





# RCAF

## *Nursing Sisters*

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*At the start of World War II, the Royal Canadian Air Force (RCAF) had no medical branch of its own. All medical services were provided by members of the Royal Canadian Army Medical Corps. However, by early 1940 it became apparent that such an arrangement was rapidly becoming unworkable as both the army and the air force expanded to meet the growing demands of the war.*

**F**or the RCAF, the implementation of the British Commonwealth Air Training Plan (BCATP) meant thousands of young trainees would flood the “light blue” ranks requiring medical support at a level unheard of at that time. Therefore on 18 September 1940, a separate RCAF medical branch came into being under the direction of Group Captain R.W. Ryan, a senior medical officer on loan from the Royal Air Force [RAF]. The first problem that he faced was finding the required personnel - including nurses.

Until September 1940 all of the nurses serving with the RCAF had come from the army and as RCAF stations sprang up across Canada these young women found themselves in some unusual surroundings. When the RCAF medical branch was formed there were 12 army nurses serving with the air force and they were offered the opportunity to transfer - all of them accepted. These first RCAF nursing sisters were also the last that were allowed to transfer in this manner for as of October 1940, Ottawa directed that all future nurses would enlist directly into the RCAF.

And enlist they did! Six months later there were 63 Air Force nurses in uniform and the branch would reach a peak of 395 by October 1944. By the end of the war a total of 481 nurses had worn Air Force blue.



Expansion brought with it a host of organizational difficulties with respect to the nursing service, not the least of which was questions about their official status within the Air Force. At first, it was felt that the nursing sisters should become part of the newly formed Women's Division and as such would follow the same basic training and rank structure. Many of the nurses felt that such a policy would require them to

take on too many military duties to the detriment of their medical responsibilities. After all, they argued, nursing was an established and recognized profession in Canada, and despite the Air Force point of view, nurses should be first and foremost medical professionals.

The nurses won the status and recognition from the Air Force that they felt they deserved, but it took two years and intervention by the Canadian Nurses Association to achieve it. Eventually, RCAF nurses were placed in a new branch of the Special Reserve known as the Medical (Nursing Services) Branch and were commissioned as officers. The more traditional nursing titles were kept as part of the rank structure with Matron-in-Chief,

Principal Matron, Matron, Nursing Sister, and Nursing Sister (Provisional) equivalent to Wing Commander, Squadron Leader, Flight Lieutenant, Flying Officer, and Pilot Officer respectively. Pay and privileges were the same as for the equivalent RCAF rank (Non-Flying List). Although RCAF nursing sisters would still be required to learn Air Force procedures and organization, they would not be required to take drill. As for the paying of compliments, in March 1944, it was stipulated that "nursing sisters were to pay and return compliments by turning the head and eyes and bowing the head in the direction indicated."

Almost immediately upon joining, RCAF nursing sisters found themselves undertaking a three-week specialist course designed to acquaint them with some aspects of aviation medicine. The Course of Aviation Nursing was first given at No. 6 Manning Depot, Toronto, and later at the School of Aviation Medicine also in Toronto. While on the course, the nurses were given lectures on service knowledge, but the vast majority of their time was taken up with clinical subjects such as air medicine, medical documentation, medical stores, hospitalization, medical proceedings, hygiene and communicable disease control, the immunization programme, venereal disease, air sickness, crash procedure, physiology and treatment of shock, burns and others.

In addition to the above course, six nursing sisters were selected to participate in a six week course at the U.S. Army Air Forces School of Air Evacuation in Louisville, Kentucky. Part of there training included rigorous physical training as it was felt that the nurses had to be prepared to service at or near the front lines. Realistic training involving casualty evacuation under simulated battle conditions were carried out both day and night. Although much of the training was similar to what had been given in Toronto, additional instruction was given on air evacuation procedure, ambulance plane loading, emergency medical treatment, tropical nursing medicine, military hygiene, sanitation, map reading and flight

discipline. Many of these subjects came in handy during the invasion of Europe.

RCAF nursing sisters found themselves serving all over Canada, as well as overseas in Europe. Most of the larger stations and BCATP training establishments had hospitals of varying sizes and in each there would be a contingent of nursing sisters.

In many cases, the nursing sisters had responsibilities and duties that were far greater than they would have undertaken in a civilian hospital. In the more remote locations such as in Newfoundland and British Columbia, RCAF medical personnel found themselves administering to not only to the military, but to the local civilian populace as well.

Overseas medical policy found Canadian doctors and nurses working primarily in RAF facilities. Nursing sisters found themselves employed at service hospitals in Northallerton, Bournemouth, and Warrington. One of the major centres of activity was at East Grinstead, Sussex, 20 miles south of London where the centre for plastic surgery, burns and jaw injuries was located. Nursing sisters assisted with some of the pioneer work undertaken at this establishment. By late 1941 a separate RCAF section had been formed at Grinstead to treat Canadian airmen with the intention of continuing their treatment on return to Canada. The Canadian section grew and by 1944 there were total of 51 medical personnel on staff including 12 nursing sisters.

Nursing sisters also made their way to the continent as part of No. 52 RCAF Mobile Field Hospital (No. 52MFH). The hospital had been organized in January 1944 to provide medical support to the Second Tactical Air Force (2 TAF) over half of which was manned by Canadians. The advanced surgical team arrived in Normandy on 8 June 1944, two days after the invasion. Two of the nursing sisters attached to the hospital arrived on the beaches at "D plus 13" and as reported by CP [Canadian Press] at the time: "Tin hats on, battledress trousers tucked into rubber

boots, two R.C.A.F. nursing sisters, Dorothy Mulholland of Georgetown, Ontario, and D. C. Pitkethly of Ottawa, walked down the ramp of an assault craft on to a Normandy beach this morning, the first Canadian servicewomen to land in France."

Soon they were helping to unload vehicles and pitch tents so that the hospital would be operational as soon as possible. Throughout the hospital's travels through France, Belgium, Holland and Germany, RCAF nursing sisters continued to treat the wounded and sick from both sides of the conflict.

In total 64 RCAF nursing sisters served overseas during the war with the remainder seeing service in Canada or the United States. Two nurses were killed while on active duty and 15 were decorated for their service and devotion to duty. Although their numbers were never large, their contributions to the Air Force more than made up for the small size of their branch. Just ask any Canadian veteran, lying in a hospital bed, what it meant to hear a voice from home. 🇨🇦



**ABBREVIATIONS**

- BCATP** British Commonwealth Air Training Plan
- RAF** Royal Air Force
- RCAF** Royal Canadian Air Force