

Many Places, Many Problems:  
Canadian First World War Military Nursing Sisters in the Mediterranean

by

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## Abstract

During the First World War, 2,845 fully trained nurses served with the Canadian Army Medical Corps. Although Canadian combat troops were focused on the Western Front in France and Belgium, more than 500 of Canada's military nurses, called 'Nursing Sisters,' worked in hospital units which were sent to the Mediterranean, a part of the Eastern Front. This study will examine the impact of place on nursing sisters' experiences in the East. The five Canadian medical units to which these nursing sisters were assigned ran hospitals in Cairo, Egypt, on the Greek island of Lemnos, and the Greek city of Salonika between 1915 and 1917. The circumstances in each of these three locations presented a tremendous variety of problems for the nurses: there was no monolithic Mediterranean theatre experience for Canada's nursing sisters.

On the island of Lemnos, nursing sisters encountered temporary hospital infrastructure which was inadequate for the extreme weather. Administrative chaos, nursing sister illness, and a desperate lack of supplies further hampered their efforts to care for soldier-patients. The city of Salonika was close to active fighting, and the surrounding marshy land resulted in a great many malarial mosquitos. Problems arising from nursing sister sickness and the need for nursing reinforcements were more acute as a result of the considerable length of time Canadian hospitals were posted in Salonika. Egypt was a place of contrasts for the nursing sisters. Many spent large amounts of time at leisure while they waited to be sent to their hospitals in Greece; others worked in the Canadian hospital in Cairo. Nursing sisters were struck by the contrast between modern and ancient architecture and difference in cultural practices they witnessed in Egypt.

The experiences of Canadian nursing sisters in these three Mediterranean settings reveal how they and their hospital units participated in an extended military healthcare network composed of many types of hospitals from different countries, as well as hospital ships and large administrative structures. Beyond the military organization, the nursing sisters' time in the Mediterranean can be further elucidated by examining their relationships with the local inhabitants and environment. Often overshadowed by the strong presence of the Western Front in Canada's memory of the First World War, the Mediterranean experiences of hundreds of nursing sisters and their five Canadian hospital units form an important, and under-examined, part of Canadian military nursing history in conjunction with an overlooked part of Canadian history and international cooperative work.

## Acknowledgments

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I would be remiss to not mention the curious circumstance which launched me onto the path of Canada's military nursing sisters: an assignment at work which I initially did not want. Despite my interest in all things fur trade, I was asked to take on more recent history, and in the twentieth century found stories and questions which I felt compelled to explore further. Thank you to my colleagues Cody, Lauren, Cedric, and Sarah with whom I first explored the history of Canada's nursing sisters.

## Abbreviations

<i>Canadian Army Medical Corps</i>	CAMC
<i>Casualty Clearing Station</i>	CCS
<i>Canadian General Hospital</i>	CGH
<i>Canadian Stationary Hospital</i>	CSH
<i>Hospital Ship</i>	H.S.
<i>Medical Officer</i>	M.O.
<i>Non-Commissioned Officer</i>	N.C.O.
<i>Officer Commanding</i>	O.C.
<i>Queen Alexandra's Imperial Military Nursing Service (Reserve)</i>	QAIMNS(R)
<i>Voluntary Aid Detachment</i>	VAD

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## Introduction

In 1915, the personnel of five hospitals belonging to the Canadian Army Medical Corps packed up their supplies and sailed away from their fellow Canadians stationed in England and France. These hospital units were destined for Greece and Egypt, parts of the so-called “Eastern Front” or “Mediterranean Front” where they would care for non-Canadian soldiers.<sup>1</sup> The staff, including Canadian nurses, known as “nursing sisters,” participated in a part of the First World War which no other Canadian military units would experience. The experiences of the nursing sisters of these Canadian hospitals, far from the four fighting battalions which gained fame for Canada on the Western Front hills of Vimy Ridge, have been largely forgotten in Canada’s First World War story.

The nursing personnel of Canadian Army Medical Corps (CAMC) hospital units consisted of a select number of nurses drawn from the overwhelming volume of applications by Canadian women. To be eligible, a nurse had to be fully trained, having successfully completed a three-year nursing course, and be a British subject. These were the only women in the Canadian army. Most were single women from middle and upper middle-class homes, of British decent, and eager to go on an adventure and offer their patriotic services to King and Empire. Once admitted to the CAMC, they were given the title “Nursing Sister,” and addressed as “Sister.”<sup>2</sup>

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<sup>1</sup> I have chosen to primarily use the term ‘Mediterranean Front’ to highlight the importance of the Mediterranean in connecting the three separate hospital locations, to acknowledge that the full extent of military action in the East was not contained within the bounds of the Mediterranean world, and to avoid the illusion of opposition created by the use of ‘east-west’ designations for First World War military fronts.

<sup>2</sup> The Canadian military medical services first took nursing sisters overseas during the Boer War in South Africa. At the close of the hostilities, during which 12 nursing sisters were involved, the nursing membership in the CAMC was reduced to 5 permanent members and 53 reservists. The appellation “Sister” does *not* imply any connection to a religious order. Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*, (Vancouver: UBC, 2016).



By the end of the First World War, 2,845 nursing sisters had served with the CAMC.<sup>3</sup> CAMC nursing sisters were the only nurses among the Allied armies to be given official military rank. Nursing sisters were afforded the rank and pay of Lieutenant. Those nursing sisters promoted to “Matron” were put in charge of a particular unit’s nursing sisters and were given the equivalent rank to a Captain.<sup>4</sup> Providing Canadian nursing sisters with officer rank and including them within the military instead of an auxiliary organization was a notable departure from British practice during an era of strong emotional, traditional, and political ties to Britain and Empire.

The expedition that took five Canadian hospital units to Greece and Egypt between 1915 and 1917 is important to nursing history. More than 500 of the CAMC nursing sisters participated, making this rarely told story a significant portion of Canada’s remarkable military nursing history. Canada’s nursing sisters were part of CAMC hospital units of varying sizes. Each unit was made up of Canadian Army Medical Corps personnel consisting of medical officers, nursing sisters, orderlies, quartermasters, chaplains, and numerous “other ranks,” i.e. men who provided support to the hospital through various forms of labour. Canadian hospital units travelled from Canada to England with their personnel and supplies, and from England to whatever location required additional hospitals. Most units relocated several times over the course of the war.<sup>5</sup> Generally, the personnel and supplies of CAMC units moved together, although the members of a unit could be spilt up for temporary duty, reassigned to another unit, or depart for reasons of illness, personal leave, or promotion.

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<sup>3</sup> Toman, *Sister Soldiers*, 39.

<sup>4</sup> Although Australian nursing sisters were given unofficial rank in 1916, their ranking structure was not as official, nor as respected as that of Canadian nursing sisters.

<sup>5</sup> Canadian Army Medical Corps (CAMC) healthcare facilities also existed inside Canada and cared for a great many convalescing soldier-patients at home. Of these units, unfortunately little has been written, and of the nursing sisters who served with them, historians have said almost nothing.

The Canadian hospital presence in the Mediterranean theatre consisted of three Canadian Stationary Hospitals (CSH), Nos.1, 3, and 5, and two larger Canadian General Hospitals (CGH), Nos.4 and 5.<sup>6</sup> In the context of this study, it is especially important to avoid confusing the large No.5 Canadian *General* Hospital which served in Salonika, with the smaller No.5 Canadian *Stationary* Hospital which served in Egypt.<sup>7</sup> When they left England for the Mediterranean, the Stationary Hospitals each had an allotment of twenty-six nursing sisters and one matron, and the General Hospitals each had 73 nursing sisters, a matron, and an assistant matron.<sup>8</sup>

At the outbreak of the First World War, Canada did not yet have independent control of its foreign policy, and Canadian military units functioned as a part of the larger forces controlled by Great Britain. Although Canadian forces were not engaged in combat operations on the Eastern Front, British forces were, and when it became clear that more medical units were required to support operations in the East, Canadian hospital units were sent. This decision was not popular in Canada. CAMC hospital units cared for troops attempting to enter Turkey through

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<sup>6</sup> British and colonial (Canadian, Australian and New Zealand) hospitals in the First World War were divided by size. General Hospitals were the largest and intended to be the furthest away from the front lines, serving as a place for longer hospital stays. At the start of the war, General Hospitals were designed to accommodate 250 patients, but by the end of the war General Hospitals could care for as many as 2000 patients. Stationary Hospitals were meant to be smaller and somewhat closer to the fighting lines, though still far enough removed to be considered safe. At the start of the war they housed 200 patients and by the end of the war some had expanded to as many as 400-650 patients. Additional hospitals existed within the British-colonial system including the most forward post at which nursing sisters served: Casualty Clearing Stations, which functioned as emergency surgery and triage stations very close to the front lines. Specialty hospitals dedicated to a particular type of wound or illness were created, and nursing sisters also served on hospital trains and ships and convalescent hospitals. Andrew Macphail, *Official History of the Canadian Forces in the Great War: Medical Services*, (Ottawa: King's Printer, 1925) 210.

<sup>7</sup> Even the excellent article, "Ruby Gordon Peterkin and Etta Sparks: Photographs from Away," in Susan Close, *Framing Identity: Social Practices of Photography in Canada, 1880-1920*, (Arbeiter Ring Pub, 2007) incorrectly conflates the two units called "No.5."

<sup>8</sup> No.3 Canadian Stationary Hospital's summary of service, dated April 1916, notes that 26 nursing sisters under Matron Jaggard were assigned to the unit for the trip to the Mediterranean. 3<sup>rd</sup> 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.1 Canadian Stationary Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3736; No.5 Canadian Stationary Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3736; No.4 Canadian General Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3737; No.5 Canadian General Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3737.

the Dardanelles at Gallipoli, and troops fighting against the Bulgars around Greece and the Balkans. As these areas were connected through the Mediterranean Sea, they can be jointly referred to as the Mediterranean Front, or the Mediterranean theatre. The broader Eastern theatre of the First World War extended to Mesopotamia, East Africa, and India, far beyond the areas to which Canadian units were sent.

The CAMC hospitals served in three Mediterranean locations: the Greek island of Lemnos, the Greek city of Salonika,<sup>9</sup> and Cairo, Egypt. Many sisters also spent non-nursing time in Egypt. Although there were many consistencies across the sisters' experiences in the Mediterranean, it is vital that the similarities are not permitted to coalesce into an artificial unity which obscures the dramatic differences between these three locations.

Hospital life in the Mediterranean was fraught with difficulties caused by extreme weather, illness, faulty administration, challenging interactions with local inhabitants, and difficulty obtaining supplies and reinforcements. Soldiers in the Mediterranean theatre fought under different conditions from those in the West, suffered from rampant disease, and were often weakened by dire lack of proper nutrition.<sup>10</sup> Not only were their soldier-patients predominantly sick rather than wounded, the nursing sisters themselves also experienced high rates of sickness, often significantly depleting working staff in hospitals. The distance between the Mediterranean and their home base in England had immediate repercussions for the nursing sisters' work. Supplies and mail were delayed or missing, and nursing reinforcements for sick Canadian nursing sisters were often not available, long delayed, or not Canadian.

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<sup>9</sup> Spelt "Salonika" or "Salonica" interchangeably in primary sources, this Aegean Sea city is also known as Thessalonica and Thessaloniki.

<sup>10</sup> Kirsty Harris, "Health, Healing and Harmony: Invalid cookery and feeding by Australian nurses in the Middle East in the First World War," in Jane Brooks and Christine Hallett eds., *One Hundred Years of Wartime Nursing Practices 1854-1953*, (Manchester: Manchester University Press, 2015), 101-121.

CAMC nursing sisters in the Mediterranean theatre worked in Canadian hospitals that operated as a part of a larger network of British and British-colonial military hospitals, which included Australian and New Zealand nursing sisters serving in Australia New Zealand Army Corps (ANZAC) hospitals, and members of Queen Alexandra's Imperial Military Nursing Service (Reserve) (QAIMNS(R)) working in British hospitals. At times, nursing sisters from one country served in hospitals belonging to another.

I have chosen to investigate the experiences of CAMC nursing sisters in the Mediterranean theatre by location rather than organizing the history by particular themes or individual hospital units. My guiding reason for this place-placed division is to demonstrate the foundational effect geographic distinctions had on the nursing sisters' experiences and daily activities.<sup>11</sup> The availability of supplies, the effects of weather on the spread of disease, provision of care, living and housing experiences, nursing sisters' non-working time, interactions with locals, and localized military action were all dependent on the specific geographic environment which differed dramatically from one location to the next. The three Mediterranean locations in which CAMC sisters served were separated by hundreds of miles and several days' journey from one another, further supporting the need to avoid conflating the experiences. There was no monolithic Mediterranean theatre experiences among CAMC nursing sisters. In her 2008 article, "A Loyal Body of Empire Citizens': Military Nurses and Identity at Lemnos and Salonika, 1915-1917," nursing historian Cynthia Toman called for analysis of specific locations, rather

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<sup>11</sup> For historiography concerned with medicine, nursing, and place see: Erika Dyck and Christopher Fletcher eds, *Locating Health*, Studies for the Society for the Social History of Medicine volume 2, (London: Pickering and Chatto, 2011); Paul Hackett, *A Very Remarkable Sickness: Epidemics in the Petit Nord 1670 to 1846*, (University of Manitoba Press, Winnipeg: 2002); Meryn Stuart, Jayne Elliott, and Cynthia Toman, *Place and Practice In Canadian Nursing History*, (Vancouver: UBC Press, 2008); Barbra Mann Wall, "Introduction: The Role of Place in the History of Nursing," *Nursing History Review*: 28(1) (2020): 127-132; Patricia D'Antonio, "Thinking about Place- Researching and Reading the Global History of Nursing," (Texto Contexto Enferm, Florianópolis, 2009 Out-Dez; 18(4): 766-72).

than simply searching for a grand wartime narrative.<sup>12</sup> This is the call which I take up in this study.

A location-focused approach requires extending the field of view beyond the confines of the CAMC hospitals. None of these hospital units existed alone, isolated from other hospitals or the local environment. I examine how the networks of military healthcare in each location affected the lives of the nursing sisters, as well as how nursing sisters interacted with locals living in the area.

### **Historiography**

The first scholarly work about Canadian military nurses was not published until 1975.<sup>13</sup> G.W. L. Nicholson's *Canada's Nursing Sisters* covers the entire history of Canadian military nursing from the 1885 Métis Resistance to the Korean War. In 1934 and 1981, two nurses turned historians, Mable Clint and Kate Wilson, published their memoirs of nursing in the CAMC during the First World War with the goal of providing a corrective to what they perceived to be a complete lack of literature preserving their unique war-time experiences.<sup>14</sup>

The pace of scholarship increased significantly at the dawn of the 21<sup>st</sup> century. In 2000, Susan Mann published an edited edition of the diary of Nursing Sister Clare Gass through McGill-Queen's University Press. Mann's insightful introduction and the publication of this

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<sup>12</sup> Cynthia Toman, "'A Loyal Body of Empire Citizens': Military Nurses and Identity at Lemnos and Salonika, 1915-1917," in Meryn Stuart, Elisabeth, Jayne Elliott, and Cynthia Toman, eds., *Place and Practice In Canadian Nursing History*, (Vancouver: UBC Press, 2008) 9.

<sup>13</sup> G.W.L. Nicholson, *Canada's Nursing Sisters*, (Toronto: Samuel Stevens, Hakkert, 1975).

<sup>14</sup> Nursing Sisters Mabel Clint, *Our Bit: Memories of War Service by a Canadian Nurse*, (Montreal: Barwick, 1934) and Katharine Wilson-Simmie, *Lights Out: A Canadian Nursing Sister's Tale*, (Belleville, Ont.: Mika, 1981). Other CAMC nursing sisters published works which told about their nursing experiences. As these works are not known to have been published with the purpose of preserving or writing history, they have not been included in the historiography, but they do contribute to the primary source material available to modern historians. For examples see: Constance Bruce, *Humour in Tragedy: Hospital Life behind 3 Fronts by a Canadian Nursing Sister*, (London: Skeffington, 1918); a novel by Ellanore Parker, *The Flower of the Land: A Tapestry of the Great War*, (Los Angeles: DeVorss and Company, 1941); and Maude Wilkinson, *Four Score and Ten*, (Brampton, Ont.: M.M. Armstrong., 2003).

diary, which made a substantial piece of primary documentation widely available, had the watershed effect of reviving, or perhaps starting, a sustained interest in the stories of nursing sisters by scholars. Genevieve Allard's 2005 article, "Caregiving on the Front: The Experience of Canadian Military Nurses During World War 1,"<sup>15</sup> has proved to be a foundational text, and was the first to discuss the similarities which existed between the military life of nursing sisters and the regulations which governed nurse training schools.

The first full-length book devoted exclusively to the nursing sisters of the First World War was published in 2006 by Melanie Morin-Pelletier. *Briser les ailes de l'ange* (Montréal: Athéna éditions, 2006) pioneers the use of literary theory to scrutinize the diaries of CAMC nursing sisters who served overseas. Literary scholar Andrea McKenzie has both analyzed nursing sister photograph albums and edited two collections of nursing sister letters.<sup>16</sup>

Demonstrating the newness of scholarly research into First World War Canadian military nursing, it was not until 2016 that Cynthia Toman published *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps* (Vancouver: UBC, 2016). This is the first English-language monograph dedicated to telling the general history of Canada's nursing sisters in the First World War. Toman's valuable contribution to the study of Canada's army nursing sisters provides a detailed analysis of *all* nursing sister enrolment documents, called 'attestation papers,' rather than extrapolating general trends from a limited sample as had been done in the past. Toman's study provides specifics about age, background, and marital status which were far less exact in earlier works. She also includes a broad overview of the various fields of service,

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<sup>15</sup> 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).

<sup>16</sup> Andrea McKenzie, *War-Torn Exchanges: The Lives and Letters of Laura Holland and Mildred Forbes*, (University of British Columbia Press, Vancouver: 2016). McKenzie, "Picturing War: Canadian Nurses' First World War Photography," *Journal of War and Culture Studies*, special edition on First World War Nursing, 11:4 (November 2018).

social lives, and postwar work of Canada's army nurses, thus crafting a well-rounded and keystone work of scholarship in the field.

Additional works deal with nursing sister deaths and commemorations. Diane Dodd demonstrates that a gendered construction of illness, based on beliefs that women were less able to withstand the rigours of physical hardship, existed within the Canadian Army Medical Corps of the First World War.<sup>17</sup> Dodd and Kathryn McPherson have both written about the ways in which commemoration of nurse-casualties changed over time: from an emphasis on bravery to a non-military mothering figure, and finally to a soldierly image more in line with how nurses viewed themselves.<sup>18</sup>

There are also a significant number of biographical works. Some focus on nursing sisters in leadership positions such as the matron-in-chief (*Margaret Macdonald: Imperial Daughter*, (Montreal [Que.]: McGill-Queen's University Press, 2005)) and former matron-in-chief (*Georgina Pope: Canada's Florence Nightingale*, (Island Studies Press, 2018)), providing some insight on the history of Canada's military nursing from a top-down administrative perspective. Other biographical studies focus on sisters from a particular location.<sup>19</sup> These regional works are not exclusive to professional CAMC nursing sisters, but also include women who served as nurses with other organizations and untrained, or semi-trained, volunteers.

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<sup>17</sup> Diane Dodd, "Canadian Military Nurse Deaths in the First World War," *Canadian Bulletin Of Medical History* 34, no. 2 (Fall 2017): 327-363.

<sup>18</sup> Diane Dodd, "Commemoration of Canadian Nurse Casualties During and After the First World War: Nurses' Perspective," in *Routledge Handbook on the Global History of Nursing*, eds. Patricia D'Antonio, Julie Fairman, and Jean C Whelan, (Abingdon, Oxon: Routledge, 2013); Kathryn McPherson, "Carving Out a Past: The Canadian Nurses' Association War Memorial," *Histoire Sociale/Social History* 29, 58 (November 1996): 417-429.

<sup>19</sup> Majorie Barron Norris, *Sister Heroines: The Roseate Glow of Wartime Nursing, 1914-1918*, (Calgary, Alta., Canada: Bunker to Bunker Pub., 2002) and Katherine Dewar, *Those Splendid Girls: The Heroic Service of Prince Edward Island Nurses in the Great War 1914-1918*, (Island Studies Press: 2014); Maureen Duffus, *Battlefront Nurses of WWI: The Canadian Army Medical Corps In England, France and Salonika, 1914-1919*, (Victoria, B.C.: Town and Gown Press, 2009).

Debbie Marshall's *Give Your Other Vote to the Sister: A Woman's Journey Into the Great War* (Calgary, Alberta: University of Calgary Press, 2007) is the biography of Nursing Sister Roberta MacAdams. MacAdams was one of the very few women not trained in nursing who managed to join the Canadian Army Medical Corps as a Nursing Sister. She served as a dietician, and in 1917 was elected to the Alberta Legislature as one of two MLAs representing the province's soldiers. Marshall's work increases the general knowledge of Canadian nursing sisters by highlighting an exceptional case, demonstrating that there is not necessarily a "typical" story to be found or distilled out of individual experiences.

Scholars commonly make a distinction between the nursing and living experiences on the Western Front (France, Belgium and sometimes England are included in this definition) and the Mediterranean Front (comprising hospitals in Greece [Lemnos and Salonika] and Egypt). The different conditions between the Western and Eastern Fronts resulted in markedly different healthcare needs. Toman characterises the nurses' work on the Eastern Front as primarily dealing with illness and on the Western Front as dealing predominantly with soldiers' surgical needs.

The practice of comparing the Eastern and Western Fronts is a useful approach insofar as it brings to light many significant differences. It also, however, has the unfortunate effect of obscuring the differences between one Western or Mediterranean Front experience and another, creating the illusion of a pan-Western Front or pan-Eastern Front experience for CAMC nursing sisters. Mediterranean Front experiences in particular, being less extensively studied than their Western counterparts, are often cast with the details specific to the horrific conditions found on the island of Lemnos in Greece. Continual contrast between Mediterranean and West also creates the false impression of an absolute East-West dichotomy of experience. Andrea McKenzie's article, "The Battle to Care: Canadian Nurses in France and Gallipoli," in *Two Sides of the Same*



*Bad Penny*, is part of an historiographical trend, stronger in Australia than Canada, that moves beyond this binary opposition to uncover the similarities between the two fronts.

The historical context provided by Canadian nursing history is an important foundation for the specific study of Canadian military nursing. The decades leading up to the First World War were significant in the development of nursing as a profession. Nursing had become a career which was considered suitable for respectable women and which required qualifications and specific education beyond the attributes commonly attributed to all women. This process of professionalization created the distinction between graduate nurses and untrained women who were increasingly excluded from paid nursing work. Standard texts on the history of Canadian nursing include Kathryn McPherson's *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*, (Toronto: University of Toronto Press, 2003); Dianne E. Dodd and Deborah Gorham's *Caring and Curing: Historical Perspectives On Women and Healing In Canada*, (Ottawa [Ont.]: University of Ottawa Press, 1994); and Meryn Stuart, Jayne Elliott, and Cynthia Toman's *Place and Practice In Canadian Nursing History*, (Vancouver: UBC Press, 2008).

The majority of First World War military nursing scholars draw heavily on civilian nursing history scholarship to introduce and contextualize their studies of Great War nursing and some of the era's debates concerning the profession. Speaking to the importance of the newly developing field of Canadian military nursing history, many civilian nursing texts include sizeable references to military nursing. One of the controversies surrounding nursing care during the Great War was the employment of untrained or semi-trained women as helpers in hospitals. Though the Canadian Army Medical Corps decided early on that only fully trained professional nurses would be accepted into CAMC hospitals, many other countries, most notably Britain, made use of many such untrained women volunteers who hailed from across all Allied nations,

including Canada.<sup>20</sup> The use of untrained women was seen by graduate nurses as endangering their hard-won professional status because it threatened to cause the uninitiated public to believe that any woman, by virtue of her femininity, rather than her training, could be a nurse. Linda Quiney has written extensively about the Canadian women who worked as untrained and semi-trained volunteer nurses.<sup>21</sup>

Investigations of Canadian military nursing in the Mediterranean theatre benefit from the robust scholarship that examines the Australian military nursing sisters, and to a lesser extent the British and New Zealand nurses, who served alongside Canadians in the East, providing both a geographic and a cultural homologue. Canada, Australia, and New Zealand had close cultural, patriotic, and family ties to Great Britain, and several works on Australian military nurses have been published in recent years. Kirsty Harris has authored numerous studies of Australian nursing sisters in the First World War.<sup>22</sup>

Great War nursing literature also has a transnational historiography which includes titles such as Christine Hallett's *Veiled Warriors: Allied Nurses of the First World War*, (Oxford:

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<sup>20</sup> Refusing to employ any women other than trained professional nurses was the official stance, however, this did not in practice completely preclude the use of women without training as nurses within the CAMC. Some of these exceptional cases worked as dieticians, having training in that area, others, often women whose acceptance into the Corps had been pushed for political reasons, were assigned to work as 'home sisters,' a job which consisted of ensuring that all the household needs of the nursing sisters, from laundry, to good and varied food and so forth, were met. (Toman, *Sister Soldiers*.)

<sup>21</sup> See titles including: *This Small Army of Women: Canadian Volunteer Nurses and the First World War*, (Vancouver: UBC, 2017) and "'Sharing the Halo': Social and Professional Tensions in the Work of World War I Canadian Volunteer Nurses," *Journal of the Canadian Historical Association* 8 (1998): 105-124. Shawna Quinn's introduction to the letters of a trained nurse who served with French organizations, *Agnes Warner and the Nursing Sisters of the Great War*, (Fredericton, N.B.: Goose Lane Editions, 2010), also touches on the issue of professional tensions.

<sup>22</sup> Other influential texts include Jan Basset, *Guns and Brooches: Australian Army Nursing from the Boer War to the Gulf War*, (Oxford, 1997); Susanna De Vries, *Australian Heroines of World War One: Gallipoli, Lemnos and the Western Front*, (Chapel Hill, Qld.: Pirog Press, 2013); and Peter Rees, *Anzac Girls: The Extraordinary Story of Our World War I Nurses*, (Crow's Nest (New South Wales): Allen and Unwin, 2008). Less well known are works specifically focusing on the nursing sisters of New Zealand: R.E. Rawstron's *A Unique Nursing Group: New Zealand Army Nurse Anaesthetists of WWI*, (The Printery, Massey University, 2005) and Hannah Clark, "Sisters in a Distant Land: The Exploration of Identity and Travel through Three New Zealand Nurses' Diaries from the Great War," *Women's Studies Journal* 30 (1): 2016, 17-29.

Oxford University Press, 2014). Alison Fell and Christine E Hallett's edited *First World War Nursing: New Perspectives*, (New York: Routledge, 2013) covers American, French, Australian and British professional and semi-trained nurses and considers national and professional identities, as well as delving into concepts such as masculinity and injury.

The Canadian scholarship specifically focused on Mediterranean Front military nursing is quite small, featuring the works of only six authors. Three of these scholars include the Mediterranean as a chapter within their broader monographs. Military historian and Canadian army colonel G.W.L. Nicholson's 1975 book, and nursing and military historian Mélanie Morin-Pelletier's 2002 French-language monograph each feature one chapter on the Mediterranean experiences of CAMC sisters. Art historian and cultural analyst Susan Close produced a book on photography and Canadian women's identities, which includes a detailed chapter analysing the photographs of two CAMC nursing sisters who were posted in Salonika and Cairo.<sup>23</sup> Cynthia Toman integrates significant detail about the experiences on the Mediterranean Front within her overall discussion of First World War military nursing in *Sister Soldiers*, as well as having published an article specifically focused on nurses' experiences of Empire in Salonika and Lemnos.

Andrea McKenzie has undertaken the most thorough examination of CAMC nursing sisters on the Mediterranean Front of any Canadian historian thus far. She has published three articles which consider colonial identity and nursing care in the Mediterranean and edited a collection of letters written by two nursing sisters who served on Lemnos and in Salonika, as well as in England and France. Finally, an article written by Meryn Stuart, a Canadian nursing

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<sup>23</sup> Nicholson, *Canada's Nursing Sisters*; Mélanie Morin-Pelletier, *Briser Les Ailes De L'ange: Les Infirmières Militaires Canadiennes 1914-1918*, (Montréal: Athéna éditions, 2006); Susan Close, "Ruby Gordon Peterkin and Etta Sparks: Photographs from Away," in *Framing Identity: Social Practices of Photography in Canada, 1880-1920*, (Arbeiter Ring Pub, 2007).

historian, examines sexuality in the Mediterranean Front letters and diaries of CAMC sister Helen Fowlds.<sup>24</sup>

The body of Canadian and ANZAC nursing sister literature features a number of prominent themes. The most central topic addressed thus far by historians of colonial Great War military nursing in the Mediterranean are issues of identity. Historians have asked how the nursing sisters constructed their identities through photographs and writings and how nursing sisters' service in the Mediterranean contributed to the formation of national identities. Scholars have wrestled with how the sisters navigated and reacted to conflicting imperial and colonial identities which they held about themselves, and which were projected onto them by both the British administration and British nursing sisters. The contested relationship between CAMC (or ANZAC) nursing sisters and British sisters is often alluded to, or briefly discussed, although there is no study dedicated exclusively to the topic. Questions of loyalty to the Empire and the emergence of a separate Canadian (or Australian or New Zealand) identity loom large in the literature, and yet, Toman points out that until her 2001 article, there had been no study which considered specific locations and construction of identity.

Australian historians have also done studies on the relationships between nurses and patients on the Mediterranean Front.<sup>25</sup> This literature focuses on questions of gender relations

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<sup>24</sup> McKenzie, *War-Torn Exchanges*; McKenzie, "'Our common colonial voices': Canadian Nurses, Patient Relationships and Nation on Lemnos," in Joachim Bürgschwentner, Matthias Egger, and Gunda Barth-Scalmani, eds., *Other Fronts, Other Wars?: First World War Studies On the Eve of the Centennial*, (Leiden, Netherlands: Brill, 2014); McKenzie, "The Battle to Care: Canadian Nurses in France and Gallipoli," in Locicero, Micheal, ed. *Two Sides of the Same Bad Penny: Gallipoli and the Western Front, a Comparison*, (Helion & Company Limited, Warwick, England, 2018); McKenzie, "Picturing War: Canadian Nurses' First World War Photography," *Journal of War and Culture Studies*, special edition on First World War Nursing. 11:4 (November), 2018; Meryn Stuart, "Social Sisters: A Feminist Analysis of the Discourses of Canadian Military Nurse Helen Fowlds, 1915-18," in *Place and Practice in Canadian Nursing History*, (Vancouver: UBC Press, 2008).

<sup>25</sup> Katie Holmes, "Day Mothers and Night Sisters: World War 1 Nurses and Sexuality," in Joy Damousi and Marilyn Lake eds., *Gender and War. Australians at war in the Twentieth Century*, (Cambridge: Cambridge University Press, 1995); Kirsty Harris, "'All for the Boys' The Nurse-Patient relationship of Australian Army Nurses in the First World War," in Alison Fell and Christine E Hallett eds., *First World War Nursing: New Perspectives*, (New York: Routledge, 2013).

and sexuality, and how the specific aspects of Mediterranean Front work on Lemnos, including inadequate nursing staff, affected relationships with patients. Harris discusses the link to home which Australian nurses created for Australian patients. CAMC sisters' relationships with non-Canadian soldier-patients bore some features unique to these Canadian sisters, as they were not able to establish the same home-nation connections for their patients as their Australian counterparts. McKenzie's article about relationships between patients and Canadian nurses on Lemnos explores the development of a common identification amongst sisters and patients as 'colonials' pitted against faulty British imperial administration.

Kirsty Harris was the first nursing historian to raise the importance of food within the Mediterranean context. Her article, "Health, Healing and Harmony: Invalid cookery and feeding by Australian nurses in the Middle East in the First World War," uses the dire lack of food in general, and appropriate types of food and cooking facilities in particular, on both Lemnos and Salonika to demonstrate the vital role proper food played in nurses' care for severely ill patients. By highlighting the absence of something normally taken for granted in hospital settings, she makes a strong case, not only for the exceptional circumstances of the East, but also for the value of studying experiences through mundane items. Harris also writes that sympathies surrounding food problems created a shared bond and sense of comradeship between nurses and patients in the Mediterranean theatre.<sup>26</sup> McKenzie writes about the role food played in a power struggle between Canadian nursing sisters and their Matron when the nursing sisters usurped the Matron's role of obtaining food supplies.

Discussions about food are one of the only times clinical nursing practice in the Mediterranean is substantively addressed in the literature. This absence is reflective of the more

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<sup>26</sup> Harris, "All for the Boys."

general silence within First World War nursing historiography about the processes and procedures of military nursing. British nursing historian Christine Hallett's monograph *Containing Trauma: Nursing Work In the First World War*, is a rare piece of scholarship addressing nursing practice in the war. Despite the lack of emphasis on the particulars of wartime nursing work in the historiography, the sisters' professional role is seen as a deeply significant factor in shaping their identities, and as justification for their presence, as women, in the war zone. On the opposite side of the coin, leisure activities have also been studied, with Toman devoting a whole chapter to the social lives of nursing sisters.<sup>27</sup>

Much of the literature acknowledges the minimal amount of scholarship focused on the Mediterranean Front in comparison with that which exists for the Western, and calls attention to the many differences between the two Fronts which are location specific and deserving of separate study. The hardships and atrocious conditions on Lemnos have received far more attention than the experiences of nursing sisters in Salonika or Egypt.

### **Sources and themes**

The type of primary sources available for each of the three geographic locations vary, allowing different aspects of the history to emerge. For the first chapter, centered on the Greek island of Lemnos, there is a sizable collection of personal accounts: diaries, letters, and memoirs. These nursing sisters' writings paint a detailed picture of how the weather and administrative chaos affected living and working conditions on the island and vividly depict the nursing sisters' emotional reactions to their experiences.

For the Greek city of Salonika, the second location I examine, personal narrative accounts are fewer. Official records, however, are plentiful. Quantitative evidence is found in the

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<sup>27</sup> Toman, *Sister Soldiers*.

largely intact collections of the weekly lists of nursing sisters attached to the unit called ‘nominal rolls.’ ‘War diaries,’ the official record of a military unit’s activities, have also been preserved for hospitals in Salonika. Although missing entries from some months, the Salonika hospitals’ war diaries are often detailed and, in the case of No.4 CGH, both the unit-wide diary kept by the medical officer commanding the unit and the Matron’s diary are extant. The abundance of official records allows the military healthcare network in Salonika to be seen clearly. These regular records track nursing sister attrition and reinforcements, and provide a better understanding of the options available to sisters who became sick. Thus, the questions common to all Mediterranean Front locations regarding nursing sister sickness and replacement may find some specific answers in Salonika.

The third chapter covers Egypt, the location with the most varied types of source material. Some personal narrative sources, which often read like travelogues, exist from sisters who spent leisure time in Egypt between assignments in Greece. For the CAMC hospital which operated out of Cairo, there are fewer sources, though some details about this Canadian hospital can be gleaned from illustrated booklets intended for the hospital’s donors at home in Kingston, Ontario.

