

# **“Angels of Mercy”- The Story of Nursing Sister Matilda Ethel Green and her Unique Connection to Medicine Hat and her Role During the Great War (1914-1919)**

By William J. Anhorn Q.C. ICD.D

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*He has also a passionate interest in history including the history of Medicine Hat and has researched and written several articles in relation to local history. He currently is a member of the Medicine Hat Genealogical Society and Chairman of the Historical and Heritage Resource Management Committee of the Medicine Hat Exhibition and Stampede Company.*

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## Introduction:

More than 2,800 nurses served in the Canadian Army Medical Corps, as fully-enlisted officers in the specially-created all female rank of “Nursing Sister”, during World War I. Nicknamed “bluebirds” because of their blue uniforms and white veils, Canada’s nursing sisters saved many lives by caring for wounded and sick soldiers during this horrific conflict in France and Belgium during the Great War (1914-1919).

Their valour and dedication to the war effort is often overlooked.

The Canadian Army Medical Corps(C.A.M.C.) was established in 1904 with a nursing service under its umbrella, but had only five permanent members by the start of the First World War. In August 1914, Major Margaret Macdonald, one of the five C.A.M.C.

nursing sisters and an experienced nurse from the Boer War in South Africa, received permission to enlist 100 nurses.

Canadian military nurses who were required to be trained nurses before they could enlist. Appointment to the C.A.M.C. Nursing service also required women to have British or Canadian citizenship, to possess high moral character, physical fitness, and be between the ages of 21 and 38. They were



Canadian Nursing Sisters, May 1917.

women with an average age of 29.9 years, and almost all were single – at least at the time of enlistment!

Many of the nurses had brothers or fathers serving in the Canadian Expeditionary Force.(CEF) All were volunteers and there was never a shortage of candidates. In January 1915, for instance, there were 2,000 applicants for 75 positions.<sup>1</sup>

As a result, all of these initial members of the C.A.M.C. were drawn from the major hospital nursing schools from across Canada. One of these “training hospitals” from which candidates to this service were recruited was the **Medicine Hat General Hospital**.

Nursing sisters of the C.A.M.C. were seldom in the front line trenches but they often were very close to the battle lines of the Western Front, meeting injured and battle-worn soldiers who arrived to be triaged at casualty clearing stations by stretcher bearers, ambulances, truck convoys or hospital trains.

As patients arrived the nurses were among the first to meet these wounded soldiers, administering pain medication, tetanus vaccines, cleaning wounds, and offering comfort as well as clean clothing and beds in which to rest. They assisted in surgery and often had primary responsibility for cleaning post-surgical wounds and watching for secondary infections. Nurses cared for wounds daily, bandaging and re-bandaging injuries and ensuring that oxygen entered wounds to destroy the anaerobic infections that could result in a patient’s painful death.

They also nursed soldiers through dysentery, trench fever, pneumonia, and the influenza pandemic of 1918 – illnesses

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<sup>1</sup> Source: Canadian Virtual War Museum

that were life threatening and often fatal in themselves. In this context, the nursing sisters, although not often in direct-armed conflict with the enemy, were nonetheless at serious physical risk. They served in several theatres of war outside the Western Front, including Gallipoli, Egypt, and Salonika – these theatres were known as having some of the worst conditions anywhere during the First World War.

Of the 2,845 Canadian nursing sisters who served during WWI, 58 died as a result of enemy fire or disease. For example, on two separate occasions, German aircraft dropped bombs on two defenceless Canadian Army hospitals in France, resulting in several nursing sisters being killed in the line of duty.



Canadian nursing sisters working amongst ruins of the 1st Canadian General Hospital, which was bombed by the Germans, three nurses being killed. MIKAN No.

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On May 20<sup>th</sup>, 1918 several bombs were dropped on the 24<sup>th</sup> Canadian General Hospital in Etaples, France resulting in the death of 3 nursing sisters;

**Katherine Maud MacDonald, Gladys Mary Wake and Margaret Lowe.**

Sadly, further losses of Canadian Nurses, as a result of enemy action would occur at the end of May 1918 with the bombing of No. 3 Canadian Stationary Hospital in Doullens, France.

