



Canadian Association for the History of Nursing

Association canadienne pour l'histoire du nursing

Newsletter

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President's Report

by Carol Helmstadter

At our Annual Meeting in May in Toronto, the Treasurer presented a carefully worked out report on our financial status. She pointed out that our expenses are now outrunning our income, to the extent that our cushion, accumulated during CAHN's early years, will disappear within three to four years.

The downturn in the economy has affected universities severely and CAHN has felt this in the registration for our conferences, our primary means of raising money. Universities now have very little money to support the travel and accommodation of people presenting papers at conferences, and all of us, whether at universities or not, are feeling the pinch. The result is that attendance at conferences has dropped. Traditionally, CAHN was able to make a little money on our annual conferences which together with our membership fees, paid our administrative expenses. In addition, we have been very fortunate to receive the support of the Hannah Institute for the History of Medicine which has given us \$1000 a year towards the modest honorarium of \$300 and the cost of airfare and hotel for bringing a scholar of international repute to our conferences. However, when we bring a Hannah lecturer from England or the United States, the costs are usually more than \$700. Were we to bring someone from Australia, where a great deal of excellent work is being done in nursing history, the airfare alone would probably exceed \$1000.

Our operating costs are minimal. All serious work needed to operate CAHN is done on a volunteer basis. CAHN's volunteers have impressive accomplishments. In the past fifteen years we have seen a growing interest in nursing history in Canada, not just among nurses, but in the larger field of history, the academic world, as well as among the public. The fact that CAHN was there to provide a network and resource has been crucial. At our 2002 conference in Toronto, there were even doctors presenting on nursing history. I was recently contacted by a political scientist who is writing on Canadian relations with Japan, asking for information on a missionary nurse who spent some years in Japan. Furthermore, Canadian nursing history scholars are producing excellent work and are now internationally recognized. The *Canadian Bulletin of Medical History* published a whole volume of nursing history in 1994 and will do so again in 2005.

CAHN has not had a fee rise since its founding in 1988. The Annual Meeting, regrettably but unanimously, voted on raising our fees for retired people and students from \$15 to \$25, and for regular members from \$35 to \$50. We trust our members will understand that costs have risen in the past fifteen years while university revenues which helped to support our work have shrunk, and will appreciate the need for the \$10 and \$15 increase in membership fees. We do feel that we have a wonderful future for nursing history and that this is a small cost to support it.

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Membership Committee

It's time to renew your membership! The membership renewal form is inserted in this newsletter.

A warm welcome to Florence Melchior, who has taken over the responsibility for this committee from Gwenda Chan. And thank you to Gwenda for a job well done.

Scholarship Committee Report: Florence Melchior *2002 winner of the Margaret Allemand Scholarship in Nursing History.*

Florence came to doctoral work the long way — as a ward aide, a licenced practical nurse and an R.N. — before embarking on her university career. She has an equally varied nursing career, in paediatrics, med-surg and community nursing in both rural and urban hospitals. At present she is teaching paediatrics and community nursing at Medicine Hat College.

She has published a number of articles in such areas as history of specialization in nursing (part of her Master's thesis from the University of Alberta), decision making in wound care and the stigma of blindness. She has been awarded a number of scholarships and bursaries — the Alberta Government Certificate of Merit, the Betty Sinclair Bursary, Louise McKinney Scholarship and an AARN Research Grant.

Her present research interests at the University of Calgary focus of nursing student labour. Her doctoral thesis, supervised by Geertje Boschma, is about student labor at two Alberta hospitals during the early 20th century. She expects to complete by June 2004. We look forward to hearing more from Florence in the next few years.

News from the Treasurer

by Judith Hibberd

CAHN/ACHN has two main sources of revenue; membership fees and surplus funds generated at our Annual General Meeting and conferences. In addition, we have been fortunate in obtaining a grant from the Hannah Institute for the History of Medicine to support our keynote speaker at our conferences. We have also engaged in fundraising activities, but these have usually provided small, sporadic amounts of revenue. Total revenues for 2001 were \$5,742.49. This figure includes \$1300 surplus revenue or profit from the very successful 2001 Winnipeg Conference. It is important to remember that we have no opportunity to make money from our conferences when we hold joint meetings, as for example the 2002 conference in Toronto held in conjunction with the Canadian Society for the History of Medicine.

