 27 December 1918 she was determined fit for general service once more.[122] There were no further incidents until her discharge on 11 April 1919.[123]

Another nursing sister, Catherine Gardiner, was one of the few who did not serve in France, instead only serving in England. While at No. 10 CGH in Brighton, she was admitted to her own hospital on 11 November 1918 for neurasthenia, most likely caused by overwork and stress, but was later discharged on 23 November 1918.[124] Not much is written about this period. However, she was eventually readmitted to the CRCS hospital on 6 December 1918 with nervous debility. Her condition here was described as "not good… Patient is quite nervous. Does not sleep well. Is troubled with palpitations. Is

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[119] Alice Thompson, "Medical Examination Upon Leaving the Service of Officers and Other Ranks Who Have No Disability," 8 March 1919, Library and Archives Canada; Alice Thompson, "Medical Board Report on a Disabled Officer," 29 October 1918.

[120] Alice Thompson, "Medical Board Report on a Disabled Officer," 29 October 1918, Library and Archives Canada.

[121] Alice Thompson, "Record of Service," n.d., Library and Archives Canada.

[122] Alice Thompson, "Medical Board Report on a Disabled Officer," 27 December 1918, Library and Archives Canada.

[123] Alice Thompson, "Certificate of Service," 30 October 1919, Library and Archives Canada.

[124] Catherine Gardiner, "Casualty Form – Active Service," 11, 23 November 1918, RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3403-30, Library and Archives Canada, Ottawa, Canada; Catherine Gardiner, "Medical History Sheet," n.d., Library and Archives Canada.

easily excited. Tires on slight exertion."[125] These symptoms are echoed in her case notes from the following day.[126] Her medical board report also repeats the same symptoms but makes a point to mention that "the patient is quite nervous." She had been receiving treatment in hospital but was still found to be unfit, so further treatment in a convalescent hospital was recommended. NS Gardiner was also found to be unfit for any type of service for six months.[127] On 13 January 1919, she was sent back to Canada for further treatment, departing from Liverpool onboard the HMHS *Essequibo*, where her condition remained unchanged for the duration of her voyage. She arrived in Canada on 25 January 1919.[128]

There is quite a large gap in Gardiner's medical history with regard to her nervous debility, as despite being stricken with influenza in February 1919, there is no further mention of it until 1 November of that year, the day after she was discharged from the military.[129] Her "Medical History of an Invalid" lists her main illness as "Nervous Debility" but that she was also suffering from tachycardia.[130] For her nervous debility symptoms, her file states that she began to lose her appetite, slept poorly, and was "generally nervous with marked beat palpitation."[131] The medical board was unsure of how long the condition would last, but recommended rest. The medical board also

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[125] Catherine Gardiner, "Medical History Sheet," n.d., Library and Archives Canada.
[126] Catherine Gardiner, "Medical Case Sheet," 7 December 1918, Library and Archives Canada.
[127] Catherine Gardiner, "Medical Board Report on a Disabled Officer," 16 December 1918, Library and Archives Canada.
[128] Catherine Gardiner, "Medical History Sheet," n.d., Library and Archives Canada; Catherine Gardiner, "Medical Case Sheet," 13 January 1919, Library and Archives Canada.
[129] Catherine Gardiner, "Certificate of Service," 27 January 1920, Library and Archives Canada; Catherine Gardiner, "Medical History Sheet," n.d., Library and Archives Canada.
[130] Catherine Gardiner, "Medical History of an Invalid," 1 November 1919, Library and Archives Canada.
[131] Catherine Gardiner, "Medical History of an Invalid," 1 November 1919, Library and Archives Canada.

recommended she be discharged at the end of her term with the military, which she was on 31 October 1919.[132]

The nursing sisters who went into hospital for treatment of neurasthenia, nervous debility, or shell shock generally followed the same pattern. First, after a long period of work or air raids, they were given a two-week leave period, following which they would be transferred to another hospital, typically further behind the lines and with a less intense workload. Shortly thereafter, if they did not improve, they were then hospitalized before being sent to England for a stay in an active treatment hospital or convalescent home. The majority of the treatments prescribed to the nurses focused on the physical rather than the psychological; massages, baths, long rests, and fattening food were the norm. The case of Matron Pope also shows that some nurses may also have been prescribed sedatives. Even the measures put in place by Matron-in-Chief Macdonald, who was herself very aware of the toll that long periods of work with little rest could take on the nurses, focused mainly on the physical. She had doctors who were available for consultation in London, a hospital specially designated for the nurses who were more severely ill, as well as the rest homes which she carefully oversaw. The closest there was to any psychological support, as far as records show, was a home sister who was usually found in the nurses' mess, there as a maternal figure and a source of support for the women.[133]

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[132] Alice Thompson, "Certificate of Service," 30 October 1919, Library and Archives Canada; 80

[133] Mann, *Margaret Macdonald: Imperial Daughter*, 130.

All of these treatments followed commonly held beliefs from the period that conditions like neurasthenia were acquired rather than innate, meaning they could be cured. It was also believed to be an issue of the body and not of the mind. Neurasthenia was thought to be caused by a sudden depletion of a person's "nervous energy" found in the body; this could be through an overexertion of self or through a sudden, traumatic event that rapidly depleted these stores. Thus, the body was viewed as feeble, but someone with a good moral constitution, as those from the upper-class, which included many nursing sisters, were thought to possess, were believed to have held out as long as they could before their supply of nervous energy finally ran out.[134] The most common way to regain the lost nervous energy and to reinvigorate the nerves was through the administering of the rest cure. This would include treatments such as rest and fattening food, but also massages, hydrotherapy, and light exercise.[135] Whether other treatments were used remains unclear, since most files contained very vague information on treatments. Despite this, the medical professionals felt that the rest cure would be sufficient to cure nurses of their nervous issues. It is difficult to determine if it actually did, as most of the women mentioned here left little record of their post-war lives.

