



Agnes Warner and the
NURSING SISTERS
of the Great War

Shawna M. Quinn

**GOOSE LANE EDITIONS and
THE NEW BRUNSWICK MILITARY HERITAGE PROJECT**

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Edited by Brent Wilson and Barry Norris.

Front cover images courtesy of Library and Archives Canada: LAC-PA-002562 (top), LAC-PA-006783 (bottom).

Back cover illustration entitled "Sister," courtesy of Canadian War Museum: CWM 19700046-012, portrait of Agnes Warner courtesy of *My Beloved Poilus*, uniform courtesy of CWM 19590034-002.

Cover and interior page design by Jaye Haworth.

Art direction by Julie Scriver.

Printed in Canada on FSC certified paper.

10 9 8 7 6 5 4 3 2 1

Library and Archives Canada Cataloguing in Publication

Quinn, Shawna M., 1977-

Agnes Warner and the Nursing Sisters of the Great War / Shawna M. Quinn.

(New Brunswick military heritage series; v. 15)

Co-published by: New Brunswick Military Heritage Project.

Includes bibliographical references and index.

ISBN 978-0-86492-633-3

1. Warner, Agnes. 2. World War, 1914-1918 — Medical care — Canada.

3. World War, 1914-1918 — Personal narratives, Canadian.

4. Nurses — New Brunswick — Biography.

I. New Brunswick Military Heritage Project

II. Title. III. Series: New Brunswick military heritage series; v. 15

D629.C2Q56 2010 940.47571510922 C2010-904375-8

Goose Lane Editions acknowledges the financial support of the Canada Council for the Arts, the Government of Canada through the Book Publishing Industry Development Program (BPIDP), and the New Brunswick Department of Wellness, Culture and Sport for its publishing activities.

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Contents

| | |
|-----|--|
| 7 | Chapter One <i>“I Have Been There, Too”</i> |
| 15 | Chapter Two <i>New Brunswick Nurses Go to War</i> |
| 41 | Chapter Three <i>Nursing Sister Agnes Warner</i> |
| 63 | Chapter Four <i>My Beloved Poilus</i> |
| 129 | Chapter Five <i>After My Beloved Poilus</i> |
| 153 | Acknowledgements |
| 155 | Selected Bibliography |
| 159 | Photo Credits |
| 161 | Index |

Chapter One

“I Have Been There, Too”

Former Canadian army nursing sister Katherine Wilson-Simmie was nearly eighty years old when she finally undertook to publish an account of her wartime nursing experience for a wider readership beyond her immediate family. She began by referring to stories of danger and soldiers' bravery, knowing that these accounts, told by the men who lived them, had continued to capture the imagination of Canadians like her children and grandchildren throughout the six decades since the Great War. But she also felt that the soldiers' accounts “tended to romanticize things,” and wondered aloud why no books had been written by Canadian army nursing sisters. There were many male authors writing about important First World War campaigns. She said, “Well, I have been there, too.”

Katherine Wilson-Simmie's recollections, published in 1981 as *Lights Out! A Canadian Nursing Sister's Tale*, is exceptional among Canadian First World War nurses' accounts for being one of only a handful to have been published after the war, and its belatedness is noteworthy. The First World War was a global conflict such as no one had ever seen. It pulverized untold hectares of landscape, killed millions of soldiers and civilians, and gripped much of Canada with a fervent patriotism, drawing the nation's resources and humanity into unknown dangers across the Atlantic. As Canadians mobilized to fight “Might” with “Right,” women were there, too. On the home front, they replaced absent men in munitions factories, farms, and other areas of employment formerly closed to women, while overseas

they served in non-combatant and traditionally feminine roles. There were opportunities for women to help by cooking and performing other supportive work in England and elsewhere, but if they wanted a heady brush with all the urgency and immediacy of combat, the only accepted female contribution offering anything close to the frontline experience was nursing. The need for trained nurses was great, and well over three thousand Canadian women enthusiastically answered the call, suppressing whatever vague premonitions they had of the difficulties that lay ahead.

Most of these nurses would return home to Canada after the war to resume or re-create their lives. And that's when these women — who had seen extraordinary sights, suffered abysmal conditions, and mended so many shattered bodies — fell silent about what they had experienced. But not immediately, since theirs was an adventure that few Canadian women could have imagined and all wanted to hear about. Before they could vanish altogether into their former routines, these returning heroes found themselves drawn into a whirlwind of triumphant “welcome home” receptions, during which they recounted their stories to transfixed audiences and accepted their accolades with appropriate humility. Paraphrases of these lectures survive in the limited columns of local newspapers, but how many of the nurses' own words made it to publication?

