



# Canadian Association for the History of Nursing

## Association canadienne pour l'histoire du nursing

### Newsletter

Volume 16, Number 2, Fall 2003

#### In Memoriam

#### Arlee Hoyt-McGee 1932-2003

We regret to inform our members of Arlyn (Arlee) Hoyt-McGee's death, at her residence, after a long battle with cancer, on August 10, 2003. A service to celebrate her life was held at Saint Andrews Presbyterian Church, Fredericton, New Brunswick on August 13, 2003.

The CAHN will remember Arlee as a founding member. In recognition of her contribution to this organization and to the discipline of the history of nursing in general, she was made a Lifetime Member of the CAHN.

*A nurse by choice, she leaves a legacy of caring and dedication to family, friends, patients and the profession she honored. She was a graduate of the Victoria Public Hospital in 1953, where her classmates became her sisters. In 1976 she earned a Bachelor of Nursing degree, and a Master of Arts in 1988. A Beaverbrook scholar, she was the recipient of a Honorary Doctor of Science Degree from UNB. She served as a research associate on the Graduate Academic Unit of the Faculty of Nursing, UNB. A pioneer nurse in New Brunswick in psychiatric and addiction nursing, she was one of the first to set up an independent practice. An advocate and pioneer for patients' rights in New Brunswick and the entrepreneurship of nurses, she gave free and freely of her professional skills, in writings, workshops and addresses. Her volunteer work with student nurses was commendable. An author, her major publications included six nursing histories, and the first book written on patients' rights in the province. An honorary president of the Victoria Public Hospital Nurses Alumnae, Arlee spearheaded many of their projects and reunions. Her energetic work to preserve and promote the history of New Brunswick nurses resulted in the founding and operation of the Nurses*

*Association of New Brunswick, Nursing History Resource Centre. She was commended for her work on the first Alcohol and Drug Dependency Commission of N.B. and received a merit award from the Nurses Association of New Brunswick. She was honored at Government House in June 2000 when the Nurses Association named the nurse's stained glass window at 175 Regent Street "The Arlee Hoyt-McGee Window". Arlee served on several provincial and national health-related boards and was an enthusiastic member of many associations, a founding member of the UNB Nursing Alumni and honorary president of the Canadian Association for the History of Nursing. She was Honorary President of the CIBC Run for the Cure, 2002. She was a member of Saint Andrews Presbyterian Church. She sang in the senior choir since 1955 and formed close attachments with her church family. Her proudest accomplishment was a book of poems written when she was ill. Lifelines touched the lives of many nurses and patients. She was a committed and trusting friend particularly to those she helped in addiction, in employee assistance programs and patients rights, but dedication to her family always came first. [Excerpted from her obituary]*

Arlee is survived by her husband, Raymond, children, Matthew and Leslee (Dell) and grandchildren, Brandon and Emily McGee and Tess Dell. She is also survived by her son-in-law David Dell and daughter-in-law Philene McGee.

In a letter written to current and former graduate students at the University of Alberta, Dr. Shirley Stinson said, "She'll always be known as a Great Canadian Nurse." She encouraged her students to read and reflect on Arlee's recently published book of poems, *Lifelines*.

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#### Lifetime Members

Margaret Allemang

Donations in Arlee's memory can be made to the Arlee Hoyt-McGee Scholarship Fund. Cheques should be made payable to the University of New Brunswick and forwarded to: Office of Development and Donor Relations, University of New Brunswick, P.O. Box 4400, Fredericton, NB, E3B 5A3. Please note on the cheque that the donation is for the Arlee Hoyt-McGee Scholarship. 


## Membership Report

**Florence Melchior**

There are currently 94 paid members, and 15 members whose 2002 memberships have not lapsed. Please note that retired, but association members of provincial nursing associations are members of CNA. It is important to provide the Membership Chair with your provincial association membership number if you have one. CNA requires that this information be submitted by the CAHN every year in order that we can continue as an interest group of the CNA. A membership application form is available in each newsletter for the convenience of new and renewing members. If you cannot remember when you last paid your membership fees, e-mail Florence Melchior (e-mail address is on the newsletter masthead) and she will update you. 

## Financial Report

**Judith Hibberd, Treasurer**

CAHN/ACHN revenues for the year were \$7898.48 (\$3693.48 from membership fees), and our expenses amounted to \$5855.05, leaving us with a cash balance of \$2043.43. Our major expenses were the Newsletter (\$1435.41) and the Toronto Conference (\$1491.86). Once again, thank you for those wonderful donations to the Scholarship fund - we transferred \$905.00 to the Fund in 2002. 

## Past President's Report

**By Carol Helmstadter**

We have had a number of successes this year and I thank our board members in particular for making them happen. First of all, because we raised our fees we have entered the year 2003 with a small surplus, and I would like to take this opportunity to thank our Treasurer, Judith Hibberd who has worked hard and long to bring this about. This is a real accomplishment at a time when much larger and better funded organizations such as the American Association for the History of Medicine are having to launch fund-raising campaigns to ensure financial security. We were somewhat concerned that we might lose some members if fees increased, but membership has held steady and even increased slightly.


We have continued to get more exposure as an organization. Last year, we met with the Canadian Society for the History of Medicine in Toronto for our annual conference. On the last day of the conference we had a most stimulating symposium with two other learned society groups, the Gay and Lesbian Society and the Society for the History of Science. This year we joined forces with the American Association for the History of Nursing for our annual conference in Milwaukee. There was excellent Canadian representation on the program and it was fun to see a similar, but larger, organization at work. We were also pleased to see Canadians garner three of the five AAHN awards. Most valuable, however, was the opportunity the conference offered to gain new perspectives and understandings of nursing history.

