"IN THE BEST INTEREST OF THE SERVICE:" RCAF FLIGHT NURSES AS THE "NEW WOMAN", 1945-1959

by

Nancy Power Shiner

Submitted in partial fulfillment of the requirements of the degree of Masters of Arts

at

Dalhousie University
Halifax, Nova Scotia
August, 1998

TABLE OF CONTENTS

ABSTRACT

Although a feminist perspective has been used more recently in analyzing women, war and the military, nursing in the Canadian military has been overlooked as a subject for the closer study of gender relationships. This is particularly important in view of its unique position within the combined fields of medicine and the military, both bastions of male hierarchy and dominance. This thesis examines gender relationships in the Canadian military medical system through a study of a specialist branch of military nursing — RCAF flight nursing - from 1945 to 1959. As examples of the "New Woman" of the fifties, flight nurses demonstrated their individuality and autonomy while functioning as unmarried and self-supporting women in an era that was renown for the domestic ideal.

Prompted, perhaps by their experiences in the air, the RCAF nurses identified themselves strongly as Nursing Sisters and demonstrated an ability to take control of some of the aspects of military life that directly affected them. Despite the restraints exerted over these women by the military, there were many opportunities for them to take control, if only for the short term. In the air, flight nurses moved beyond traditional nursing care to more independent action. Even on the ground, their role as nursing sisters gave them a status that allowed them to circumvent some of the customs and traditions practiced by other military officers. Despite the opportunities they had to step beyond societal expectations for women, however, the nursing sisters, especially those most senior, were astute enough to know their future depended on the good will of the male physicians.

Caught up in the meld of stereotypes, military nursing history, like earlier women's history, calls up only the unusual, the perverse or the exciting. The more realistic images of the many women who served as nursing sisters are left behind. To produce an accurate picture, it is necessary to take into account the dual nature of the military nursing experience. Having experienced a strong women's culture during their apprenticing years as students, the nursing sisters were in a position to further the sense of solidarity that they had with one another. And surrounding their lives as women was an enormously powerful male culture that dominated both the medical profession and the military. How these women dealt with the tensions that were created, how they made sense of them and confronted them is part of their contribution to women's history.

LIST OF ABBREVATIONS

RCAF	Royal Canadian Air Force
WD	Women's Division
USAF	United States Air Force
N/S	Nursing Sister
P/O	Pilot Officer
F/O	Flying Officer
F/Lt	Flight Lieutenant
S/L	Squadron Leader
W/C	Wing Commander
A/C	Air Commodore
AVM	Air Vice Marshall
MedA	Medical Assistant
MIR	Medical Inspection Room
CO	Commanding Officer
NATO	North Atlantic Treaty Organization
NORAD	North American Air Defence
SHAPE	Supreme Headquarters, Allied Powers in Europe
NWAC	Northwest Air Command

ACKNOWLEDGEMENTS

Several people have offered their guidance and support throughout the completion of this thesis. I am indebted to my supervisor, Dr. Shirley Tillotson for her remarkable wisdom, patience and understanding in dealing with this "adult learner". Her insightful comments, editorial skills and good humour were truly appreciated.

I would also like to thank Dr. Frances Early for her sage counsel and warm encouragement, both at the Mount and at Dalhousie. My thanks also go to Dr. David A. Sutherland for kindly taking the time to be part of my committee.

Special thanks are also extended to the staffs of the National Archives of Canada and the Mussallem Library of the Canadian Nurses Association.

Finally, I would like to express my gratitude and love to my family: to my parents, Vera and Roy Power who let me think I am capable of anything; to my remarkable children, Chris and Jenn, who grew up with a mother who wore army boots; and, to my husband and best friend, the wise and patient Don Shiner.

Introduction

> They were people of fire and courage. They had to be. Six weeks of intensive work, and then they would be ready to fly, in their winged ambulances, to every American battlefront on the globe. They would fly to places where wounded men needed help *fast* - places where only planes could get through. They would pick up the wounded and fly them back to base hospitals. "Flying angels," soldiers called these gallant nurses of the air.
>
> *Cherry Ames, Flight Nurse*[1]

The books and films of the Second World War frequently portrayed military nursing as the most distinctive and heroic of all the possible occupations in which women could serve in the war effort. Despite the popular legends surrounding military nurses, very little has been written to date that provides an in-depth examination of the roles they played in both war and peacetime. The nurse characters depicted in the popular and patriotic 1943 motion pictures, *So Proudly We Hail* (Paramount) and *Cry Havoc!* (MGM), for example, were based on the true stories of American military nurses at Bataan and Corregidor in the South Pacific. The nurse characters were portrayed in these popular films as resourceful, independent women who "demonstrated that they were brave, compassionate, physically strong, and still

---

[1] Helen Wells, Cherry Ames, Flight Nurse (New York: Grosset & Dunlap Inc., 1945) 3-4.

feminine."[2] The Cherry Ames series of novels for adolescent girls began in 1943 in an effort to inspire young women to take up nursing as a patriotic duty.[3] The heroine in these novels maintained a positive, if unrealistic, approach to nursing and the military that relied on her youth, intuition and common sense. By the postwar period, however, the focus changed and films like *Battle Circus* (MGM, 1953), *Hellcats of the Navy* (Columbia, 1957) and *South Pacific* (20th Century-Fox, 1958) featured military nurses who concentrated the bulk of their activities, not on the war effort or nursing responsibilities, but on "finding husbands or comforting their lovers or both."[4]

Although a feminist perspective has been used more recently in analyzing women, war and the military, nursing in the Canadian military has been overlooked as a subject for the closer study of gender relationships. This is particularly regretable in view of its unique position within the combined fields of medicine and the military, both bastions of hierarchy and male dominance. This thesis examines gender relationships in the Canadian military

---

[2] Philip A. Kalisch and Beatrice J. Kalisch, The Changing Image of the Nurse (Menlo Park, CA: Addison-Wesley Publishing Company, 1987) 106.

[3] Kalisch and Kalisch, 115.

[4] Ibid, 138.

medical system through a study of a specialist branch of military nursing - flight nursing. In Canada, this specialty came into being in 1943 with the establishment of a medical evacuation role for the Royal Canadian Air Force (RCAF). Although trained in this field, nursing sisters were not actively employed in aeromedical evacuation until 1945. This study follows their progress from that date until the medical branches of the Army, Navy and Air Force were formally integrated at the command level in 1959. A study of flight nursing during the postwar period provides a unique opportunity to examine a group of women functioning, often autonomously, in a role that involved specialized skills, training and responsibility in a high-risk environment. The integration of the forces provides a convenient end-point for an analysis of a single woman's occupation in a mostly domestic decade.

Current literature on Canadian military nursing is very limited both in quantity and quality. A commissioned history, Canada's Nursing Sisters,[5] describes the history of military nursing sisters starting with the North-West Rebellion. The author provides a detailed collection of

[5] G.W.L. Nicholson, Canada's Nursing Sisters (Toronto: A.M. Hakkert Ltd., 1975).

names and places coloured with warm anecdotes and remembrances but does not attempt to explore any of the power issues pertinent to analyses of women's history. There is no indication, for instance, that the nurses experienced anything other than the heartfelt gratitude of the doctors, the patients and the general public for all their exploits in war and peacetime. As Veronica Strong-Boag points out in her review of the book, it "tells us a great deal about patriotism and self-sacrifice but little about basic psychological and financial motivations."[6] In the same vein, Angels of Mercy, a film about Canada's military nurses and A Sense of War, a CBC radio production, present an uncomplicated impression of nursing in wartime that shows, to a limited degree, the destruction of war while, at the same time, the warm and caring attributes of the women who nursed in the hospitals and dressing stations.[7] Based on the taped memories of these women, the productions maintain this limited dual focus and do not

---

[6] Veronica Strong-Boag, rev. of Canada's Nursing Sisters by G.W.L. Nicholson, Canadian Historical Review (Sept. 1977): 327.

[7] Katherine Jeans and Neil Bregman, prod., Angels of Mercy, Sound Venture Productions Ottawa Ltd., 1994; and "A Sense of War," Ideas, Canadian Broadcasting Corporation, Toronto, ON, 11 Nov. 1992. See also the recent collection of narratives, anecdotes and pictures of nurses from the First World War to the present by E.A. Landells, ed. The Military Nurses of Canada. Recollections of Canadian Military Nurses (White Rock, BC: Co-Publishing, 1995).

explore the issues of gender, power and control that were central to the patriarchal systems of medicine and the military in which they practiced. In this respect, the existing historical work on Canadian military nurses merely reflects the stereotypical view of the noble nurse in wartime, an "angel of mercy", but offers no insight or analysis into their past or current circumstances. In the same vein Kathryn McPherson, in the most definitive work todate on Canadian nursing history, concentrates on the non-military aspects of the profession during this century. Her work however does not provide the depth needed to understand the contribution military nurses made to nursing history.

In contrast to the limited analysis of nurses in the military, Ruth Roach Pierson's work on Canadian women in the Second World War provides insight on sex and gender boundaries as they were constructed to suit the social and economic conditions of wartime.[8] The challenge for Canadian society was to attract enough women to meet the 'man'power shortage while at the same time, maintain the prevailing definitions of womanhood. On the one hand, there was a "patriotic desire to make an all-out effort to win the war"

---

[8] Ruth Roach Pierson, "They're Still Women After All." The Second World War and Canadian Womanhood (Toronto: McClelland and Stewart, 1986).

and, on the other, "a conservative unwillingness to change society's relegation of women to home and family."[9] Pierson argues her case very clearly with respect to the creation of a role for women in the military that sought to guard their femininity, their respectability, and "preserve women's commitment to domesticity."[10]

In analyzing women's war service both in civilian and military capacities, Pierson makes little direct reference to nurses as having any unique status. Based on the criteria she sets out, nursing provided a very acceptable and safe role for women to fill without disrupting the sexual *status quo*. An approach that analyzes the nature of nurses' status and work in a military context, separate from other servicewomen, could provide more insight into the experiences of these women as military nurses. As Anne Summers points out in her work on nurses in the politics of class and gender of Britain during the First World War, military nurses did not threaten the gender roles and hierarchies to the same extent as other women in uniform. Caring for sick and wounded soldiers gained nurses high public recognition and conferred on them "a distinction

---

[9] Pierson, 186.

[10] Ibid., 187.

denied to women who served the state in other capacities." These "archetypally feminine functions of caring, mothering, serving and housekeeping were given a setting of high drama, and elevated into the means by which women could achieve unequivocal public honour."[11] Not only did nursing in the military meet an accepted social standard for female wartime labour participation and patriotism, but it also offered the women involved a prestige and status that was not available to them in civilian nursing.

With the end of the Second World War, thousands of Canadian servicemen and women were demobilized. Almost 4,500 women had served as nursing sisters in the three forces.[12] Unlike the employment situation that followed World War I, there was a shortage of nurses in the postwar civilian health care field. After 1945, new economic and social conditions led to an expansion of hospital resources, which in turn increased the employment opportunities for nurses. With higher wage levels for Canadians and increased purchasing power after the war, the use of health services increased in step with the growing purchase of consumer goods. Despite the number of registered nurses having

---

[11] Anne Summers, Angels and Citizens. British Women as Military Nurses 1854 - 1914 (London: Routledge & Kegan Paul, 1988) 6.

[12] Pierson, 262-63 n4.

doubled between 1941 and 1955,[13] there was a shortage of nurses willing to work after marriage or pregnancy. The long hours and low pay did little to attract the demobilized nursing sisters on their return to civilian life. In their work on nursing in the United States, Philip A. Kalisch and Beatrice J. Kalisch cite a study that reported only one army nurse in six planned to return to her former civilian job. The main reason given for not returning to their general duty hospital jobs was that "they had carried considerable responsibility in the army or navy and had found real job satisfaction in more flexible, autonomous roles."[14] Resuming a role as staff nurse in a busy, understaffed civilian hospital would hold little appeal to women who had attained a degree of independence, authority and status as military officers and nursing sisters.

The civilian health care system after the war was hospital-based, as was the medical service provided for the peacetime military. Both systems were dominated by male physicians and administrators, with much of the mundane patient care responsibilities falling to auxiliary workers.

---

[13] Helen K. Mussallem, A Path to Quality (Ottawa, ON: Canadian Nurses Association, 1964) 49-50.

[14] Philip A. Kalisch and Beatrice J. Kalisch, The Advance of American Nursing, 2nd ed. (Boston, MA: Little, Brown & Company, 1986) 579.

In the military setting, Medical Assistants, young men of subordinate rank, worked under the supervision of the nursing sisters in providing this care to patients. The nursing sister, in turn, worked under the direction of the medical officer. In the event that a nursing sister's rank was the same as that of the medical officer, his physician designation automatically made him superior to the nurse. As the peacetime military grew in size during the Cold War, the medical service branch maintained the traditional hierarchy of civilian medical practice in the provision of routine medical care to its personnel and dependents. One area where a nursing sister in the RCAF was able to move beyond the norms of established medical practice was as a flight nurse involved in aeromedical evacuation.

The concept of transporting critically ill and injured patients by air is not new. The first known air transport occurred in 1870 during the Prussian siege of Paris, when 160 wounded soldiers were flown by hot air balloon over enemy lines.[15] Air evacuation as an accepted method of transporting casualties did not come into its own, however, until the World War II. With larger aircraft, it was

---

[15] H. L. Gibbons and C. Fromhagen, "Aeromedical Transportation and General Aviation," Aerospace Medicine, 42 (1971): 773.

possible to move patients by air, which was safe and practicable, both from a medical and a military standpoint. The speed with which treatment could be given when patients were evacuated by air reduced the loss of life and permanent disability, both definite advantages for the injured. From the military perspective, air evacuation of casualties increased the likelihood of a shorter period of hospitalization with an earlier return to duty for the injured and decreased the number of supplies and personnel needed in the forward area to care for casualties. As well, the aircraft used to fly in troops and supplies to the battlefront could also be used to transport casualties from the battle zone to definitive care at hospitals within hours of injury. The RCAF, in conjunction with the Royal Air Force (RAF), evacuated over 16,000 casualties to the United Kingdom between D-Day and June 1945.[16]

Following the Second World War, the RCAF continued to transport the sick and injured, both military and civilian. In conjunction with the United States Air Force, Canadian casualties were evacuated back to Canada from American hospitals in Japan during the Korean War. As well, the RCAF

---

[16] W.R. Feasby, ed., Official History of the Canadian Medical Services, 1939 - 1945. Volume One: Organization and Campaigns (Ottawa, ON: Queen's Printer, MND, 1956) 375.

provided air ambulance service for mercy flights in the sparsely settled north and performed search and rescue duties on the Atlantic and Pacific coasts. Mercy flights were most often undertaken in the worst weather conditions over rough and inhospitable terrain in an effort to transport severely sick or injured civilians to larger medical centres.

The severity of illness and injury experienced by medical evacuation (medevac) patients required a nursing staff that was highly skilled in medical equipment and procedures. Flying several thousand feet up and often beyond the range of radio contact for medical advice, the nurses had to deal with emergency medical situations on their own and make decisions that were often beyond the training they received in their hospital nursing schools. The responsibility for medical decisions, the high degree of technical skill required, and the uncomfortable conditions under which they practiced, indicates that flight nurses were an exceptional group of women. According to one scholar who commented on the flight nurses who served in Vietnam, they acquired an "elite status among nursing corps

partly *because* they are so close to combat and are at the frontier of the military's medical technology."[17]

The corps of flight nurses of the 1945-1959 period grew out of a small cadre maintained by the RCAF in the immediate postwar years as a permanent addition to their medical branch. During the war, flight nurses' peak strength had been reached in October 1944 when there were 395 such personnel.[18] Following demobilization in 1945, the numbers dropped significantly and the 42 nursing sisters on strength by November 1948[19] were virtually the only women in Air Force uniform at that time. However, by 1956, there were 218 nurses serving on air bases in Canada, on NATO bases in France and Germany, and on the isolated NORAD radar stations across the North.[20] To study these nurses in this period is to study a changing occupation within a changing Canadian Air Force. The RCAF was making the transition to a peacetime force in the midst of the pressures of the Cold war and the Korean War. At the same time, nursing was

---

[17] Cynthia Enloe, Does Khaki Become You? The Militarization of Women's Lives (Boston, MA: South End Press, 1983) 108.

[18] Feasby, 439.

[19] NAC RG 24, vol.7921, file 2-6500-N15, "Minutes of the 94th Meeting of the Inter-Service Medical Committee, 22 November 1948."

[20] NAC RG 24, vol.7921, file 2-6500-N15, "Statement Regarding RCAF Rank Structures - Nursing Sisters, 13 July 1956."

undergoing changes in education and practice as nurses sought an improved professional status. Because only single women without dependents could serve in the Air Force, the pressures in postwar Canadian society for women to marry and have a home and children created an added burden for the nursing sisters.

Flight nurses were selected for extra medical training and given more responsibility than other nurses. On aeromedical evacuation flights, they worked more closely with the male medical officers and male flight crews than nurses stationed in hospitals. By stepping beyond the accepted pattern for women and for nurses in the 1950s, these women demonstrated a spirit of independence and self-reliance that is rarely associated with the traditional views of women and nurses of that era. Their attempts to deal with the multiple hierarchies of gender, medicine and the military made them harbingers of the changes that would occur in the next decade.

Chapter One will discuss the impact of World War II and the postwar period on the experiences of Canadian women. Sex roles were defined with relation to work outside the home and there were pressures to marry and reproduce. Hence, women were faced with many conflicting cues on the choices

to be made. Through the prism of women's history scholarship on the 1950s, perceptions of the "New Woman" will be explored as they related to the roles of career, marriage and sexuality in the lives of Canadian women.

In Chapter Two, the parallels between the military system and the medical system will be examined with respect to the appropriation of the services of women to support their structures. This chapter will establish the work culture from which military nurses came and to which, as nurses, they would have to return if they left military nursing. Military nursing will be compared with civilian nursing as to training, pay, and conditions of service. For those who qualified as flight nurses, the dichotomy experienced in degrees of status and authority of work in the air and on the ground will be addressed.

By exploring their formal and informal power relationships within the military medical system, the third chapter will explore strategies the nursing sisters used to respond to that power and the relationship power had to their reasons for joining the military. Using primary documents from the Records of the Department of National Defence at the National Archives of Canada, the Canadian Nurses Association Archives and relevant nursing journals

from the 1950s, flight nursing in the RCAF will be examined to see if increased competency, technological expertise and proximity to danger increased the power and status of this group. As well, the importance of spinsterhood will be assessed as it affected the actions and experiences of these women in relation to the era of the 1950s "New Woman."

Examination of the military medical system during the postwar period, this thesis provides insights into the attitudes and experiences of the nursing sisters who served. Through the exploration of nursing history as a vital part of women's history, a more detailed and accurate picture will be painted that will increase the body of knowledge currently available on the experience of women and women nurses in the military.