On the expenditure side of the books, our largest single item is the CAHN/ACHN Newsletter, which costs approximately \$1300 for the two editions that you receive each year. Your Executive holds two, and sometimes three, conference calls per year which, together with other administrative items, add up to around \$1450. Because our Scholarship Fund does not yet generate enough interest to fund this annual award, the \$1000 scholarship is paid out of operating funds. Then there is an annual membership fee of \$214.00 in the Canadian Nurses Association, and we usually have to augment the \$1000 Hannah Grant to cover keynote speaker's expenses. And finally, there are extraordinary expenses. For example, in 2001 the Executive made a decision to give a donation of \$2000 to the Lighting the Flame/Raviver la flamme project launched by the Canadian Nurses Foundation (CNF). Our total expenditures were \$7560.05 — some \$1817.56 in excess of revenues.

Over the years, we have invested any excess cash in mutual funds, keeping only a small running balance in our current account. Thus, we were able to draw \$2000 from our reserve funds in order to make this donation. But, as everyone knows, since September of last year financial markets have experienced significant losses. Our reserve fund is invested in two mutual funds and a major portion of the portfolio is made up of Canadian equities. The fund has decreased in value by some 20% since last year and currently stands at \$9,440.

It is anticipated that we will again have to draw from our reserve funds in 2002 and 2003 to meet operating expenses, as there will be no income from either of the two annual conferences. Our expenditures are rising and so your Board has decided to raise the membership fees. A resolution to this effect was passed at the AGM. For full membership, the fee will rise from \$35.00 to \$50.00 per annum, and for all other categories of membership, the fee will rise from \$15.00 to \$25.00, effective January 2003. This is the first increase in membership fees since CAHN/ACHN was established in 1987.

On a more positive note, the Scholarship Fund has withstood the ups and downs of the financial markets over the past year, having been invested in T-Bills and bonds. It currently stands at approximately \$16,000 having earned over \$600 interest in 2001. A heartfelt "thank you" to all those members who enclosed a donation to the Scholarship Fund with your membership renewal cheques. This will allow us to add \$750 to the fund at the end of this fiscal year. Your comments or questions would be welcome.

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Books in Print

by Shirley Stinson

A second edition of Northern Nurses: True Nursing Adventures from Canada's North will soon be available. The book describes the experiences of some 30 nurses who worked in northern Canada. To purchase a copy, please send a cheque for \$25.00 (including shipping and handling), payable to: Kokum Publications c/o J. Karen Scott #1505, Kokum Publications, 199 Queen Mary Dr., Oakville, ON, L6K 3K7. Below is the preface to the second edition.

Foreword

Although many professionals have provided pivotally important health services to people in remote areas of Canada, beginning in the 1600s and increasing by the mid-to-late 1800s, very few nurses and others have written stories about their experiences in remote communities and about the conditions in which they have worked.

Fewer still have had their stories published in any book form. Thus, *Northern Nurses: True Stories from Canada's North* is a rarity — and constitutes a significant contribution, not only to the history of health care in Canada, but to the personal commitment, and sometimes heroism, of the remarkable people who serve.

While reading this book, you will travel across Canada's north, from Labrador to the Yukon, from provincial hinterlands to the high Arctic. A number of pictures, maps and a list of old and new community names with their literal translations help readers identify where actions in these stories took place. Perspectives range from seasoned veterans to students doing part of their current training in remote areas.

This unprecedented book is highly significant for a wide range of readers, including health services policy and priority makers and professional nursing associations who are currently focusing on describing nursing roles in primary health care, and the expanded roles of nurses. It is also a unique resource for nurse educators, medical and other health care educators, and historians who are teaching students about the essence of "nursing practice." It is an unparalleled reference for nurse historians and other history researchers who need to find "real life", documented examples of what health professionals and others do to provide health care to people in remote areas, often under extremely difficult circumstances. And it is of great relevance to nurses and other professionals, including members of the Royal Canadian Mounted Police, who are currently thinking about what kinds of experiences they might be facing if they were to "go north," and of interest to others who have just recently been appointed to work in remote areas.

In the 1990s, Dr. Jenny Klotz, a nurse historian with tremendous experience in Australian "outback" nursing, visited some nursing stations in Canada's north, as part of her doctoral dissertation research. In comparing Australian outback nursing practice to what she saw in Canada's north, she said to me, "The essence of remote area nursing is the same — whether it be sand or snow!" As an old Chinese adage reminds us, "The palest of ink is better than the most retentive memory."

It is with great admiration and respect that I congratulate the authors and editors of this book, not only for writing these stories, but for "putting them into print" for the rest of us to learn from -- and enjoy.