Our Associated Medical Services support for the Hannah Lectureship expired last year. AMS has been a wonderful source of backing for the history of nursing in Canada. We have enjoyed the support of AMS in the form of the Hannah Lectureship from the time of our very first conference in Prince Edward Island in 1988. Lecturers have included not only distinguished Canadian scholars but such eminent foreign scholars as Joan Lynaugh, Susan Reverby and Karen Buhler-Wilkerson from the United States and Anne-Marie

Rafferty, Anne Summers and Monica Baly from England. On reapplying this year AMS increased our grant which will now be called the AMS-Hannah/CAHN Lectureship. We are most grateful for this expression of confidence in the work we are doing to nurture nursing history in Canada. The increased money means that we will be able to bring more lecturers from abroad.

One of our major thrusts in the past year has been the recruitment of more nursing students and the incorporation of nursing history into the curriculum for nursing students. This past May we submitted a Development Grant application to AMS asking them to pay half the cost for nursing students who would present papers at our annual conference in 2004 if we are able to secure the other half from the students' universities. We approached ten universities where we knew faculty members who supported nursing history, and are very pleased to say that so far we have secured support for 15 students.

Local Arrangements Chair Kathryn McPherson has finalized many of the plans for our 2004 conference which will be held at York University, in Toronto, June 11 to the 13. Plans are falling into place for our 2005 and 2006 conferences. Local Arrangements Chair Lynn Kirkwood has finalized many of the plans for the 2005 conference, to be held in Ottawa in conjunction with the opening of the Museum of Civilization's Nursing History display. The display will open on Thursday June 16, 2005, and our conference will run from June 17-19. Local Arrangements Chair Sheila Zerr already has her committee up and running for the 2006 conference which will be held in Vancouver.

My two years as president have been a wonderful learning opportunity as well as a privilege and a lot of fun serving you. I would like to thank our incoming president, Anne-Marie Arseneault, one of the founding members of our association, for her valuable support during my term. We look forward to an even better two years under her leadership. 

## News from our Membership

**Cynthia Toman**, who recently successfully defended her PhD dissertation will receive the Governor General's Gold Medal at fall convocation for the best doctoral thesis in the Humanities at the University of Ottawa, 2003. Cynthia was the first recipient of the CAHN/ACHN Dr. Margaret Allemang Scholarship in Nursing History, which she received in 1998. She described herself as "stunned and humbled" to receive this recognition of her work, and "glad that they had to read about nurses in order to make the decision!" Cynthia was also recently appointed to a tenure track position at the School of Nursing, University of Ottawa. Congratulations, Cynthia, on all of these milestones.


The AAHN/CAHN joint meeting recently held in Milwaukee, WI was particularly eventful for three CAHN members. **Sonya Grypma**, a doctoral student at the University of Alberta, received an AAHN Student Research Award for her work on Canadian Missionary Nurses at the North Honan Mission in China, 1923-47. She will use this award to fund travel to China to further her research. Sonia was also recently awarded the Margaret Allemang scholarship in nursing from the CAHN.

**Dr. Geertje Boschma**, a member of the Faculty of Nursing at the University of Calgary received the Lavinia L. Dock Award for best book published in 2003. Her book is entitled *The Rise of Mental Health Nursing: A History of Psychiatric Care in Dutch Asylums 1890-1920*.

**Carol Helmstadter** received the Lavinia L. Dock award for the best recently published article in nursing history. Her article is entitled "Early Nurse Reform in Nineteenth Century London: A Doctor Driven Phenomenon." It was published in *Medical History* 46(3), July 2002, 325-350.

**Dr. Janet Storch**, pictured at right, received the Award of Distinction from the RNABC on April 23, 2003.

**Karen Scott** recently donated a number of artifacts pertaining to the history of nursing in the North West Territories to the University of Prince Edward Island. Karen and co-editor Joan E. Kieser published *Northern Nurses: True Nursing Adventures from Canada's North* in 2002. The book, which was recently reviewed in the CAHN Newsletter, has been selling very well. Karen is currently editing another book consisting of stories written by nurses and others about their experiences in isolated rural areas in Canada and abroad.


Victoria Public Hospital, Fredericton, reports the death of two of their alumni: **Arlee Hoyt-McGee**, whose obituary appears elsewhere in this newsletter and **Rose Marie Gillison** (class of 1961), who died September 10, 2003. 



## CAHN/AAHN Annual Meeting

Canadian delegates held the CAHN/ACHN Annual Meeting at noon on Saturday, September 20, 2003 in Milwaukee. Members present and proxy votes submitted in advance of the meeting ensured that the required quorum existed. Reports from the President, Treasurer, Membership Committee and Newsletter Committee were received. Minutes of the last annual meeting were received and approved. The report of the Nominating Committee was not available, and members agreed that the Executive can receive and act on this report via a conference call in October.

