



**Continuities, Contingencies  
and Fault Lines:  
Nursing 100 Years  
After Nightingale**



**Canadian Association for the  
History of Nursing  
2010 Annual Meeting  
Winnipeg, June 18-20**



**Canadian Association for the History of Nursing  
2010 Annual Meeting Program**

**Board Meeting Friday, June 18<sup>th</sup>, 5:00 - 6:30 PM  
Faculty of Nursing Lounge, Helen Glass Centre**

**Friday, June 18<sup>th</sup>**

**6:30 PM      Registration, Helen Glass Atrium**

**7:00 PM      Opening Plenary, Room 260, Helen Glass Centre**

Welcome and Opening Remarks

Inauguration of CAHN's New Web Site

Presentation of the Margaret M. Allemang Doctoral Scholarship and the  
Vera Roberts Research Award

2010 Hannah Lecture

**Sioban Nelson, Dean and Professor of Nursing,  
Lawrence S. Bloomberg Faculty of Nursing,  
University of Toronto**

**“The Nightingale Imperative:  
Icons, Imaginations and Nursing Identity.”**

*Reception to follow in the Helen Glass Atrium*

*This event is sponsored by Associated Medical Services and  
Sigma Theta Tau Nursing Honour Society, Xi Lambda Chapter*



## **Session 2B – Translating Nursing Practice in Colonial Contexts**

Location: Room 370

Chair: Jayne Elliott, University of Ottawa

Kristin Burnett, Lakehead University, “The Sisters of Charity: Nursing and Faith at the Blood Hospital, 1893-1930s.”

Laurie Meijer-Drees, Vancouver Island University, “Translating and Transforming Nursing Care: Health Aide Training and Practice in 1960s Native Alaska.”

**12:00 PM - 1:00 PM      Lunch, St. John’s College Outdoor Patio**

**1:00 PM - 2:00 PM      Annual General Meeting, Room 260**

**2:00 PM - 3:00 PM**

## **Session 3A – Framing the Centre, Policing the Margins: Gender and Nursing Identity**

Location: Room 360

Chair: Marg Gorrie, British Columbia Institute of Technology

Michelle Filice, Wilfred Laurier University, “Handing on the Torch: Male Nursing-Orderlies in the Royal Canadian Army Medical Corps and Nursing Profession, 1939-1950.”

Jayne Elliott, University of Ottawa, “Historical Perspectives on Film as Recruitment Strategy for Nursing.”

## **Session 3B – Migrants and Missionaries: Nurses Crossing Borders,**

Location: Room 370

Chair: Janet Beaton, University of Manitoba

Charlene Ronquillo and Geertje Boschma, University of British Columbia, “Filipino Nurse Migrants in Western Canada: An Oral History.”

Sonya Grypma, Trinity Western University, “China Nurse Jean Ewen and the Conundrum of Norman Bethune.”

**3:00 PM - 3:30 PM            Break**

**3:30 PM - 4:30 PM**

**Session 4A – Blurring Boundaries: Nursing Practice in the Near and Far North**

Location: Room 360

Chair: Linda Kealey, University of New  
Brunswick

Joyce Schroeder MacQueen, Laurentian University, “Nursing in a Canadian  
One-industry Resource Town 1933 to 1974.”

Whitney Wood, Lakehead University, “Blurring Cultural Boundaries and  
Transgressing Professional Roles: Vera Roberts and Health Care in the  
Canadian North.”

**Session 4B – Diffusing Nursing Ideas Through Transnational Networks**

Location: Room 370

Chair: Susan Armstrong-Reid

Jaime Lapeyre and Sioban Nelson, University of Toronto, “The Bonds That Bind:  
the Role of Friendship in the Creation of an International Nursing  
Network During the Interwar Years.”

Esyllt Jones, University of Manitoba, “Nursing, Multi-disciplinary Practice, and  
Transnational Models of Health Care Organization in the 1930-40s.”