Shirley Stinson, OC, AOE, RN, EdD, LLD(Hon), DSc (Hon), Professor Emerita, Faculty

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Elizabeth Logan: Demonstrating the Process of Nursing Practice

by Lynn Kirkwood, BN, PhD

For many of us who were at McGill School of Nursing during the 1950s, 60s and early 70s Elizabeth Logan was a familiar figure. To the present day her beliefs about how nursing should be practiced influence nursing education at McGill. Her views are reflected in many of the curriculum articles which appear in *Health, Family, Learning and Collaborative Nursing* (Gottlieb & Ezer, 1997), papers compiled by the faculty to demonstrate their educational model and philosophy of nursing. In many ways she represents what McGill School of Nursing faculty wish to produce in their graduates — independent, scholarly, creative thinkers.

Foundations of nursing knowledge

Her independent spirit and belief in equality led her to apply these same principles to her beliefs about nurses as independent and equal members of the health care team. She believed that nursing's social relevance could best be enhanced by developing nursing knowledge and programs at the undergraduate level. For Elizabeth Logan the right education for nurses combined a broad knowledge base in the sciences and humanities and the development of sound listening and observational skills. As the care giver closest to the patient the nurse must be a "qualified practitioner on the front line of health promotion". Developing nursing knowledge and

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CNA Award Recognizes Hallie Sloan

Hallie Sloan was CAHN's nominee for the 2002 Jeanne Mance award. Her biography appeared in the last issue of the CAHN newsletter. She did not receive the award, but CNA has conferred a Lifetime Achievement Award in recognition of her outstanding career. CAHN President Carol Helmstadter, recently received a letter from Hallie Sloan thanking us for the nomination.

Dear Carol Helmstadter

I am writing to thank you, the Executive and members of the Canadian Association for the History of Nursing for my nomination for the 2002 Jeanne Mance Award.

It was such a great honour and so unexpected to be considered for such a prestigious award, probably one of the highest available to Canadian nurses. I am most grateful for the support of the members of the Canadian Association for the History of Nursing amongst whose members I count many friends and past colleagues.



There is a trend now generally to name an individual in awarding honours. But in this instance I believe my nomination was a tribute to be shared by all members past and present of the Nursing Sisters Association of Canada. They have for over a century cared for the sick and wounded of Canada's Armed Forces. Our members have included women of vision who have promoted the art of nursing under sometimes difficult circumstances. They have been skilled leaders and organizers and women of distinction. Today male and female Nursing Officers carry on the tradition of caring, on peacekeeping and humanitarian missions.

For a long time our history was little known. Today thanks to interested historians, researchers and friends, books, films, scholarly papers and requests to speak to interested groups, our story is being told. My nomination for the Jeanne Mance Award is one of the finest tributes ever paid our Association.

Please extend my special thanks to Lynn Kirkwood and Cynthia Toman for their work in preparing and presenting the nomination papers. Again, thank you and please accept my apologies for my inability to write to you long ago.

Sincerely,

Harriet (Hallie) Sloan

Honorary President

Nursing Sisters' Association of Canada

Logan, continued

nursing programs at the undergraduate level would result in improved services to patients; thus enhancing nursing's social relevance.

School years

Miss Logan had not really planned on a nursing career but she did know from an early age that she was interested in people: "I had always enjoyed watching people, observing them and trying to understand them. I found that people were very interesting." (E Logan, personal interview, December, 1983). At Acadia University, she studied biology and sociology, not normally an 'honours pair' but which she came to believe as perfect for nursing. Her studies at the Yale School of Nursing (1933-1936) convinced her of the important contribution that nurses could make to health care. At that time, the program at Yale was at the Master's level, admitting people who already had a first degree. This program became the prototype of McGill's generic Master's program in the 1970s, just after Miss Logan retired from the school.

Her beliefs about independence and life-long learning as foundations for nursing practice led her, after graduation, to work in various paediatric hospitals. She intended to learn about paediatric nursing not only by learning from others but also by "going out and doing it." After consolidating her experiences in paediatrics and two years with the New York City Visiting Nurses Association, she felt ready to accept Marion Lindeburgh's invitation to teach paediatric nursing at the McGill School for Graduate Nurses. She accepted the position because she felt that McGill was the most liberal university at the time (1948) and perhaps the place where nursing could break out of its rigidity.

While McGill might have disappointed at times, the School for Graduate Nurses in 1948 did not. The school was just

Logan, continued

emerging from almost twenty years of financial crisis and uncertainty. During the period of financial crisis (1934-1942) the school was operated by two faculty — Marion Lindeburgh and Mary Mathewson (co-author of *Three Centuries of Canadian Nursing*). In 1946, Marion Lindeburgh and Mary Mathewson were successful in negotiating a \$60,000 grant from the Kellogg Foundation. This grant provided for the employment of new faculty and the development and strengthening of the curriculum. Marion Lindeburgh had a great deal of faith in nurses' academic capabilities and hired faculty whom she 'believed could do what ought to be done' and left them to get on with the task.