Decisions made at this meeting which should be of interest to CAHN members include:

1. A commitment to encourage the attendance and participation of undergraduate and graduate nursing students at the 2004 CAHN/ACHN Conference at York University, Toronto. Several Faculties of Nursing have made a financial commitment to support the travel of students wishing to attend the conference and, hopefully, present papers. Members decided that, given that this was a new initiative, no further effort would be made to recruit other schools/faculties of nursing this year.
2. Members ratified a policy to continue to send newsletters to members whose memberships have lapsed. Newsletters will be sent for one year after the last membership fees are paid. The newsletter committee will continue to insert the membership form in each issue, and will place a reminder notice on the envelopes of members whose memberships have lapsed.
3. After an interesting discussion of the AAHN's offer to provide issues of the *Nursing History Review* to interested CAHN/AAHN members if a mechanism can be created to collect the necessary subscription fees, Dr. Meryn Stuart volunteered to investigate this opportunity more thoroughly and report back to the executive. 

## Building the Future

More than 39,000 randomly-selected nurses across Canada have started to receive the Building the Future survey in the mail. This survey is asking them about their workplace, their patients, their own health, their job satisfaction, and their career path and aspirations. This is their chance to help shape the future of their profession in Canada.

This is the largest sample of nurses to ever be surveyed in Canada. And it's the first time that all three regulated nursing professions (Licensed Practical Nurses, Registered Psychiatric Nurses, and Registered Nurses) are asked about the same issues, at the same time. This information does not currently exist.

The survey will not only provide data for each province and territory, but will provide consistent data to allow comparisons across Canada. In many instances, this survey will provide provinces and territories new data to fill important gaps on nursing HR issues. This will help governments make informed decisions based on facts.

The survey is a key part of Building the Future: an integrated strategy for nursing human resources in Canada. It is the first national nursing study that is both endorsed and led by all the nursing stakeholder groups in Canada: professional nursing organizations, unions, employers, researchers, educators, physicians, provincial and territorial governments, Health Canada and Human Resources Development Canada.

With the survey and other research tools, we will create a long-term strategy to improve nurses' work conditions, and to address the shortage cycle that continues to affect them and all Canadians.

The survey results will be announced as part of the Study's research report, which is planned for next summer.

## Thinking About the Nursing Shortage

Concerns about the current and future shortage of nurses in Canada has prompted a flurry of activity on a variety of fronts. For those of us who have studied (or even experienced) nursing's past, the present crisis seems strangely familiar. A recent press release, announcing plans to ask today's practising nurses about the issues that concern them, prompted one of our members to analyze the similarities between the late 19<sup>th</sup> and early 21<sup>st</sup> century; at least as it relates to the recruitment and retention of nurses.

## Commentary – The Past is Present: Looking at Victorian Strategies for Addressing the Nursing Shortage

By Carol Helmstadter

On reading the article *Building the Future*, I was very struck by how little has changed in the past 200 years as far as nursing recruitment and retention is concerned. There has always been a shortage of nurses, beginning well before the mid-nineteenth century Nightingale reforms. What is new is the public awareness of the nursing shortage and, in Canada, the nation-wide effort to address it. The difficulties attracting and keeping what the Victorians called "skilled nurses" began, however, with the development of the new medicine during the eighteenth century. The new clinical hospital medicine was heavily dependent on skilled and responsible nursing care. However, because there were no facilities for training nurses, hospital doctors had no choice but to use the women who had been primarily charwomen in the wards as their nurses. In some hospitals these women were called nurses but in others the more apt term "ward servant" was used. Some of these women became highly skilled and responsible nurses but they were few and far between. Because the hours were long, the work was physically demanding, and the position of nurse conferred no social standing, more able women tended to seek work elsewhere while those who did take up hospital nursing often broke down under the physical strain.

Hospital nurses tended to stick at the job only a very short time. By the mid-nineteenth century, doctors were complaining bitterly that the women hired as nurses did not have any nursing knowledge and that few stayed long enough to develop nursing expertise. For instance, at Middlesex Hospital, one of the major London teaching hospitals, of 31 nurses on staff in 1847, fifteen had been there no more than six months, and seven no more than three months. This was not atypical. The Anglican sisters, who appeared on the hospital scene in the 1850's and 60's, improved nurses' working conditions, removed all cleaning duties so they could concentrate on patient care, provided appropriate accommodation and meals, and started a system of training. Even so, in the highly deferential society of mid-nineteenth century England, the Sisters knew they could not recruit educated, upper class women, willing to train and work alongside the working class nurses, unless they were treated differently.

The Sisters therefore developed a two tier system of nursing: ordinary and lady nurses, or working class and upper class nurses. Lady probationers paid a fee for their training -- usually 52 guineas (or about £55) a year -- and received their certificate after only one year. The non-paying probationers, who usually received a small wage of £10-£12 for their year of training, were required to stay and work for another one to three years at wages ranging from £15 to £22 depending on the hospital, before they were awarded their certificates. All the new training schools, were using this system by 1890. The Nightingale School at St. Thomas's was somewhat of an exception, for it had lady probationers but not all paid, and all were supposed to do the whole four years of training. The two tier system enabled hospitals to recruit a small number of ladies.

The two tier system, the improved accommodation and relief from most cleaning duties alleviated the recruitment difficulty temporarily, and in fact by the 1880's and early 90's in

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England there seemed to be an over-supply of applicants to the more prestigious nursing schools. This was partly due to Florence Nightingale's successful publicity and partly because there were very few options open to working class women who had no money for apprenticeships, while ladies, although better educated, had an equally small number of possibilities for paid work.

But perhaps the most important cause of the apparent over-supply of probationers was the fact that by the late 1860's and 70's, even the ablest of the old untrained nurses had to have a training school certificate if she wanted to advance in nursing. The new training schools gave these clinically experienced nurses no credit for their clinical experience and they had to go through the whole training period of two to four years at a much lower rate of pay than they had previously commanded.