Chapter 1

Women - The Postwar Transition

The Second World War made little permanent change to the sex-based division of labour in North America. Military policies and propaganda during that period supported the idea that women needed special protection, possessed innate feminine characteristics and had fixed familial and domestic roles.[1] For the purposes of war production and government defence strategies, the personnel requirements of the war could be met without disrupting established social norms. By not placing servicewomen in combat or near-combat situations, the public was reassured that Canadian womanhood was safe from the ravages of the enemy. At the same time, there was the perception that although the women were in military uniforms often doing what had traditionally been done by men, they were, by virtue of their secondary roles and their patriotic service, seen as worthy of protection because their femininity was confirmed. The temporary nature of women's role in both the civilian and military workforce and in the military acknowledged the expectation that women would return to "normal" after the national

---

[1] Susan M. Hartmann, The Home Front and Beyond. American Women in the 1940s, (Boston, MA: Twayne Publishers, 1982) 202.

emergency was over. Although women's sphere had expanded during the war, there was little permanent effect on the sex-based division of labour which "both reflected and reinforced prevailing definitions of womanhood.[2]

The period that followed the Second World War is often portrayed as a return to home and hearth for both men and women. For men, especially the returning veterans, it meant the opportunity to head a family and have a secure job with a good pay cheque. For women, the future held out dreams of becoming a happy homemaker and a mother, a "paragon of domesticity."[3] After years of economic depression, followed by war and social upheaval, North Americans were looking for security and stability. Buoyed by a sense of victory, both men and women looked forward to the opportunity to enjoy the reinvigorated economy and its subsequent consumer benefits that would be part of the increased standard of living. Men would work outside the home to obtain the financial resources and women, as wives and mothers, would "serve as

---

[2] Ruth Pierson, "They're Still Women After All," The Second World War and Canadian Womanhood (Toronto: Macmillan and Stewart, 1986) 168. See also Hartmann, 48; and Leila J. Rupp, Mobilizing Women For War: German and American Propaganda 1939 - 1945 (Princeton, NJ: Princeton University Press, 1978) 146-51.

[3] M. Susan Bland, "Henrietta the Homemaker and 'Rosie the Riveter: Images of Women in Advertising in MacLean's Magazine 1939-50," Atlantis 4 (1979): 84

an emotional center of the family and home."[4] By creating private family units, men and women had an opportunity to create dreams of comfortable lifestyles surrounded by a myriad of consumer products.

As early as 1943, the advertisements for major industries such as makers of automobiles, appliances and aircraft began making references to a time when the war would be over. While still promoting the patriotic cause and encouraging war work, postwar consumers were being primed for the products of the future. Advertisements also insinuated, in varying degrees, that the work being done by women would be available to returning soldiers. The economic and social hardships that plagued the country after the First World War were still fresh in the minds of the older citizens and policy makers. The effort to limit the effects of a postwar recession by replacing female workers with veterans and creating a market for consumer products that would replace military hardware became the hallmark of planning in postwar North America.

To encourage women to accept the loss of their wartime positions, it was necessary to encourage an ethos that would

---

[4] Sara M. Evans, Born for Liberty, A History of Women in America, (New York: The Free Press, 1989) 229.

foster their return to postwar life. Homemaking became the new calling. According to Cynthia Harrison, the war work carried out by women, in both civilian and military settings, had never challenged the core ideas about femininity and the subsequent shift back to peacetime was an easy one. As work was nothing more than "a sacrifice women had willingly made for the most motherly of reasons," the message was clear that "although women *could* do anything, authentic women would choose to be home with their families."[5] The mid-war propaganda from government and the media promoted the view that the jobs held by women were "temporary extensions of patriotism and domestic responsibilities that resulted from the emergency situation".[6] Since the majority of jobs filled by women in the wartime labour force reinforced sex-segregation as essentially support roles, the leap to full-time domesticity was not a large one for women to make.

In the promotion of this changeover, advertising during the early postwar period was increasingly directed at homemakers. They were reminded of the years of doing-

---

[5] Cynthia Harrison, An Account of Sex, The Politics of Women's Issues 1945-1968, (Berkeley CA: University of California Press, 1988) 4.

[6] Elaine T. May, Homeward Bound: American Families in the Cold War Era, (New York: Basic Books, 1988) 71.

without and the pleasures they could anticipate in a cozy, suburban home, surrounded by a kitchen full of new appliances. By 1946, 63 per cent of all ads in *Maclean's Magazine* were directed at homemakers and, by 1950, it had increased to 80 per cent and included no women portrayed as working outside the home. According to Susan Bland, these ads "indicate that women who stay at home, are fulfilled women" and they reflected little if any change in the role of women in society during the period of the war.[7]

In the creation of the *persona* of the Happy Housewife, the media were assisted by government policies that favoured men over women. Postwar government planners paid lip-service to the equal rôle of women in the training and benefit packages that were set up for veterans and displaced civilian war-workers.[8] Based on the premise that men were heads of households and, therefore, the primary breadwinners, and that women were best-suited and interested in traditional female skills, the postwar programmes were set up accordingly. The vocational training agenda for women, for instance, concentrated heavily of skills for domestic employment, restaurant and service work as well as

---

[7] Bland, 84.

[8] Pierson, 83.

instruction for clerical and office opportunities. Much of the advice that was sought in establishing these tradition-based programmes for women workers, however, was provided by upper and middle-class women's organizations. The members of these groups had, at best, only limited experience in the world of work beyond having employed servants of their own before the war. Together with the loss of the tax concessions for married women and the limited child-care available during the war, these new employment policies effectively limited women to traditional occupations that were reminiscent of the pre-war era.

In view of the less-than-attractive climate for female labour in the postwar era, it is not surprising that, with the demobilization of military and civilian women, the female labour participation rate dropped from 33.2 percent in 1945 to 25.3 percent in 1946. By 1951 it had settled at 24 per cent and, ten years later, was 29.5 per cent.[9] As many women headed for home, those who remained in the workforce continued to be segregated in occupations characterized by low pay, low requirements for recognized skills, low productivity and low prospects for

---

[9] Pat Armstrong and Hugh Armstrong, The Double Ghetto: Canadian Women and Their Segregated Work, (Toronto: McClelland & Stewart, Inc., 1978) 17-19.

advancement.[10] Traditional occupational patterns for women reasserted themselves and the increases in the female labour force were primarily in work that was stereotypically women's. This, according to Sheila Rothman, indicates that war was not so much a transforming experience as an interruption, after which women returned to pursue an inherited role."[11] The expectation was that should women choose to work after the war, then it would most likely be in the teaching, nursing, retail, service or unskilled manufacturing. The higher pay and union protections and benefits received by those women in heavy industry and war production would not be part of the postwar female work experience.

For the women who chose to be housewives, or, more likely, were in a financial position that allowed them the option to stay at home, the postwar era was their moment-in-time. The media in the late 1940s and early 1950s focused their depictions of women on the white middle-class woman of the suburbs whose life revolved around her husband and children. Women in this fortunate group epitomized all that

---

[10] Armstrong and Armstrong, 20.

[11] Sheila M. Rothman, Women's Proper Place. A History of Changing Ideals and Practices, 1870 to the Present, (New York: Basic Books, Inc., 1978) 224.

was good about North American womanhood. Magazines and films portrayed marriage and motherhood as the conservative and domestic ideal and, although few women achieved the level of the quintessential homemaker, many gave it their best effort despite their limited chances of success. For many, the opportunity to live in a single unit home in the suburbs was a chance to bring up children in an environment that was happier, healthier and safer than anywhere else.[12]

This desire for security and stability has been strongly linked by several authors to the possibility of Soviet aggression during the Cold War.[13] Having come through an economic depression and a world war, many North Americans became preoccupied with establishing a stable

---

[12] Veronica Strong-Boag, "'Their Side of the Story': Women's Voices From Ontario Suburbs, 1945-60," A Diversity of Women: Ontario, 1945-1980, ed. Joy Parr (Toronto: University of Toronto Press, 1995) 55. See also Sara M. Evans, Born for Liberty: A History of Women in America, (New York: The Free Press, 1989), Susan M. Hartmann, The Home Front and Beyond: American women in the 1940s, (Boston: Twayne Publishers, 1982) and Joanne Meyerowitz, Not June Cleaver: Women and Gender in Postwar America, 1945-1960, (Phiadelphia, PA: Temple University Press, 1994).

[13] Joanne Meyerowitz, ed. Not June Cleaver: Woman and Gender in Postwar America, 1945-1960, (Philadelphia, PA: Temple University Press, 1994), 3; and Joy Parr, ed. A Diversity of Women: Ontario, 1945-1980, (Toronto, University of Toronto Press, 1995), 5. See also Veronica Strong-Boag, "Canada's Wage-Earning Wives and the Construction of the Middle Class, 1945-60." Journal of Canadian Studies 29.3 (1994); Yvonne Matthews-Klein, "How They Saw Us: Images of Women in the National Film Board Films of the 1940's and 1950's," Atlantis, 4 (Spring, 1979); and M.. Susan Bland, "Henrietta the Homemaker and 'Rosie the Riveter': Images of Women in Advertising in Maclean's Magazine 1939-50." Atlantis, 8 (Spring, 1983).

family life that would be a bulwark against communism. Pulling back and establishing suburban bunkers, manned by a nuclear family with Dad as the breadwinner and Mom as the domestic engineer, would "strengthen the family and raise new citizens emotionally and mentally fit to win the Cold War."[14] For many postwar Canadians, this lifestyle met their hopes for a better life, giving them an opportunity to benefit from the successes of the capitalist way of life.[15]

Based on the social and economic disruptions that occurred after World War I, a fear for the future in 1945 was not unreasonable. In common with the Americans, economic and material circumstances improved for many Canadians. Nonetheless, there was still a vague distrust and uncertainty about the future in general, and the outside world, in particular. As a panacea to this ailment, the nuclear family was frequently presented by politicians, religious leaders and the media as a defence against many of

---

[14] Susan M. Hartman, "Women's Employment and the Domestic Ideal in the Early Cold War Years," Not June Cleaver: Woman and Gender in Postwar America, 1945-1960, ed., Joanne Meyerowitz, (Philadelphia, PA: Temple University Press, 1994), 85. See also Joanne Meyerowitz, Introduction, Not June Cleaver: Women and Gender in Postwar America, 1945-1960, (Philadelphia, PA: Temple University Press, 1994), 3. For a discussion on the impact of home and family as a fortress against Communist threats in the United States, see Elaine Tyler May's Homeward Bound.

[15] Veronica Strong-Boag "Home Dreams: Women and the Suburban Experiment in Canada, 1945-60," Canadian Historical Review, 72.4 (1991): 474.

these fears. Mary Louise Adams, in her work on postwar Canadian youth and heterosexuality, described the ideal family in the postwar era:

> ...Represented by married, middle-class, heterosexual couples and their legitimate offspring, the ideal family was at once seen as a source of affectional relationships, the basis of a consumer economy, a defence against Communism, and a salient metaphor for various forms of social organization, from the nation to the high-school class.[16]

To be part of a family was to be "normal" in the postwar social structure and those who deviated from this standard, particularly women, were often the subject of speculation and judgement from a broad range of experts on the national well-being. Marriage gave women a sanctioned, adult role to play in this family concept and, if she was white, Anglo-Saxon, middle-class and lived in the suburbs, put her forward as an example of what the future of the country was all about.

Not all women met this rigid standard that was idealized in the popular North American culture of the 1950s. Despite the portrayal of the suburban housewife as white, middle-class and outside the labour market, suburb

---

[16] Mary Louise Adams, The Trouble with Normal: Postwar Youth and the Making of Heterosexuality (Toronto: University of Toronto Press, 1997) 20.

dwellers included women of all classes and ethnic backgrounds as well as women who worked outside the home. Although there was a tendency in Ontario, for example, for groups with similar backgrounds, income and experiences to live near each other, owning a home in the suburbs was "largely determined by self-sacrifice and industry, not by privilege."[17] Hard work and sacrifice also played a major role in the lives of immigrant women and their families who came to Canada after the war. As Franca Iacovetta points out, their experience is largely overlooked in the picture of the postwar woman. For Europeans who had experienced the war firsthand, life in Canada offered real security and a dream of a better life for them and their families.[18] Although immigrant families frequently did not conform in either structure or composition to the middle-class model promoted for Canadians, immigrant women were expected to aspire to "conventional, middle-class ideas about the well-organized and contented stay-at-home mom" in a "middle-class Canadian model of family life."[19]

---

[17] Strong-Boag, "Their Side of the Story," 60.

[18] Franca Iacovetta, "Remaking Their Lives: Women Immigrants, Survivors and Refugees," A Diversity of Women: Ontario, 1945-1980 ed., Joy Parr (Toronto: University of Toronto Press, 1995), 149.

[19] Iacovetta, 146.

Another group that deviated from the perceived norm for women in the 1950s consisted of married women who worked outside the home. Increased opportunities for mass consumption brought more women, especially married women, into the labour force. By 1951, married women made up 30 per cent of the total female workforce compared to 12.7 per cent in 1941.[20] Many women continued the jobs they had before marriage until the birth of their first child. Once her last child entered school, a mother was increasingly likely to return to paid employment, often as a part-time worker in "female occupational ghettos, characterized by limited wages and restricted opportunities."[21]

Despite the difficulties of low wages and limited opportunities, many wives took great pride in their contribution to the family income. In addition to managing the family home and often assisting in its actual construction, these women were able to contribute financially towards its purchase and upkeep.[22] The additional income supported the family's aspirations for the

---

[20] Veronica Strong-Boag, "Canada's Wage-Earning Wives and the Construction of the Middle Class, 1945-60" Journal of Canadian Studies, 29.3 (Fall 1994), 7.

[21] Ibid.,7-8.

[22] Strong-Boag, "Their Side of the Story," 52.

benefits of a middle-class lifestyle, notably better housing, cars, appliances and educational opportunities for their children. The jobs available to women, however, did little to enlarge their experience or challenge domestic power relations. Most women had jobs rather than careers and were offered wages and status that were lower than the men of their social stratum.[23] In addition to working outside the home, a married woman still held the primary responsibility for the overall well being, health and cleanliness of her family and her home. The "double duty day" became a focus of concern in the 1950s as the number of women taking this path increased. The risk to children, marriages and society in general was debated regularly through the media.[24] The assumption that the women in question were white, of British heritage and suburban, overlooked the fact that wage work had long been normal for working-class, minority and immigrant women.

Entering the workforce was not a step most married women took lightly. Some had no choice. They, or their

---

[23] May, 77.

[24] Joan Sangster, "Doing Two Jobs: The Wage-Earning Mother, 1945-60," Joy Parr, ed. A Diversity of Women: Ontario, 1945-1980 (Toronto: University of Toronto Press, 1995) 99, and Strong-Boag, "Canada's Wage-Earning Wives," 5.

families, needed their pay cheques for survival. For those who chose to work outside the home, even part-time, there were deep concerns about maternal and wifely duties. Whatever their motivation to work, married women were judged and criticized, both in the media and in the neighbourhood.[25] In many cases, they judged themselves more severely than anyone else. In a letter written to her sister in 1956, Ruby Cress, having obtained a part-time position as a retail clerk in a department store during the Christmas rush, wrote:

> Guess what? I've got a job - oh kid - I'm so thrilled and so nervice [sic] I don't know what to do. I won't sleep a wink tonite I'll bet. You know I've been talking about getting a job for so long because Fred wasn't earning enough and I guess he got sick of hearing about it and he said, Either do something about it or stop talking about it and I finally got up enough nerve to go down the employment office to see what they could do for me.... hardly got home got home when they did and I'm to go to Musser's store on Monday afternoon and start selling gloves. I'm so scared. I'll have to make change and fit people and be on my feet all those hours - and what will Fred say when he comes home tonite and I tell him?
>
> Gosh, why did I do it? I could be so comfortable here just watching TV and working on my rug and I wouldn't need many clothes - this way if I work I'll have to dress up every afternoon and maybe come home on the bus or have Fred call for me and I'll always be in a rush with my housework and have to make dinner at noon. And I won't be home when the kids get

---

[25] Strong-Boag, "Canada's Wage-Earning Wives," 13-14.

> here from school - but that won't hurt them because they're big enough now to look after themselves for that length of time - Bill has his paper route and Sally could get supper. It would be good training. And I could use the extra money for so many things we need around here and maybe even save enough to buy a fur jacket and go on a trip - we've not had a holiday anywhere since we've been married. Besides it's just from now to Xmas - twenty eight days.
>
> Oh kid, isn't it exciting? I'll be able to buy you Xmas presents for money this year instead of just giving you pickles and relish. Bill wants a gear-shift bicycle - though I think he's too young - and Sally wants a portable phonograph.[26]

The concerns expressed by Ruby about the welfare of her family and her own ability to do the job for which she was hired, bring out the dilemma in which many married women found themselves. At the same time one can sense the excitement and challenge she feels at having a chance to prove to herself and to her family that she can be more than just a wife and mother.[27]

As the number of working women with families increased, so did the public debate over the value and the consequences of their work. The media forums held to discuss working

---

[26] Ruby Cress, Haven't Any News: Ruby's Letters From the 50's, ed. Edna Staebler (Waterloo, ON: Wilfred Laurier University Press, 1995), 58.

[27] See Joan Sangster, "Doing Two Jobs," 120-127, for a discussion on how mothers interpreted their dual roles. As well, Elaine May's Homeward Bound, 77, interprets the low quality of the jobs available to married women as doing little to challenge domestic power relations.

wives and mothers rarely stressed the economic needs of families but focused instead on the psychological and social repercussions to the family.[28] The ensuing guilt that many women experienced over the choice to work or stay in the home, assuming they had a choice, added to their burden of double duty. For women who took their jobs or careers too seriously and appeared to be flexing some feminist muscle, a book written in 1947 by Ferdinand Lundberg and Marynia Farnham[29] made it clear that they belonged at home. The authors described feminism as a "deep illness" and "rather than pursue such misbegotten goals, the healthy woman would choose to create a rewarding life for herself based on mothering and dependency, in tune with her biological and psychological destiny."[30] This ultra-conservative perspective, given credibility as a psychiatric work, placed all that was wrong with the world at the feet of "Woman".

Lundberg and Farnham had little to say about working women that could be considered supportive. On the subject of rates of pay for men and women, the authors dismiss

---

[28] Sangster, 125.

[29] Ferdinand Lundberg and Marynia F. Farnham, Modern Woman. The Lost Sex (New York: Harper & Brothers Publishers, 1947).

[30] Cynthia Harrison, On Account of Sex. The Politics of Women's Issues, 1945-1968, (Berkeley, CA: University of California Press, 1988), 24-25.

feminist claims of equal pay for work of equal value by pointing out that consideration must be given "to the fact that a man with his wages may be - and, traditionally, ought to be - helping support a wife and children."[31] Working women were further called to task for risking the loss of their femininity. In order to succeed in the world of commerce, masculine qualities were required:

> Work that entices women out of their homes and provides them with prestige only at the price of feminine relinquishment, involves a response to masculine strivings. The more importance outside work assumes, the more are the masculine components of the woman's nature enhanced and encouraged.[32]

The masculine qualities that women "must, and insensibly do, develop [were] the characteristics of aggression, dominance, independence and power."[33] According to the authors, as a woman develops the need to succeed, her character changes. She would then need psychotherapy if she ever hoped to function again as a real woman in matters of love, sexual gratification and motherhood. The depressing outcomes predicted in this work weighed heavily against the decision to work for the middle-class women who had a choice. Those

---

[31] Lundberg and Farnham, 205.

