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The Canadian Nursing Service and the British War Office The Debate Over Awarding the Military Cross, 1918

T. Robert Fowler

The First World War represented the full emergence of industrialized warfare in all its power and horror. With the adoption of poison gas, unrestricted submarine attacks, and bombardment from the air well behind the lines, it saw an expansion in the boundaries of warfare, or a willingness to accept methods of attacking the enemy that would have shocked previous generations, although certainly not later ones. In the spring of 1918, nursing sisters with the Canadian Army Medical Corps (CAMC), experienced first-hand the devastating consequences of the new 'barbarism' in warfare when attacks extended even to some of their hospitals.

The area around the port of Boulogne had become the main base for the British armies in France and Belgium. Besides reinforcement camps and supply depots, a large number of military hospitals, including the main Canadian hospitals, were located just ten kilometres south of the port, centered upon the small town of Étaples. By late 1917, the Germans were increasingly determined to push the fighting on the Western Front to a final resolution in their favour before the might of the United States, which had entered the war in April, became fully deployed against them. Their air force began launching frequent night-time air raids along the front and bombs began to drop close to the hospitals in areas such as Étaples. When, in March 1918, their armies, bolstered by reinforcements from the Eastern Front, launched



a series of huge offensives against the British and French Armies, in hopes of either defeating them outright or bringing them to the negotiating table, the air raids increased in intensity.

Initially, Canadian hospitals were spared any direct attack and the staff carried on treating the casualties that were flooding in because of the German offensive. Nonetheless, the raids were stressful, as described by one nursing sister, Mabel Clint of No. 3 Canadian General Hospital (CGH):

To us also it was a nerve-wracking time, as we were disturbed once and twice nightly if the weather was clear, and about five nights a week. Usually about 11 p.m. a maroon [an air raid warning device that used Morse code as a signal] would sound the alarm, "Huns over the lines..." All lights were immediately extinguished, and an eerie silence awaited the first crash. It was not so much the noise as the concussion on the ground that was the most terrifying, and speculation never could be sure of the direction, and who or what had been hit. Breaking of glass, shrapnel from French anti-aircraft posts, sharp machine-guns in action,...increased the din.¹

Under these circumstances, the nursing sisters preferred to be on duty rather than lying in their quarters, wondering what would happen next. While in the wards, they could keep busy and keep their minds off the fears that would naturally arise. They would visit the worst cases to make sure all was well, thereby also helping the patients endure the anxiety of being under

attack. Nursing Sister Clint observed that for “those who lay helpless in splints, it was a greater ordeal than fighting, waiting for the next ‘hate’ to mangle already crushed frames.”²

Disaster finally struck on the night of 19-20 May 1918. The day had been warm and bright, and the pleasant weather may have made the staff less vigilant than usual. One eyewitness claimed that, when the general alarm was sounded at 2230 hours, the lights of No.1 CGH were not immediately extinguished, making “a brilliant and unmistakable target for the oncoming aeroplanes.”³ In addition, a train had just passed by with its coal box open, throwing a glow on the track. Some observers later speculated that the raiders might have followed this light into the hospital complex. In any case, before the staff could reach their shelters, the bombs started dropping. The attack by 15 German bombers appeared to be well organized, coming in two waves over the next two hours. The men’s quarters of No.1 CGH were first hit by an incendiary bomb, setting the building on fire and killing many of the off-duty men who were sleeping. “There was a loud explosion followed by a burst of flame; the huts were soon ablaze and afforded an excellent target for the enemy, who circled around and dropped other bombs close to the spot....The conflagration converted the huts into a charnel-house.”⁴ As other staff rushed forward to help those trapped in the building, one aircraft swooped down to machine-gun the rescuers. A second wave of attackers then arrived

and bombs hit near the officers’ and nursing sisters’ quarters, destroying the wing used by the nursing sisters on night duty. In addition, No. 7 CGH and No. 9 Canadian Stationary Hospital (CSH), to the south and east of No. 1 CGH respectively, along with the adjacent No. 9 CSH, were also hit, setting staff quarters in both units on fire or riddling them with shrapnel.⁵