Very few, in fact, but it was not for lack of prompting. In fall 1920, Margaret Macdonald, who had been wartime Matron-in-Chief of the Canadian Army Medical Corps (C.A.M.C.) Nursing Service, wrote to former nursing sisters asking for their reminiscences to include in a “full account of the conspicuously distinguished work of this corps.” She hoped each of the twenty-five hundred recipients of the letter would contribute a “characteristic incident, a telling photograph or authentic circumstance of historical value that came under [her] personal observation.” Macdonald's request yielded a meagre eight responses. Of these, some respectfully declined to contribute, while others apologized for having nothing of importance to offer or recounted a second-hand story they'd heard from a soldier. Why such reticence on the part of nurses who were every bit the “eyewitnesses” of war's extremes that soldiers were?



Office of Matron-in-Chief Margaret Macdonald. LAC-PA-5230

Perhaps the phrase “of historical value” made many nurses doubt their personal observations could be worthy of inclusion in a national history of the Great War. Perhaps they felt it immodestly out of character for nurses to publicize their working experience and achievements, an attitude reinforced by wartime propaganda and earlier representations of nurses as discreet, self-effacing “angels of mercy.” Macdonald’s biographer, Susan Mann, suggests that, besides these other grounds for discretion, nurses had a professional obligation to maintain a quiet, therapeutic atmosphere around the wounded and to protect their privacy when off duty. Even more urgently, silence was a wartime expedient: under the constraints of War Office censorship, nurses had to be circumspect about the details of their work, and the habit of self-censorship they adopted lasted well beyond the Armistice. And if there weren’t external pressures enough for nurses

to downplay their experiences, there were deep-rooted, private motives. Women who had seen horrors beyond words naturally shrank from the heart-wrenching task of serving them up in print to an uninitiated, if sympathetic, audience.

A few Canadian nursing sisters, however, did put pen to paper after the war. Besides Wilson-Simmie's *Light's Out!*, there was Mabel Clint's penetrating account of her service in France, England, and the Mediterranean island of Lemnos entitled *Our Bit: Memories of War Service by a Canadian Nursing Sister* (1934). Both of these authors, though, waited many years before publishing their accounts. One of the earliest offerings was from C.A.M.C. Nursing Sister Constance Bruce, who in 1918 informally published a lighthearted but often poignant narrative called *Humour in Tragedy*. This short work is witty and lively, illustrated with tongue-in-cheek drawings of nurses in high action — veils blowing out behind them like cones as they got up to good-natured tricks, enduring the discomforts of camp life (such as missing laundry or swarming flies), and gamely enjoying the novelties of local culture, all with an endearing readiness to laugh, cry, and *experience*. It is interesting that the foreword of this little book, written by Lord Beaverbrook, implies that the reader should treat it as a personalized “peep behind the scenes” in the absence of an official C.A.M.C. history, which was then being compiled by Sir Andrew Macphail under commission of the Department of National Defence and would not be published until 1925. In the meantime, Beaverbrook assured the reader that

The official record of this branch of the Canadian service is in able hands, but this book of Miss Constance Bruce . . . is a very unofficial and delightful tale of the adventures of No. 1 Canadian Stationary Hospital in France, at Lemnos, at Cairo and at Salonica . . . I am certain the book will commend itself not only to all Canadians, but the wider public of the British Empire, which is only realizing slowly the steadfastness of our women in their adventures in the greatest adventure in the world.



Title page from Constance Bruce's book, *Humour in Tragedy*.