In the classroom

This policy fit nicely with Elizabeth Logan's independent spirit and confirmed her own ideas of questioning and challenging young faculty and students rather than providing answers and rigid structures. Miss Logan's goal was always to assist students in gathering information, understanding meaning and solving problems. Although over the years many students found her penetrating questions intimidating and the lack of structure in her classes and seminars confusing, others found her message clear and the freedom to create challenging and invigorating (M. Hooton, personal correspondence, June 2001).

Miss Logan admitted that her method of teaching did not satisfy all students: "there is a certain group of students who just fell into this so easily and some who had a lot of difficulty, they wanted to learn what they were supposed to do, and then do it, and the idea that you learn about people and then go in and try to figure out how to help them was hard for some people, but not for others".

Educational foundations of nursing

Miss Logan firmly believed that a strong

liberal education should be the foundation of all nursing practice. Over the years, she came to realize that knowledge is not a commodity but something that is deeply embedded within an individual and forms the bases for all future learning, practice and behaviour. The seeds of this wisdom and Miss Logan's beliefs about a broad educational foundation for nursing began to take shape in the 1950s when the school was planning its first generic baccalaureate program. This was an exciting time to be at McGill as a new, young faculty with all sorts of different ideas began to break down rigid traditions, particularly those separating nursing specialties which had been a hallmark of early nursing programmes.

Miss Logan said, "When I went to McGill it seemed as if the faculty were all on different trains, and all the courses were in separate packages" (E. Logan, personal correspondence, December, 1983). She viewed nursing as having a common core of knowledge from which all specialties drew, because "fundamentally what we were doing was nursing".

Learning, growing, changing

Miss Logan believed that people, like curricula were constantly growing, changing, evolving, and that nurses must be able to assist clients (individuals, families and communities) to deal with problems at all stages of development. This, for Miss Logan, was the essence of nursing.

Many of these ideas were debated by the new faculty in planning the new undergraduate curriculum and later incorporated into the McGill Model of Nursing. While others became interested in developing the theoretical concepts of family, learning and nursing, which were all part of early curriculum discussion, Miss Logan became more interested in nursing process: How students applied the knowledge from their university

program, their experiences as students and their understanding of people in their daily care of patients. Interestingly, her colleague Morya Allen demonstrated what Miss Logan suspected — that students freed from the dictates of rigid hospital protocols relied more on patient observations and information in planning care (Stuart, 2002).

The curriculum that was designed at McGill in the 1950s reflected a diverse approach to education. The curriculum provided a strong liberal education with courses in the biological and social sciences as well as the humanities. Students were expected to draw on knowledge from these courses and from their understanding of human nature in their nursing practice.

The role of a nurse

Miss Logan's views that the nurse was an independent and significant member of the health care team with a solid underpinning of relevant knowledge, and with a desire to understand people permeated the first generic baccalaureate. Nursing's uniqueness was based on proximity to the patient. Although not always understanding why, first year students interviewed and observed people in all their daily activities, at home, at work, at school, at play. This gave students an opportunity to become comfortable asking questions, gathering information and observing people.

In order to help students discover the essence of nursing, the curriculum at McGill was designed so that students from various clinical settings met in small seminar groups to share information and insights and the common experiences of working with people. Miss Logan was convinced that these experiences would break down the barriers between specialties and increase student's creativity so that they 'would do some things differently' than nurses trained in the rigid traditional setting.

Continued on next page

Logan, continued

In working with students she always placed emphasis on gathering information for problem solving, listening to patients, filling in knowledge gaps through research, and consulting records (E. Logan, personal correspondence, February, 2001). She was ahead of her time in promoting problem solving and critical thinking within nursing education.

Expanding the scope of practice

The first nurse practitioner movement in the late 1960s acted as a catalyst for nursing's public recognition. As an active member of CAUSN (Canadian Association of University Schools of Nursing) and president from 1972 -1974, Miss Logan represented that organization on a number of national committees established to determine the role of the nurse practitioner. She was adamantly opposed to nurses becoming assistant's to physicians.

As a representative of CAUSN on the task force on the role of the nurse practitioner (Boudreau, 1972) Miss Logan's message remained consistent: Nursing was an independent profession, with the nurse practitioner role an extension of the nursing role in health promotion and education of the public (Logan, 1974).

As director of the school (1963-72) she refused to co-operate with the medical faculty at McGill in setting up a physician assistant-program at McGill. Most of the faculty supported her position, but newer, younger faculty, who did not understand the historical dynamics between nursing and medicine at McGill did not support her position (M. Allen, personal correspondence, November, 1983).^{*} Throughout all the discussions her view never wavered.