Over the two-hour raid, 116 bombs were dropped, hitting a total of ten Canadian and British hospitals and causing a total of 840 casualties among staff, patients, and civilians.⁶ No.1 CGH was the worst hit, with 139 casualties, of which 66 were fatal.⁷ These included three nursing sisters: Katherine Macdonald, who died instantly, and Gladys Wake and Margaret Lowe, who were wounded so seriously that they died within a few days. Five other nursing sisters were wounded but recovered. No. 7 CGH also suffered, with 71 casualties, of which 13 were killed, although none were nursing sisters. No. 9 CSH had 18 casualties, including two nursing sisters wounded.⁸ No. 7 CSH had three casualties. One off-duty nursing sister later described her ordeal: “I did not at first know I was wounded....I thought I was gassed. The pile of building material came down on a mattress and I was nearly smothered, but wriggled out with great effort.”⁹

Frantic efforts went on to rescue those in collapsed and burning buildings, even while the raid continued. All the orderlies in No. 1 CGH were dead or wounded, but some of the off-duty

Nurses at funeral of Nursing Sister Margaret Lowe, who died of wounds after the bombing of No.1 Canadian General Hospital, Étapes, France, 19 May 1919. Canadian War Museum (CWM) 19930012-155



nursing sisters rushed to the operating room to take their place. Working with the surgeons and duty nursing sisters until dawn, they strove desperately to save the most seriously injured. The other nursing sisters on duty stayed with their patients, calming them during the tumult. This was of great emotional help as the hospital had a large femur ward where patients were confined to their beds with their legs in traction. In other wards, patients who could be moved were placed under their beds to give some semblance of protection. The off-duty nurses had been instructed to remain in their quarters if such a raid were to occur. They did so without complaint or confusion, taking shelter as they could from falling debris and shrapnel. The nurse in charge, Matron Edith Campbell, later complimented them in her report when she wrote, "they acted as though they considered themselves fortunate in having an opportunity of sharing the horrors that our men undergo daily in the front areas."¹⁰

Nursing Sister Mabel Clint reported another incident that must have been related to Gladys Wake, who had sustained a critical bomb wound to her leg:

One Sister went out to get morphia for a companion bleeding to death, and others rendered first aid, literally *under* fire. "I thought the girls were splendid," wrote an eyewitness: "Sister W...dying out on the hillside, and knowing it, yet begging them not to bring stretcher bearers into that inferno, when it could not save her. All the while saying, just as the men do, "Don't bother with me; I'll be all right. You people will be exhausted."¹¹

Following the shock of the raid, the hospitals attempted to get back to normal operations as quickly as possible. The authorities were furious, condemning the unprecedented attack as "murderous," while one London newspaper called it a diabolical crime. Nonetheless, as the future of 20th century warfare was to attest, the moral inhibitions about targeting non-combatants were beginning to crumble. The Germans insisted that they had not purposely attacked the hospitals, but the medical staff could not see how the Germans could have missed the large red crosses on the roofs. As a precaution against further attacks, off-duty staff were now sent away during the night, some going to nearby accommodation. However, as quarters were limited, the majority, including some nursing sisters, slept in nearby woods. No raids occurred for the next week but a number of alarms were sounded.¹²

Then, on the night of 29-30 May, the Germans struck again – this time against No. 3 CGH, located about 70 kilometres inland from Étapes at Doullens. Only a single German aircraft made this attack, but it inflicted terrible damage – 32 staff and patients were killed and 17 wounded. Approaching the hospital just after midnight, the aircraft first dropped a flare to light up its target, following up immediately with several bombs. One of these hit the main building, just over the sergeant's quarters, which were on the third floor. The entire central structure collapsed and burst into flames, including the officers' ward on the second floor and the Operating Theatre on the ground floor. All occupants on these floors were killed or wounded. An operation was being





CWM 19930012-157

Above: Soldiers carrying casket bearing remains of Nursing Sister Margaret Lowe to her grave, Étaples, France, May 1918.

Below: Lowe's coffin being lowered into grave.



CWM 19930012-159

CWM 19930012-156



Above: Funeral of Nursing Sister Gladys Wake, who died of wounds received in the bombing of No.1 Canadian General Hospital, Étapes, France, 19 May 1918.

Below: Nursing sisters placing flowers on grave of NS Margaret Lowe, Étapes, France, May 1918.