Hospital nurses were among the best paid working class women because it was so hard to recruit them. Over the course of the century hospitals had been forced to raise the nurses' wages to the point that by the early 1870's, ordinary nurses could make as much as £35 a year and in the wealthiest hospitals, the sisters (or head nurses) made £60-75 a year. Since hospitals used pupil nurses as their basic staff, the new arrangement of making experienced nurses go through training proved an efficient system of providing skilled nurses very cheaply. Once a hospital had established a training school, hospital administrators argued that they had to lower the wages of their nurses because the improved room and board they were providing was expensive, and in any case, the nurses were getting a free education. Nursing was the only occupation in Victorian England where wages actually fell over the course of the nineteenth century.

If the recruitment problem appeared to be solved in the teaching hospitals by the late 1880's and 90's, retention remained

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a major difficulty. Many ladies "trained" for only three or six months and then returned home, and the dropout rate for both working class and lady probationers was high. By the 1880's, as nursing became more complex and sophisticated, it was beginning to be necessary to extend the classes beyond the first year of training and by the first years of the 20th century hospitals began phasing out the one year certificate for the lady nurses who could afford to pay.

By 1900, the supply of the old untrained, clinically experienced nurses who were willing to accept the minimal pay and go through a training school, had been depleted. "We cannot turn nurses out fast enough," Sidney Holland, Chair of the London Hospital Board, declared in 1904. He was arguing against state registration for nurses. Nurses could not afford to pay the five guinea registration fee, he said. People did not realize, he explained, "how very poor nurses are and how very small their pay is." Furthermore, it would not be possible to find women in sufficient numbers to meet the requirements which the group advocating state registration were setting. One could not lower the age from 23, which was the standard lowest age for admitting probationers, because women needed to be mentally, morally and physically mature before undertaking such an arduous career as nursing.

In any case, there just were not enough

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women who wanted to become nurses. "The numbers of women in the upper classes," he explained, "are comparatively small who wish to nurse. We have exhausted the number of Flor-

ence Nightingales in the world. There was a great rush at one time and a very few places to go to. Now it is increasingly difficult to get these people to come in, although there are a great many more hospitals."<sup>1</sup> Holland did not appear to make any connection between the arduous work, the very small wage, and the shortage of women willing to go into nursing.

The desperate need for hospital nurses would lead training schools to lower the age for entry, and following the second World War, hospitals allowed married women to nurse, but these strategies also failed to produce enough nurses as more options for women opened. In Canada, where there was not such a strict segregation between ladies and working class women, there were no lady probationers, but the Nightingale model of advancement for ladies only was replicated to a certain extent by the distinction made between "educated" women and those who were not, while the pattern of low wages when training schools were introduced and the long and arduous hours persisted in the same way.

The experience at Wellesley Hospital, founded in 1912 in Toronto, was identical to that of the hospitals with training schools in England. In 1913, Dr. Bruce, founder of the hospital, told the annual meeting that within two years, as the new training school graduated its nurses, he hoped to reduce the number of paid nurses to eight. The bulk of the nursing would be done by unpaid probationers. "If we had to employ graduate nurses entirely," he explained, "the cost per year would be \$23,000. The eight permanent graduate nurses we will require will cost \$4800 per year. We will thus save in nurses' salaries \$18,200 per year."<sup>2</sup>

Canadians are now facing the largest and most acute nursing shortage ever. The Commission on the Future of Health Care notes that there has been a reduction of over 50% in the number of graduates of nursing schools in the past ten years. The Canadian Nurses Association believes that between 20 and 40% of students in Canadian diploma and baccalaureate programs leave before

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they graduate. Linda Lee O'Brien-Pallas, a specialist in nursing human resources, estimates that as older nurses retire in the next two and a half years, they will leave 65,000 vacancies. The nursing shortage has finally been recognized as a public policy issue of major import. *Building the Future* may be the first national study of nursing human resources conducted by such a large group of stakeholders, but the nursing shortage has been an issue of keen interest for many years, and one for which many varying strategies, unfortunately none very successful, have been adopted over time. One hopes that the current study will come up with more practical recommendations and that government will fund and implement them.

<sup>1</sup> Evidence of Sidney Holland, Select Committee on the Registration of Nurses, Parliamentary Papers: 1904, VI: 741-47.

<sup>2</sup> Joan Hollobon, *The Luons' Tale: A History of the Wellesley Hospital 1912-1987* (Toronto: Irwin Publishing, 1987), p. 21.

## Report from the Milwaukee Conference

A successful joint conference of the AAHN/CAHN was held in Milwaukee, WI September 18-21, 2003. The conference was held at the historic Pfister Hotel, which provided a stunning Victorian backdrop to the proceedings. Although attendance at the conference was reduced by the unplanned arrival of Hurricane Isabel, nearly 130 delegates from the United States, Canada, Australia, Ireland, China, Finland and Norway were in attendance.

Approximately 15 Canadians attended the conference. The keynote speaker and Hannah Lecturer was Dr. Lynn McDonald, from the University of Guelph, who spoke about Florence Nightingale's radical approach to public health care. MacDonald is currently editing *The Collected Works of Florence Nightingale*. Judith Young's paper, "The Johns Report (1925) on Black Nurses in the U.S." was selected for presentation during the first plenary session.