While nurses' stories may have brought women's contributions to light and captured human interest, they would not find a place in the "official" record. Perhaps if more than a handful of her charges had answered Matron Macdonald's call for contributions, her volume might have taken its intended place beside Macphail's among the histories of Canada's role in the Great War. But she did not complete the project. Instead, her effort survives as six pages in Macphail's chapter on "The Ancillary Services," briefly surveying the evolution of the military nursing service in Canada and devoid of any personalized observations from nurses. The official history itself, moreover, does not dare to portray the war through nurses' eyes. Take, for instance, the way it follows the wounded man's progress through various stages of medical aid, beginning with the moment he is hit. The author describes that instant as an experience of painless "wonder." The man on the stretcher then views the ensuing rush to the casualty clearing station with "apathy and unconcern" — but still no pain. It is not until he reaches the base hospital that pain hits the soldier with all its force, whereafter it becomes "atrocious and had best not be spoken of even in a history of military medicine. To 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." Bearing witness to unspeakable pain was the nurses' predominant experience, yet even the C.A.M.C.'s historian draws the curtain on this phase of suffering rather than attempt to depict it, and abruptly ends the chapter there. Behind the curtain, nurses continued to work.

Where can a reader go, then, for nurses' personal accounts? Fortunately, Canadian women working overseas were highly motivated to record their experiences in private diaries — some terse and pragmatic, others literary and rhetorical. Because of their personal and solitary nature, unpublished diaries can be difficult to find. But a rare few have been published, such as those of Ella Mae Bongard, edited by her son Eric Scott, in *Nobody Ever Wins A War* and Nova Scotia nurse Clare Gass, edited and introduced by historian Susan Mann, in *The War Diary of Clare Gass, 1915-1918*.

Canadian nursing sisters on active service far from home were also motivated to keep communion with their loved ones through frequent

letters. Like diaries, many of these letters remain out of reach in private collections, but in their time they had a wider distribution than diaries. They were circulated among family and friends and sometimes even found their way into the columns of regional newspapers alongside soldiers' letters from the trenches. On much rarer occasions, friends might collaborate to gather a nurse's letters together and publish them in an effort to raise awareness and funds for her continuing work. It is in this latter way that we come to possess Nursing Sister Agnes Warner's wartime letters published under the title *My Beloved Poilus*, an enduring expression of one New Brunswick nurse's devotion to the people of wartorn France and Belgium. Though Warner's journey to the front lines differs from that of other Canadian nurses in significant ways since she did not serve with the Canadian army, her trajectory from nursing student to Edwardian private-duty nurse to nurse under fire has much in common with that of her "sisters."



Surgical team, including a nurse, perform surgery within an hour of the patient's being wounded. CWM 19920085-102

Chapter Two

New Brunswick Nurses Go to War

In 1914, the occupation of “nursing” as we know it today, with all the hard-won trappings of a genuine profession, was relatively young. Certainly, women had been providing medical care for their families and communities for centuries, but this work was not recognized as professional, skilled work. Rather, it was considered domestic, innate, and inherently feminine. Women were predisposed to care for and heal others as a result of their “natural calling,” not by virtue of any special training, knowledge, or certification. Those who nursed full time tended to be members of religious orders or were effectively domestic servants, caring for ailing people in private homes or central hospitals that served the poor. Gains famously made by Florence Nightingale in the mid-nineteenth century sparked a vision of occupational rigour that moved pioneers on several continents to begin establishing nursing schools and pushing for occupational standards. But even as late as the 1870s, women working in North American urban hospitals typically were untrained, working class, and accorded lowly status by both the medical profession they supported and society at large. Nursing under these conditions held little appeal for promising young middle-class Maritime women, to say nothing of their parents.

But by the time Margaret Macdonald, Agnes Warner, and the other Canadian women who would eventually serve in the Great War first considered nursing as a career, perceptions had changed. Thanks to the persistence of the pioneer female administrators of hospital-based nursing

schools in applying Nightingale's model, the standards of classroom and on-the-job training had risen sharply in the 1880s and 1890s, and along with them the expectation of decorous and professional conduct. An exacting and military-like discipline governed most training schools, where first-year probationer nurses endured long days cleaning their wards and feeding and bathing patients before they were accepted into the intermediate ranks and given ever-more sensitive responsibilities with patients. Academic study filled the hours between gruelling shifts on the hospital floor. By the turn of the century, programs in Canadian and US hospitals had turned out multiple classes of proud graduates for whom a career in nursing meant a respectable and fulfilling profession that not only paid good wages, but also offered an unusual opportunity for administrative power and personal autonomy.