[32] Ibid., 235.

[33] Ibid., 236.

without a choice seemed doomed to forfeit their femininity or to drown in a sea of guilt, or both.

On a more liberal plane, the work by Alva Myrdal and Viola Klein, Women's Two Roles: Home and Work, came out in 1956 and gave its blessing to women who wanted the best of both worlds and were willing "to reach out for it."[34] For these authors, it was important that a woman choose her career carefully so that she could resume it once her children were in school. Rather than treating time in the labour force as a temporary measure before marriage, they stated that:

> The most sensible advice that can be given to young girls under present conditions is that they should choose a career best suited to their interests and inclinations, and work on the assumption that they will have to live by it, for marriage is not a panacea.[35]

In combining women's economic and social roles, Myrdal and Klein made several recommendations. Women should plan for a long and full life that would permit the opportunity to put training and education to work after having a family. Work should be taken seriously as a career rather than as a temporary measure before marriage, and the career chosen

---

[34] Alva Myrdal and Viola Klein, Women's Two Roles: Home and Work (London: Routledge & Kegan Paul Ltd., 1956), xiii.

[35] Ibid., 143.

should be one that would be easy to combine with marriage and motherhood.[36] While not ground-breaking by today's standards, the points they made in terms of women's lives in 1956 were significant. Their tone was supportive and flexible and, unlike the earlier work by Lundberg and Farnham, recognized that not all women were middle-class nor were they all culturally Western European. They also recognized that labour force participation was an acceptable life plan for women, allowing time and space for family commitments as well as career progression. Rather than being merely élite theory, Myrdal and Klein's ideas also appear to have expressed beliefs held by the relatively uneducated Ruby Cress. In a letter referring to her teenaged daughter who was clerking in a department store for the Christmas season in 1957, Ruby wrote:

> One thing for sure. Sally will never be a clerk in a store for the rest of her life. She's bored and hates it. I've no idea what she'll be. I only hope she doesn't think she's in love and gets married young before she really has something to fall back on. School teaching or something.[37]

The definition of women's work opportunities in both liberal and conservative writings presupposed that all

---

[36] Myrdal and Klein, 154-162.

[37] Cress, 85.

women would marry and eventually have children. It can be assumed that, based on the massive propaganda and media influences to that effect that were part of the postwar culture in North America, most heterosexual women saw marriage and children as part of their futures. Economic prosperity combined with an "ethic of consumption" provided the environment for an endless array of consumer items and, for women with families and households to manage, maintaining a balance of home and job became increasingly more complex.[38]

Like her married sisters, the single working woman was a necessary feature of economic life because of her significant discretionary buying power.[39] She was in a position to make her own decisions on how to spend her earnings. On a more emotional level, single women were also seen as a threat to the moral fibre of the nation. This was based on the independence of wartime women which gave "rise to fears of female sexuality as a dangerous force on the loose."[40] According to Elaine May, postwar

---

[38] Alison Prentice, Paula Bourne, Gail Cuthbert Brandt, Beth Light, Wendy Mitchinson and Naomi Black, Canadian Women: A History (Toronto: Harcourt Brace Jonanovich Canada Inc., 1988) 312.

[39] John D'Emilio and Estelle B. Freedman, Intimate Matters. A History of Sexuality in America, (New York: Harper & Row, Publishers, 1988) 305.

[40] May, 69.

Americans believed wholeheartedly that the happiness of men and women depended on marriage and only 9 per cent believed a single person could be happy.[41]

On the sexual front, a double standard was securely in place for young men and women. Males were entitled to push the sexual limits while females were in charge of holding the line. The double standard also crossed class lines when a girl's sexual availability was related to her class, education and occupation. Working-class girls were often seen as more available to middle-class males, for example, than those of their own class and background. This was, and is, based on the premise that middle-class girls were "nice" girls and working or lower-class girls were "tramps".[42] For young women, the pursuit of sexual experience often had to take place away from home territory "to escape the condemnatory attitudes that expressiveness closer to home would engender."[43] Middle-class girls were able to go away to college or nursing school which gave

---

41 May, 80.

42 D'Emilio and Freedman, 261-264.

43 Ibid., 264.

them the opportunity to gain more discrete sexual and social experiences.

The majority of career prospects for single women were in clerical, sales, and service occupations as well as nursing, teaching and factory work.[44] Compared to those held by men, these jobs were characterized by low wages and limited opportunities that held the women workers at a lower standard of living. Although few unmarried women set out to remain single, vocational guidebooks urged all young women to prepare themselves to earn a living in case of an emergency or to earn extra money to enhance their family's standard of living.[45] As Ruby expressed it in reference to her daughter, a girl chose a career path based on the opportunities for discretionary employment after marriage, not necessarily in place of marriage. It was important that she have "something to fall back on."

For women who did not marry, either by design or chance, life in the postwar era in North America was often out of step with the dominant cultural expectations. To marry was "normal;" to remain single was not. In her work on oral histories of women in the fifties, Brett Harvey

---

[44] Strong-Boag, "Canada's Wage-Earning Wives," 7.

[45] May, 81.

stated that "the current of the mainstream was so strong that you only had to step off the bank and float downstream into marriage and motherhood."[46] Not to embrace this manifest destiny of marriage and motherhood had the potential to make a woman the object of either pity or suspicion and sometimes both.

While the media were presenting women with powerful inducements to early marriage and the stressing the importance of family life, the unmarried woman in Canada was being helped "to face up to herself and her life" by advisors like Dr. Marion Hilliard.[47] A frequent contributor to *Chatelaine*, Dr. Hilliard, as Chief of Obstetrics and Gynecology at Women's College Hospital in Toronto, wore the mantle of learned professional and medical expert on the subject of women and womanhood in postwar Canada. In her view, the first step an unmarried woman without prospects had to take was to come to terms with the traumatic fact that she would never marry and would be "left on the shelf" for the rest of her days:

> This is the bitter, desperate adjustment that a single woman has to make. Nothing will ever

---

[46] Brett Harvey, The Fifties: A Women's Oral History (New York: Harper Collins, 1993) xiii.

[47] Dr. Marion Hilliard, A Woman Doctor Looks at Love and Life (Toronto: Doubleday Canada Ltd., 1957) 92.

> again be as painful as the moment she realizes that she will live all her life alone; no moment will ever hurt so much. Once this is past she can begin to sort out her existence on the sound and sane basis of "This is how it is going to be," rather than the treacherous, doomed "This is what might happen tomorrow."[48]

Once that initial adjustment was made, Dr. Hilliard strongly urged single women to set up new friendships with other unmarried "girls" with whom they could share mutual interests. A single woman was admonished never to cling to old friends who had married as "there is no point in flattening her nose against the candy store window, and she's out of place at a gathering of married couples" for "the married woman and the unmarried woman's lives are too different; they can only, unwittingly, hurt one another."[49] The message was clear. Once cordoned off in their own world, single women should work together to make the best of what was left to them.

Not surprisingly, given that these women faced a future without a husband or children, the approach recommended by Dr. Hilliard in dealing with sex was equally restrained. Rather than risk becoming a party girl with a tarnished reputation that could haunt her for the rest of her

---

[48] Hilliard, 92.

[49] Ibid., 94.

unmarried life, she strongly advised single women who were suffering from "the difficult and complex area of her biology" to sublimate their sexual urges. This could be accomplished if she would just "[r]ead a mystery story... Visit a friend with five children under ten years of age. Take a very hot bath and plan [her] next vacation."[50] The understanding was that if they kept themselves celibate, busy and productive, there was a very good chance that, in their later years, they would eventually be joined in singlehood by their married sisters who would, by then, be aging widows and divorcées.

For women who joined the military as nurses, the concept of married versus single nursing sisters became very important. Not only did it determine their career progression but it also strongly affected their relationships with male officers and with each other. As the largest group of female officers in the Armed services, nursing sisters lived a fairly segregated existence. Outside of work in the hospitals or clinics, they lived and socialized in an all-female environment with rules and regulations set up both to protect and control them. They were rarely kept on staff after marriage and were never

---

[50] Hilliard, 98.

retained in the military if they became pregnant. As single women, grouped together, nurses had to depend on each other socially and emotionally as well as professionally.

The relationships that were created in this environment were often close and supportive. Although the heterosexual nuclear family was the valued norm of the Canadian social structure and was, for women, the only site for legitimate sexual activity[51], this avenue was closed to the nursing sisters as long as they chose to remain in the military. The relationships that developed among many of the nurses were undoubtedly strong and resilient and, in most cases, lasted throughout their careers.

Not surprisingly, given that these women were a minority in the male-dominated military culture, there was an ongoing suspicion of homosexual activity among all servicewomen, including the nursing sisters. According to D'Emilio and Freedman in their examination of sexuality in the United States, men and women who joined the military in the Second World War, participated in "a nationwide 'coming out' experience."[52] They argue that the wartime experience

---

5: Mary Louise Adams, The Trouble with Normal: Postwar Youth and the Making of Heterosexuality (Toronto: University of Toronto Press, 1997) 38.

offered millions of young men and women the opportunity to leave their families and neighbourhoods and move across the country or the world to live in sex-segregated, nonfamilial institutions. Out from under the close scrutiny of family connections, they were able to explore all manner of relationships, both heterosexual and homosexual. For women in the Service, the all-female environment gave them the opportunity to develop close friendships and, often, sexual relationships with other women which lasted for many years. Perhaps because of the close associations that developed, their identities as women grew stronger and they saw the value in close female relationships. For nursing sisters during the war and in the postwar era, the connections with each other as women provided a support system that helped them deal more effectively with the male-dominated military system. No doubt having been trained as nurses in a healthcare system that was equally influenced by men, they were already aware of the importance of strong female associations.

---

[52] John D'Emilio and Estelle B. Freedman, Intimate Matters: A History of Sexuality in America (New York: Harper & Rowe Publishers, 1988) 289. See also Gary Kinsman, The Regulation of Desire: Homo and Hetero Sexualities, 2nd ed., rev. (Montreal: Black Rose Books, 1996) 154-7 and Trisha Franzen, Spinsters and Lesbians: Independent Womanhood in the United States (New York: New York University Press, 1996) 133-5.

World War II and the fifteen years that followed produced many changes for women in North America. War and war production drew large numbers of them into the workforce, and old taboos against women, especially married women, as workers were temporarily put aside for the duration. With the full cooperation of the media, industry and government were able to promote a "new" image of the woman war worker, one that maintained the deeply-rooted ideas that separated the popular image of women from basic beliefs about peacetime roles. The temporary nature of women's role in both the civilian workforce and in the military, acknowledged the expectation that women would return to "normal" once the war was over, making little permanent change to the sex-based division of labour.

After years of economic depression followed by war and social upheaval, North Americans were looking for security and stability. Both men and women looked forward to the opportunity to enjoy the booming economy and the consumer benefits that were part of the increased standard of living. As women were encouraged to accept the loss of their wartime positions, homemaking became their new calling and the stable family life they were to create would become a bulwark against the threat of Communism and the Cold War.

Women of all social and ethnic backgrounds were encouraged to aspire to the white, middle-class standard of suburban living that was projected in the media. Women's ability or inability to manage this task became the focus of many books and magazine articles throughout the period. Women who remained in the workforce faced low wages and limited opportunities for advancement and for many married women, part-time work in clerical, sales and service sector provided the opportunity to raise their families standard of living.

As part of the postwar culture in North America, most women saw a heterosexual marriage and motherhood as part of their futures. Whether they achieved this goal or not, the expectation was there, both on the part of women and of society in general. Being part of the workforce was seen as a temporary measure until marriage then the option remained for a return to gainful employment when family commitments would allow. Women who did not marry and remained in the workforce had to deal with limited career progression as well as their own and society's concerns about their femininity. The nurses who joined the military in the postwar era harboured the same ambitions as their civilian counterparts but took the opportunity to pursue a career

outside the usual options for women. Although they were still nurses who performed in an accepted female role, the military offered them a chance to move beyond the usual parameters of female nursing practice, most notably in the field of flight nursing and aeromedical evacuation.

Chapter 2

Nurses - With a Difference

Health care in Canada was altered by World War II, not only by the type of care that was given but also in the way that care was delivered. Advances in medical technology, many of which were a direct by-product of war, called for a larger, more centralized and skilled delivery system. Nurses made up the vast majority of the required workforce, and although nursing practice had altered to match the technological advances, training methods for nurses remained much as they had been before the war. Based on the apprenticeship system, hospital-based nurse training produced a relatively compliant and subservient group of workers. This system helped to maintain the cost-effectiveness of the expanding hospital system and supported the continued dominance of medical doctors in Canadian health care.

The nurses and doctors who joined the military, both during and after the war, were products of the civilian system of medical training and practice. For military nurses, their experiences in the civilian hospital system prepared them in many ways for the conditions under which they were to serve in the Air Force. There were many

parallels in the military and medical organizations where the services of these women were appropriated by the male hierarchies.

This chapter will explore the connection between military nursing and civilian nursing through a common work culture. An examination of their student training and the impact it had on their perceptions of themselves as nurses and as women will be used to construct part of the image of the military nurse. Knowing where she came from and where she would return if she left military nursing will clarify what made the RCAF nurse different from nurses in general in postwar Canada.

Following World War II, the population of Canada grew quickly, producing a corresponding expansion of hospital resources. Public funding, based on a federal grant system established in 1948, resulted in hospital construction that provided an additional 90,295 beds by 1961.[1] With higher wage levels for Canadians and the concomitant increase in purchasing power after the war, the use of health services paralleled the growth in the purchase of consumer goods. With hospital expansion, there was a corresponding increase in employment opportunities for nurses. In 1941, there were

---

[1] Helen K. Mussallem, A Path to Quality, (Ottawa: Canadian Nurses Association, 1964) 49.

25,826 registered nurses in Canada and, by 1955, that number had almost doubled to 50,131 nurses. As well, the Canadian Nurses Association (CNA) reported an increase of 47 per cent in the number of nurses based in hospitals between 1930 and 1960, and a 21 per cent decrease in the corresponding period for those in private duty practice.[2] By 1961, all provinces were participating in a universal hospital insurance scheme cost-shared with the federal government that covered care given in hospitals. New treatments, new technology and new demands, both by patients for hospital care and by physicians for facilities in which to give care, resulted in escalating demands for state funding. The hospital was well on its way to becoming the main focus for the delivery of health care in Canada, firmly establishing nurses and physicians as the main players and the government as the financial resource for their activities.

The introduction of hospital insurance also led to a decline in the number of traditional hospitals established and operated by religious orders and other charitable organizations. Unable to keep pace with the high cost of equipment, technology, and staff, many were given over to provincial governments to administer. At the same time,

---

[2] Mussallem, 49-50.

there was a corresponding growth in the hospital-based health care dominated by male physicians and administrators.[3] Since physicians held the legal right to admit, treat and discharge hospital patients, the care provided by nurses was placed more firmly under medical control in the institutional setting.

The work done by nurses in hospitals reflected the medical model, which tended to be more illness-oriented than health or wellness-oriented. The medical model, in turn, echoed an engineering concept by viewing the "body as a group of linked but separate parts."[4] Taken together, these two approaches determined where, how and by whom the patient was treated. The engineering mentality helped produce an increase in the rôle of technology in treatment. This use of technology increased the number of health care workers who dealt with the patient so that during a course of treatment he or she could encounter dozens of different hospital personnel who were neither nurses nor physicians. Between 1953 and 1960, the number of para-medical personnel, such as x-ray and laboratory technicians, increased by 63

---

[3] Pat Armstrong, Jacqueline Choiniere and Elaine Day, Vital Signs: Nursing in Transition (Toronto: Garamond Press, 1993) 28-9.

[4] Armstrong et al, 36.

per cent.[5] At the same time, increasing numbers of ward aides and nursing assistants took over a large portion of the personal care work that was once the province of the nurse. The growth of the modern hospital complex changed the work that nurses did from the traditional model of caring to one that was moving closer to the medical model of curing. As nurses took on more medical and technical tasks, they focused more of their activities on supervising others who were doing the actual care-giving. While the practice of nursing was rapidly changing and the technical complexity was growing, nursing education however remained much as it had been in the 1930s.

Learning to be a nurse or obtaining nursing skills occurred in a relatively informal manner for most women in North America until the middle of the nineteenth century. Nurses who had trained under Florence Nightingale in England, were recruited by several hospitals in Canada to improve the standard of nursing and patient care by supervising the formal training of nursing staff. The Mack General and Marine Hospital in St. Catherines Ontario, opened the country's first school of nursing in 1874, and

---

[5] Canada, Royal Commission on Health Services. Report, Volume 1 (Ottawa, Queen's Printer, 1964) 281.

was soon followed by the Montreal General in 1875, the Winnipeg General in 1887, the Victoria General in Halifax in 1890 and the Royal Jubilee Hospital in Victoria in 1891.[6] These institutions attracted young women who would work on the wards for up to three years "in training" to qualify eventually as graduate nurses.

As the hospital system grew, the training of nurses became more structured and was "overwhelmingly female."[7] With the advent of germ theory and improved treatment for many previously fatal diseases and conditions, the hospital became more than a last resort for the indigent or dying. As hospitals increased in size with the growth in urban population, a larger and more reputable staff was needed to tend to the needs of the larger numbers of patients who came from a broader class base than in the past. In the same way that teaching and office work had become suitable occupations for young women, nursing became a respectable form of work for the daughters of the "middling classes," a label that Susan Reverby uses to describe a disparate group

---

[6] Kathryn McPherson, Bedside Matters. The Transformation of Canadian Nursing, 1900 - 1990 (Toronto: Oxford University Press, 1996) 27.

[7] Veronica Strong-Boag, "Making a Difference: The History of Canada's Nurses," Canadian Bulletin of Medical History 8 (1991): 240.

of people "who were neither wealthy nor desperately poor."[8] Nurses' increased level of respectability further enhanced the reputation of hospitals and their Christian service and capacity for hard, physical labour made them ideal workers for the emerging hospital industry.[9]

Equally important in the development of hospitals in North America was the role played by the physician. As the hospital became more attractive to the middle classes with new therapies and safer care, there were economic benefits to be reaped by the medical profession. A fee-paying clientele attracted more private physicians and many hospitals, both large and small, were headed by physicians who could determine hospital policy. This element of control in the operation of the hospital, combined with an army of low-cost, respectable female labour, convinced many physicians that there was "a good deal of money to be made from the practice of medicine"[10] but only if costs could be

---

[8] Susan M. Reverby, Ordered To Care, The Dilemma of American Nursing, 1850 - 1945 (Cambridge: Cambridge University Press, 1987) 215.

[9] Nursing was also considered a "White" profession. As Kathryn McPherson notes "women of colour rarely were accepted in training programs on the grounds that White patients could not be entrusted to the care of non-White nurses." McPherson, 118.