Nursing as a process

Nursing was an independent profession

and the role of the nurse practitioner was an extension of the nursing role. It might be that Miss Logan's greatest strength — her personal and professional independence and sense of equality prevented her from taking advantage of what could have been an opportunity.

Instead of working with medicine, Miss Logan strongly endorsed the Health Care Workshop designed by her colleague Moyra Allen to demonstrate the independent expanded role of the nurse. It was during the 1970s that Allen and her group attempted to develop and test the concepts of family, nursing and learning which were strong threads within the nursing curriculum. Although Miss Logan was ambivalent about nursing theory per se, she did believe that there was a process of nursing.

Since people were different, they must be approached on their own terms and that no one theory would ever fit all situations. She believed in a more evolutionary approach, to her nursing knowledge was demonstrated through care to patients and gleaned from patient observations, student's research, and experience. Miss Logan recalled early curriculum meetings as 'lively discussions' with all faculty contributing to the curriculum and early research. However, she insisted that Moyra Allen be credited with the development of the conceptual framework, which became the Allen or the McGill Model of Nursing.

Developing an internship

Relinquishing the directorship in 1972 afforded Miss Logan an opportunity to return to her major interest in the process of nursing. During the last five years of her career she established a two month internship program to help graduating students apply the knowledge and consolidate the skills in sensitive and accurate history taking and physical assessments (Logan, 1974, 18).

The nurse internship provided opportunities for young graduates to experience how they could influence changes in health care, thus increasing their confidence in initiating health care services. Miss Logan was attempting to help students demonstrate in practice their knowledge about the human condition, about how people grow and develop as individuals, and about how people learn and change. She believed that the internship would consolidate students' learning about how to nurse and to think critically in all situations about the care they gave to patients.

A lasting legacy

In retirement Miss Logan moved back to Wolfville, and later Halifax, where she continues to take an interest in all around her. She fulfilled her quest for life-long learning by taking courses at her alma mater. She remains interested in people and nursing although her primary focus shifted from children and young families to seniors and older families. She is active in alumnae groups, seniors groups, and was instrumental in helping seniors develop awareness of medication regimes before it was common practice in gerontology nursing. In conversation she is steadfast in her values and beliefs about nursing and insists that demonstration through practice is the primary way for nurses to achieve independence and the recognition they deserve in health care. Like many who are ahead of their time, she was not always understood or appreciated, but her legacy to nursing at McGill will outlive her name.

**Note: At McGill, the undergraduate programme was loosely administered under the faculty of medicine. Long term faculty preferred a more hands-off approach.*

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Long Range Planning Committee

Plans have been made for the CAHN annual meetings for the next 3 years.

2003: Joint meeting with the AAHN. See the Call for Papers in this newsletter for the date and location.

2004: Joint meeting with the University of Toronto Faculty of Nursing Triennial International Nursing Research Conference.

2005: CAHN only meeting hosted by the B.C. History of Nursing Group.

CNA Conference June 2002

by Carol Helmstadter

Last June, I attended the CNA conference in Toronto. There was great deal on interest, not least of which was that our nominee for the Jeanne Mance Award, Hallie Sloan was honoured by the Canadian Nursing Foundation. From the point of view of CAHN's agenda, a dinner meeting on the Friday night preceding the conference was exceptionally helpful and informative. Twenty-seven different specialty groups met to discuss the opportunities and challenges that they are facing in the coming year. Betty Gourlay, our representative on the CNA board had really done her homework and was an excellent facilitator for the discussion.

It was striking that almost all of the groups identified the major challenges as time and money. Most of the groups were clinical specialties such as the operating room nurses, the neuroscience nurses, etc. Aggravated by the nursing shortage and the prevalence of part-time work forcing nurses to cobble together an income by working in several different hospitals on alternate days, nurses are

finding they simply do not have the time to put into volunteer work. The provincial representatives on CNA's board have always been volunteers but at the moment, three of the provincial professional organizations are paying their presidents. Specialty groups are finding it difficult to elect officers because no one is willing to run. Betty Gourlay's own group, the Canadian Nurses for Independent Practice, voted to go out of business this year because they could not fund their activities or field a board.

Nearly all the groups did fairly much we do at CAHN – give a scholarship, usually \$1000, publish a newsletter and sometimes a journal, and hold an annual conference. Once suggestion made was that the monies could be held jointly by the CNA so that the larger amounts could generate more interest. The money would be in, for example, a CAHN or CANN account and would go to a member of that group, but by comingling all the specialty groups' funds, we would reap a better interest rate.