CWM 19930012-126





Canadian nursing sisters cleaning up ward of hospital after an unidentified bombing raid.
Note the multiple perforations in the tin wall caused by the bomb blast.

carried out in the Operating Theatre at the time and the entire surgical team and their patient were killed, including Nursing Sisters Eden Pringle and Agnes MacPherson. On the second floor, the nursing sister on duty, Dorothy Baldwin, was also killed.

Next to the Operating Theatre, parts of the Recovery Room collapsed, injuring Nursing Sisters Meta Hodge and Eleanor Thompson. However, these two nurses were able to extricate themselves from the rubble and, maintaining their composure, extinguished the fires in the overturned coal oil heaters before the flames spread to the patients' beds. They then organized the orderlies to remove the patients from the room and, disregarding their injuries, remained until this work was completed.¹³

At 2200 hours on 31 May, another flight of German bombers attacked Étapes. This was a longer and in some ways more terrifying raid than

that of 19 May – lasting two and a half hours, with flares, which had been dropped to light up the area, and return anti-aircraft fire. Only one bomb hit the hospital area, seriously damaging two wards. Since sandbags had been brought in to strengthen the walls, however, just one patient was wounded. Unfortunately, “the effect of the lights, the whistling of the bombs, the terrific explosions, the uncertainty where the next crash would come, the cries from the femur wards, where the unfortunates had lost much of their fortitude and self-control, all combined to strike terror into the stoutest hearts.”¹⁴ Here the moral strength of the nursing sisters was greatly needed and they did “splendid work” relieving the anxiety of the men. Matron Edith Campbell admitted, however, that the raid “was much harder to bear than the others, with much greater strain on both the nursing sisters and officers on duty.”¹⁵

The senior officers were impressed by the behaviour of their staff, who had coped

well both during and after the bombings. The officers commanding the hospitals at Etaples wanted to give full credit in particular to the nursing sisters. As the anonymous author of the history of No. 7 (Queen's) Canadian General Hospital wrote in 1917: "There is a great deal in the papers these days about our armies ... But how much, I wonder, does the average man or woman know of the Hospitals in France, or of the hundreds of Canadian Nursing Sisters ... who nurse and cheer the men, thus doing so much good for their country."¹⁶ Consequently, shortly after 30 May, Canadian authorities submitted recommendations for awarding the Military Cross to one matron and 15 nursing sisters for courageous action under enemy fire. As Matron Violet Nesbitt of No. 1 CGH wrote in her War Diary: "The Sisters on duty, all praise be to them for coolness, courage, unselfish devotion to their duties."¹⁷

This recommendation for a gallantry decoration to women was another remarkable result of the evolving conditions of warfare. Prior to this period, women would not have been considered eligible for such a reward because

only males served in military forces. Canada, however, had broken with this tradition during the South African War (1899-1902). During that war, the government had recruited a total of 12 nurses to serve with the British Army's medical services in South Africa. Like their British nursing service counterparts, they were termed "nursing sisters." But, unlike them, the Canadians received the "relative rank of lieutenant with pay and allowances and in every way the equal and status to other officers of that rank."¹⁸ The success of the Canadian nurses' work in South Africa resulted in a nursing service being added to the strength of the Army Medical Corps when it was created in 1904. At the start of the First World War, five nursing sisters were included among the Canadian army's cadre of 127 permanent medical personnel.

When preparing the recommendation for a gallantry award, normal practice asked submitting officers to designate the appropriate award. As the Canadian nursing sisters were officers with the relative rank of lieutenant, it therefore seemed clear to the Canadian authorities in France that they should make out the recommendation for

Canadian Nursing Sisters working amongst the ruins of the No.1 Canadian General Hospital, which was bombed by the Germans, killing three nurses, June 1918.





Above: Nursing sister survey the remains of German bomber, shot down near their hospital.