There were some measures in place to help nurses with their return to society after the war's end. For their service overseas, nursing sisters qualified for some post-war military benefits. Nurses who had served for over three years qualified for the maximum

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[134] Terry Copp and Mark Osborne Humphries, *Combat Stress in the 20th Century: The Commonwealth Perspective* (Kingston, Ont.: Canadian Defence Academy Press, 2010), 5-6.
[135] Mark Osborne Humphries and Kellen Kurchinski. "Rest, Relax and Get Well: A Re-Conceptualisation of Great War Shell Shock Treatment." *War & Society* 27, no. 2 (2008): 89–110. https://doi.org/10.1179/war.2008.27.2.89.

service gratuity - 183 days' pay and allowances, or roughly six months' salary.[136] An average nursing sister's pay was $2.00 per day with an overseas field allowance of $0.60 per day and a $1.00 "messing" allowance added in March 1915.[137] In general, most nursing sisters earned between $100 and $130 a month, leading to their one-time service gratuity totalling around $658.80.[138] Matron-in-Chief Macdonald sent those who had already met this requirement home first in order to give the nurses with less time served as much as they could get before they too were sent home.[139] NSs Eleanor Gordon and Catherine Gardiner applied for and were granted an Imperial Gratuity, which was slightly different. They had served with the Harvard Unit in the British Expeditionary Force (BEF), both having enlisted in 1915, before later serving with the Canadian Expeditionary Force (CEF), which in turn entitled them to more money. This time it was granted in instalments, along with the one-time service gratuity from the CEF.[140]

Nurses were also deemed eligible for a pension if they were able to convince the Board of Pension Commissioners that they had been injured while in uniform.[141] Katherine Dewar notes that upon Matron Pope's discharge, she was granted a pension due to her arteriosclerosis, and not neurasthenia or shell shock, for a number of reasons;

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[136] Mann, *Margaret Macdonald: Imperial Daughter*, 150.
[137] Macphail, *Official History of the Canadian Forces in the Great War 1914-19*, 342.
[138] Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*. Studies in Canadian Military History (Vancouver: UBC Press, 2016), 17, 200, 229.
[139] Mann, *Margaret Macdonald: Imperial Daughter*, 150.
[140] Eleanor Gordon, *Imperial War Service Gratuities*, Reference: RG9-II-F-10, Volume: 108, Library and Archives Canada, Ottawa, Ontario, Canada; Catherine Gardiner, *Imperial War Service Gratuities*, Reference: RG9-II-F-10, Volume: 101, Library and Archives Canada, Ottawa, Ontario, Canada; Eleanor Gordon, "Attestation Paper," 14 March 1916, Library and Archives Canada; Catherine Gardiner, "Attestation Paper," 26 January 1917, Library and Archives Canada.
[141] Mélanie Morin-Pelletier, "'At Peace with with the Germans, but at War with the Germs': Canadian Nurse Veterans after the First World War," in *Canada 1919: A Nation Shaped by War*, eds. Tim Cook and J.L. Granastein (Vancouver: UBC Press, 2020), 190-203.

her brother, Sir Joseph Pope, was a powerful man in the political circles in Ottawa, so perhaps the military was attempting to protect itself from claims they mishandled the illness of someone so important and were unable to keep her safe. Keeping her illness from becoming public knowledge could also have been done to protect Matron Pope; in her position of authority, shell shock carried a stigma at the time. Ensuring her illness was kept quiet would also protect any future career with the military that she saw for herself.[142] Nevertheless, Matron Pope still expected to receive "a generous pension" for her arteriosclerosis.[143]

In 1918, it was determined by the medical board that NS MacInnes' neurasthenia made her ineligible for a pension.[144] They found her to be carrying on with her job fairly well, which was most likely the major reason why they decided she was not eligible for a pension; there was no reason to give her money if she was able to continue working. The opinion of the medical board was that she did have neurasthenia but was "otherwise normal."[145] This decision was later reversed in 1919 by the medical board; despite her improvement both physically and mentally after multiple relapses, it decided that she be considered for a pensionable disability at 100 per cent for six months. This was due to the fact she was not seen as being strong enough to return to work or capable of assuming any sort of mental responsibility.[146]

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[142] Katherine Dewar, *Called to Serve: Georgina Pope, Canadian Military Nursing Heroine* (Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2018), 164.
[143] Dewar, *Those Splendid Girls*, 95.
[144] Florence MacInnes, "Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty," 4 December 1918, Library and Archives Canada.
[145] Florence MacInnes, "Case History Sheet," 23 July 1919, Library and Archives Canada.
[146] Florence MacInnes, "Case History Sheet," 23 July 1919, Library and Archives Canada.

NS Catherine Gardiner applied for a pension after the war. Her file provides more details on her condition of neurasthenia both during the war and after. On 30 October 1919, her file states that she had been unable to do private nursing as of yet.[147] In a letter recounting a medical examination she had on 12 January 1920, the medical officer who conducted it stated that NS Gardiner said in November 1918, she had a "nervous breakdown beginning with the consciousness of her heart action, followed by insomnia, loss of appetite and general nervousness."[148] She had presented with an "appearance of general nervousness" and was suffering from "well defined neurasthenia" but was making a good recovery. NS Gardiner also stated that she felt much better than she had been for the past several months, something she attributed to the three months of rest she had received prior to this examination.[149] She was granted a monthly payment of $7.50 from 1 November 1919 to 31 January 1920. At some point, she received her final payment of $25, however, the date of this is not legible in the document.[150] Her file is not clear on any amounts paid in between 31 January 1920 and 1 December 1921.

After enduring a traumatic experience or experiences, whether due to the long periods of work brough on by constant convoys of wounded men, or enduring multiple air raids night after night, the system set in place for the treatment of nursing sisters followed the same pattern. First, they were given a period of leave, followed by a new

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[147] Catherine Gardiner, "Department of Soldiers' Civil Re-establishment", Charles MacKay to K. B. McLatchy, 13 January 1920. NS Catherine Gardiner's pension record was provided by the *Through Veterans' Eyes* project from their *Through Veterans' Eyes* collections held at the Laurier Centre for Military Strategic and Disarmament Studies at Wilfrid Laurier University, Waterloo, Ontario.
[148] Catherine Gardiner, "Department of Soldiers' Civil Re-establishment", Charles MacKay to K. B. McLatchy, 13 January 1920.
[149] Catherine Gardiner, "Department of Soldiers' Civil Re-establishment", Charles MacKay to K. B. McLatchy, 13 January 1920
[150] Catherine Gardiner, "Board of Pension Commissioners for Canada Recommendation for Award or of Pension," 27 January 1920.

assignment at a hospital further behind the lines, and if no improvement was made, were then admitted to hospital, and sent back to England for further treatment. Once there, they either spent their time at a rest home or, in the more serious cases, in an active treatment hospital. The general practice was to prescribe the nurses lots of rest and food, adhering to the commonly held ideas of treatment for these types of nervous conditions. After being deemed fit by the medical board, the nurses were given a new assignment elsewhere in England. Very rarely did they return to France afterwards. Those who were deemed unfit were eventually medically discharged and sent back home to Canada.

Eligible nursing sisters were entitled to a gratuity or a pension, however, information on both in regard to the nursing sisters and matron examined here, is sparse. No matter the reason for keeping Matron Pope's diagnosis hidden from the public, it is clear that shell shock was indeed pensionable for nursing sisters; NS MacInnes struggled greatly and was unable to return to work as a nurse and was thus pensionable, compared to Matron Pope who might still not have met the standards for a pension for shell shock or neurasthenia. NS Gardiner, however, did meet these standards, although her file is still lacking in enough detail to draw a fuller picture of her experiences. This was, however, as far as the state felt its obligation to these women went.