This varied source material allows each chapter to focus on a different set of themes, highlighting the particulars of nursing sister experience in that specific location. Chapter 1 considers Lemnos, an island which had minimal building and road infrastructure resulting in hospitals constructed of tents and huts woefully inadequate to the rigours of summer heat and winter storms. Sisters characterized this space as a ‘desert island,’ and in many ways their experiences and feelings about service on this island mirrored those of someone marooned. Basic supplies such as food and water for themselves and their patients were lacking, and the sisters

regularly blamed the hardships on administrative incompetence and chaos. While tremendous anger about the conditions, and their inability to ameliorate the problems, spills out of their writings, they felt strongly that their patients desperately required their care, making the sisters determined to ‘soldier on.’

The area surrounding Salonika saw far more active fighting than either Lemnos or Egypt. In chapter 2, I consider how the military action around the hospital sites impacted the nursing sisters’ experiences, including physically shaping the hospital space as hospital staff took precautions against, and reacted to, frequent air raids. The three CAMC hospitals in Salonika participated in a large military healthcare network. Nursing sisters cared for non-Canadian patients, as did sisters in CAMC hospitals in Egypt and Lemnos. Unlike the other locations, however, sisters in Salonika worked alongside British nursing sisters within a CAMC hospital, creating an additional shared international space within the confines of a Canadian hospital.

A significant amount of nursing sister illness, coupled with the Canadian hospitals’ lengthy posting in a location far from Canadian overseas nursing headquarters in London, made care for sick sisters and provision of reinforcements especially pertinent issues in Salonika. The issue of replacement personnel in CAMC Mediterranean hospitals has not been previously addressed within the historiography. I analyse nursing sister health: what was done to preserve the sisters’ health, what types of care facilities were available, and the impact nurses’ ill health had on hospital work, from problems of understaffing to who arrived as reinforcements. Although a comprehensive study of CAMC nursing sister illness has not yet been produced for the Mediterranean, Diane Dodd’s study of military nurse deaths revealed that CAMC medical officers’ diagnoses were influenced by gendered understandings of illness. Her study focuses



exclusively on the sisters who died, thus providing a useful analysis, while also demonstrating the need for further studies of nurse sickness.<sup>28</sup>

My research reveals a strategy for reinforcements which was unique to Salonika: the use of British nursing sisters as replacement personnel in Canadian hospitals, at times in significant numbers. This surprising finding raises many questions surrounding the relationships between the imperial and colonial forces. Many histories of nursing sisters comment on strained relationships between “imperial” (British) nursing sisters and “colonial” (Canadian) nursing sisters. The Canadian literature points to several factors which are believed to have contributed to this oft-acrimonious relationship.<sup>29</sup> The inclusion of Canadian nursing sisters within the military, rather than as a part of a separate auxiliary force as the British had done, the Canadian sisters’ officer rank and pay, fewer restrictions governing behaviour of CAMC nursing sisters, including permission to dance, and CAMC fashionable uniforms were all listed as sources of envy. Although ANZAC nurses did not share all the advantages given to Canadian nurses, nursing sisters from Australia and New Zealand also reported having a challenging relationship with the British nursing sisters based on differing opinions about the professional worth of ‘colonial’ training. Colonial nurses viewed themselves as the professional equals of their British peers, however this view does not appear to have been entirely reciprocal.

The presence of large numbers of British nursing sisters in a Canadian hospital demonstrates that the history of Canadian military nursing in the Mediterranean cannot be studied in isolation from the nurses and hospitals of other countries which formed the local allied healthcare network. My work shows that studying nursing sisters need not be only an end in itself, but that the broader healthcare network can be revealed through the experiences of nursing

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<sup>28</sup> Only two CAMC nursing sisters died in the Mediterranean.

<sup>29</sup> For more on tensions between British and Canadian sisters see Toman, *Sister Soldiers*, 190-193.

sisters. Using nurses as the starting point in considering large systems of healthcare offers several benefits. Rather than approaching the study of a healthcare network through the work of doctors and surgeons, and adding the nursing staff in afterwards, starting with the nursing staff, who are integral to patient care, can provide insight and prompt further questions, widening the field of view until we are looking at the full healthcare system. This nursing-centred approach to understanding the healthcare system is rare within current military medical historiography.<sup>30</sup>

Chapter 3 is concerned with Egypt, where two very different stories existed simultaneously. Nursing sister leisure time is the more commonly referenced experience within scholarship. Many of the accounts of nursing sisters who served in the Mediterranean include a segment about time spent at non-nursing activities in Egypt, and there are a significant number of photographs showing sisters wearing the distinctive CAMC uniforms in front of notable tourist destinations like the Sphinx, the pyramids at Giza, or while riding camels. Current historiography discusses these experiences, often considering the nursing sisters' accounts of Egypt through the lens of travel writing.

Egypt served as a type of 'home base' for the nursing sisters in the Mediterranean. It was a harbour to stop in, a central place to obtain supplies, and a general mustering point for nursing sisters and hospitals on the move. It was a site of leisure activities, removed from the military action of Salonika and the hardships of Lemnos. Egypt was also the site of nursing work for the Canadian sisters serving with No.5 CSH which set up just outside Cairo. This second, and contrasting, Egyptian experience of nurses at work has not yet been discussed by scholars. The

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<sup>30</sup> For works which consider First World War military healthcare from a wide angle see, Mark Harrison, *The Medical War: British Military Medicine In the First World War*, (Oxford: Oxford University Press, 2010) and Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power In the First World War*, (Oxford: Oxford University Press, 2014). Harrison and Carden-Coyne's excellent monographs consider the large systems of healthcare; however, nursing work is very much sidelined.

experiences of nursing sisters who worked in Egypt diverges dramatically with that of those who only experienced Egypt as tourists. It is likely that the paucity of sources, particularly sources authored by nursing sisters, is the reason for this gap in the historiography. Unfortunately, no narrative accounts written by nursing sisters from the No.5 CSH based in Cairo are known to exist; the photographs left by Sister Etta Sparks are the only extant records produced by a nursing sister from this hospital. I provide an overview of the work and experience of the staff at No.5 CSH based on promotional booklets created by the hospital and sent home to their donors. I also draw on the letters of two Canadian soldiers serving within the hospital as labourers. The experiences of the nursing sisters can be extrapolated from the sources which are extant for the hospital, and by comparing the themes present in the working experiences of other nursing sisters in the Mediterranean.

Canadian combat troops did not serve in the Mediterranean theatre during World War One. Thus, investigating the wartime experiences of these Canadian nurses reveals not only little-known aspects of nursing history, but also little-known aspects of Canadian history. A whole new place appears on the landscape if one follows the women, and not just the fighting men, who went off to war.

Chapter 1: Like Making Bricks without Straw: Nursing Sisters' Experiences of Chaos, Food, and Sickness on the Weather-Exposed Island of Lemnos

Soon after the April 25, 1915 commencement of the Gallipoli campaign in the Dardanelles, gateway to the Ottoman Empire, it became apparent that the initial healthcare provisions had been woefully inadequate. Establishing hospitals on Lemnos, an island in the middle of the Aegean Sea, was part of British efforts to address the greater than anticipated need for care in the region. Between the middle of August 1915 and end of January 1916, two Canadian Army Medical Corps (CAMC) hospitals, complete with equipment and all personnel, nursing sisters, “other ranks,” and medical officers, were stationed on the Greek island of Lemnos.<sup>1</sup> At the time that this conveniently located island was taken over as a hospital and troop base for the British, Greece was not a part of the war. Nursing Sister Laura Holland acknowledged that they had no real right to be there.<sup>2</sup> The British army had simply taken the space needed for Canadian, Australian, and British hospitals.

Lemnos was bustling with a diverse selection of military encampments populated by British, Australian, and New Zealand troops, POW camps, and an estimated 3000 imported Egyptian labourers. The island was rocky, and the sisters described it as barren, having very little vegetation and no agriculture. They described Lemnos as being divided into ‘east’ and ‘west’ Mudros, a distinction made with reference to Mudros Bay, where the harbour was filled with watercraft ranging from hospital ships to battle cruisers. One ship, the HMS Agamemnon, served as administrative headquarters for the island, as no suitable building could be found. Lemnos was

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<sup>1</sup> “Other ranks” was a term used in official documents to describe various troops who did not rank as officers. Those belonging to the “other ranks” included NCOs (non-commissioned officers), and “men.” Throughout this text, I shall use the term “men” to indicate enlisted men, and the word “male” to indicate gender.

<sup>2</sup> Letter September 25, 1915, Laura Holland to Mrs. Holland.

not uninhabited when it was taken over as a military base. Nursing sisters often mentioned the local population and noted that the island was divided into a Greek and a Turkish portion. Military personnel were forbidden from entering the Turkish part of the island.

Conditions on the island were extreme and Canadian nursing sisters contended with inclement weather and severe shortages of food, water, and supplies. They experienced high levels of illness within their own ranks and in their overcrowded hospital wards. The available evidence provides the overall impression that chaos and inefficiency affected every part of their lives and work on Lemnos. There were two Canadian hospitals on the island, No.1 and No.3 Canadian Stationary Hospital (CSH). No.1 CSH is very well represented with primary source material. I draw on the letters of Sisters Mildred Forbes and Laura Holland, and the letters and diaries of Helen Fowlds, in conjunction with the published account written and illustrated by Constance Bruce. For the other Canadian hospital, No.3 CSH, almost no sources from the sisters themselves exist apart from a memoir published in 1981 by Sister Kate Wilson.<sup>3</sup>

Two overarching themes emerge from these first-hand accounts: the significance of the weather and the far-reaching repercussions of administrative chaos on nursing sister experiences. Weather impacted the type of quarters, physical layout of the hospital space, and nursing sisters' use of clothing. Nurses evaluated the effects of administrative chaos on their lives as they struggled with laundry, mail delivery, and the provision of food for their mess. Through their relationships with naval officers, the sisters managed to regain what they understood to be 'civilization' salvaged from the chaos which frustrated so many other parts of their lives.

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<sup>3</sup> Katharine M. Wilson-Simmie, *Lights Out: A Canadian Nursing Sister's Tale*, (Belleville, Ont.: Mika, 1981). There are additional sources available for No.1 CSH: photograph albums, which I have not made a major part of my source material in order to focus on the voices rather than the visual aspect, and the oft-quoted memoir by Mabel Clint, which I have put aside in favour of less thoroughly examined records. Mabel Clint, *Our Bit: Memories of War Service by a Canadian Nursing-Sister*, (Montreal: Alumnae Association of the Royal Victoria hospital, 1934).

I further explore the themes of weather and chaos as they pertained to nursing sisters' work on Lemnos. Weather extremes made nursing work challenging, causing increased levels of sickness among both sisters and soldier-patients, and forcing changes to the physical layout of the hospital space. The nursing sisters' perceptions of chaos in their work lives included the intrusion of local labourers whose behaviour they sometimes deemed inappropriate, and the disastrous lack of food and water for patients. The overall nursing experience on Lemnos was physically and emotionally exhausting, as the sisters struggled against the weather to care for patients in an under-supplied hospital.

Nursing sisters understood the island's weather as a foe, which shaped the hospital's physical layout, impacted their daily work and lives, and caused them and their patients to suffer. During the first months, the heat was extreme, and nursing sisters frequently described how intense and uncomfortable they found the sun. Tents and huts were stuffy, the sun's bright light hurt their eyes, making it hard to read or write letters, and difficult for those on night duty to sleep during the day. At night, the sisters were very cold as the temperature plummeted with the sunset. In the latter months of their time on Lemnos, high winds, torrential rains, and frigid temperatures ensured that the nursing sisters and their patients continued to suffer.<sup>4</sup>

The seemingly ordered appearance of the hospital layout on unit maps belies the poor construction and planning that characterised the hospital's structures. Intended to provide shelter against the elements, camp infrastructure was rarely adequate, and continued to evolve in response to altered weather patterns. The hospital landscape, ever-changing in opposition to the

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<sup>4</sup> Mildred Forbes, letters, transcribed by Andrea McKenzie, transcriptions provided to the author by McKenzie, originals held by Library and Archives Canada, Cairine Reay Wilson fonds, R5278-4-1-E, microfilm reel H-2299; Helen Fowlds diaries and letters, Helen Marryat fonds, 69-001, series I, box I, Trent University Archives, Peterborough, Ontario, Canada; Laura Holland, letters, transcribed by Andrea McKenzie, transcriptions provided to the author by McKenzie, originals held by the University of British Columbia Archives, Laura Holland fonds, Correspondence Series, boxes 1-2.

apparently unpredictable and unexpected weather, stood in stark contrast to the villages inhabited by the locals. To the nursing sisters' eyes, local villages seemed to belong to another era, built with ancient technology and filled with people whose style of life was presumed to be unaltered since the time of St. Paul's visit to the island.<sup>5</sup> Encapsulating this belief in the locals' unchanging and 'backward' modes of existence, one nursing sister described everything 'native' to Lemnos as 'is, was, and ever shall be B.C.'<sup>6</sup>

British military nursing historian Christine Hallett refers to military nurses' work as a battle, containing and restoring their patients' bodily disintegration. Certainly, on Lemnos nursing care involved battles, not all of them with microbes. Nursing sisters' accounts made clear their belief that extreme weather and administrative chaos and incompetence increased suffering and deprived them of the tools necessary to alleviate distress and ameliorate living conditions for their patients, as well as themselves. The nursing sisters expressed immense anger over the lack of preparation and appropriate provisioning on Lemnos. The experience on Lemnos was disempowering, and their accounts convey frustration about their limited abilities to improve care and conditions on the island. Literary scholar Andrea McKenzie's analysis of Frances Upton's Lemnos photograph album draws on the arrangement of pictures and choice of captions to conclude that Upton viewed her time on Lemnos akin to time spent in a prison.<sup>7</sup>

Coursing throughout nursing sisters' descriptions of the challenges presented by weather and administrative chaos is substantial attention to food. Food was an important metric by which they evaluated their experiences on the island. Obtaining food was difficult, and in the sisters'

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<sup>5</sup> Wilson-Simmie, *Lights Out*, 88.

<sup>6</sup> Letter 42, November 4, 1915 Lemnos, Helen Fowlds diaries and letters, Trent University Archives.

<sup>7</sup> Andrea McKenzie, "Picturing War: Canadian Nurses' First World War Photography," *Journal of War and Culture Studies*, special edition on First World War Nursing, (11:4 (November), 2018) 326.

estimation, provisioning was more often faulty than not. Food supplies had an enormous impact on nursing work. The quality and type of food nursing sisters ate in their own mess, and what was available for their patients, actively affected their attitudes toward the military hierarchy and served, together with clothing, as a material connection between nursing sisters and those living elsewhere in Canada, England, and Egypt. Food was a focal point which gathered together varied groups of military members on the island for social activities, and nursing sisters' discourses about food reveal much about the military infrastructure on the island and sources of foodstuffs.

Canadian military nursing in the Mediterranean theatre involved hard work under trying conditions. Sister Forbes wrote to her friend with biting sarcasm that it was apparently normal for the British administration to send hospitals to a desert island without making the slightest preparation for them.<sup>8</sup> Though Forbes did not specify the nationality of hospitals "marooned" on the island, she later remarked that it seemed as though the British sent Canadian and Australian colonial hospitals, staffed by colonial nurses, officers, and men, to the island first to see how they would fare before sending their own nurses to Lemnos.<sup>9</sup> Conjuring a Biblical image, Sister Fowlds described her work as "making bricks without straw," a reference from the book of Exodus to the hardships suffered by the Hebrew slaves in Egypt.<sup>10</sup> Just as straw was a necessary component to brick making, so basic supplies were necessary to the running of a hospital. Yet, like the Hebrew slaves who were not provided with straw, neither were the nursing sisters provided with adequate or appropriate supplies.

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<sup>8</sup> Letter, September 7, 1915, Mildred Forbes to Cairine Wilson.

<sup>9</sup> Letter, October 1, 1915, Forbes to Cairine Wilson.

<sup>10</sup> Letter, December 4, 1915, Helen Fowlds to Mrs. Fowlds.



## **Living on Lemnos: quarters, latrines, and laundry**

The sisters' living quarters were beset by problems, and their accounts describe the inadequacy of the quarters, which exposed them to the elements and insufficiently protected their privacy. The material used to construct the tents and huts which served as nurses' quarters was an insufficient barrier against the wind, the heat, the cold or the bright sun. Sisters had minimal privacy, at first sharing tents with multiple other nurses, and later moving into thinly walled huts which failed to block either sound or light. Extreme weather caused the sisters' tents to collapse. The distance between their quarters and the latrines was a challenge compounded by rampant gastro-intestinal illness, poor weather, and varying degrees of self-consciousness about walking between latrines and their quarters.

Nursing sisters' living quarters were a commonly changing aspect of the hospital complex. Having arrived only in mid-August, Sister Fowlds wrote in mid-October that the nursing sisters moved quarters so frequently, the orderlies were making a joke out of it.<sup>11</sup> Intense and changing weather conditions, and resulting illnesses, contributed strongly to the difficulties sisters experienced with their quarters and necessitated upgrades. On September 15, 1915 the officer commanding No.3 CSH sent an urgent cable citing high levels of illness among all the unit's personnel and asking that huts for the hospital be expedited.<sup>12</sup>

Even the sisters' first quarters on Lemnos must have seemed an improvement from their sleeping arrangements on the hospital ship by which they travelled to the island. Sister Holland recalled that on the trip they were not assigned quarters, but rather slept in patient wards which

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<sup>11</sup> Letter 40, October 11, 1915, Lemnos, Helen Fowlds to Mrs. Fowlds.

<sup>12</sup> Cable, September 15, 1915, O.C. Casgrain, Mudros, 3<sup>rd</sup> 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.

afforded ‘absolutely no privacy.’<sup>13</sup> Once on the island, the nursing sisters were assigned sleeping quarters in tents 14 feet square with three sisters to a tent. Later on, each sister was given her own 6 x 16-foot hut. These huts were described as resembling a child’s toy Noah’s ark, with walls which were so thin that some nursing sisters referred to them as ‘paper boxes.’<sup>14</sup>

Before the truly cold weather set in, the Noah’s ark paper-box huts were very stuffy and warm during the heat of the day, but during October and November, the wind blew through the cracks of the huts so strongly that Sister Forbes thought she would be pushed off her chair.<sup>15</sup> The sisters were pleased at the prospect of privacy offered by having individual huts, but soon learned that the walls of the aptly monikered ‘paper-boxes’ were so thin that what was said inside could be heard outside and at times one could almost see through the walls. Holland was grateful that the hut next to hers was occupied by a trusted colleague and former tent-mate.<sup>16</sup>

The impact of weather on the nursing sisters’ quarters made their private living space public in yet another way: the rapid changes in weather, strong winds and torrential rains at times forced the sisters, often dressed for bed or already sleeping, to take urgent action to secure their tents as the weather threatened to cause a collapse. When the tents actually did collapse, the sisters were forced from their tents in the middle of the night, exposing them and all their belongings to both damage and public gaze. Understandably crabby after having her quarters

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<sup>13</sup> Letter 28, October 30, 1915, Laura Holland to Mrs. Holland. Sister Holland’s comment concerning the lack of privacy in the hospital ship’s wards clearly evokes the different expectations of how much privacy should be afforded patients compared to nursing sisters. An exploration of these differences delves into literature concerning patient experience in military hospital, scholarship which often addresses what many patients considered the dehumanizing machine-like processes of soldier-patient care during the war. See Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War*, (Oxford: Oxford University Press, 2014) for a robust discussion of the patient perspective of military medical care; Christine Hallett, *Containing Trauma: Nursing Work in the First World War*, (Manchester: Manchester University Press, 2009), for an in depth look at the nursing practices experienced by patients; and Mark Harrison, *The Medical War: British Military Medicine in the First World War*, (Oxford: Oxford University Press, 2010) for an overview of the military medical ‘machine’.

<sup>14</sup> Letter, October 22, 1915, Forbes to Cairine Wilson; Letter 25, Oct 8, 1915, Holland to Mrs. Holland.

<sup>15</sup> Letter, October 22, 1915, Forbes to Cairine Wilson.

<sup>16</sup> Letter 26, October 18, 1915, Holland to Mrs. Holland.

collapse during a night storm, Holland complained that the other members of the camp who were ostensibly helping recover her things were in fact causing far more damage as they tramped through the collapsed tent.<sup>17</sup> Holland also reported that they had to gather their items quickly, lest other opportunistic members of the camp help themselves.

The layout of the hospital does not appear to have promoted healing and wellness or eased the experience of illness and suffering on an intensely hot, or frigidly cold island far from home. Laura Holland's many blunt letters to her mother shed additional light on the oft-negative impact hospital geography had on nursing sisters' lives. She described the relationship between the sisters' sleeping quarters and the sisters' latrines.<sup>18</sup> At the beginning of September 1915, Holland wrote of the difficulty in running from her tent to the WC (latrine) which was quite distant. Like so many other nursing sisters at No.1 CSH, Holland was sick with 'the common complaint,' a poorly defined gastrointestinal ailment possibly related to the dysentery from which so many soldier-patients were suffering. She told her mother that she wished she were at home with her and with a WC next door, clearly illustrating the role that emotional relationships and physical place played in her definition of comfort.<sup>19</sup>

Holland did have emotional support on the island: her friend Mildred Forbes. Holland and Forbes were close enough that they altered the physical layout of their quarters to be nearer each other. Rather than each living in her own individual hut, they put their huts together and used one as a bedroom, and the other as a sitting room, or as Holland derisively described it, as a 'junk room,' with all their things piled up in it.<sup>20</sup> There may have been an additional motivation

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<sup>17</sup> Letter, October 8, 1915, Holland to Mrs. Holland.

<sup>18</sup> Latrines were divided by rank, gender, and role with four separate facilities at No.1 CSH, assigned variously to nursing sisters, male officers, men, and patients. 1<sup>st</sup> Canadian Stationary Hospital, War Diary, RG9, Militia and Defence, Series III-D-3, vol. 5033, file number 842, reel T-10922, item ID 2005086, Library and Archives Canada, Ottawa, Canada, 40.

<sup>19</sup> Letter, September 1, 1915, Holland to Mrs. Holland.

<sup>20</sup> Letter, October 22, 1915, Forbes to Cairine Wilson.

for living so closely: Forbes was very ill for at least five weeks after landing on the island and Holland nursed her carefully, while diligently keeping her illness concealed from Forbes' family at home.<sup>21</sup>

The worsening weather and public nature of the trip directly affected nursing sisters' use of the latrines. When the weather turned frigid and windy, Holland's letters reported that it was simply too cold to travel the distance to the latrine at night. Despite clearly understanding the importance of sanitation, Holland's letters suggest that the hospital's layout caused the sisters to adopt other practices to balance the need to relieve themselves with the wintery weather. On cold nights, Holland admitted to relieving herself outside her tent, seemingly onto the ground rather than using a chamber pot. Holland's proffered explanation for not employing a chamber pot was that she had not yet mustered the courage to be seen carrying a 'jerry,' or container, to the latrine. However, her fight with the island's weather did finally prompt her to create a make-shift receptacle for especially cold nights by breaking the top off an earthenware jug.<sup>22</sup>

Holland's comments also demonstrate that the public nature of trips to the latrines affected nursing sisters' clothing choices. Since letters usually contain information thought to be novel, difficult, or informative, rather than devoting space and time to routine subjects, those observations made about clothing can be understood as having some particular significance.

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<sup>21</sup> Although there is no textual evidence to suggest that Holland and Forbes were lovers, this theory has been put forward by some scholars, and other nursing history texts acknowledge the existence of hidden romantic relationships between nurses. See Kathryn McPherson, "'The Case of the Kissing Nurse': Femininity, Sexuality, and Canadian Nursing, 1900-1970," in Nancy M. Forestell, Kathryn M. McPherson, and Cecilia Louise Morgan eds. *Gendered Pasts: Historical Essays in Femininity and Masculinity in Canada*. (University of Toronto Press, 2003), as a widely cited example of a work which tackles nurses' sexuality. Others include Meryn Stuart, "Social Sisters: A Feminist Analysis of the Discourses of Canadian Military Nurse Helen Fowlds, 1915-18," in *Place and Practice in Canadian Nursing History* (Vancouver: UBC Press, 2008); and Katie Holmes, "Day Mothers and Night Sisters: World War I Nurses and Sexuality," in Joy Damousi and Marilyn Lake *Gender and War. Australians at War in the Twentieth Century*, (Cambridge: Cambridge University Press, 1995).

<sup>22</sup> Letter, November 23, 1915, Holland to Mrs. Holland.

Holland possessed a red 'kimona' [sic], but she considered this garment to be quite conspicuous and preferred to wear a lustre coat over her clothes when walking to the latrine. However, over time, Holland's standards of acceptable clothing adapted and she wrote that she was no longer self-conscious or concerned about the presence of men while she walked to the latrines in her bare legs and dressing gown.<sup>23</sup> As Holland's comments about trips taken to the latrines illustrate, the nursing sisters' use of clothing changed and adapted over the course of their time on the island. Certain garments, such as the conspicuous red kimona, were not deemed suitable, and other clothing norms, including embarrassment at being seen by men while stockingless and in a dressing gown, disappeared.

Some of these changes occurred as a result of the physical layout of the hospital unit, which necessitated walking a distance to the latrines several times a day at a variety of hours. Most of the alterations to nursing sisters' clothing, however, resulted directly from weather conditions. Although the wearing of 'mufti,' as civilian clothing was known, was prohibited when posted outside of England, nursing sisters nevertheless made alterations to their uniforms. The sisters' official uniforms were conspicuous double-breasted dresses designed to include many aspects of traditional military uniforms. Their working uniforms were light blue finished with white cuffs and collar, and two scalloped-edged pockets on either side of the ankle length skirt. They wore long white veils over their hair, and distinctive square-necked aprons. Their dress uniforms were navy blue with red piping, cuffs, and collars finished with a navy blue felt hat bearing the insignia of the CAMC pinned prominently at the front. All uniform buttons were

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<sup>23</sup> Letter, November 23, 1915, Holland to Mrs. Holland.

also imprinted with the CAMC insignia. Both uniforms included two stars or “pips” denoting their officer rank on their shoulders.<sup>24</sup>

In August and September 1915, Holland wrote that it was far too hot for long sleeves and that the sisters had all stopped wearing the white cuffs traditionally attached to their uniforms. In later months, the torrential rains and copious mud motivated the sisters to tuck their skirts into the tops of their rubber boots, or to pin up their skirts in “Turkish fashion.” For similar reasons, some of the items they had been specifically instructed to buy for service in the Mediterranean, such as white boots, were never taken out of their boxes.<sup>25</sup> A photograph of nursing sisters of No.1 CSH taken at their hospital in Salonika, several months after their time in Lemnos, provides an interesting visual of statement about nursing sisters’ footwear. Although weather conditions were far superior in Salonika, there is still only one member of the unit who chose to wear white footwear: Matron Charleson. Her white shoes with white bows stand out strongly compared to the black boots sported by the rest of the sisters. She may have chosen her shoes specifically for the occasion of having the photograph taken, or as a symbol of her elevated rank. But it is also possible that her sartorial choice reflects what Sisters Holland, Forbes, and Fowlds wrote about their matron: that she was not interested or involved in the work of caring for soldiers under conditions of personal discomfort and was motivated more by concern for her personal reputation than altruist care of suffering patients. The letters written by these three sisters cast the matron as a foil against which to contrast their own selfless devotion to patients despite living

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<sup>24</sup> Examination of extant garments, Royal Alberta Museum, Edmonton, Alberta, Canada; Susan Mann, “Introduction,” *The War Diary of Clare Gass*, edited by Susan Mann, (Montreal: McGill-Queen's University Press, 2000).

<sup>25</sup> It is unclear which nursing authority was issuing the instructions about which uniform items to bring or to leave behind in preparation for Mediterranean service.

and working in extreme conditions. The sisters' choice of practical high-laced black boots may be a visual demarcation of this distinction expressed in their letters.

Sisters' letters also addressed the extreme difficulty involved in shopping on Lemnos: they wrote that nothing could be bought. Several months after their arrival, local shops had begun selling items of interest to the sisters, however, they described these items as extremely expensive and complained that what they wanted was not always available. Holland gave her mother a food-based example of this problem: "biscuits are 2/s the lb. poor ones @ that & only attainable @ times."<sup>26</sup> It is thus unsurprising that their letters have a strong emphasis on the various processes employed to obtain clothing as they struggled to adapt to the changing weather.

Nursing sisters brought most of their clothing with them to Lemnos. However, as the recommendation for white shoes demonstrated, what they were advised to bring did not reflect the reality of what they found they required. Additional items were obtained through used clothing sales held between the nursing sisters of both Canadian hospitals whenever a sister was "invalided" home,<sup>27</sup> through army stores, by mailing out requests to stores in England and Malta, and by sending requests to friends and family. However, purchasing new clothing was challenging and incurred the added difficulty of unreliable mail and parcel service, resulting in significant wait times for any items to arrive on Lemnos.

Clothing served as a strong material connection between the nursing sisters on Lemnos and family and friends living elsewhere. Observing the changes in weather, the sisters wished they had brought their woollen clothing with them rather than having stored them in England as

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<sup>26</sup> Letter, November 14, 1915, Holland to Mrs. Holland.

<sup>27</sup> Common terminology within both official First World War healthcare and personal documents referred to anyone who was evacuated from one area to another because of illness or wounds to have been "invalided" away.

the army had advised them to do, and they used their connections to people and stores off the island to obtain warmer clothing. Sister Holland sent a blank cheque to a friend in England requesting ‘flannels and warm things’ for her and Sister Forbes. Sister Fowlds wrote to her mother that heavy socks were as welcome on Lemnos as in France and asked her to keep sending her new veils. Sister Fowlds’ letters requesting veils were detailed as she described different weights and types of fabric to ensure the new ones her mother sent would be of the most practical use.<sup>28</sup>

Some outerwear was provided by the army: sou’westers, oil coats, and “British warmes,” the term used for the regulation warm coat. However, the British army’s distribution of warm clothing to the Canadian nursing sisters does not appear to have been as thorough as the sisters might have hoped. Sister Wilson at No.3 CSH fondly recalled the help offered to her and her friend Sister Willett by the CAMC unit’s chaplain who succeeded in obtaining the last two warm coats in storage for Sisters Wilson and Willett. He pried the coats from the quartermaster in exchange for a tin of chewing tobacco that he had hoarded away.<sup>29</sup>

Obtaining clothing appropriate to the weather and outdoor living conditions was only one of the clothing challenges on Lemnos. The other was laundry. Almost nothing about the process of having garments laundered met with the sisters’ approval. Laundry service was expensive. It took much time to find locals who would agree to provide the service, and even when an arrangement was made, Sister Holland complained that the locals could not be relied upon to actually come and pick up the dirty clothing. The quantity of laundry Holland needed washed grew as her clothing suffered from needing to relieve herself outside her tent on cold and windy nights. The locals transported these great volumes of laundry by donkey. Constance Bruce made

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<sup>28</sup> Letter 38, September 23, 1915, Helen Fowlds to Mrs. Fowlds.

<sup>29</sup> Wilson-Simmie, *Lights Out*, 101.



a joke out of the accumulated volume of washing in her 1918 book of stories and cartoons about her wartime nursing work. One of the cartoons depicted a small donkey, similar to the slow, docile, and skinny ones described by other nursing sisters, so loaded down with bundles of laundry, that only its head and hooves were visible. At the other Canadian hospital on the island, Sister Wilson observed a donkey similarly overloaded with the sisters' uniforms and aprons. She said it looked like a 'walking clothes basket.'<sup>30</sup>

More than 65 years later, Sister Wilson, who served at No.3 CSH, provided a detailed description of the laundry problems on the island, demonstrating the longevity of the memories associated with laundry.

The clothes were taken to the Greek village, and there in a stream the native women washed them, spreading them out on the flat stones and, with a method of their own, rubbing them vigorously with a flat stick of wood. Then without either boiling or blueing, they spread them out to dry on the ground and over small shrubs. Then they were roughly folded and returned for use. The first two or three deliveries were met with exclamations of horror, and our uniforms in reserve were worn as long as possible. Of course, the day arrived when the unpressed uniforms and aprons had to be donned, and even this, in time was accepted with good grace. What worried us most was the hospital linen. The hard, crinkled condition of the sheets and pillow cases when they were returned, hurt us psychologically, much more than the unsightly uniforms.<sup>31</sup>

When the laundry was returned, the sisters collectively expressed dismay at its state. It had been 'rough dried,' and had been neither starched nor ironed. Some of the nursing sisters wondered if it had been washed at all. Another of Bruce's cartoons is captioned 'crying in anguish' and

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<sup>30</sup> Wilson-Simmie, *Lights Out*, 77.

<sup>31</sup> Wilson-Simmie, *Lights Out*, 77.

shows a nursing sister examining the ‘finished’ laundry. Sister Holland found a partial solution to one of her laundry problems: a small iron left to her by a nurse who had been invalided back to England. She felt that clothing became soiled much more quickly when it had not been ironed, and she wished to look somewhat respectable. To this end, she carefully conserved and ironed collars for her uniform. The sisters were now permitted to wear soft ‘Eaton’ collars which lay flat on their uniforms, rather than high ‘standing up’ collars. It was these soft Eaton collars which Holland ironed and wore while on Lemnos.<sup>32</sup>

Nursing sisters did not send all their laundry out. Constance Bruce included a drawing showing a nursing sister washing her own ‘odds and ends’ surrounded by a pile of laundry taller than the nurse, indicating that despite having much of their laundry washed by others, the general volume of items that needed cleaning remained overwhelming. Holland’s letters reveal that the sisters washed more than just their own odds and ends; they also washed towels and handkerchiefs. These items had to be laundered carefully, Holland reported, for fear of infection. Laundry, as discussed by the nursing sisters of Lemnos, comes across as a skilled task, and they made it clear that they did not consider the locals to be at all skilled.

The vivid place that laundry, and the process of removing dirt from clothing, the objects closest to their bodies, held in the sisters’ writings serves as an important representation of the sisters’ assessment of Lemnos as a dirty place. When items were returned in an unsatisfactory state it served as yet another reminder that the nursing sisters could do very little to improve their situation on the island. They were not even able to maintain their clothing, and by extension themselves, in reasonably respectable and presentable condition.

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<sup>32</sup> Letter, August 26, 1915, Holland to Mrs. Holland.

The badly (to the sisters' eyes) laundered clothing was a problem, but laundry issues were not simply a matter of vanity or middle-class preference. Sister Wilson's description demonstrated how laundry affected their nursing work as well. In a hospital lacking what the sisters understood to be proper "invalid food," for sick soldiers, adequate water for drinking and bathing, night shirts and other comforts for soldier-patients, the nursing sisters could not even offer soft, properly laundered bedding to their suffering patients.<sup>33</sup> The problems surrounding the laundering of hospital linens and personal items fit within the nursing sisters' other negative assessments of Lemnos and its inhabitants. They wrote that the villages were dirty (though not as dirty as they found the cities of Bolougne or Étaples in France), quaint, and the residents utilized ancient methods of work. Their inability to get laundry done satisfactorily reinforced their perception of the difference between themselves and the locals. The sisters expressed the idea that, as westerners, they lived in a "modern" world altered and advanced by time, compared to the timeless and unchanging eastern lives of the inhabitants of Lemnos.<sup>34</sup>

### **Chaos in mailroom and mess tent**

The letters that nursing sisters wrote home about their lives on Lemnos were full of descriptions of chaos, inefficiencies and frustrations. Both their work and personal lives were affected by the British army's poorly planned and executed provisioning of supplies. The sisters frequently complained about the bad handling of mail. Delivery of mail to those stationed on Lemnos was sporadic. They would receive nothing for weeks, and then several deliveries at once. One sister wrote that she believed the trouble was with the military men sorting the mail: they were simply lazy and did not do their jobs properly. Many of the sisters numbered the letters they sent so they could confirm with their correspondents that the missives had in fact been

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<sup>33</sup> The sisters' focus appeared to be primarily on the texture of the bedding, rather than the removal of germs.