Below: Funeral of Canadian Nursing Sister and one American doctor killed in bombing raid on No.3 Canadian Stationary Hospital, Doullens, France, 30/31 May 1918.



the Military Cross, which had been created in December 1914 as a reward for junior officers.¹⁹ But when these recommendations arrived at General Headquarters (GHQ), they created problems. The British authorities did not dispute that the nursing sisters should receive a gallantry decoration, but concluded that they were only eligible for the Military Medal, which was reserved for non-commissioned officers and privates. As Brigadier General J.L. Embury, commanding the Canadian Section at GHQ, reported the War

Office's case to the Military Secretary, Canadian Headquarters, Overseas Military Forces for Canada (OMFC) on 20 August: "Military Medals only will be granted to women for acts of gallantry and this includes nursing sisters in the Canadian Service."²⁰

The British government had instituted the Military Medal (MM) on 25 March 1916, to fill a need that had become apparent by the intensity and duration of the conflict. Up to that time,

only the Distinguished Conduct Medal (DCM) had been available for non-commissioned officers and privates. As the DCM was the second highest to the Victoria Cross, another medal was deemed necessary to reward those men whose act of courage did not meet the DCM's requirements. Within a month of the Military Medal's institution, however, new candidates had emerged as potential recipients. Some French and Belgian civilian women had been singled out for their courage, one of whom had received the French Croix de Guerre. When informed of this, King George V raised the question whether Great Britain should also create some means of rewarding women for acts of gallantry.²¹ There was some concern that the Germans might view this initiative as encouraging civilian aggression in the occupied territories but, in the end, an amending Warrant was issued on 21 June 1916 giving authority for the Commander-in-Chief in the Field to award the Military Medal to women who had shown bravery and devotion to duty. The first to be awarded the new decoration was the French civilian Émilienne Moreau who, in September 1915, had provided assistance under fire to the British forces attacking the city of Loos. She was presented with her award at the British Embassy in Paris on 28 July 1916.²² By April 1918, 59 additional awards to women had appeared in the *London Gazette*, the official publication that announced all such awards.

The Canadians had shown independence of mind in many matters in the war. Still, it came as a bit of surprise to the British when Colonel John Gunn, Officer Commanding No.1 CGH, reacted in defence of his nursing sisters and disregarded military protocol by replying that limiting the award to the Military Medal was not acceptable for Canadian nurses. The Canadian Director General Medical Services (DGMS), Major-General G.L. Foster, supported him, arguing that,

the CAMC Nursing Service is classified as Officers, and it is the opinion of this Branch that it would be an injustice to the Nursing Service to ask them to accept the award of the Military Medal, as practically classifying them as Other Ranks. The Nursing Sisters themselves are strongly of this opinion. In a recent ruling the Military Cross is now awarded for acts of bravery during air raids, and the Nursing Service of the Canadian Army Medical Corps should be considered eligible for the award of the Military Cross, if so recommended.²³

In his letter of August 20, Brigadier General Embury rebuked Colonel Gunn for this stand, stating that "it is perfectly satisfactory to the Canadian authorities that our nursing sisters receive Military Medals. As a Military Medal is given only for gallantry in the Field, it would, in the minds of most people, be considered quite as honourable as a Military Cross.... It seems to me, however, an extraordinary thing that a communication be sent to the Military Secretary stating that these awards were not acceptable...."²⁴

The stubborn refusal by Canadian medical officers to accept the ruling next led Brigadier-General Embury to raise the issue with the senior Canadian officer at OMFC, Lieutenant-General Sir Richard Turner, VC. Embury had not anticipated Gunn's rejection to the War Office's position and had already informed the Military Secretary at GHQ that the Canadian Nurses would accept the Military Medal. He now asked Turner to inform Foster, Director General of Medical Services in OMFC, what he had told GHQ. Embury emphasized that he did not "wish to have any misunderstanding with General Foster on this or any other subject...I am sure he will agree that the course was a proper one, but I am anxious not to appear to have acted without regard to his opinion."

However, Foster's opinion was that the nursing sisters of the CAMC had a special status that should be considered by the War Office. Among all the British and Commonwealth medical services, it was only the Canadians who had decided to integrate their nursing service into the army and had given the nursing sisters the "relative rank of lieutenant." In all the other Imperial forces, the nurses were civilian auxiliaries with no official rank or status.²⁵ In the British Army, for example, they came under Queen Alexandra's Imperial Military Nursing Service, as well as several other independent organizations. Thus, acts of courage under enemy fire by nurses in these units would properly be rewarded by the Military Medal. In the Canadian forces, however, nursing sisters were considered officers for all practical intents and purposes. As one contemporary author argued, "when signing on with the CAMC for overseas service, the nursing Sister was given the same Attestation Paper as a man. She contracted to serve for six months after the war's end or until legally discharged; swore true allegiance

to the King; and swore to obey all orders of her superior officers. In the nurse's case, her immediate superior officer was the Matron who held the relative rank of captain... as lieutenants [they] required the salute of all inferior ranks."²⁶ On all official documents, including discharge papers, the rank of nursing sisters was specified as "lieutenant."