Not unexpectedly, this transition left many behind, for one of the drivers of this push for professionalism was the elimination of uncertified competition. The survival of the educated, professional nurse depended on replacing the notion that *any* woman could be a nurse with the conviction that only the brightest, the formally trained, and the socially upstanding could be entrusted with the job. Partly in reaction to the longstanding perception of nurses as disreputable, even morally suspect, nursing leaders promoted a new image of nursing school graduates who came from "good" families and whose dedication to caring for others had carried them through the fires of a rigorous training program. It wasn't difficult for a probationer to get herself ejected for showing poor aptitude or violating the strict behavioural code. Nursing programs thus became more and more elitist, even more so in Canada and the United States than elsewhere.

This gleaming new image became an important part of nurses' participation in the First World War. The graduate nurse's certificate served as an endorsement of her character and her ticket to independent adventures both at home and overseas. With Britain's declaration of war against Germany in early August 1914, a move that automatically involved Canada, the possibilities for service abroad exploded. After that point, provided she met the qualifications for training and age (the minimum age varied from twenty-one to twenty-five years), the trained Canadian

nurse could offer her services and be readily accepted in Britain, where administrators were busy setting up an International Nursing Corps and where the Queen Alexandra's Imperial Military Nursing Service (Q.A.I.M.N.S.) had been staffing British military hospitals efficiently for ten years. Or she could sign up with various branches of the Red Cross in virtually any country touched by the growing conflict. Many Canadian women made it overseas through their own arrangements and on their own dime, joining whatever organization could put them to work.

As the scale of the fight surpassed all imagination, it quickly became apparent to the Canadian military that Britain needed more than Canada's troops on the front line; medical personnel were also in great demand, and that included nurses. Before August 1914, there were only five nurses in the Permanent Army Medical Corps in Canada and some fifty-seven on the reserve Army Nursing Service list. There was no difficulty finding new recruits. Throughout August, applications from graduate nurses poured in by the hundreds. From these, an initial one hundred trained nurses were to be selected; inoculated; hastily trained for army service (if they were not army-trained already); outfitted with a sky-blue work uniform, navy wool dress uniform, and camp kit; and sent off with the staffs of two general hospitals that accompanied the Canadian Expeditionary Force (C.E.F.) to Europe in those early months of the war.

At least nine nurses from Saint John, New Brunswick, went with this first contingent to work in the No. 1 General Hospital, commanded by Colonel (Dr.) Murray MacLaren of Saint John. Among them were Miss Grace Domville and Margaret Parks, who was actually a medical doctor in civilian life. No female doctors or male nurses were recruited, though a few female doctors circumvented the red tape and cooperatively founded special non-military hospitals, like Saint John doctor Catherine Travis's baby hospital in Serbia. Moreover, no female staff went with the stationary hospitals and casualty clearing stations of the C.E.F. in the first contingent. These hospitals, located closer to the front, were in danger of enemy fire and their personnel had to be ready to evacuate at a moment's notice. The larger general hospitals, though, were accommodated in abandoned schools, donated mansions, or other reasonably suitable buildings in safer zones.



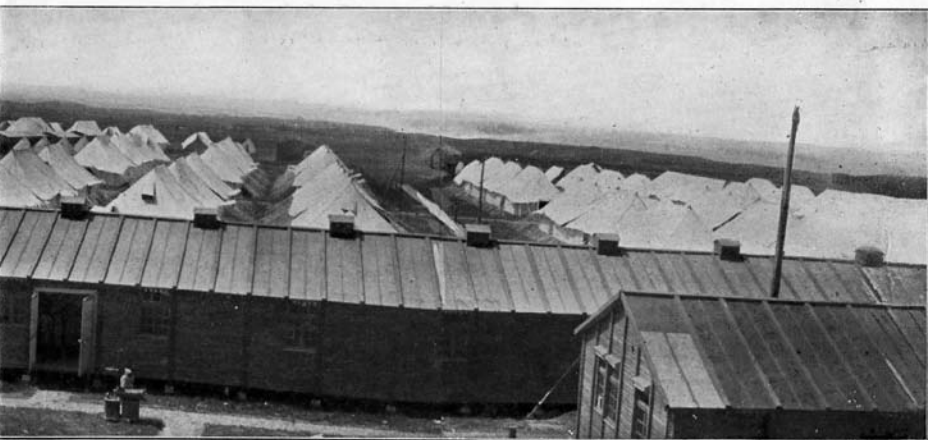
Mobilized—Kingston, March, 1915
Sailed— Montreal, May, 1915

Stationed—England, 1915
Egypt, 1915-1916
France, 1916.