On May 29/30 1918, a German plane bombed the hospital hitting the main building over the operating theatre and one of the wards. Two surgeons, three nursing sisters, 16 other ranks (including orderlies) and 11 patients were killed as a result of the horrendous attack. Several others were seriously injured.



Funeral of Nursing Sister (N/S) Margaret Lowe, of Binscarth, Manitoba, who died of wounds received during raid by Germans at Étaples, France, May 1918.

**Nursing Sisters Dorothy Baldwin, Agnes MacPherson and Eden Pringle** were among the dead. They are buried at Bagneux Military Cemetery. Nursing Sisters Meta Hodge and Eleanor Thompson were awarded the Military Medal, for bravery and devotion to duty during the attack.<sup>2</sup>

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<sup>2</sup> For more detailed information, go to “**The First Canadian Nurses Killed by Enemy Action**” at the Western front Association website at <https://www.westernfrontassociation.com/world-war-i-articles/the-first-canadian-nurses-killed-by-enemy-action/>

A detailed and stunning account of the carnage can be found in the Daily entry from the hospital war diary:

*30 May 1918. On the night of 29-30 of May hostile aeroplanes were heard in the area. The night was clear and the moon was shining. About 12.25 a hostile aeroplane passed over the hospital, dropped a flare, and immediately a bomb was dropped which struck the main building over the sergeants' quarters, Ward S.6 (officers ward) operating theatre and X-Ray room, which collapsed immediately. Almost instantly a fire broke out and the whole group of buildings in the upper area were threatened. The alarm was given at once and every effort made to save the patients and combat the fire. The Nursing Sisters and orderlies worked splendidly and with the assistance of other members of the unit rapidly removed all patients to places of safety. There were no other casualties other than those killed by the bombs. During the work of rescue and while other members of the unit were combating the fire, the aeroplane returned and dropped more bombs, fortunately without doing any damage. At this time the flames were mounting sky high and the whole upper area was clearly illuminated and the buildings sharply delineated. The red crosses on the buildings were very visible so that there was no excuse for his not knowing that it was a hospital. The sergeants were in their quarters and their entire numbers were casualties. Ward S.6 (the officers' ward) was fortunately only partially filled with patients but unfortunately the bomb, including the Nursing Sister who was on duty, killed all those in their ward. Immediately below this was the X-Ray room and the operating theatre. Three surgical teams were on duty that night but two had completed their operation and had gone for their midnight meal. The other team (Capt. E.E. Meek, CAMC and Lieut. A.P.H. Sage, MORC USA) were finishing their operation and they, their patient, Sisters A McPherson and E.L. Pringle, the orderlies and stretcher bearers, were all victims of the bomb. During the work of rescue and in the endeavour to save the buildings from fire, we received splendid assistance from three companies of French soldiers and from the English soldiers quartered in Doullens. With their timely aid we were able to save the west wing of the main buildings. The night was clear and bright. There should have been no difficulty in the airmen recognising it as a hospital. The plane is stated to have been at a height of about 6000 feet. The hospital is well marked with red crosses, which airmen say are quite visible from the air. There is no doubt that the occupants of the aeroplane knew it was a hospital for when they came back and dropped bombs a second time, the flames clearly illuminated the red crosses on the buildings. This hospital, being in the Citadel, is surrounded on three sides by fields and on the fourth by a French hospital. There were no camps of troops or dumps of any description in the vicinity of the hospital.*



On June 27th 1918, a more horrific event occurred when a German U-Boat, off the coast of Ireland, torpedoed and sank a clearly marked Canadian hospital ship, the “**HMHS Llandoverly Castle**”<sup>3</sup> All 14 Canadian nurses on board the ship died in the North Atlantic seas as a result of the attack. The incident was highly publicized and the cowardly attack drew the ire of the international community and was considered by many as one of the worst WWI atrocities.

After the war, the case of *Llandoverly Castle* was one of six alleged German war crimes prosecuted at the Leipzig trials. The evidence at the trial indicated that the attack on a hospital ship was carried out by SM U-86, commanded by Helmut Patzig who ordered that the hospital ship be torpedoed and sunk.

After the passengers and crew abandoned ship and took to the lifeboats, SM U-86<sup>4</sup> surfaced, ran down all but one of the lifeboats and machine-gunned to death, most of the many survivors. In total 234 doctors, nurses, and members of the Canadian Army Medical Corps, soldiers and seamen died.