The main argument put forward by the British in rejecting the recommendation for awarding the Military Cross to nurses was gender. The War Office had earlier replied to a similar request that "the Royal Warrant of the Military Cross does not allow for the award of this decoration to women...."²⁷ They now reiterated that position, when replying to HQ, OMFC, that "the Army Council are still of the opinion that circumstances do not justify the extension of the Military Cross to the Nursing Services and regret that they are unable, for the reason stated, to recommend any such extension to His Majesty."²⁸ The War Office also attempted to mollify the Canadians by claiming that the "Military Cross awarded to an officer for service in the field is considered as the equivalent of the Royal Red Cross [RRC]²⁹ conferred upon a nurse in recognition of her professional services as a nurse,"³⁰ an argument that did not seem to address the issue. The Canadians countered that,

the extenuation of hostile action to Casualty Clearing Stations, to Stationary and even General Hospitals, where Nursing Sisters are habitually employed, has materially altered their status, as is evident from the casualties which occurred to the Nursing Sisters in the OMFC, who were doing their duty at the Base in France quite recently. This new condition of warfare as affecting the Nursing Service is bound to create sites in which they will, with courage and devotion, gladly perform services for which the Military Cross is and has been awarded. In the Canadian Nursing Service these Sisters hold the relative rank of Officers and it may be that they should be considered equally eligible for this award.³¹

That Canadian nursing sisters, as officers, had only "relative rank" (which did not include a full commission with command authority) seems to have had some negative implications; but this argument was never used in the formal correspondence between the War Office and Canadian officials. In addition, the War Office was also concerned that allowing the interpretation sought by the Canadians would open up

complications that were best avoided. How would the British and other Commonwealth nursing sisters react to their Canadian colleagues getting the Military Cross when they had received the Military Medal for similar actions? In fact, even the British College of Nursing had already begun lobbying the War Office to make British nursing sisters eligible for the Military Cross and their arguments had already been rejected.³²

Similar concerns about opening the flood gates may have motivated Sir Alfred Keogh, Director General of British Army Medical Services, when he wrote to Sir Frederick Ponsonby at Buckingham Palace that "to extend the Military Cross to Nurses would possibly open the door for a similar claim to the DSO [Distinguished Service Order, the medal for officers that was second only to the Victoria Cross]. In practice, Nurses may be said to be regarded as 'Officers' for purposes of emoluments such as quarters, fuel and light, and servants' allowance ... so long as the MM is awarded to women for specific acts of gallantry and the RRC to nurses for professional duties, I suggest that our position is secure and that no injustice is being done."³³ In other words, the line for women's gallantry awards should be drawn at the Military Medal.

With the Canadian objection still outstanding, however, the Army Council was forced to review their ruling. But, on 2 September, they replied that their decision remained unchanged. With this, the Assistant Military Secretary at OMFC warned Foster that, "if the Canadian Sisters are not to be eligible for the Military Cross, and your decision is that the Military Medal should not be awarded, it may be the Canadian Nursing Sisters will get absolutely nothing."³⁴ Despite this warning, Foster persisted in supporting his field commanders and the nursing sisters, arguing that "the consensus of opinion of the Senior Members of the Nursing Service is that the acceptance of the Military Medal would place them in an anomalous position, and they are unwilling to accept, in lieu of an Officer's decoration, one allotted to Other Ranks."³⁵

This is the last recorded Canadian challenge to the British ruling on the matter. In the end, the DGMS must have accepted the limitation on the award for, early in 1919, citations for the award of the Military Medal to seven Canadian Nursing Sisters and a Matron were published

in the *London Gazette*: Matron Edith Campbell and Nursing Sisters Lenora Herrington, Lottie Urquhart and Janet Williamson from No. 1 Canadian General Hospital; Nursing Sisters Helen Hansen and Beatrice McNair from No. 7 Canadian General Hospital; and Nursing Sisters Meta Hodge and Eleanor Thompson from No. 3 Canadian Stationary Hospital. These nurses became the first Canadian women to win gallantry decorations.³⁶ Although they received a different decoration than Canadian officials had hoped, this was still an exceptional recognition, so soon after suffragettes had been marching on the streets for women's rights and when military authorities had had no vision that women would ever come under enemy fire.