[10] Jo Ann Ashley, Hospitals, paternalism, and the Role of the Nurse, (New York: Teacher's College Press, 1976) 4.

kept to a minimum. One of the most effective methods of cost containment that benefited both hospitals and physicians was the economically efficient labour provided by the thousands of apprenticing student nurses. This was particularly advantageous for hospitals that relied on charitable donations and Church support for their operations. The cost benefits to these institutions from the labour provided by students were matched by the services provided by members of the lay and religious orders who owned the hospitals. Many of these women took vows of poverty and obedience and provided social service activities at very low cost.[11]

The expansion of nursing schools in hospitals was due largely to this low cost and efficient method of apprenticeship training. Under the direction of physicians and hospital administrators, the size of the student population was often determined by the patient population of the hospital, as well as the availability of residential facilities to house the students.[12] Under the apprenticeship system, the student, often with little or no formal class time, was assigned to the ward as a worker.

---

11 McPherson, 22-3.

12 Ibid., 31.

Under the direction of the staff nurse or, more likely, a senior student, she was available for hospital service for up to three years. The hospital, in turn, supplied her with room, board, uniforms, a small stipend and close control designed to monitor the student's professional, social and moral behaviour both on and off duty. This system remained as the basis for the training of nurses until the 1970s.[13]

Apprenticeship as a form of nurse training had direct benefits to the hospital. With a large pool of student labour, the hospitals employed only a small number of graduate nurses and used them as supervisors or head nurses to oversee the activities of the student workforce. This was the case in the 1950s when student nurses at a hospital in Halifax were responsible for the care of patients during the night shift with only two graduate nurse supervisors for the whole institution: one for the obstetrical ward and one for the rest of the hospital. In addition, night duty at that time was scheduled in a two-month block that, according to one nurse, did not include days off. After a ten-hour night shift, students were expected to attend classes held during the day at time scheduled for the convenience of the

---

[13] McPherson, 31.

physician lecturers.[14] The educational component of the nursing school rarely interfered with the service component valued by hospital administration.

Hospital nursing schools, according to Barbara Melosh, gave students a "direct socialization into the work they would do as graduates."[15] She extends this thesis further by drawing on Erving Goffman's definition of a "total institution" where the usual boundaries between public and private collapse. The strict control exerted by the hospital administration over the students' work and social lives maintained an authority that would not be present outside of a prison or an asylum.[16] In addition to a requirement to live in the hospital residence, student nurses were restricted in all their outside activities. Students were permitted one midnight pass per week, for example, and overnight passes were only authorized for visits to people who were approved by the school and the girl's parents. As well as controlled mealtimes and bedtimes, their hemlines, hair styles, makeup and even

---

[14] Patsy Hazell, a student at the Halifax Infirmary in 1958. Personal Interview, 02 January 1997.

[15] Barbara Melosh, "The Physician's Hand." Work, Culture and Conflict in American Nursing (Philadelphia: Temple University Press, 1982) 49.

[16] Melosh, 49.

lingerie (white, cotton, no lace) were prescribed. While on duty, the students were expected to stand for physicians or senior nurses, use the stairs rather than the hospital elevators, and never, under any circumstances, be seen with idle hands. The student's experience of apprenticeship and initiation prepared her for the self-contained world of the hospital and its elaborate rituals of hierarchy as a part of a skilled but subordinate workforce.

The framework in which nursing education developed was strongly influenced by Victorian values of womanly service and feminine nurturing. The hospital-based training system fostered the growth of these ideas well into the 1970s and reaped many benefits. Not only did nursing schools provide a low-cost source of respectable labour for hospitals, but also the labourers themselves were easily managed through a training system that emphasized discipline, order and practical skills. As the workforce was almost exclusively female, altruism, sacrifice and submission were encouraged and expected.[17]

This is not to say, however, that student nurses necessarily saw themselves as helpless victims, battered and beaten. The authority held over them by the hospital

---

[17] Reverby, 75.

hierarchy provided them with a safe and stable environment in which they could develop the skills and practice necessary for a strong occupational identity and work culture. Through the close, structured lifestyle experienced by hospital students, both on and off duty, their powers as the weaker half of the relationship were validated through their shared relationships.[18] This kinship provided them with the support and sustenance that were critical to their emotional survival. By "coming together" and providing mutual support and connections, student nurses, and the graduate nurses they were to become, were stronger and more powerful than the outside observer would have expected. Whether they were students masterminding elaborate schemes to circumvent the curfews in the nurses' residence or staff nurses exerting pressure on an officious intern or on-call doctor, they were able to negotiate the maze of hospital rules and medical authority. The nursing culture that was created gave nurses a degree of control over their work that was an important aspect in developing a cultural identity. This continued on after training and was based on shared student experiences that

---

[18] Elizabeth Janeway, Powers of the Weak (New York: Alfred A. Knopf, 1980) 110, 171.

created a bond from one nurse to another, similar to that experienced by war veterans. For nurses who enrolled in the Royal Canadian Air Force (RCAF), this "nurse culture" eased their assimilation into the military culture and their rôles as nursing sisters.

For the nurses who served in the Second World War, the transition to military life was eased not only by a common nursing history but also by the relative popularity of the war effort. Perceived as a suitable occupation for young women, nursing provided the context in which the military could comfortably accept females. Already trained in their profession and acculturated to conformity and obedience, they were ideal recruits and finding suitable candidates was not difficult. At the time war was declared, mobilization of the nursing service was organized by military district and supervised by the district medical officer. Criteria for selection as a nursing sister emphasized that the candidates had to be women who were both young and single. To qualify for appointment to the Air Force, a nurse had to be a British subject and physically fit for military service, be between 25 and 45 years of age, be unmarried or

a widow without children and be a graduate of an accredited school of nursing.[19] She also had to be "well recommended as to ability in her profession by a responsible physician of the district in which she resides."[20] Even before she became a nursing sister, a woman had to have her skills and proficiency in nursing validated by a doctor who was most likely a male. This would set the tone for the medical system in which she would work for the duration of her military career in the Air Force.

From the time it was set up during the early days of the war, the RCAF medical branch included a section of nursing sisters as well as physicians and medical orderlies. Beginning with 12 nurses seconded from the Army medical corps in 1940, the RCAF had, at peak strength in October, 1944, a full complement of 395 nursing sisters.[21] The medical branch provided care at Air Force bases and flying stations across Canada as well as three overseas establishments in England. The larger medical installations

---

[19] G.W.L. Nicholson, Canada's Nursing Sisters (Toronto: A.M. Hakkert Ltd., 1975) 116.

[20] NAC RG 24, Vol. 3365, File 400-2-1, vol. 1, "Nursing Sisters - RCAF Policy - Qualifications'" 17 July 1943.

[21] W.R. Feasby, ed., Official History of the Canadian Medical Services, 1939-1945: Organization and Campaigns (Ottawa: Queen's Printer, 1956) 439.

functioned much like civilian hospitals where doctors and nurses carried out their traditional roles in an established setting. On smaller stations and airfields where flight training was carried out as part of the British Commonwealth Air Training Plan, the medical facilities, similar to a small clinic or infirmary, were under the direction of a unit medical officer who supervised the duties of the nursing sisters assigned to him. The senior charge nurse or matron was directly responsible to the medical officer for any patient care and treatment carried out by the junior nurses and the male medical orderlies. She was also responsible to him for the conduct, dress and deportment of the other nurses, both on and off duty. Despite the change in titles and uniforms, the routines and patterns for physicians and nurses established in the civilian medical system were closely followed by the military, especially in hospital settings.

From the very beginning, the position of nurses in the Air Force posed a problem for those in command. An area of particular concern was nurses' status *vis-à-vis* physicians, especially in the matter of rank. It was not until 1942 that members of the RCAF nursing service acquired full officer status, granted to them by an Order in Council in

May, 1942.[22] Unlike medical officers, they held only the relative rank of officers which did not carry with it the same power of command that was exercisable by all male officers of corresponding commissioned rank. There was, however, a concern on the part of the senior medical officers in Ottawa that, should the nurses be commissioned, there was a risk of a nurse out-ranking a doctor. As it was expressed in a flurry of memoranda sent through various departments at Air Force Headquarters: "It would never do to have a nurse senior to a medical officer under any circumstances" and "Matrons, Nursing Sisters and Probationers, who are entitled to commissions and precedence as officers, [should] rank as such immediately under medical officers, irrespective of the seniority of the medical officers."[23] The matter was finally put to rest, at least on an official level, when the Judge Advocate-General decreed that only in medical situations would a junior doctor outrank a more senior nursing sister.[24] This

---

[22] NAC RG 24, Vol. 3366, File 425-1-1 vol.2 "Order in Council, PC4059" dated 15 May 1942.

[23] NAC RG 24, Vol. 3366, File HQ 400-2-5, Minute 3 to Memorandum "Rank on Appointment" dated 27 May 1942.

[24] NAC RG 24, Vol. 3366, File HQ 400-2-5, Memorandum from Judge Advocate-General, dated 18 June 1942

solution appeared to satisfy all parties, perhaps because they were all products of the civilian medical world where that was the usual practice.

Once the nursing sisters had been commissioned as full officers in the RCAF, a proposal was put forward by the Directorate of Personnel to absorb the nursing branch in to the Women's Division (WD). This caused a great deal of concern among the military nurses and in the nursing community in general. As part of the WD, nurses would be required to adopt WD ranks rather than be addressed as "nursing sister." They would also have to take a course in drill as part of their basic training and would be called upon to salute. Nurses, until then, had not been required to salute with the hand in the usual manner and, in situations where a salute was appropriate or required, nursing sisters were to pay or acknowledge compliments "in the Nursing Service traditional manner, by turning the head and eyes smartly to the required direction and bowing. Under no circumstances are Nursing Sisters to salute with the hand."[25] As members of the WD, nurses would lose their

---

[25] NAC RG 24, Vol. 3366, File HQ 400-2-5, Memorandum "Saluting - Nursing Sisters" dated 06 Mar 44. A salute was a sign of respect or a "compliment" paid to or acknowledged by the holder of the King's Commission.

special status and become just a small part of a much larger organization.

The thought of losing their distinct standing in the Air Force disturbed four senior nursing sisters enough that they petitioned the help of the Canadian Nurses' Association (CNA). For those nurses and the executive of the CNA, nursing sisters were in the military to care for the sick and injured as part of the medical branch, not to be drilling endlessly on a parade square. It was noted in the Minutes of the Executive Committee of the CNA that nursing sisters were "specifically recognized as an auxiliary to the medical services of the fighting forces, and the professional service of nursing which they render is of a distinctly different character from that of other enlisted women." This action could "adversely affect the recruitment of nurses for a service which should include the most highly skilled members of the nursing profession" and would "undoubtedly lessen the confidence of the sick and injured of all ranks during time of great stress."[26] Putting the full force of the CNA behind the RCAF nursing sisters, Miss Marion Lindeburgh, the President, wrote directly to the

---

[26] CNA MEC Box A1.1 ARC WY1 CA1 "Canadian Nurses' Association - Minutes of Executive Committee," dated 27 June 1942.

Minister of Defence for Air, C.G. Power, and formally protested the change in the nurses' status that would remove them from the control of the medical branch. In his reply, the Minister apologized for any misunderstanding and assured Miss Lindeburgh that the status of the nursing sisters would remain unchanged and they would not be incorporated into the Women's Division. His reply to that effect continued to be cited in Air Ministry correspondence relating to the position of nursing sisters for the next ten years.[27]

In addition to losing their professional association with the medical branch, amalgamation with the WD would affect the nursing sisters financially, since the pay and pension benefits of the Women's Division were two-thirds that of the male members of the RCAF. The fact that the nursing sisters were paid on a par with servicemen rather than servicewomen was a bone of contention at Air Force Headquarters. In a memorandum on the subject, Air Commodore R.W. Ryan, stated that "It has always been the opinion of the undersigned that the Nursing Sister [sic] in the RCAF and the Army are overpaid, so that the present position must

---

[27] NAC RG 24, Vol. 3366, File HQ 400-2-5 "Letter to Miss M. Lindeburgh, President, CNA from MND(A)" dated 01 Dec 1942. See also Memoranda "Saluting - Nursing Sisters" dated 06 Mar 1944 and 22 Apr 1952.

be entirely satisfactory to them."[28] Despite the Air Commodore's views, nursing sisters continued to be paid the same rate of pay as male officers of the same rank. It was not until the Postwar Pay and Allowances Regulations were put into effect at the end of the war that other women officers were given the same benefits.[29]

Rates of pay were an attractive feature of nursing in the military, both for those who were serving and for those who were considering a career as a nursing sister. In 1946, the monthly salary for a nurse of Flying Officer (F/O) rank was $175 per month and, for a Flight Lieutenant (F/Lt), who would be the equivalent of a head nurse in a civilian hospital, the salary was $205 per month.[30] Salary ranges for civilian nurses, even in large urban centres in Canada, did not reach that level until 1950. Smaller rural hospitals in 1950 were offering a general duty nurse position with a six-day week at $145 per month including room and board.[31] By 1955, the RCAF nursing sister F/O

---

[28] NAC RG 24, Vol. 3365, File 400-2-1 vol.1 "Nursing Sisters - RCAF Policy - Pay" 04 January 1943

[29] NAC RG 24, Vol. 3365, File 400-2-1 vol.2, Memorandum to D of P from JAG, dated 17 Aug 1946.

[30] NAC RG 24 Vol. 3365, File 400-2-1-vol. 2 "Terms of Service N/S" dated 03 June 1946.

received $319 per month as a general duty nurse and a F/Lt was paid $384 per month for a head nurse position.[32] A corresponding federal employer, National Health and Welfare, offered only $260 per month for general duty nursing, $59 less per month than the military. A head nurse position in a large Toronto hospital was advertised in the Canadian Nurse offering $225 to $295 per month, a $89 to $159 per month difference from RCAF rates of pay.[33] Having their salaries tied to their rank rather than their profession provided nursing sisters with an attractive financial reason for joining and for remaining in the Air Force in the 1950s.

Despite the opportunities and pay offered by the Air Force, by 1948 there were only 42 nurses on strength in the RCAF.[34] The end of the Second World war saw the demobilization of large numbers of officers and other ranks from the military including almost all the nursing sisters. Most of the medical work carried out during this period

---

[31] Canadian Nurse, 46.5 (May, 1950): 422-23.

[32] NAC RG 24, Vol. 7921, File 2-6500-N15 pt. 2 "N/S Pay and Subsistence," dated 08 Aug 1955.

[33] Canadian Nurse, 51.9 (Sept. 1955): 751.

[34] NAC RG 24, Vol. 7921, File 2-6500-N15, pt.1, "Minutes of 94th Meeting of Inter-Service Medical Committee," 22 November 1948. This committee, made up of senior medical officers, was responsible for making recommendations to the Minister of Defence for all policies affecting medical personnel.

involved the repatriation and transfer of sick and injured personnel back to their home stations and rehabilitation hospitals. As one war ended, another more subtle version was underway that would mark the beginning of what was to become known as the Cold War. The corresponding growth in the military also included an increase in the number of women recruited to serve as nurses in the Medical branch of the RCAF.

Canada's strategic position in the postwar era created new opportunities for nurses in the RCAF. The geographical positioning of Canada between the Cold War's chief protagonists, the United States and the Soviet Union, could not be ignored. The American nuclear capability was matched by the Soviets with the detonation of their first hydrogen bomb in 1953[35] and it was anticipated that any strike against the United States would come by air over the North Pole. In addition to nuclear arms, the Soviets had long-range bombers capable of striking the populated areas of North America with either conventional weapons or nuclear weapons. Attack by the "Russians" was considered a very real possibility by the citizens of Canada and the United

---

[35] William R. Willoughby, The Joint Organization of Canada and the United States (Toronto: University of Toronto Press, 1979) 136.

States and, in the 1950s, weekly air raid drills for school children were held where they would all practice getting under their desks and covering their eyes in the event of a nuclear attack. It was seen as completely logical that the Soviets would drop a bomb or two on Canada while en route to the major population centres of the United States.

In this context, Canada's North was considered a critical factor in the defence of North America during the Cold War with the Soviets. Air defence became the focus of the bilateral relationship between the two countries and a system of both Canadian and American radar networks was set up across northern Canada. By pooling scientific and financial resources, a series of three warning systems was set up between 1951 and 1957. The Pinetree radar line ran along the border, the Mid-Canada line along the 55th parallel and, in the far north, the Distant Early Warning line at the 70th parallel. These installations, initially staffed by both Canadian and American personnel, were equipped with semi-automatic computer systems that were intended to give instant warning of pending attacks.[36] Unlike the Second World War when the concentration of bases, stations and personnel was in the south of the country, the

---

[36] Willoughby, 137.

Cold War increased the numbers of technical and support staff and their families on small, often isolated installations scattered over the entire country from the far north to the American border as well as in parts of Western Europe. The isolation and size of these units required a support staff that could duplicate the range of services that would normally be available to the personnel and their families at larger, less remote stations.

The medical care in these isolated communities, for both military personnel and their families, was supplied by the RCAF medical service and the duties carried out by the medical staff, especially the nursing sisters, covered a broad range of activities, both on the ground and in the air. Many nurses worked at radar stations like Holberg on the northern tip of Vancouver Island. It was accessible only by sea or air in 1956 and, with a combined military and dependent population of 500, was provided with complete medical care.[37] This care included obstetric, paediatric and public health services. The ten bed infirmary and MIR[38]

---

[37] NAC RG 24, Vol. 7921 File 2-6500-N15, pt.2, "RCAF Proposal for Rank Structure in the Nursing Service'" 07 February 1956.

[38] The MIR or Medical Inspection Room in the Army and Air Force was similar to a minor emergency and outpatient clinic in a civilian facility. It was where military personnel could report, with the

was made up of two small houses joined by a short tunnel and boasted an emergency room, a delivery room and nursery, a small operating theatre and a ward for patient care. In these somewhat homey and rustic surroundings, a doctor and two nurses provided medical coverage on a twenty-four hour basis with the help of trained medical assistants.[39] It was not uncommon for a nurse to diagnose, treat and then transport a patient by air to a larger centre, all in the space of twenty-four hours. Larger flying units such as RCAF Station Chatham in New Brunswick, for example, provided care to 1300 service personnel with two medical officers and three nursing sisters in a twenty-five-bed infirmary. On this less-isolated base, the only care provided to service dependents was a public health programme in the station schools.[40]

Medical care was also provided for personnel and their dependents serving overseas beginning in the early 1950s. As part of the Integrated Forces of SHAPE (Supreme

---

permission of their supervisors, for diagnosis and treatment of minor injuries and illnesses. The Navy referred to it as "Sick Bay."

[39] Medical Assistants were servicemen of non-commissioned rank who were trained in providing medical care and first aid, both in military medical facilities and on the battlefield. A great deal of their initial training was carried out by nursing sisters in the larger hospitals.

[40] NAC RG 24, Vol. 7921 File 2-6500-N15, pt.2, "RCAF Proposal for Rank Structure in the Nursing Service'" 07 February 1956.

