



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

Vancouver: UBC Press, 2017. Pp. xi, 276. ISBN 978-0-7748-3072-0.

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While the work of women on the home front during the First World War (hereafter, “the war”) has attracted significant historiographical analysis, the specific role of the volunteer nurses who risked their lives to help soldiers and civilians injured by enemy bombing remains under-researched. In *This Small Army of Women*, historian Linda Quiney (Consortium for Nursing History Inquiry, Univ. of British Columbia) draws on both oral and written testimonies of nurses to convey their excitement and fears as they cared for the wounded during the war. Given the shortage of British and French nurses, many Canadian women left home to work overseas. They provided medical services during a long, brutal conflict. In this respect, the author highlights another of the essential contributions that Canada, as a commonwealth country, made to Britain’s prosecution of the war.

Quiney observes that the British perception of nursing as a respectable middle-class profession had strongly influenced the Canadian view of female nurses before the war. Faith in the value of the middle class’s “heroic sacrifices of time and money” (7) was key to the growth of the profession. The expectation was that nurses would mostly be young unmarried women of some means. Thus, for example, the British St. John Ambulance Brigade effectively excluded certain members of society by imposing a membership fee, ostensibly for training materials. As the war progressed, tensions over class and gender affected the development of the Canadian Voluntary Aid Detachment (VAD) more than they did for its less diverse British equivalent. In Britain, the nursing profession attracted young women who would serve for a period of time before leaving to marry and start a family. This pattern influenced Canadian recruitment of nurses in the lead-up to the war.

The initial controversy and strains caused by the VAD within the medical profession waned as the war progressed and the shortage of nursing personnel became more acute. VAD nurses came to be seen as providing valuable assistance to the qualified nurses in the profession. Still, the patriarchal view of women as, by nature, effective caregivers influenced their treatment during the war. As Quiney observes, women were seen as both “enthusiastic and anxious.” Thus, they were paradoxically patriotic and fearful.

When the British mobilized for the war, citizens were urged to “do their bit.” For men, that meant military service. Women had more options, including work on the home front, such as in the newly created war industries. But volunteering as nurses made the clearest statements of their patriotism. Nevertheless, untrained volunteer nurses were frequently dubbed “eager amateurs” (49)—a label that in many ways restricted their advancement and the responsibilities entrusted to them. Even though they were provided with uniforms, women continued to be thought less capable than their formally trained counterparts, male and female, owing to oppressive gender norms and the strict hierarchical nature of the medical profession. This was why few female volunteers were employed in the Canadian Army Medical Corps hospitals and, at least early in the war, were confined to working with the wounded in convalescent homes.

By 1916, volunteer nurses from Canada were finally being sent to Britain and France. This was a significant move, and a tacit recognition of their competence and vital roles. By 1918, over twenty-two thousand women had applied to work in British hospitals. The contributions of these individuals to the under-resourced British and French medical services on the home and military fronts helped bolster soldiers' and civilians' morale under unimaginably difficult circumstances. Shortages of nurses in Britain in 1918 led to the assignment of additional responsibilities to the VAD and a (much belated) formal ranking system to advance women based on merit.

Nevertheless, in some places in Canada, the recruitment and retention of volunteer nurses was hurt by friction between nurses and hospital matrons in difficult and inconsistent working conditions. Some hospitals even asked volunteers to fill the role of (scarce) qualified nurses in operating theaters, to the chagrin of nurses who doubted the volunteers' abilities. Elsewhere, by contrast, volunteers were often restricted to such mundane tasks as cleaning hospital wards. In short, the use of volunteer nurses varied widely based on the needs and conditions of specific hospitals.

Quiney stresses that the war gave women a "unique connection to the realities of mechanized warfare and its human cost" (152), charting their emotional turmoil when faced with the horrors of battle's aftermath. Many volunteer nurses, whose maternal instincts were stirred by the wounded and maimed young men they cared for, felt intense emotional strife in the presence of victims' visiting mothers, whose role they felt they were usurping at a time of immense grief and anxiety. Yet, the author emphasizes that, despite their traumatic wartime experiences, the volunteer nurses invariably saw their suffering as worthwhile.

In postwar Canada, as elsewhere, the closure of wartime industries left many women unemployed. But some of the volunteer nurses who had worked so hard to rehabilitate the bodies and minds of soldiers and civilians during the war found employment in a new medical specialty now known as physiotherapy. And, too, the need for nurses (as opposed to, say, munitions workers) remained strong after the war. This spurred a debate over whether former volunteer nurses should be permitted to join the professional nursing sector in recognition of their contribution during the war. Ultimately, it was decided that they could remain in the profession if they completed an official training program, with a reduction in training time awarded for their wartime service. Many of the women who did not follow that track joined volunteer organizations like the Red Cross and St. John Ambulance Brigade. The growing crises in domestic public health meant there was plenty of work for volunteers to do at the local level. As Quiney observes, many volunteers were sad to leave behind their lives in Britain and France after the war. Back in Canada, they often went on to long and varied careers outside nursing, or they married and started new lives as wives and mothers.

Linda Quiney has written a carefully researched, lively, and accessible book. Both historians and general readers will value its compelling story of a group of courageous women whose accomplishments have been largely neglected in histories of the First World War.