By the end of the First World War, there were 3,141 nursing sisters in the CAMC, of whom 46 lost their lives from enemy action or disease while carrying out their duties. All the surviving nursing sisters returned to civilian life after the war, facing many of the same challenges as their male counterparts from the Canadian Corps. Like the men who had served in France and Flanders, these women had had an extraordinary experience. They had carried out their duties under extreme stress but, at the same time, had enjoyed an independence that was rare prior to the war. Many remained in the nursing profession following their demobilization. Edith Campbell became Superintendent of the Toronto Branch of the Victorian Order of Nurses. Some continued to care for the war injured, like Lenora Herrington who continued to work for the Department of Soldiers' Civil Re-establishment at the Queen's Military Hospital in Kingston. She attempted to enlist as a nursing sister in the regular forces in 1931, giving her experience in handling soldier patients as a reference. In her correspondence to the Minister of National Defence, she also mentioned that she had been awarded the Military Medal, hoping that would influence his decision. But this did not help, as her age by then was over the limit set by regulation.³⁷

Some bore the scars of war. One who experienced short-term repercussions was Nursing Sister Janet Williamson. As a result of the bombing of No.1 CGH on 31 May 1918, Williamson suffered damage to her hearing because of the concussion of the bombs and was deaf for the duration of the summer. Nursing Sister Eleanor Thompson's problems were more



Nursing Sister Lenora Herrington was among the first Canadian nurses to receive a decoration for gallantry – the Military Medal.

complex and long term. During the attack on No.3 CGH at Doullens, she was buried under debris for a period of time. With no physical wounds, she continued to carry out her duties in the following days but soon began to show signs of neurasthenia, or what would now be classified as post-traumatic stress disorder. She suffered from severe headaches and insomnia, and was easily startled by loud noises. She was finally admitted to hospital on 25 January 1919 with what her medical documents termed "Nervous Debility." Discharged in June 1919 at Station Ste. Anne de Bellevue in Quebec, she was expected to travel to her father's farm in Massachusetts where, it was hoped, rest and fresh air would aid in her recovery. Unfortunately, we do not know her story after this, as the documentary trail on her runs out.

First World War Canadian nursing sisters received a total of 328 decorations, such as the Military Medal and various grades of the Royal Red Cross. A further 169 were mentioned-in-despatches. Carrying a mention in the *London Gazette* and symbolized by a multi-leaved emblem worn on the ribbon of the campaign decoration, the Victory Medal, this was the most minor recognition for service in the field,³⁸ The eight nursing sisters awarded the Military Medal were among 127 British and Commonwealth women who received this decoration.

Nursing sisters had certainly proved their value to the military medical services in this war. Nonetheless, as the above has shown, a traditional military hierarchy, unused to such a large female presence so near the front line, had problems in moving beyond established concepts of gender and to place nurses' achievements on a par with that of their male colleagues, at least in

so far as gallantry decorations were concerned. The relatively fledgling Canadian military system seemed initially to have been less willing to submit to such distinctions, but in the end bowed to the weight of established orthodoxy.

In the Second World War, only six women were awarded the Military Medal, and these went to members of the British Women's Auxiliary Air Force.³⁹ Although, in 1942, members of the nursing sisters were finally recognized as commissioned officers with power of command, no women were ever awarded the Military Cross.⁴⁰ Today, Canada's peacetime forces are supported in its world-wide commitments by 173 nursing officers, both male and female, holding commissioned ranks ranging from lieutenant to lieutenant-colonel and able to receive a full range of Canadian medals of military valour that are no longer gender specific. The Military Medal is now a thing of the past in Canada. One hopes this is also the case with wars and gender inequalities.