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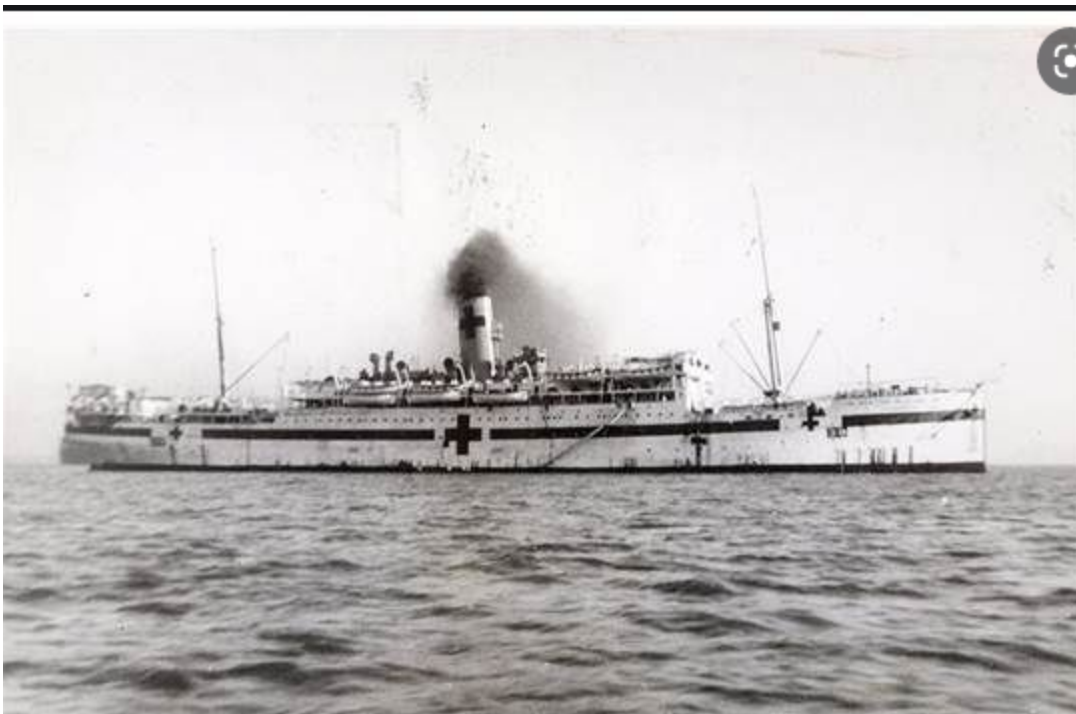
<sup>3</sup> **HMHS Llandoverly Castle**, built in 1914 in Glasgow as RMS *Llandoverly Castle* for the Union-Castle Line was one of five Canadian hospital ships that served in the First World War. On a voyage from Halifax, Nova Scotia to Liverpool, England, the ship was torpedoed off the southern coast of Ireland on 27 June 1918. Only 24 people, the occupants on a single life raft, survived. The incident became infamous internationally and was considered as one of the war's worst atrocities. (Source: Wikipedia)

<sup>4</sup> **SM U-86** was a Type U 81 submarine manufactured in the Germaniawerft Kiel Shipyard for the German Empire during World War I. U-86 was surrendered to the Allies on 21 November 1918 in accordance with the requirements of the Armistice with Germany Exhibited at Bristol in December 1918, along with UC-92 visitors could pay to go onboard with proceeds going to charity. She was then laid up at Portsmouth until fittingly scuttled in the English Channel on 30 June 1921.

The sole survivors were 24 people on a single life raft that somehow escaped the carnage and bore witness to the callous attack. Firing at a hospital ship was against international law and standing orders of the Imperial German Navy. Commander Patzig along with First-Lieutenants Ludwig Dithmar and John Boldt were charged with war crimes on the high seas. However, Commander Patzig fled to the Free City of Danzig and was never prosecuted. Dithmar and Boldt were each sentenced to four years in prison.

They spent only a few weeks in prison before escaping and fleeing Germany. The court's judgement was overturned in 1928 and both officers were acquitted.

The general consensus among scholars was that the Leipzig Trials in totality were a farce and that the outcomes were predictable and amounted to a great travesty of justice.