Unfortunately, Judith and her travelling companions, CAHN President and 2003 Lavinia L. Dock Award recipient Carol Helmstadter, and Dr. Bill Seidelman missed the opening session because of a delayed flight. Other papers presented by Canadians at the conference were: Meryn Stuart: "Moyra Allen, Nursing and the Move to Higher Education"; Marion McKay: "From the Domestic to the Public Sphere, Visiting Nursing in Winnipeg 1904-1942"; Jayne Elliot: "The People are All so Grateful" and "The Shaping of Outpost Nursing Practice under the Ontario Red Cross, 1922-1945"; Geertje Boschman: "Family and Community Perspective on Asylum Care: Rethinking Institutional Psychiatric Care in a Western Canadian Context"; Cynthia Toman: "Incorporating the Nurse into the Military and the Military into the Nurse 1939-1945"; and Florence Melchior: "Nursing Students at Medicine Hat General Hospital, 1893-1920".

Next year, the AAHN's 21<sup>st</sup> Annual Meeting will be hosted by the Medical University of South Carolina College of Nursing in Charleston, SC. Further information about the Conference can be obtained from the AAHN website: [www.aahn.org](http://www.aahn.org).

Visit our website  
[www.ualberta.ca/~jhibberd/CAHN\\_ACHN/](http://www.ualberta.ca/~jhibberd/CAHN_ACHN/)

## Book Reviews

**Geertje Boschma, RN, PhD**  
Assistant Professor, Faculty of  
Nursing, University of Calgary  
*reviews*

Nelson, S. (2001). *Say Little, Do Much: Nursing, Nuns and Hospitals in the Nineteenth Century*. Philadelphia: University of Pennsylvania Press.

In *Say Little, Do Much*, Sioban Nelson analyzes the history of religious nurses, their work and its impact (p.1). It is an often overlooked history, she argues, and not well integrated into the mainstream history of professional nursing. More importantly, religious women played a major role in the establishment of modern hospitals in the North American world, long before Nightingale reform began. Nelson seeks to

correct this historical oversight. She argues that nineteenth century religious nursing in North America was linked to a much earlier tradition of modern nursing, that is, the work of Vincent de Paul's Daughters of Charity in France. That model forcefully spread

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**By the early 20<sup>th</sup> century, the work of Catholic sisters had created the largest health care network in the United States, accounting for half of the American health care system.**

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throughout nineteenth century Europe in both Catholic and Protestant communities, opening new opportunities for women, who, legitimized by religious calling, created new

religious orders, worked amongst the sick and poor, provided nursing or teaching or other forms of work, and eventually managed hospitals and involved themselves with the training of new recruits. This same model was also transported to the New World as millions of Europeans emigrated to the United States, and to Australia as well.

Nelson particularly examines how Catholic emancipation and mass migration provided a context for religious nursing communities to flourish, often in the face of profound social conflict and political challenge. Nelson's work is an important addition to Canadian work on the topic, such as that of Pauline Paul (1994) and Cohen (2000). Nelson's work is innovative, in that it connects immigration patterns, social conflict and the spread

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CANADIAN ASSOCIATION FOR THE HISTORY OF NURSING

ASSOCIATION CANADIENNE POUR L'HISTOIRE DU NURSING

*The Margaret Allemang Scholarship in Nursing History*

**Purpose:**

Is to offer a scholarship to promote the study of nursing history by Canadian nurses.

**Terms of Reference:**

- 1) Scholarship will normally be awarded for study at the Master's or doctoral level.
- 2) Candidates with nursing registration within any province or territory in Canada are eligible to apply.
- 3) Candidates must be paid-up members of CAHN/ACHN.
- 4) Candidates must be studying Canadian nursing history.
- 5) Candidates must be enrolled at a recognized centre for the study of the history of nursing in Canada or the United States, or in a university department of history, women's studies, or with a recognized Canadian nurse historian.

**Instructions: Please read carefully**

- 1) Applications must be fully completed and signed.
- 2) Application forms must be completed in **quadruplicate (4 copies)** and submitted to the Chair of the Selections Committee by **February 23, 2004**
- 3) Please print name, address and institution on one copy of the proposal only.
- 4) Applicants must provide proof of current enrollment in an educational program.
- 5) Applicants must agree to acknowledge receipt in writing if they are awarded the scholarship, or to return the funds if unable to use for educational purposes.
- 6) Please submit completed form to:

Lynn Kirkwood  
Scholarship Committee  
CAHN/ACHN  
570 McCann Rd.  
R. R. #1, Portland, ON  
K0G 1V0



**CANADIAN ASSOCIATION FOR THE HISTORY OF NURSING  
ASSOCIATION CANADIENNE POUR L'HISTOIRE DU NURSING**

**The Margaret Allemang Scholarship in Nursing History Application Form**

**A. Personal Information:**

**Name:** (please print) \_\_\_\_\_

**Provincial registration #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

**Telephone:** (w) \_\_\_\_\_ (h) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Educational Institution and Department in which study will be done:** \_\_\_\_\_

\_\_\_\_\_

Expected date of completion \_\_\_\_\_

**Supervisor:** (please print) \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

**Signature of Candidate:** \_\_\_\_\_

**B. Proposed Programme of Study:**

Brief description of courses of history/nursing history to be studied.

**Proposal for study: (4 copies, typewritten, 12 pitch, double-spaced) 5-7 pages in length.**

Proposal should include:

- 1). Scope and objectives of the study
- 2). Significance of the study and its contribution to knowledge
- 3). Questions for study
- 4). Methods of study and primary sources to be examined
- 5). Relationship to previous research and literature
- 6). Bibliography



of religious nursing communities, linking the Australian, British and North American experience, although her main focus is on religious orders in the United States.