**6:00 PM            Dinner, Southwood Golf and Country Club**  
Cash Bar, 6:00 PM; Dinner, 7:00 PM

Sunday June 20<sup>th</sup>

**8:30 AM - 9:00 AM**

**Morning Coffee, Helen Glass Atrium**

**9:00 AM - 10:30 AM**

**Session 5 – Praxis and Practice: Transforming Nursing Work**

Location: Room 260

Chair: Marion McKay, University of Manitoba

Marg Olfert, Saskatchewan Institute of Applied Science and Technology, “The History of Collaborative Nursing Education Programs in Canada, 1980-2009: Challenges and Benefits.”

Deborah Hamilton and Geertje Boschma, University of British Columbia, “Work, Education and Technology: ICU Nursing Practice at Vancouver General Hospital, 1965-1985.”

Leah Morton, University of Manitoba, “From Serums and Immobilization to Hot Packs and Nursing Shortages: The Transformation of Nursing During Manitoba's Polio Epidemics, 1928-1953.”

**10:30 AM - 11:00 AM      Break**

**11:00 AM - 12:30 PM**

**Session 6 – Continuities and Ruptures at the Intersection of Policy, Politics and Practice**

Location: Room 260

Chair: Chris Dooley, York University

Heather Graham, University of Manitoba, “Crossing the Line?: Memories and Perceptions of the 1991 Manitoba Nurses Strike.”

Geertje Boschma, Nerrisa Bonifacio and Helen Vandenberg, University of British Columbia and Marg Gorrie, British Columbia Institute of Technology, “Work, Rehabilitation, and Housing in Discourses on Mental Health Care.”

Beverley Hicks, Brandon University, “Political Contingencies in Registered Psychiatric Nursing in Manitoba.”

**Geertje Boschma , Nerrisa Bonifacio, and Helen Vandenberg**  
**University of British Columbia; and**  
**Marg Gorrie**  
**British Columbia Institute of Technology**  
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### **Work, Rehabilitation, and Housing in Discourses on Mental Health Care**

Participation in meaningful work and activities has long been an objective for recipients of mental health care. Late 19th century cultural ideals of moral treatment and guidance profoundly influenced the history of institutional care as did strategies of poor relief. Patient work by men and women became an essential component of asylum economies. As controversy over large mental hospitals grew in the latter half of the 20th century, a deinstitutionalization movement reshaped the context of mental health care. A new discourse of community mental health and rehabilitation replaced former discourses of patient work, constructing new identities of client, consumer, survivor, and peer support worker. New questions about housing and service development arose. The role of nurses and other health care providers also changed, with new typologies of workers emerging.

The paper analyses oral histories of mental health workers and people currently living with mental illness in the community, who actively engaged with this complex process of change and negotiation of new cultural identities. Their experiences, we argue, reflect how new social relationships were constructed, realigning the understanding of responsibility, work and community living in mental health care. Their stories provide a unique lens through which to explore larger social and cultural changes within community mental health services.

**Colleen Bowers**  
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**“Nothing which is so much wanted could fail”: Catharine Grace Loch and the  
Establishment of the Indian Nursing Service, 1888**

**Purpose:** To explore and analyse the political and social conditions that led to the creation of the Indian Nursing Service and the appointment of Catharine Grace Loch as its first Senior Lady Superintendent.

**Rationale and significance:** born in 1854, Loch trained at the Royal County Hospital, Winchester, and worked for six years at St. Bartholomew's, London, under the supervision of Mrs. Bedford Fenwick. In 1887 she applied for a position with the newly established Indian Nursing Service fulfilling a lifelong dream. The following year Loch and nine nursing sisters became part of the nursing profession exported to work in the colony as part of the imperial labour force. The Nursing Record described their farewell which "created quite a sensation at Victoria Station on the occasion of their departure for the far East". Upon their arrival in India Loch proceeded to the town of Rawalpindi (now part of Pakistan). Her published memoir provides great insight into her travels and unusual situations, yet little has been done to explore Loch's pioneering work in a larger context and her long lasting contributions to military nursing.