## A Medicine Hat Connection...Lest We Forget!

Among the 58 Canadian nursing sisters, who died overseas during WWI, **Matilda Ethel Green** was one of them and her story and her unique connection to Medicine Hat is a story worth telling as it forms another interesting chapter in our local history. Her “service to country” should be honoured and remembered.

This is her story.

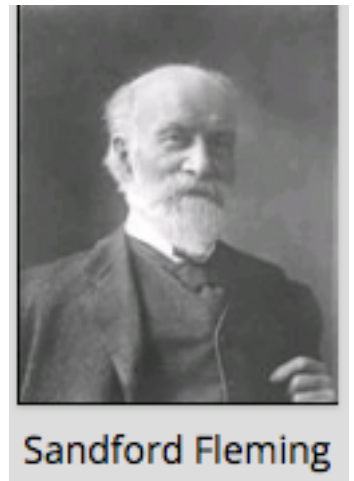


But from a “historical” perspective, let’s start at the beginning.

## **Medicine Hat Hospital and the Canadian Pacific Railway**

By most historical accounts, the current location of Medicine Hat in the valley of the South Saskatchewan River was somewhat fortuitous and like many towns and villages in the then District of Assiniboia was predicated by the construction and arrival of the Canadian Pacific Railway. The establishment of towns and villages along the construction route were necessitated by permanent storage facilities for coal and water, which were necessary to power the steam locomotives that were an essential component of the railway. By the fall of 1882, the transcontinental railway had reached Maple Creek, 100 kilometers to the east of Medicine Hat with the survey of the line west having been completed the year earlier.

Prior to that, there had been considerable debate, as the line was originally proposed to be much further north in order to avoid crossing the South and North Saskatchewan and Red Deer Rivers, which were considered daunting obstacles for the construction of the railway line. The cost of constructing satisfactory permanent bridges over these rivers were factors taken into account by the CPR engineers. The elevation or “grade” of the line was also a factor. In addition, passage through the Rocky Mountain Range was considered to be a significant challenge.



Indeed, the early surveys conducted by Sandford Fleming, the CPR Chief Surveyor, had proposed that the railway line proceed through the Prairies west from Lake Superior and should then angle north-westerly from Fort William towards Edmonton, with the with the actual passage through the formidable

mountains to be constructed through what became known as the “Yellowhead Pass”.

As a precursor to the impact of the construction of the railway at various points or locations along the line in the West, Fleming was quoted as saying,

*“In the course of time, a busy town will spring up and the land of the town site will assume a value it never before possessed”.*

Fortunately, another surveyor was engaged by the CPR to provide an alternative more southern route to the Pacific Ocean across the Prairies both for economic (cheaper) and political reasons<sup>5</sup>. The company engaged Major A.B. Rogers, as locating engineer/surveyor to find an alternative route to the Yellowhead Pass. Some suggested that a southern route was shorter overall and that the southern prairies, in fact, presented fewer natural obstacles or barriers. The railway contractors, under the direction of General Manager William C. Van Horne, took a gamble and struck westwards from Winnipeg in a southerly route, uncertain as to whether or not Rogers would be able to find a suitable pass through the Selkirk Mountains. Eventually, in July 1882, Rogers was successful and a north/south running pass although not without its challenges was discovered. It became known as the “Rogers Pass”.

By the time the news reached Van Horne in Montreal at the CPR headquarters, the railway construction had already reached Moose Jaw and was progressing westward at a rapid

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<sup>5</sup> Some claimed that a more southerly route across the Prairies was preferred in Order for the Government of Canada to better assert its sovereignty over the new frontier and to prevent U.S. railway lines from coming north and siphoning off the anticipated trade and commerce from the rapid settlement and expansion of the Western Prairies.

pace. A railway survey and engineering crew had already been sent forward to Medicine Hat in the fall of 1882 to lay out a construction camp and to plan the building of a bridge across the South Saskatchewan River. The construction to the east proceeded in record speed and the 659 miles from Winnipeg to Medicine Hat was completed on May 31<sup>st</sup> 1883.

J.W. Morrow in his book, "***Early History of the Medicine Hat Country***" published in 1923 suggests that the original crossing of the South Saskatchewan River at Medicine Hat was further north of the present location, nearer to Police Point and the current Medicine Hat Golf and Country Club and "*that a temporary wooden structure was built across the river at that location. Over the temporary bridge was taken rails, ties, steam shovels, ploughs, wagons, scrapers and food for a whole army of workers employed by the contractors and engaged in the business of building the railroad westward towards Calgary.*" (p. 24).