NO. 7 CANADIAN GEN

No. 7 Canadian General Hospital. Queen's University Picture Collection V28 Mil-Hosp-10

Before conditions convinced military authorities of the need to install nurses at advanced hospitals, a wounded soldier had to pass through several gruelling stages before he even saw a nurse. From the place he fell, he would have to wait for stretcher bearers to find him under cover of darkness and take him to the nearest first aid post, or try to crawl there by himself. From there he might be sent to an advanced dressing station or be conveyed by horse-drawn or motorized ambulance over appalling roads to a main dressing station to have his condition classified. If gravely wounded, he might be operated on immediately, then sent further back to the casualty clearing station as soon as he could be moved. If the wound was less serious, he would have an opportunity to recuperate somewhat before returning to the front. Casualty clearing stations (C.C.S.s) were set up on railway sidings less than five miles from the front. Earlier in the war, their staff chiefly dressed wounds and loaded casualties onto trains bound for larger hospitals in the rear: the (misleadingly named) stationary hospitals, with up to five hundred beds but designed to be mobile, or the



GENERAL HOSPITAL (QUEEN'S).

LT.-COL. ETHERINGTON, C.M.G.,
O.C.

MISS B. WILLOUGHBY,
Matron.

larger general hospitals, with a thousand to fifteen hundred beds and as many as a hundred nurses. Before long, however, C.C.S.s evolved into advanced surgical hospitals that provided life-saving operations before wounds became infected beyond hope. An obvious need for nurses trumped any lingering misgivings about putting women in harm's way, and before long select nurses held coveted positions in the casualty clearing stations, too. Duty so close to the firing line demanded the utmost efficiency — the best of the best — and nurses considered it a personal honour to be assigned to this work.

Back home, Canadian nurses continued to sign up in droves for active service. Applications flooded the desk of Matron-in-Chief Margaret Macdonald — too many to process, never mind accept, in 1914. As the front settled into a static line of trenches stretching from the Belgian coast to the Swiss border and casualty numbers mounted, the demand for Canadian nurses grew steadily but still could not keep pace with the number of applicants waiting anxiously to find out if they'd be next to



Unloading a stretcher carrying a wounded soldier from a truck to a reception tent at a Canadian casualty clearing station. CWM 19920044-811

steam across the Atlantic. Colonel Guy Carleton Jones, head of what was by now called the Canadian Army Medical Corps (C.A.M.C.), did his part to dissuade fair-weather recruits. Addressing a meeting of the Ottawa Graduate Nurses' Association, he sternly warned that "Active service work is extremely severe. A very large proportion of regular nurses are totally unfit, physically and mentally, for it." If his caution gave some women pause, it did not appear to curb interest. And no wonder: with slogans such as "Come on Boys!" and "Your King and Country Need You," Canada was enjoining its young men to enlist and face unknown horrors. For nurses, too, the call to defend civilization resonated loudly

Facing page: Canada Food Board poster targeting housewives.

McGill University WP1.F12.F2



Drawn by R. E. Johnston, and published by the courtesy of "Saturday Night," Toronto

**"REMEMBER WE
MUST FEED
DADDY TOO."**





C.A.M.C.
nurse's dress
uniform.
CWM 19590034-002

in both the conscience and the imagination. Here was an opportunity to stand on the same ground as their countrymen and restore them with comfort and healing if they fell — to serve the nation in a way for which nurses were uniquely qualified. There is little doubt that the active service posters targeting Canadian men struck nurses more forcibly than messages pleading women to knit furiously and economize on the home front. What is more, nurses were free to go. The vast majority were unmarried, with an unusual degree of independence and a salary, and although most would never have considered international travel before, the war now facilitated their going and there was nothing standing in their way. Canadian army nurses would see service in England's cities and countryside, France's coastal resort towns, Belgium's villages, scorching eastern Mediterranean islands, and even, for four "fortunate" women, Russia in the midst of revolution. As Canadian soldier recruits rushed overseas with enthusiasm, so did Canadian nurses. One nursing sister put it very plainly in retrospect: "I wanted to be in the Army because I was curious; I wanted to see what it was like." Once contracted, most nurses were locked into service "for the duration" of the war, and only personal illness, daughterly duties (such as those resulting from death or illness in the family), or matrimony could release them. Few nurses traded service for marriage during the war, but it was not unheard of.