**Methodology and Sources:** Theoretical constructs of imperialism, post-colonialism and feminist perspective were utilized to develop an analysis of the sources. Primary sources include Catherine Grace Loch, *A Memoir* (1905), *Simple Lectures on Nursing for Soldiers in India* (1912), and other relevant primary source documents located in the Ames Library of South Asia and the archives of the Royal College of Nursing, Edinburgh, Scotland. Findings were contrasted to appropriate secondary sources relevant to the subject.

**Findings and Conclusions:** Loch maintained a lifelong professional relationship with Mrs. Bedford Fenwick and Florence Nightingale, corresponding over details of military nursing practice. Loch was a resolute and determined nurse dedicated to the creation and establishment of a new field of nursing. As a result, the health of the British Army benefited from the nursing practices she instituted.

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**“Help Us, Serve England”: First World War Nursing Sister Emeline Robinson.**

NS Emeline Robinson, a Canadian nurse, enlisted into the Queen Alexandra Imperial Military Nursing Sister Reserve (QAIMNSR, also popularly known as the QAs) on April 17, 1916 when a call for nursing assistance was made by Britain to all of its colonies. The QAIMNSR asked nurses from the Dominions to "Help us, serve England" following the meeting of the Committee of the Supply of Nurses in 1916. The contract was for a one-year period after which Canadian nurses could opt to enlist with the Canadian Army Medical Corps or to extend their contracts with the QAs.

Historians generally argue that the First World War was a defining experience from which Canadians emerged with a strong sense of national identity, distinct from their British roots. First World War historiography has focussed primarily on masculine experiences of war with relatively little research on women's wartime experiences and even less on military nurses. The purpose of this paper is to explore the working relationships NS Robinson established with British QAs, Voluntary Aid Detachments (VADs), orderlies and Medical Officers (MOs) during her one and a half years of serve in the QAIMNSR. How did Robinson, a first generation Canadian visiting her family's country of origin, fit in with her English military colleagues? This small case study offers a unique opportunity to examine first-hand how both English and Canadian identities played out for one particular military nurse.

The primary sources for this research include Robinson's war diary, QAIMNSR medals, photographs, QAIMNSR and CAMC attestation papers and military files, and her collection of artifacts. Robinson's descendants assumed that she enlisted and served strictly as a Canadian nursing sister, but one family member recently uncovered her QA past through this collection of sources. Robinson enlisted with the QAs where she underwent an adjustment to military protocol as well as to the British way of nursing: She recorded daily events as well as impressions of her various military colleagues: other QAs, MOs and orderlies, and VADs in particular. Robinson frequently expressed her aversion for unruly and contemptible orderlies, undeserving VADs and inept MOs.

**Kristin Burnett**  
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### **The Sisters of Charity: Nursing and Faith at the Blood Hospital, 1893-1930s**

This paper examines the work of the Grey Nuns at the Blood Hospital in southern Alberta from 1893 to the 1930s. The hospital was built in 1893 by the Roman Catholic Church with funding from the federal government. The Sisters of Charity (a.k.a Grey Nuns) ran the hospital until 1928 when the Department of Indian Affairs (DIA) officially took control of the facility. However, the DIA was reluctant to relinquish the inexpensive and dedicated labour of the sisters and continued to employ the Grey Nuns as health workers in the institution until 1954.

Drawing upon two separate but related events that occurred at the Blood Hospital during the early twentieth century, this paper investigates the relationship between the sisters' healing work and their religious mission. The first episode deals with the place of childbirth within the Catholic hospital and the Roman Catholic churches' proscriptions against nuns performing maternity work. In 1918 the sisters chose to transgress papal law and undertake maternity work. The second incident looks at the formal takeover of the Blood Hospital by the DIA in 1928. Under the new regime the religious work and life of the sisters was severely curtailed within the hospital; publicly the DIA considered the facility to be strictly non-denominational. Only at the behest of higher church authorities did the Sisters of Charity choose to remain at the Blood Hospital. An examination of these two incidents shows how religion and faith were intimately connected to the sisters' health work. In many instances, women's healing activities served as a tool to draw people into the hospital, and thus, the curative work performed by the sisters was deeply rooted in their faith and mission to convert Indigenous people to Catholicism. However, in certain circumstances the sisters' religious and nursing work did not serve the same purpose, and looking at these two events offers a more complex picture of the roles nuns, religion, and health work played in the mission field.