In the meantime, a permanent bridge was being constructed of steel and concrete at the present location, which brought its own complement of highly skilled workers. The original bridge was unique in its design as it had one span, which was made to swing open in order to allow steamers or other vessels either to go up and down the river as part of what was viewed at the time as a viable commercial waterway<sup>6</sup>.

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<sup>6</sup> See my article, ["Tinker, Tailor, Soldier, Sailor": The Life and Times of A Famous Medicine Hat Remittance Man-Horatio Hamilton Ross](#) for an interesting story about commercial traffic on the South Saskatchewan River in the early days of Medicine Hat.

After crossing the South Saskatchewan River, the contractors were in gently rolling, dry grassland and were able to make excellent progress towards Calgary, 840 miles west of Winnipeg. Calgary was reached, with the completion of a bridge over the Bow River, on August 10<sup>th</sup> 1883.<sup>7</sup>

As one might imagine, providing medical care to the ill and injured was a major challenge in this part of the Northwest Territories, particularly with the influx of single men, who accompanied the construction of the railway in large numbers and who had no family resources to help them through periods of sickness or injury. In addition, typhoid epidemics plagued the Canadian Pacific Railway work camps and the dangerous nature of railroading itself led to many injuries.

With the arrival of the railway and numerous railway stations dotting the landscape, more and more homesteaders were drawn to the previously uncultivated land in the southern and central regions and the demand for health care intensified dramatically.<sup>8</sup>

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<sup>7</sup> See, The Canadian Pacific Railway in Western Canada, Atlas of the Railways <https://railways.library.ualberta.ca/Chapters-7-1/>

<sup>8</sup> For a more detailed analysis, See, Richardson, Sharon- "Frontier Nursing: Nursing Work and Training in Alberta 1905-1905, Canadian Journal of Nursing Research, 1996-vol 28, No. 3, 113-140.



As a result of the growing need for health care, the Medicine Hat Hospital was founded in 1889 and it had its formal opening June 4, 1890. It was created to service Saskatchewan, Assiniboia, Alberta and Athabasca and was the first civilian hospital in Alberta. The building of the hospital was partially in response to the 1888 typhoid fever epidemic in which there was no institution available to tend to the sick and also as a means of promoting the community. Initial funding was provided through the Federal Government and others individuals and corporations gave money including the Canadian Pacific Railway, the Canadian Agricultural, Coal and Colonization Company. The Northwest Land Company donated twelve surveyed lots not far from the railway bridge and stretching east along the riverbank.



For a period of time, it was the only hospital in existence west of Winnipeg. A new wing was added to the hospital in 1907. And it served the community well into the 1960's , when the Medicine Hat Regional Hospital was constructed.



Class of 1896 and 1897. (1897).<sup>1</sup> Staff of the Medicine Hat Hospital Class of 1896 and 1897. Back L: Nurse Gertrude Hales ('96), Dr. C.E. Smyth, Nurse A. Andrews ('97), Dr. C.F. Smith, Nurse Poet, Front L: H. McWhirter, Nurse McCall, Lady Superintendent Agnes C. Miller, Nurse Jean Miller ('96), John Niblock.<sup>9</sup>

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<sup>9</sup> John N. Niblock was born 1849 at Scarborough, Ontario and died in 1914 at Victoria B.C. His first wife was Isabella Slater who was born in 1851 in Ontario and died in 1890 at Medicine Hat. His second wife was Clare Attwood who was born at St. Paul, Minnesota USA and died in 1943 at Burlingame, California. They were married March 30, 1892 at St. Paul, Minn. There were seven children from the first marriage; four sons died in infancy. He joined the Canadian Pacific Railway and in 1883 became Divisional Superintendent first at Port Arthur, Ontario, 1883-1887, Medicine Hat, Alberta, 1887-1899, then Calgary, Alberta, 1899-1909. He was heavily involved in building the first hospital in the NWT in 1889 at Medicine Hat and served on the First Hospital Board as Chairman.