Membership retention was another serious concern. The Academy of Canadian Executive Nurses has seen its membership

sink from about 120 to 60-70 persons, and is suffering from a rapid turnover in membership as executive nurses leave their positions, some voluntarily and other involuntarily. Another key problem was communication with members, which has to depend on email and websites. We are all finding these methods cost-effective, but certainly lacking many of the helpful attributes that face-to-face meetings have.

Janet Cator, director of the Canadian Nurses' Foundation was the keynote speaker. She is not a nurse, but a former schoolteacher, and is currently pursuing fundraising certification. Cator identified four pillars of the CNF as CNA's certification program, study awards, nursing research, and the history collection. She had some wonderful pictures of some items in the history collection. It was obvious that the collection is a popular part of the CNF's program. Cator said CNA didn't even know what they had in their collection until they turned it over to the National Archives and the two museums. The discovery has opened up the way for a much larger collection. CNF has raised several million dollars in pledges over the past years. One item of interest I thought promising, was that this year, they have raised \$45,000 for the history collection from individuals, and that 90% of these donors were not nurses. I thought that was encouraging, and spoke highly of Diana Mansell and Lynn Kirkwood's work, as well as the \$2000 that CAHN contributed to the project to pay for the brochure. Cator also spoke on the basic principles of fundraising and that was very helpful.

Joni Boyd, CNA's nursing policy consultant, spoke about CNA activities. They have identified their two main challenges as maintaining a quality professional practice setting in a situation of nursing shortages and making their work relevant to their members. Overall, it was an informative evening.

Margaret E. Kerr

(1900 - 1976)

by Glennis Zilm

During the 21 years that Margaret Kerr served as editor of *The Canadian Nurse* (1944 - 1965), the magazine grew enormously in size, responsibility, circulation, and influence as an internationally recognized nursing journal.

When she was appointed in 1944, the mailing list stood at a respectable 5,000 subscribers, but Margaret Kerr believed it should be read by every practising nurse in Canada. She began a program to link subscriptions with registration fees. Recognizing the need for a bilingual national journal, she increased the French-language component to reach nurses in Quebec and also to ensure that English-speaking nurses were aware of activities of their French-speaking colleagues. Through a vigorous campaign that required extensive lobbying with each provincial association, she achieved her goal; in 1959, all registered nurses in Canada began to receive the journal as part of their provincial association fees.

Throughout her editorial career, she was noted for her strong, well-written, and outspoken articles. She continued her interest in nursing education and was a frequent guest speaker on nursing history. Her strong editorial abilities and her business acumen won her admiration from nursing editors internationally, and she was a sought-after consultant by professional editors from around the world. By the time of her retirement in 1965, the journal was being sent to 113 countries outside Canada.

Born August 27, 1900, in Amherst, Ontario, she moved to British Columbia to attend Normal School. She taught for two years before entering the fledgling baccalaureate nursing program at University of British Columbia (UBC). She graduated with a Bachelor of Applied Science in Nursing in 1926, and worked for two years in Nanaimo, B.C., as a school nurse. She then received a Rockefeller Foundation scholarship, and spent two years at Columbia University, New York, graduating with a Master of Arts in 1929.

She returned to her adopted province of British Columbia to join the UBC nursing faculty and taught public health nursing there until 1944. During these years, she was active in nursing politics at both the provincial and national levels, serving, for example, as Chair of the Public Health Section of the Canadian Nurses Association (CNA) from 1938-1942 and as President of the Registered Nurses Association of B.C. (RNABC) for 1943-1944. She was also an active contributor of articles to journals and she compiled a

Honouring Exceptional Nurses - CNA Memorial Book

In February 1988, the CNA Board of Directors established a process to honour deceased nursing leaders publicly and consistently in a manner that provides information about their contributions to the membership and the public. Recipients are selected annually, with public recognition accorded at each Biennial Convention.

Nominations to the Memorial Book are prepared by interested individuals and groups, and should be supported by a CNA board member of a jurisdictional member. Members of the CAHN have successfully nominated a number of individuals to the Memorial Book over the past several years. Some of these successful nominees will be featured in the Newsletter as space permits.



brief history of the RNABC.

Throughout her career, her vision, commitment, loyalty, and sound judgment were combined with humility, sensitivity, warmth, and a puckish sense of humor. She retired to Vancouver where she kept in touch with the many hundreds of nurses whose lives she had touched. When she died on June 27, 1976, her obituary in *The Canadian Nurse* summed up her superb contributions under the title "teacher, editor, colleague, and friend."