<sup>34</sup> Letter 42, November 4, 1915, Lemnos, Helen Fowlds to Mrs. Fowlds.

received. Not all letters made it through. The veracity of any of the explanations nursing sisters offered for the irregularity of the mail and parcel service is not as significant as what these accusations reveal about their assessment of their experience on Lemnos. They did not trust their own army's administrative work or oversight concerning their welfare while they were on the island. They expected regularly and reliably delivered mail, but on Lemnos, the sisters distrusted the mail system, and the lack of properly delivered mail was a significant morale issue. Under trying circumstances, the nursing sisters' connection with home was being undermined. Mail service was understood by the army to be extremely important for morale, and considerable efforts were made to maintain regular delivery. Whether the mail service on Lemnos was in fact worse than the sisters would have experienced had they been in France is unclear. However, many of the nurses at No.1 CSH had already served in France and found that their expectations for mail delivery while in far-flung Lemnos were not met.<sup>35</sup>

Tightly bound up with unreliable mail delivery were issues of censorship. Allegations were circulating in Canada about the exceptionally poor conditions under which the hospitals on Lemnos operated, and it was assumed that they had been started by letters sent from Canadian nursing sisters. The sisters complained that they received many lectures from officers in charge regarding what they were and were not permitted to write home about. Many felt they had been unjustly accused and were unfairly censored as a result. Sister Holland wrote that the prohibition on discussing the poor conditions confirmed that 'someone has a guilty conscience about it.'<sup>36</sup> It seems likely that letters sent home by Cecily Galt, whose father was an influential judge, did contribute to the scandal, and Sister Galt was recalled from Lemnos to testify at a hearing in London. However, placing the blame all at the feet of the unit's women patently relies on

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<sup>35</sup> Letter, 41 October 28, 1915, Helen Fowlds to Mrs. Fowlds.

<sup>36</sup> Letter, October 30, 1915, Holland to Mrs. Holland.

misogynistic stereotypes about gossiping women and the “weaker sex” unable to withstand the harsh conditions. There were, it ought to be noted, only 26 nursing sisters in a Canadian unit with 200 members. Laura Holland found ways around the censorship she felt to be unjust and unnecessary: she discovered a few officers who would sign off on letters without reading them. Alternatively, she would bury sensitive information at the end of lengthy letters, figuring that the censor would not read that far.<sup>37</sup>

Sending home information about conditions on Lemnos was important to the sisters for a number of reasons. Andrea McKenzie argues that Canadian nursing sisters used their letters as a form of advocacy for their patients against the lack of care demonstrated by the British administration.<sup>38</sup> Communication with those at home provided the nursing sisters with a sliver of autonomy and control over a deeply frustrating situation. Among the contents of their letters were requests for supplies. Letters and requests for materials and money with which to better care for their patients formed an important part of the essential connections that nursing sisters fostered with those off the island.

Poorly managed mail delivery signified chaos to the nursing sisters, but even more than the badly handled mail, it was the state of food and water supplies which elicited the most condemnations from the sisters. Lemnos was not a location conducive to plentiful supplies of food. As the nursing sisters remarked in their letters home, the island’s inhabitants did not farm, and the island itself was covered in stony ground with very little plant matter. They sometimes wondered what the herds of sheep and goats found to eat, but they never queried where locals

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<sup>37</sup> Letter, October 8, 1915, Holland to Mrs. Holland.

<sup>38</sup> Andrea McKenzie, “‘Our common colonial voices’: Canadian Nurses, Patient Relationships and Nation on Lemnos,” in *Other Fronts, Other Wars?: First World War Studies On the Eve of the Centennial*, edited by Joachim Bürgschwentner, Matthias Egger, and Gunda Barth-Scalmani, (Leiden, Netherlands: Brill, 2014).

sourced their own food. The sisters echoed their perception of Lemnos as a barren island when they described their dining experiences. They wrote of consuming minimal, unappetizing, and inappropriate food at mess tables lacking linen and good dishes. The dangerous three-day sea voyage between Lemnos and the Mediterranean home base location in Egypt made obtaining supplies for the military hospitals on Lemnos challenging.<sup>39</sup>

Bad and inadequate food remained a daily symbol of the utter disorder which affected every part of the sisters' lives and work on Lemnos, and a reminder of the bad leadership under which they suffered: both that of their matron and of the British army in general. Initially, Sister Holland was made the 'mess sister,' a role which put her in charge of sourcing dishware and food. Holland complained bitterly about the inefficiencies resulting from not being told by military authorities already on the island where the canteens were located. Finding foodstuffs, she reported, was extremely challenging and took all her time. In the search for food, she, another sister, the matron, the quartermaster and the chaplain went around the island on donkeys trying to obtain supplies, and then procured a sailboat and went around to various ships in harbour trying to buy food from them.<sup>40</sup>

As the mess sister, Holland was also responsible for supervising cooking of food for the sisters' mess by a 'man cook,' an assistant, and two other helpers.<sup>41</sup> The man cook knew very little about cooking in Holland's estimation, and the other men she thought were lazy. Nursing sisters appear to have used the term 'lazy' when they were frustrated by the quality or results of others' work. It is a term they applied to both British and Canadian military personnel (those

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<sup>39</sup> Wilson-Simmie, *Lights Out*, 62-63, 87.

<sup>40</sup> Letter, August 26, 1915, Holland to Mrs. Holland.

<sup>41</sup> I assume that the kitchen helpers were Canadian. Holland does not say, and in Egypt local labour was employed in a similar position. However, given her specificity on other matters regarding locals, it is reasonable to presume that the kitchen helpers were Canadian.

sorting the mail, or the kitchen helpers) and to locals who were observed sitting outside their shops rather than enterprisingly importing goods to sell to the military personnel on the island.

Further complicating the process of finding food was Matron Charleson's lack of social skills and tact. Holland believed that Matron Charleson antagonized people such that they did not help her even if they could. Hardships that could not be helped were one thing, Holland wrote home, but when something could be done about it and the Matron did not act, it was infuriating. Being the mess sister was a thankless and challenging task, and Holland was greatly relieved when Sister Upton took over from her.<sup>42</sup>

Meals provided in the sisters' mess at the start of their time on Lemnos were awful. Sister Fowlds told her mother that she could only eat because her friend kept her distracted with "comedic banter."<sup>43</sup> There was no butter because what could be found was very expensive and turned out to be rancid, the water had to be chlorinated which disflavoured their tea and at times the bread was so sour they were not allowed to eat it, causing them to rely on hardtack. The jam sandwiches at teatime tasted of coal oil, there were no vegetables to speak of, and the beef they had for both breakfast and dinner was sometimes rancid. Sister Wilson described her first meal on the island in mid-August 1915 at No. 3 CSH:

Matron Jaggard sat at the head of the table; she made no excuse for the lack of table linen, or china dishes that make a table attractive. She simply asked us to remember the men in the trenches, and that we were all a part of the army, all working for a victory that would come, doing our part to the best of our abilities. She finished with the quotation

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<sup>42</sup> Letter, October 1, 1915, Holland to Mrs. Holland.

<sup>43</sup> Letter 35, September 11, 1915, Helen Fowlds to Mrs. Fowlds.

“Ours not to question why, ours but to do or die.” Looking down at the pale grey bread and wax margarine, I wondered, “How soon?”<sup>44</sup>

Many sisters wrote home or to reputable shops in England asking for ‘eatables’ to be sent to them. Requesting and receiving food from off the island served, like clothing, as a material connection between the nursing sisters and the outside world. In cruel contrast to the poor food on offer to the nursing sisters, Helen Fowlds remarked that the flies they struggled to keep away from both their patients and their food, would collapse dead on their plates as a result of overfeeding.

Shortly after arriving on the island, the nursing sisters started to be invited to social events on naval vessels. These occasions were coveted events. Not only was it an honour to be invited aboard a ship of the deeply respected British navy, especially when having women on board went against the ancient tradition which held women on ships to be harbingers of bad luck, but it was also an opportunity to eat a good meal. Nursing sisters’ writings make a clear connection between their understanding of ‘civilization,’ the type and manner in which food was consumed, and their social connections with naval officers. At the hospital, they may have been wearing their unironed working uniforms without cuffs or starch, and dirty white panama hats, but when it was time to dine with naval officers, they wore their dress uniforms with carefully polished buttons and lipstick. Not only did meals on ships provide good quality food, they were served with table linens and carefully folded napkins.<sup>45</sup>

The sisters’ good relationship with the navy extended beyond being invited aboard ships. The officers appeared sympathetic to the nurses’ plight and sent them home with food, including tins of butter which delighted the sisters. One officer, upon hearing about the water shortage at

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<sup>44</sup> Wilson-Simmie, *Lights Out*, 62-63.

<sup>45</sup> Wilson-Simmie, *Lights Out*, 87.



the hospital, which was making it impossible to bathe, offered Sisters Holland and Forbes the chance to use his tub. It was an offer they accepted so quickly that Holland did not even bother to remove her hat before getting in the tub. After some time, the foodstuffs available to the nursing sisters' mess improved and even Sister Fowlds, who seems to have had a robust appreciation of naval officers throughout her time on Lemnos, admitted that better meals in the mess meant that the sisters were now able to enjoy the social benefits of naval officers' company rather than viewing them simply as a means to a meal.<sup>46</sup>

### **Necessary work: persevering despite hardships**

Despite terrible conditions on the island, nursing sisters' letters often stated that they did not wish to leave because they believed that their presence made a significant difference to the hospital's patients. They saw value in the care they provided for soldiers and cited the awful conditions patients complained about at an Australian hospital which did not have female nursing staff. The CAMC sisters heard stories about a bed-ridden patient overheating in the intense midday temperatures because no one bothered to remove his blankets. Very important basic care was not being provided to desperately ill men because of the lack of professional nurses.<sup>47</sup>

In addition to nursing work on Lemnos being made challenging by extreme weather and chaotic administration which did not properly allocate supplies, the Canadian nursing staff experienced shortages resulting from nursing sister illness and an increasing patient load without commensurate increases in staffing levels. Regardless of the challenges, nursing sisters identified the desperate need for care on the island as a strong motivator for them to withstand the

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<sup>46</sup> Letter 36, September 13 and 15, 1915, Helen Fowlds to Mrs. Fowlds.

<sup>47</sup> Letter, August 29, 1915, Holland to Mrs. Holland.

conditions and ‘soldier’ on.<sup>48</sup> The title of Toman’s monograph *Sister Soldiers of the Great War*, captures the nursing sisters’ belief that they needed to work through hardships for the sake of their patients.

Indeed, in the initial month on the island, the sisters expressed concern that they would be recalled from Lemnos. At No.3 CSH, admittedly the least sanitary of the CAMC units, the initial complement of nursing sisters suffered a 48% attrition rate.<sup>49</sup> Eleven of the initial 26 nursing sisters and one matron were invalided home, being considered too ill to recover under the conditions and weather of the island. Matron Jaggard and Sister Munro did not recover. Both died of dysentery and were buried on Lemnos. Many more sisters suffered periods of illness but were not so sick that they had to be sent off the island. The nursing sisters feared that this high degree of staff illness might cause them to be sent off the island.

In addition, several sisters believed that the matron of No.1 CSH was intentionally working to have the sisters sent home, saying that although she (Matron Charleson) could handle the conditions herself, the sisters could not, and had to be sent elsewhere. The nursing sisters were professionally and personally insulted by the matron’s attempts to have them sent home when patients’ need for nurses was so very evident. They characterized the matron as a self-absorbed incompetent who put her own comfort before the needs of the patients. Though only the nursing sisters’ side of this conflict with their matron has been preserved, the complaints made against her are consistent among the nursing sisters’ accounts, suggesting a certain amount of truth.

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<sup>48</sup> Letter 39, September 27, 1915, Helen Fowlds to Mrs. Fowlds.

<sup>49</sup> Attrition rate calculated from Nominal Rolls, No.3 Canadian Stationary Hospital, Nominal Rolls Nursing Sisters. RG9, Militia and Defence, Series III-B-2, vol.3736. The evaluation of the unit’s sanitary condition, April 1916 summary, pg 2, 3<sup>rd</sup> Canadian Stationary Hospital, War Diary.

It was not only Matron Charleson who felt nursing sisters should not be on Lemnos. In a letter describing the experiences of No.3 CSH, the officer commanding the unit, Major Davis, praised the nursing sisters' work, but judged that they should not have been sent to such a forward position in the first place. At several points in his letter, Major Davis' assumptions about women's weaker physiology are evident, including his assertion that the unsanitary conditions had been particularly hard on the sisters, despite also noting that almost every member of the unit had been sick. He wrote,

It is only rightly due to speak of the wonderful work done by the Sisters under most trying circumstances, and of their untiring efforts to fulfill any duty. Taking all things into consideration it does not seem expedient [sic] or economical to have Sisters at such an advanced position, but rather at a Base where permanent buildings and other facilities are present and where they might work to more advantage.<sup>50</sup>

The contrast between nursing sisters' own justification for their presence on Lemnos and Matron Charleson and Major Davis' objections is stark. Where the nursing sisters focused on the needs of their patients, not the hardships to themselves, the Matron and Major's concerns centred on women's physical frailty and appear to have ignored the needs of the patients entirely. The sisters' strong belief that they were there to fight for their patients, much as the troops were fighting for King and Empire, bolstered their 'sister soldier' identity and desire to stay.

Building on the theme of the nurses' 'sister soldier' view of themselves, Sister Fowlds pointed to the arduous wartime conditions of the hospitals on Lemnos and described the CAMC hospitals on the island as the first real 'campaigning' Canadian hospitals. The nursing sisters, she wrote, were determined to make a success of it.<sup>51</sup> Sister Holland explained that she derived

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<sup>50</sup> 3<sup>rd</sup> Canadian Stationary Hospital, War Diary, Letter, April 2, 1916 to Lt.-Col. Adami.

<sup>51</sup> Letter, 39, September 27, 1915, Helen Fowlds to Mrs. Fowlds.

satisfaction from her work because she knew that she was making a difference.<sup>52</sup> Despite their determination to stay, the sisters often described their work as difficult and emotionally draining.<sup>53</sup>

The Canadian Stationary Hospitals on Lemnos treated large numbers of very ill men, most of whom were suffering from various types of dysentery and other ‘enteric’ ailments.<sup>54</sup> The nursing sisters frequently noted that the men they treated on Lemnos looked far worse when they arrived at hospital than the patients in France, describing them as having had ‘all the life taken out of them.’<sup>55</sup> They asserted that the men’s appalling physical condition was the result of more than just disease. The sisters blamed the weather and inappropriate rations for the physical deterioration they witnessed in patients who had presumably been fit before being sent to Gallipoli.<sup>56</sup> As winter set in, the dysentery cases made way for an influx of men suffering from extreme frostbite and frozen feet and hands.<sup>57</sup> Demonstrating once again that the assumptions about local conditions did not match the reality, an official report from No.3 CSH noted surprised at the number of frostbite cases. “The admission of 237 cases of Frost Bite in the month of December is also interesting, in a climate which we are apt to think of as being exceedingly hot.”<sup>58</sup>

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<sup>52</sup> Letter, October 8, 1915, Holland to Mrs. Holland.

<sup>53</sup> Letters, October 27, 1915, November 14, 1915, Holland to Mrs. Holland.

<sup>54</sup> ‘Enteric’ is a term used to describe gastro-intestinal ailments.

<sup>55</sup> Letter, August 29, 1915, Holland to Mrs. Holland; Wilson-Simmie, *Lights Out*, 77.

<sup>56</sup> Sisters’ complaints centred around their belief that the ‘heavy’ type of food provided, typically bullybeef and hardtack, was inappropriate to the hot weather. Australian nursing historian Kirsty Harris demonstrates that rations were in fact nutrient deficient. Kirsty Harris, “Health, Healing and Harmony: Invalid Cookery and Feeding by Australian Nurses in the Middle East in the First World War,” in *One Hundred Years of Wartime Nursing Practices 1854-1953*, edited by Jane Brooks, and Christine Hallett, 101-121, (Manchester: Manchester University Press, 2015).

<sup>57</sup> Wilson-Simmie, *Lights Out*, 94.

<sup>58</sup> 3<sup>rd</sup> Canadian Stationary Hospital, War Diary, Letter, October 18, 1918 to Lt.-Col. Adami.

The nursing sisters' writings consistently link the weather to sickness. A great number of the sisters were ill in the first months of their time on Lemnos. Although they arrived in mid-August, it was not until the extreme heat abated at the end of October that all the nursing sisters were well and able to work. After some cooler weather, the heat returned and the sisters feared that the increased heat would result in a greater number of sick soldier-patients in hospital, and increased suffering for the men still in the trenches. They drew links between the intense heat and the number of flies, and they were told that no surgical cases would be sent to the island because the climate was not appropriate for surgical convalescence and recovery.<sup>59</sup>

The initial work to establish the hospitals was physically taxing and may have contributed to nursing sister illness. In 1915, sisters were newly arrived from England and had not yet adjusted to the island's intense heat when they had to set up the hospital and later move patients and supplies when the tents were replaced with huts. Sister Fowlds wrote home that even the moving and setting up would not have been so exhausting if they had not had to expend so much energy trying to find supplies they later learned were unattainable. They were asked to do a task, but not provided with the means of accomplishing it. The heat continued to cause the sisters discomfort and sickness and they quickly learned that they could not get through an entire workday without a few hours off in the middle to rest. Some sisters, initially lauded for their fortitude and dedication, pushed themselves too far and became ill.<sup>60</sup> The shortage of nursing sisters and orderlies coupled with overcrowded wards further hindered the provision of quality nursing care.

The hospitals were made to accommodate much larger numbers than they had been designed for. No.1 CSH for instance, was meant to care for 250-300 patients, but by the end of

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<sup>59</sup> Letter, October 1, 1915, Forbes to Cairine Wilson; Wilson-Simmie, *Lights Out*, 71.

<sup>60</sup> Letter 38, September 23, 1915, Helen Fowlds to Mrs. Fowlds.

October was caring for 600 men. The extreme pressure on hospital beds resulted in men being moved on to convalescent camps well before the nursing sisters believed them to be ready in order to make room for even more ill soldiers.

### **Local labour: adapting the hospital to the weather**

The weather also motivated changes to the layout of the hospital itself. The intense heat and bright sun on Lemnos were followed by torrential rainstorms. Nursing sisters had to move patients to keep them dry and travelling through the hospital became treacherous as the heavy rains produced heavy mud. Sisters described the mud alternatively as being like glue, as slippery as ice, or, in a phrase particularly evocative for Western Canadians, as something which ‘only the pioneers of Winnipeg could appreciate.’<sup>61</sup> The rain and mud made it impossible to walk between huts and necessitated significant infrastructural changes. The hospital authorities deemed the tents which housed the wards, or “lines,” the term appropriate to a tent hospital, to be too cold and wet to be healthy, and so the wards were moved into huts.

In the early days on the island, the nursing sisters had complained that nursing work was made harder by the many large and small stones which littered the ground in the lines (wards). Once the stones were removed and the rains started, the slippery mud made work challenging once again. The solution to both these weather-related infrastructural problems was found within the human geography of the island. Sister Wilson reported that Turkish prisoners were brought in to clear the stones from the floors in the wards, a labour which greatly endeared them to her.<sup>62</sup>

The problem of walking between buildings when the ground was muddy was initially solved

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<sup>61</sup> Letter, September 16-20, 1915, Holland to Mrs. Holland.

<sup>62</sup> Wilson-Simmie, *Lights Out*, 67. Nursing sisters’ attitudes towards enemy soldiers were often less sympathetic than the attitudes taken by their soldier-patients who pitied the suffering of the enemy soldiers, which they recognised as equivalent to their own. Sister Wilson’s attitudes may have softened in the 65 years between her war service and the writing of her memoirs.

with a stereotypical Great War solution: wooden boards placed over muddy terrain to allow movement and prevent people and animals from being sucked down into the mud. Soon, the board-walkways were replaced with four foot wide stone paths paved with the island's plentiful rocks.

Much as the labour to clear the stones from the ground in the wards had been done by Turkish prisoners, the laying out of stone paths and construction of huts was also done by local labour. Though the sisters had difficulties finding reliable and satisfactory laundry services, their letters note that there was plenty of local labour to be had. They often remarked on what they perceived to be ancient or undeveloped methods of work used by the locals. Sister Holland was quite dismissive of both the local Greeks and the large numbers of Egyptian labourers who worked for the military on Lemnos. The Egyptians who built the hospital huts, she observed, would remove articles of clothing at lunch time to pick out 'livestock' from their bodies. She felt this behaviour demonstrated they occupied a lower place on the social Darwinian order than she did.<sup>63</sup> Although she appears to be objecting to the manner in which the Egyptians were dealing with their body lice, rather than the fact that their bodies hosted vermin, she does not seem to have taken into consideration the possibility that the Egyptians' poor living conditions likely contributed to the extent of their struggles against body lice. After all, nursing sisters themselves found it difficult to keep their bodies free from 'livestock' under their presumably better living conditions and were also known to pick vermin from their bodies.<sup>64</sup>

Sister Fowlds, for example, wrote to her mother about a 'bug hunting party' where a number of the nursing sisters picked lice out of each other's hair. Although the sisters were engaged in essentially the same behaviour as the Egyptians whom Holland disparaged, Fowlds

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<sup>63</sup> Letter, September 25, 1915, Holland to Mrs. Holland.

<sup>64</sup> Letter, September 25, 1915, Holland to Mrs. Holland.

did not attach the same evolutionary stigma to her actions. It could be argued that the difference stemmed from the location in which this bug hunting occurred: the nursing sisters hunted bugs in their quarters, a private location, rather than in the public and visible space used by the labourers. Although conducted in space recognized theoretically as private, it has already been established that the sisters' quarters did not provide the same levels of privacy as might be expected in a traditional nurses' home. Moreover, the sisters' bug hunting party was a communal experience and clearly not so private as to prevent a photograph being taken of the event which depicted a nursing sister wearing a robe with her hair down.

More probably, the difference in interpretation between the two 'bug hunting parties' is the basic assumption about degrees of cleanliness. The nursing sisters assumed themselves to be basically clean, and thus removing bugs was a part of the maintaining the highest level of cleanliness they could achieve in their living conditions with minimal access to water for washing. However, their descriptions of Egyptians in Egypt, Egyptians on Lemnos and the local Greeks consistently remarked on the filth surrounding the people and their homes. If the nursing sisters were starting with the assumption that the Egyptian labourers were dirty, then the act of picking at body lice would be seen as confirmation.

### **The emotional toll of inadequate supplies**

Nursing sisters frequently wrote about food supplies for their patients. Although finding adequate food supplies for their own mess was challenging and frustrating, the lack of appropriate food supplies for their patients made the nursing sisters furious and caused them emotional distress. Provision of food supplies was a fundamental barometer used by the nursing sisters to evaluate the administrative care and oversight of the hospitals, and the lack of



appropriate food served as a powerful sign of the administrative bedlam which seemed to affect every aspect of their lives and their work on the island.

Providing patients with the right types of food was a basic component of nursing care.<sup>65</sup> However, basic food stuffs such as bread, eggs, oatmeal, and milk were hard to come by on Lemnos. Some items, such as bread, could be had, but the army bakers seemed to only be able to produce sour bread which was unsuitable for the severely ill patients being cared for by the Canadian Stationary Hospitals.<sup>66</sup> Sister Wilson described how bread making at No.3 CSH was affected by the extremely poor baking facilities. The Canadian baker's impulse to swear in expression of his frustration at the limited and ineffective oven was such that he exclaimed that he couldn't be a Christian *and* bake bread. One of the unit's chaplains, Padre Frost,<sup>67</sup> helped the baker to construct a more suitable stone oven, thus easing one man's frustration, but more importantly helping to provide a basic food stuff for the entire hospital.<sup>68</sup> Constructing a new oven is only one example of the recurring contributions nursing sisters recalled hospital chaplains making to hospital personnel's material needs.

Some nurses used their own funds to purchase items like eggs for their patients, however this appears to have been only an occasional solution, for the island's supply could not support the demand and food on Lemnos was very expensive. Sister Forbes tried to explain the extent of the supply mismanagement to her friend at home in Canada. Forbes's description, while not perhaps factually correct, drips in anger and sarcasm which clearly illustrates the extent of the difficulties she encountered getting supplies for her work.

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<sup>65</sup> Harris, "Health, Healing and Harmony, 101-121.

<sup>66</sup> The term "sour bread" is explained in the U.S. Manual for Army Bakers. "If, however, fermentation is allowed to proceed too far, or in a temperature much above 80F., a change to acetic fermentation takes place, an acid is formed, and sour bread is the result." *Manual for Army Bakers 1916*, (Washington: Government Printing Office, 1917), 28.

<sup>67</sup> The title "Padre" was in common usage among Canadian, Australian, New Zealand and British personnel to describe the chaplains of all Christian denominations who served in the armed forces.

<sup>68</sup> Wilson-Simmie, *Lights Out*, 69.

Although we don't see [the] horrors we are hearing of & seeing pathetic sights all the time [reference to the stories of wounded men being treated elsewhere][<sup>-</sup>] it is heart-breaking not to have food to give the poor souls.- Never at any time was the food plentiful or good - & now it is being cut down.- At the head of affairs there is very bad work being done. - I think the person ordering supplies for the Island has absolutely no idea of proportion – I believe there are several supply ships in, but in loading them they carefully put the food in the bottom - & then piled lumber & odds & ends on top which it will take some time to remove. - That is a sample of the way things are done.<sup>69</sup>

Another infrastructural problem which complicated caring for patients was the challenge surrounding the provision of safe water. Initially, No.1 CSH's source of water was a well some half mile away. This well ran dry shortly after their arrival. Water was then brought in from British controlled Egypt, and each nursing sister was allotted a single quart a day for both drinking and washing purposes. Another well was later found, but the water from this well had to be boiled before it could be consumed. Limited stove space made it difficult to boil enough drinking and washing water for 600 patients and 200 hospital personnel.<sup>70</sup>

Constance Bruce, despite the generally comedic angle taken in her book, was not shy about the effects the lack of water had on her dysentery patients:

Provisions were short and there was a scarcity of water, which fell especially hard on these men. One hesitated, to gather courage, before passing down the long rows of tightly packed beds, where sunken eyes were focused on every one who went by, or parched

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<sup>69</sup> Letter, October 1, 1915, Forbes to Cairine Wilson.

<sup>70</sup> Letter, September 16-20, 1915 and October 30, 1915, Holland to Mrs. Holland.

tongues held out in silent entreaty, yet for hours at a time there was not a drop of water to be had.<sup>71</sup>

Though Bruce's evocative description is primarily focused on the consequences that the lack of supplies had on the patients in her line, the emotional effects on the nursing sisters also come through clearly. The psychological toll of nursing under appalling conditions ring out in the letters and writings of all the nursing sisters on Lemnos who called their work exhausting and depressing.

Nursing labour was emotionally draining. The lack of appropriate food for patients was a common source of concern for the nursing sisters who wrote home about how miserable and sick the men were. Dysentery patients often ended up eating the same meals over and over because other digestible food stuffs were not available. Not having the supplies to make appealing, or even slightly varied, foods for their patients seems to have caused the nursing sisters real personal distress. They had deep empathy for their patients and the suffering of the men in their charge loomed large in their thoughts and writings. By the end of September, the nursing sisters' own mess was running quite well, and by the end of October, the nurses were on the whole healthy. Several sisters wrote home about their own large appetites, and how much they ate, even if the food was still not especially good. However, the gastrointestinal distress of their patients meant that food that the healthier nursing sisters could successfully digest could not be fed to their patients, and the contrast of the nurses' own large appetites with the starving patients seems to have added to the psychological impact of nursing on Lemnos.<sup>72</sup>

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<sup>71</sup> Constance Bruce, *Humour In Tragedy: Hospital Life Behind 3 Fronts by a Canadian Nursing Sister*, (London: Skeffington, 1918), 23.

<sup>72</sup> Letter 29, November 4, 1915, Holland to Mrs. Holland; Letter 43, December 4, 1915, Fowlds to Mrs. Fowlds.

It was not only the lack of proper food and water for patients which caused sisters emotional distress. Significant shortages of comfort items contributed to patients' suffering and served as an ever-present tangible demonstration of the disorganised military bureaucracy sisters blamed for causing unnecessary hardships. Items such as night shirts, cigarettes, reading material, and writing paper were hard to come by, and not having enough to give their patients increased nurses' frustrations. The sisters' letters stated that hospitals in France, in addition to having nurses who were idle for lack of work, were replete with comforts for the soldiers, while the hospitals stationed on Lemnos did not receive enough to supply their basic needs. Men were put to bed in their uniforms for want of enough nightshirts and Australian and New Zealand patients were desperately glad to read Canadian newspapers sent to the nursing sisters by their families.<sup>73</sup> The sisters also frequently complained that the Australian Red Cross on Lemnos played favourites and distributed fewer goods to the Canadian hospitals than to the Australian. Regardless of whether these accusations of Red Cross favouritism, or the belief that nurses in France were idle, were true, it is clear that the Canadian nursing sisters felt they did not have enough supplies to provide the care their patients needed. The shortages produced strong emotional reactions among the nursing sisters who felt helpless to solve the problems which harmed their patients and themselves.<sup>74</sup>

Months of privation and hardship alongside a determination to care for soldier-patients in overcrowded hospitals came to a sudden end with the close of the Gallipoli campaign in December 1915. After celebrating the casualty-free evacuation of troops from the Gallipoli peninsula, the nursing sisters packed up their hospitals. For the first time in months, they were without work and spent January waiting to be sent to their next posting. The personnel of both

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<sup>73</sup> Letter, October 22, 1915, Forbes to Cairine Wilson.

<sup>74</sup> Letters August 29, October 8, 22 and November 4, 1915, Holland to Mrs. Holland.

Nos.1 and 3 CSH would pass some weeks in leisure, luxury, and comfort in Egypt before No.1 CSH was sent to Salonika, and No.3 CSH to France.

## Chapter 2: Managing Resources, Danger, Illness, and Staffing in Salonika

The most significant Eastern Front location for Canadian Army Medical Corps (CAMC) nursing sisters, both in terms of the number of nursing sisters and length of service was Salonika, Greece. The Aegean port city, now known as Thessaloniki, had belonged to the Ottoman empire from 1430 until 1912 when it became part of Greece. Salonika was a multiethnic city with several active religious groups. It was teeming with refugees and possessed a large harbour. Though allied troops arriving in Salonika were initially intended to provide succor to Serbia, the assistance arrived too late. During the remainder of the war the city served as a stronghold from which to fight on the Macedonian Front. Salonika was an unpopular posting among the British soldiers, who felt they had been sidelined and forgotten, as well as among administrators, who regretted the large number of troops devoted to the area. Despite the minimal amount of active combat on the Macedonian Front, it was nevertheless considered vital to winning the war.<sup>1</sup>

Drawing on quantitative data from official sources, it appears that the No.4 Canadian General Hospital (CGH) arrived in Salonika in November of 1915 with an initial complement of 73 nursing sisters, matron, and assistant matron.<sup>2</sup> It was quickly followed by No.5 CGH in December of 1915. No.5 CGH's initial complement of 70 nursing sisters and one matron were sent to Egypt for several weeks before being allowed to join the rest of the unit on the first of February 1916.<sup>3</sup> The much smaller No.1 Canadian Stationary Hospital (CSH) arrived on March

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<sup>1</sup> Maureen Duffus, *Battlefront Nurses of WWI: The Canadian Army Medical Corps In England, France and Salonika, 1914-1919*, (Victoria, B.C.: Town and Gown Press, 2009); Alan Palmer, *The Gardeners of Salonika*, (London: A. Deutsch, 1965).

<sup>2</sup> Based on first available nominal roll for No.4 CGH dated February 23, 1916. No.4 Canadian General Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3737.

<sup>3</sup> Estimate of total number of sisters assigned to No.5 CGH based on the first extant nominal roll from February 26, 1916. The unit's newspaper reported that Sisters Playford, Tripp, and Keppell left the unit at Cairo, suggesting that the unit initially had an allotment of 73 nursing sisters, a matron, and an assistant matron, a number which matches the complement of sisters at No.4 CGH, the other Canadian General Hospital in Salonika. "Cut off Strength," *The*

3, 1916, bringing with it an estimated 29 sisters, many of whom had previously enjoyed a respite in Egypt after a strenuous five month assignment on Lemnos.<sup>4</sup> All three hospitals would remain in locations just outside the city of Salonika until August 17, 1917.

Salonika housed an extensive network of allied military personnel. By the end of 1915, 160 000 British troops were stationed in Salonika, in addition to numerous French, Russian, Serbian, and Italian units.<sup>5</sup> The Canadian sisters were fascinated by the different customs and costumes of the foreign military servicemen they encountered in Salonika, and often commented on the presence, actions, and appearances of these troops. The habits and clothing of the local Greeks, Turks, and refugees were also a continuing source of interest and curiosity for the sisters, who took many photographs and wrote careful descriptions in letters and diaries. British personnel were not considered novel and nursing sisters' personal accounts have very little to say about them, though the Canadian hospitals were well integrated into the larger British healthcare network. Official documentation from the Canadian hospitals demonstrates exchanges of personnel, expertise, and patients with the many British hospitals stationed in the area.

The weather and terrain in Salonika posed challenges to the provision of healthcare. The extreme summer heat made nursing work challenging, marshy areas provided ample breeding ground for malarial mosquitoes, and dysentery was rampant. Hospitals in Salonika cared for a

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*Blister* (later renamed *Convoy Call*) volume 1: no. 1, June 1916, University of Victoria Archives, Victoria, British Columbia, Canada; No.5 Canadian General Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3737.

<sup>4</sup> Nominal rolls for No.1 CSH are sparse, and several of the extant rolls are undated. The roll with the closest date to No.1 CSH's March 3, 1916 arrival in Salonika is from July 31, 1916. The estimate of 29 nursing sisters is based on this roll. Narrative evidence for this unit is exceptionally well represented within extant sources, and these sources indicate that numerous personnel had been invalidated out of Salonika before the July 31 roll was written. Thus, the original complement of No.1 nursing sisters may have been larger than 29. No.1 Canadian Stationary Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3736.