Conclusion

Throughout this study, various elements of nursing sisters' time overseas have been highlighted to demonstrate, and provide context for, their wartime experiences and what effects these had on their psychological health. Analysing the eleven nursing sisters' and one matron's experiences demonstrates a trend that carries across varying hospitals, locations, and even countries. After a traumatic event, whether overwork resulted from a big military push or air raids, they were first granted two weeks leave, which was then followed by a posting to a quieter hospital. Here they remained for a period of time, ranging from a few days to a few months. If symptoms or difficulties continued to persist, then were the nursing sisters and matrons admitted for shell shock. Their treatments followed the standard of the day, primarily centering around the rest cure, consisting of an extended period of rest and food. Along with this, this thesis also proves that nursing sisters did indeed experience the same symptoms as men who were diagnosed with shell shock and were aware that they themselves were also at risk of developing it, even if the diagnoses they eventually received used different language.

While the opinions of those who had been diagnosed with hysteria never changed, the creation of new diagnoses such as neurasthenia and railway spine were useful in explaining why men who fit the Victorian and Edwardian ideals were suffering from what appeared to be hysteria. In some cases, it even served to work in a man's favour by proving that he was out interacting with the modern, industrial world, as real men were supposed to do. This also helped to reinforce the idea that a woman's sphere was at home and that she was not well suited for the world outside.

The idea of neurasthenia carried over onto the battlefield and continued to be used to explain why otherwise perfectly healthy and "ideal" men were struggling when faced with such traumatic events. By the time of the First World War, shell shock began to come into more common usage as a diagnosis. While at first seen as a veritable injury, the subjectiveness of the diagnosis made it hard to determine which soldiers exactly were truly suffering and which were either malingering or not actually experiencing shell shock itself. This led to what was essentially the banning of the term except for when used by medical professionals who knew how to identify it.

Despite neurasthenia and shell shock being typically used for men, and hysteria for women, none of the eleven nursing sisters and one matron studied for this thesis were diagnosed as hysteric. Indeed, nursing sisters were challenging many ideas on gender and masculinity, perhaps without even realizing it. War was traditionally seen as a very masculine endeavour, so for women to be there near the battlefields was something relatively new. Nursing work was still seen as a very feminine endeavour, and the image traditionally associated with it, of the chaste, motherly, nurturing figure, was very strongly emphasized, and in some ways even embodied by the nurses, throughout the war. Their presence posed no immediate threat to a soldier's masculinity. While only a few received the diagnosis of shell shock or any diagnosis with the word "shock" in it, neurasthenia was used in most instances. This could partially be due to the banning of the term "shell shock," as the majority of the women analysed here were diagnosed after this came into effect, per official orders. The military could have not wanted to admit to the full extent of the harm these women, who were also professionals and officers, were put through. For a nursing sister to have received this diagnosis, which was so heavily

associated with war and masculinity, could have meant acknowledging her as being somewhat masculine and crossing over the gender divide, thus threatening the long-standing image of nurses and nursing work as being feminine in nature.

Nevertheless, these women still shared in some of the same experiences as the men, such as the aftermaths of big military pushes and air raids, and just as with the men, these events took their toll on those who found themselves caught in the midst of them. Whether it was the effects of overwork, as in the case of NS Follette and NS Kelly, or from enduring air raids as with the rest of them, many nurses eventually found themselves being put through the same steps of treatment. They were granted a period of leave followed by an assignment to a hospital with a lighter workload before finally being sent to a hospital or voluntarily going themselves. This was true for the nurses who found themselves in France as well as those who were in England, such as NS Gardiner and NS Gaskin.

Many of the nursing sisters ended up spending time in a convalescent home, usually Northwood, where the prescribed treatment was lots of rest and plenty of fattening food. These were standard courses of treatment for the soldiers as well, but for the nurses with potentially more serious cases of shell shock, such as Matron Pope, their noted treatments were still less intense in nature than perhaps a soldier might experience. As Dianne Dodd has stated, as officers the nurses generally received preferential treatment, and their place and unique status within the military offered them some

protection.[388] Women were seen as more subject to illness than men due to being biologically weaker and were not depriving the military of their masculinity, even temporarily, were they to fall ill, unlike a male soldier would.

There is much that a study of nursing sisters and shell shock can tell historians. It provides a chance to gain an even greater understanding of the nursing sisters' experiences during the war as well as an opportunity to further study their health. Shell shock in nursing sisters also opens new avenues of exploration with regard to concepts gender, masculinity, and war, along with health, during the period. While the vast majority of nursing sisters survived the war, it would be remiss of historians to assume that all of the nursing sisters who returned home did so not just physically but psychologically intact.

It is my hope that this study of Maritime nursing sisters and their experiences with shell shock provides a basis for future study in both Maritime nursing sisters of the Great War and shell shock in Canadian military nurses on a national level.

[388] Dianne Dodd, "Canadian Military Nurse Deaths in the First World War." *Canadian Bulletin of Medical History* 34, no. 2 (2017).

Bibliography

Primary Sources: Government Documents:

Personnel Records of the First World War:

Barry, Emma, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 474-2. Library and Archives Canada, Ottawa, Canada.

Ellis, Margaret, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 2886-24. Library and Archives Canada, Ottawa, Canada.

Follette, Minnie, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3172-18. Library and Archives Canada, Ottawa, Canada.

Gardiner, Catherine, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3403-30. Library and Archives Canada, Ottawa, Canada.

Gaskin, Maude, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3435-43. Library and Archives Canada, Ottawa, Canada.

Gordon, Eleanor, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 3645-9. Library and Archives Canada, Ottawa, Canada.

Kelly, Florence, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 5051-15. Library and Archives Canada, Ottawa, Canada.

MacDonald, Minnie, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 6753-29. Library and Archives Canada, Ottawa, Canada.

MacInnes, Florence, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 6994-37. Library and Archives Canada, Ottawa, Canada.

McLeod, Annie, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 7073-36. Library and Archives Canada, Ottawa, Canada.

Pope, Georgina Fane, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 7901-51. Library and Archives Canada, Ottawa, Canada.

Thompson, Alice, Personnel Record. RG150, Canadian Expeditionary Force, Accession 1992-93/166, Box 9621-38. Library and Archives Canada, Ottawa, Canada.

War Diaries:

Canadian Red Cross Special Hospital, War Diary. RG9, Militia and Defence, Series III D-3, vol. 5039, file number 876, reel T-10931, item ID 2005143. Library and Archives Canada, Ottawa, Canada.