Headquarters, Allied Powers in Europe), Canada contributed four Fighter Wings, two in France and two in Germany. These units or Wings, each with a total population of approximately 2500 personnel and dependents, were considered part of the effort to defend Western Europe from Soviet invasion. As complete medical care was provided to dependents as well as service personnel, each unit had an infirmary of approximately fifty beds normally staffed by four medical officers and eight to ten nursing sisters.[41] In addition to their hospital and public health duties, the nursing sisters in these units were also involved in flying medical evacuations from Europe back to Canada.

On the other side of the world in the early 1950s, the Air Force was also providing medical evacuation as part of the war in Korea. A large-scale airlift was coordinated with the United States Air Force (USAF) to transport Canadian casualties back to Canada.[42] The RCAF supplied flight nurses and flight medical assistants for the airlifts and the Canadian Army Medical Corps assisted in staffing the British Commonwealth Hospital and medical units in Korea.

---

[41] NAC RG 24, Vol. 7921 File 2-6500-N15, pt.2, "RCAF Proposal for Rank Structure in the Nursing Service'" 07 February 1956.

[42] Nicholson, 214.

With the signing of the truce in 1953, both services provided medical care to the prisoners of war who were released by North Korea and flew them back to Canada.[43] The flight between Korea and Canada was about 6200 miles by way of Honolulu and Wake Island and took forty-eight hours of flying time to complete.[44]

Transportation by air was an important development in the management of war casualties. In the Korean War, where aeromedical evacuation was used extensively to transport the injured from the battlefield to the field hospital, the mortality rates were half of those in World War II. Prompt and efficient first aid at the scene, followed by rapid evacuation by helicopter to a surgical hospital and a steady supply of whole blood and antibiotics, led to low overall fatalities.[45] Not only did early treatment increase a soldier's chances of survival, but it also decreased his rehabilitation time and had him ready to return to duty again. These cost savings in personnel made sense to the military mind: a battle-seasoned soldier, patched up and

---

[43] Nicholson, 216-7.

[44] NAC RG 24, Vol. 923, File C-500-104 "Air Transport Board Letter," 25 May 1954.

[45] Philip A. Kalisch and Beatrice J. Kalisch, The Advance of American Nursing, 2nd ed. (Boston: Little, Brown & Company, 1986) 597-8.

returned to the front, was much more valuable than a raw recruit replacement.

While the Americans had made extensive use of flight nurses in medical evacuations during the Second World War, Canadian nursing sisters did not take part in any airlifts before the war ended.[46] By 1948, nurses were considered again for part of the aeromedical evacuation role of the RCAF, and several were sent to take part in the flight nurse training in the United States over the next few years. The programme consisted of nine weeks of course work and training at the School of Aviation Medicine in Texas and Alabama, followed by a twelve-week preceptorship with an American air evacuation squadron. The stated purpose of the course was:

> to orient and indoctrinate student Flight Nurses in basic principles of Aviation Medicine; to enhance the development of skills and techniques necessary for aeromedical nursing care of medical and/or surgical patients, as well as those with personality disorders; to acquaint the student with the history, development and present organization of air evacuation; and, to provide the student with knowledge of the techniques to be used as expedients in the event of disaster.[47]

---

[46] Kalisch & Kalisch, 515; Nicholson, 213; and Feasby, 373-377.

[47] NAC RG 24, Vol. 620, File 450-N61, pt.1 "Flight Nurse Course, School of Aviation Medicine, Randolf Field, Texas," 24 December 1954.

The nurses who took the course in the early 1950s gained a great deal of experience during their preceptorship flying medical evacuation missions between Korea and Hawaii. By October, 1954, thirty-four RCAF nursing sisters had completed the training and, of the twenty-six who remained in the service, the majority were stationed at bases in the North and in Europe where medical evacuations and mercy flights were carried out.[48]

The broad intercontinental network of medical training and transportation provided a challenge to the flight nurses that moved them beyond the traditional nursing rôle. The job held a degree of risk as well as an opportunity for more independent nursing practice. When these women were not involved in flying duties, their daily routine and lives on the base were very similar to other nursing sisters. It could also be said that many aspects of their lives were analogous to their years as student nurses. Not only was their work as nurses strictly supervised by the military medical system, but their social and personal lives were restricted as well. Only as flight nurses did they step outside the confines of tradition.

---

[48] NAC RG 24, Vol. 700, File 452-N61, Memorandum to AMP, "Training - Flight Nurses," 21 October 1954; and Gwen M. Somers, "Flight Nurses: Royal Canadian Air Force," Canadian Nurse 51 (1955): 540.

Life on the ground was often the antithesis of life in the air for most nursing sisters. The independent, trained professional reverted back to the child-woman who was assumed to be in need of direction, protection and supervision. Much like students in hospital training, nursing sisters were required to be single and live in a nurses' residence. The "Nursing Sisters' Quarters," as they were known, were generally located near the hospital or MIR and the Officers' Mess. As officers, nursing sisters took their meals in the Mess and, as the only single women officers on the station, lived in separate quarters. The quarters were often a wing in the Officers' Barracks, separated by a sturdy, locked door that was out-of-bounds to male visitors. This situation was pointed out to the senior officers at Air Force Headquarters by the Matron-in-Chief, Squadron Leader Muriel McArthur in 1958 when, commenting on the attrition rate of nurses, she wrote:

> COs [Commanding Officers] have authority to insist that nursing sisters live in quarters. Also on many stations the quarters are out-of-bounds to male visitors. At St. Johns [sic], Aylmer, Clinton, and Centralia nursing sisters are not allowed to entertain male visitors in quarters.[49]

---

[49] NAC RG 24, Vol. 700, File 452-N61 Minute 4 to Memorandum "Training Policy - Nursing Sisters," 08 August 1958.

She also pointed out the poor quality of the quarters in which the nurses were required to live, noting that "Rooms are small, inadequately and drably furnished, insufficient clothes cupboard space and one has to fight CE and supply officers for any improvements."[50] No doubt the survival skills (or a spirit of subversion) acquired in nursing school were called on by more than a few of these women when the occasional gentleman caller had to be spirited into the barracks undetected.

The similarities between the lives of the nursing sisters in the Air Force and their lives as student nurses extended to their uniforms as well. The distinctive outfit worn by the nursing sisters while on duty harkened back, much like student uniforms, to the religious and domestic roots of nursing. In addition to aprons worn when on the ward, nursing sisters also wore a large, starched white veil, similar to the wimple worn by nuns. The veil, which was in use until 1972, was described in the Dress and Clothing Regulations as:

> white organdie, 1 yard square, Two inch hem, fine hemstitched. Regulation size RCAF wings (similar to Pilots badge) embroidered in dark blue across one corner, 3 1/2 inches from the top of the corner to the point of the

---

[50] NAC RG 24, Vol. 700, File 452-N61 Minute 4 to Memorandum "Training Policy - Nursing Sisters," 08 August 1958.

> hemstitch. Veil to be folded diagonally, point of the upper section 4 inches from point of lower section, with crest showing on first fold. One inch fold across the diagonal to form a head band.[51]

The veil was worn at all times in the hospital and was also part of the mess kit for formal dinners at the Officers' Mess. Despite being a high maintenance clothing item and uncomfortable to wear, the headdress was an object of pride for the nurses. It set them apart from other female officers as a unique group. In 1957, a survey of nurses at RCAF Station Trenton reported that nurses thought the veil was "most distinctive, especially with the embroidered RCAF crest." They told the survey interviewers that the mess dress, "due to its smartness, is worn with considerable pride."[52] Although the veil might seem only to have strong domestic and servile overtones and to clearly identify the wearers as a nursing sisters, it also represented the real advantages they enjoyed in comparison to other military women. It was not an empty symbol. When the Nursing Service was introduced in the RCAF during the War, the nurses benefited from a better pay scale than the WD and, by

---

[51] NAC RG 24, Vol. 17807, File 829-N-61 vol.1, AFOO.21 (1941) Part IV para 58, "RCAF Nursing Service - Uniform"

[52] NAC RG 24, Vol. 17801, File 829-N-61 vol. 2, "Dress and Clothing Regulations - Nursing Sisters," 03 July 1957.

virtue of their profession, were accepted in areas where other women were not. The explanation for their comparative equality lies in part in the fact that, unlike WD members, nursing sisters were not perceived as challenging traditional male roles in the military and were, therefore, considered by most men to be a relatively benign group.

Despite the style of uniform and the veil, the hospital work of the nursing sister was not too different from her civilian counterpart in Canadian hospitals of the time. The Nursing Officer-in-Charge, or Matron, of a hospital or MIR was "responsible to the Senior Medical Officer [SMO] for all matters pertaining to the nursing care of patients and the efficient management, organization and supervision of nursing staff and medical assistants."[53] An important part of her mandate was to play chatelaine in the medical domain by ensuring "all diets are properly prepared and served" and that "housekeeping... is efficiently maintained."[54] The responsibility to maintain the medical facility as a safe, efficient and smoothly-run operation rested on the shoulders of the nursing staff but, in keeping with civilian practice,

---

[53] NAC RG 24, Vol. 2849. File 871-34.01/01, "Air Force Administrative Order -MO & N/S Responsibilities." 31 March 1953.

[54] Ibid.,31 March 1953.

the authority to assign those tasks lay with the physician. This was also the case with all patient care. The nursing sister was "responsible to the Medical Officer for receiving and carrying out written orders pertaining to the care and welfare of the sick and injured."[55] In the hospital setting, there was little scope for the nurse to exercise any independent judgment or control over her activities, either on or off duty.

By contrast, when base nurses acted as flight nurses, they gained, at least temporarily, a whole new authority. The flight nurse supervised the loading of patients and gave whatever nursing care was required during the trip. In larger aircraft, the canvas litters were attached to both sides of the aircraft, stacked in fours, so the nurse could have access to each patient. Virtually all types of injuries and conditions could be encountered and the nurse was responsible for making decisions that were often beyond her level of hospital-based training. During the Korean airlifts with the USAF, the four-engine C-54 that was used for long distance casualty transport, would carry from thirty-two to thirty-eight patients. Two-thirds would be

---

[55] NAC RG 24, Vol. 2849. File 871-34.01/01, "Air Force Administrative Order -MO & N/S Responsibilities." 31 March 1953.

surgical cases, having either battle wounds or injuries, and one-third were medical. A typical mission of this type would have been from six to eighteen hours long, and when she returned to her home base, the nurse would go to the bottom of the duty roster and usually had one to two days of routine duties before being called out again.[56]

As they had all been trained in the United States, RCAF flight nurses followed similar operating procedures in conducting medical air evacuations. As well as transporting military patients back to Canada from Korea via Japan and the United States, the RCAF transported sick and injured personnel and dependents to Canada from Europe when necessary. Flying in propeller-driven aircraft, air evacuations were long, rough and tiring both for the patients and the medical crew. When called out for a flight, a nurse would often be gone from her homebase for several days as a flight across the country, even in good weather, could take up to three days with overnight stops at bases along the way. Mercy flights, flown in smaller aircraft in remote areas of the North and along both coasts, were among the RCAF's most challenging responsibilities. In

---

[56] Benjamin A. Strickland, Jr., "The Flight Nurse," American Journal of Nursing 51 (1951): 450.

mercy flight situations, nurses as well as patients, were often at great risk flying in and out of small inaccessible locations in hazardous weather conditions. This was the case when a flight nurse was killed along with her fourteen-year-old patient when the Canso flying boat they were in crashed on take-off in Prince Rupert Harbour in 1959. On her fifty-sixth air evacuation flight, the nurse, F/O Muriel Kerr, was trapped inside the aircraft when it went down.[57] Often on mercy flights, as the sole medical person, RCAF nurses did not have the benefits of the larger, well-equipped and fully staffed air ambulances that were the norm in the American system in which they trained.

While in the air, the flight nurse had a great deal of responsibility. Although the patients' conditions would be considered relatively serious in a normal hospital, being several thousand feet up in the air without additional technical or medical support, increased risk considerably. The difference in atmospheric pressure at higher altitudes had the potential to change a stable medical condition to a life-threatening emergency in a matter of minutes. The nurse was expected, while in the air, to make medical decisions and take actions that she was neither expected nor

---

[57] Base Borden Military Museum, CFMSS Book #7 - Photo 0009.0192.

permitted to do while on the ground. Even the aircraft commander would not question her judgment with respect to her patients. If she requested a lower altitude, for example, or even a landing at the nearest airport for a patient in danger, he would make every effort to accommodate her. She had complete charge of all activities concerning her patients and was considered to be the medical authority on the patient's safety and well-being.[58]

On occasion, despite the best efforts of the aircrew and medical personnel, access to patients was often impossible, especially in very difficult and remote areas. Bad weather and rugged terrain made for difficult rescue work and hazardous operating conditions. In an effort to bring medical assistance to areas that were inaccessible, even to aircraft, the RCAF established a para-rescue course on Edmonton to train nurses and physicians to parachute in to remote areas to provide emergency care. It was the opinion of the senior medical officer for the Northwest Air Command (NWAC) that such a team was necessary as:

> There have been several instances in the last three years when catastrophe has been avoided

---

[58] Stickland, 450. See also Janice Albert, "What's Different About Flight Nursing?" American Journal of Nursing 56 (1956): 873-4; Kenneth Fletcher, MD and Frances P. Thorp, RN, "Aeromedical Nursing," American Journal of Nursing 50 (1950): 149-52; and Gwen M. Somers, "Flight Nurses: Royal Canadian Air Force," Canadian Nurse 51 (1955): 539-41.

> only by the greatest good fortune. This streak of good luck cannot be expected to last indifinitely [sic], and in view of the wide publicity given to all Arctic mercy flights a failure on the part of the RCAF is likely to be followed by severe public criticism.[59]

The idea was promptly agreed to by the Chief of Air Staff in Ottawa and, without much further discussion, the first para-rescue course began on 16 July 1951. It included five nursing sisters. After six weeks of rigorous training in Edmonton, the course moved to Jasper and undertook "parachute jumps in to the open and timbered country, mountain and glacier climbing, survival techniques and shelter building, first aid and evacuation of the injured."[60]

The press, particularly the Edmonton Journal, followed the progress of the nurses closely, coming up with remarkable headlines and stories to describe what these women were doing. One headline announced that "Mountains Making Muscle Maids of RCAF's Para-Beauty Queens." and, a week later, "It's Raining Angels of Mercy When 'Para-Pets'

---

[59] NAC RG 24, Box 641, File HQ 450-19 vol.2, "Para Rescue Training - Medical Personnel," 13 April 1951, Letter to Chief of Air Staff from AOC, NWAC.

[60] Nicholson, 220.

Hit the Silk." In this article, the author of the series, Bobbie Turcotte, wrote:

> They tumbled out of the blue Rocky-rimmed sky like limp rag dolls - their arms and legs flailing fitfully at the crisp mountain air, and their white 'chutes bobbing behind them like floating powder puffs in the wind. They are Para-Pets, the first girls in Canada to add a parachute to their standard nurse's equipment.[61]

In the course critique written by the nurses who completed the training, they suggested that "in the future all press stories about the course be screened by some person acquainted with the course. The reason given was that some of the press stories give a false impression of the course."[62] Having made extraordinary efforts to complete the para-rescue course successfully, the nurses resented being trivialized by the press.

To carry out the intensive physical aspects of the course, the nursing sisters were authorized to wear trousers and flight clothing like male paratroopers and flight crew. In the recommendations put forward at the end of the first

---

[61] Bobbie Turcotte, "It's Raining Angels of Mercy When 'Para-Pets' Hit the Silk," Edmonton Journal 27 September 1951: 8, and Bobbie Turcotte, "Mountains Making Muscle Maids of RCAF's Para-Beauty Queens," Edmonton Journal 20 September 1951.

[62] NAC RG 24, Box 641, File HQ 450-19 vol.2, "Course Criticism by Female Trainees of Para Rescue Course 5," 27 October 1951.

course, it was determined that male flight suits in a one-piece design with several pockets were a better choice than the RCAF slack suit that had been issued to WD personnel. The flight suit, designed more for utility than style, was a more comfortable and practical article of clothing but was normally restricted to the male members of the elite flight crews. This close association with a favoured male group gained the nurses a degree of prestige that was not often available to other servicewomen.

The nursing sisters on the para-rescue course also recommended that the battle dress issued to them for mountain work be tailored to fit properly. The two-piece wool suit with trousers and a short, fitted jacket was worn by soldiers on the battlefield. For the women on the parachute course, it was too big and bulky when worn on their smaller frames, giving them the appearance of small children dressing in the adult-sized costumes of their fathers or big brothers.[63]

In photographs taken by National Defence for publicity purposes, the nurses were shown in carefully posed situations designed to exaggerate their accepted feminine

---

[63] NAC RG 24, Vol. 641, File HQ 450-19 vol.2, "Para Rescue Trg," Course Critique for Para Course 5 dated 27 Oct 51.

traits wearing clothing and equipment normally issued to men. Several shots were taken of the women wearing oversized flight boots with the legs of their flight suits ballooning around their ankles. With their safety helmets removed, however, their hair blew provocatively in the breeze and they wore big, cheery smiles. One of the photographs, published in a British nursing journal in 1952, showed the four nurses positioned with the Rockies as a backdrop and a caption that stated "GLAMOUR CREW! After grueling training the nurses emerge as attractive as the wonderful scenery in which they strove."[64] By trivializing the physical achievements and the degree of status these women achieved by successfully performing what was considered a man's job in a man's world, their image could be customized to fit more comfortably the perception of the '50s woman.

Frequently discounted despite their best efforts was a thread that seemed to run through the careers of this group of nurses. Although the work they did was often identical to the work done by civilian nurses, especially in the hospital or clinic setting, the RCAF nurses had the

---

[64] "And Now Canada's Para-Nurses," Nursing Mirror, (June 27, 1952): 291.

opportunity to step outside traditional nurse work. As flight nurses, their rôles expanded in authority and status while they were in the air. Activities and procedures carried out as a flight nurse, however, were not sanctioned for use on the ground and the nurses were compelled to revert to traditional nursing practice under the direct supervision of a physician. Regardless of their abilities, skills or training, the functions they performed were directly determined by where they practiced and under what conditions.

Vacillating between two rôles where power and status were alternately given, then withdrawn, was a regular occurrence for flight nurses. When compared to the restricted rôle they would have to play if they were not flight nurses, particularly if they were civilians, the chance to exercise real authority, albeit short-lived, was worth the frustration. There were few opportunities in the 1950s for women to be in a position of power, and even fewer for nurses.

In addition to the professional aspects, nursing sisters were paid well in comparison to their civilian sisters. For those who chose to forgo marriage and family life, a military nursing career that took them to retirement put

them in a strong position economically. Civilian nurses, on the other hand, were able to combine marriage and a nursing career but for significantly less money.

The women who chose a nursing career in the Air Force were part of the military which gave them the opportunity to step outside the traditional boundaries that were established for nurses and for women. With limited career choices available to them in the postwar period, it can be assumed that many of the women who became civilian nurses did so by default as much as by choice. When the opportunity to do something more challenging and, in many ways, more exciting, presented itself, some of these nurses enrolled in the Air Force. Not only did they benefit from a close association with a male power base, but they also found a branch of nursing that, while still constraining, offered them opportunities that were beyond civilian practice and life.