<sup>5</sup> Andrea McKenzie, *War-Torn Exchanges: The Lives and Letters of Nursing Sisters Laura Holland and Mildred Forbes*, (Vancouver: University of British Columbia Press, 2016) 126.

very large number of medical cases; soldier-patients suffering from wounds were less frequent as active combat was sporadic.<sup>6</sup> Areas of rocky ground complicated sanitation for troops and made transport of casualties from front to hospital exceedingly challenging. Despite these difficulties, soldier-patients treated in Salonika were generally in much better physical condition than the casualties from Gallipoli who had been treated on Lemnos. Evacuation of casualties requiring long-term convalescence from Salonika to England was limited by the availability of hospital ships. Unlike on Lemnos, water was plentiful and good food was available, if expensive.

In many ways, Salonika was a dangerous location. The land around the city was heavily guarded against attack and cordoned off with so much barbed wire that the whole area was given the derogatory nickname “the birdcage.” Access to the harbour by sea became increasingly hazardous as German forces recommenced unrestricted submarine warfare in February 1917, and the entire area was subject to significant air raid activity. Despite the many dangers, nursing sisters frequently commented that the area was beautiful, and they were still able to do some exploring of the local area, though with considerable restrictions on their movements.

The relative isolation of Salonika from supplies and reinforcements located in England, and the presence of potentially severe illnesses, such as dysentery and malaria, raise many questions about the wellbeing of nursing sisters stationed there for long periods of time. I will use No.4 CGH as a case study to consider how many sisters themselves became ill, how they were cared for and who replaced any nursing staff who were “invalided” home to England or incapacitated by illness. Though attention has been paid within the historiography to nursing sister health, how reinforcement personnel and nursing workload were handled in Salonika as a consequence of nurse illness has not yet been carefully examined.

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<sup>6</sup> The term “medical” was used to indicate cases of illness.



## **Beyond nursing work: managing resources and interacting with locals**

The sisters' lives in Salonika involved a significant amount of management. In addition to overseeing their wards and patient diets as a part of their paid work, they handled the details of their own lives, coordinating and organizing their clothing and laundry, food for the Sisters' Mess, and their recreation. Examining nursing sisters' activities beyond the hospital not only more fully illuminates their experience of Salonika, it also contributes to decolonising the history of CAMC hospitals in the East by shedding light on the interactions between nursing sisters and locals. Sisters' actions outside the hospital speak to a variety of leisure opportunities which served as a coping mechanism for their lengthy postings in Salonika and their financial transactions allow a composite sketch of the nurses, demonstrating that they were persons of economic agency, as well as stereotypically feminine caregivers.

The account book belonging to No.5 CGH's Sister Edith Hudson provides detailed insight into her monetary practices during the fourteen months she spent in Salonika, including revealing precisely how much laundry she had done and exactly how much it cost. This quantitative data hints at a paid weekly service relationship. In Salonika, as on Lemnos, it is likely that local inhabitants were hired to do the nurses' laundry.<sup>7</sup> With only the occasional deviation, laundry prices in Salonika were consistent: 0.50 lepta for aprons, 0.25 lepta for veils, 0.20 lepta for a collar and 1.00 lepta for a uniform dress, amounts which hint at a source of income for locals. Sisters were not permitted to wear civilian clothing while overseas, and so with the possible exception of riding habits mentioned in their letters, nurses' clothing was

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<sup>7</sup> Narrative accounts surrounding laundry practices in Salonika are lacking, however given the use of local, rather than hospital, labour to perform laundry work in Lemnos and in Egypt, it is probable that the same pattern of using local services was followed in Salonika. Sister Hudson's account book provides ample evidence that laundry services were paid in local currency. Edith Hudson account book, Edith Hudson collection, privately held by Allan Kerr, Edmonton, Alberta, Canada.

confined to the official uniform. However, Sister Hudson's laundry lists do not include all items of clothing she may have been expected to wear, and some categories of items were laundered rarely. The absences, or frequency, with which certain categories of clothing were laundered raises questions about nursing sisters' practices of wearing clothing while stationed in Salonika.

Over the course of fourteen months in Salonika, Sister Hudson had only thirteen uniform dresses washed. Though one may assume that underwear served to protect and preserve her dresses, she did not send out any underwear for washing. As was done on Lemnos, it is likely Hudson laundered her own 'small things.' Another striking omission from Hudson's laundry lists were the characteristic long flowing white veils, a standard feature of First World War military nursing uniforms. Though she sent out four veils in June and July 1916, she sent out none at all between August 1916 and January 1917, after which veils were once again a regular part of her laundry lists. This mysterious pattern suggests questions to which answers have not yet been found. Was she washing them herself, receiving new ones in the mail as Helen Fowlds had on Lemnos, or was she simply not wearing this iconic part of the uniform? Unsurprisingly, the most frequently laundered item were aprons. Hudson had 83 aprons washed during her time in Salonika, or an average of 5.5 every month.<sup>8</sup>

While on Lemnos, Sister Laura Holland wrote that they often went without the starched white cuffs on their uniforms as it was too hot for long sleeves. After leaving Lemnos for Egypt, Holland and Forbes commissioned new uniforms made of silk which they expected would better enable them to withstand the heat. Holland made no mention of uniform cuffs in Salonika, and Hudson did not send any out to be washed, implying that she was either washing them herself, or

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<sup>8</sup> Hudson account book.

was not wearing cuffs at all. Hudson also sent out a very minimal number of the detachable white collars which were a part of the working uniform: only 22 collars for 14 months.

Sleepwear was another clothing item mentioned in Salonika records. Constance Bruce of No.1 CSH generally tried to place a humorous spin on her wartime experiences and characterised Salonika's air raids as having comedic potential due to the odd night-time clothing of the nursing sisters. "Early morning air-raids are a favourite form of German amusement, so there was ample opportunity to study the latest styles in kimonos and eiderdowns near the Sisters' lines."<sup>9</sup> No clothing of this type made it onto Hudson's laundry lists.

Another aspect of resource management in Salonika, provision of food for the nursing sisters' mess, also resulted in financial transactions. The mess was a space run by the nursing sisters. Though they entertained visitors in their mess, they ate their regular meals separately from the male officers and other members of the unit. The strong reaction against a proposal to amalgamate the sisters' and officers' messes, demonstrates that the nurses considered it important to maintain this separate space.<sup>10</sup>

As on Lemnos, a mess sister, supported by the mess committee, was appointed to manage the sisters' food supplies and preparation. Despite many comments from the nursing sisters of No.1 CSH that food was vastly superior in Salonika to what they had experienced on Lemnos, that did not imply that there were no problems. In May 1916, Holland wrote, "Our troubles in this line are too complicated to discuss in writing, but every day I put up a little prayer of thankfulness that I am not the Mess President, who so far has also been Mess Sister- that is the

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<sup>9</sup> Constance Bruce, *Humour In Tragedy: Hospital Life Behind 3 Fronts by a Canadian Nursing Sister*, (London: Skeffington, 1918), 57.

<sup>10</sup> Andrea McKenzie, editor of Laura Holland's letters, explained Holland's comments about the Sisters' Mess by quoting from another sister at No.1 CSH, "According to Bertha Merriman, shortly after CSH No.1 arrived in Salonika, a suggestion was made that the nurses and medical officers share the same mess- in essence, eat together. The nurses objected strongly." Letter to father, March 15, 1916, Merriman fonds, Archives of Ontario. McKenzie, *War-Torn Exchanges*, endnote 28, pg. 232.

girl who does the buying, manages the orderlies, and regularly has the devil's own time of it, for the powers that be don't help her out in any way."<sup>11</sup> The struggles surrounding food and lack of assistance from administrative authorities is a striking continuity with the sisters' experience on Lemnos. Strongly contrasting with Lemnos were the lack of complaints that food was inappropriate for the climate, a cause of illness, or that sisters lacked appropriate food stuffs for their patients. However, Hudson's account book did record two items, 'meat' and 'cake patients,' which suggest that the practice from Lemnos of nursing sisters using their own funds to purchase extra items for patients was continued in Salonika. Elsie Collis, working at the same hospital as Edith Hudson, recorded that the nurses and some of the hospital's men served Christmas dinner for 420 patients in 1916. Highlighting a potential class difference between the nursing sisters and soldier-patients, Collis wrote that some of the men commented that they had never had such a good dinner in their lives. "I suppose there were some who hadn't."<sup>12</sup>

Purchasing food supplies in Salonika could be expensive, but Laura Holland indicated that meals were still very good, and that the mess sister had qualifications which aided her as she sought out food supplies for her colleagues. "Miss McCullough is the type who gets on famously with men - is good-looking, stylish, has nice clothes and silk stockings etc. & everyone is anxious to help her, so her buying has been most successful. But food is a villainous price & worse than ever since the blockade. However we're being paid good salaries & so can afford it."<sup>13</sup> In addition to an initial entrance fee, Hudson's account book records monthly payment of the mess fees which allowed purchases of food. The costs ranged from 50 to 75 drachma a

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<sup>11</sup> Letter, May 1, 1916, Holland to Mrs. Holland, Laura Holland, letters, transcribed by Andrea McKenzie, transcriptions provided to the author by McKenzie, originals held by the University of British Columbia Archives, Laura Holland fonds, Correspondence Series; boxes 1-2.

<sup>12</sup> Elsie Collis diary, December 25, 1916, typescript excerpts by Anne Pearson, Royal Jubilee Hospital Alumnae Association Archives, digital copy provided June 2019.

<sup>13</sup> Letter, July 8, 1916, Holland to Mrs. Holland.

month.<sup>14</sup> While on Lemnos, Helen Fowlds had hinted at the importance of the mess sister being good looking as an aid to getting good food supplies from men. Apparently, this tactic held value in Salonika as well.

Despite efforts by the mess sister, the naval blockade of Salonika made some supplies hard to obtain, and as on Lemnos, packages from home containing prized foodstuffs were welcomed. Laura Holland wrote home to thank her mother for a care package containing baking powder: "They haven't been able to get baking powder for some time, so the Mess Sister was greatly relieved when I handed her over what you had sent me."<sup>15</sup> Comparisons with Lemnos dominate the descriptions of all aspects of daily life written by the sisters of No.1 CSH. "I can tell you after those few weeks on Lemnos with nothing fit to eat, we appreciate all good things to eat and realize how important it is to have nourishing food."<sup>16</sup>

While the challenges and expenses the sisters encountered as they shopped for food stuffs were minor compared to the problems on Lemnos, the high cost of food posed a problem for impoverished locals. An example of these difficulties was captured in one of Holland's letters home. The staff at No.1 CSH, she wrote, were having trouble with Greek children stealing. One day the officer in command caught "four wee children - tied them all together & put them in the dug-out for an hour. Then one of the men who speaks their language came & talked to them, & warned them they would be severely punished if found stealing. Poor souls, none of them were over ten - and they had had nothing to eat since the previous morning. So they were given a meal and sent off. And there are hundreds of others like them."<sup>17</sup> Although the disruptions caused by

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<sup>14</sup> The unit left Salonika on August 17, 1917 and Hudson's record shows that she paid only a half month's fee of 30 drachma in August 1917. Hudson account book.

<sup>15</sup> Letter, July 10, 1916, Holland to Mrs. Holland.

<sup>16</sup> Letter, July 8, 1916, Holland to Mrs. Holland.

<sup>17</sup> Letter, June 8, 1916, Holland to Mrs. Holland.

the war could easily be understood as the ultimate source of the high food prices and desperate poverty of so many local inhabitants, the added pressure on supplies applied by the hospitals and other military establishments undoubtedly contributed to the distress. Only a few days before the children were caught at the hospital, a Greek man was apprehended on suspicion of having set fire to a large store of army horse fodder. The nursing sisters were not privy to the details of the situation, but if the act had been deliberate, it speaks of considerable anger toward the occupying armies. Sister Holland thought he would be shot.<sup>18</sup>

Nursing sisters' leisure time was shaped by local conditions, opportunities and restrictions. Their accounts reported many interactions with the local inhabitants of Salonika and provide further evidence of the sisters' agency in purchasing goods and services. Sister Holland went into Salonika to have her hair washed and to dine in restaurants; Sister Hudson purchased a number of souvenir items, including what she termed 'Grecin pottery.' Nursing sisters contended with limitations on their movements outside of camp, often requiring a male escort. After the city of Salonika was placed under martial law by French forces on June 3, 1916, access to the city was even more limited for British, and by extension, Canadian military personnel. Despite these challenges, the sisters contrived a variety of diversions for their non-nursing time. Hudson used her purchasing power to provide an occupation which required minimal trips away from camp. In December 1916, she bought a mandolin, music books, and started taking music lessons.<sup>19</sup> Not only does her musical investment imply an interest in local culture which went beyond mere gawking at exotic clothing, it demonstrates a deference to local knowledge and authority through music lessons.<sup>20</sup>

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<sup>18</sup> Letter, June 4, 1916, Holland to Mrs. Holland.

<sup>19</sup> Between December 1916 and July 1917, she took 5 music lessons.

<sup>20</sup> Except in the unlikely event she found a teacher within the ranks of the Canadian hospital.

Hudson also sought opportunities for professional development. No.4 CGH's war diary recorded that lectures and meetings concerning medical issues were held at the hospital for medical officers from units in the area. It is unlikely that nursing sisters were invited to participate in these lectures. Regardless, Hudson enrolled in a correspondence course, and sat an examination on "Home Hygiene" with the St. John Ambulance Society between August and November 1916. Between August and the following February, she paid 16.04 drachma to the association.<sup>21</sup>

Nursing sisters recorded interesting sights and experiences with their cameras. Sister Elsie Collis went for walks during her non-nursing time in Salonika, wrote descriptions in her diary, and took a great many photographs. Hudson's account book has an overwhelming number of records of expense related to "photos," "snaps" [sic], and "pictures," underlining the financial dimension to nursing sisters' prolific indulgence in photography. Sister Ruby Peterkin, who, like Hudson, served at No.5 CGH in Salonika, left a staggering collection of 381 photographs.<sup>22</sup> Local inhabitants were often the subject of nursing sisters' photographs which captured 'quaint' Greek villages, local people, and their clothing.

Not all leisure activities required nursing sisters to spend money and narrative sources elucidate many of these non-monetary diversions. Sister Collis' walks provided her with many interesting sights to record in her diary. She observed, for instance, men sea-bathing and horseback riding in the nude. Nurses' sightseeing trips at times extended to the trenches and walking past a Bulgarian POW camp, an experience which provided them with greater understanding of the military situation to which they had otherwise only limited exposure. Like

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<sup>21</sup> August 24, 1916 a fee of 6.35, September 10 she paid 1.40 for the home hygiene book, on November 6 the examination fee was 4.25, and another fee in February 3, 1917 for 4.04. Hudson account book, Edith Hudson collection.

<sup>22</sup> Email correspondence October 25, 2019, Library and Archives Canada reference services.

the other sisters, Collis often noted how beautiful the scenery was.<sup>23</sup> As did sisters in France and England, the CAMC nursing sisters in Salonika participated in sporting events, including an exciting field hockey game against the Scottish women's hospital.<sup>24</sup> Inter-unit sports games, concerts, and tea and dinner invitations demonstrate that interactions between personnel of various hospitals included a social as well as professional dimension. Nursing sisters continued to enjoy social events with naval officers, though not, it seems, to as great an extent as on Lemnos. Sister Fowlds wrote home requesting a book of card game rules, suspecting that she would be spending much time in this fashion.<sup>25</sup>

### **Danger in Salonika**

Hospitals in Salonika were much closer to active fighting than those on Lemnos or in Egypt, and part of the location specific experience in Salonika was exposure to air raids. They were a reminder that the nursing sisters were in a war zone, and they provided excitement and drama, as well as danger. Where the sisters serving in Lemnos were exposed to danger from extreme weather and lack of appropriate supplies, those in Salonika encountered danger from other sources, including air wars and malarial mosquitoes. Nursing sisters' personal accounts of their time in Salonika are replete with references to air activity, including air raids, aeroplanes, Zeppelins, and anti-aircraft guns.<sup>26</sup> Despite the strong presence of air activity in narrative accounts from Salonika, the historiography has focused far more on the 1918 bombings of hospitals in France.<sup>27</sup>

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<sup>23</sup> Letter, March 5, 1916, Holland to Mrs. Holland; Letter 7, March 11, 1916, Helen Fowlds to Mrs Fowlds, Elsie Collis diary February 10, 1916.

<sup>24</sup> "Hockey," *Convoy Call*, volume 1: no. 4, November 11, 1916.

<sup>25</sup> Letter 7, March 11, 1916, Helen Fowlds to Mrs. Fowlds.

<sup>26</sup> As nursing sisters used the term 'aeroplanes' rather than the modern airplanes, I will use their terminology. Zeppelins were huge airships, also called blimps.

<sup>27</sup> Despite the common references to air raids within materials from Salonika, the historiography of CAMC hospitals overseas more frequently mentions the air raid at No.1 CGH in Étaples, France which killed three Nursing Sisters, one of whom, in a case of sad irony, was Gladys Wake who also served at the air raid prone No.4 CGH in Salonika.



After six weeks of comparative safety in Egypt, Nursing Sister Elsie Collis of No.5 CGH was introduced to the dangers of Salonika before she had even had a chance to disembark from the ship. The Salonika harbour was defended against submarine attacks and the nursing sisters' ship had to be guided in. According to Collis, "A destroyer came out and escorted us in. There are nets strung all across the harbour except for one small opening. There are five hospital ships in, besides us."<sup>28</sup> Her description of the numerous hospital ships in the Salonika harbour gives the reader a sense of the scale of operations in this part of Greece. The wharf, she reported, had barbed wire and was "guarded by men with bayonets,"<sup>29</sup> and at 1:30 am, while sleeping aboard their ship in the Salonika harbour, a bomb exploded. She described it in her diary with an appearance of nonchalance.

I nearly forgot one exciting thing, about 1:30 am we all woke up with a start to hear guns going off all around. Then there was an awful sound of breaking glass. We really thought the ship had been struck. They said a bomb burst close to us. Just before it struck the water a fragment came through the ship, across a passage and into a wall. The concussion broke ever so many windows on the supper deck and several doors. We reached our camp at 11:30 am. Our tents are large square ones.<sup>30</sup>

Maureen Duffus, a historian of the No.5 CGH nursing sisters, argues that nursing sisters felt relatively safe from the threat of advancing ground forces in Salonika because the entire area was entrenched within the so-called 'birdcage.'<sup>31</sup> However, there were dangers to the nursing sisters from the air, and even when they did not record anxiety over air raids, they did express

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Only rarely are the air raids in Salonika mentioned, an omission which reflects the lack of nursing sister deaths or injuries from these air raids as much as the minimal historiographical attention paid to CAMC service in Salonika.

<sup>28</sup> Collis diary, January 30, 1916.

<sup>29</sup> Collis diary, February 1, 1916.

<sup>30</sup> Collis diary, February 1, 1916.

<sup>31</sup> Duffus, *Battlefront Nurses of WWI*, 71.

interest in aerial goings-on. The significance of air raids to nursing sisters' Salonika experiences is evident from substantial discourse in their writings. Sister Collis tracked movements of aeroplanes in her diary, noted that ships in harbour took defensive action turning out their lights during an early morning air raid, and wrote in detail about the Zeppelin which was shot down in May 1916.<sup>32</sup> She described the Zeppelin as looking like a "huge lighted cigar" when the search lights shone on it. There was much loud cheering when it was shot down, but many years later she recalled having felt great pity for the Zeppelin's crew.<sup>33</sup> The interest nursing sisters and other hospital staff displayed in air activity extended beyond recording events in diaries. After the Zeppelin was brought down, several parties of interested explorers set off to examine the wreckage of the Zeppelin and although Collis did not reach the crash site herself, an officer brought her back a piece of the Zeppelin as a souvenir.<sup>34</sup> Her photo album also demonstrated her interest in the air war, containing pictures of aeroplanes, the Zeppelin, and a picture of an explosion in the harbour.<sup>35</sup>

Laura Holland's letters describe how the threat of air raids was not an abstract, theoretical danger, but rather one which was imprinted on the physical space and arrangement of the hospital tents and huts. Much as reactions against the weather on Lemnos resulted in changes to the layout and type of structure which served as sisters' quarters, reactions against air raids in Salonika altered the hospital space. Air raid trenches were dug and No.1 CSH's hospital tents were set apart from each other as a precaution against fire caused by bombings. Holland reported

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<sup>32</sup> Collis diary February 22, 1916, March 11, 1916, March 18, 1916; March 27, 1916.

<sup>33</sup> Collis diary May 5, 1916; Collis Diary transcription note 8.

<sup>34</sup> Collis diary, May 6, 1916. The Zeppelin came down in a marshy area which prevented Elsie Collis and the other sisters from getting too close, but Captain Yellowlees of No.4 GH was attempting to cross the river to explore the wreckage more closely when he drowned. (No.4 CGH Matron's War Diary May 1916 "Zeppelin brought down by British Warship 'Agamemnon' in marsh district. No damage was done to property or people. Captain Yellowlees, Adjutant, #4 Canadian General Hospital, drowned in Vardar River.")

<sup>35</sup> Five photographs from Collis collection included in diary transcription, unnumbered; *Battlefront Nurses of WWI*, 74, 78.

that this arrangement made nursing work more onerous and far less efficient. When the area around a particular hospital became too dangerous, patients were transferred to other hospitals.

Although Elsie Collis did not display much fear around the 1916 air raids, damage was occasionally done to hospitals. At No.1 CSH, the unit's commander wrote that, "In December [1916] we were visited by Taubes. An anti-aircraft shell fell in the Officers' ward."<sup>36</sup> That the damage was caused by an anti-aircraft shell, rather than a bomb from the Taubes themselves, is important to note. Many months earlier, Sister Holland had explained in a letter home that the commander's concern about air raids was not so much a fear that the hospital would be targeted by enemy planes, but that their own anti-aircraft guns would inadvertently put the hospital in danger. It appears that his concern was justified.

Air raid activity was not constant, and war diaries sometimes recorded large numbers of aircraft sightings and bombings, followed by lengthy periods with no reference to hostile air activity. In late February 1917, air raid activity increased in frequency and severity, and the official safety recommendations were recorded in the No.4 CSH war diary, "Instructions were received from Base Commandant that in case of future air-raids all Officers and NCO's [Non-Commissioned Officers] are to carry whistles, and in the event of the enemy approaching, 3 blasts on the whistle would be the signal for all ranks to lie flat on the ground, face downwards. We were also instructed to mark our site with a Red Cross with a white background of a size to be easily readable from the air."<sup>37</sup> Additional precautions were taken in March: "A gang of Greek labourers are at work white-washing the roofs of the Huts of the Hospital, converting the

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<sup>36</sup> A "Taube" was a type of German aeroplane. 4<sup>th</sup> Canadian General Hospital, War Diary, RG9, Militia and Defence, Series III-D-3, vol. 5035, file number 854, reel T-10925, item ID 2005100, Library and Archives Canada, Ottawa, Canada, December 1916.

<sup>37</sup> 4<sup>th</sup> Canadian General Hospital, War Diary, February 1917.

whole of their appearance into that of a huge red cross on a white background.”<sup>38</sup> Evidently, there was growing concern about the dangers of air raids around hospitals in the area, and this concern resulted in actions which impacted the physical space occupied by the hospital.

Air raids grew steadily worse over the course of March 1917, and the brief entries which No.4 CGH’s commander and matron made in their war diaries only hint at the devastation and psychological effect these increasingly dangerous bombardment had on nurses, as well as on the local population and military establishments. On March 4<sup>th</sup>, the matron’s diary recorded a nondescript example of the increasing impact of air raids on hospitals. “Severe Air Raid; great loss of life and damage of Hospitals, etc.”<sup>39</sup> The following day, No.4 CGH received 100 patients from No. 29 General Hospital, which No. 4 CGH’s commander recorded “is being closed on account of recent air-raids in that area.”<sup>40</sup>

The heavy air raid activity in March continued to cause damage at hospitals. On March 12, No. 4 CGH’s matron reported: “Severe Air Raid at Verticop. Two Nursing Sisters killed on duty at 37 British General Hospital, also several patients. Considerable damage done to Hospital.”<sup>41</sup> This deadly raid did not merit even a reference in the war diary of No. 4 CGH’s commander, suggesting that air raids were becoming common enough that it was not seen as necessary to record every one. However, the following day No.4 CGH’s commander received instructions to build dug-outs for the nursing sisters, an order likely issued in response to the deaths of two nursing sisters at the British hospital.<sup>42</sup>

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<sup>38</sup> 4<sup>th</sup> Canadian General Hospital, War Diary, March 1917.

<sup>39</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, March 1917.

<sup>40</sup> 4<sup>th</sup> Canadian General Hospital, War Diary, March 1917.

<sup>41</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, March 1917.

<sup>42</sup> 4<sup>th</sup> Canadian General Hospital, War Diary, March 1917.

A Royal Army Medical Corps (RAMC) doctor working in the area painted a vivid description in his memoir of the chaos precipitated by air raids.<sup>43</sup> He explained, “All the ships in the bay provided with anti-aircraft guns, or guns of any sort, joined in the scrap and bombarded our innocent hills. . . . On these battle days we rushed the nursing sisters and the VADs [female Voluntary Aid Detachment workers] all protesting strongly, to shelter trenches, put all the patients who couldn't move under their beds, and encouraged all the ‘up’ patients to scatter over the scenery, and hoped for the best.”<sup>44</sup> Though recounting the experience at a British hospital, his account bears many similarities to records for Canadian hospitals. The defensive actions he described show the dedication of the nurses who did not wish to leave their patients, an attribute seen among CAMC nursing sisters on Lemnos, and the use of trenches to protect sisters from air raids. No. 4 CGH’s war diary specifically noted that trenches had been dug for the protection of nursing sisters but included no information about measures taken to protect male officers, the unit’s men, or patients. The gendered provision of air raid protection speaks volumes about cultural expectations of protecting women, even military women in a war zone.<sup>45</sup> Numerous precautions were also taken to protect nursing sisters against air raids on the Western Front during the violent summer of 1918. A comparison of the attitudes and actions intended to safeguard these professional women in increasingly dangerous situations on both the Western and Eastern Fronts has yet to be undertaken but may prove revealing.

Implementation of air raid precautions do not appear to have been undertaken uniformly at the Canadian hospitals in Salonika. Long before the officer commanding No.4 CGH received

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<sup>43</sup> British military hospitals were operated under the auspices of the Royal Army Medical Corps.

<sup>44</sup> Duffus, *Battlefront Nurses of WWI*, 72.

<sup>45</sup> It may be argued that nursing sisters in Salonika were not considered by administration to be members of the military. British nursing sisters were members of auxiliary forces rather than the army and although Canadian nursing sisters were part of the army medical services (CAMC) the British administration in Salonika likely did not perceive the difference.

instructions to build dug outs for the nursing sisters in March 1917, “air raid trenches” were constructed for the nursing sisters at No.5 CGH. Sister Collis reported that orderlies were employed to dig the trenches in early April 1916,<sup>46</sup> and her photo album contains a photo of some of the unit’s sisters in front of that dugout.<sup>47</sup>

Despite the curiosity displayed by the hospital personnel about enemy aircraft, and the apparent initial lack of fear seen in Collis’ diary, the cumulative effect of frequent, and occasionally deadly, air raids must have had an effect on the hospital’s staff. As 1917 progressed, the diary of No.4 CGH’s matron gives the impression that the suffering of the sisters was increasing. The matron pointed to the false starts and conflicting orders about moving the hospital back to England for creating the unsettled state which made the sisters miserable. Though she did not make an explicit correlation between increased air raid activity and the sisters’ misery, the stress of air raids seems a likely contributing factor. During the dangerous month of March 1917, five of No. 4 CGH’s sisters were admitted to hospital suffering from “nervous debility,” and between April and July 1917 significant numbers of sisters were sent to Salonika’s convalescent home, indicating a general increase in exhaustion and illness.

### **Nurse illness, recovery, and personnel management: a case study**

CAMC units arrived in Salonika with all their personnel attached to them: medical officers, nursing sisters, NCOs, and men. However, the personnel in these units did not remain static. Hospital units can be equated to semi-permeable membranes: most of the nursing sisters assigned to a hospital would remain the same, but some would leave due to illness, transfers, or time off, and others would join or leave a unit as reinforcements were required. The movement of sisters within and among hospitals was an especially pertinent issue for the units stationed in

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<sup>46</sup> Duffus, *Battlefront Nurses of WWI*, 73; Collis diary, April 3, 1916.

<sup>47</sup> Collis diary, unnumbered photograph appended to transcribed diary.

Salonika because of the long duration of CAMC hospital postings. To understand changes within the nursing sister rota, I use quantitative sources to consider nursing sister illness and recovery within the larger context of nursing staffing requirements seen through patient load.

The lengthy posting affected nursing sister health through both physical illness and psychological factors. Nursing sister experience was further shaped by changing patient loads and shifts in nurse staffing. As well as being a large hospital, and the first Canadian unit to arrive in Salonika, No.4 CGH is also the hospital with the most extensive collection of extant records, and therefore I use No.4 CGH as a case study to understand how nursing sisters were affected by illness and how the need for reinforcements was handled.<sup>48</sup> There are two primary types of records which elucidate the rota of nursing sisters at No.4 CGH. Weekly lists of all nursing personnel assigned to the unit known as “Nominal Rolls,” are supplemented with some descriptive details contained in the official monthly reports called “War Diaries” maintained by both the officer commanding the unit and the matron of nursing sisters. Although neither source covers the entire time No.4 CGH was in Salonika, together they create a composite picture of nursing staff at No.4 CGH.<sup>49</sup> Distilling a full picture of No.4 CGH’s nursing sister population is challenging, because at times the records present contradictory evidence, and not infrequently have discrepancies regarding the number of sisters serving with the unit. Many of these differences appear to stem from varied methods of counting personnel, though the methods

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<sup>48</sup> Personal narrative sources do exist for this unit, which was founded out of the University of Toronto, the most well-known being Nursing Sister Maude Wilkinson’s memoirs which were first published in segments in the *Canadian Nurse* magazine in 1977 and later expanded and published as a small book in 2003 with the title *Four Score and Ten* (Brampton, Ontario: M.M. Armstrong, 2003). Other sources include a series of oral interviews conducted by nursing historian Margaret Allemang, two of which were with members of No.4 CGH. Margaret Allemang fond, University of Toronto Archives.

<sup>49</sup> See Appendix 2, “Timeline of Sources for Salonika.”

employed are not explained within the sources themselves and must be inferred from patterns and other commentary.<sup>50</sup>

Examining nursing staff sick time reveals the types of illness the sisters experienced and allows a comparison to the patients they treated. The care and convalescence of nursing sisters functioned as a part of the greater healthcare network in the Mediterranean. Increasing hospital sizes, continued illness within their ranks, and an alarming pattern of nursing sister attrition in May and June 1917 are indicative of persistent understaffing of nurses in Salonika. The sisters faced an extended time in the East, isolated from the majority of other CAMC units located on the Western Front. Three methods were used to address the need for reinforcement nursing staff: bringing additional Canadian nurses from England, temporary transfers of nurses between Canadian hospitals, and the surprising use of British nursing labour in a Canadian hospital.

#### **Nursing sister and patient illness in Canadian hospitals in Salonika**

Patient illness in Salonika hospitals followed a seasonal pattern. As nursing sisters also became sick, their illnesses sometimes, but not always, followed the same patterns as those of their patients. Nos. 4 and 5 CGH arrived in late 1915. The beginning of 1916 was fairly quiet until partway through March when the spring offensive started, and the hospitals began receiving combat casualties. No.1 CSH also arrived in March. By the hot summertime, hospitals were treating large numbers of dysentery and malaria patients alongside victims of other diseases. Wounded arrived once again in September and October, and malaria relapse cases continued to fill the hospitals. The year 1917 brought a number of diseases over the winter months, with new combat casualties in April, and a return of dysentery cases in the summer. Malaria was ever-

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<sup>50</sup> For instance, the officer commanding appeared to have continued to count those sisters who were on leave or on temporary duty elsewhere while the matron did not.



present with a significant number of cases in the summer, and often very serious relapses in the colder months.

The increasing numbers of summertime cases listed as dysentery, diarrhoea, or ‘enteric’ among patients was mirrored by gastro-intestinal ailments among the nursing sisters. At the end of May, Collis described the uniformity of disease in the hospital wards. She wrote in her diary, “So many new patients, it is to be nothing but dysentery.”<sup>51</sup> Where dysentery was common among patients, diarrhoea seems to have been the more common diagnosis among hospital staff, though nursing sisters at No.4 CGH were also listed as suffering from enteric and dysentery in summer of 1916. In June 1916, at No.1 CSH, half of the unit’s 22 hospitalized personnel were admitted for diarrhoea; at No.4 CGH both staff and patients were reported to be sick with diarrhoea, and several patients died.

Malaria, or recurrent malaria, were regular features on the lists of most common illnesses for soldiers; nursing sisters also suffered from malaria.<sup>52</sup> At No.1 CSH, ten sisters were reported to have contracted the disease within the six months between June and December 1916.<sup>53</sup> No.1 CSH’s war diary first noted that the disease was prevalent during the week of August 5, 1916, and it was not until the week of October 5 that the number of malaria cases was finally described as decreasing. Though new cases of malaria were fewer throughout October, No.1 CSH had started treating those suffering from malarial relapses. On October 28, the war diary reported that, “Malaria continues to decrease; a large proportion of those coming in are relapses and of a malignant tertian type - often in a very serious condition.” Showing a change from her “nothing

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<sup>51</sup> Collis diary, May 31, 1916.

<sup>52</sup> The war diaries of No.4 CGH’s Matron and Officer Commanding list malaria or recurrent malaria as one of the principal diseases for 6 of the 8 months for which there are comments about patient illnesses.

<sup>53</sup> The only months for which No.1 CSH’s war diaries are extant.

but dysentery” assessment in May, Elsie Collis described her patients in November as all being malaria relapse cases.<sup>54</sup>

Reports of nursing sister illness from No.4 CGH show a remarkably different pattern of nursing sister malarial infection from what the war diaries of No.1 CSH described. In contrast to the ten nursing sister malaria cases at No.1 CSH, only three sisters at No.4 CGH and three at No.5 CGH were reported as suffering from malaria, despite these hospitals having nursing staff complements three times larger than No.1 CSH.<sup>55</sup> It is unlikely that this discrepancy can be explained by differences in the locations of the hospitals and measures taken to destroy mosquito breeding grounds. The extremely limited information regarding nursing sister illness and personnel change at No.5 CGH ensures that the full picture of nurse illness at No.5 CGH is not represented.<sup>56</sup> It seems likely that the reporting for No.4 CGH was also incomplete, thus creating the distorted impression of an absence of malaria cases among the nursing staff.

A less clear, but still compelling, parallel illness between the nursing sisters and soldier-patients was shell shock. Soldiers were listed as suffering from shell shock as early as December 1916, and again in March 1917, shell shock was listed as a prevalent disease among soldier-patients. Although the reports never directly stated that nursing sisters were suffering from shell shock, other recorded symptoms suggest a degree of mental fatigue and illness among the sisters. In December 1916, a sister from No.4 CGH was listed as suffering from “nervous debility,” and between March 19, 1917 and May 24, 1917, seven more nurses from No.4 CGH were ill enough

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<sup>54</sup> Collis diary, November 13, 1916.