Partial List of Writings by Margaret Kerr
As editor of *The Canadian Nurse* from 1944 to 1965, she wrote numerous articles and editorials both signed and unsigned. She also wrote for other journals, but a full list of her publications has not been completed.

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Upcoming Conferences & Events

Call for Papers

CSHM Annual Conference

The Canadian Society for the History of Medicine is issuing a call for papers for its annual conference at Dalhousie University, Halifax, Nova Scotia on May 30-June 1, 2003. The theme of the Congress of the Social Sciences and Humanities will be "Conflict and Co-operation." Abstracts on other topics are also welcome.

Please submit your abstract for consideration by 15 November 2002 to:

Peter L. Twohig, PhD
CSHM Program Chair
Department of Family Medicine
Dalhousie University
QEII HSC, Abbie Lane Building
5909 Veterans' Memorial Lane
Halifax, NS Canada B3H 2E2
Tel: (902) 473-2768
Fax: (902) 473-4760
Email: Peter.Twohig@dal.ca

Abstracts must not exceed 350 words. Submissions by email are welcome. If submitting abstracts by mail, please send one original and 3 copies, typed single-spaced on one sheet of paper. The Committee will notify applicants of its decision by January 17, 2003.

N.B. If invited to present at the meeting, the author must undertake to provide a translation of the abstract for the bilingual program book.

Appel À Contributions

SCHM Congrès Annuelle: Appel des Communications

La Société canadienne d'histoire de la médecine lance un appel à communications à l'occasion de son congrès annuel qui se tiendra à Dalhousie University, Halifax, Nouvelle-Écosse. Le thème du Congrès des sciences sociales et humaines sera "Conflits et coopération." Vous pouvez également soumettre des propositions sur d'autres thèmes de votre choix.

Veillez SVP envoyer votre résumé avant le 15 novembre 2002 à:

Peter L. Twohig, PhD
CSHM Program Chair
Department of Family Medicine
Dalhousie University
QEII HSC, Abbie Lane Building
5909 Veterans' Memorial Lane
Halifax, NS Canada B3H 2E2
Tel: (902) 473-2768
Fax: (902) 473-4760
Email: Peter.Twohig@dal.ca

Le résumé ne doit pas excéder 350 mots. Vous pouvez le soumettre soit par courrier électronique, soit par la poste. Si vous envoyez votre résumé par poste, veuillez soumettre un original et 3 copies (simple interligne). Le comité fera connaître sa décision avant le 17 janvier 2003.

A noter : chaque auteur invité à participer à la rencontre annuelle de la Société se doit de prendre ses dispositions pour fournir un résumé de son intervention dans les deux langues.

Call for Papers

Special Issue of the Canadian Bulletin for the History of Medicine:
History of Nursing - Bringing Practice into Focus
Edited by Cynthia Toman and Meryn Stuart, University of Ottawa

The Canadian Bulletin of Medical History is planning a special issue on the history of nursing with a focus on nursing practice. Other topics in nursing history are also welcome. The majority of nurses worked (and still work) within the practice domain but have remained relatively invisible in existing nursing histories. Their practice settings have included hospitals, mental institutions, sanatoria, private homes, community and public health settings as well as less traditional areas such as industry, schools, mission fields, outposts, and military settings.

The Bulletin is a peer-reviewed Canadian journal but publishes articles in all temporal and geographical areas, in either French or English. International submissions are welcome. In addition to scholarly articles, consideration will be given also to research notes, historiographical essays, methodological discussions, and descriptions of archival holdings. Four copies of each manuscript must be submitted according to the style designated by the "Information for Authors" guide at the end of each Bulletin issue. For one of the four copies only, include a full title page with author(s) identification, affiliation, and contact information (address, phone number, and email address where available). Correspondence will be by email as much as possible.

The deadline for abstract submissions is November 30th, 2002. Completed manuscripts are expected by March 1st, 2003. Mail all submissions in paper copy to Cynthia Toman, RN, PhD(c) at 2391 Ogilvie Road, Gloucester, Ontario, Canada K1J 7N4.

For further information, contact Cynthia at the above address, by phone at (613) 748-7960, or by email at ctoman@sympatico.ca or Dr. Cheryl Krasnick Warsh, Editor-in-Chief, CBMH, Department of History, Malaspina University- College, 900 Fifth Street, Nanaimo, B.C. V9R 5S5 Canada, E-mail: warshc@mala.bc.ca, Fax: 250-741-2667.