Chapter 3

When is an Officer Not an Officer?

As members of the RCAF, nursing sisters were in a unique situation relative, not only to civilian nurses, but also to other military women. When the Nursing Service was established during the Second World War, nurses were a few among many as the Air Force expanded the Women's Division as part of the war effort. Nursing sisters were different from the rest of the military women, however, not only in how others perceived them but also how they saw themselves. Much of the difference came from the fact that they were nurses and, as such, had a long history on which to draw in establishing a strong identity and a certain degree of power and control. Nursing sisters dressed differently from other military women and were often subject to a distinctive set of rules and expectations. Also, the role of the nursing sister in the RCAF lasted beyond the War and actually expanded during the postwar era as the North was opened up under Cold War defence requirements. Flight nursing provided military nursing sisters with the opportunity to practice independently in a way that the medical hierarchies in the civilian world would not tolerate. The challenge and excitement of independent action was not lost on these women

or on their civilian counterparts.

As their numbers increased throughout the 1950s, the type of training the nursing sisters received and the type of work they did changed very little. Although they were considered officers, they were seen primarily as nurses and women. This often coloured the approach taken with them by those in command when training costs and expenditures were taken into account. Marital status also had a major impact on their career potential. Their gender determined almost everything about their military position, and, like other military women, nursing sisters had to manage their careers around an establishment that was inconsistent in its application to women of the rules of play. To be a nurse, however, did have a few advantages for the nursing sisters.

Probably one of the most distinguishing features that separated nursing sisters from other women in the military was their uniform. Like other military women, they wore a "walking-out" uniform that was a feminized version of the male uniform with the trousers replaced by skirts, and boots by Cuban-heeled oxfords. In addition to the veil, a particularly distinctive item of kit, the uniforms worn for formal occasions and while on ward duty were unique to nursing. Although the ward duty uniform worn by army and

navy sisters was identical to that worn by British nurses (dark blue dresses, white aprons and black or brown leather belts and shoes), the RCAF nurses wore white dresses, shoes and stockings. This reflected more closely the Canadian (and American) practice where civilian nurses had traditionally worn white while on duty. The RCAF Nursing Service, having been established in 1940 and still being new to the military medical family, adopted this Canadian tradition. By contrast, the uniforms worn by the nurses in the Royal Canadian Army Medical Corps (RCAMC) reflected their strong connections to a history that extended back to the British Army before the First World War. Like the other two branches of the military, the RCAF closely followed British traditions in all aspects of rank, title and, with the exception of the white duty uniform, dress.

Similar to the way the Air Force relied on science and technology for its aircraft and equipment, the choice of a contemporary uniform reflected a modern approach to old customs that distinguished the Air Force from the more hidebound Army and Navy. Created in 1940, the RCAF Nursing Service was well placed for the changes that were taking place for contemporary womanhood in general, and for nursing in particular. The new white uniform reflected a change to

a more active and scientific approach to nursing and the more modern women who would carry it out. Retaining the veil as part of the uniform, however, affirmed the importance of military tradition to the RCAF and implied a limit to the role these nurses would be permitted to play.

The veil, as a distinctive part of the nursing sister uniform, can be associated with the role played by the early religious orders in nursing. As part of convent dress, the veil symbolized humility, obedience and service and, in a lay context, was often worn by women to distinguish social position.[1] The higher a woman's caste, the finer the material and more ornamented her headdress. Nursing sisters, who were also officers in the RCAF, wore stiffly starched veils of fine organdie that had been hemstitched and embroidered by hand. Not only did the veil identify them as being of the officer class, but it also associated them to nursing as a calling. This combination of the veil, a medieval symbol of womanhood, and the modern white uniform brought a degree of irony to the rôle of the nursing sister. The rendering of noble service to mankind was juxtaposed with the advance of modern medicine, both of

---

[1] Patricia M. Donahue, Nursing: The Finest Art (St. Louis, MO: C.V. Mosby Company, 1985) 130.

which were considered important to the contemporary nursing profession.

In addition to the religious and social aspects of the veil, there was also a domestic perspective. Despite the quality of the fabric, the starch and embroidery, the veil was very similar to the head-covering used by domestic servants and housewives when dealing with especially dirty or dusty household tasks. A babushka to cover the hair and an apron to protect the dress were as necessary as the mop and pail for spring-cleaning. In the military hospital setting, junior nursing sisters were assigned the cleaning and maintenance of ward equipment and supplies as well as caring for the ward patients. Serving, and often preparing, meals was also part of the myriad of housekeeping tasks that complemented the medical rôle that was the province of the medical officer in charge.[2] The part played by the senior nursing sister in the hospital household corresponded to the patriarchal rôle of the doctor, not so much as his wife as his châtelaine, managing his household of junior staff and patients and carrying on her person the ring of master keys to the drug cabinets and the supply cupboards. Like a

---

[2] NAC RG 24, Vol. 2849, File 871-34.01/01 "Air Force Administrative Order - MO & N/S Responsibilities." HQ 871-MD12-1/31 Mar 53

trusted servant, the senior nursing sister or matron ensured orders were carried out on behalf of the physician in charge and, as reflected in the Air Force Administrative Orders,[3] was responsible to him on all matters pertaining to his staff and patients.

Another perspective to consider on the significance of the veil is as a form of moral and sexual armour for female nurses in the military world of men. The religious overtone contained in the title "nursing sister" combined with the wearing of the veil, projected the idea to the troops, as well as the officer corps, that these women were, at least to some degree, sacrosanct. The perception was reinforced by regulations that decreed that the veil was to be worn at all times when in uniform and was optional only in the Nursing Sisters' Quarters.[4] Only when the nurses were safely in the nest, a place that was out-of-bounds to males, were they free to remove their armour.

Keeping these young, single women safe from the non-commissioned ranks had an added bonus for the officers. As members of the officer class, the nursing sisters took their

---

[3] NAC RG 24, Vol. 2849, File 871-34.01/01 "Air Force Administrative Order - MO & N/S Responsibilities." HQ 871-MD12-1/31 Mar 53

[4] NAC RG 24, Vol. 17801, File 829-N61 v.1 "Dress Regulations - RCAF Nursing Sisters," 25 June 43.

meals and attended selected social functions at the Officers' Mess. When the RCAF policy on nursing sisters was developed during the war, the Director of Medical Services (Air) made it clear that, in the same custom as the Royal Air Force, nursing sisters were "not allowed under any circumstances to consort with other ranks when off duty" but they could "have access to the Officers' Mess on all occasions where a ladies' room is given over for entertainment."[5] This effectively reserved the nursing sisters for the exclusive use of the officer corps while, at the same time, it kept them, as women, from participating as fellow officers in the traditionally all-male preserve of the Mess. Other than the dining room, the only area that was normally available for use by the nursing sisters was a "ladies' room" used primarily by the officers' wives for afternoon get-togethers. For larger social occasions where officers' wives were also present, there was less pressure to justify the presence of these women officers in the Mess. In a letter to the Commanders of Commands from Air Vice Marshall H.L. Campbell, it was directed that "at service functions where there are civilian ladies present ...

---

[5] NAC RG 24, Vol. 3365, File 400-2-1 v. 1 "N/S RCAF - Policy." Memorandum HQ 400-2-1 AMP(DM S/A), RW Ryan, Air Commodore, Dir. Med Svc

Nursing Sisters may wear civilian clothes, whether or not uniform has been ordered for male officers."[6] In such a setting with the correct supervision, the sisters would not require the protection of their veils because the wives would ensure the gentlemanly behaviour of their husbands and, at the same time, protect their marital property from potential poachers. The veil was a convenient way of establishing a limit on the nurses with respect to their conduct and, on behalf of the nurses with respect to the behaviour of others. Although it was only a square of fabric, it can be seen metaphorically as a symbol of their sexuality and how that was dealt with by the military.

The importance to the military of what nursing sisters wore is demonstrated in the concern expressed at senior levels when any change was considered. The idea of nurses looking like anything other than nurses or women was especially troubling. In the particularly cold, wet winter of 1945 in Britain near the end of the War, the RCAF nurses who were stationed there and in Europe were involved in the evacuation and care of casualties being shipped back to

---

(Air) to Wing Commander HA Peacock, St. Thomas, Ontario, dated 01 June 42.

[6] NAC RG 24, Vol. 17801, File 829-N61 v.1 Letter from AVM HL Campbell dated 27 Nov 47.

Canada. As much of their work took place outdoors climbing in and out of trucks and aircraft in wet, cold and muddy conditions, the normal kit issued to the nurses was not sufficient to keep them warm and dry. The only concession made to the type of work they did was to issue lightweight wool slacks to replace skirts and dresses. Permission was sought by cyphered message to Ottawa requesting approval to issue environmental clothing to the nursing sisters that would include "battle dress top only, blue cotton shirts. For ambulance and crash duties parkas WD [Women's Division], woollen socks, leather field boots, rubber boots." Authority to issue these supplies, all of which were readily available for issue to the men, was eventually granted by Ottawa for "extreme weather only" and the final approval involved the signatures of no less than nine senior RCAF officers plus the Minister of Defence.[7] Nurses dressing in clothing other than traditional nursing uniforms and performing their duties anywhere but in a hospital was not taken lightly, least of all by the men in charge.

Almost ten years later, in 1955, nursing sisters experienced similar problems when selected to attend flight

---

[7] NAC RG 24, Vol. 17807, File 829-N61 v.1 RCAF Dress and Clothing Regulations - Nursing Sisters." Message dated 03 Feb 45.

nurse training in the United States. The situation was brought to light in a letter sent to the Chief of Air Staff in Ottawa from Wing Commander (W/C) R.H. Lowry on behalf of the Air Member Canadian Joint Staff (Washington) recommending changes in the procedures for posting RCAF nurses to the United States Air Force course in flight nursing. There had been problems in the past when nurses had arrived for the course without proper documentation and without flight jackets and slacks. The fact that this deficiency in their kit would make it difficult for the nurses to carry out their training, especially the outdoor work, did not seem to be the most serious issue. As the tone of his letter indicated, W/C Lowry seemed almost embarrassed by the fact that "[a]dequate flight clothing had to be borrowed from the USAF. This is a most undesirable situation for RCAF nurses in training at a USAF base."[8]

The RCAF was not taking the training seriously enough in his opinion, and, as a result, the nursing sisters were arriving at Gunter Air Force Base in Alabama without the correct clothing or documentation and, in many cases, without the necessary medical and immunization clearances.

---

[8] NAC RG 24, Vol. 2812, File H871-9-00/39 "Air Force Admin Orders - Training - Flight Nurses Training" Letter 12-3-7 (SO Med/Air) dated 4 November 1955, 1.

Much of the problem would be eliminated, he suggested, if the decision to select the nurses for the course was left to the Chief Matron rather than to the personnel administrators in Ottawa. She would understand the requirements of the course, the suitability of individual nurses for flight nursing, and the staffing situations at each RCAF station that would allow a nurse to be absent for over five months for the duration of the course. To suggest giving the Chief Matron of the RCAF that much power was unusual. But in view of the embarrassment the ensuing problems were causing the Canadian Joint Staff in Washington, the recommendation would at least draw attention to the extent, and in his view, the seriousness of the problem.

In his closing paragraphs, W/C Lowry stressed the value of the flight nursing course to the RCAF and the importance of making it an administrative priority. He wrote:

> The situation as it exists is not considered to be in the best interests of the RCAF. The RCAF must realize the high caliber of aero medical and air evacuation training received, and the untold benefit derived by the Canadian Air Force through the broadened outlook and medical stimulation afforded to participating Canadian nurses.
>
> It is strongly recommended that administrative procedures in this matter be reviewed immediately and action taken to clear the

> obvious discrepancies appearing in this operation.[9]

One senses that W/C Lowry felt that Ottawa was failing to give the problem the attention it needed. In his position as a member of the Canadian Joint Staff in Washington, he was sensitive to any situation that would diminish Canada's rôle, perceived or otherwise, as a modern NATO partner in the Cold War.

The medical services of the RCAF had an important function in the developing and maintaining of Canada's reputation among the players in the Cold War as air power became increasingly important to the politicians and military leaders of the postwar era. The number of personnel increased as air bases and radar stations were opened across the country and in the North and the rapid expansion of the RCAF after 1948 continued until the late 1950s. The smaller, more isolated stations required medical services, not only for the military personnel, but also for their families as well as the local civilians and native populations. Nurses provided the bulk of the medical care at these installations, particularly where there were large

---

[9] NAC RG 24, Vol. 2812, File H871-9-00/39 "Air Force Admin Orders - Training - Flight Nurses Training" Letter 12-3-7 (SO Med/Air) dated 4 November 1955, 3.

numbers of other female military personnel, wives, children and civilians. Female nurses either provided or supervised the care given to any patients at Air Force installations who were neither male nor military. The large numbers of bases and stations and the commitment to provide medical care to this extended group meant that the RCAF had a larger complement of nursing sisters than either the Army or the Navy. In 1956, the manning levels for nursing sisters were recommended by the Canadian Forces Medical Council to be 252 in the RCAF, 190 in the Army, and 74 in the Navy.[10] Where Army and Navy nurses were primarily employed in a smaller number of larger hospitals and clinics solely for military personnel, Air Force nurses had a broader range of activities that involved obstetrics, paediatrics, general surgery, public health and aeromedical evacuation, all of which were delivered to a more diverse group of people.

The broader range of nursing activities was one of the features that made nursing in the Air Force more attractive to potential recruits than the other services. According to Squadron Leader (S/L) F.M. Oakes, the Chief Matron of the RCAF, the flight nursing component was a particularly strong

---

[10] NAC RG 24, Vol. 7921, File H2-6500-M15, Pt.3 "Canadian Forces Medical Services - Nursing Sisters," Memorandum dated 13 July 1956 to Coordinator, Canadian Forces Medical Council.

enticement to enlistment. It had, she stated, "attracted several nurses to apply for enrolment in the RCAF Med/Nur branch, rather than to the other services. This has certainly been a drawing card from the standpoint of recruiting."[11] Flight nursing was also portrayed very favourably in two of the most widely read and influential nursing journals in Canada during the 1950s. The articles describe the activities and duties involved in transporting patients by air and the reader is reassured that "[t]he medical and nursing care of patients in flight involves the same objectives as does care in the hospital ward; only the environment is different."[12] It was important to reassure the readers that their nursing skills would be adequate for the job. However, for a nurse who wanted to go beyond established hospital routine, the articles conveyed the idea that the real challenge was found in the chance to exercise her own judgment and initiative. A flight nurse was described as "a general duty nurse raised to the highest

---

[11] NAC RG 24, Vol. 700, File 452-N61 "Minute 4 to Message P886 06 Oct 54," dated 12 October 1954.

[12] Kenneth E. Pletcher and Frances P. Thorpe, "Aeromedical Nursing," American Journal of Nursing 50.3 (1950): 149, and Gwen M. Somers, "Flight Nurses: Royal Canadian Air Force," Canadian Nurse 51.7 (1955): 540.

power"[13] and, as she was promoted to nurse readers of the American Journal of Nursing during the Korean War:

> ...she is usually an alert young woman of mature judgement and progressive ideas - emotionally stable and inquisitive. She is usually a junior officer... has broad and diverse interests and is very definitely a healthy extrovert. Her hobbies range from writing poetry to horse breeding. When two hundred sixteen nurses were asked to list their hobbies, twenty-four activities were listed by more than one nurse; two-thirds of these were of the outdoor type.[14]

The nurses these articles were describing were not the passive and selfless women often associated with the burgeoning system of hospitals and health care in Canada. Nor were they limited by the medical hierarchies that determined acceptable nursing practice. In fact, there was little mention of physicians in any of the pieces. Comment focused on just the nurses and their patients and the challenges of caring for them in the air. Above all, the articles stressed the abilities and specialized skills of the flight nurses rather than their appearances or girlish enthusiasms. Unlike the popular press, these professional

---

[13] Janice Albert, "What's Different About Flight Nursing?" American Journal of Nursing 56.7 (1956): 873.

[14] Benjamin A. Strickland, "The Flight Nurse" American Journal of Nursing 51.7 (1951): 449.

journals had no reason to portray flight nursing as a light-weight activity with nurses performing as little more than surrogate wives and mothers to the injured. Not only did they maintain a professional nursing focus but they also made little mention of the military aspects of the job. The women were depicted as nurses first and military officers a distant second, suggesting that, for many of them, the attraction of the service was more as a place to practice a challenging type of nursing than the chance to be a soldier.

Although the nursing sisters came into the service as qualified and, often, as experienced registered nurses, the type of nursing they practiced varied with the type of posting they were given. There was very little formal technical training given to nurses in the RCAF to equip them for the many jobs they would have to do. Much of their training occurred on the job rather than in a classroom. During the Second World War, there was only a two-year period from 1942 to 1944 when nursing sisters were given any formal training. Designed to indoctrinate the nursing sisters to the RCAF, this three-week course was held in Toronto at the Institute of Aviation Medicine. The stated objective of the course was "that Nursing Sisters should receive a thorough grounding in Air Force Subjects, plus

essential nursing procedures relative to Air Force Medical work."[15] The "thorough grounding" was, in fact, more of an overview of the Air Force presented in a steady stream of one-hour lectures, six days a week for three weeks. This intensive approach to preparing inductees to the service was not unusual in wartime, however, and the nursing sisters were given only a passing acquaintance with the rules, regulations and paperwork involved in Air Force life. However, unlike the male officers, lectures for nurses on dress, deportment and sex hygiene rated no less than two or three hours each, all taught by the Chief Matron.[16]

By the end of 1944, the war, at least from Canada's perspective, was winding down and few nurses were recruited to the Air Force in the final year. The only training these recruits received was provided on the job. Later, in December 1951, with the expansion of the Air Force, newly-recruited nursing sisters were sent on a special two-week indoctrination course at 1 RCAF Officers' School in London, Ontario. This course was designed to train nursing sisters

---

[15] NAC RG 24, Vol. 3370, File HQ 427-46-2 "Royal Canadian Air Force - War Syllabus of Training for Course of Aviation Nursing," dated 05 Jan 43.

[16] NAC RG 24, Vol. 3370, File HQ427-46-2 "School of Aviation Medicine Course in Aviation Nursing: July 10-29th, 1944, Lecture Outline."

in RCAF administration, organization and service procedures and, following the administration course, the nurses were sent to Toronto for two more weeks of training, this time in aviation medicine at the Institute of Aviation Medicine. A series of five courses was planned to train a total of seventy-five newly-enrolled nurses quickly and efficiently so they could be assigned to duty as soon as possible. During the same period in which these courses were being conducted, a six-week basic course for all other newly-enrolled officers and flight cadets was being given at the Officers' School with the same instructors lecturing the two different courses.