Granville Canadian Special Hospital, War Diary. RG9, Militia and Defence, Series III-D 3, vol. 5040, file number 878, reel T-10931, item ID 2006032. Library and Archives Canada, Ottawa, Canada.

No. 1 Casualty Clearing Station, War Diary. RG9, Militia and Defence, Series III-D-3, vol. 5032, file number 838, reel T-10921, item ID 2005082. Library and Archives Canada, Ottawa, Canada

No. 1 Canadian General Hospital, War Diary. RG9, Militia and Defence, Series III-D-3, vol. 5034, file number 851, reel T-10924, item ID 2005096. Library and Archives Canada, Ottawa, Canada.

No. 2 Canadian Stationary Hospital, War Diary. RG9, Militia and Defence, Series III-D 3, vol. 5033, file number 843, reel T-10922, item ID 2005087. Library and Archives Canada, Ottawa, Canada.

No. 3 Canadian Stationary Hospital, War Diary. RG9, Militia and Defence, Series III-D 3, vol. 5033, file number 844, reel T-10923, item ID 2005088. Library and Archives Canada, Ottawa, Canada.

No. 10 Canadian Stationary Hospital, War Diary. RG9, Militia and Defence, Series III-D 3, vol. 5034, file number 850, reel T-10923, item ID 2005095. Library and Archives Canada, Ottawa, Canada.

Historical Records:

Canadian Red Cross Special Hospital, Historical Record. RG9, Militia and Defence, Series III D-1. Library and Archives Canada, Ottawa, Canada.

Granville Canadian Special Hospital, Historical Record. RG9, Militia and Defence, Series III-D-1. Library and Archives Canada, Ottawa, Canada.

No. 1 Casualty Clearing Station, Historical Record. RG9, Militia and Defence, Series III D-1, Library and Archives Canada, Ottawa, Canada.

No. 10 Canadian General Hospital, Historical Record. RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada.

No. 2 Canadian Stationary Hospital, Historical Record. RG9, Militia and Defence, Series III-D-1, Library and Archives Canada, Ottawa, Canada.

Westcliffe Canadian Eye and Ear Hospital, Historical Record. RG9, Militia and Defence, Series III-D-1. Library and Archives Canada, Ottawa, Canada.

Imperial War Service Gratuities:

Gardiner, Catherine. *Imperial War Service Gratuities*. Reference: RG9-II-F-10, Volume: 10. Library and Archives Canada, Ottawa, Ontario, Canada.

Gordon, Eleanor. *Imperial War Service Gratuities*. Reference: RG9-II-F-10, Volume: 108. Library and Archives Canada, Ottawa, Ontario, Canada.

Letters:

Margaret Clotilde Macdonald to Col. Hodgetts, 6 June 1916, RG9, Militia and Defence, Series III-B-2, vol. 3511, file 19-1-30, Library and Archives Canada, Ottawa, Canada.

Pension File:

Gardiner, Catherine, Pension File. Through Veterans' Eyes project, Through Veterans' Eyes collections. Laurier Centre for Military Strategic and Disarmament Studies, Wilfrid Laurier University, Waterloo, Ontario.

Primary Sources:

Passenger Lists, 1865–1935. Microfilm Publications T-479 to T-520, T-4689 to T-4874, T-14700 to T-14938, C-4511 to C-4542. Library and Archives Canada, n.d. RG 76-C. Department of Employment and Immigration fonds. Library and Archives Canada, Ottawa, Ontario, Canada.

Secondary Sources:

Allard, Geneviève. "Caregiving on the Front: The Experience of Canadian Military Nurses during World War I." In *On All Frontiers: Four Centuries of Canadian*

Nursing, edited by Christina Bates, Dianne Dodd, and Nicole Rousseau, 153-167. Ottawa: University of Ottawa Press, 2005.

Bates, Christina. "'Trained Mind in a Trained Body': The Standardization of the Uniform, 1900-1920." In *A Cultural History of the Nurse's Uniform*, 45-68. Gatineau, Québec: Canadian Museum of Civilization, 2012.

Bruce, Constance. *Humour in Tragedy: Hospital Life Behind 3 Fronts by a Canadian Nursing Sister*. London: Skeffington, 1918.

Canada, Ministry, Overseas Military Forces of Canada. *Report of the Ministry, Overseas Military Forces of Canada, 1918*. London: Printed by authority of the Ministry, Overseas Military Forces of Canada, 1919.

"Canadian Army Medical Nursing Service Department," *Canadian Nurse*.

Cameron, Kenneth. *The History of No. 1 Canadian General Hospital 1914-1919*. Sackville, NB, 1938.

Carter, Sarah. "The persistence of a 'curiously strong prejudice': from the First World War to the Great Depression." In *Imperial Plots: Women, Land, and the Spadework of British Colonialism on the Canadian Prairies*, 327-374. Winnipeg, Manitoba: University of Manitoba Press, 2016.

Clint, M.B. *Our Bit: Memories of War Service by a Canadian Nursing-Sister*. Montreal: Alumnae Association of the Royal Victoria Hospital, 1934.

Copp, Terry and Mark Osborne Humphries, *Combat Stress in the 20th Century: The Commonwealth Perspective*. Kingston, Ont.: Canadian Defence Academy Press, 2010.

Dewar, Katherine. *Called to Serve: Georgina Pope, Canadian Military Nursing Heroine*. Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2018.

_____. *Those Splendid Girls: The Heroic Service of Prince Edward Island Nurses in the Great War*. Charlottetown, Prince Edward Island: Island Studies Press, University of Prince Edward Island, 2014.

Dodd, Dianne. "Canadian Military Nurse Deaths in the First World War." *Canadian Bulletin of Medical History* 34, no. 2 (Fall 2017): 327-363.

Duffus, Maureen. *Battlefront Nurses of WW1: The Canadian Army Medical Corps in England*. Victoria, B.C.: Town and Gown Press, 2009.

Fowler, T. Robert. “The Canadian Nursing Service and the British War Office: The Debate Over Awarding the Military Cross, 1918.” *Canadian Military History* 14, no. 4 (2005): 31-42.

Gibbon, John Murray and Mary S. Mathewson. *Three Centuries of Canadian Nursing*. Toronto: Macmillan, 1947.

Glassford, Sarah. *Mobilizing Mercy: A History of the Canadian Red Cross*. Montreal: McGill Queen's University Press, 2017.

_____. “Fallen Sisters: Gender, Military Service, and Death in Canada’s First World War.” In *Portraits of Battle: Courage, Grief, and Strength in Canada’s Great War*, edited by Peter Farrugia and Evan J. Habkirk. Vancouver: UBC Press, 2021. 151-174.

Hallett, Christine E. “Nursing in ‘far flung places.’” In *Containing Trauma: Nursing Work in the First World War*, 127-154. Manchester: Manchester University Press, 2009.