The work of religious women was essential in shaping the American health care system, Nelson demonstrates. By the early 20th century, the work of Catholic sisters had created the largest health care network in the United States, accounting for half of the American health care system (p.151). This innovative history casts new light upon the leadership role of religious women as well as the religious legitimization of nursing work. It corrects an accepted historical view that religious nursing traditions somehow hindered the professionalization of (secular) nursing. Nelson convincingly argues that religious women had a pivotal role in nursing's professional developments, and that both gender and religion are equally central to the understanding of the history of nursing.

After an introduction to the book in chapter one, chapter two examines religious communities of women from the perspective of nursing and women's history. Chapter 3 analyzes the establishment of the work of the Vincentian Daughters of Charity in the United States, with a fascinating account of how women managed to found new hospitals in the face of local difficulties as well as the power of the Catholic Church. Chapter 4 examines one of the first Catholic convents in Britain established since the Reformation (1838), long before the Crimean War, whose religious inspiration led their members to work amongst the sick poor. Similarly, Chapter 5 analyzes the work of a group of French-trained Irish Sisters of Charity in Australia, who in 1857 established a hospital and visited the sick in their homes. Chapter 6 and 7 focus again on religious nursing in North America, with a fascinating account of the challenges Irish, French and Québécois religious women face in establishing missions in the midst of frontier life, as well as the influence of Lutheran and Methodist German sisterhoods in the mid-west. A final chapter places the findings of the study on the essential role of religious nurses in shaping

health care in the larger context of nursing and women's history. A truly fascinating story and an innovative contribution to nursing history. A fascinating book for nurses, nursing students and historians interested in understanding the religious roots of nursing work.

#### References:

Cohen, Y. (2000). *Profession infirmière: Une histoire des soins dans les hôpitaux du Québec*. Montréal: Les Presses de l'Université de Montréal.

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**Marion McKay**  
Lecturer, Faculty of Nursing, University of Manitoba

#### reviews

Mansell, Diana J. (2004). *Forging the Future: A History of Nursing in Canada*. Ann Arbor, MI: Thomas Press.

"How did we get into the mess we're in?" In this book, Diana Mansell sets out to answer the question that most of us have asked at some point in our careers. Focussing on the impact that nursing leaders have had on Canadian nursing's professional development, Mansell probes the long held suspicion that their emphasis on professionalization through education has somehow contributed to the crisis in which the profession currently finds itself. For the first half of the 20<sup>th</sup> century, Mansell concludes, nursing leaders and rank and file members of the profession worked together to advance nursing's professional agenda. For the most part, their efforts were met with success. Although the profession's elite leaders may have pursued professional status with an ardour not shown by rank and file nurses, they received at least passive support from within the profession. "Nurses themselves" she asserts, "were responsible for the shift

from nursing as a cooperative vocation to that of an indispensable profession." (p. 9).

Taking a generational approach, Mansell argues that each successive cohort of nursing leaders had its own particular vision of what was necessary to attain professional status. Their success in pursuing that vision, and in responding to the changing needs of Canadian society enabled them to consolidate a power base to advance both nursing's professional agenda and garner the respect of the Canadian public. These accomplishments were possible because of the presence of strong female leaders, the support of rank and file members, the opposition of physicians, which often worked in nursing's favour, and the willingness of nurses to become involved in the betterment of health care.

In the late 19<sup>th</sup> and early 20<sup>th</sup> century, nursing leaders responded to a need on the part of physicians to have educated hospital-based nurses to care for the sick. During the First World War and the influenza epidemic, nurses supported efforts to maintain the public's health. In the interwar years, a period of significant financial hardship for many nurses, the profession was able to establish a strong organizational network and advance its agenda to remove nursing education from the control of hospitals. During the Second World War, nurses made a heroic contribution to the war effort, both at home and overseas. Their willingness to serve in the face of significant danger earned nurses the respect of all Canadians. In the postwar era, nurses became an indispensable component of the rapidly growing health care sector, both in hospitals and in the community. It was during this time, which Mansell characterizes as the zenith of its professional power, that nursing was able to use its respected position within Canadian society to obtain better working conditions and salaries for its rank and file members.

However, just when it seemed that nursing had successfully consolidated its power and influence within the health care system, cracks in the profession's solidarity began to appear. Elite leaders, blind to the realities of the workplace, continued to push for univer-

*continued on page 8*

sity education as the last step on the road to full professional status. Rank and file nurses, left to grapple with significant problems in the workplace, found that unions had more meaningful solutions for the issues that mattered to them. In a sobering *Afterward*, which briefly examines nursing's struggles during the past 50 years, Mansell opens up a whole new area of scholarly research with a brief, but compelling discussion of the impact that labour unions, ineffective leadership, and fiscal constraints have had in eroding the profession's hard won achievements. Unions, she argues, have been very effective in addressing workplace issues for rank and file nurses. But membership in both unions and professional associations has created a sense of divided loyalties amongst nurses and contributed to the growing rift between nurses in leadership positions and those in the front lines of the health care system.