<sup>55</sup> 4<sup>th</sup> Canadian General Hospital, War Diaries, October 1916; No.4 Canadian General Hospital, Nominal Rolls, November 1916, June 1917; 5<sup>th</sup> Canadian General Hospital.

<sup>56</sup> Only one month of No.5 CGH’s war diary is extant.

to merit admission to hospital with conditions listed as insomnia and nervous debility.<sup>57</sup> These diagnoses start in March 1917, corresponding to the soldiers' increase in shell shock cases.

Apart from these cases where types of illness coincided, there are many examples of illnesses apparently unique to one group. Soldier-patients suffered from a lengthy list of ailments including trench shin and trench foot, pneumonia, rheumatism, black water fever, and nephritis, which were closely related to living and working conditions which exposed them to the elements. Nursing sisters were not reported to have suffered from any of these ailments. Soldiers also had significantly more surgical cases than sisters. The only recorded surgical cases for nursing sisters are 4 cases of appendicitis.<sup>58</sup>

From February to May 1917, the nursing sisters suffered from a number of cases of bronchitis, tonsillitis, and laryngitis. None of these are ever listed as principal diseases which afflicted soldiers. This lack of correlation is particularly notable because the record keeping for both soldier and nurse illness was excellent during these months.

### **Rest and Recovery**

The CAMC units serving in Salonika functioned as a part of a large network of British and colonial healthcare facilities. CAMC sisters were well integrated into the British system of care for nursing sisters, a system which extended geographically well beyond the immediate Salonika area. Sick nursing sisters accessed opportunities for rest and recovery from illness through this network.

The records from No.4 CGH, No.1 CSH, and the fragmentary records from No.5 CGH indicate that a variety of strategies and places for recovery were used to care for ailing nursing sisters. Though it is not always clear whether actions taken in regard to nursing sister health were

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<sup>57</sup> Two cases of insomnia and five cases of nervous debility.

<sup>58</sup> All four recorded cases were at No.4 CGH, the hospital with the most complete set of records.

intended to be preventive, before illness became serious, or restorative, after the onset of sickness, comments in official and personal documents reveal an awareness of several factors which affected the sisters' health. It appears that some minor action was taken to address these factors and limit nursing sister attrition.

The most obvious method of care for sick sisters was to admit them to the hospital in which they served. Most months the war diaries from No.4 CGH included a note about the number of nursing sisters admitted to hospital. The cause of nursing sister hospitalization is not always recorded, and the number of sisters needing hospital care fluctuated. Ten sisters from No.4 CGH were admitted in June 1916. This rather high number was possibly a result of the rampant diarrhoea that was reported at both No.4 CGH and No.1 CSH. At No.1 CSH, Helen Fowlds and two others were moved from their quarters to the unit's hut for sick sisters so that they could be more easily cared for. Though Fowlds would rather have remained in her own quarters, she expressed deep gratitude that a variety of appropriate food was available for sick sisters in Salonika. She recalled the heartbreak she had experienced on Lemnos when she had nothing appropriate to feed her sick colleagues and was relieved that such dire conditions did not surround her own illness in Salonika. Although Sisters Veits and Gamble of No.4 CGH were isolated with diphtheria within their own unit, it appears that not all sisters requiring hospitalization were treated at their own CAMC units. Some were treated in a British hospital.<sup>59</sup> The nominal rolls from No.5 CGH reported several sisters who were transferred to the British 43<sup>rd</sup> General Hospital for treatment.<sup>60</sup>

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<sup>59</sup> Sister Veits became ill in December, and Sister L. Gamble contracted diphtheria in February, the same month that a number of men also contracted the disease. 4<sup>th</sup> Canadian General Hospital, War Diary and Matron's War Diary, December 1916 and February 1917.

<sup>60</sup> No.4 CGH's war diary also recorded some sisters being treated at 43<sup>rd</sup> British General, though this occurred during the months when large numbers of British nurses were staffing the unit, and so it is as possible that the sisters hospitalized at the 43<sup>rd</sup> were British as that they were Canadian.

Some sisters were sent back to England for rest and recovery. In army jargon, these sisters were ‘invalided’ away from Salonika. There appears to have been a variety of reasons for invaliding a sister to England. Laura Holland of No.1 CSH wrote to her mother of three sisters who were deemed not likely to recover under local conditions. Two were suffering from heart conditions and the third from a kidney disorder for which the proper diet could not be had in Salonika. Along with these three sick sisters travelled three more whom Holland did not believe to be especially ill. Rather, Holland reported in a letter at the end of May 1916 that the unit’s sisters had been offered the opportunity to leave Salonika before the onset of the summer heat. Holland’s letters gave the impression that the unit’s sisters were given the chance to ‘opt out’ of service in Greece by taking three months’ leave in England.<sup>61</sup> Whether this opportunity was offered to the sisters at No.4 and 5 CGH is unclear. This information was communicated in a personal, rather than army document, and No.1 CSH’s war diary does not officially mention any such offer.

Helen Fowlds’ letter home gives a somewhat different impression of the same events. She stated that the matron, “about two weeks ago put up a poster granting leave . . . .” Fowlds contrasted Matron Charleson’s offer of leave with a comment from the officer commanding the unit that no one “in the Levant forces” was being granted leave and that the only way home, “was to be invalided, or in an urgent case, apply for a transfer by cable.”<sup>62</sup> Matron Charleson was vigorously disliked by most sisters in the unit. They expressed a deep distrust of her character and motives. Their belief in her pettiness and selfishness is seen in Fowlds’ response to the proposition that they could put their names on a list for leave. She noted, “the majority of us decided that we were foolish to put our names down, as the thing was sure to fall through, and

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<sup>61</sup> Letter, May 31, 1916, Holland to Mrs. Holland.

<sup>62</sup> Letter 11, late May-early June 1916, Helen Fowlds to Mrs. Fowlds.

then we had showed plainly we wanted to leave and the Matron would see that we got all the work possible to do before we left.”<sup>63</sup>

Holland also decided to stay in Salonika, citing her belief that she could handle it as well as the next person, and because she felt nursing care was needed. This attitude was strongly reminiscent of how the sisters expressed their duty to stay on Lemnos in order to provide nursing care. The three sisters whom Holland identified as those who asked to leave, were officially listed in the war diary as suffering from “debility,” and the commanding medical officer added the note that all the sisters “were all convalescent with one exception but would not be able to stand the hot summer.”<sup>64</sup>

The medical officer’s use of the vague term “debility” to justify invaliding out three nursing sisters who may not have been especially ill, raises questions about the meaning and uses of this diagnosis. In August 1916, Holland herself was recalled to England for non-medical reasons, and while en route, the hospital ship’s commanding medical officer wrote a letter describing Holland as suffering from “debility” and in need of two to three weeks’ rest.<sup>65</sup> Holland protested in her letter home that she felt fine, though she acknowledged that she would nevertheless accept the rest time offered to her. It is, however, also entirely possible that she was purposely overstating how well she felt so as to not alarm her mother, a choice well attested in the letters of other sisters.<sup>66</sup> Although it may seem from these examples that the poorly defined term ‘debility’ was being used in a way that reflected gendered beliefs about women’s weaker physiology, it should be noted that at least once in the No.1 CSH war diary, the term is used to

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<sup>63</sup> Letter 11, late May-early June 1916, Helen Fowlds to Mrs. Fowlds.

<sup>64</sup> 1<sup>st</sup> Canadian Stationary Hospital, War Diary, RG9, Militia and Defence, Series III-D-3, vol. 5033, file number 842, reel T-10922, item ID 2005086, Library and Archives Canada, Ottawa, Canada, June 13, 1916.

<sup>65</sup> Letter, August 26, 1916, Holland to Mrs. Holland.

<sup>66</sup> Holland’s companion, Mildred Forbes, admitted to purposely omitting mention of her five-week long illness on Lemnos until she was recovering. Helen Fowlds, another sister at No.1 CSH, seems to have spent an inordinate amount of space in letters home assuring her mother that she was well.

explain why a man was invalided back to England, and the war diary of No.3 CSH on Lemnos also frequently listed ‘debility’ as the reason personnel, male and female, were being invalided away.<sup>67</sup>

Besides local hospitalization and being sent back to England, a range of care possibilities existed in the local Mediterranean area, many of which hint at offering some element of preventive care, as well as space for recovery from illness. Measures to reduce attrition were fewer in number and often developed later than the healthcare options intended for illness recovery. The army was assiduous in providing sisters with medical prevention in the form of inoculations against cholera, smallpox and other such diseases. Other means of supporting nursing sister wellbeing, which must be understood to comprise more than physical health, were more limited or did not become available until late in their posting. Leave time began to be offered a year after the Canadian units arrived in Salonika. Later still, a Red Cross club for sisters was built to allow for recreation. Reinforcement personnel were also occasionally brought in to offset the nursing staff losses resulting from illness.

At times, records mention actions taken as responses to a lack of, or lessened, vitality among the nursing sisters. The wording hints at some element of preventive care. Matron Hartley of No.4 CGH noted in her June 1916 war diary that “Recommendation of DDMS [Deputy Director of Medical Services] that six Nursing Sisters be granted trip to Malta for benefit of sea air as this hot climate had greatly lessened their vitality. They sail July 1st.”<sup>68</sup> She placed blame on the weather in Salonika as damaging the health of the sisters, though she did not

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<sup>67</sup> 1<sup>st</sup> Canadian Stationary Hospital, War Diary, June 26, 1916; 3<sup>rd</sup> 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, “Number of admissions, by month, of various disease.”

<sup>68</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, June 1916.

specify how the sisters' lessened vitality was assessed and whether this 'diagnosis' was indicative of prolonged sickness or concern that the sisters were at risk of becoming seriously ill.

Whether sending sisters to Malta was intended as a restorative or preventative measure, the trip did not produce the desired effects. When the sisters returned, the matron commented, "The experiment was unsuccessful, boat accommodation being very poor, and heat of Malta intense."<sup>69</sup> Regardless of Matron Hartley's dissatisfaction over the use of Malta as a place to recover vitality, other sisters continued to be sent there, notably, however, during the cooler months. In November of 1916, when reinforcement nurses arrived at No.5 CGH from Malta, Elsie Collis recorded that they "saw our girls in Malta,"<sup>70</sup> and on March 1, 1917, Sister Dowding of No.4 CGH was sent to Malta for three weeks.<sup>71</sup>

Despite evidence that Malta continued to be used as a recovery location, the need to travel there by ship increased the sisters' exposure to danger. Even before the onset of unrestricted submarine warfare, sea travel was acknowledged to be dangerous, and the sisters were subjected to seasickness, an ailment about which they often complained. Notwithstanding the danger of sea travel, records indicate ongoing movement between Salonika and Malta, as well as the much longer trip between Salonika and England. In fact, the majority of sisters from No.4 CGH and No.1 CSH who were invalided out were sent to England rather than to Malta.<sup>72</sup> Whether the unsatisfactory conditions on the hospital ships of which the matron had previously complained had been resolved is not addressed in the war diaries, but obtaining transport could be an issue. In June 1917, three of No.4 CGH's sisters returned to duty after a much longer stay

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<sup>69</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, June 1916.

<sup>70</sup> Collis diary, November 22, 1916.

<sup>71</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, March 1917.

<sup>72</sup> No.1 CSH's war diary (extant June 1916-December 1916) records that 17 sisters were invalided to England and none were sent to Malta, though two sisters were sent to England for non-medical reasons. No.4 CGH's extant war diaries indicate that 39 sisters were invalided to England, 12 to Malta, and 11 sisters were sent to England for non-medical reasons.



in Malta than had been planned. The matron recorded, “Sisters Johnston, Galbraith, Darling returned from sick leave from Malta being detained there for three months owing to difficulty in transportation.”<sup>73</sup>

Matron Hartley had not complained about the accommodations on Malta, though according to Laura Holland, they too left much to be desired. She stopped in Malta in August 1916 on her way back to England and said that she would have loved to have stayed longer in Malta, though she described the accommodations provided as very poor, lacking a hook to hang up one’s clothes or enough chairs to sit on and the meals as being scanty.<sup>74</sup>

Complaints about the quality of accommodation on board ships is a minor theme within nursing sisters’ records. Echoing Matron Hartley’s complaint about the poor accommodation onboard ship, Laura Holland had also complained about bad experiences when travelling on hospital ships, describing situations where the male officers were provided with quarters and a lounge room aboard, but the sisters were left with only a ward to sleep in and no space aside from their beds to socialize or sit. Holland often attributed lack of equal comforts for nursing sisters on trains and ships as resulting from English prejudice towards professional women. She stated, “One does’nt [sic] mind in the least putting up with any hard-ships or un-comfortableness that is necessary, but it does make one inwardly rage to see the way the English government give the best they’ve got to any Officer from a 2<sup>nd</sup> Lieut up – but grudge it even if it’s no extra expense, to a Nursing Sister. Certainly once she steps out of her own home circle an Englishman seems to think a woman should receive no consideration whatever.”<sup>75</sup> At least in this instance, Holland did not believe the close association with the British to be to the nursing sisters’

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<sup>73</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, June 22, 1916.

<sup>74</sup> Letter, August 26, 1916, Holland to Mrs. Holland.

<sup>75</sup> Letter, March 2, 1916, Laura Holland to Mrs. Holland.

advantage. Hinting that the problems surrounding nursing sister accommodation on board ships may not have resulted exclusively from association with the British, Maude Wilkinson of No.4 CGH noted that on the trip from Canada to England, the nursing sisters' accommodations were cramped in the extreme. She noted that no honorary male lieutenant would have been treated in that way.<sup>76</sup> Perhaps these were similar conditions to those over which the matron voiced objections.

The use of Malta for rest and recovery is significant as it hints at the wide geographic area throughout which the army's Mediterranean healthcare apparatus functioned. Medical historian Mark Harrison notes that Malta served as a recovery site for a great many malarial soldier-patient casualties from Salonika.<sup>77</sup> Although it is unclear how many of the nursing sisters in question were suffering from malaria, sending sisters to Malta to convalesce aligned somewhat with the geographic patterns of care provided to soldiers.<sup>78</sup> Throughout the Canadian units' time in Salonika, Malta continued to appear in the records as a place to which sisters were sent, as a stopping place for ships travelling to and from England, and as a place from which some reinforcements arrived.

Another option for caring for sick sisters first appeared in No.4 CGH's September 1916 war diary. On September 22, the matron reported that "Sisters Hamilton and Cray went to the British Red Cross Convalescent home for two weeks. Very fine accommodation for 20 Sisters, two beds being allowed for each General Hospital."<sup>79</sup> The No.4 CGH sisters would make increasing use of this convalescent home as the months progressed. Unlike the practice of

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<sup>76</sup> Maude Wilkinson, *Four Score and Ten*, (Brampton, Ont.: M.M. Armstrong., 2003), 47.

<sup>77</sup> Mark Harrison, *The Medical War: British Military Medicine In the First World War*, (Oxford: Oxford University Press, 2010), 233.

<sup>78</sup> Harrison also notes that some patients were sent to Egypt for further care, but there are no records indicating nursing sisters travelling to Egypt to receive healthcare.

<sup>79</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, September 22, 1916.

sending sisters to Malta, which was hot in the summer and incurred transportation problems, the British Red Cross Convalescent home met with the matron's approval, for at the end of October 1916 she wrote, "Several convalescing sisters of this unit have been for different periods to the British Convalescent Home, Salonika and found it of great benefit."<sup>80</sup> The war diaries of April, May, June, and July 1917 reported sending sisters to the convalescent home in Salonika with such frequency that it appears No.4 CGH was exceeding the two bed per General Hospital rule outlined in September 1916. In June 1917 for instance, the matron reported a large number of nursing sisters being sent to the convalescent home and the home's use as preventive care. "Eleven sisters sent at different times during month [June] to Convalescent Home for Sisters. Sisters to be sent there whenever possible for benefit of change."<sup>81</sup>

When the wellbeing of CAMC nursing sisters is evaluated, more factors than incidence of disease need to be taken into account. In May 1917, the matron evaluated the general health and wellbeing of No.4 CGH's sisters as poor. Although only nine sisters had been off duty ill that month, a number which was not out of the ordinary compared to other months,<sup>82</sup> she reported that the uncertainty of the unit's future in Salonika was having adverse effects on the sisters. Leave time in England had begun to be granted to the sisters of No.4 CGH in December 1916, a year after their arrival in Salonika, however, another plan for nursing sister leave in Egypt in January 1917 appears to have fallen casualty to the plentiful rumours regarding the unit's return to England.<sup>83</sup> At times these rumours would be substantiated with orders to prepare for departure,

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<sup>80</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, October 1916.

<sup>81</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, June 1917.

<sup>82</sup> The number of sisters off duty is not the same as the number of sisters admitted to hospital. The matron did not always record the number of sisters off sick or admitted to hospital, however the average for the 8 months for which this information is available is 8.6 sisters per month were off duty ill, making May's figure of 9 sisters unremarkable.

<sup>83</sup> That leave in Egypt was not granted to No.4 CGH's sisters offers a tantalizing insight into the basic differences between various CAMC nursing sisters' experiences of the East. Many were provided the opportunity to travel to

which were suddenly countermanded. The matron explained the effects these rumours and false starts were having on the sisters, and the actions she took to provide those nurses with appropriate care. “Many of Sisters feeling very miserable largely due to unsettled condition of past two months. Those most needing rest are being sent to British Red Cross Convalescent Home for week or longer.”<sup>84</sup>

The matron’s war diary reference to the sisters’ malaise is significant because it provides official documentation describing the contribution of psychological factors to nursing sister attrition rates. Though the uncertainty about the future of the unit in Salonika continued to negatively affect the nursing sisters’ wellbeing in June, the matron noted a new restorative opportunity available to the nurses. “Sisters now feel in very unsettled state owing to uncertainty of returning to England. Up to date - no further order for moving unit. British Red Cross Club opened for Sisters and VAD workers. This was a great need in this city.”<sup>85</sup> Although No.4 CGH had been in Salonika since November 1915, along with a great many other hospitals, it would appear that no recreational facility was available to nursing sisters until June 1917, more than 16 months later.

Attrition rates continued to mount into July 1917, and two additional options for convalescence are recorded in No.4 CGH’s war diaries. Four sisters were “transferred to Sisters Convalescent Camp at Hortiak,” and several sisters were sent to a hospital ship in the Salonika harbour for convalescence but were not invalided out of Salonika. Sister Ethel Morrison of No.5 CGH went to the Red Cross convalescent home in Salonika and after her time there, she was sent

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Egypt. No. 5 CGH sisters spent a month in luxurious accommodation in Egypt with nothing to do but go sightseeing. No.4 CGH sisters do not appear to have been afforded the same opportunity.

<sup>84</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, May 15, 1917.

<sup>85</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, June 1917.

to the hospital ship *H.S. Llandoverly Castle* before going back to work.<sup>86</sup> Sister Morrison was not the only one to be sent to a hospital ship in harbour for what appears to be convalescence time in July 1917: two sisters from No.4 CGH were also transferred to a hospital ship for a rest.<sup>87</sup> CAMC war diaries do not provide any explanation for this apparent use of hospital ships as places of convalescence, though it is possible that the large number of sisters being sent to the convalescent home exceeded the available space and that hospital ships provided supplementary space.

### **Reinforcements and reassignments: how No.4 CGH managed nursing personnel**

At the same time as nursing sisters were becoming ill and being admitted to hospitals, convalescent homes, or invalided out of Salonika, the patient capacity of the three Canadian hospitals was increasing. Given the geographic distance from England, which functioned as the home base for all Canadian overseas nursing operations, increasing dangers associated with sea travel, and intentions to relocate the Canadian units out of Salonika, replacement nursing personnel for the Mediterranean Front came increasingly from local British hospitals. As No.4 CGH has the most substantial corpus of sources, I examine the staffing realities of that hospital unit.

The expected complement of nursing sisters for No.4 CGH included a matron, an assistant matron, and 73 sisters, and the unit's commanding medical officer evaluated the surplus or deficiency of nursing sisters in the unit based on that fixed number of sisters, rather than as a function of patient population or other workload-based criteria.<sup>88</sup> It is unclear what size of

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<sup>86</sup> Duffus, *Battlefront Nurses of WWI*, 108.

<sup>87</sup> 4<sup>th</sup> Canadian General Hospital, War Diary, July 1917.

<sup>88</sup> Wilkinson, *Four Score and Ten*, 41; 4<sup>th</sup> Canadian General Hospital, War Diary.

In February 1916, the unit's nursing staff consisted of a matron, an assistant matron, and 68 nursing sisters and the rolls noted that an additional five nursing sisters had left the unit, indicating the unit had had a total of 73 nursing sisters. Also, the highest recorded total was 73 in June 1916. The first extant report for 1917 is the Officer Commanding's February War Diary which reported that there were 65 nursing sisters and noted that the unit was

hospital this nursing staff was intended to serve. The first evidence that hints at the size of the patient population is from April 1916 when 575 patients were being treated; by September 1916, the number of patients had expanded to 1550, almost three times the size of the hospital five months earlier, while the number of nursing sisters remained largely static at around 73.<sup>89</sup>

The records for 1916 and 1917 indicate significant differences in how nursing sister staffing requirements were met. In 1916, a few groups of CAMC nursing sister reinforcements joined the unit after arriving in Salonika from England. Despite the dramatically increased hospital size, the unit generally functioned with fewer, and at times far fewer, than the expected total of 73 sisters. In 1917, hospital patient load was more stable, fluctuating between only 850 in January and 1424 in April, although orders had been received to expand to 2000 beds, and the officer commanding regularly reported that the unit had insufficient nursing sisters.<sup>90</sup> It is likely that the nurses at No.4 CGH struggled with significant overwork.

In a marked change from the previous year, reinforcement nursing staff at No.4 CGH in 1917 were exclusively British. This staffing change raises questions which official sources do

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deficient 8 nursing sisters, demonstrating that he believed 73 to be the appropriate number of nursing sisters for his unit. He did not specify whether the matron and assistant matron were included in that number, however if his expectation of 73 sisters is counted the same way the matron's was in 1916's nominal rolls, that would indicate the matron and assistant matron were in addition to the 73 nursing sisters.

<sup>89</sup> I recognise that there is a difference between the patient population numbers as discussed above (how many individuals are currently admitted to the hospital), and the official capacity of the hospital (number of patients who could theoretically be housed in that hospital). Where numbers for both official capacity and actual patient population for No.4 CGH have been preserved, it is clear that the hospital's official capacity, which was continually expanding, was far greater than the number of patients actually present in the wards.

<sup>90</sup> Starting in March 1917, the unit's war diary contains tremendously detailed records of patient numbers. The officer commanding recorded the number of patients in hospital on each day and then provided the monthly average, minimum, and maximum numbers. The matron continued to provide sporadic patient totals; however, her totals are often higher than those recorded by the commanding medical officer. Does this mean that she also overstated the number of patients at No.4 CGH in 1916? Since her records are the only ones containing that information, there is no way to know. It is clear from her notes that she felt the hospital was very active. The highest numbers of patients are recorded when she remarked that No.4 CGH functioned as a clearing hospital, and she often noted that the nursing sisters' work was heavy. Regardless of the exactitude of the patient numbers she provided in 1916, her comments demonstrated an active hospital with depleted nursing staff, the impact of the hot weather, and the huge change in hospital size over the course of the year. From March 1917 onwards, I will use the commanding medical officer's patient totals because of their consistency and apparent exactitude.

not answer - including whether the addition of significant numbers of British nursing personnel into a Canadian hospital led to tensions between the Canadian and British nurses. Although No.4 CGH did not receive any Canadian reinforcements in 1917, they did supply CAMC nursing sisters for the other two Canadian units in Salonika and to a British Casualty Clearing Station (CCS). Thus, the nursing staff at No.4 CGH participated in the local hospital networks both as a destination for reinforcements, and as a source.

To understand how the complement of 73 nursing sisters compared to patient load, the anticipated size of a General Hospital must be considered. According to Andrew Macphail, official historian of the Canadian Army Medical Corps, General Hospitals in 1914 were initially designed to have 520 beds, but by 1915 their capacity increased to 1,040, “after which date they varied in bed capacity as necessary up to two thousand.”<sup>91</sup> He did not specify at which point in 1915 the capacity of General Hospitals was doubled, though regular orders to expand, recorded in the war diary, indicate that the CAMC hospitals in Salonika increased in size as needed. Nursing sisters were very much a footnote in Macphail’s book and he did not include information as to whether increases in patient capacity were reflected in increases to the nursing staff. By August 28, 1917, the same month the CAMC units left Salonika, Macphail noted that the allotted number of nursing sisters for a General Hospital was 100, and 40 for a Stationary Hospital.<sup>92</sup> No.4 CGH’s records indicate that no more than 73 CAMC nursing sisters, the original complement of the unit when arriving in Salonika, were assigned to the hospital during its time in Salonika.<sup>93</sup>

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<sup>91</sup> Andrew Macphail, *Official History of the Canadian Forces in the Great War: Medical Services*, (Ottawa: King’s Printer, 1925), 210.

<sup>92</sup> Macphail, *Official History*, 223.

<sup>93</sup> Although the first nominal roll available for No.4 CGH is from three months after arriving in Salonika, Maude Wilkinson’s memoirs confirm that the unit was assigned 73 sisters.

Nursing sister sickness had a major impact on nurse staffing. Over the course of 1916, the number of nursing sisters listed on the nominal rolls at No.4 CGH fluctuated between 60 and 73, plus the matron and assistant matron.<sup>94</sup> The number of names on the nominal rolls, however, is not an accurate indication of how many sisters were fit for duty and able to provide nursing care. For example, although the October nominal rolls included the names of 60 sisters and noted an additional four as having been admitted to hospital, the matron reported that only fifty-three sisters had been on duty that month.<sup>95</sup>

The first comment the matron made which suggested nursing staff were struggling to keep up with the amount of work followed the increase in patient population from 575 in April 1916 to 700 in June. Despite June also having the highest recorded number of nursing staff to date, with 73 sisters, 10 sisters had been admitted to hospital and the matron wrote, "Hospital work very heavy owing to depleted staff and extremely hot weather."<sup>96</sup> In the following months, the size of the hospital underwent a staggering expansion to 1340 patients in July and 1550 in September when only 63 nursing sisters appeared on the roll. During these months, the matron characterized the unit as being an "active clearing hospital."<sup>97</sup> If the term "clearing" was used in the same sense as it was for Casualty Clearing Stations (CCS), then it would imply that casualties were treated and stayed only a brief time before being sent elsewhere for further care. Despite the addition to the unit of three Voluntary Aid Detachment (VAD) cooks to help with

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<sup>94</sup> The nominal roll from October 18, 1916, recorded 60 sisters with an additional 4 sisters listed as in hospital. There were 73 sisters on the nominal roll from June 7, 1916. No.4 Canadian General Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3737.

<sup>95</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, October 18, 1916.

<sup>96</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, June 1916.

<sup>97</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, July and September 1916.



invalid cookery, a task that was part of the nursing sisters' work, the matron summarized September with the comment, "owing to depleted staff, work has been heavy."<sup>98</sup>

Illness among the nursing sisters, coupled with increased patient load contributed to making work 'heavy.' At the end of October, the matron again included a note about the challenges caused by the insufficient number of nurses: "For the past week we have had only fifty-three nurses on duty and owing to the increased number of patients in Hospital, it is quite difficult to do efficient work."<sup>99</sup>

There were two changes in November 1916 which allowed the matron to comment that "Hospital work has been much lighter during this month."<sup>100</sup> the arrival of twelve CAMC reinforcement nurses and taking nursing sisters off night duty. In addition, the seasonal pattern of illness makes it likely that the hospital workload was somewhat less than during the summer and fall. It is unfortunate that No.4 CGH's matron did not explain the rationale behind November 1916's altered duty rosters. Relieving the sisters of night duty was one strategy employed on Lemnos under heightened concern for nursing sister health. If the same rationale applied in Salonika, this could be considered a measure taken to prevent nursing sister attrition. However, despite the lightened workload, illness continued to take a toll on the nursing staff at No.4 CGH.

In addition to those sisters who remained in Salonika but were too ill to work, the year 1916 saw thirty-six sisters leaving the unit for England, only five of whom were not expressly

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<sup>98</sup> CAMC hospitals, unlike British military hospitals, did not use Voluntary Aid Detachment (VAD) members to supplement patient care. That No.4 CSH in Salonika only employed VADs to help with cooking and not patient care demonstrates that despite being deeply emmeshed within the British hospital network, Canadian hospitals maintained their official commitment to only using fully trained nurses for patient care. 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, September 1916.

<sup>99</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, October 1916.

<sup>100</sup> Nine of the nineteen sisters who had arrived from England escorted by No.1 CSH's Matron Charleson on October 5, 1916 were transferred to No.4 CGH on November 9, 1916. On November 16, another three of the recently arrived sisters were transferred from No.1 CSH to No.4 CGH. 1<sup>st</sup> Canadian General Hospital, War Diary, October 5, November 8 and 16, 1916.

described as ill.<sup>101</sup> To compensate for these losses, only twenty-four reinforcements arrived at No.4 CGH. Inefficiencies in the system are apparent as these new personnel did not always arrive when they were most needed, even when they were available. In October 1916, No.4 CGH's nursing staff struggled to cope with a minimal working staff of fifty-three, despite the twelve reinforcement sisters who would join the unit in November having arrived in Salonika at the beginning of October. In addition to nurse sickness, the matron noted that intense heat and depleted staff were factors which caused difficulty in nursing work. Interestingly, the matron did not explicitly cite the increase in patient capacity at the hospital as a source of stress on the nursing workload, though she did note that the unit was busy when it functioned as a clearing hospital in July and September. By November and December, four nursing sisters were granted two weeks leave each in England, suggesting either that staffing levels were considered adequate to the workload or that the four sisters in question were in desperate need of rest.<sup>102</sup>

March 1917 marked the beginning of two major shifts in nurse staffing practices at No.4 CGH. Firstly, small groups of No.4 CGH's nursing sisters were sent on temporary duty assignments to other hospitals. At the same time, British nursing personnel were sent on temporary duty to No.4 CGH. This flurry of short-term duty assignments for nursing sisters demonstrates the interconnected nature of the British hospital network made up of British, Canadian, Australian and New Zealand medical units in Salonika. Although similar networks

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<sup>101</sup> Sister Austin left Salonika on February 22, 1916, Sister Clarke left October 26, 1916, and Sister Coxall was recalled to work in the Matron-in-chief's office on September 29, 1916. Sister M.O.Gray, not listed as 'invalided,' was sent to England on her way to Canada (Matron's War Diary, November 1916). Four additional sisters, Cummings, Elliot, and Ellis left on a two-week leave on Dec 28, 1916. I have not included these last four in the number of sisters who left as they returned to Salonika upon completion of their leave.

<sup>102</sup> 4<sup>th</sup> Canadian General Hospital, Matron's War Diary, December 1916.

were seen on Lemnos and in Egypt, the Salonika experience of sending British nursing staff to work at a Canadian hospital is unique.<sup>103</sup>

The first group of British nurses to serve at No.4 CGH arrived on March 6, 1917 from the 43rd General Hospital and stayed either nine days or ten days, helping to offset the unit's deficiency of 17 sisters.<sup>104</sup> Notably, these were not the only British personnel to be transferred to No.4 CGH. Along with the sisters came three RAMC (Royal Army Medical Corps) officers, and the end of month summary of unit personnel included other ranks from the RAMC as well, clearly indicating that sharing of personnel was not a practice exclusive to nursing staffs.<sup>105</sup> While British staff were being used to supplement No.4 CGH, Canadian sisters were leaving the hospital on short-term assignments at other CAMC units in Salonika. Several small groups of nursing sisters from No.4 CGH were sent to No.1 CSH and to No.5 CGH between March and July 1917.<sup>106</sup>

More remarkable and prestigious was the transfer of five nursing sisters, and thirteen other Canadian personnel, to a British Casualty Clearing Station (CCS). On March 28, 1917 the matron's war diary recorded, "Sisters C.I. Stewart, E.A. Robinson, A.P. Gamblin, L.M. Mabe,

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<sup>103</sup> Examples of these international networks include: No.1 CSH took over their hospital location from a New Zealand unit (Letter March 16, 1916, Holland to Mrs. Holland), and in a poetic turn, the No.5 CGH CAMC hospital location was taken over by the New Zealanders after the CAMC units' departure on August 17, 1917. (Duffus, *Battlefront Nurses*, 121.) In Egypt, CAMC sisters visited an Australian hospital (Collis diary, January 7, 1916), shared a hotel with 50 New Zealand nurses (Collis diary, January 12, 1916), and went to church with Australian nurses (Collis diary, January 7, 1916). The No.5 CSH stationed in Cairo functioned as a part of the larger network of medical care for troops stationed in Egypt. Members of the unit recalled making friends among the Australians and New Zealanders they encountered, and the unit's nursing sisters occasionally worked in British hospitals. (*Queen's University Hospital*, March 1916, Whig Press, Kingston. Queen's University Archives, Kingston, Ontario, Canada, digitized copy provided June 20, 2019, pgs. 10, 12.)

<sup>104</sup> Calculations based on the sisters arriving on March 6, 1917 (4<sup>th</sup> Canadian General Hospital, Matron's War Diary, March 1917) or on March 7 according to the unit commander's records (4<sup>th</sup> Canadian General Hospital, War Diary, March 1917).

<sup>105</sup> "Other ranks" indicated those who do not rank as officers. 4<sup>th</sup> Canadian General Hospital, Matron's War Diary and Officer Commanding's War Diary, March and April 1917.

<sup>106</sup> On March 2, 1917, five sisters from No.4 CGH were sent to No.1 CSH for twelve days; on either May 1 or 3 nursing sister reinforcements from No.4 CGH were sent to No.5 CGH. 4<sup>th</sup> Canadian General Hospital, Matron's War Diary and Officer Commanding's War Diary, March and May 1917.

C.W. Veits (RRC), Major Mallech, Captains Gaby and Melhado reported for temporary duty to 28th Casualty Clearing Station also 10 N.C.O's and men of the unit.”<sup>107</sup> On the Western Front, positions at CCSs were highly coveted and it was generally understood that only the best were sent on duty to a CCS. These considerations may hint at why the matron included Carolyn Veits’ extremely significant decoration, the Royal Red Cross, first class, in the official diary entry.<sup>108</sup> CCS units were closer to active fighting than either Stationary or General Hospitals and could be relatively dangerous postings. The discovery that Canadian personnel and, most especially, Canadian nursing sisters served at a British CCS on the Eastern Front is highly significant, showing how tightly integrated into the British medical system the Canadian hospitals and personnel were. Assigning Canadian personnel to a CCS demonstrates that Canadians were considered very capable, an important distinction, given that CAMC nurses often felt their ‘colonial’ credentials were not always respected as equal to those of British nurses. CAMC nursing sister historiography has not yet discussed this assignment.<sup>109</sup>

Such a significant influx of British nurses had arrived for temporary duty at No.4 CGH that by April 1917, 44% of the nursing personnel at No.4 CGH was British.<sup>110</sup> The large numbers of newly added British sisters only temporarily alleviated problems of nursing understaffing. The overall number of nursing sisters at No.4 CGH continued to be insufficient. Although the unit

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<sup>107</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, March 1917.