For some nurses, the impetus to serve abroad came from a deeply personal need to be physically close to beloved fiancés, friends, and relatives as they struggled in the fight of their lives. Matron Macdonald recognized this motivation as an important one for keeping C.A.M.C. nurses in good spirits, and wherever possible she arranged for her nurses to work near loved ones posted with the C.E.F. For those who had lost dear ones already, the busy-work of nursing offered a way to overcome their private tragedies, feel more worthy of their beloved's sacrifice, and keep from drowning in personal despair.

The call to service also struck a chord with the ideology of their profession. Nurses had always protected individual humans. Now they were called to protect humankind with the angelic self-denial and maternal purity that went hand-in-hand with the ideal of the "true" nurse. Images

of mother-nurses bearing angel's wings cradling wounded men figured prominently in recruitment posters on both sides of the Atlantic. Such chaste and noble depictions also reassured families back home who feared the unwholesome effects of globetrotting and army coarseness on their daughters. Nurses themselves reinforced their maternal role by referring to the wounded as "lads" or "boys."

Then there were the perks. Besides the sense of importance that came with participation in active service, which excluded most other women, a C.A.M.C. nursing sister's position came with paid room and board, amounting to about \$2.60 per day, and beautiful blue uniforms that earned Canadian nurses the cheery nickname "Bluebirds" and incited envy from grey-clad Imperial and Red Cross nurses everywhere. Canadian nursing sisters loved their C.A.M.C. uniforms. The cornflower blue workday outfit with full white apron and shoulder-length white veil gave them the look of schoolgirls, nuns, or ministering angels — perfectly in keeping with the "Sister" moniker that was a carryover from the days when religious orders did full-time nursing and aptly implied exclusive membership in a carefully guarded club. The darker blue dress uniform boasted two rows of brass buttons, a scarlet-lined cape, and brimmed dress hat. It was altogether a sharp outfit, but one feature of particular significance glinted from the shoulder and distinguished the C.A.M.C. nurse from her British counterparts: the two stars of a lieutenant. For nearly a decade, C.A.M.C. nursing sisters had enjoyed officers' rank: lieutenant for nurses, captain for matrons in charge of hospitals, and major reserved for the matron-in-chief. Army officials justified officers' ranks for nurses (albeit without a command or full commission) on the basis of nurses' social origins, their higher education, and the propriety of elevating them a respectful distance above the rank-and-file soldiers whose bodies they mended. C.A.M.C. historian J. George Adami recognized that the nurses' rank was a somewhat contentious subject when he defended it in 1918:

While...there are English, Scotch and Irish nursing sisters not one whit behind their Canadian sisters in any respect, socially, as a body, the nursing profession in Canada has,



C.A.M.C. nurse's
working uniform.
LAC 1970-163

in the first place, a higher status than it possesses in the old country. It attracts, in general, the daughters of professional men, and those from comfortable households... It is a rule that Canadian Nursing Sisters have had, not a common, but a High School education... And as nurses their training has been very thorough, with fuller courses of lectures on the basal subjects than is usual in Great Britain. As a result, a remarkably large proportion of the matrons of the great hospitals in the United States are of Canadian birth and training. Add to this that the Canadian nurse embarked on her profession is paid on a scale which in Great Britain would be thought extravagant. But then she is thoroughly competent... [I]n this war they have abundantly "made good."

Adami then hastened to uphold the nurses' humility, as if their elevation was more richly deserved because they did not demand it suffragette-style: "It should be emphasized that this step was taken... by the Ministry and Militia Council, not as the result of any agitation by the nursing sisters themselves — in fact, some years before the suffragettes became militant. The experience of the Canadian Army Medical Service has abundantly justified the innovation and proved it to be right and wise."

As lieutenants, Canadian nursing sisters could attend the entertainments hosted by other officers, enjoy relatively comfortable amenities, and claim respect and obedience from orderlies in the military hospitals. Meanwhile, the British army continued to deny rank to nurses in the Q.A.I.M.N.S., itself a non-military organization but still the chief body of nurses supporting Britain's military. Not surprisingly, the issue of rank occasionally fuelled tension between co-working British nurses disdainful of uppity "colonials" and Canadian nurses who resented being treated as inferiors. For the most part, however, working relations between nurses of the two countries were cordial, even warm, as troubling inequalities gave way to mutual purpose.

Some Canadian nurses even donned the uniform of the British