In her introduction, Mansell reviews the whole debate about what constitutes professional status, and concludes, as does Mary Kinnear, that nursing is a profession. For the most part, the historical evidence necessary to support her thesis is provided. There is no doubt that nursing has advanced a convincing argument that it is both a legitimate profession and an essential player in the Canadian health care system. There is no doubt that nursing's contribution to the Canadian health care system is unmatched by any other health profession. But, Mansell's scholarly analysis of these achievements leaves one with a nagging sense that there is another factor, not explored in this study, which needs to be integrated into the story of nursing's fight for professional status. Although Mansell sees a feminist perspective as limiting, and rightly points out that the relationship between nursing and feminists has always been uneasy, I would suggest that gender does matter. Much of what bedevils the profession has to do with the inescapable fact that the vast majority of nurses, both now and in the past, are women. We and our leaders may have refused to admit our "subordination, victimhood, and powerlessness." We may have insisted that nurses are equal collaborators in the health care system, and some of us may have even believed that

university education for all nurses was necessary to consolidate our professional status. But, as Mansell's extremely thought provoking *Afterword* demonstrates, insisting doesn't make it so. Other historians of the professions have clearly demonstrated that professional status is gendered, and its gender is male. Gidney and Millar, for example, argue that the term professional, in its 19<sup>th</sup> century usage, referred exclusively to males. Anne Witz, has provided powerful evidence that 'indispensable' female-dominated professions such as midwifery and nursing have rarely retained control of their own agenda when the work that they perform becomes an essen-

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tial component of larger systems dominated by physicians, health care administrators, and (I might add) politicians. And Daniel Walkowitz, in his analysis of the history of social work in the United States, persuasively argues that female social workers' professional aspirations were constrained by the inescapable reality that they were case coordinators subordinated to psychiatry's professional agenda.

It is not easy for nursing historians to view their profession through a feminist lens. Gender is not merely a thread which ties together the experiences of successive generations of nurses and their elite leaders. It is more like an ocean in which we are so immersed that we cannot even find the language to speak of it. But, by providing this timely analysis of how nursing succeeded in transforming a "vocation into a valued profession", and of how each generation of nurses exploited the opportunities and challenges of their own time and place to the benefit of the profession and society as a whole, Mansell has laid the groundwork for the more difficult

and painful analysis of why what we have aspired to achieve has always lain just beyond our grasp.

*Forging the Future* makes a significant contribution to the history of nursing in Canada. It compliments Kathryn McPherson's analysis of nursing as skilled work, which draws primarily on the experiences of nursing students and ordinary nurses rendering extraordinary service in the practice arena. Mansell's use of oral histories and documentary evidence from several archival collections, in combination with a synthesis of currently published works in the area (of which there are too few) provides historians, nurses, and interested members of the public with an analysis of key events in Canadian nursing's pursuit of professional status. It is an invaluable resource for nurse educators and nursing students exploring nursing's uncertain path to professional status. It is a sobering lesson to nursing leaders who have lost touch with, and even alienated, those they purport to lead. For those who do wonder why we are in the mess we are in today, *Forging the Future* will not provide all the answers. However, it will most certainly generate a lot more questions. Dr. Mansell's most important contribution to Canadian nursing may well be the debate that her book generates.

#### *References:*

Gidney, R. D. and W. P. J. Millar. *Professional Gentlemen: The Professions in Nineteenth-Century Ontario*. Toronto, ON: University of Toronto Press, 1994.

Walkowitz, Daniel. *Working with Class: Social Workers and the Politics of Middle-Class Identity*. Chapel Hill, NC: University of North Carolina Press, 1999.

Witz, Anne. *Professions and Patriarchy*. London: Routledge Press, 1992.

## Conferences and Calls for Abstracts

### *Call for Abstracts*

American Association for the History of Nursing, Inc.

Twenty-first Annual History of Nursing Conference

Charleston, South Carolina

October 1-3, 2004

The American Association for the History of Nursing and the College of Nursing and The Medical University of South Carolina, will co-sponsor the Association's twenty-first annual meeting to be held in Charleston, South Carolina. The conference provides a forum for sharing historical research in nursing through individual papers and poster presentations, as well as through panel presentations that address issues in historical research or other cogent topics about the history of nursing.

**Guidelines for submission:** Please submit six copies of your abstract. One copy must state complete title, author(s), addresses, institutional affiliation, phone number/e-mail address/fax number, and indicate whether it is for paper, poster or panel presentation. If more than one author is listed, indicate which one is the contact person. Five copies should state the title, but no further identifying data. Abstracts will be selected on the basis of merit through blind review.

**Abstracts must include:** Purpose of study, rationale and significance, description of methodology, identification of major primary and secondary sources, findings and conclusions. Each section of the abstract should be clearly identified.

**Abstract preparation:** Margins must be one and one-half inches on left and one inch on right, top and bottom. Center the title in upper case and single-space the body using 12 point Times (New Roman) font. Use only one side of one 8.5" x 11" paper. Enclose a stamped, self-addressed envelope with the abstract. (Non-US submissions may omit

the postage requirement). Abstracts that do not conform to the guidelines will be returned. It is suggested that abstracts be sent early so if they must be returned to the author to conform to the guidelines there will be adequate time to revise and resubmit before the deadline. Accepted abstracts will be reproduced for conference participants.

**Submission date:** Abstracts must arrive on or before **January 12, 2004**.

Mail to: Dr. Eleanor C. Bjoring, Chair  
AAHN Abstract Review Committee  
7400 Crestway Drive #813  
San Antonio, TX 78239-3093

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### *Call for Abstracts*

Canadian Association for the History of Nursing/L'Association Canadienne pour l'Histoire du Nursing

16<sup>th</sup> Annual Conference

June 11-13, 2004

York University — Toronto, ON

The Canadian Association for the History of Nursing invites abstracts for papers on any topic in the history of nursing. Papers must represent original work not already published or in press. We are seeking papers from community scholars, students, full-time researchers and academics.