<sup>108</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, March 1917.

<sup>109</sup> Toman does mention one example of a CAMC nursing sister (Sister Katharine Wilson) serving in a British CCS on the Western Front. Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*, (Vancouver: University of British Columbia Press, 2016) 23.

<sup>110</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, April 1917. Within the British military nursing system, a distinction was made between Nursing Sisters and Staff Nurses. The unit commander’s diary recorded that “19 Nursing Sisters (QAIMNS) reported for duty,” thus making his record of the number personnel different from the matron’s by one. (4<sup>th</sup> Canadian General Hospital, War Diary, April 1917). He also failed to distinguish between the British ranks of “Staff Nurse” and “Nursing Sister,” and he used the “QAIMNS” when the matron referred to the British nursing help as belonging to the “QAIMNSR,” (Queen Alexandra’s Imperial Military Nursing Service Reserve). Later on, No.4 CGH’s commander’s diary entries did reflect these distinctions in rank and auxiliary nursing force. It is possible that at this early stage of British help within the Canadian hospital, he had not yet understood the distinctions, or did not consider them important enough to note.

had not reported a deficiency of nurses in April, meaning the full allotment of 73 nursing sister were present, the hospital had expanded from 1540 beds to 2000 beds and the matron noted that there was a lot of work. “Hospital very busy. Great many severely wounded admitted during latter part of month.”<sup>111</sup> At the end of May 1917, only 38 of the 56 CAMC nursing sisters listed as being ‘on strength’ at No.4 CGH actually appear to have been working at the Canadian hospital, alongside 32 British nurses.<sup>112</sup> Thus, while 88 nurses were assigned to the unit, the total number of working nurses was only 69, and the officer commanding reported no surplus of nursing personnel. The ratio of British to Canadian nursing staff on duty at No.4 CGH remained similar to April at 47%. The unit was listed as Canadian, yet clearly had more than just casual British reinforcements.

Over the course of June and July 1917, the number of British nursing personnel at the No.4 CGH diminished without explanation. In June, the matron recorded 54 CAMC sisters and only 16 British sisters, making the percentage of British nurses at the hospital in June 1917 a mere 23% of the total down from 47% the previous month. By far the lowest total number of nurses on record was in July. Only 45 CAMC sisters and 2 British sisters were listed, for a total of 47 nursing sisters. Fortunately, the number of patients in the hospital had also declined substantially from a daily average of 1233 patients in June to an average of 985 patients in July. By the end of July 1917, British nursing personnel made up only 4% of the unit’s nurses.<sup>113</sup>

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<sup>111</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, April 1917.

<sup>112</sup> The officer commanding’s war diary recorded 56 CAMC nursing sisters and 32 British nurses. (4<sup>th</sup> Canadian General Hospital, War Diary, May 1917.) The Matron’s diary, on the other hand gave the total number of Canadian nurses as 38, with 31 British nurses, and noted that over the course of the month, 8 CAMC sisters were on temporary duty with No.5 CGH, 4 had been in hospital, 3 in the convalescent home and 4 on leave. (4<sup>th</sup> Canadian General Hospital, Matron’s War Diary, May 1917.) The various other locations at which No.4 CGH’s nursing sisters could be found in May 1917 sheds light on the difference between the commander’s 56 nursing sisters and the Matron’s 38. It is from the Matron’s calculations that the number of nurses on duty is understood.

<sup>113</sup> 4<sup>th</sup> Canadian General Hospital, Matron’s War Diary and Officer Commanding’s War Diary, June and July 1917.

The structures which governed British military nursing were considerably more complex than those which structured Canadian military nursing. British military nurses were members of several auxiliary forces, which were separate from Great Britain's Royal Army Medical Corps. These included the Queen Alexandra's Imperial Military Nursing Service (QAIMNS), the Queen Alexandra's Imperial Military Nursing Service Reserve (QAIMNSR), and the Territorial Force Nursing Service (TFNS).<sup>114</sup> The British nurses at No.4 CGH are listed either as QAIMNS or QAIMNSR, but in such a way that suggests the terms were being used interchangeably by the Canadians.<sup>115</sup> As these organizations were all outside the auspices of the military, British nurses were not themselves members of the army, unlike their CAMC counterparts. There were a number of additional differences between the British and CAMC nursing structures. British nurses did not carry rank, whereas Canadians, and only Canadians among the colonials, held officer rank.<sup>116</sup> Apart from matrons, there was only one grade of nurse within CAMC ranks, all called 'Nursing Sister.' The British system included two classes of nurse: Nursing Sisters and Staff Nurses, who generally came from lower class backgrounds than the Nursing Sisters. It

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<sup>114</sup> The range of British opportunities for women to volunteer nursing care were even more diverse than these main three which only accepted qualified nurses. The First Aid Nursing Yeomanry (FANYs) was another option which allowed women to provide ambulance service, and the range of options for those not qualified as professional nurses to provide VAD service were even greater and included the famous St. John Ambulance Service.

Although I have, for simplicity's sake, referred to QAIMNS nurses as British, I am behooved to note that 313 Canadian nurses also served with this British organization. Toman, *Sister Soldiers*, 68. Toman indicates that membership in the QAIMNS was a strategy some nurses employed in an attempt to gain one of the limited positions within the CAMC. This strategy was not always successful.

<sup>115</sup> In April 1917, for instance, the officer commanding recorded 34 nursing sisters from the QAIMNS and only 1 QAIMNSR arriving. However, he also recorded 11 nursing sisters of the QAIMNSR leaving. Clearly the membership of the sisters arriving and departing as he recorded it cannot both be correct. 4<sup>th</sup> Canadian General Hospital, War Diary, April 1917.

<sup>116</sup> Australian nursing sisters were given honorary rank in 1916. Sisters complained about the restrictions this rank imposed on their social lives and appear to have often simply ignored the rank-implied restrictions. Kirsty Harris, "'All for the Boys:' The Nurse-Patient relationship of Australian Army Nurses in the First World War," in Alison Fell, and Christine E Hallett eds, *First World War Nursing: New Perspectives*, (New York: Routledge, 2013) 158-159.

appears that most, though not all, of the British nursing personnel to serve at No.4 CGH were Nursing Sisters.

The large percentage of No.4 CGH's nursing staff made up of British nurses raises questions about how the British and Canadian nursing staffs worked together. British and Canadian military hospitals divided work differently. Canadian nursing sisters who worked for periods in British hospitals often described a type of culture shock as they adjusted to the British way of doing things. Before coming to Salonika, CAMC Nursing Sister Maude Wilkinson had served in a British hospital in France for a month. She detailed the differences in this way, "It was interesting to observe the routine carried out in British military hospitals as compared with what we expected. The orderlies gave most of the bedside care, the general nursing staff took temperatures, gave out the medicines, and oversaw the nourishment. The sister in charge (the one with the little red cape) kept the records, made rounds with the doctors, and was responsible for carrying out their orders."<sup>117</sup>

In No.4 CGH's nineteen months, No.5 CGH's eighteen months, and No.1 CSH's fifteen months in Salonika, Canadian nursing sisters' experience was marked by a diversity of factors. Although the area was engulfed by rampant malaria, pockets of active fighting and teeming with refugees, the sisters found ways of managing their resources, food, clothing, and leisure activities while still enjoying Greece's beautiful landscapes. Along with those landscapes, it is clear that nursing work in Salonika was exhausting and resulted in sickness and debility among the sisters. The impact serving in Salonika had on nursing sisters' health is part of a much larger conversation about the effects of active service on the postwar lives and wellness of Canadian sisters, which has not yet been studied in depth.

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<sup>117</sup> Wilkinson, *Four Score and Ten*, 53.

Affecting all aspects of their nursing and non-nursing time was the robust inclusion of Canadian units into the greater Britisher healthcare network in Salonika, the most striking outcome of which was the prominent use of British nurses in a Canadian hospital. Given more descriptive narrative evidence than was used in this study, Salonika may prove to be a revealing microcosm of the multi-faceted relationships between British and Canadian healthcare systems as concerns nursing sisters. Salonika was also a unique Mediterranean location for sisters on account of the proximity to active fighting. Evidence of combat, from blockades and fortified city defenses to air raids, was more pronounced in Salonika than in either Lemnos or Egypt. In this way, the experience of nursing in Salonika bore a closer resemblance to nursing in France, than to other Mediterranean locations.



### Chapter 3: Egypt: Home Base, Site of Non-Nursing Time, and the Forgotten No.5 CSH

When considering Canadian Army Medical Corps (CAMC) nursing sisters in the East, it is tempting to focus on nurses' work on Lemnos and in Salonika, and on nurses' leisure time in Egypt. This dualistic approach risks implying that no nursing work took place in Egypt and no leisure time was enjoyed in Greece, thereby obscuring important elements of the CAMC nursing sister experience in all areas of the Mediterranean. This section combines the fragmentary evidence of No.5 Canadian Stationary Hospital (CSH), the only one of the five Canadian hospitals that served in the East to be stationed in Egypt, with records from nursing sisters who served with other units and who spent leisure time in Egypt.

Egypt served as a stopping point for nursing sisters throughout the time they spent in the Eastern theatre. The length of time spent in Egypt varied from a few days between sea voyages, to multiple weeks of leisure time, to No.5 CSH staff's eight months of work in a location four miles outside Cairo.<sup>1</sup> Careful consideration is needed when examining the variety of ways in which Canadian sisters experienced this significant location. Many sisters' time in Egypt during the First World War consisted of large amounts of non-nursing leisure time, which facilitated a much more extensive series of interactions with local peoples, culture, and place than was possible in either Lemnos or Salonika. For those who nursed in Egypt, the experience was marked by service in permanent buildings with modern facilities. The nursing work which was undertaken at No.5 CSH in Egypt has not been previously examined, and the differences between the Canadian hospital in Cairo and those in Greece once again make clear the impact of place on wartime experiences.

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<sup>1</sup> See Appendix 1 for a timeline of CAMC hospitals in the East, including time spent in Egypt.

Egyptian harbours were a common stopping place for CAMC units. The Hospital Ship (H.S.) *Asturias*, which carried Nos.1, 3, and 5 CSH from England to the Mediterranean, docked in Alexandria in August 1915.<sup>2</sup> From there, the nursing sisters of Nos.1 and 3 CSH took the H.S. *Delta* to Lemnos and the personnel of No.5 CSH continued on to the outskirts of Cairo where they set up their hospital.<sup>3</sup> The nursing sisters of No.5 Canadian General Hospital stopped in Cairo for 6 weeks in November and December 1915 before going on to join the rest of their unit in Salonika. After leaving Lemnos in January 1916, the sisters of Nos.1 and 3 CSH returned to Egypt for a number of weeks.<sup>4</sup> No.1 CSH stayed for some time in Egypt before being sent on to their next posting in Salonika. Although there is very little personal narrative evidence from nursing sisters who joined CAMC units partway through their Mediterranean service, the account book of Sister Edith Hudson who joined No.5 CGH in Salonika in June 1916, shows that she stopped briefly in Egypt before arriving at her destination in Salonika.<sup>5</sup>

Egypt functioned as a type of home base for nursing sisters in the Mediterranean. Although not especially geographically central, sisters stopped in Egypt on their way to other postings, and Egypt was a location where nursing sisters had access to products and services which were harder or even impossible to access in Salonika or on Lemnos. For a time, water for the hospitals on Lemnos was imported from Egypt. Cities in Egypt had modern buildings which reminded the sisters of London and many nursing sisters were quartered in luxury hotels. Food

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<sup>2</sup> 1<sup>st</sup> Canadian Stationary Hospital, War Diary, RG9, Militia and Defence, Series III-D-3, vol. 5033, file number 842, reel T-10922, item ID 2005086, Library and Archives Canada, Ottawa, Canada.

<sup>3</sup> 1<sup>st</sup> Canadian Stationary Hospital, War Diary, August 1915; 3<sup>rd</sup> Canadian Stationary Hospital, War Diary, Summary April 1916 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; 5<sup>th</sup> Canadian Stationary Hospital, War Diary, RG9, Militia and Defence, Series III-D-3, vol. 5033, file number 846, reel T-10923, item ID 2005090, Library and Archives Canada, Ottawa, Canada.

<sup>4</sup> Elsie Collis diary, typescript excerpts by Anne Pearson, Royal Jubilee Hospital Alumnae Association Archives. digital copy provided June 2019; 1<sup>st</sup> Canadian Stationary Hospital, War Diary, January 1916; Katherine Wilson-Simmie, *Lights Out: A Canadian Nursing Sister's Tale*, (Belleville, Ont.: Mika, 1981) 108.

<sup>5</sup> Account book, Edith Hudson collection, privately held by Allan Kerr, Edmonton, Alberta, Canada.

was plentiful both in quantity and in variety, with treats easily available.<sup>6</sup> There were many options for leisure activities with access to fashionable hotels, restaurants, shopping, and sightseeing. Mail and parcel service was also centralized in Egypt, with packages circulating through Egypt before being sent on to Lemnos or Salonika.<sup>7</sup> For nursing sisters, Egypt was a relatively safe location, not beset with the malaria carrying mosquitos or air raids of Salonika, nor the inadequate supplies and lack of weather-appropriate building infrastructure on Lemnos, though sisters did occasionally express fears of Egyptian men. Egypt was to the Mediterranean theatre what London was to the Western theatre: a central location where services and supplies could be mustered and accessed, a pre-war tourist destination which could be explored during off-duty hours, and a location where military nursing service avoided some, but not all, of the hardships experienced further afield. Laura Holland of No.1 CSH emphasized the centrality of Egypt to their time in the East when she described the hotel in which they were staying as the Mediterranean headquarters for nursing sisters. According to Holland, "On arriving at the [nurses'] Home [Semiramus Hotel]...we got rather a pleasant surprise, for instead of a crowded dingy place where we all half expected to exist in Wards, we found a really palatial hotel, which the government have taken over as a sort of headquarters for Sisters in the Mediterranean Expedition."<sup>8</sup>

The extensive non-nursing time which many sisters spent in Egypt, coupled with the country's role as a Mediterranean home base, created a situation in which the nurses were cast as pre-war civilian tourists. This shift in roles, coupled with the nursing sisters' sense of duty and

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<sup>6</sup> Hannah Clark, "Sisters in a Distant Land: The Exploration of Identity and Travel through Three New Zealand Nurses' Diaries from the Great War," *Women's Studies Journal* 30 (1): 2016, 26.

<sup>7</sup> Letter 10, May 19, 1916, Helen Fowlds to Mrs. Fowlds, Helen Fowlds diaries and letters, Helen Marryat fonds, 69-001, series I, box I, Trent University Archives, Peterborough, Ontario, Canada.

<sup>8</sup> Andrea McKenzie, *War-Torn Exchanges: The Lives and Letters of Nursing Sisters Laura Holland and Mildred Forbes*, (Vancouver: UBC, 2016) 114.

awareness of the vital need of nursing work explains why the nursing sisters were not always content with their leisure time in Egypt. Much of the existing historiography of Canadian nursing sisters on the Eastern Front addresses questions of identity.<sup>9</sup> Scholars have analysed specific aspects of the sisters' identity including pride in their professional qualifications, feelings of affinity with other 'colonials,' and awareness of their position as women in a military world primarily composed of men. The effects of the unique, and lengthy periods of leisure in the Egyptian Mediterranean headquarters on nursing sister identity merit further in-depth study. The different attributes of each Eastern Front location elicited different aspects of nursing sister identity. The conditions and hardships of Lemnos, for instance, resulted in a strong identification as a type of 'sister soldier,' suffering alongside their soldier-patients.<sup>10</sup> CAMC units' strong integration with British units in Salonika fostered the nurses' identities linked to the British Empire which nursing historian Cynthia Toman investigates in detail.<sup>11</sup> Egypt, however, was a location where many nurses lived a luxurious life of leisure, bereft of the professional work which justified their presence in a war zone and their membership as women in the military. Their sister soldier identity was challenged as their activities and surroundings framed them as pre-war civilian tourists, a role which seemed to ignore their professional skills and purpose for being abroad.

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<sup>9</sup> For examples see Andrea McKenzie, "'Our common colonial voices': Canadian Nurses, Patient Relationships and Nation on Lemnos," in Joachim Bürgschwentner, Matthias Egger, and Gunda Barth-Scalmani, eds., *Other Fronts, Other Wars?: First World War Studies On the Eve of the Centennial*, Leiden, (Netherlands: Brill, 2014); Cynthia Toman, "'A Loyal Body of Empire Citizens': Military Nurses and Identity at Lemnos and Salonika, 1915-1917," in Meryn Stuart, Jayne Elliott, and Cynthia Toman eds., *Place and Practice In Canadian Nursing History*, (Vancouver: UBC Press, 2008). Although not about the Eastern Front, other literature about CAMC nursing sisters also contributes strongly to the discussions about identity. See Cynthia Toman, "Help Us, Serve England": First World War Military Nursing and National Identities," in *Canadian Bulletin Of Medical History* 30, no. 1, 2013: 143-166.

<sup>10</sup> McKenzie, "'Our common colonial voices,'" Cynthia Toman, *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps*, (Vancouver: UBC, 2016); Kirsty Harris, "'All for the Boys' The Nurse-Patient relationship of Australian Army Nurses in the First World War," in Alison Fell, and Christine E Hallett eds., *First World War Nursing: New Perspectives*, (New York: Routledge, 2013).

<sup>11</sup> Toman, "'A Loyal Body of Empire Citizens.'"

In 1916, after five months on Lemnos, the sisters of No.3 CSH enjoyed a week of tourist exploration and leisure while staying in a luxury hotel outside Alexandria. After that week, Kate Wilson reported that, "we were all wishing for moving orders and work once more."<sup>12</sup> However, the sisters would remain in Egypt for some time longer. Wilson was not the only nurse to express frustration with the length of time they spent at leisure in Egypt. Elsie Collis wrote in her diary that several sisters went to the men's camp and served tea to the Tommies. As she stated, "Must go again, it certainly is our duty to go, as we have absolutely nothing to do."<sup>13</sup>

### **No. 5 Canadian Stationary Hospital**

In contrast to the nursing sisters who were assigned no nursing work whilst in Egypt and spent large amounts of time at leisure activities, the twenty-six nursing sisters and matron of No.5 CSH had a very different experience of Egypt.<sup>14</sup> While also finding time to partake in leisure activities, these nurses' primary role in Egypt was as nurses, not as tourists. I will examine what can be uncovered about the No.5 CSH nursing sisters' distinct experiences before circling back to consider particular themes elucidated in the writings of those sisters whose time in Egypt did not include hospital work and how these themes relate back to specifics of No.5 CSH.

No.5 CSH in Cairo was the only one of the five Canadian hospitals in the Mediterranean to be set up in Egypt. There was a stark contrast between the situations in Salonika, and on Lemnos, and that in Egypt. Egypt's central role within the Mediterranean Front and its modern architecture, shops, and resources makes it is tempting to imagine that the nurses of No.5 CSH in

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<sup>12</sup> Wilson-Simmie, *Lights Out*, 110.

<sup>13</sup> Collis diary, January 10, 1915.

<sup>14</sup> Number of sisters taken from, "July 29, 1915: Nursing Sisters of No.5 Canadian Stationary Hospital Proceeding Over-seas," No.5 Canadian Stationary Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3736.

Cairo suffered from none of the disadvantages and problems experienced by the units stationed in Greece. This notion of service untouched by hardship does not, however, appear to be true. Many of the complaints nursing sisters made in Greece were similar to those from personnel of No.5 CSH in Egypt, such as illness among staff, the heat, and the flies. Still, it is unlikely that the degree to which the nursing sisters suffered from these issues in Cairo was comparable to what those in Salonika, and especially those on Lemnos, experienced. Other common complaints heard from Greece were, however, not repeated at No.5 CSH. No.5 CSH staff were extremely pleased with the buildings which housed their hospital and their quarters. They had access to plentiful water, excellent sanitary arrangements, and a steady stream of supplies sent from home. Although some of the unit's labouring men complained in private letters home about the food they received in the mess, those letters did not express the concern seen on Lemnos about the lack of appropriate food for patients, despite demonstrating an awareness of the importance of proper food for recovery from illness.<sup>15</sup>

Thus far, nothing substantial has been written about the No.5 CSH within the corpus of nursing sister historiography. There are almost no primary sources created by the nursing sisters from the relatively small hospital which made its home four miles outside of Cairo,<sup>16</sup> especially when seen in light of the significant volume of diaries and letters from the sisters of No.1 CSH, the hospital most robustly represented in the primary source material.

This section on No.5 CSH in Egypt will follow a different methodological approach than most other portions of this thesis. In the case of other Canadian hospitals, evidence created by the nursing sisters themselves is, if not plentiful, certainly obtainable, but at this point no written

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<sup>15</sup> Letters from Don MacKenzie, September 6 and 30, 1915, and letter from Bert MacKenzie, September 14, 1915, Bert and Don MacKenzie fonds, F01826, Queen's University Archives, Kingston, Ontario, Canada.

<sup>16</sup> 5<sup>th</sup> Canadian Stationary Hospital, War Diary.

records from nursing sisters serving with the No.5 CSH are known to exist. The only extant evidence produced by a nursing sister of the unit is a set of photographs taken by Sister Etta Sparks.<sup>17</sup> I am therefore compelled to sketch out the experiences of the sisters of No.5 CSH in relief. By considering what other primary sources reported about the hospital and how sisters from other units described their vacation experiences in Egypt, I hope that an insightful silhouette may be created of the only CAMC hospital to serve in Egypt and a better understanding developed of nursing experiences in Egypt.

Direct information about No.5 CSH's nursing sisters can be gleaned from an incomplete, yet significant collection of nominal rolls of nursing sisters attached to the unit. The unit's war diary for August 1915 is the only extant portion of this official narrative record, and it details the month the unit embarked for the east and first set up their hospital. Further details on the operation of the unit are found in a series of detailed reports which include an accounting of the number of out-patients and the types of ailments being treated at No.5 CSH's eye, ear, nose and throat clinic, and reports from the dental department, pathological lab, X-ray and operating rooms.<sup>18</sup>

Additional sources of narrative information for the unit are the three booklets published in 1915, 1916, and 1917 for sponsors and donors to this hospital, which was established by Queen's University in Kingston, Ontario.<sup>19</sup> These booklets are replete with photographs, lists of

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<sup>17</sup> The analysis of visual, rather than narrative, material requires yet another methodological approach and for this reason, I have not delved deeply into the Sparks photographic collection which is located at Library and Archives Canada. Etta Sparks Collection, graphic material, accession no. 1979-251 NPC, local class no. 04424A, Library and Archives Canada, Ottawa, Ontario, Canada.

<sup>18</sup> 5<sup>th</sup> Canadian Stationary Hospital, War Diary.

<sup>19</sup> *Queen's University Hospital*, booklet for donors, (Kingston: Whig Press, undated) Queen's University Archives, Kingston, Ontario, Canada, digitized copy provided June 20, 2019; *Queen's University Hospital*, March 1916, (Kingston: Whig Press, March 1916) Queen's University Archives, Kingston, Ontario, Canada, digitized copy provided June 20, 2019; *No. 7 (Queen's) Canadian General Hospital: March 26<sup>th</sup> 1915- November 15<sup>th</sup> 1917*, (Kingston: Whig Press, 1917), Queen's University Archives, Kingston, Ontario, Canada, digitized copy provided June 20, 2019.

personnel, and descriptions of the hospital's work. The scope of the booklets includes much of the non-medical and non-nursing work performed by the unit's men, including the steward's department, kit storage, and the sewing room. Notable for this study is the tendency of the booklet editors to name medical officers and even certain enlisted men in photograph captions, while most of the nursing sisters pictured remain unnamed. This practice is illustrative of the booklets' more general tendency to focus on the varied working roles of the male members of staff while saying much less about the unit's nursing sisters.<sup>20</sup> The third booklet, published in 1917, alone provides a detailed discussion about the unit's nursing sisters.

Missing from these sources are the voices of the nurses themselves. In place of the absent personal narratives from nurses, I have used a series of letters written by brothers Bert and Don MacKenzie, a private and a lance-corporal respectively, who served with the No.5 CSH during its time in Cairo to illustrate the unofficial, staff perspective on hospital operations.<sup>21</sup> These brothers performed the unit's carpentry and blacksmithing repair work and Bert later worked in the wards as an orderly.<sup>22</sup> From this fragmentary evidence I have pieced together a sketch of No.5 CSH in Cairo.

At a time of strong support for the war effort, Queen's University, which had already founded and recruited several smaller medical units, approached the Canadian Dominion government offering to form a military hospital unit.<sup>23</sup> This unit became No.5 CSH. Many of the

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<sup>20</sup> In one photograph depicting two nursing sisters and one of the unit's Non-Commissioned Officers (NCO), the caption reads simply, "Operating Room. Sgt. Whytock." The two nursing sisters are not even mentioned, but the sergeant, whom they outranked, is listed by name. Photograph captions also leave patients unnamed. *Queen's University Hospital*, undated, figure 4.

<sup>21</sup> Bert and Don MacKenzie letters, Bert and Don MacKenzie fonds, F01826, Queen's University Archives, Kingston, Ontario, Canada.

<sup>22</sup> Letter, September 25, 1915 from Don MacKenzie to YMCA, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>23</sup> Queen's University historian Margaret Bindon outlined early attempts to form the hospital unit which would become No.5 CSH, "Dr. F. Etherington announced in November 1914 his intention of forming some kind of hospital corps, either field or stationary, entirely of Queen's men." However, Dr. Etherington's plans were not warmly



medical officers and men came from the university's ranks. The university did not have a nurse training program at this time, and no record was kept detailing the recruitment of nursing sisters.<sup>24</sup>

After arriving in England, twenty-six of the original thirty-five nursing sisters from No.5 CSH proceeded on to the Mediterranean.<sup>25</sup> The matron, Miss Willoughby, reputed to be an experienced military nurse, was a late addition to the rota. She joined the unit after its arrival in England, once the decision was made to send the hospital on "foreign service."<sup>26</sup> Why nine of the original sisters were not included in the trip to the Mediterranean is not known.

Leaving England on August 1, 1915, and arriving in Alexandria on August 12, the staff of No.5 CSH and their travelling companions of Nos.1 and 3 CSH were part of the same mission to provide much needed additional healthcare support to the high-casualty Gallipoli offensive. Work on the No.5 CSH in Cairo did not begin, according to Bert MacKenzie, until August 17, fully eleven days after the August offensive on Gallipoli had started.<sup>27</sup> The hospital was able to accept its first patients on August 27, twenty-two days after the campaign's commencement, providing another example of the inefficiency which characterized much of the medical care on the Eastern Front.<sup>28</sup>

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welcomed by the Ministry of Militia who only wanted to field units they themselves had requested. However, after an MP secured the Queen's University delegation a meeting with the Minister of Militia, the Minister contacted the War Office in London and, "a few days later, on March 26, 1915, orders were received to proceed with the organization, and recruiting for No.5 Stationary Hospital commenced immediately." Kathryn Bindon, *Queen's Men, Canada's Men: The Military History of Queen's University, Kingston*, Queen's University Contingent Canadian Officers' Training Corps, Kingston: 1978, 38-9.

<sup>24</sup> The first university nursing program in Canada was pioneered at the University of British Columbia in 1919. Jennifer Medves, "School of Nursing Celebrating 75 Years," published February 1, 2016, <https://healthsci.queensu.ca/blog/school-nursing-celebrating-75-years>, accessed January, 27, 2020.

<sup>25</sup> List of Nursing Sisters, *Queen's University Hospital*, undated, 5.

<sup>26</sup> No. 7 (*Queen's*) *Canadian General Hospital*, 10.

<sup>27</sup> Letter, September 25, 1915 from Bert, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>28</sup> No.5 CSH's war diary records the first patients being admitted on August 27, 1915, 5<sup>th</sup> Canadian Stationary Hospital, War Diary; No. 7 (*Queen's*) *Canadian General Hospital*, 10, records the first admissions as happening one day earlier August 26, 1915.

After arriving in Egypt, the nursing sisters of No.5 CSH were initially assigned to temporary duty in British hospitals before commencing work at their own hospital.<sup>29</sup> The 1917 Queen's University booklet reported these temporary placements in imperial (British) hospitals as being, "a unique if somewhat trying experience."<sup>30</sup> The imperial hospitals were located in "places of historic interest," and against the backdrop of these Eastern historic places, the booklet writer evoked the foreignness of nursing sisters' work and presence in Egypt. He called their service in imperial hospitals, "an epitome of transfer from the Western to the Eastern world to leave the Civil Hospitals of Canada for duty in the renowned Citadel of Cairo."<sup>31</sup> Despite possessing 'oriental charm,' these historic buildings did not always convert into convenient hospitals. The No.1 Australian General Hospital, for instance, was located in a fabulous hotel which converted into a most awkward hospital requiring the sisters to climb many flights of stairs.<sup>32</sup> The author says nothing of the documented history of tension between Canadian and British nurses which may have made any temporary placement in imperial hospitals challenging.

The contrast between the Canadian hospital established in recently constructed barracks and the imperial hospitals in historic buildings could conceivably be extended to make a comparison between the 'old country' and the up and coming 'new country' of Canada. However, the strongly pro-British and pro-Empire sentiment surrounding the war effort, of which the booklets were a part, make this an unlikely intention. More probably, the contrast between modern and ancient served to emphasize the academic standing of the university-

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<sup>29</sup> No. 7 (*Queen's Canadian General Hospital*, 10. There are also reports of Australian nursing sisters being temporarily reassigned from Australian hospitals to British hospitals while in Egypt. Christine Hallett, *Veiled Warriors: Allied Nurses of the First World War*, (Oxford, England: Oxford University Press, 2014) 130.

<sup>30</sup> The word "imperial" has two inverse meanings. When used by Canadians, this word is synonymous with British. However, when British writers use the word "imperial" they are referring to colonials, be it Canadians, Australians, New Zealanders or others.

<sup>31</sup> No. 7 (*Queen's Canadian General Hospital*, 30.

<sup>32</sup> Hallett, *Veiled Warriors*, 131.

sponsored hospital and the strange juxtaposition of a modern Western hospital in an ancient Eastern land, a theme which will appear again in personal writings as the sisters toured Egypt on sightseeing excursions.

Over its time in Egypt, No.5 CSH treated more than 10,000 patients.<sup>33</sup> Bert MacKenzie, a Canadian private and Queen's University student serving at No.5 CSH in Cairo, wrote home that the No.5 CSH was supposed to be a convalescent hospital, but that this presumption about its work did not match the reality of it. He wrote, "Well, we are farther than ever from the fight down here, but are busy at work and get some pretty bad cases in here, altho' it is supposed to be only a convalescent hospital. Some of the poor fellows are in a bad state."<sup>34</sup> Bert did not reference nursing sisters' work, but the acknowledgement that the hospital admitted 'pretty bad cases' hints at a strong need for nursing care among the unit's patients.

In addition to Bert MacKenzie's characterization of the hospital being almost always full,<sup>35</sup> No.5 CSH appears to have been unique among the Canadian hospitals in the East for the extensive number of out-patients whom hospital staff treated in addition to regularly admitted patients. Other hospitals in the area sent patients to No. 5 CSH for speciality work. These transfers demonstrate both the area's military healthcare network and provide clues about the broader environment of military installations among which No.5 CSH operated. None of the Canadian hospitals functioned in isolation. Instead, they formed part of large interconnected networks of military hospitals, military camps, labour camps, and at times even POW camps. It does not appear that other CAMC hospitals in the East had similar out-patient clinics, and without comparable narrative evidence from other units, it is difficult to address the impact these

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<sup>33</sup> *No. 7 (Queen's) Canadian General Hospital*, 12.

<sup>34</sup> Letter, September 14, 1915 from Bert MacKenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>35</sup> Letter, October 20, 1915 from Bert MacKenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

out-patients had on nursing sisters' workload. No.5 CSH documents made no reference to nursing sisters, however, this lack of reference does not necessarily indicate that nursing sisters were not involved, as nursing work is notably under-documented for the whole of the hospital.

### **Staff illness at No.5 CSH**

Nursing sisters' writings throughout the East clearly demonstrated an understanding that living conditions, pests, extreme weather, improper food and poor sanitary arrangements could predispose those serving in particular locations to greater degrees of ill health than those serving in what they described as 'healthy' locations. Compared to the climactic conditions experienced in Greece, the weather in Cairo appears to have had mild effects on health, being limited to some uncomfortable heat during the day, flies which spread disease, and the belief that pneumonia was caused by the contrast between daytime heat and nighttime cool. No.5 CSH's men characterized locations as healthy or unhealthy. Bert MacKenzie described Egypt in a letter home: "This is apparently about the healthiest spot in this war theatre, the greatest danger being from dysentery & disease carried by flies. The fear of sunstroke is gone. A lot of our fellows are laid up with dysentery but for the most part are getting better."<sup>36</sup> Bert's belief that the hospital was in a healthy location had additional significance as he continued to write about the two nurses on Lemnos who had died of dysentery, creating a contextual contrast for his comments between Egypt and Lemnos and demonstrating that he understood something about the degree of ill-health experienced by other medical units.<sup>37</sup>

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<sup>36</sup> Letter, September 25, 1915 from Bert MacKenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>37</sup> Matron Jessie Jaggard and Nursing Sister Frances Munro of No.3 CSH on the island of Lemnos both died from dysentery. No. 3 CSH was widely acknowledged to be the least sanitary of the Canadian hospitals in the East, and likely of all Canadian hospitals throughout the war. No.3 CSH was suffering badly from dysentery because of the lack of sanitary precautions taken and an unhealthy location on which the hospital was established. Bert may not have known this detail, but he was clearly aware that environmental factors can affect the health of the unit stationed there. 3<sup>rd</sup> 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; G.W. L. Nicholson, *Canada's*

The nursing sisters from other units who spent large amounts of non-nursing time in Egypt rarely discussed illness. This omission might give the impression that Egypt was not a location reputed to cause illness. Evidence from No.5 CSH, however, suggests that while Egypt was acknowledged to be a healthier location than some, it was not free from all the vectors of disease transmission commonly cited in Eastern service.

Regardless of the sanitary and modern reputation that No.5 CSH cultivated, men belonging to the hospital unit still got sick. Bert and Don MacKenzie's letters record that Don caught what they termed a 'mild' case of dysentery.<sup>38</sup> One must ask if the brothers really considered his dysentery mild, or if they simply described it this way to avoid panicking family and friends at home. Regardless of the true severity, Don spent three weeks in hospital<sup>39</sup> and he wrote home that 14 other men of the unit were also sick with the disease, one seriously.<sup>40</sup> Several of these men, including Don, did not recover well from their attacks of dysentery and were sent to Cyprus for additional convalescence. After returning to Cairo, Don contracted diphtheria. He evoked a Biblical image to describe his experience with illness while serving in Egypt: "There are more than frog and locust plagues in Pharaoh's land and some of them are always after me."<sup>41</sup> The compelling evidence for illness among the men of the No.5 CSH, a hospital which

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*Nursing Sisters*, (Toronto: Samuel Stevens, Hakkert, 1975); Letter 39, September 27 1915, Helen Fowlds diaries and letters, Helen Marryat fonds, 69-001, series I, box I, Trent University Archives, Peterborough, Ontario, Canada.

