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Review of "This Small Army of Women: Canadian Volunteer Nurses and the First World War" by Linda J. Quiney

Renée Davis

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Linda J. Quiney’s book explores the contributions of the Canadian and Newfoundland Volunteer Aid Detachment nurses (VADs) to the war effort both at home and abroad during the First World War. As Quiney notes, while the experiences of British VADs have been well-documented, their Canadian and Newfoundland counterparts seem to have been all but forgotten. Often overlooked or only mentioned in footnotes throughout the military medical historiography, the Canadian/Newfoundland VADs were a relatively small but significant group of women. They were women from upper- and middle-class society who volunteered their time to work under the supervision of professional doctors and nurses throughout the Dominions and Europe, all while covering their own expenses (though later they received a small stipend), having only basic training in first aid and having little, if any, prior exposure to the dauntingly complex hierarchical structure of the military medical system. Quiney effectively presents the story of strong, resilient women who deserve recognition and have earned their place in Canadian military and medical history alike.

While some VADs followed doctors on house-calls throughout Canada and Newfoundland, others helped in hospitals in the wake of the Halifax Explosion and the outbreak of pandemic influenza. Others still worked in military hospitals and convalescent homes across Europe, nursing soldiers and prisoners of war of varying nationalities and social classes. Quiney uses letters, diaries, memoirs and recorded narratives to present the first complete analysis of the Canadian/Newfoundland VAD experience while ensuring that the VADs’ voices are present throughout the book. Often quoting directly from the primary sources, Quiney further personalises her research by including many photographs of the women, as well as many examples of forms, letters, certificates, manuals, posters and comic strips that were relevant to Canadian VAD service. Although she admits that locating information about Canadian/Newfoundland VADs was a challenge, her thematic approach allows for an effectively exhaustive examination of all that the life of a VAD entailed.

There were two different categories of VADs: Nursing VADs and Non-Nursing VADs. Regardless of the categorisation, the main purpose
of most VADs was the same: “to be useful” (p. 130). That being said, the day-to-day tasks asked of each VAD varied dramatically; from planning social activities for the patients, to fetching doctors and carrying stretchers, to preparing meals in the diet kitchens, to cleaning and sterilising surgical implements, to dressing wounds and even holding limbs during surgeries, the VADs were always busy. A particularly popular—and traditionally masculine—task for VADs was driving ambulances. Many Canadian/Newfoundland VADs actually found driving “more appealing than volunteer nursing” (p. 107)! Regardless of the specific task, the job of a VAD nurse was usually much more demanding than any previous work experience that these women had had. Through close analysis of the VADs’ personal writings, Quiney presents the physical and emotional ramifications of working in such high-stress environments for prolonged periods of time. Long shifts, frequently interrupted sleep, physically demanding work, social isolation and constantly being surrounded by the sick, wounded and dying was a lot to ask of anyone—particularly volunteers. While some VADs thrived in this environment, others had to terminate their service early due to mental and physical illnesses and injury. Quiney makes sure to present as many different stories as possible in order to convey the toll that VAD service took on each of the women.

One of the main themes that Quiney discusses throughout her book is the question of class. As she observes, Canadian/Newfoundland VADs were “predominantly middle-class, Anglo-Protestant, English speaking, and white,” who “were often first- or second-generation British immigrants” (pp. 7, 84). While often, though not always, from families with wealth, the role of a VAD nurse was difficult for much of society to accept since the position challenged so many traditional values. Though nursing and volunteer work were normally considered acceptable for women, the appearance of ladies in military-style uniforms was quite jarring to Canadian society at the start of the war: “their presence as women in uniform who were working away from home challenged many preconceptions of femininity and appropriate behaviour for respectable unmarried women” (p. 13). Although “popular opinion of nurses and VADs improved during the course of the war,” many families questioned why their daughters wanted to participate in such a way (p. 116). The answer, Quiney ultimately argues, was patriotism; the Canadian and Newfoundland VADs were driven by a desire to help “the boys,” since so many of
them had brothers, fiancés or sweethearts who were serving overseas and they had a desire to do their part.