_____. “Emotional containment.” In *Containing Trauma: Nursing Work in the First World War*, 155-193. Manchester: Manchester University Press, 2009.

_____. “Self-containment.” In *Containing Trauma: Nursing Work in the First World War*, 194-217. Manchester: Manchester University Press, 2009.

_____. “Portrayals of Suffering: Perceptions of Trauma in the Writings of First World War Nurses and Volunteers.” Canadian Bulletin of Medical History = Bulletin Canadien D'histoire De La Medecine 27, no. 1 (2010): 65–84.

Humphries, Mark Osborne, and Kellen Kurchinski. “Rest, Relax and Get Well: A Re Conceptualisation of Great War Shell Shock Treatment.” *War & Society* 27, no. 2 (2008): 89–110. https://doi.org/10.1179/war.2008.27.2.89.

Humphries, Mark Osborne. “War's Long Shadow: Masculinity, Medicine, and the Gendered Politics of Trauma, 1914–1939.” Canadian Historical Review 91, no. 3 (2010): 503–31. https://doi.org/10.3138/chr.91.3.503.

_____. *A Weary Road: Shell Shock in the Canadian Expeditionary Force, 1914*-1918. Toronto: University of Toronto Press, 2018.

McKenzie, Andrea. *War-Torn Exchanges: The Lives and Letters of Nursing Sisters Laura Holland and Mildred* Forbes. Vancouver: UBC Press, 2016.

_____. “The Battle to Care: Canadian Nurses in France and Gallipoli.” In Two Sides of the Same Bad Penny: Gallipoli and the Western Front, a Comparison, edited by Micheal Locicero. Helion & Company Limited, Warwick, England, 2018.

Macphail, Andrew, *Official History of the Canadian Forces in the Great War 1914-19: The Medical Services*. Ottawa: Acland, 1925.

Mann, Susan. *Margaret Macdonald: Imperial Daughter*. Montréal, Québec: McGill-Queen's University Press, 2010.

Marshall, Debbie. *Give Your Other Vote to the Sister: A Woman's Journey into the Great War*. Calgary, Alberta: University of Calgary, 2007.

Mitchinson, Wendy. *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada*. Toronto: University of Toronto Press, 1991.

Moore, Mary MacLeod. *The Maple Leaf's Red Cross: The War Story of the Canadian Red Cross Overseas*. London: Skeffington and Son, 1919.

Morin-Pelletier, Mélanie. *Briser les ailes de l'ange: Les infirmières militaires canadiennes (1914-1918)*. Outremont: Athéna, 2006.

_____. "Bâtisseuses de l'est: les vétéranes des Maritimes et la santé publique, 1919 1939," Acadiensis 42, no. 1 (2013): 127–49.

_____. "'At Peace with with the Germans, but at War with the Germs': Canadian Nurse Veterans after the First World War." In *Canada 1919: A Nation Shaped by War*, edited by Tim Cook and J.L. Granastein, 190-203. Vancouver: UBC Press, 2020.

Nicholson, G.W.L. *Canada's Nursing Sisters*. Toronto: Samuel Stevens, Hakkert, 1975.

Norman, Allison. "'In Defense of the Empire': The Six Nations of the Grand River and the Great War." In *A Sisterhood of Suffering and Service: Women and Girls of Canada and Newfoundland during the First World War*, edited by Sarah Glassford and Amy Shaw, 29-50. Vancouver: UBC Press, 2012.

Norris, Marjorie Barron. *Sister Heroines: The Roseate Glow of Wartime Nursing, 1914 1918*. Calgary, Alberta: Bunker to Bunker Pub., 2002.

Quiney, Linda J. *This Small Army of Women: Canadian Volunteer Nurses and the First World War*. Vancouver: UBC Press, 2017.

_____. "Gendering Patriotism: Canadian Volunteer Nurses as the Female 'Soldiers' of the Great War." In *A Sisterhood of Suffering and Service: Women and Girls of Canada and Newfoundland during the First World War*, edited by Sarah Glassford and Amy Shaw, 102-125. Vancouver: UBC Press, 2012.

Toman, Cynthia. "'A Loyal Body of Empire Citizens': Military Nurses and Identity at Lemnos and Salonika, 1915-17." In *Place & Practice in Canadian Nursing History*, edited by Meryn Stuart, Jayne Elliott, and Cynthia Toman, 8-24. Vancouver: UBC Press, 2008.

_____. "Eyewitnesses to revolution: Canadian military nurses at Petrograd, 1915-1917." In *One Hundred Years of Wartime Nursing Practices, 1854-1953*, edited by Christine E Hallett and Jane Brooks. 122-142. Manchester England: Manchester University Press, 2015.

_____. *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*. Studies in Canadian Military History. Vancouver: UBC Press, 2016.

Stuart, Meryn. "Social Sisters: A Feminist Analysis of the Discourses of Canadian Military Nurse Helen Fowlds, 1915-18." In *Place & Practice in Canadian Nursing History*, edited by Meryn Stuart, Jayne Elliott, and Cynthia Toman, 25-39. Vancouver: UBC Press, 2008.

Wilkinson, Maude. Four Score and Ten: Memoirs of a Canadian Nurse. Brampton, Ontario: M. M. Armstrong, 2003.

Wilson-Simmie, Katharine. Lights Out: A Canadian Nursing Sister's Tale. Belleville, Ont.: Mika, 1981.

Appendix 1:

Table 1: Nursing Sister Data Chart

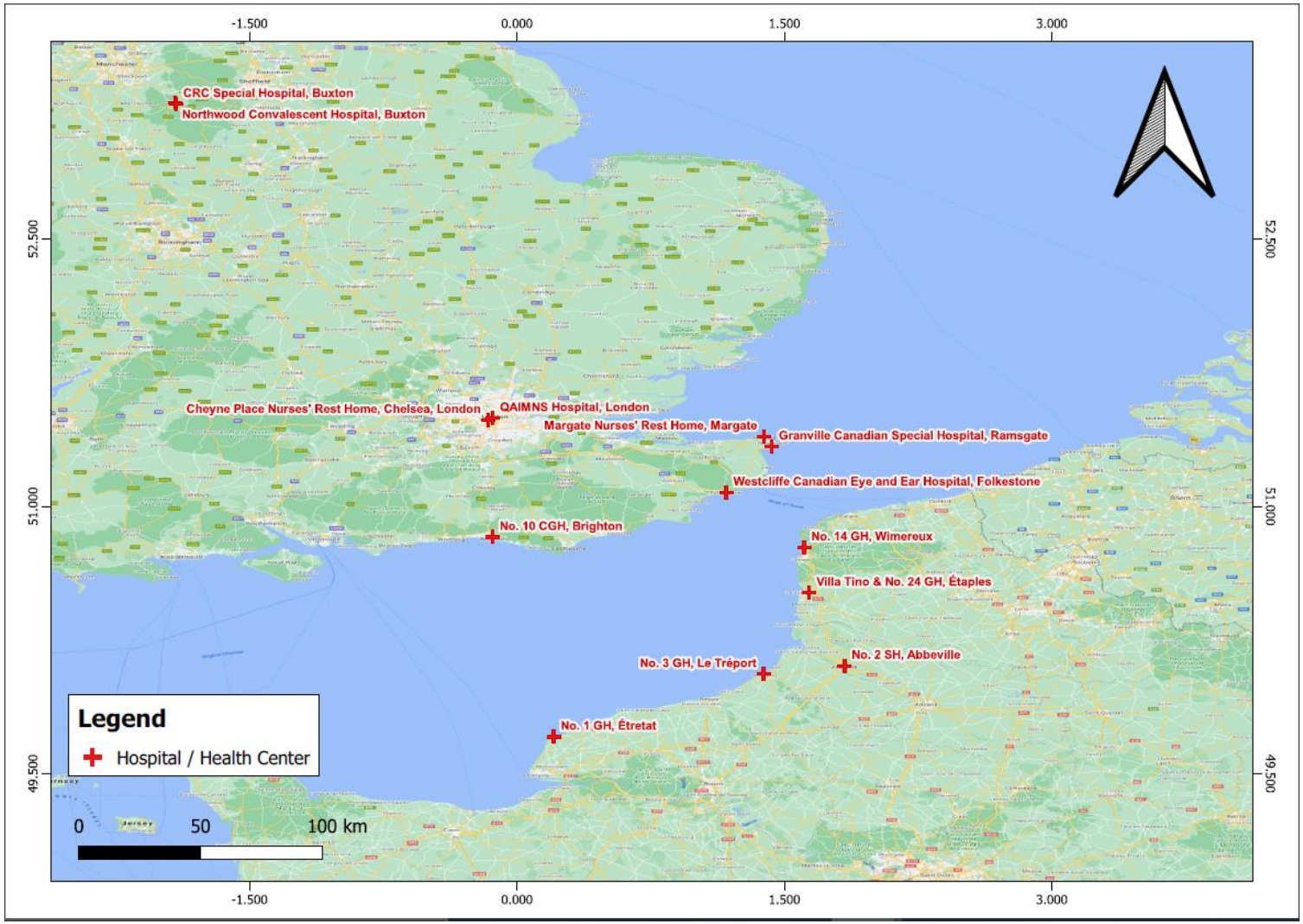
Name:	Last Hospital Assigned to:	First Admission Date:	Symptoms:	Diagnosis/es:	Hospital(s) Treated at:	Treatment(s):	Final Discharge Date:	Post-Discharge Assignment:
NS Minnie Follette	No. 1 Canadian CCS	27 March 1916	"Suffering from strain of constant duty"	Debility, Nervous Exhaustion	No. 14 GH, Cheyne Place Nurses' Rest Home	Two months leave	6 June 1916	No. 2 CGH
NS Florence Kelly	No. 3 CSH	2 July 1917	Weak, "Highly neurotic and run down"	Debility, Neurasthenia	No. 2 SH, No. 14 GH, Margate Nurses' Rest Home	Long rest and fattening food	24 September 1917	CAMC Depot
NS Florence MacInnes	No. 1 CGH	7 November 1916	Headaches, dizziness, and insomnia, weight loss, anaemia	Vertigo; Neurasthenia; Depressive Psychosis	Granville Canadian Special Hospital, Margate Nurses' Rest Home, Pine Hill Hospital, Camp Hill Hospital, Ste. Anne de Bellevue Hospital	Rest, tonics, trip to Bermuda, food, massage, hydrotherapy	25 July 1919	Medically Discharged
NS Maude Gaskin	Westcliffe Canadian Eye and Ear Hospital	2 September 1917	"Suffering from the above disabilities"	Gastritis, Nervous Debility	Westcliffe Canadian Eye and Ear Hospital	"Long Holiday"	September/ October 1918	Saint John Military Hospital

Name:	Last Hospital Assigned to:	First Admission Date:	Symptoms:	Diagnosis/es:	Hospital(s) Treated at:	Treatment(s):	Final Discharge Date:	Post-Discharge Assignment:
NS Margaret Ellis	No. 2 CGH	7 June 1918	“Nervous, sleeping very little, and very fatigued”	Debility	No. 3 GH, No. 10 CGH, Northwood Convalescent Hospital	n/a	15 July 1918	No. 15 CGH
NS Minnie MacDonald	No. 2 CGH	11 June 1918	Poor sleep, fatigue, nervous, tremors	Debility	No. 3 GH, No. 10 CGH, Northwood Convalescent Hospital	n/a	15 July 1918	No. 4 CGH
NS Annie McLeod	No. 2 CGH	14 June 1918	Tired, nervous, eye tremors, tremors	Debility	No. 3 GH, No. 10 CGH, Northwood Convalescent Hospital	n/a	15 July 1918	No. 12 CGH
NS Emma Barry	No. 10 CSH	27 July 1918	"Nervous and run down"	Debility due to Shock	No. 14 GH, Queen Alexandra's Imperial Military Nursing Service Hospital, Northwood Convalescent Hospital	Rest	28 August 1918	Westcliffe Canadian Ear and Eye Hospital
NS Eleanor Gordon	No. 2 CSH	15 August 1918	Feeling unwell, no definite symptoms	Debility neurasthenia; Debility after Shell Shock	No. 14 GH, QAIMNS Hospital, Northwood Convalescent Hospital	“Convalescent & light duty”	17 September 1918	Canadian Convalescent Officer’s Hospital

Name:	Last Hospital Assigned to:	First Admission Date:	Symptoms:	Diagnosis/es:	Hospital(s) Treated at:	Treatment(s):	Final Discharge Date:	Post-Discharge Assignment:
Matron Georgina Fane Pope	No. 2 CSH	15 August 1918	Bad cold, dizziness, underweight, headaches	Nervous Debility, Arteriosclerosis; Debility after Shell Shock; Neurasthenia	No. 14 GH, QAIMNS Hospital, Northwood Convalescent Hospital or CRC Special Hospital	Iodides and saline; bromides; rest	26 November 1918	Medically Discharged
NS Alice Thompson	No. 2 CSH	6 October 1918	Tired, headaches, dizziness, palpitations	Debility; Neurasthenia	No. 14 GH, QAIMNS Hospital, CRC Special Hospital	Rest, tonics	5 November 1918	No. 12 CGH
NS Catherine Gardiner	No. 10 CGH	6 December 1918	Nervous, sleeplessness, palpitations, easily tired on exertion	Debility, Nervous; Nervous Debility	CRC Special Hospital	n/a	13 January 1919	Medically Discharged