## Lady Aberdeen Maternity Hospital

The construction of a maternity hospital was initially suggested in 1892 as a means of accommodating move deliveries outside of the general hospital. It was built 50 yards north of the general hospital and was named the Lady Aberdeen Maternity Hospital. Construction was started on May 25, 1894 and finished August 19, 1895. A second story was added in 1904. An annex was later attached in 1945.



## Victoria Nurses' residence

At the same time period that the maternity hospital was constructed, the Training School for Nurses at the Medicine Hat General Hospital was also established. The nurses initially stayed within the general hospital, however this ultimately resulted in a shortage of beds.



As a result, the newly formed Woman's Hospital Aid Society (WHAS) created the Victoria Nurses' Residence with local fundraising. Construction started April 1904 and finished in December with a formal opening in 1905.

The residence was enlarged in 1912, doubling its size to accommodate a growing number of student nurses from Western Canada and beyond, who were attracted to the

profession and who sought out more formalized training in Medicine Hat.

It is with this backdrop that we tell the story of a dedicated nurse from that era, who had a relatively brief but a very close connection to Medicine Hat.

### **The Life Story of Nursing Sister Matilda Ethel Green**

Matilda Ethel Green was born August 14th, 1886 in Listowel, Ontario, the daughter of James Green (1835-1906) and Susan Samantha Green (1845-1921) [nee Zimmerman]. Census records indicate that as early as 1910, the family moved from Ontario and took up farming near Girdwood, Manitoba, where she attended school. She had one brother, Harold E. Green, who later resided at Harmsworth, Manitoba.

It is clear that at some point in her young adult life that she ventured to Medicine Hat and enrolled in the Medicine Hat General Hospital School of Nursing, which as noted was one of only two Western Canadian “teaching” hospitals.

The 1911 Canada Census shows Matilda “Tilly” Green aged 24 residing on the family farm in Manitoba. Sometime between 1911 and 1914 she enrolled in the nursing program at the Medicine Hat General Hospital.

She graduated from the Medicine Hat General Hospital in 1916.



**School of nursing Graduation Class. (1916).**

1916 Graduate class from the School of Nursing in Medicine Hat. Standing from left: Dr. C.E. Smyth, Leslie Imes (married William Conrad), Mary Louise Hacker, Emmeline Elliott, Seated from left: Jessie Gordon<sup>10</sup> (Canadian Army Medical Corps - overseas May 1917), Matilda Green (died October 1918 in Etaples, France of pneumonia, also served with Canadian Army Medical Corps) (1916).

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<sup>10</sup> Jessie Peat Gordon (1896-1975) served overseas with the C.A.M.C as a nursing sister from 1917 to 1919 at the No. 12 Canadian General Hospital, Bramshott, England and the No.1 Canadian General Hospital in Etaples, France.



On April 23<sup>rd</sup>, 1917 at Calgary, Alberta, Matilda Ethel Green enlisted in the Canadian Army Medical Corps as a “nursing sister”. She gave her address as the Medicine Hat General Hospital, which would suggest that she was a nurse at the hospital having graduated and that she was likely a resident of the Victoria Nurses residence, which was adjacent to the hospital. She was 31 years of age and single.

According to her Canadian Expeditionary Attestation Records, she presented herself as 5’5” tall, 130 pounds, with good physical development.

Matilda was sent to Quebec arriving in Montreal on April 30th, 1917, and from there she embarked from Canada overseas on May 20th 1917, arriving in England on May 30th 1917.

She was immediately posted to the Orpington Hospital in Orpington, Kent, England.

At Orpington, a large military hospital had been built, which later became known operationally as the “16<sup>th</sup> Canadian General Hospital”. It was in the southeast portion of the town not far from the train station.





The hospital was built in close proximity to the train station, as ambulance trains would bring wounded soldiers from Casualty Clearing Stations on the front lines to England and then either by train or lorries to the numerous General Hospitals throughout England, including the 16th Canadian General Hospital.

The Government of the Province of Ontario funded the cost of the construction of the hospital at a cost of \$2 million. For that reason, it was often referred to as the **Ontario Military Hospital (OMH)**. The OMH was established in Orpington, England, on February 19, 1916. It was one of the most advanced military hospitals in the world at that time.

It originally accommodated 1,050 patients but an extra wing was added in 1917 to significantly increase its capacity.