<sup>38</sup> Letter, September 25, 1915, Don MacKenzie to YMCA, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>39</sup> Letter, September 30, 1915, from Don MacKenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>40</sup> Once in the hospital, Don described the care provided for dysentery patients, "All they do with you is put you on diet and physic the insides out of one. They put you on fluids for a number of days." He continued, "It certainly takes some time and a lot of salts to knock the microbes of Dysentery out of one's stomach." After three weeks, Don was discharged from the hospital. He wrote that his letter of September 30th was "the last chance I shall have of writing before leaving the hospital in which I have been held captive for almost three weeks with a light attack of dysentery, it's no cinch in this country.....I think this country and the disease goes to a fellow's head as I am even more stupid than usual...." Letter, September 25, 1915 from Don to YMCA, Bert and Don MacKenzie Fonds, Queen's University Archives.

<sup>41</sup> Letter, April 8, 1916, from Don MacKenzie, Bert and Don MacKenzie Fonds, Queen's University Archives.

the same set of MacKenzie letters reported as being modern and sanitary, helps to dislodge the assumption that generally better conditions in Cairo prevented sickness among hospital staff.

There is no narrative evidence for the health of No.5 CSH's nursing sisters, however they seem to have fared rather better than their peers at other CAMC hospitals in the Mediterranean. Nursing sisters who were sick enough to be invalided away would have had their names removed from the nominal rolls, and No.5 CSH's nominal rolls for sisters remained remarkably consistent, losing only three of the original sisters over eight months.<sup>42</sup> The comparatively excellent health of No.5 CSH's nursing sisters is especially clear when compared to the rolls of hospitals which were located in less sanitary surroundings. No. 3 CSH on Lemnos for instance, a hospital which arrived in the East at the same time as No.5 CSH with the same number of nursing sisters, experienced an almost 50% change in personnel in only five months.<sup>43</sup>

Though No.5 CSH's nominal rolls indicate that the unit lost only three of its sisters, there were some temporary additions to the rota. Around Christmastime 1915, No.5 CSH's nominal rolls show the sudden arrival of six new nurses. Four additional nursing sisters join the unit for the January 8th, 1916 nominal roll. The surprising addition, and sudden departure before February 12, 1916 of these ten sisters points to the interconnected nature of the Canadian hospitals within the Mediterranean, for all ten of these temporary replacement nurses belonged to No.5 Canadian *General* Hospital.<sup>44</sup> No.5 General was en route to Salonika from England, and the

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<sup>42</sup> Sisters Clara McLeod and N.J. Christie are on early rolls, but no longer appear on rolls as of October 30, 1915. Sister Kinnear is missing from the rolls as of December 30, 1915. No.5 Canadian Stationary Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3736.

<sup>43</sup> The rolls for No.3 CSH from when the unit went overseas on August 1, 1915 and the January 4, 1916 roll show that 48% of the sisters who were initially part of the unit were no longer attached to No.3 CSH by the January 4, 1916 roll. The war diary confirmed what the nominal rolls recorded: eleven nursing sisters had been invalided off the island and two had died. No.3 Canadian Stationary Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3736; 3<sup>rd</sup> Canadian Stationary Hospital, War Diary, LAC.

<sup>44</sup> No.5 Canadian Stationary Hospital, Nominal Rolls Nursing Sisters; No.5 Canadian General Hospital, Nominal Rolls Nursing Sisters, RG9, Militia and Defence, Series III-B-2, vol.3737.

nursing sisters had been left in Cairo while the rest of the personnel sailed on to Greece. It was six weeks before No.5 General's nurses were sent on to rejoin the rest of their unit in Salonika. The brief time which some of No.5 General's sisters spent at No.5 Stationary in Cairo is significant because it demonstrates that the practice of sharing nursing sisters between CAMC hospitals in the Mediterranean was not confined to Salonika.<sup>45</sup> The temporary assignment of sisters to No.5 Stationary also speaks to diversity within the Egyptian time of No.5 General's nursing sisters. Though some of the sisters, such as Elsie Collis, spent all their time in Egypt at leisure, clearly not all did, and those who did work, did not all work for the same amount of time. Even within a single unit, nursing sisters' experiences of Egypt were varied.

### **The role of science in discourse and patient care at No.5 CSH**

Scientific rigour is a theme which the No.5 CSH booklets emphasized consistently. The two adjectives that were most often used to describe the Cairo hospital were 'modern' and 'scientific.' These descriptors were substantiated with pictures and descriptions of the hospital's modern and sanitary buildings, complete with running water and electricity, and many references to laboratory work. The soldier-patients cared for by nursing sisters of No.5 CSH came from the battles at Gallipoli and from the garrisons around Cairo.<sup>46</sup> They were generally suffering from dysentery, which was described by the booklet's writer as "the greatest scourge amongst our troops who fought in Gallipoli," malaria, dengue fever, pneumonia, and surgical cases.<sup>47</sup> The predominance of disease among the patients allowed the booklet writer to once again espouse the scientific care made possible by the modern facilities at No.5 CSH. At the beginning of the

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<sup>45</sup> There is no evidence of temporary assignments of nursing sisters between Canadian hospitals on Lemnos, although two members of No.3 CSH's medical staff were sent to No.2 Australian as their "medical staff was decimated by disease." 3<sup>rd</sup> Canadian Stationary Hospital, War Diary.

<sup>46</sup> 5<sup>th</sup> Canadian Stationary Hospital, War Diary, August 1915.

<sup>47</sup> No. 7 (*Queen's*) *Canadian General Hospital*, 41-42.

hospital's time in Egypt, the writer claimed No.5 CSH was "the only military hospital in Egypt with a laboratory and qualified pathologist." The 1917 booklet further expounded on the importance of a scientific approach.<sup>48</sup>

In Egypt [the pathological laboratory] played a role of primary importance in the treatment of patients. The medical cases in this period were mainly of a type demanding for certain recognition the investigation of the Pathological Department. Dysentery, several forms of fevers, and other tropical diseases could be dealt with only after the microscope and other appliances had been brought in to use, pointing the way of treatment. The daily work of the department thus became of the greatest importance and assumed ever larger dimensions.<sup>49</sup>

The strong evidential record for the pathological laboratory raises questions about the rest of the CAMC hospitals in the Mediterranean. Did the other four Canadian hospitals have laboratories and qualified pathologists? Was No.5 CSH truly that much more focused on laboratory work than the other CAMC hospitals, or is it simply that the sources available for this hospital are so predominately focused on the scientific aspects of healthcare work? If dysentery and other illnesses could only, as the booklet claimed, be dealt with after a laboratory examination, what does this imply for nursing and medical practice in places like Lemnos? Equivalent lab reports do not exist for the other four CAMC hospitals. Though reports from No.3 CSH on Lemnos did distinguish between rates of bacillary and amoebic dysentery indicating some access to laboratory equipment, No.3 CSH's war diary evaluated their own laboratory facilities as "not any too good."<sup>50</sup> The hospitals on Lemnos also appear to have performed water

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<sup>48</sup> *Queen's University Hospital*, undated, 13.

<sup>49</sup> *No. 7 (Queen's) Canadian General Hospital*, 48.

<sup>50</sup> 3<sup>rd</sup> Canadian Stationary Hospital, War Diary, Letter, April 2, 1916 and October 18, 1918 to Lt.-Col. Adami.



safety testing. Nursing sisters reported strongly disliking the taste of the water and tea on Lemnos after the introduction of chlorination. That such measures were taken indicates concern about the potability of the water supply.<sup>51</sup>

The booklets' focus on scientific activity was no doubt encouraged by a desire to demonstrate the academic prowess of this university-founded hospital and its medical officers drawn from amongst the university's medical school professors. Notably, the nursing care at No.5 CSH was described as being modern and scientific. "Many possibly have but the vaguest idea of what active service means to a Sister- the old pictures of the Crimean War come to their minds, of great barns and barracks, filled with wounded, with inefficient help, unscientific nursing. But those days are past: to-day all the knowledge and skill that science and training can produce have been joined together in one great effort to relieve, as far as possible, the sufferings of the men."<sup>52</sup> Most of the descriptions of scientific and academically founded healthcare offered by the booklets focused on the medical officers and laboratory work. However, it is significant that nursing work was also described as modern and based on knowledge and skill derived from sound training. Not only does it indicate that nursing work was considered important to the hospital's academic image, but it also aligns the female nursing labour force with other typically masculine scientific professions and surrounds it with a cloak of modernity by contrasting current nursing practices with practices from fifty years earlier.

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<sup>51</sup> Letter, August 26, 1915, Laura Holland to Mrs. Holland, transcribed by Andrea McKenzie. Copies provided to the author by McKenzie, originals held by the University of British Columbia Archives, Laura Holland fonds, Correspondence Series, boxes 1-2.

<sup>52</sup> This assessment of the public's understanding of war time nursing is particularly interesting given the large numbers of untrained women who were volunteering to help in military hospitals as a part of "Voluntary Aid Detachments." VADs, as the individual volunteers became known, were not permitted in CAMC hospitals, prompting many Canadian women to go overseas and volunteer in British military hospitals. Trained nurses were concerned that the presence of untrained helpers, whom the public often did not clearly distinguish from trained 'graduate' nurses would damage efforts to professionalize nursing work. See Linda Quiney's many works for a detailed discussion of VAD volunteer nurses and the controversies surrounding their presence and work. *No. 7 (Queen's) Canadian General Hospital*, 32.

After serving for eight months in Cairo, No.5 CSH, enlarged and renamed No.7 CGH was sent to France. After some time on the Western Front, the booklet writer reflected on the differences between treating illnesses while stationed in Egypt and in France. These comments provide insight into the nursing experience at No.5 CSH in Cairo. "The Medical work in France differs widely from that in Egypt. Tropical diseases are rare. A greater proportion of cases are slight, owing to our closer proximity to the field of action. The average stay of patients in Hospital is much shorter. They are kept only through the acute stages, being evacuated to England as soon as their condition will warrant."<sup>53</sup> In Egypt, by contrast, the greater distance from the field of battle, the longer trip to England, greater proportion of severe cases of tropical diseases, and the limited opportunity for evacuation resulted in considerably longer hospital stays than was common on the Western Front.<sup>54</sup>

The greater length of time spent in hospital in Egypt would have affected the relationships of soldier-patients and nurses, a change acknowledged by the booklet's writer. When discussing hospitals on the Western Front, the writer distinguished between larger base hospitals designed for long stays and more serious ailments and the tremendously rapid pace of the forward Casualty Clearing Stations (CCS) which served as an initial triage and care centre for soldier-patients coming from the front. At the CCS, nurses are "generally in a hurry, always busy, with a white veil flying in the wind . . ."<sup>55</sup> However, "the work of a Base Hospital, from a Sister's standpoint, is a steady routine of dressings, temperatures and diets. Here she has a chance to know her patients in between whiles - to write their letters, to get them books, to laugh over their funny tales. . ."<sup>56</sup> Patients' longer stays in the Cairo hospital would have facilitated an

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<sup>53</sup> No. 7 (*Queen's*) *Canadian General Hospital*, 42.

<sup>54</sup> No. 7 (*Queen's*) *Canadian General Hospital*, 53.

<sup>55</sup> No. 7 (*Queen's*) *Canadian General Hospital*, 32.

<sup>56</sup> No. 7 (*Queen's*) *Canadian General Hospital*, 34.

experience akin to the base hospital in France, allowing nursing sisters to spend more personalized time with their patients.

Since much of nursing sisters' work in the East consisted of care for the ill, it is notable how the topic of illness, as compared to wounds, was treated by the Queen's promotional booklets. The high volume of 'medical' (cases of illness) rather than surgical or wounded cases at No.5 CSH has implications for our understanding of other CAMC hospitals in the East where nursing sisters also cared for a tremendous number of desperately ill soldiers. The strong focus on laboratory work in No.5 CSH's commemorative booklets intended for the public disrupts the narrative often seen about wartime hospitals that focuses on injuries. Although images of X-rays showing clear injuries were also included, the primary focus of the hospital's work as portrayed to the (albeit limited) public audience of the Queen's University community was on the treatment of disease.<sup>57</sup>

Queen's hospital in Cairo received both medical and surgical patients, and the 1917 book provides an almost surprising discussion about the distinction between ill and wounded patients which is well worth quoting at length:

Those who have no associations with the work at a Base Hospital are apt to think only of the *wounded* soldier, and to picture every patient with a splinted limb, bandaged head or other evidence of injury by one of the many missiles of war. There is, however, another man equally worth of our sympathy and admiration, even though he is not permitted to wear the coveted "gold stripe"- the *sick* soldier. In every Hospital, Medical patients are to be found at times in equal numbers with Surgical. They have taken the same risks as their

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<sup>57</sup> For examples of X-ray images see: *Queen's University Hospital*, undated, figure 14; *No. 7 (Queen's) Canadian General Hospital*, 52. For exposition of medical cases compared to wounded see *No. 7 (Queen's) Canadian General Hospital*, 42.

wounded comrades, but have fallen victims to one of the many diseases which exposure and strain subject them to and which so often place them in a category where they can no longer take their place among fighting men or return to the active life which they enjoyed before the war.<sup>58</sup>

It is probable that the generally greater emphasis in the Queen's booklets on illness than care of the wounded is part of a proud reflection on the scientific prowess of their pathological laboratory, skills of their staff, and the higher proportion of medical cases treated in Cairo. Regardless, the sympathetic attitude taken toward sick soldiers is significant when so much general wartime rhetoric, visual and otherwise, focused so strongly on injured soldiers. Nursing sisters' writings from Lemnos and Salonika do not indicate that they favoured one group of patients over the other, but sick soldier-patients were not always accorded the same respect as their wounded compatriots. Medical historian Mark Harrison provides an example of a soldier in a hospital on Malta who was suffering from malaria. He recounted that during a visit to the ward by the island's Governor General, the wounded patients received much attention, but the sick were passed by and ignored as though suspected of being malingerers.<sup>59</sup>

The booklets for donors describing No.5 CSH's work demonstrated a strong connection between the hospital and the university community in Kingston, Ontario. Descriptions of donations to No.5 CSH in Cairo clearly illustrated the importance of relationships with those at home for obtaining supplies. The hospital's strong support from home gave it a distinct advantage over some of the other hospitals serving in the East, including No.1 CSH on Lemnos.

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<sup>58</sup> *No. 7 (Queen's) Canadian General Hospital*, 41. "Gold stripe" refers to the "wound stripe," which is a small metal bar that soldiers who had been wounded were permitted to wear on their uniforms.

<sup>59</sup> 'Maligner' was the term employed to refer to those who were believed to be feigning illness or injury to avoid service. Mark Harrison, *The Medical War: British Military Medicine In the First World War*, (Oxford: Oxford University Press, 2010), 236.

By 1917, the Queen's Red Cross Society in Kingston had provided "more than 2,200 cases of supplies to the Queen's medical units stationed in Europe."<sup>60</sup> No.5 CSH was the largest medical unit formed out of Queen's University and the first promotional booklet for the unit declared that "Shipments of Hospital supplies are being sent from Kingston every two weeks. They consist of bandages, dressings of all kinds, and comforts for the patients."<sup>61</sup> Given that the hospital clearly received supplies during its eight months of duty in Egypt, the apparently exclusionary comment about Europe can be seen to be a mnemonic slip, encompassing the theatre of war which was most prominent in the minds of Canadians because it was in Europe that Canadian fighting troops were stationed.

The impact of these donations appears to have been extensive, even bearing in mind that the testimony of gratitude was being published in a document whose intended audience was likely subscribers and donors. "In many cases we have found that the difference between bare necessity and 'the little extra' means a difference far out of proportion of the amount involved."<sup>62</sup> The staff of No.5 CSH described the impact of the Christmas stockings they were able to supply to patients simply by quoting out of patients' letters, which were censored by hospital staff.<sup>63</sup> The 1917 book thanked all the people at home who "make it possible for us to carry on" by sending comforts for the patients in the hospital.<sup>64</sup> Looking back on their work, the staff of No.5 CSH

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<sup>60</sup> No.5 CSH/No.7CGH was not Queen's only contribution to military medical work. Not only were 170 Queen's students reportedly responsible for the installation of a water supply system and camp health at Valcartier, but 21 graduates and 9 undergraduates were those selected among many more volunteers to work at the Duchess of Connaught Hospital in Cliveden, England; Queen's professor Arthur Ross was the Officer Commanding of No.1 Field Ambulance, which also employed seven of Queen's medical undergraduates, and the No.15 Field Ambulance Corps was also formed out of Queen's University. Bindon, *Queen's Men*, 22, 36, 37.

<sup>61</sup> *Queen's University Hospital*, undated, 17.

<sup>62</sup> *No. 7 (Queen's) Canadian General Hospital*, 55.

<sup>63</sup> *No. 7 (Queen's) Canadian General Hospital*, 56.

<sup>64</sup> *No. 7 (Queen's) Canadian General Hospital*, 35.

could not fathom how they would have coped without the constant supply of items that were sent to them.<sup>65</sup>

The sheer volume of supplies sent from Kingston reinforces the importance of medical units having a Red Cross connection at home. Canadians perceived the war as happening in Western Europe, not in Egypt or Greece, and as Laura Holland of No.1 CSH on Lemnos wrote, units without a close connection and dedicated Red Cross society at home suffered from lack of supplies. She performed her work with inadequate supplies and lacked comfort items as basic as writing paper for patients.<sup>66</sup> Holland believed that the Australian hospitals on the island were better supplied than the Canadian hospitals because of the presence of an Australian Red Cross supply depot on Lemnos, suggesting that even during an international conflict, some national preference surrounded distribution of donations. Whether Holland's assessment of the uneven distribution of supplies was justified or merely an outburst of frustration about the abominable dearth of supplies on the island, it demonstrated her belief in the importance of having strong relationships at home in order to ensure receiving adequate supplies. The Queen's University booklet asserted that the outpouring of donations to No.5 CSH, which made the hospital "almost independent of other Voluntary Organizations,"<sup>67</sup> were likely motivated by the personal connection between those giving and the personnel at the No.5 CSH, thus supporting Sister Holland's hypothesis.

Despite almost certainly faring better than their peers on Lemnos in the matter of food provisions for staff and patients, some of the hospital's staff still found reasons to complain. Bert and Don MacKenzie both discussed food in their letters, though it is hard to know to what degree

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<sup>65</sup> *No. 7 (Queen's) Canadian General Hospital*, 56.

<sup>66</sup> Letter, October 27, 1915, Laura Holland to Mrs. Holland.

<sup>67</sup> *No. 7 (Queen's) Canadian General Hospital*, 56.

their experience of food as enlisted men mirrors the supplies sisters had to provide for the patients. In a letter from September 6, 1915, Don noted that his rations left much to be desired: "I could go back to Canada at any time now to get a good square meal."<sup>68</sup> His subsequent complaints about the food included his disgust with what he perceived to be a lack of cleanliness in Egypt. He bemoaned that the country's filth got mixed up in everything, "...even the food you eat in a hospital dining room."<sup>69</sup>

The following week, Bert, ever the more eloquent and detailed letter writer of the two, gave a fuller description of why the food they ate was objectionable:

The army grub that we privates and non-coms get is rotten. We should be getting good vegetable and fruit foods, but instead the bulk is beef. The bread is so hard that one fellow in trying to cut off a slice, letting his hand slip accidentally, he knocked a big chunk of skin from his knuckle on the crust. That is a fact. The belief is that the War Department has unknowingly got its bakeries and shell factories mixed somewhere. Nearly everybody has got a poor digestive system now as a result of such grub, but there are some good shops down town where we can get a civilized meal frequently if our money bags are flush.<sup>70</sup>

One of the complaints the MacKenzie brothers lodged about army food in Cairo was similar to a common complaint from nursing sisters on Lemnos: there was too much bully beef and not enough fruits and vegetables to suit the climate. Despite these complaints, the MacKenzie letters do not voice concern about the quality of food available to the patients, even after Bert transitioned to working as an orderly in the wards and was responsible for making breakfasts.

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<sup>68</sup> Letter, September 6, 1915 from Don Mackenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>69</sup> Letter, September 30, 1915 from Don Mackenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>70</sup> Letter, September 14, 1915 from Bert MacKenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

Bert made a connection between health and appropriate food when he commented that his brother, "[Don] has an attack of dysentery which is the common trouble down in this heat. What he needs is quietness and dieting."<sup>71</sup> Clearly the nursing sisters' understanding about the connection between diet and recovery from dysentery was shared by at least some of the men. That men understood and experienced the link between types of rations and health reinforced the importance of proper food supplies as a marker of either good or inept military administration.

### **The social life of No.5 CSH's nursing sisters**

Soon after arriving in Cairo, Bert and five friends found a social solution to address the problem of unsatisfactory food. They formed 'the Lotus Club' "for the purpose of having little 'eats' in the evening or any other time we might be hungry; also for the other joint purposes peculiar to boys. We meet in our rooms and have something decent to eat as a change from the 'army grub.'"<sup>72</sup> The rest of this letter to his sisters does not precisely illuminate the intriguing and vague phrase, "purposes peculiar to boys." However, the letter does go on to describe an illicit activity which extended the reach of the Lotus club beyond the six male friends to include some of the unit's nursing sisters. As Bert explained:

Last night we did a little stunt which wasn't quite parliamentary I suppose, but we entertained five of the nurses on the quiet, as we were afraid of the officers and other fellows finding out, and we had a dandy time - just a little touch of civilization again. The nurses want to try another stunt sometime which will also need to be kept quiet, I suppose, for they are not supposed to be out with privates. They suggest a moonlight trip out to the Pyramids, and the Club is game!<sup>73</sup>

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<sup>71</sup> Letter September 14, 1915 from Bert Mackenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>72</sup> Letter, September 25, 1915 from Bert Mackenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>73</sup> Letter, September 25, 1915 Bert Mackenzie, Bert and Don MacKenzie fonds, Queen's University Archives.



Socializing between Canadian nursing sisters and enlisted men is rarely recorded. However Australian nursing sisters made more frequent mention of social outings with enlisted men, and objected strongly when their newly bestowed officer rank threatened to jeopardize their abilities to socialize with friends and family members from home who did not share their elevated rank. Hospital units had a much larger contingent of enlisted men than male officers. However, interactions between enlisted men and nursing sisters are rarely discussed. The actions of Bert Mackenzie and the unnamed nursing sisters suggest that further study into these relationships is merited.<sup>74</sup>

The role of nursing sisters in patient care at No.5 CSH is not always visible in the extant documents. Their presence in social situations, on the other hand, is better documented, reflecting the importance men placed on the sisters' company. This bias in the source material speaks to an implicit belief that health care provision depended on the actions of male officers, but that women played an important role in social activities. Bert's accounts of entertaining nurses clearly associate 'civilisation' and pleasure with women.

Whether or not the Lotus Club trip to the pyramids took place, several months later when Bert joined the medical staff as a night orderly, he was a part of a group of night staff of "6 sisters and 8 boys," who did indeed take a covert sightseeing trip together to the Petrified Forest. He wrote that, "It had to be done on the quiet as we aren't supposed to be out with the sisters. However, we manage to put one over the authorities once in a while..."<sup>75</sup> Civilian behavioural norms, which included interacting with women in social situations, were clearly more important than military etiquette to Bert and his Lotus club and night shift compatriots.

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<sup>74</sup> Nursing sisters did not write extensively about their interactions with enlisted men. The Mackenzie brothers' letters, however, suggest that information about this relationship may be gleaned from enlisted men's letters and diaries to supplement and inform the comments which nursing sisters did make.

<sup>75</sup> Letter, January 15, 1916 from Bert Mackenzie, Bert and Don MacKenzie fonds, Queen's University Archives.

Bert's "unparliamentary" stunt of a social meeting between privates working in the hospital and nursing sisters reveals a conundrum which was in many ways a problem unique to Canadian hospitals. Although nursing sisters from diverse countries were not permitted to fraternize with patients, Canadian nursing sisters' options for socializing were further constricted due to their rank. CAMC nursing sisters were the only nurses among the allied armies to be given official military rank.<sup>76</sup> Each sister wore two stars or "pips" on each epaulette of her shirtwaist indicating the rank of Lieutenant; matrons were given the equivalent rank to a Captain. As a consequence of their officer rank, nursing sisters were required to confine their social activities to events with other officers and they were not permitted to fraternize with those of 'other ranks'. Even social opportunities with close relations like brothers who were not officers were circumscribed. Clearly at least six of Queen's nursing sisters found ways of circumventing this piece of military discipline. Suggesting that this may not have been the only piece of military discipline ignored at No.5 CSH, Bert described the staff of No.5 CSH as not "a very military bunch, thank goodness for that."<sup>77</sup>

In a small unit raised from a university, it is also possible that the class backgrounds of the middle-class women who served as nursing sisters and that of the enlisted men were not as disparate as might be found in other situations. Nursing sisters often came from fairly privileged backgrounds. They were the daughters of ministers, businessmen, and middle class (and in a few cases also upper class) professionals. They often grew up with the trappings of Victorian and Edwardian middle-class life, such as servants and leisure travel.<sup>78</sup> Enlisted men did not all come

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<sup>76</sup> Australian nursing sisters had unofficial rank, and so may have encountered problems as well, although their ranking structure was not nearly as official, nor as respected as that of Canadian nursing sisters. Hallett, *Veiled Warriors*, 137.

<sup>77</sup> Letter, October 20, 1915 from Bert, Bert and Don MacKenzie fonds, Queen's University Archives.

<sup>78</sup> Maude Wilkinson's memoirs of her early life serve as an excellent example of this. Although her father, as a clergyman, did not earn significant money, her mother came from a family with considerable financial resources,

from such privileged backgrounds.<sup>79</sup> However, if Bert and Don MacKenzie are any indication, at least early in the unit's history, the enlisted men of No. 5 CSH were highly educated and of a middle class background. In fact, later in the war, both Bert and Don would be promoted to officer rank.

Nursing sisters' roles in the social life of No.5 CSH can also be seen at Christmas time. As in all Canadian hospital units, effort was made at No.5 CSH to celebrate Christmas, and photographs of celebrations show decorated wards and long tables set out for Christmas dinner in wards and on balconies. Nursing sisters from other units described how they took it upon themselves to craft decorations and plan a jolly Christmas dinner for their home sick patients, as a logical extension of their other caring activities. Nurses feature prominently in the photographs of No.5 CSH's Cairo Christmas celebrations, reflecting the leading role in planning Christmas activities sisters from other units reported.<sup>80</sup>

In addition to clandestine outings with members of the unit's enlisted men and planning Christmas parties, it is probable that the nursing sisters of No.5 CSH played sports during their non-nursing time. The male personnel at No.5 CSH played a wide variety of sports, and nursing sisters in other Eastern Front locations participated in sporting events, especially tennis, golf, riding, and field hockey.<sup>81</sup> Although there is no direct reference to No.5 CSH's sisters

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and she remembered servants and multiple leisure trips abroad. Laura Holland's letters also demonstrate that leisure trips and tickets to the theatre were well within reach for her family.

<sup>79</sup> In 1917, the Canadian army started running a series of courses designed to provide further education to soldiers while they were still in the army in prepare for their post-war lives. Collectively, these educational endeavours were known as "Khaki University." That Khaki University taught 3,000 illiterate soldiers to read and write serves as a vivid illustration of the disadvantaged situations from which some Canadian soldiers came. Debbie Marshall, *Give Your Other Vote to the Sister: A Woman's Journey Into the Great War*. (Calgary, Alberta: University of Calgary Press, 2007) 222.

<sup>80</sup> *Queen's University Hospital*, March 1916, 22-26; *No. 7 (Queen's) Canadian General Hospital*, 12.

<sup>81</sup> Letter, October 20, 1915 from Bert, Bert and Don MacKenzie fonds, Queen's University Archives; *No. 7 (Queen's) Canadian General Hospital*, 65.

participation, it is likely that they too availed themselves of at least some of the sporting facilities on offer at the Abbassia cavalry barracks which housed No.5 CSH near Cairo.

### **Closing No.5 CSH in Cairo**

No. 5 CSH arrived in Cairo in August of 1915. By January 26, 1916, the hospital's designation was changed to No.7 Canadian General Hospital. General Hospitals were much larger than Stationary Hospitals, and consequently No.5 CSH's change in designation was accompanied by an increase in patient capacity. The 1916 booklet explained that as a result of this change, "the University authorities [were asked] to recruit...19 Captains, 1 Quartermaster, 1 Warrant Officer, 48 Nurses, 6 Sergeants, 79 men."<sup>82</sup> How much the size of the hospital expanded while in Egypt is unclear, however when No.7 CGH relocated to France, they opened a 1,040 bed hospital staffed by these university-recruited reinforcements from Kingston.<sup>83</sup> The timing of the new designation for the Queen's University hospital unit is somewhat baffling. The Gallipoli campaign had ended and the resulting decrease in workload caused unrest among the unit's staff and a desire to be closer to the fighting.<sup>84</sup> On January 24, 1916, shortly before the hospital's designation was officially changed from a "Stationary" hospital to a "General" hospital, Bert MacKenzie wrote home, "Nothing doing here just now since the Dardanelles have been evacuated."<sup>85</sup> The hospital's enlarged size may have remained theoretical while the hospital remained in Cairo as no evidence of increased patient numbers exists. There are records of a much greater patient capacity when the hospital arrived in France, making the name change in Egypt potentially preparatory for their upcoming work in France.

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<sup>82</sup> *Queen's University Hospital*, March 1916, 4.

<sup>83</sup> *No. 7 (Queen's) Canadian General Hospital*, 3.

<sup>84</sup> *No. 7 (Queen's) Canadian General Hospital*, 12.

<sup>85</sup> Letter, January 24, 1916 from Bert MacKenzie, Bert and Don MacKenzie fonds.

The unit closed to patients on March 23, 1916. Still in Cairo on April 8, 1916, Don wrote home that the hospital had been closed for three weeks and the boys were “sure ready to go. It gets tiresome.”<sup>86</sup> One of the constant complaints heard from nurses on Lemnos centred around the inefficiency of the administration. If what Don says is correct, and the hospital was closed for weeks before relocating, a similar theme of inefficiency surrounding the transfer of Queen’s University Hospital out of Egypt can be detected. This lengthy period without work may well have afforded the unit’s nursing sisters a similar type of Egyptian leisure to what the sisters of other units experienced in between Eastern Front postings.

The thousand bed General Hospital of April 1916 was a far cry from the 200-bed Stationary Hospital that first left Kingston in May of 1915. No.5 CSH/No.7 CGH's adventures in Cairo ended when the unit's staff finished packing the hospital “in record time” and entrained on April 10, 1916. They sailed ‘home’ to England on the H.S. Delta. After arriving in port in England, the unit was not permitted to disembark, and the Delta was instead re-directed to France where the hospital would set up again for its next overseas posting.<sup>87</sup>

### **Imperial gaze and interactions with locals**

CAMC nursing sisters’ experiences of Egypt were broader than their work and social life within No.5 CSH. To better grasp how nursing sisters conceptualised elements of their Egyptian experiences, I will now expand the focus of this chapter to include the writings of sisters from other hospital units whose time in Egypt was exclusively spent at non-nursing activities. In many cases the commentary offered by these other sisters also provides insight into the functioning of the No.5 CSH outside of Cairo.

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<sup>86</sup> Letter, April 8, 1916 from Don MacKenzie, Bert and Don MacKenzie fonds.

<sup>87</sup> No. 7 (*Queen’s*) *Canadian General Hospital*, 12.

Understanding nursing sisters' experiences in the East requires analysing their encounters with local inhabitants. Discussion about interactions with the locals or 'natives,' as the nursing sisters termed them, is frequently eclipsed by commentary on the oft-contested relationship between CAMC nursing sisters and their British counterparts. The Canadian-British relationship has been frequently addressed in the historiography and in nurses' own writings.<sup>88</sup> However, the sisters' accounts can be read in such a way as to throw light on their encounters with local populations and reveal information about the living conditions and activities of the area's residents. It is important to consider the local people and their interactions with military hospital units as a way of decolonising the study of Canadian nursing sisters in the East.<sup>89</sup> Without considering the local population, one risks giving the impression that CAMC hospital units existed in an all-white British bubble, whether stationed in England, France, Egypt, or Greece. The establishment of hospital units undoubtedly had an effect on the local populations in Greece, as well as in Egypt, and while the effects on the local inhabitants are not the object of this study, to ignore these potential impacts is to ignore the colonial behaviour of the military and to impoverish our understanding of the context within which nursing sisters experienced their Eastern service.

The CAMC nursing sisters were interestingly positioned in Egypt. As Canadians, they were "colonials" in relation to Great Britain, but from an Egyptian vantage point, they were

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<sup>88</sup> Hannah Clark, "Sisters in a Distant Land: The Exploration of Identity and Travel through Three New Zealand Nurses' Diaries from the Great War," *Women's Studies Journal* 30 (1): (2016): 27, compares the terminology used and attitudes displayed by New Zealand and Australian nurses towards locals. She argues that the Australians adopted a stronger feeling of superiority over locals than demonstrated by the New Zealanders.

<sup>89</sup> Additional literature which focuses on decolonising nursing and First World War military history and women's role in imperial attitudes and actions include: Alison Fell, "Nursing the Other: the representation of colonial troops in French and British First World War nursing memoirs," in *Race, Empire and First World War Writing*, edited by Santanu Das, (Cambridge: Cambridge University Press, 2011); Katie Pickels, *Female Imperialism and National Identity: Imperial Order Daughters of the Empire*, (Manchester: Manchester University Press, 2002); Catherine Ceniza Choy, *Empire of Care: Nursing and Migration In Filipino American History*, (Durham: Duke University Press, 2003).

representatives of imperial British power. The Mediterranean was a space with significant colonial activity where various imperial powers worked to exercise their influence. Members of numerous colonial societies also interacted with each other within Egypt, among them Canadians, Australians and New Zealanders.<sup>90</sup> Indicating once again the international nature of the Eastern Front, the 1917 booklet recalled connections made between colonials from around the world: "The time spent at Abbassia, where so many New Zealanders and Australians were located, gave us the opportunity of making friends with many on military service from the sister colonies beyond the seas."<sup>91</sup> The CAMC sisters staying in the Semiramus hotel in Cairo shared the hotel with other colonial nurses: "50 New Zealanders arrived last night so we certainly are a houseful of females," wrote Elsie Collis on January 12 of 1916.<sup>92</sup>

Nursing sisters often expressed feeling a strong connection to Britain and even described Britain as "home," even though they did not always get on well in British hospitals. The sisters made only minimal mention of British imperial power in Egypt in their writings. British influence in Egypt is seen primarily through comments about British improvements, such as the modern barracks at Abbassia which housed No.5 CSH, or the irrigation system. Apart from comments made by Constance Bruce about the labourious task of "enlightening" the country, the sisters did not write much about the relationship between Egyptians and the British forces which, in 1914, had declared Egypt a British protectorate. Nor did they generally consider how it was that they, as members of the British Mediterranean Force, were able to spend time in Egypt or question the reason for the "native uprising" which affected the nurses' freedom to travel without escort. Only Holland, the sister whose letters often offer a unique perspective, marveled at the

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<sup>90</sup> Sakis Gekas, "Colonial migrants and the making of a British Mediterranean," *European Review of History: Revue europeenne d'histoire*, 19:1, (2012): 75-92.