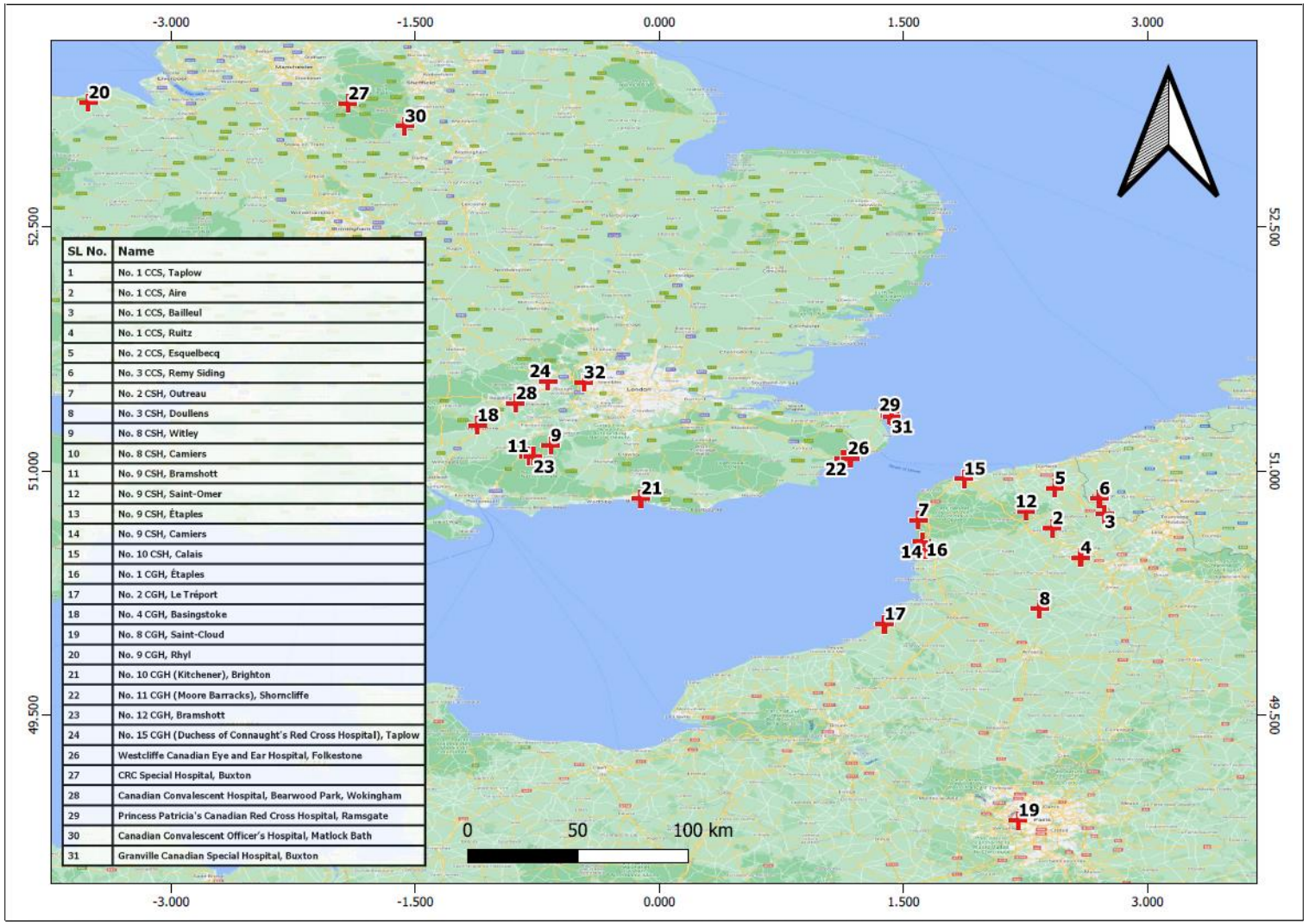
Appendix 2:

Map of Hospital Locations (Where Treated)



Appendix 3:

Map of Hospital Locations (Where Assigned)



SL No.	Name
1	No. 1 CCS, Taplow
2	No. 1 CCS, Aire
3	No. 1 CCS, Bailleul
4	No. 1 CCS, Ruitz
5	No. 2 CCS, Esquelbecq
6	No. 3 CCS, Remy Siding
7	No. 2 CSH, Outreau
8	No. 3 CSH, Doullens
9	No. 8 CSH, Witley
10	No. 8 CSH, Camiers
11	No. 9 CSH, Bramshott
12	No. 9 CSH, Saint-Omer
13	No. 9 CSH, Étaples
14	No. 9 CSH, Camiers
15	No. 10 CSH, Calais
16	No. 1 CGH, Étaples
17	No. 2 CGH, Le Tréport
18	No. 4 CGH, Basingstoke
19	No. 8 CGH, Saint-Cloud
20	No. 9 CGH, Rhyl
21	No. 10 CGH (Kitchener), Brighton
22	No. 11 CGH (Moore Barracks), Shorncliffe
23	No. 12 CGH, Bramshott
24	No. 15 CGH (Duchess of Connaught's Red Cross Hospital), Taplow
26	Westcliffe Canadian Eye and Ear Hospital, Folkestone
27	CRC Special Hospital, Buxton
28	Canadian Convalescent Hospital, Bearwood Park, Wokingham
29	Princess Patricia's Canadian Red Cross Hospital, Ramsgate
30	Canadian Convalescent Officer's Hospital, Matlock Bath
31	Granville Canadian Special Hospital, Buxton

Appendix 4:

Timeline of Nursing Sisters' Overseas Hospital Assignments

NS Minnie Follette:

No. 1 Canadian Casualty Clearing Station, Taplow: 26 February 1915 - 6 March 1916; Aire: 6 March 1916 - 19 January 1916; Bailleul: 19 January 1916 - 30 March 1916

No. 2 Canadian General Hospital, Le Tréport: 6 June 1916 - 11 May 1917

No. 9 Canadian Stationary Hospital, Bramshott: 18 May 1917 - 21 May 1917

Ontario Military Hospital, Orpington (Designated No. 16 Canadian General Hospital on 10 September 1917): 6 September 1917 - 22 March 1918

NS Alice Thompson:

No. 2 Canadian General Hospital, Le Tréport: 2 March 1915 - 7 February 1916

No. 2 Canadian Stationary Hospital, Outreau: 8 February 1916 - 24 December 1917

No. 3 Canadian Casualty Clearing Station, Remy Siding: 25 December 1917 - 28 January 1918