Interior of a military hospital showing patients, visitors and nurses during Christmas time, [ca. 1918] Canadian Expeditionary Force photograph albums, C 224-8, Archives of Ontario, 10004870

Canadian doctors and nurses, who treated over 25,000 soldiers between 1916 and 1919, primarily staffed the hospital. The majority of the patients were Canadian, but soldiers from Britain, Newfoundland, New Zealand and Australia were also treated at the facility.



Ontario Military Hospital ward ca. 1916-1917 Ontario Military Hospital photographs, F 4386, Archives of Ontario, I0007454

Many of the frontline Casualty Clearing Stations and Base Hospitals<sup>11</sup> in France were also staffed by Canadian doctors and nurses from the C.A.M.C. The Base Hospital was part of the casualty evacuation chain, further back from the front line than the Casualty Clearing Stations. In the theatre of war in France and Flanders, these typically British hospitals were generally located near the coast. They needed to be close to a railway line, in order for casualties to arrive (although some also came by canal barge); they also needed to be near a port where men could be evacuated for longer-term care and treatment in Britain.



Nurses at No. 3 Casualty Clearing Station, July 1916

There were two types of Base Hospitals, known as Stationary and General Hospitals. They were large facilities, often centred on some pre-war buildings such as seaside hotels. The hospitals grew significantly in number and scale throughout the war.

One of these “base” hospitals was the No. 24 General Hospital located at Etaples, France in what was known locally as the Villa Tino Hospital.

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<sup>11</sup> See, The Long, Long Trail website: Researching soldiers of the British Army in the Great War 1914 -1919 at <https://www.longlongtrail.co.uk/army/regiments-and-corps/british-base-hospitals-in-france/>

Étaples is a fishing port fifteen miles from Boulogne, France and just to the north, the British had established a large infantry training camp and a complex of nine major hospitals, almost entirely consisting of small huts and tents.

In August 1918, Matilda Ethel Green was assigned to No. 24 General Hospital arriving in France on August 18<sup>th</sup>, 1918.

No. 24 General Hospital was not in the 'front line', as the fighting was never less than fifty miles from Étaples, nor was it a Casualty Clearing Station but it was bombed several times in 1918.

These hospitals were nonetheless hit by bombs because they were built alongside the Boulogne to Paris railway and were adjacent to the major complex of training camps, both of which were targeted.<sup>12</sup> In 1917, 100,00 British and Allied troops were camped among the sand dunes and hospitals around Étaples, which consisted of eleven general, one stationary, four Red Cross hospitals and a convalescent depot, which received the bulk of the wounded and sick from the front lines.



Canadian Army Hospital: Matron H. Smith RRC (Royal Red Cross); A/Matron J. Stronach RRC; A/Matron A.G. Hogarth RRC, Ica. 1916-1919; Premier William H. Hearst office records, RG 3-3, S 15683, Archives of Ontario, 10052163

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<sup>12</sup> From early August 1917 until the end of April 1918 Vera Brittain served as a Voluntary Aid Detachment nurse at No 24 General Hospital, Étaples. She wrote about this experience in her acclaimed and powerful memoir "*Testament of Youth*". In the chapter entitled 'Between the Sandhills and the Sea' she gives an account of her time as a nurse at the hospital. (See, Simon Jones Historian Blog)



The role of the nursing sisters in both France and Britain is well documented and the value of their presence in these casualty clearing stations and base hospitals is immeasurable.

They worked long hours, often in the most dire of circumstances, attending the often, “desperate” need of their “soldier” patients. Their dedication and commitment earned them the moniker- “**Angels of Mercy**”. Their professional demeanor and “caring” hands brought comfort and solace to many unfortunate souls, who became the victims of the “war to end all wars”.

In the midst of this chaos, there is little doubt that Matilda Ethel Green fulfilled this role in the highest tradition of Florence Nightingale.

Sadly, on October 4<sup>th</sup>, 1918 she was admitted to the No. 24 General Hospital in Etaples France as a patient herself with the hospital/military records (07/10/1918) indicating that she was “dangerously ill” having been diagnosed with lobar pneumonia.

She passed away five days later on October 9<sup>th</sup>, 1918.

She was buried with full military honors in the Étaples Military Cemetery.