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### **Historical Perspectives on Film as Recruitment Strategy for Nursing**

Fears over past nursing shortages spurred various efforts toward recruiting nurses to the profession. Not only did nurse leaders and educators worry about attracting enough nurses, they also fretted about finding the "right" type of woman for the work of caring for the sick and promoting the benefits of healthy living. Recruitment materials typically portrayed the occupation as a desirable career but at the same time, conveyed particular messages about the "ideal" characteristics of potential recruits.

This paper will examine several documentary-style films made for and about nursing after the Second World War - a time when the Canadian Nurses Association, the government, and various organizations that employed nurses were mobilizing to address nursing shortage issues. Some of these films focussed on students and student life, while others strove to interest graduate nurses in specific (and what were considered underserved) branches of nursing. Analysis of several films, situated within their historical contexts, is guided by the following questions: Who was the intended audience for these films? How did they represent the profession to potential recruits? What contradictions did they raise about nursing during this period? Close investigation of these films (which range from the late 1930s to the 1960s) demonstrates that they were carefully crafted to address issues that had long been identified as impediments to attracting recruits to the profession. Source materials include records from the Canadian Nurses Association, the Canadian Red Cross, the Victorian Order of Nurses, and selected films produced either by or for these organizations.

**Michelle Filice**  
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**"Handing on the Torch": Male Nursing-Orderlies in the Royal Canadian Army Medical Corps and Nursing Profession, 1939-1950**

Canadian military and civilian nursing has traditionally been dominated by women. Since the Nightingale era more specifically, nursing was commonly perceived as "women's work" by members of the medical community because it dealt with tasks believed to be best suited to women, such as nurturing and care-giving. In the early twentieth century, some men challenged these gender conventions by trying to enrol in nursing schools and enlisting in the Army as nursing-orderlies. Unfortunately, their attempts remained largely unsuccessful; very few gained entrance into nursing institutions and no male nurses were accepted into the Army during the Great War. The traditional structure and composition of nursing simply did not include men and most female nurses were not ready to alter the status quo for fear that it might devalue their profession. The onset of the Second World War, however, gave men interested in nursing new opportunities. As the demand for more nursing workers increased on both on the home front and war front, male nursing workers were able to make inroads into the profession.

Drawing on a broad range of archival sources, discourse materials and oral histories, my paper explores the experiences of, and reactions to, male nursing-orderlies in the Canadian Army during the Second World War. It examines the exclusivity of nursing communities before the war and the ways in which nurses were forced to accept men among their ranks during the war. This paper argues that certain wartime circumstances, such as high casualty rates and nursing shortages, necessitated male nursing-orderlies' presence in the Nursing Corps and consequently altered its traditional gender and power dynamics. Although male nursing-orderlies were never regarded as professional equals, they made significant progress during the war, such as in the area of psychiatric nursing, which was a medical field largely reserved for male nursing workers.

Through their wartime contributions, male nursing-orderlies earned themselves, as well as future male nursing workers, a new and legitimate place in nursing communities. Unfortunately, their stories have been largely ignored by scholars, who tend to study women in the profession. It is important, however, to study this subject because it tells historians about the evolution of the nursing profession and about gender and power relationships in military and civilian nursing. These men dared to challenge tradition and deserve proper recognition and academic attention.

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### **Crossing the Line?: Memories and Perceptions of the 1991 Manitoba Nurses Strike.**

On 1 January 1991 over nine thousand nurses in Manitoba walked off their jobs in a legal strike. This strike was the largest in Manitoba since the 1919 Winnipeg General Strike and the longest nurses' strike in Canadian history. The 1991 strike was the first time that most Manitoba nurses and their communities were faced with the challenges of strike action, resulting in changing perceptions of nurses and their work.