No. 1 Canadian Casualty Clearing Station, Ruitz: 29 January 1918 - 8 April 1918; Pernes: 8 April 1918 - 26 April 1918

No. 2 Canadian Casualty Clearing Station, Esquelbecq: 27 April 1918 - 27 July 1918

No. 2 Canadian Stationary Hospital, Outreau: 28 July 1918 - 9 October 1918

No. 12 Canadian General Hospital, Bramshott: 28 November 1918 - 30 March 1919

NS Margaret Ellis:

No. 2 Canadian General Hospital, Le Tréport: 21 March 1915 - 20 July 1915

No. 1 Canadian General Hospital, Étaples: 20 July 1915 - 22 September 1915

Canadian Convalescent Hospital, Bearwood Park, Wokingham: 8 December 1916 - 12 February 1917

Princess Patricia's Canadian Red Cross Hospital, Ramsgate: 12 February 1917 - 24 September 1917

No. 4 Canadian General Hospital, Basingstoke: 24 September 1917 - 28 November 1917

No. 8 Canadian Stationary Hospital, Witley: 28 November 1917 - 10 November 1917; Camiers: 10 December 1917 - 22 February 1918

No. 1 Canadian General Hospital, Étaples: 21 February 1918 - 16 June 1918

Temporary Duty, No. 2 Canadian General Hospital, Le Tréport: 1 June 1918 – 7 June 1918

No. 15 Canadian General Hospital, Taplow: 8 August 1918 - 14 March 1919

NS Florence MacInnes:

No. 1 Canadian General Hospital, Étaples: 11 August 1915 - 10 December 1916

NS Eleanor Gordon:

Duchess of Connaught's Red Cross Hospital, Taplow: 20 March 1916 - 7 June 1916

No. 2 Canadian Stationary Hospital, Outreau: 7 June 1916 - 16 August 1918

Canadian Convalescent Officer's Hospital, Matlock Bath: 7 October 1918 - 8 April 1919

Canadian Convalescent Hospital, Bearwood Park, Wokingham: 8 April 1919 - 26 April 1919

NS Emma Barry:

Moore Barracks Hospital, Shorncliffe: 4 July 1916 - 26 September 1916

No. 12 Canadian General Hospital, Bramshott: 12 October 1917 - 22 November 1917

No. 9 Canadian Stationary Hospital, Bramshott: 22 November 1917 - 5 December 1917; Saint-Omer: 12 December 1917 - 19 April 1918; Étaples: 20 April 1918 - 5 August 1918

Temporary Duty, No. 1 Canadian General Hospital, Étaples: 15 April 1918 – 24 June 1918
Temporary Duty, No. 10 Canadian Stationary Hospital, Calais: 26 June 1918 – 27 July 1918

Westcliffe Canadian Eye & Ear Hospital, Folkestone: 17 September 1918 - 11 December 1918, 19 December 1918 - 16 January 1919

Canadian Red Cross Special Hospital, Buxton: 16 January 1919 - 7 February 1919

No. 9 Canadian General Hospital, Rhyl: 7 February 1919 - 13 June 1919

No. 4 Canadian General Hospital, Basingstoke: 13 June 1919 - 30 June 1919

No. 15 Canadian General Hospital, Taplow: 30 June 1919 - 5 July 1919

NS Minnie MacDonald:

Moore Barracks Hospital (Designated No. 11 Canadian General Hospital on 10 September 1917), Shorncliffe: 4 July 1916 - 12 September 1917

No. 12 Canadian General Hospital, Bramshott: 12 September 1917 - 22 November 1917

No. 9 Canadian Stationary Hospital, Bramshott: 22 November 1917 - 5 December 1917; Saint-Omer: 12 December 1917 - 19 April 1918; Étaples: 20 April 1918 - 17 June 1918
Temporary Duty, No. 1 Canadian General Hospital, Étaples: 15 April 1918 – 1 June 1918
Temporary Duty, No. 2 Canadian General Hospital, Le Tréport: 11 June 1918 – 17 June 1918

No. 4 Canadian General Hospital, Basingstoke: 6 August 1918 - 24 April 1919

Granville Canadian Special Hospital, Buxton: 24 April 1919 - 2 May 1919

No. 9 Canadian General Hospital, Rhyl: 2 May 1919 - 3 July 1919

NS Annie McLeod:

Moore Barracks Hospital, Shorncliffe: 4 July 1916 - 30 September 1916

No. 9 Canadian Stationary Hospital, Bramshott: 30 September 1916 - 16 April 1917

No. 3 Canadian Stationary Hospital, Doullens: 16 April 1917 - 17 June 1918
Temporary Duty, No. 2 Canadian General Hospital, Le Tréport: 31 May 1918 – 14 June 1918

No. 12 Canadian General Hospital, Bramshott: 8 August 1918 - 17 December 1918

No. 9 Canadian Stationary Hospital, Camiers: 17 December 1918 - 23 April 1919

Granville Canadian Special Hospital, Buxton: 23 April 1919 - 26 June 1919

NS Florence Kelly:

No. 2 Canadian Stationary Hospital, Outreau: 8 July 1916 - 7 October 1916

No. 9 Canadian Stationary Hospital, Bramshott: 8 October 1916 - 15 April 1917

No. 3 Canadian Stationary Hospital, Doullens: 16 April 1917 - 5 July 1917

Canadian Convalescent Hospital, Uxbridge: 26 September 1917 - 27 December 1917

No. 16 Canadian General Hospital, Orpington: 27 December 1917 - 5 November 1918

No. 2 Canadian General Hospital, Le Tréport: 6 November 1918 - 30 November 1918

No. 8 Canadian General Hospital, Saint-Cloud: 1 December 1918 - 7 February 1919

No. 11 Canadian General Hospital, Shorncliffe: 8 February 1919 - 12 February 1919

Princess Patricia's Canadian Red Cross Hospital, Bexhill: 12 February 1919 - 7 July 1919

No. 16 Canadian General Hospital, Orpington: 7 July 1919 - 8 August 1919

NS Maude Gaskin:

Westcliffe Canadian Eye & Ear Hospital, Folkestone: 30 September 1916 - 21 September 1917

NS Catherine Gardiner:

Kitchener Military Hospital (Designated No. 10 Canadian General Hospital on 10 September 1917), Brighton: 23 March 1917 - 22 November 1918

Matron Georgina Pope:

No. 16 Canadian General Hospital, Orpington: 10 September 1917 - 5 October 1917

No. 15 Canadian General Hospital, Taplow: 14 October 1917 - 27 November 1917

No. 4 Canadian General Hospital, Basingstoke: 5 December 1917 - 20 December 1917

No. 2 Canadian Stationary Hospital, Outreau: 22 December 1917 - 16 August 1918