Name:	Nursing Sister Matilda Ethel Green
Birth Date:	14 Aug 1886
Birth Place:	Listowel, Perth County, Ontario, Canada
Death Date:	9 Oct 1918
Cemetery:	Etaples Military Cemetery
Burial or Cremation Place:	Etaples, Departement du Pas-de-Calais, Nord-Pas-de-Calais, France

## Commemoration

Although the majority of nursing sisters returned from overseas after the war with some new skills to contribute to their profession and a heightened sense of legitimacy as military nurses, they still had much work to do. Many worked in the rehabilitation hospitals to continue caring for the thousands of soldiers – some of whom would need care for the rest of their lives. Others took courses to become public health nurses and took leadership in the growth of both public health work and social work across Canada, especially in remote areas. Some married and left nursing and not surprisingly some of the male spouses were “soldier” patients.

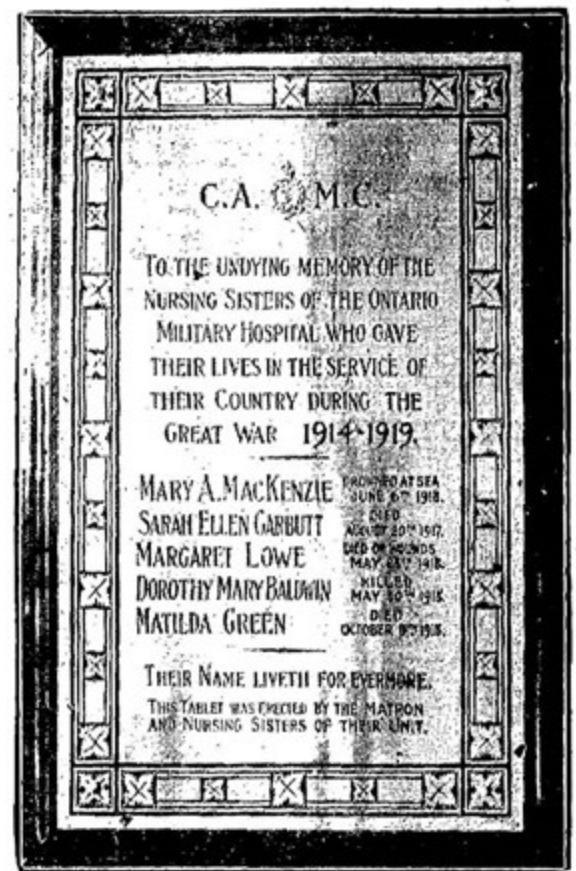
Very few returned to hospitals as supervisors and educators. But they all left the battlefields of France and the hospitals in England with a true sense of accomplishment.

They had won the affection of thousands of Canadian soldiers, the gratitude of soldiers’ families, and public respect for the role they had played.

A memorial to the war's nursing sisters was erected in Ottawa in 1926, in the Hall of Honour of Canada's Parliament building, with funds raised by the Canadian nurses themselves. And a special plaque was erected in honour of those from the Ontario Military Hospital, who paid the ultimate sacrifice for love of country. Matilda Ethel Green is one of those honoured.

With peace at hand, the Canadian Army Medical Corps was downsized and re-named the Royal Canadian Army Medical Corps (RCAMC).<sup>13</sup> The nursing service was gradually reduced to twelve permanent active nursing sisters. This number remained the same throughout the 1920s and 1930s, until the outset of the Second World War when Canadian trained nurses responded overwhelmingly<sup>14</sup> once again to the "call for service."

The story of Matilda Ethel Green and her distinguished career is a story, which should be told and her life's work overseas during WWI is one that should be honoured and remembered as being an important chapter in the history of Medicine Hat.



IN MEMORY OF HEROIC NURSES.  
Tablet unveiled at the Parliament Buildings to-day to commemorate the nurses of the Ontario Military Hospital, who gave their lives during the war.  
*Toronto Star, March 29, 1920*

<sup>13</sup> See, The Canadian Expeditionary Force Research –The Great War 1914-1919 at <https://cefrg.ca>

<sup>14</sup> For another interesting story, see my article entitled "[The Florence Nightingale of Medicine Hat-The Life and Times of Mary Minor Mills \(1911-2006\)](#)"

She, like so many other nursing sisters, are truly deserving of the title, "Angels of Mercy".

William J. Anhorn Q.C. ICD.D