Papers should be 20 minutes in length. The programme committee welcomes proposals for symposiums. Sessions should include three 20-minute papers, a 20-minute comment from the chair or moderator, plus another 20 minutes for questions and discussion from the audience.

**Guidelines for the submission:** Abstracts should be 250 words in length, may be in either French or English, and may be submitted by e-mail or in hard copy. If submitted by e-mail, please use either WordPerfect or Microsoft Word. Abstract should include a complete title, the author's name, address,

and institutional affiliation if s/he has one. Please include contact information: telephone number, e-mail address, fax, and full postal address.

The deadline for the submission of abstracts is on or before January 15, 2004.

E-mail to: carol.helmstadter@rogers.com

Mail to: CAHN 2004 Conference

c/o Carol Helmstadter

34 Chestnut Park

Toronto, ON

M4W 1W6

Canada

Registration and preliminary program information is available at: [www.allemang.on.ca](http://www.allemang.on.ca) or [www.ualberta.ca/~jhibberd/CAHN\\_ACHN](http://www.ualberta.ca/~jhibberd/CAHN_ACHN).

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Canadian Society for the History of Medicine Annual Conference  
University of Manitoba  
Winnipeg, MB  
June 4-6, 2004.

The Canadian Society for the History of Medicine will hold its annual conference in conjunction with the Congress of the Social Sciences and Humanities. The conference theme will be "Confluence: Ideas, Identity, Place."

For further information about the conference, please visit the CSHM website at [meds.queensu.ca/medicine/histm/](http://meds.queensu.ca/medicine/histm/) or contact the Conference Chair, Dr. James Hanley at [j.hanley@uwinnipeg.ca](mailto:j.hanley@uwinnipeg.ca).

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### *Paper Competition*

American Association for the History of Medicine

The Shyrock Medal

Submission Deadline: February 1, 2004

The Shyrock Medal honors the memory of Richard Harrison Shyrock, a pioneer among American historians interested in the history of medicine. The award is given for an outstanding, unpublished essay on any topic in the history of medicine. The essay must be the result of original research or it must show an unusual appreciation and understanding of problems in the history of medicine.

**Eligibility:** This competition is open to students enrolled in a graduate program in the United States or Canada. (Medical students are eligible for the Association's Osler Medal, and therefore cannot submit an essay for the Shyrock Medal). Essays must be the work of a single author. No outside help may be accepted, except for advice typically given by advisors and colleagues and the ordinary courtesies extended to all scholars by libraries, archives and similar institutions. No essay is eligible for this award if it has been published or accepted for publication in whole or in part. At the discretion of the editors, the winning essay may be considered for publication in the Association's official journal, the *Bulletin of the History of Medicine*.

**Format and Presentation:** The essay should be typewritten or printed in 12-point type and double-spaced, although notes (either footnotes or endnotes, at the author's choice) need not be double-spaced. Right margins should not be justified. Maximum length for the essay, including notes, cannot exceed 10,000 words. Authors should keep in mind that 10,000 words is an outside limit; superior essays will often be shorter. The first page of the essay should give the title of the essay and the combined word count of text and notes, but not the author's name. Nowhere in the essay itself should the author's name appear. The essay should also have a cover sheet, which is described below.

Submissions must be postmarked or electronically submitted no later than February 1, 2004. For further information, please visit: [www.histmed.org](http://www.histmed.org)

## CAHN/ACHN 18<sup>th</sup> Annual Conference: York University, June 11-13, 2004

Our 2004 conference will be held at Founders College at York University. It is an accessible building and there is parking close at hand. Registration will begin around 4 PM on Friday afternoon. There will be an opening plenary on Friday night, beginning around 6 PM, entitled "Making Nursing History Relevant for a New Generation of Practitioners", followed by a buffet dinner. The keynote speaker will be Dr. Dan Hickey, from the University of Moncton. Dr. Hickey is a specialist in the history of hospitals in pre-Revolutionary France and is a leader in the nursing history group at the University of Moncton. This group is currently working on a "Nursing the Body" project so his lecture is sure to be very interesting.

A registration form for the conference is included in the newsletter. We hope to see everyone there.

### Margaret M. Allemang Centre for the History of Nursing

The Allemang Centre is offering a prize of \$300 for the best essay in the history of nursing written by a student in the year September 2003 through August 2004.

#### Criteria for submissions

- » The paper may deal with any topic in the history of nursing in any period and in any country.
- » Papers should be a minimum of 8 pages, and a maximum of 25 pages in length including footnotes.
- » Both undergraduate and graduate students may submit.
- » The student must be enrolled in a university or community college in Ontario. Students **from any faculty, including nursing, social science, humanities and science**, are invited to apply.

Deadline for submission is August 31, 2004. The prize will be awarded on October 1, 2004.

Papers may be submitted either by e-mail or in hard copy. Electronic copies should include academic affiliation, address, telephone and fax numbers. Students submitting in hard copy should send three copies. The first copy should have the name, academic affiliation, address, telephone, fax and e-mail. The remaining two copies should have no identification. Students submitting via e-mail, please include the above information and use either Microsoft Word or Word Perfect.

Please send papers to the Vice-President of the Allemang Centre:

Ms. Dorothy Wylie  
304-65 Scadding Avenue  
Toronto, ON M5A 4L1  
e-mail: [WylieDM@aol.com](mailto:WylieDM@aol.com)

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