While VADs were gradually depicted as prime representatives of women’s contributions to the war effort in the media, tensions between them and professional nurses ran high both at home and abroad. One of the recurring elements of Quiney’s analysis is the fact that trained nurses frequently questioned the need for VADs since they felt that the presence of inexperienced volunteer nurses in the wards would ultimately lead to a devaluation of the profession as a whole. Major Margaret Macdonald, Matron-in-Chief of the Canadian Army Medical Corps, was adamantly opposed to having Canadian/Newfoundland VADs working in Canadian military hospitals for this very reason so all Canadian and Newfoundland VADs were sent to work in British military hospitals instead. Although the British were accustomed to the VAD programme, adjusting to work in their military medical system was particularly challenging for Canadian/Newfoundland VADs since “[v]olunteer nurses occupied the lowest rank in the strict matriarchy of British hospital nursing,” and they “encountered unexpected isolation and distrust due to their colonial status” (pp. 96, 145). Quiney’s research found that many of the women learned to cope with these challenges in their own ways: by simply brushing it off and focusing even more on their work, through comedy and through small acts of rebellion such as having their uniforms altered to better align with current fashion trends or by forming relationships with medical officers and patients.

One of the other key elements that Quiney returns to time and time again is the idea that service as a VAD fostered a sense of freedom and independence for Canadian and Newfoundland women, which ultimately encouraged them to become more active members of their communities upon their return home. Although few VADs pursued nursing careers when they returned to Canada, “[m]any returned to civilian life to become the working girls of the 1920s, the activist western farm wives of the 1930s, and the mothers of the peace movement as the next war loomed” (pp. 188-189). As she states, “[i]t is hardly by chance that theirs was the first generation of Canadian women to take a seat in Parliament or fight for a place in the Senate as full recognized ‘persons’” (pp. 188-189). Quiney’s depiction of VADs is ultimately positive with a focus on how this newfound freedom and sense of responsibility had a lasting effect on Canadian society.
Following the increasing interest in the role of women during the First World War, Quiney’s book presents the Canadian VAD experience. As a wonderful complement to works such as Cynthia Toman’s *Sister Soldiers of the Great War: The Nurses of the Canadian Army Medical Corps* (2003) and Kathryn McPherson’s *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990* (2003), *This Small Army of Women* is an engaging and enlightening read for students and professionals interested in nursing and military medical history, as well as anyone with an interest in the roles of working Canadian women in the twentieth century. The only area where the study could have been further expanded would be a closer examination of the experience of francophone VADs. Although she mentions Quebecois VADs briefly (page 85 for example), it seems that more study is warranted for the experience of Francophone VADs from all across Canada.

Although their numbers were small compared to their British counterparts, as of the Armistice on 11 November 1918 there were a total of two thousand registered Voluntary Aid Detachment nurses from Canada and Newfoundland, “some five hundred [of whom] were posted overseas as ‘active service’ VADs,” while “some forty-five thousand Canadian women overall were certified to join a VAD nursing division” (pp. 3, 23). Though they received little during their service or afterwards, the Canadian/Newfoundland VADs deserve recognition. These women sacrificed their time, their money, their jobs and the comfort of their homes to help those in need. This, of course, was not done without risk; many became ill or were injured during their service while seven VADs are known to have died overseas. With *This Small Army of Women*, Quiney’s research has ensured that the experiences of those wearing “a grey dress with white collar and cuffs, a crisp white apron, and a black armband with a white maltese cross” are not forgotten (p. 3). Whether it was assisting a nurse, acting as a housekeeper, driving an ambulance or consoling a man as he lay dying, the Canadian and Newfoundland VADs had an impact on many individuals and deserve their place among the collective memory of the First World War.

RENÉE DAVIS, UNIVERSITY OF OTTAWA

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