The value of the special course designed for the nursing sisters was assessed by W/C A.R. Holmes, the commanding officer of the school, in a report sent to RCAF Training Command. He noted that "there was a tendency on the part of the instructional staff to consider the nurses as a peculiar type of officer, when such is not the case. This had the effect of not considering this special course in the manner one would consider any basic training in the school."[17] The abbreviated course also omitted many subjects he thought

---

[17] NAC RG 24, Vol. 700, File 452-N61, Letter to Air Force Officer Commanding from W/C A.R. Holmes, dated 27 May 52, para (a).

were important in producing better-qualified nursing officers for the field, an observation also made by the trainees in their course critiques. Adequate in content to improve basic knowledge of service administrative procedures, the syllabus "did little to improve the trainee's officer potential. Subjects such as leadership, service ethics, and effective speaking could not be included. It is through a study of subjects such as these that self-confidence and a sense of responsibility are developed."[18] These were all aspects of the training process that, according to W/C Holmes, would help to make nursing sisters "...feel they were part of the service by virtue of the fact that they are placed on the same footing [as other officers] at the start of their service career."[19]

The need for training in leadership and RCAF procedures was echoed in the opinion of Flight Lieutenant (F/L) M. Deneau, a nurse who had experience with both the special course for nursing sisters and a longer ten week course for other officers. She felt that nurses would benefit from the extra training and the opportunity to mix with other Air

---

[18] NAC RG 24, Vol. 700, File 452-N61, Memorandum "Officer Training - Nursing Sisters," dated 27 May 52.

[19] Ibid.

Force officers. Already fully qualified as nurses when they joined, any difficulties experienced by nursing sisters "or by other personnel regarding nurses, are due not to lack of professional knowledge, but to misunderstanding of Air Force practices."[20] Nursing sisters, for example, were not required to salute in the traditional manner or be trained in marching and drill or in other skills typical of the military. As well, there were many customs and procedures involving military terminology and etiquette that were foreign to most civilians and to new recruits. For the young female nurses who enrolled as nursing officers, the leadership and management training they received was extremely valuable to them in their new rôle. Having trained and worked in hospital environments that were largely female, few nurses were experienced or skilled in the supervision and management of men as their subordinates. In the military medical system, they found themselves again to be subordinates to men. But F/L Deneau hoped that the full course of training would help equip flight nurses to act as leaders. She suggested that, if nursing sisters were given the full course of training, they would have knowledge

---

[20] NAC RG 24, Vol. 700, File 452-N61, Letter from F/L M. Deneau to W/C JFM Bell, dated 28 May 52.

and self-confidence to undertake "the work of supervision, teaching and leadership which is expected of every R.C.A.F. Officer."[21]

A carefully orchestrated appeal to RCAF Training Command to provide full officer training for nursing sisters met with success. Under a time constraint imposed by Ottawa to shorten the officer training of nursing sisters, W/C Holmes obtained the strong support of W/C J.F.M. Bell at the office of the Director General, Training. Following two days of concerted efforts involving letters and telephone calls, they convinced the senior staff in Ottawa of the value of training nurses as regular officers.[22] Due to the expansion of the Air Force during the early 1950s, training nursing sisters in the same skills as other, mostly male, officers, gave the service more flexibility. Training nursing sisters to fill in temporarily for qualified male administrative officers made good fiscal sense to those in charge, especially with the rapid expansion of the Air Force across the country.[23]

---

[21] NAC RG 24, Vol. 700, File 452-N61, Letter from F/L M. Deneau to W/C JFM Bell, dated 28 May 52., 2.

[22] NAC RG 24, Vol. 700, File 452-N61 Officer Training - Nursing Sisters, letters 27-28 May 1952.

After 1952, nurses routinely attended the course after enrollment and were posted at stations and bases across the country and in Europe. The course in medical training at the Institute of Aviation Medicine that followed officers' training was eventually amalgamated with those of the Army and Navy to produce a combined military nursing course in 1956. At the end of the first joint nursing course, the operational report submitted to Air Force Headquarters by the Director General Medical Services (Air) drew attention to the value of the full officer training for RCAF nursing sisters. He stated that it was the opinion of the Army and Navy nurses on the course that they would also "have benefited more if they had certain training through their own service schools as a preliminary" and, in his opinion, "these comments from Navy and Army nurses verify the attitude of our service."[24]

This attitude of self-congratulation continued for another few years. The RCAF medical system was expanding as

---

[23] A shortage of qualified war workers during the early part of the Korean conflict is also cited by Shirley Tillotson as having a significant rôle in the sudden introduction of the Female Employees Fair Remuneration Act by the previously adverse Frost government of Ontario in 1951. See Shirley Tillotson, "Human Rights Law as Prism: Women's Organizations, Unions, and Ontario's Female Employees Fair Remuneration Act, 1951," Canadian Historical Review LXXII (1991): 542.

[24] NAC RG 24, Vol. 700, File 452-N61 Memorandum "Joint Medical Training Centre - Nursing Course, Serial 1," dated 06 June 56.

the Air Force spread out over the North and into France and Germany as part of NATO and NORAD. Annual enrollments of nursing sisters averaged 49 per year between 1953 and 1958. An increase in the personnel ceiling for nurses in 1957 led to 74 additional women being commissioned. It was at this point that the training policies for nursing sisters came to the attention of the comptroller's branch of the RCAF. In his memorandum to the Air Ministry, the Acting Comptroller pointed out that:

> [t]he continuing search for means of economy in the Service has brought to light an apparent anomaly which concerns the amount of training invested in Nursing Sisters compared to the average period of service. The average period of service for Nursing Sisters is 2.1 years out of which 13 weeks are taken for training. This ratio of training to productive service appears disproportionate.[25]

In reply, the Director General Medical Services conceded that, although the average period of service was low compared to the amount of time spent in training, he agreed with senior authority that "it made better officers and as it was Air Force policy, I must support it."[26] He

---

[25] NAC RG 24, Vol. 700, File 452-N61, Memorandum "Training - Policy, Nursing Sisters," dated 29 July 58.

[26] NAC RG 24, Vol. 700, File 452-N61, Memorandum "Training - Nursing Sisters" dated 15 Aug 58.

then announced a new, shorter training course that would be held for all nurses joining the Army, Navy or Air Force. As part of the integration of military medical services, designed to be more efficient and cost-effective, all newly-enrolled nurses would take "Indoctrination Training" of only four weeks that would "include minimal Service training as applicable by Service, and CFMS [Canadian Forces Medical Services] nursing administration and practices."[27] The Surgeon General rationalized the decision by pointing out that "the majority of nurses remained in the Service only a relatively short period of time which precluded them from undertaking lengthy indoctrination courses."[28] It appeared that, in the interests of the bottom line, the quality of officer training, once a major factor in the preparation of Air Force nursing sisters, was no longer an important concern.

The cost factor also became an issue in aeromedical evacuation training. Having sent over thirty nursing sisters to the United States for training between 1949 and 1960, the RCAF found the cost in time and money to be more

---

[27] NAC RG 24, Vol. 4952, File 3201-N15 pt 4, "Indoctrination Training for Newly-Enrolled N/S" dated 15 Dec 60.

[28] Ibid.

than the expected return. It was proposed to establish an air evacuation training unit at RCAF Station Trenton and, with a three week course, to train many more nursing sisters and medical assistants than had been possible in the past.[29] It was noted that the nurses trained on the American course, of those still serving, only a few were available for medical air evacuation duty. Many had left the service and, of those remaining, promotion to more senior nursing positions made them unavailable for flight nursing duties. The solution was put forward to Training Command to have the graduates of the USAF flight nursing course take on the role of instructors in the Canadian course and train more personnel in a much shorter time at a much lower overall cost to the Air Force.

By the late 1950s, the cost of training and maintaining a cadre of nursing sisters became increasingly more important to the Air Force and to the military in general. In a memorandum from the Acting Comptroller of the Air Force, Air Commodore (A/C) K.L.B. Hodson, sent to the Directorate of Personnel, he noted that, in his "continuing search for means of economy in the Service" there was an

---

[29] NAC RG 24, Vol. 700, File 452-N61, "Basic Training in Medical Evacuation Procedures" dated 8 Sep 61.

unusually high rate of attrition among nurses as compared to other officers.[30] With the increasing costs incurred with the growth of the military and, in the case of the Air Force, with the medical costs of the large contingent of personnel and dependents at remote stations, there was an ongoing search by Headquarters for ways and means of economizing. To the Acting Comptroller, the nursing situations presented a "ratio of training to productive service [that] appears disproportionate."[31] As noted earlier, a study done for the three years prior to 1958 determined the average period of service for nursing sisters to be 2.1 years. As shown in Table 1, attrition averaged approximately 22 per cent from 1953 to 1957. New enrollments kept pace with the number of releases and the Air Force did not appear to suffer any shortage of replacements. Considering that nurses were already trained prior to entry, the costs to the military were relatively low. Other than basic officer training and uniforms, nursing sisters were a bargain, notably when compared to male officers, especially aircrew, whose training and other

---

[30] NAC RG 24, Vol.700, File 452-N61, Memorandum "Training - Policy, Nursing Sisters" dated 29 July 58

[31] Ibid.

costs were much higher. Not only were RCAF men frequently granted university training along with military courses, but they were also permitted to marry and raise a family using military housing and medical facilities.

Table 1 [32]

RCAF Nursing Sisters - Strength Analysis by Year						
	1953	1954	1955	1956	1957	1958 Jan-Jun
Strength at beginning of year	144	157	176	184	188	214
Number enrolled	46	48	45	44	74*	17
Attrition	33	29	37	40	48	25
Strength end of year	157	176	184	188	214	-

* High level recruiting in 1957 due to increase in ceiling from 181 to 218.

Marriage was not something the military took lightly when it involved a nursing sister. A memorandum sent to the Air Officer Commanding in London from Ottawa during the war summed up the military's view on married nursing sisters. Group Captain B.F. Wood wrote in reply to a question about the retention of RCAF nurses who married while overseas that "experience has shown that married nursing sisters as a

---

[32] NAC RG 24, Vol. 7921, File 2-6500-N15 pt.3, "Nursing Service - Personnel Situation" dated July 58.

class are not as desirable as unmarried sisters and it is desired to keep to a minimum the appointment of married women."[33] The Directorate of Medical Services (DMS) was in agreement and noted that married women were presenting problems "because of repeated requests for postings" and "being boarded out for pregnancy."[34] The DMS, composed of senior medical officers in Ottawa, stated that:

> It is the opinion of this Directorate that Nursing Sisters rarely give as wholehearted service to the R.C.A.F. following marriage for the reason that their interests have changed and they naturally would prefer to live with their husbands.[35]

For those gentlemen, a married woman choosing to serve her husband rather than her career probably did seem like the "natural" thing to do. They had likely gained personal knowledge of married women's "natural" preferences from their own experience in having the convenient services of their own wives throughout their careers.

---

[33] NAC RG 24, Vol. 3365, File 400-2-1, "Nursing Sisters, RCAF Policy,' memo dated 07 Oct 43.

[34] NAC RG 24, Vol. 3365, File 400-2-1, "Nursing Sisters, RCAF Policy," memo dated 16 Nov 43. Pregnant service women who were pregnant were quickly released from the military within a week through a Medical Board process that could decree them medically unfit for further service.

[35] Ibid.

In 1959, RCAF policy still required nursing sisters who married while serving in Canada to be released automatically. Those serving in Europe with 1 Air Division were permitted to stay in the service if they wished since replacements for overseas postings were more difficult to arrange. Other female officers and airwomen were permitted to remain in the military with approval from Air Force Headquarters "if in the best interest of the service."[36] The reason given by the Air Member for Personnel for a policy that singled out nursing sisters for automatic release was "based on the necessity of Nursing Sisters being on call and the requirement for them to do shift work. It was not considered desirable to demand this of married Nursing Sisters."[37] The Air Force wanted the flexibility that came with employing only single women who would be available on a full-time basis to service the Service. As shown in Table 2, the high attrition rate that was characteristic of the Nursing Service was due to the number of women who left to marry.

---

[36] NAC RG 24, Vol. 7921, File 2-6500-N15 pt.3, "Retention of Female Officers and Nursing Sisters After Marriage" dated 20 Oct 59.

[37] Ibid.

Table 2 [38]

Nursing Sisters Released							
Year	Medical	Vol. release	Retired	Contract complete	Marriage	Other	Total
1953							33
1954	1	4			23	1	29
1955	3	2			28	4	37
1956	1	1		7	26	5	40
1957			1	17	25	5	48
1958 Jan-Jun	2	1		10	10	2	25

As cost effectiveness was becoming more important to the Air Force, the high turnover rate, the expense of training new nurses, and the shortage of suitable replacements, the RCAF found it "necessary to consider the retention of Nursing Sisters after marriage in the Service, if the Nursing Sister so wishes."[39]

At the same time that the Personnel Branch was debating the advantages and disadvantages of retaining married nursing sisters, the Nursing Service had its own perspective on the subject. Dealing on a day-to-day basis with the routine staffing, training and assignments, the Matrons of the three Services had definite opinions on the value of single nurses over married ones. Experience in staffing the

---

[38] NAC RG 24, Vol. 7921, File 2-6500-N15 pt.3, "Nursing Service - Personnel Situation" dated July 58.

[39] NAC RG 24, Vol. 7921, File 2-6500-N15 pt.3, "Retention of Female Officers and Nursing Sisters After Marriage" dated 20 Oct 59.

hospitals and clinics of small isolated radar stations and larger bases as well as in assigning nurses to bases where aeromedical evacuations required twenty-four hour on-call duty gave the senior nursing sisters a perspective that was not fully appreciated by the senior medical officers in Ottawa. They felt that dealing with a large group of single young women who would, statistically, serve just over two years, was difficult enough to manage without adding the additional problems of married nurses. The Matrons of the three services made their views very clear on the subject of married nurses in a memorandum to the Surgeon General's Policy Board. They stated that:

> It has been suggested that we should retain our nurses after marriage, until replacements are provided or until the married nurse requests her release.
>
> Each Matron-in-Chief has experienced having married nursing officers on her staff. She has found that the married woman is primarily interested in her home (and rightly so), and her job is secondary; she wants the same time off, and the same leave as her husband; she won't work shifts; and she wants all the privileges.
>
> The single sister suffers for all this by receiving the less desirable duty hours and postings. A lot of unhappiness and friction is thus created.[40]

---

[40] NAC RG 24, Vol. 7921, File 2-6500-N15 pt.3, Memorandum from Lt Cdr ME Nesbitt, dated 07 Oct 59.

It would appear that, at least in the military, being a married woman was not a advantage for a woman wanting a career in nursing. Single women were prized for being unencumbered with husband, children and other commitments. They were available for duty at a moment's notice and very flexible in their accommodation requirements. The service did not have to share her loyalties with anyone, least of all a husband.

The apparent animosity between the older, senior nursing sisters and the younger, more junior nurses seems to have gone beyond the difficulties involved with work schedules and postings. The senior nurses may well have resented the younger nurse's perceived lack of commitment to the service and sense of sacrifice. Having pledged their troth to the Air Force, as it were, by remaining single and available to the needs of the Service throughout their careers, the Matrons felt that anything less than a full undertaking was disloyal. Also, the senior nurses, most of whom had served together in one capacity or another during their careers, had developed a kinship based on common experiences and long friendships. The junior nursing sisters had to earn their

place in the organization and, if willing to split their loyalties between the Service and a husband, would never be part of the established inner circle.

To be a nurse in the RCAF during the 1950s was a major commitment for a woman, particularly for those women who were in search of a long-term career. To achieve that goal, they had to be willing to give up the opportunity for a husband and a family. For those who were not willing to go the distance, the Air Force provided them with a few years of nursing experience and a lifestyle that went beyond what was available to most young women at that time. In both cases, the nurses who joined were attracted to the possibilities that such a career would offer them, both as women and as nurses.

For women in North America in the 1950s, there was an expectation, both on their part and on the part of society, that they would marry and have children. The postwar era was marked by a search for stability and security. Women were seen as a means to this end by becoming the homemakers who would create the family-based environment that would be the bedrock to hold that vision in place.

Nursing was also caught in the postwar perspective of stability in the midst of change. As the hospital-based

health care system expanded, the role for nurses became more technical and scientific. By contrast, their power and influence in the hospital system did not grow with it. Limited by the medical system, nursing activities were still firmly under the control of doctors and there was little room for independent practice.

When compared to the options open to young nurses in the fifties, the Air Force was an appealing prospect. There was an excitement and a challenge attached to being part of a male military environment and in nursing in a more independent manner. For these women, brought up during the war, the glamour attached to the patriotic idea of nursing in the Air Force had a certain attraction and stimulation that carried over.

Once they were part of the RCAF Nursing Service, nursing sisters encountered a number of mixed messages. Despite being commissioned officers, the rules and regulations that controlled their lives were often as restrictive as when they were student nurses. On the ground, their activities followed the controlled and limited practice of civilian hospitals. By contrast, when in charge of medical evacuations in the air, the nurses were in complete control of the patient care. Although they were considered a

valuable asset to the military, the flight nurses' cause was often met with high-level bickering on costs and benefits when matters of their training and equipment were under discussion. And yet, despite the costs of training and the high attrition rate, retaining nurses after marriage did not become a serious consideration. This economically rational proposal foundered on established culture, both that of male officers and of single nursing sisters. The two groups had values other than mere economy to protect.

Despite the control exerted over these women by the military, there were many opportunities for them to take control, if only for the short term. While in the air, for example, flight nurses moved beyond traditional nursing care to more independent action. Even on the ground, their rôle as nursing sisters gave them a status that allowed them to circumvent some of the customs and traditions practiced by other military officers. At the same time, as women, they were not permitted to maintain a career in the Air Force on the same terms as the male officers. In spite of the same officer training, women's careers ended with marriage and a family. Like their civilian sisters, the inconsistencies in the approach taken with the nursing sisters of the Air Force were determined primarily by their gender.

Conclusion

The fifteen-year period that followed the Second World War was a time of change for women in North America. Following two decades of economic depression and war, the prosperity brought the potential for wider opportunities for women and also the means for stability and security. The active promotion by government and industry of women's participation in the workforce ended with the war. With an equal degree of enthusiasm, postwar women were encouraged to return to homemaking and family life. The stable homes and families these women were to create would reap the benefits of the booming postwar consumer economy and become an important line of defence in the war against communism.

Despite the initial drop in employment levels for women at the end of the war, almost one in four women were in the workforce by 1951. By that time 30 per cent of working women were married compared to only 12.7 per cent in 1941. The strong focus on family life and the promotion of a broad array of consumer goods in the marketplace encouraged many married women to work part-time and, in many cases, full-time. Despite wanting or needing to work, the postwar woman was given a standard to meet that revolved around a white,

middle class ideal of suburban homelife. Becoming the quintessential homemaker was the goal and women were judged, often by themselves, on how well they met that benchmark.

For women who did enter the workforce,the occupations available to them were stereotypically female. Nursing, teaching, retail and service jobs, all noted for their low pay, limited benefits and lack of autonomy, provided employment for the majority of Canadian working women. Nursing, with the growth of the health care system, provided a particularly attractive role for many of these women. Not only was it a traditional female occupation, but it also offered a relatively short and inexpensive training programme with a flexible work schedule. In many ways, nursing, along with teaching, epitomized the ideal career choice for women in the postwar era. As one of the caring professions, nursing offered its practitioners a degree of prestige and acceptance. At the same time, it allowed them the opportunity to move in and out of the profession depending on their marital and family responsibilities.