Appel À Contributions

Numéro spécial du Bulletin canadien d'histoire de la médecine
Histoire des sciences infirmières -Accent sur la pratique des infirmières
Édité par Cynthia Toman et Meryn Stuart, Université d'Ottawa

Le Bulletin Canadien d'histoire de la Médecine prépare un numéro spécial sur les sciences infirmières. La pratique des infirmières est le thème privilégié, mais d'autres sujets portant sur l'histoire des sciences infirmières sont également les bienvenus. Bien que la majorité des infirmières aient travaillé (et travaillent encore) dans le domaine pratique, elles sont restées relativement invisibles dans les histoires des soins existantes. Leurs lieux de pratique incluent les hôpitaux, les institutions psychiatriques, les sanatoriums, les foyers privés, les institutions de santé publique et communautaire ainsi que des lieux moins traditionnels comme les industries, les écoles, les missions, les postes coloniaux et les institutions militaires.

Le Bulletin est une revue canadienne qui publie des articles dans tous les champs géographiques et temporels, tant en français qu'en anglais. Les soumissions internationales sont les bienvenues. En plus des articles érudits, des considérations sont également

continué...

accordées aux notes de recherches, aux essais historiographiques, aux discussions méthodologiques et aux descriptions des fonds d'archives. Les auteurs doivent soumettre quatre exemplaires de leur manuscrit en respectant le guide « Informations aux auteurs », présenté à la fin de chaque numéro du Bulletin. Sur l'une des copies, ils doivent ajouter une page couverture détachée sur laquelle figurent leurs noms, leurs affiliations et leurs coordonnées (adresse, numéro de téléphone et courrier électronique si possible). La correspondance se fera par la poste dans la mesure du possible.

Call for Papers

3rd International Network for the History of Hospitals Conference — Form + Function: The Hospital

McGill University, Montreal
June 19-21, 2003

The International Network for the History of Hospitals will hold its first international conference in North America at McGill University in Montreal in June 2003. The conference seeks to examine the relationships between the form and function of health care institutions as they have developed over time, place, and institution from the medieval to the modern period in different local and national contexts. How have medical ideas and functions shaped design? How did different patient populations experience the hospital and contribute to its formal development? How is the hospital imagined and portrayed? How has the hospital formed a medical and social space?

To explore these issues, "Form + Function" will be divided into four inter-related sessions. These will address:

- . the visual and built form of the hospital;

- . the hospital's social form;
- . utopian hospitals: theory, image, and reality;
- . the hospital's medical form and functions.

The focus, however, will not be limited to hospitals. The conference seeks to address how these issues relate to other healthcare institutions - for example the asylum, the dispensary, the nursing or convalescent home - many of which were connected to the hospital or formed part of institutional healthcare systems. At the conference, there will also be a forum to display and discuss posters detailing research projects.

Papers are invited for the conference and all four sessions. All papers and posters should represent original research. Contributions are invited from scholars working in the widest possible range of disciplines, including historians of art, architecture, and medicine as well as from architects. Submissions from younger scholars will be particularly welcomed. Enquiries and abstracts should be directed to:

Dr Keir Waddington
 School of History and Archaeology, Cardiff University
 PO BOX 909
 Cardiff CF10 3XU
 UK
 E-mail: waddingtonk@cardiff.ac.uk
 Fax: +44 (0) 29 20874929

Dr Annmarie Adams
 School of Architecture, McGill University
 815 Sherbrooke St. West
 Montreal, Quebec
 Canada H3A 2K6
 E-Mail: annmarie.adams@mcgill.ca
 Fax: 514 398 7372

When submitting abstracts (c. 500 words) please provide your name, preferred mailing address, work and home telephone numbers, present institutional affiliation, and academic degrees. Abstracts must be received by 15 November 2002 and will be discussed by the Network's Advisory Board in December 2002.

Managing Editor & Publisher

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Call for Abstracts
American Association for the History of Nursing, Inc.
Twentieth Annual History of Nursing Conference
 Milwaukee, Wisconsin
 September 19-21, 2003

The American Association for the History of Nursing and the School of Nursing, University of Wisconsin - Milwaukee in conjunction with the Canadian Association for the History of Nursing will co-sponsor the Association's twentieth annual conference to be held in Milwaukee, Wisconsin.

Guidelines for Submission: Please submit six copies of your abstract. One copy must state complete title, author(s), address, institutional affiliation, phone number/e-mail address/fax number, and indicate whether it is for a 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-U.S. 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 15, 2003.

Mail to:
 Dr. Eleanor C. Bjoring, Chair
 AAHN Abstract Review Committee
 7400 Crestway Drive #516
 San Antonio, TX 78239-3090

Canadian Association for the History of Nursing

Association canadienne pour l'histoire du nursing



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