<sup>91</sup> No. 7 (*Queen's*) *Canadian General Hospital*, 12.

<sup>92</sup> Collis diary, January 12, 1916.

amount of control the British were able to exert, though she supposed that “it's not held without effort.”<sup>93</sup>

The nursing sisters' Western gaze caused them to remark on gender roles within Egyptian society which did not match their expectations and experiences of British-Canadian gendered division of labour. The women, Bruce noted, had hands like leather and did all the carrying and work. The men, in contrast, performed various tasks which required “little or no physical exertion.”<sup>94</sup> In Bruce's report about gendered labour, we see an attitude the CAMC sisters were likely familiar with from Canada, as a similar perception was often expressed by settlers about Indigenous people: that the women were beasts of burden while the men did little work. Such an observation, which was taken to imply the better treatment of women within British society, was often used to illustrate the more “enlightened” or “advanced” nature of British settler society.

The nurses' disparate social situation from the locals with whom they interacted comes out quite strongly in their accounts of their leisure time in Egypt. Locals served as guides for the nurses' sightseeing activities, as merchants, entertainers and servants, exotic subjects for observation through a colonial-imperial gaze, objects of curiosity, pity, fear, and poverty, and as examples of the “darkness” and “primitive” nature of their world. None of the nurses' accounts mention meeting any Egyptian locals socially. Rather the Canadian nurses interacted with other nurses and officers, and Egyptians appeared in their narratives as pilots on boats, drago-men, and servants of all kinds.<sup>95</sup> Holland wrote her mother that having a boy carry their lunch behind them really gave one the feeling of living in luxury.<sup>96</sup> While enjoying the trappings of luxury, Holland

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<sup>93</sup> Letter, February 11, 1916, Holland to Mrs. Holland.

<sup>94</sup> Constance Bruce, *Humour in Tragedy*, 18.

<sup>95</sup> The term “drago-men” is not fully explained in the nursing sisters' writings but they more commonly used it to refer to a man working on a boat rather than in the historic sense of a translator or guide.

<sup>96</sup> Letter, February 12, 1916, Holland to Mrs. Holland.



was also very cognisant of the poverty of the Egyptians. She ended a letter to her mother by writing about the deep social injustices she witnessed: “The poverty to me is frightful, & always in one's line of vision. While one knows the goods of this world are not divided as fairly as they should be, here it really worries me...[s]omehow even away out here one feels the world is topsy-turvy, & it is impossible to feel one is on a pleasure trip, even if there is not work at the moment to be done...”<sup>97</sup> Andrea McKenzie, the editor of Holland's letters noted that Holland's observations about the poor living conditions of those she encountered on active service became more detailed over time.<sup>98</sup> After the war, Laura Holland would devote her energies to social work back in Canada.

One particularly intriguing facet of the No.5 CSH promotional booklets is how they reveal that members of the local Egyptian population were also employed at No.5 CSH. This acknowledgement overturns the often tacit assumption that military hospital units were complete unto themselves, self-sufficient and relatively cut off from their surroundings except for the occasional sight-seeing outing during a day off. These booklets provide photographs of Egyptians wearing the traditional clothing which was an object of constant comment and fascination for the Canadians. It was reported that native help was used in the tailor shop and with other tasks in order “to lessen the fatigue [and] duties of the students, and, in this way, to free them for service to and attendance upon the patients.” For these services the Egyptians were paid 15 cents a day.<sup>99</sup> This wage pales in comparison to the daily wage of a Canadian soldier, which generally ran at \$1.10 a day.<sup>100</sup>

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<sup>97</sup> Letter, February 21, 1916, Holland to Mrs. Holland.

<sup>98</sup> McKenzie, *War-Torn Exchanges*, 112.

<sup>99</sup> *Queen's University Hospital*, undated, 9.

<sup>100</sup> Marshall, *Give Your Other Vote to the Sister*, 207.

It was not only in Egypt that CAMC nursing sisters encountered local labourers. In Salonika, locals were employed to construct red crosses to protect hospitals from air raids and the record of unit personnel maintained in No.4 CGH's war diary consistently included two Greek labourers. Narrative sources from Lemnos are replete with examples of non-Canadian labour which aided the functioning of the Canadian units. Nursing sisters from Nos. 1 and 3 CSH on Lemnos wrote home about their encounters with members of the large camp of Egyptian labourers who worked on such infrastructural projects as road building. Kate Wilson mentioned the use of Turkish prisoners to remove the plentiful stones which littered the ground at No.3 CSH, and local Greeks were employed as guides, donkey boys, and laundresses. Undoubtedly there were more examples of local, Egyptian, and prisoner labour which were left unrecorded.

#### **Nursing sisters' perceptions of danger: Eastern Front animals and men**

Strikingly common within nursing sisters' writings about their time in the Mediterranean theatre are descriptions of their encounters with donkeys and camels. In general, the sisters' lengthy descriptions of the odd characteristics and (mis)behaviour displayed by Eastern animals echoed their more general frustrations at the unpredictability and uncontrollable conditions on the Eastern Front which impeded their ability to ensure modern and efficient hospital care in accordance with their Western expectations.

Bruce emphasized throughout her narrative the uncooperative, unexpected, and often uncontrollable behaviour of animals in the East. Both her narrative and her cartoons frequently highlighted the unpredictable behaviour of Eastern animals - to the extent that each page of the published book is framed with two cartoon donkeys which veiled nursing sisters are attempting to ride: one stubbornly refusing to move, the other refusing to be controlled. In particular

locations, certain characteristics the sisters noted in local animals served as an unconscious illustration or reflection of specific problems they associated with that place.

At all three Eastern hospital locations, animals were used for transportation of goods and people for both work and leisure activities. On Lemnos, donkeys were used by the sisters to travel during their leisure time, and by locals to transport the hospitals' laundry and other goods. Sisters described Lemnos' donkeys as slow, exceedingly thin and sad looking, a metaphor for the sisters' own feelings about life on an island characterized by insufficient food and none of the greenery they associated with life, vitality, and plenty. Just like the chaotic administration which hampered the sisters' efforts, the donkeys on Lemnos were often described as uncooperative. Humour was a commonly used coping mechanism for the challenges of life on Lemnos and both Bruce in her cartoons and Wilson in her writings tried to present a comical assessment of their difficulties with Eastern animals. Wilson's memoir includes the story of a donkey ride on Lemnos during which Wilson's group encountered a regiment of Australian soldiers marching down the road. While the other donkeys obediently moved to the side of the road, Wilson's refused to be controlled and ran right through the (much amused) company of soldiers, sending Wilson's hat, hairpins, and dignity flying behind her.<sup>101</sup>

In Salonika, mules were used to evacuate casualties to hospital, a type of transport which proved unsatisfactory, and the rocky or swampy land increased the difficulty of all forms of transport. Animals continued to be a source of frustration in Egypt. Donkeys did not satisfy expectations when used for travel, and camels offered sisters a frightening and disorderly experience within an already foreign and chaotic situation. The sisters often expressed feeling somewhat uncomfortable in this strange place which they did not understand. Constance Bruce

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<sup>101</sup> Wilson-Simmie, *Lights Out*, 85.

recalled that it felt as though her spine would dislocate as the camel stood up, that riding a camel gave her the same sensation as infamous seasickness-inducing Bay of Biscay, and that camels travelled “at an alarming speed.”<sup>102</sup> There was also an element of fear, as the guides told one nurse that camels could bite an entire face with their large mouths. An oft-repeated anecdote about No.5 CSH in Cairo confirmed the fear of camel-bites. It was said that among the soldier-patients from the local garrisons who were being treated at No.5 CSH were those bitten by camels, those injured by tram accidents, and indicating that even Western animals could occasionally cause problems, those who were injured by the horses at the Remount Depots.<sup>103</sup>

Elsie Collis wrote that camels made weird noises, the guides who accompanied the camel rides were shouting, and that the whole experience was confusing. The camels’ great height alarmed Wilson.<sup>104</sup> In rather stark contrast to the uncomfortable and unfamiliar movement the nurses experienced on the camels, Bruce commented that the native Egyptians moved like ghosts across the desert, a comment suggesting comfort and knowledge of the environment, highlighting the contrasting discomfort of the nurses.

The sisters’ general lack of ease with the unfamiliar sensations and environments seen through their depictions of animals was also manifested in a more magnified version when they recounted situations in which they were concerned for their physical safety. Their concerns generally, focused on Eastern men. Nursing sisters often travelled with an escort, and Wilson made frequent comments during her first visit to Alexandria in August of 1915 that she was grateful for two “burly Canadian Padres” to travel with.<sup>105</sup>

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<sup>102</sup> Bruce, *Humour in Tragedy*, 49.

<sup>103</sup> The Remount Depots were military installations which housed horses. *No. 7 (Queen’s) Canadian General Hospital*, 12.

<sup>104</sup> Wilson-Simmie, *Lights Out*, 112.

<sup>105</sup> Wilson-Simmie, *Lights Out*, 55.

One night in Alexandria, a number of sisters left the hotel in order to test their theory that the exceptional brightness of the moon would allow them to read by moonlight.<sup>106</sup> Having climbed onto a large rock in order to catch the moonlight, the sisters found themselves besieged as a number of men who came and danced around the rock.

Suddenly from apparently nowhere, without us having heard a sound, we were surrounded by what we thought were natives, from the untidy appearance of their clothes. We sat there, petrified with fear, wondering if we were going to be carried off, as they performed a sort of dance all around us. When we were almost ready for the worst, two British soldiers appeared on the scene and took charge of the situation. They enquired whether or not they had given us fright, but assured us we were perfectly safe, as they were only a group of Gurkha soldier patients, from a nearby hospital, who were out for a 'lark.' We did not consider them very funny.<sup>107</sup>

The Christmas newsletter of No.5 CGH reported, in a lighthearted way, another experience, which at the time was very frightening for a group of nurses. They had taken a boat along the Nile to a garden area known as the Barrage where they had enjoyed a picnic. On the return trip, the wind died down and left the nurses stranded on the boat with their three male Egyptian guides. "Imagine six poor helpless women in a small boat on the Nile with three native men, in the blackest kind of darkness, not able to understand a word said, and worse - being women - unable to tell them what we thought of them!"<sup>108</sup> The army took the safety of its female nurses very seriously, and when the six nurses who went on the picnicking trip failed to return at the expected time, there was great alarm. The description of their return to the hotel demonstrates

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<sup>106</sup> Wilson-Simmie, *Lights Out*, 111.

<sup>107</sup> Wilson-Simmie, *Lights Out*, 109-110.

<sup>108</sup> "A Picnic in Cairo," Christmas 1916, *Convoy Call*, No.5 CGH unit newspaper, University of Victoria Archives.

that it was not only the nurses themselves who had found the situation alarming, “We were stiff with cold and our hair was stiff from fright. We reached the hotel to find that the country was alarmed at our absence, the police all along the river had been notified, telephones had been ringing between the Barrage and the hotel, and enquiries were being made in every direction.”<sup>109</sup> This instance is notable also in how it was portrayed as comical in the unit's newspaper. Once again humour helped the nurses and other hospital personnel cope with the tremendous strain and challenges of their postings. Making a joke out of an experience which was not funny at the time is consistent with the nursing sisters' usage of humour in other instances on the Eastern Front.

There were also some experiences of danger which were less comical. After what the nurses termed “a native uprising” occurred, Kate Wilson commented that the nurses were not permitted to leave the hotel without escort, and the following morning, the entire unit went to church under armed guard.<sup>110</sup> None of the nursing sisters who mentioned this offer any comment on why this uprising might have occurred, nor do they seem to have any clear understanding of exactly what happened.

### **The curious juxtaposition of ancient and modern**

In addition to considering the impact of place as defined by natural or political geography, architecture and building layout played an important role in shaping nursing sisters' experiences of the East. The comfortable and modern accommodations in Egypt were a far cry from the sisters' experience of excessively cold or unbearably hot tents, outdoor latrines, and rationed drinking and bathing water in Greece. The modern buildings which housed Canada's No.5 CSH outside Cairo were certainly superior in comfort and facilities to what was available to Canadian hospitals in Greece.

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<sup>109</sup> “A Picnic in Cairo,” Christmas 1916, *Convoy Call*.

<sup>110</sup> Wilson-Simmie, *Lights Out*, 110.

Unlike many Canadian hospitals overseas both in France and the East which were housed in tents or huts, No.5 CSH established itself in a series of newly built modern barracks known as the Abbassia Barracks. The hospital's 1917 commemorative booklet reported that, "The Barracks, as barracks, were supposed to be the second finest in the world, and situated on the outskirts of Cairo at Abbassia, fringing the boundless Libyan Desert, with many ancient landmarks within easy reach, they proved to be an ideal spot both from the hospital workers' and the sightseers' point of view."<sup>111</sup>

The barracks were reported to have been constructed as cavalry barracks in 1911 by Lord Kitchener. The influence of this popular figure implied British influence, advancement, modernity and culturally familiar design choices. Lord Kitchener's sponsorship was a stamp of approval for these buildings which were reported to have made into an excellent hospital. The barracks consisted of three, three-story buildings made of concrete.<sup>112</sup> The second and third floors, flanked by wide balconies, were used as wards, each housing 80 patients, while ground floor space was used for the laboratory, an operating room, the dispensary and stores. The X-ray room also housed on the ground floor, was said to have produced plates "equal to anything seen in London."<sup>113</sup> This Canadian boast of efficiency, modernity, and skill claimed equality to the best products from the metaphorical centre of the British Empire. Just as the staff of No. 3 CSH on Lemnos were proud of the improvements they made to their compound, neither were the staff of No. 5 CSH, with their already superior buildings, immune from similar improving zeal. They reported constructing a new building to house the laboratory and operating room.<sup>114</sup>

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<sup>111</sup> No. 7 (*Queen's Canadian General Hospital*, 12.

<sup>112</sup> Letter, September 25, 1915 from Don to YMCA, Bert and Don MacKenzie Fonds, Queen's University Archives.

<sup>113</sup> *Queen's University Hospital*, undated, 13

<sup>114</sup> Wilson-Simmie, *Lights Out*, 71; *Queen's University Hospital*, undated, 8.

The weather in Cairo affected the use of space: the balconies of the barracks were used as extra outdoor wards and also as recreational spaces when the need arose. Bert MacKenzie reported the weather as being very hot during the day, and full of flies, but much more pleasant at night. "The nights down here are the salvation of the country; their cool, balmy, starry, moonlit air is great after the day's blistering heat . . ." <sup>115</sup> As wards, the balconies housed 80 or more patients. <sup>116</sup> The booklets featured photographs of Christmas dinner being served al fresco on the balconies which fit a long table down the centre with chairs on either side, though without leaving much extra room. <sup>117</sup>

The Abbassia barracks buildings were regularly described as being both modern and sanitary. <sup>118</sup> Extensions on the sides of the three storey buildings housed "baths and lavatories of cement and tile," <sup>119</sup> and the promotional booklet described how the pathological laboratory had the "necessary condition" of running water. <sup>120</sup> There was already electricity. <sup>121</sup>

Minimal details about the enlisted men's quarters are preserved, but in a letter dated September 6, 1915, Don MacKenzie reported that three weeks after setting up the hospital and after already admitting some 300 patients, he was still sleeping without a mattress. "Now I must stop [writing the letter] and go after mattresses for our beds. We have been sleeping all this time on hard iron bedsteads or on the cement floor which is softer with only two blankets for bed and cover." <sup>122</sup> However, despite the lack of mattresses, Don described the barracks as "splendid." "We have splendid barracks to live in, three storys [sic] high, very cool and roomy and sanitary.

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<sup>115</sup> Letter, September 25, 1915 from Bert, Bert and Don MacKenzie Fonds, Queen's University Archives.

<sup>116</sup> *Queen's University Hospital*, undated, 6.

<sup>117</sup> *Queen's University Hospital*. March 1916, 22.

<sup>118</sup> In a September 14, 1915 letter home, Bert wrote that their barracks "are the most modern and well equipped in the world they say." Bert and Don MacKenzie Fonds, Queen's University Archives.

<sup>119</sup> *Queen's University Hospital*, undated, 5.

<sup>120</sup> *Queen's University Hospital*, undated, 7.

<sup>121</sup> *Queen's University Hospital*, undated, 9.

<sup>122</sup> Letter, September 6, 1915 from Don, Bert and Don MacKenzie Fonds, Queen's University Archives.



Shower baths on each floor which certainly go good during the great heat of the day.”<sup>123</sup>

Officers’ and nurses’ quarters were in yet another building, a picture of which shows it to have been an expansive two storey structure, made imposing by a second floor balcony supported by columns.<sup>124</sup>

The sisters’ writings reflect a clear contrast between ‘ancient’ and ‘modern’ technologies, architectures, and lifestyles they observed in the East. They implicitly used their experience as the baseline for comparison, considering their lifestyles and expectations ‘modern,’ and many aspects of local life in Egypt and Greece ‘ancient.’ Lemnos had impressed the sisters as being entirely ancient. The city of Salonika may have been ‘a metropolis’ but it was crowded with refugees, dirt, and the tent and hut hospitals, all of which helped to round out the sisters’ impression of conditions as not being thoroughly modern. Egypt, however, had modern and sanitary hospital buildings and Egypt’s strangeness was encapsulated for the sisters by the co-existence of both the ancient and modern.

The observations nursing sisters made about their surroundings in Egypt demonstrate what piqued their curiosity, was remarkable to them, or challenged their expectations. Wilson compared the train which transported the sisters of No.3 CSH from Alexandria to Cairo to the trains which transported the “harvesters” in Canada out west.<sup>125</sup> That she felt the need to point out the modernity of the trains, especially in a memoir published 65 years later, underlines the general belief that the technology in Egypt was very ‘primitive’ or outdated.

Comments pertaining to modernity highlight the striking contrast between the desperate poverty in the old quarters and the more familiar up-to-date buildings which also existed in Cairo

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<sup>123</sup> Letter, September 6, 1915 from Don, Bert and Don MacKenzie Fonds, Queen’s University Archives.

<sup>124</sup> *Queen’s University Hospital*, undated, 3.

<sup>125</sup> Wilson-Simmie, *Lights Out*, 111.

and Alexandria. Ethel Morrison, a nursing sister from No. 5 CGH, described Cairo as “a wonderful city combining ancient and modern architecture.”<sup>126</sup> Upon arriving in Alexandria, Wilson recalled seeing modern architecture, “The first street we visited might have been a street in London or Paris as far as the buildings were concerned.”<sup>127</sup> Although Morrison and Wilson both noted that there was modern architecture in Egypt, Wilson’s equating part of Alexandria with the modern, up-to-date, and aspirational cities of London and Paris stands out as a strong commendation and demonstrates that although much of the sisters’ tourist activities were focused around ancient Egypt, thus flavouring the balance of what they wrote about their trips, they were also well aware of the country’s many modern features. Modernity extended beyond buildings to services. After the atrocious laundry services on Lemnos, Kate Wilson had her uniforms “laundered at a real laundry.” She also bought shoes at an American shoe store.<sup>128</sup>

Diverging strongly from the images, experiences, and conveniences of modernity, are the many references in nursing sisters’ writings which compare Egyptian sights to familiar Biblical images. Ethel Morrison recorded in her diary a scene reminiscent of Biblical times. “The door of a hut, opening from within, shed light on a woman carrying on her head a water jar. She walked gracefully to the river, filled her jar and, returning, closed the door. The light was extinguished and all was dark again. The story of the woman at the well of Samaria came to mind . . .”<sup>129</sup>

Wilson also noted women carrying pitchers on their heads through Alexandria.<sup>130</sup> This compelling image of women carrying objects on their heads is consistently present in nursing sisters’ accounts. The iconographic stature of this typically Biblical image is likely what made it

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<sup>126</sup> Duffus, *Battlefront Nurses of WWI*, 45.

<sup>127</sup> Wilson-Simmie, *Lights Out*, 56.

<sup>128</sup> Wilson-Simmie, *Lights Out*, 110.

<sup>129</sup> Duffus, *Battlefront Nurses of WWI*, 46.

<sup>130</sup> Wilson-Simmie, *Lights Out*, 57.

so especially memorable for the sisters and it doubtless served to reinforce the idea of Egypt as a land where many ancient traditions, modes of work, and ways of life continued. When Constance Bruce described a trip sailing up the Nile, she perceived a continuity between the sights and sounds as she witnessed them in 1916 and as she imagined them to have existed during Biblical times. The boats along the banks of the Nile, she wrote, which were laden with “grains, spices, and cattle are drawn up...Natives jostle each other on the steps, bargaining and selling, their voices coming in a fused babel across the water. This place, repaired from time to time, has been the great harbour market of all Upper Egypt since 3000 BC the products of the interior being brought here to be sold.”<sup>131</sup> Further reinforcing the Biblical image her writing evokes is the use of the adjective “babel” to describe the chaotic noise nursing sisters so typically remarked on in crowded Egyptian spaces.<sup>132</sup>

Constance Bruce expressed how what she witnessed in Egypt evoked understandings of the so-called “white man's burden.” She took the comparisons between ancient and modern in Egypt and extended it to serve as a demonstration of enlightened Western, and specifically British, ways of life. She wrote that Alexandria was an “ancient city, with oriental confusion, degraded humanity . . . [here] one sees not only Alexandria, but through it, to the dark Mohammedan world; and one appreciates something of what lay before those who undertook its enlightenment, labouring under its shadow, for the moral or physical uplifting of its unfortunate people.”<sup>133</sup> The use of the past tense in her comment infers that the process of uplifting and enlightening Alexandria was already in progress, a supposition likely supported by those modern amenities already in place, but clearly for Bruce, that work was not yet complete.

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<sup>131</sup> Bruce, *Humour in Tragedy*, 51.

<sup>132</sup> Clark, “Sisters in a Distant Land,” 22.

<sup>133</sup> Bruce, *Humour in Tragedy*, 19.

Bruce also implied that Egyptians saw the advantages of British enlightenment when, during a sightseeing tour, their Egyptian guide told them of an ancient king who had great plans for irrigation and referred to him as ‘British,’ a description Bruce rendered as, “Dat king Breetish in Speerit.”<sup>134</sup> Interestingly, Wilson also commented on irrigation which kept gardens green, however she credited Lord Kitchener with implementing the irrigation.<sup>135</sup> The comment about the Egyptian guide’s homage to the ‘British spirit’ in Bruce’s memoir does not take into account the strong British imperial control of Egypt and her own position as a representative of that British ruling authority as factors which may have influenced her guide’s choice of words.

### **Nursing sisters’ material culture and economic activity**

The sisters’ non-nursing time in Egypt was not all spent sightseeing. Egypt also functioned as a central location of commerce, the Mediterranean home base with plentiful goods available to purchase. Consideration of nursing sisters’ purchases in Egypt provides insight into the material goods which accompanied their Eastern service: what objects they anticipated needing for further postings in the East, along with what was used, abused and worn out. As independent professional women, the sisters supported themselves from their salaries, a basic fact which lends increased importance to their spending habits. Their financial choices reflect their perceptions of local merchants and provide insight into how they used money to supply themselves with goods they deemed important.

As the sisters negotiated prices and examined objects for sale, their comments often betrayed a belief that the local merchants in Egypt and Greece were overpricing products in order to take advantage of unwary Westerners. Wilson, for instance, remembered the sisters

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<sup>134</sup> Bruce, *Humour in Tragedy*, 46.

<sup>135</sup> Wilson-Simmie, *Lights Out*, 114.

shopping in the bazaars in Alexandria, where they learned to bargain.<sup>136</sup> She noted that “those who knew” informed them that some of the antiques for sale in Cairo were not antiques at all, but were newly manufactured in Chicago.<sup>137</sup> Despite these concerns, Bruce wrote that the sisters spent a lot of time in the bazaar, and they evidently purchased numerous objects, as she remarked that they found it hard to transport their purchases.

A unique source with which to examine shopping activity is the account book kept by Sister Edith Hudson. Her record, which she kept throughout the war, details the many expenditures, large and small, she made throughout her service and provides a window into her activities at various postings, showing significant differences in her spending habits from place to place. While in France, she purchased a large number of expensive art objects, including vases, crystal, silver, pictures, and a tablecloth for which she paid 100 francs, the single most expensive item in her book. Her record of expenses in Egypt shows no such luxury items.

Hudson was not part of the original contingent of nursing sisters at No.5 CGH but disembarked in Egypt on her way to Salonika where she would serve as one of the reinforcement personnel, arriving six months after the hospital’s establishment in Greece. Hudson appears to have spent a very limited time in Egypt before joining her new unit and as a result her experiences differed from what many other nursing sisters recorded about their time in Egypt. Laura Holland, for instance, commented that sightseeing was costing her significant amounts of money.<sup>138</sup> Very few of Hudson’s expenses in Egypt could be interpreted as related to sightseeing, and especially unusual for Hudson was the lack of any expenses related to “snaps” (or “snapes”

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<sup>136</sup> Wilson-Simmie, *Lights Out*, 56.

<sup>137</sup> Wilson-Simmie, *Lights Out*, 111.

<sup>138</sup> Letter, February 11, 1916, Holland to Mrs. Holland.

as she usually spelt it), photographs or pictures, a very common expense in the rest of her account book.

Despite using Egypt as a stopping place on her way to Salonika, Hudson's expenses indicate that she spent far more time in Cairo than in the harbour city of Alexandria, a geographic bias consistent with the travel patterns of other nursing sisters. Coming from England, Sister Hudson was well supplied, and her Egyptian shopping register provides little insight into the material goods which shaped her Eastern service. Rather, her records point to the little documented experiences of replacement personnel arriving partway through their new unit's time in the Mediterranean. Standing out in comparison are the accounts of sisters who came to Egypt after five months on Lemnos, where atrocious conditions and the lack of shopping options left them in a much greater need for clothing, shoes and other necessities than a nurse newly arrived from England.

While in Cairo, Hudson sent 4 telegrams, bought a new veil, something made of brass, fruit, flowers, a railway ticket, a dinner, and books. In Alexandria, she bought cotton and netting, perhaps in preparation for her posting in mosquito ridden Salonika. Other than these minor expenses she spent money on numerous tips, her hotel bill and four mysterious expenses labelled "a.m." and "p.m."<sup>139</sup> Hudson did not spend large amounts of money in Egypt, nor did she purchase expensive souvenir items.

After five months on Lemnos, Laura Holland of No.1 CSH was very pleased that she was going to spend time in Cairo, "Isn't it wonderful to think that we are actually in Cairo . . ." she wrote to her mother.<sup>140</sup> She initially used the opportunity to replenish supplies which were worn after service on the island. She did not know how long they were to be in Cairo, and the time on

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<sup>139</sup> Edith Hudson account book, Edith Hudson collection, privately held by Allan Kerr, Edmonton, Alberta, Canada.

<sup>140</sup> Letter, February 3, 1916, Holland to Mrs. Holland.

Lemnos had taken its toll. She described that, “after five months in Lemnos our cotton uniforms are a sight...”<sup>141</sup> Although more could be purchased in Egypt than Lemnos, shopping remained a time-consuming process for it was difficult to find the type of items they needed. Finding shoes large enough for Laura was challenging, even though she noted that the shoe stores were more to Canadian tastes than those in England. She ended up purchasing a very ugly pair of black shoes and commissioning a pair of tan boots from a French shoemaker.<sup>142</sup>

Holland remarked that many of the girls in her unit were purchasing the “daintiest of underwear, silk kimonos, etc.” Contrasting these purchases with her own frugality, she wrote, “Isn't it absurd on active service? I suppose it's sort of a reaction.” And then she tried to protect the women of her unit from criticism by enjoining her mother not to relate this to anyone else, “Don't read this out to anyone, for it only arouses criticism & what's the use, for after all they are not half so good to themselves as most of the Officers.”<sup>143</sup> Holland and her friend Mildred Forbes did purchase new uniforms made from silk, reasoning that if they were to be posted anywhere warm again (the rumour was that they were to be sent to East Africa<sup>144</sup>) that they would need uniforms which would be more comfortable in the heat.<sup>145</sup> Again, when explaining this purchase, she noted that she and Mildred were considered to be among the most shabby nurses in the unit, but she did not see the point of worrying about clothing in the desert.<sup>146</sup>

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<sup>141</sup> Letter, February 3, 1916, Holland to Mrs. Holland.

<sup>142</sup> While Holland occasional commented on another nursing sister being considered attractive to and popular with officers, she did not indicate any concern for securing an equivalent response for herself aside from a general desire to maintain a somewhat respectable appearance. Letter, February 11, 1916, Holland to Mrs. Holland.

<sup>143</sup> Letter, February 19, 1916, Holland to Mrs. Holland.

<sup>144</sup> Holland and Forbes and the rest of their unit No.1 CSH were sent to Salonika after their time in Egypt where the silk uniforms were likely very useful.

<sup>145</sup> Letter, February 11, 1916, Holland to Mrs. Holland.

<sup>146</sup> Letter, February 11, 1916, Holland to Mrs. Holland.

Holland further commented that she felt it prudent to save money, as hard times were likely after the war.<sup>147</sup>

## **Conclusion**

Far more than is often acknowledged, CAMC nursing sisters' time in Egypt was manifestly diverse. The largely forgotten sisters of No.5 CSH nursed in a hospital whose modern, sanitary, and scientific reputation was mobilized to reflect the academic credentials of its sponsoring university. The modernity of this hospital contrasted starkly with the animals, many ancient buildings, objects, and cultural practices the nursing sisters observed in Egypt which elicited familiar Biblical images, but also feelings of discomfort and danger. Still other sisters used this Mediterranean home base as a stopping point on their way to other Eastern Front postings. Like London in the West, Egypt's central role created opportunities for close contact with other colonial forces and hospital staffs. The multi-faceted impressions, experiences, and roles that Egypt provided to nursing sisters during their Mediterranean service serves as an apt analogy for the diversity of the Mediterranean experiences more broadly.

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<sup>147</sup> Letter, February 19, 1916, Holland to Mrs. Holland.



## Conclusion

Throughout this study, the importance of location has been emphasized as a valuable unit of analysis through which to examine the experiences of Canadian nursing sisters serving in the Mediterranean theatre. Focusing on the location allows the consequences of specific weather, military network, transport, endemic diseases, and political and administrative particulars on the sisters' experiences to be seen. Beyond the immediate experience within CAMC hospitals, this place-specific focus brings additional angles of investigation to the fore including nurses' interactions with locals, financial choices, and social relationships with other military personnel in the area, all of which were also shaped by location.

Acknowledging place as formative to nursing sisters' time in the East requires a study which extends beyond the specifics internal to CAMC units, because the conditions and experiences of those units were themselves shaped by other factors. The broader 'eco-system' of military establishments and healthcare networks merit, and in fact, demand, thorough consideration. As hospital units, Canadian, British, and ANZACs exchanged patients, personnel, and social invitations among themselves and worked with medical transports, hospital ships and the Royal Navy which connected them to other military networks. Canadian scholars' use of Australian literature already demonstrates the rewarding potential of transnational comparative work between Canadian, New Zealand, and Australian studies. Together, these would serve well to identify and understand affinities in experience, attitudes, and identity politics, as well as where differences lie.

The large scale 'eco-system' which shaped nursing service reaches further still, outside the auspices of military structures and into the world of the area's local inhabitants. Hospitals

availed themselves of local, POW, and imported labour. Locals also played an important role in sisters' financial, service, and shopping transactions. Hospitals did not function without interactions among the local environment. By the same token, military hospitals impacted locals. These effects need to be investigated further and scholarship which works to include the full cast of characters makes a step towards decolonising our study and our understanding of nursing sisters in the East, especially in light of the strongly colonialist and patronising attitudes some nursing sisters demonstrated. Additional study is needed to investigate these people hiding in plain sight. Often even more invisible than the local inhabitants are the nursing sisters' relationships with the enlisted men of their units. As the escapades of the MacKenzie brothers at No.5 CSH in Cairo demonstrated, the interactions between nursing sisters and enlisted men extended beyond simple work duties. The large number of enlisted men who served in hospital units further supports the need to consider the role of all members of a CAMC hospital to plumb the depths and hidden aspects of nursing sister experience.

Another silent, but very descriptive element to the nursing sisters' stories is the symbolic role of architecture, hospital geography, and physical layout. The sisters' physical surroundings indicated to them the presence of either modernity, efficiency, and changing ways of life or ancient, backward, and unchanging patterns of existence, and this shaped their attitudes toward their own hospitals, as well as how they understood the local residents of the region in which they worked.

Place also had a marked impact on nursing sisters' own health, and further investigation into their sickness, and the care provided to them, is called for. Having arrived in the East to provide care, many found themselves instead the recipients of nursing care. Nursing sister illness raises questions about the impact such role-reversal had on their sense of purpose and identity as

well as the long-term effects of illness acquired or suffered in the East. The extensive number of dysentery and malaria cases strongly suggest that service in the East had long lasting health repercussions. The gendered assumptions about nursing sister illness that Diane Dodd described serves as a testament to the need for a large-scale analysis of nursing sister health separate from investigations done for male troops.<sup>1</sup> That Mildred Forbes, who was extremely ill on Lemnos and infected with malaria on Salonika, died in 1921 at age 37 serves as evidence that nursing sisters suffered the effects of rampant illness well after returning home from their overseas service.

It is my hope that this study of CAMC nursing sister experiences in the diverse locations among the Mediterranean theatre may provide a basis for further study of the unique experiences of Canadian military nurses in the Great War.

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<sup>1</sup> Diane Dodd, "Canadian Military Nurse Deaths in the First World War," *Canadian Bulletin Of Medical History* 34, no. 2 (Fall 2017): 327-363.

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## Appendix 1:

### Timeline of Canadian Hospitals on the Eastern Front

#### **1915**

August 1: H.S. Asturias departed Southampton with No.1, 3, and 5 Canadian Stationary Hospitals (CSH) aboard.

August 8: H.S. Asturias arrived in Malta.

August 11: H.S. Asturias arrived in Alexandria

August 12: H.S. Asturias docked in harbour in Alexandria

August 14: No. 5 CSH arrived in Cairo

August 16: No.1 CSH arrived on Lemnos aboard H.S. Delta

August 17: No.3 CSH arrived on Lemnos

August 22/23: No.3 CSH was able to receive first patients.<sup>1</sup>

August 27: No.5 CSH received first patients

November 9: No.4 CGH arrived in Salonika

December 14: No.5 CGH arrived in Salonika

#### **1916**

January 31: No. 1 CSH left Lemnos

February 5: No.3 CSH sailed away from Lemnos

February 8: No.3 CSH arrived in Alexandria

March: No. 1 CSH arrived in Salonika

March 24: No.3 CSH left Egypt

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<sup>1</sup> A letter dated April 2, 1916 contained within the war diary file notes that patients were first received at 10:00 pm on August 23<sup>rd</sup>. 3<sup>rd</sup> 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, April 1916 summary.

April 10: No.5 CSH left Cairo

May 18: No.4 CGH left Salonika

May 19: No.4 CGH arrived in Kalamaria

**1917**

August 16: No.5 CGH left Salonika

August 17: No. 7 CGH left Kalamaria

September: No.1 CSH left Salonika



Appendix 2

Timeline of Sources for Salonika