By contrast, nursing was also an occupation that offered women only a limited amount of power and authority. Products of a training system that valued compliance, obedience and a capacity for hard physical labour, nurses

were employed for the most part in hospitals and institutions. Under the sanctioned control of male physicians and administrators, general duty nurses had little opportunity to exert any direct control on the health care system. With these limitations, civilian nursing offered little challenge to women who were willing to step outside the established mold.

Perhaps because of the traditional but, more likely mythical, stereotype of the military nurse that was perpetuated through the two world wars, the women who enrolled in the RCAF as nursing sisters may have had unrealistic expectations of life in the Service. Often portrayed as an Angel of Mercy or an heroic Cherry Ames in books and on film, nursing sisters spent much of their time on routine ward work in small unglamorous locations. They frequently experienced the social isolation that came from being one of a few female officers on a station, if not the only one. Unlike Army or Navy nurses who were posted to larger hospitals in more urban areas, RCAF nurses were scattered across the map on small stations. Unable to marry or socialize with lower ranks, the nurses developed close ties with each other that often lasted until retirement.

Not surprisingly, given that in many respects nursing

in the Air Force was often like nursing in the civilian world, training as a flight nurse became a goal for many nursing sisters. Flight nursing provided them with many things that civilian and regular military nursing did not. As flight nurses they were able to step outside the prescribed roles of nurse and woman that were in place in the 1950s. Despite the controls exerted on their personal lives by the military and on their professional lives by the medical hierarchy, flight nursing offered these women more freedom than many other nurses had. While in the air, their roles expanded in authority and status permitting them to make all the medical decisions for their patients. In addition, the male aircrew deferred to their judgement with respect to flying conditions and included them in many of the flight decisions made.

Undoubtedly the opportunity to associate closely with a group of males in high prestige positions was another aspect of flight nursing that cannot be overlooked. This, combined with the risks and dangers inherent in military air travel, identified flight nurses with one of the more elite groups in the Air Force. Despite this close association with power, the role of flight nurse, unlike that of airline stewardess for example, had value on its own merit. The

power and authority exercised by flight nurses in the air came from their skills as nurses not from a personal or supportive relationship with men. Once they were back on the ground however, they returned once more to the control of the medical and military hierarchies.

Despite having to return to the traditional boundaries that were established for nurses and for women in the 1950s, the opportunity to expand their limits made flight nurses agents for change. Their close involvement with the more advanced technical aspects of medical science was occurring when civilian nurses were still passive observers or, at most, assistants to physicians in the emerging field of critical care medicine. Flight nursing provided an opening for the expansion of nursing practice into a more independent field of health care, an area where women and nurses had not traditionally been involved.

Prompted, perhaps by their experiences in the air, the RCAF nurses demonstrated an ability to take control of some of the aspects of military life that directly affected them. In the same way that they bonded together to ask the Canadian Nurses' Association to lobby on their behalf to prevent them from being subsumed under the Women's Division during the war, they also stood their ground on matters of

uniform, rank and pay. They identified themselves strongly as Nursing Sisters and worked hard at maintaining the traditions of dress and custom that were associated with the group. When given the opportunity to express their views on dress or training, for example, they were able to bring pressure to bear on the decision-makers. Their protests on these matters were written in very diplomatic and tactful phrases that linked them to their cultural roots as women of the fifties. Despite the opportunities they had to step out beyond societal expectations for women, the nursing sisters, especially those most senior, were astute enough to know their future depended on the good will of the male physicians at the top of the RCAF medical service.

Perhaps because nursing sisters constituted a small group of women in a very large group of men, they were able to produce small victories without ever having to undertake a risky battle. Like their civilian sisters, military nurses had a great deal of experience working within the system. Their progress, although conservative by today's standard, was steady and, when compared to the civilian women and nurses of the period, shows them moving resolutely forward, one step at a time.

In examining women's history of the postwar years, the

part played by the nurses in the RCAF has been almost invisible. As nursing history is only now beginning to be recognized as a valid and rich source of women's experience in the work world of this period, interest in nursing sisters cannot be far behind. Caught up in the meld of stereotypes, military nursing history, like earlier women's history, calls up only the unusual or the exciting. The more realistic images of the many women who served as nursing sisters are left behind. To produce an accurate picture, it is necessary to take into account the dual nature of the military nursing experience. Having experienced a strong women's culture during their apprenticing years as students, the nursing sisters were in a position to further the sense of solidarity that they had with one another. And surrounding their lives as women was an enormously powerful male culture that dominated both the medical profession and the military. How these women dealt with the tensions that were created, how they made sense of them and confronted them - this is the real path of women's history.

Bibliography

I. Primary Sources.

A. Government Documents

NAC RG 24, Records of the Department of National Defence.

Canadian Nurses Association, MEC Box A1.1 ARC WY1 CA1.

Base Borden Military Museum, CFMSS Book #7.

B. Other Printed Sources

"And Now Canada's Para-Nurses." Nursing Mirror. June 27, 1952: 291.

Albert, Janice. "What's Different About Flight Nursing?" American Journal of Nursing 56 (1956): 873-4.

Canada, Royal Commission on Health Service. Report. Volume 1 Ottawa, Queen's Printer, 1964.

Canadian Nurse, 46.5 (May, 1950)

Canadian Nurse, 51.9 (Sept. 1955).

Cress, Ruby. Haven't Any News: Ruby's Letters From the 50's. Ed. Edna Staebler. Waterloo, ON: Wilfred Laurier University Press, 1995.

Fletcher, Kenneth, MD and Frances P. Thorp, RN. "Aeromedical Nursing." American Journal of Nursing 50 (1950): 149-52.

Hazell, Patsy Power, Personal Interview. 02 January 1997.

Hilliard, Dr. Marion. A Woman Doctor Looks at Love and Life. Toronto: Doubleday Canada Ltd., 1957.

Lundberg, Ferdinand and Marynia F. Farnham. Modern Woman:The Lost Sex. New York: Harper & Brothers Publishers, 1947.

Mussallem, Helen K. A Path to Quality. Ottawa, ON: Canadian Nurses Association, 1964.

Myrdal, Alva and Viola Klein. Women's Two Roles: Home and Work. London: Routledge & Kegan Paul Ltd., 1956.

Somers, Gwen M. "Flight Nurses: Royal Canadian Air Force." Canadian Nurse 51 (1955): 539-541.

Strickland, Benjamin A. "The Flight Nurse." American Journal of Nursing 51 (1951): 449-450.

Turcotte, Bobbie. "It's Raining Angels of Mercy When 'Para-Pets' Hit the Silk." Edmonton Journal 27 September 1951.

Turcotte, Bobbie. "Mountains Making Muscle Maids of RCAF's Para-Beauty Queens." Edmonton Journal 20 September 1951.

Wells, Helen. Cherry Ames, Flight Nurse. New York: Grosset & Dunlap Inc., 1945.

II. Secondary Sources.

"A Sense of War" Ideas. Canadian Broadcasting Corporation, Toronto, ON. 11 Nov. 1992.

Adams, Mary Louise. The Trouble with Normal: Postwar Youth and the Making of Heterosexuality. Toronto: University of Toronto Press, 1997.

Armstrong, Pat and Hugh Armstrong. The Double Ghetto: Canadian Women and Their Segregated Work. Toronto: McClelland & Stewart, Inc., 1978.

Armstrong, Pat, Jacqueline Choiniere and Elaine Day. Vital Signs: Nursing in Transition. Toronto: Garamond Press, 1993.

Ashley, Jo Ann. Hospitals, Paternalism, and the Role of the Nurse. New York: Teacher's College Press, 1976.

Bland, M. Susan. "Henrietta the Homemaker and 'Rosie the Riveter: Images of Women in Advertising in MacLean's Magazine 1939 - 50." Atlantis 4 (1979): 61-86.

Bloom, Alexander and Wini Breines, Ed. "Takin' it to the Streets." A Sixties Reader. New York:Oxford Univeristy Press, 1995.

D'Emilio, John and Estelle B. Freedman. Intimate Matters. A History of Sexuality in America. New York: Harper & Row, Publishers, 1988.

Donahue, Patricia M. Nursing: The Finest Art. St. Louis, MO: C.V. Mosby Company, 1985.

Elshtain, Jean Bethke. Women and War. New York: Basic Books Inc., 1987.

Enloe, Cynthia. Does Khaki Become You? The Militarization of Women's Lives. Boston, MA: South End Press, 1983.

Evans, Sara M. Born for Liberty, A History of Women in America. New York: The Free Press, 1989.

Feasby, W.R. Ed. Official History of the Canadian Medical Services, 1939 - 1945. Volume One: Organization and Campaigns. Ottawa, ON: Queen's Printer, MND, 1956.

Franzen, Trisha. Spinsters and Lesbians: Independent Womanhood in the United States. New York: New York University Press, 1996.

Friedan, Betty. The Feminine Mystique. New York: WW Norton & Co. Inc, 1963.

Gibbons, H. L. and C. Fromhagen. "Aeromedical Transportation and General Aviation." Aerospace Medicine. 42 (1971): 771-3.

Harrison, Cynthia. An Account of Sex, The Politics of Women's Issues 1945-1968. Berkeley CA: University of California Press, 1988.

Hartmann, Susan M. The Home Front and Beyond: American Women in the 1940s. Boston, MA: Twayne Publishers, 1982.

Hartman, Susan M. "Women's Employment and the Domestic Ideal in the Early Cold War Years." Not June Cleaver: Women and Gender in Postwar America, 1945-1960. Ed. Joanne Meyerowitz. Philadelphia, PA: Temple University Press, 1994. 84-100.

Harvey, Brett. The Fifties: A Women's Oral History. New York: Harper Collins, 1993.

Iacovetta, Franca. "Remaking Their Lives: Women Immigrants, Survivors and Refugees." A Diversity of Women: Ontario, 1945-1980. Ed. Joy Parr. Toronto: University of Toronto Press, 1995: 135-167.

Janeway, Elizabeth. Powers of the Weak. New York: Alfred A. Knopf, 1980.

Jeans, Katherine and Neil Bregman, Prod. Angels of Mercy. Sound Venture Productions Ottawa Ltd., 1994.

Kalisch, Philip A. and Beatrice J. Kalisch. The Advance of American Nursing. 2nd ed. Boston, MA: Little, Brown & Company, 1986.

Kalisch, Philip A. and Beatrice J. Kalisch. The Changing Image of the Nurse. Menlo Park, CA: Addison-Wesley Publishing Company, 1987.

Kinsman, Gary. The Regulation of Desire: Homo and Hetero Sexualities, 2nd ed. Montreal: Black Rose Books, 1996.

Landells E.A. Ed. The Military Nurses of Canada: Recollections of Canadian Military Nurses. White Rock, BC: Co-Publishing, 1995.

Matthews-Klein, Yvonne. "How They Saw Us: Images of Women in the National Film Board Films of the 1940's and 1950's," Atlantis, 4 (Spring, 1979): 20-33.

May, Elaine T. Homeward Bound: American Families in the Cold War Era. New York: Basic Books, 1988.

McPherson, Kathryn. Bedside Matters. The Transformation of Canadian Nursing, 1900 - 1990. Toronto: Oxford University Press, 1996.

Melosh, Barbara. "The Physician's Hand." Work, Culture and Conflict in American Nursing. Philadelphia: Temple University Press, 1982.

Meyerowitz, Joanne, Ed. Not June Cleaver: Women and Gender in Postwar America, 1945-1960. Philadelphia, PA: Temple University Press, 1994.

Meyerowitz, Joanne. Introduction. Not June Cleaver: Women and Gender in Postwar America, 1945-1960. Philadelphia, PA: Temple University Press, 1994. 1-12.

Nicholson, G.W.L. Canada's Nursing Sisters. Toronto: A.M. Hakkert Ltd., 1975.

Parr, Joy, Ed. A Diversity of Women: Ontario, 1945-1980. Toronto, University of Toronto Press, 1995.

Pierson, Ruth Roach. "They're Still Women After All." The Second World War and Canadian Womanhood. Toronto: McClelland and Stewart, 1986.

Prentice, Alison, Paula Bourne, Gail Cuthbert Brandt, Beth Light, Wendy Mitchinson and Naomi Black. Canadian Women: A History. Toronto: Harcourt Brace Jonanovich Canada Inc., 1988.

Reverby, Susan M. Ordered To Care: The Dilemma of American Nursing, 1850 - 1945. Cambridge: Cambridge University Press, 1987.

Rupp, Leila J. Mobilizing Women For War: German and American Propaganda 1939 - 1945. Princeton, NJ: Princeton University Press, 1978.

Sangster, Joan. "Doing Two Jobs: The Wage-Earning Mother, 1945-60." Joy Parr. Ed. A Diversity of Women: Ontario, 1945-1980. Toronto: University of Toronto Press, 1995: 96-132.

Sheila M. Rothman. Women's Proper Place. A History of Changing Ideals and Practices, 1870 to the Present. New York: Basic Books, Inc. 1978.

Strong-Boag,Veronica. Rev. of Canada's Nursing Sisters by G.W.L. Nicholson. Canadian Historical Review. Sept. 1977: 327.

Strong-Boag, Veronica. "Home Dreams: Women and the Suburban Experiment in Canada, 1945-60." Canadian Historical Review, 72.4 (1991): 471-504.

Strong-Boag, Veronica. "Making a Difference: The History of Canada's Nurses." Canadian Bulletin of Medical History 8 (1991): 231-48.

Strong-Boag, Veronica. "Canada's Wage-Earning Wives and the Construction of the Middle Class, 1945-60." Journal of Canadian Studies 29.3 (1994): 5-25.

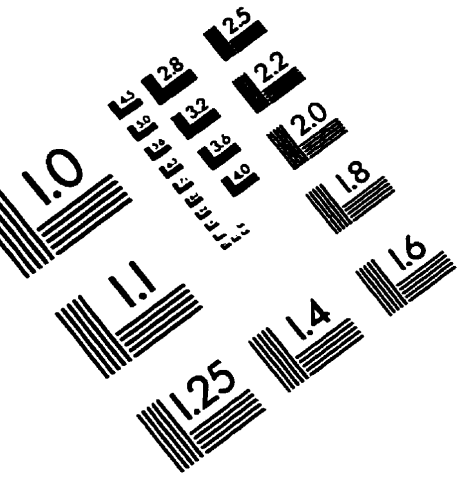
Strong-Boag, Veronica. "'Their Side of the Story': Women's Voices From Ontario Suburbs, 1945-60." A Diversity of Women: Ontario, 1945-1980, Ed. Joy Parr. Toronto: University of Toronto Press, 1995. 46-74.

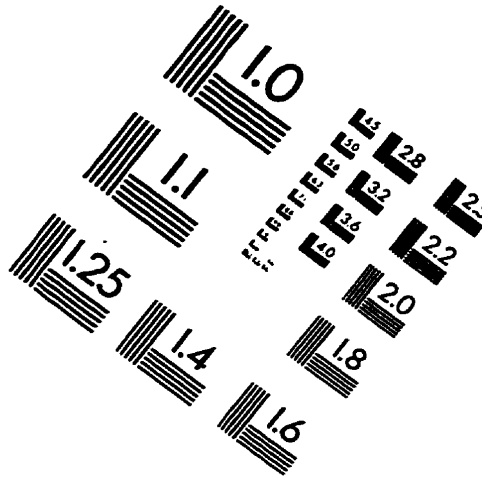
Summers,Anne. Angels and Citizens. British Women as Military Nurses 1854 - 1914. London: Routledge & Kegan Paul, 1988.

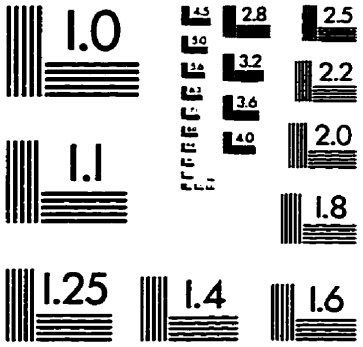
Tillotson, Shirley. "Human Rights Law as Prism: Women's Organizations, Unions, and Ontario's Female Employees Fair Remuneration Act, 1951." Canadian Historical Review LXXII (1991): 533-557.

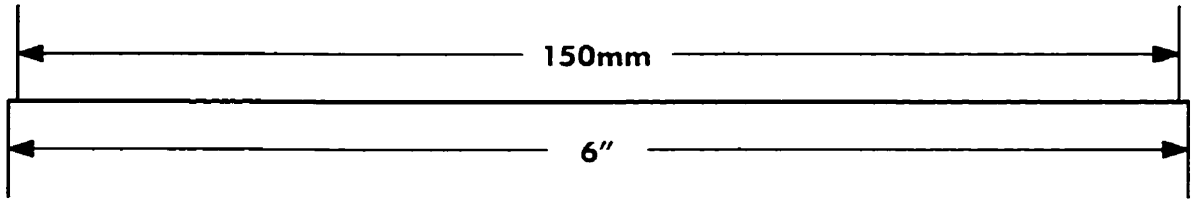
Willoughby, William R. The Joint Organization of Canada and the United States. Toronto: University of Toronto Press, 1979.

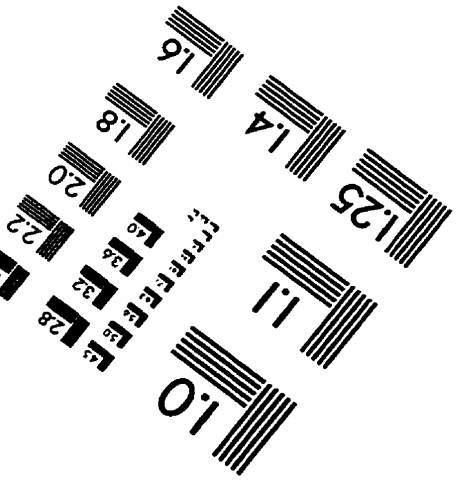
IMAGE EVALUATION
TEST TARGET (QA-3)

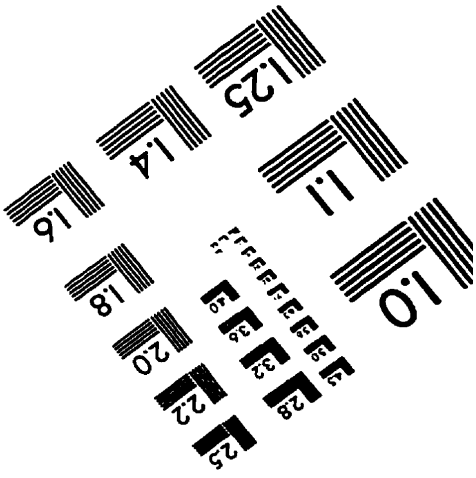












APPLIED IMAGE, Inc
1653 East Main Street
Rochester, NY 14609 USA
Phone: 716/482-0300
Fax: 716/288-5989