Manitoba nurses have balanced their identity as professionals and workers for over thirty-five years, maintaining ties to both professional associations and union membership. This binary identity often co-exists in relative harmony, however, this identity was challenged during the province-wide strike. Utilizing memories of Manitoba Nurses Union (MNU) members and strike participants, MNU newsletters, Manitoba newspapers and *The Canadian Nurse Journal* this paper will examine how nurses and their participation in the strike were perceived within their workplaces and communities. This paper will also highlight how nurses from different regions of the province experienced the strike.

This paper contributes to a relatively unexamined field of Canadian nursing history, the role of unions in nursing. It speaks to the transforming image and identity of 'the nurse' during a contentious episode of their history as they struggled to balance the identities of professionals and workers in healthcare and society.

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### **China Nurse Jean Ewen and the Conundrum of Norman Bethune**

Upon reading Jean Ewen's 1981 book about her adventures as a Catholic missionary nurse and later as Dr. Norman Bethune's nurse and interpreter in China between 1932 and 1939, one reviewer expressed the wish that Ewen had been more introspective in her account and had tried to go a bit deeper into his character - and into her own as well. Almost thirty years after the reviewer lamented Ewen's maddeningly vagueness in her account of her relationship with Bethune, little more is known about Jean Ewen than what she provided (and withheld) about herself in *China Nurse*. Although some have argued that she should receive more recognition for her work as a nurse in China with Bethune, it is Jean Ewen who seemed most reluctant to be associated with the "bloody missionary" for whom she claimed to have little regard.

In this paper I draw on unpublished and published sources to explore Canadian nurse Jean Ewen's largely unexamined legacy as Dr. Norman Bethune's interpreter and nurse in China before an infected scalpel wound in 1939 led to his death and eventual iconic status as a revolutionary martyr for the People's Republic of China. In addition to a single surviving letter penned by Ewen in China, I draw from an unpublished interview conducted by Peter Stursberg with Jean Ewen (Kovich) in 1984, plus letters written by her father Tom McEwen and by Norman Bethune - housed in the National Archives of Canada, University of British Columbia Library and Emory University Special Collections respectively. Tracing some of the milestones in Jean Ewen's life, I examine the interplay between her family's high-profile Communism and Ewen's ambiguous narratives of her nursing experiences in China recorded decades after Bethune's death. Highlighting contradictions, silences and errors in the accounts, I argue that Jean Ewen benefited from her association with the Communist revolutionaries in her life, living out her own version of their political ideals even while publically refuting them.

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**Work, Education and Technology. ICU Nursing Practice at Vancouver General Hospital,  
1965-1985**

Nursing education in the 1960s at Vancouver General Hospital (VGH) School of Nursing was primarily designed to serve the needs of the hospital in the most efficient manner. When the adult critical care unit (ICU) was established at VGH in 1968, nurses realized their undergraduate education and training did not adequately prepare them to care for critically ill patients. Nurses who cared for patients in the new ICU depended upon their previous experiences to guide their practice, and physicians taught nurses advanced pathophysiology at the bedside on a need-to-know basis. As patient diseases became more complex and new technologies were used in patient care, nurses sought out ways to deepen their knowledge of patient care. They created critical care nursing theory from the ground up, eventually moving critical care nursing education from the bedside into the classroom. The process was not without its tensions.

In this paper, we analyse the social, political and economic forces that influenced the development in of specialty nursing education and standards for practice are explored in this paper.

Oral history accounts from nurses involved in the establishment of intensive care units and nurse educators form the primary source material, augmented with archival records and other primary and secondary sources. These stories reveal how nurses incorporated the changes in nursing education to patient care. The central categories for analysis include the value of experience in practice, the transfer of nurses education into the hands of nurses, the effect of the expansion of new medical technologies upon nurses work, and a critical shortage of trained or experienced critical care nurses at VGH all of which became the catalysts for creating intensive care nursing at VGH.