Notes

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2. *Ibid.*, pp.116-117.
3. Kenneth Cameron, *The History of No. 1 Canadian General Hospital 1914-1919* (Sackville, NB, 1938), p.378.
4. *Ibid.*, p.389.
5. Library and Archives Canada (LAC), RG24 Vol. 1883, File 13 – "Hospitals, Bombing of 1917 [sic]," Report dated 21 June 1918 by Col. J.G. Adami; G.W.L. Nicholson, *Canada's Nursing Sisters* (Toronto, 1975) p.92.
6. Cameron, p.388.
7. Nicholson, p.92.
8. LAC RG24 Vol.1883, p.2.
9. Nursing Sister Georgina Long, quoted in Marjorie Barron Norris, *Sister Heroines: The Roseate Glow of Wartime Nursing 1914-1918* (Calgary, 2002), p.137.
10. Cameron, p.382.
11. Clint, p.113.
12. Cameron, pp.394-7.
13. LAC RG24, Vol. 1883, pp.4-8.
14. Cameron, p.398.
15. Nicholson, p.93.
16. *A History of No 7 (Queen's) Canadian General Hospital March 26, 1915-November 15, 1917*, p.32.
17. Canadian War Museum Biographical File, Matron's War Diary, No.1 CGH, 19 May 1918.
18. Cameron, p.36.
19. LAC RG9, III-B-1, Vol. 2383, File 12-1-18, "H&A Nursing Services." Letter of August 28 to the Director Medical Services, Pembroke House, from the Assistant Military Secretary, Headquarters, Canadians, London

20. LAC RG 9 III-B-1, Vol. 2838, Letter of 20 August 1918.
21. Public Records Office, WO/32/4960. Letter of 14 April 1916 from Sir Frederick Ponsonby to the Sir Reginald Brade, War Office.
22. <www.grande-guerre.org/Biographies/Moreau_emilienne.htm>; N.G. Gooding, "Awards of the Military Medal to Women – A Further Note" in *The Journal of the Orders and Medals Research Society*, Vol. 25, No. 1 (Spring 1986), p. 5.
23. *Ibid.*, Letter of 29 August 1918, to the AMS, OMFC from Col. H.A. Chisholm, ADMS for DGMS.
24. LAC RG9, III-B-1, Vol. 2383, Letter of 20 August 1918 to The Assistant Military Secretary, Headquarters, OMFC, London.
25. Nicholson, p.43.
26. Norris, pp.41-2, 44.
27. LAC RG9 III-B-1, Vol. 2838, Letter of 5 January 1918 from B.B. Cubitt of the War Office to HQ, OMFC.
28. LAC RG9 III-B-1, Vol. 2838, Letter of 2 September 1918 to HQ, OMFC from J.A. Corcoran of the War Office.
29. The British decoration, instituted in 1883, to recognize special devotion and efficiency in nursing duties with the forces in the field, or in Naval, Military or Air Force Hospitals, in Paul Hieronymussen, *Orders and Decorations of Europe in Color* (New York 1967), p. 244.
30. LAC RG9, III-B-1, Vol. 2838, Letter of 5 January 1918, from B.B. Cubitt of the War Office to HQ, OMFC.
31. LAC RG9, III-B-1, Vol. 2838, Letter of 25 July 1918 to the Military Secretary, the War Office, from the Assistant Military Secretary, OMFC.
32. *The Nursing Mirror and Midwives' Journal* (Feb. 17, 1917), 384; (3 March 1917), p.433; and (May 11, 1918), p.85.
33. PRO WO/32/4965. Quoted in a letter of 10 April 1917 from Major General Davies (Military Secretary) to Sir F.E.G. Ponsonby; E.G.F. Johnson, "Awards of the Military Medal to Women" in *The OMRS Journal* (Spring 1986), p.4.
34. *Ibid.*, Letter of 3 September 1918, from AMS, OMFC to Major General Foster, DGMS.
35. *Ibid.*, Letter of 10 September 1918, from Major-General Foster to the AMS, OMFC.
36. *The London Gazette* of 18 January 1919 and 12 April 1919; John Blatherwick, *Canadian Army Honours-Decorations-Medals. 1902-1968* (New Westminster 1993), p.169.
37. LAC, File 392-13-66. Microfilm reel T-17637, Letter of April 9, 1931 to the Minister of National Defence from Lenora Herrington.
38. Blatherwick, p.130; Nicholson, p. 98-9; Sir Andrew McPhail, *The Medical Services* (Ottawa 1925), p.229.
39. N.G. Gooding, "Awards of the Military Medal to Women" in *OMRS Journal*, Vol. 21, No. 4 (Winter 1984), p.229.
40. W.R. Feasby, *Official History of the Canadian Medical Services 1939-1945. Volume One: Organization and Campaigns* (Ottawa 1956), p.324.

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