**Carol Helmstadter**  
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**The All Saints Sisters at University College Hospital 1862-99: The Quest for Control of Nursing Practice.**

Few groups illustrate the contingencies, continuities, imperial projects and fault lines in nursing as well as two Anglican sisterhoods, St. John's House and the All Saints Sisters, who spearheaded nursing reform in mid-Victorian England. This paper will give a brief history of the All Saints Sisters at University College Hospital from 1862 to 1899 indicating their enormous success in creating a different model nurse and the reasons for their failure to establish it as the enduring model. Nightingale cast little shadow over these dedicated ladies whose practice equalled the best practice of other trained nurses but whose attitude towards their probationers and staff was radically different.

I demonstrate the continuities in the stumbling blocks against which they struggled, most notably hospital authorities who did not construe nursing as skilled work and who saw nursing budgets as the best area for financial cutbacks. I also explain the contingencies with contemporary anti-Catholic prejudice and the hospitals they nursed in the empire, and the fault lines which the Victorian ideal of ladies created for talented women who exercised authority in the public sphere.

Primary sources are found in the Nightingale papers, the archives of St. Thomas's Hospital, the All Saints Sisters, University College Hospital and contemporary medical writings. While historians have given St. John's House some attention, I am aware of only one article on the All Saints Sisters' nursing work and it is derogatory. Even their own twentieth century chaplain and historian who gives no attention to the Sisters' nursing practice, believes they were financially incompetent at University College Hospital. Appropriate secondary sources such as Harold Perkin, Owen Chadwick and Arthur Burns are used for context

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### **Political Contingencies in Registered Psychiatric Nursing in Manitoba.**

Florence Nightingale is well known for her contributions to the edification and uplifting of the nursing profession in the 1860s. However her reforms were carried out in a particular political context and she engaged skilfully with politicians to the advance her professionalization agenda. The politics of nursing were often set aside with the rise of the popularity of social history as a method to examine nursing's past. But recent writings suggest that it is not possible to examine nursing history without situating the social in the economic and political context of the day and examining the political contingencies that have impinged on the progress or regress of nursing.

This paper provides examples of the role political intervention played in the evolution of registered psychiatric nursing as a distinct profession in Manitoba in the 1960s and 1970s. Registered Psychiatric Nursing in Manitoba has been a politicized profession since the asylum superintendents of the 1930s and 1940s, frustrated by the lack of adequate staff urged their political masters to adopt strategies to bring qualified staff to the institutions. This included the development of the new profession of psychiatric nursing.

While the political intervention has sometimes been referred to as paternalism the leaders of the new profession willingly entered into a collusive relationship when it was to their benefit. However political intervention was not always positive for the profession. In this paper I will provide two examples of direct political intervention into the evolution of registered psychiatric nursing in Manitoba. One example in which the profession benefited from the intervention and a second in which the profession lost some of its control over the licensing process.

**Esyllt Jones**  
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**Nursing, Multidisciplinary Practice, and Transnational Models of Health Care Organization  
in the 1930-40s.**

This paper will examine ideas of health care organization circulating in the transatlantic world in the 1930s and '40s, focussing upon the health centre model, and the role of multidisciplinary health care delivery within that model. In these years, Canadian health care providers and lay advocates participated in a vibrant transnational debate about health care organization and state health care provision. Out of these debates emerged a new health centre model of health care delivery, which held wide currency across nation states in the Atlantic world in this period. Particularly for those on the political left, the health centre represented the point where a critique of health inequality in capitalist society met the promise of state health care.

In a general sense, the interwar health centre vision was characterized by several key principles: an awareness of the impact of social inequality on health and wellness; an integration of preventive and curative health services; didactic health education; multidisciplinary health care delivery; and democratic governance. For nursing, one especially important aspect of the health centre model was the emphasis placed upon multidisciplinary staffing, with nursing, public health, social work, physiotherapy, medicine, and other practitioners all playing a key role in a relatively flattened health care hierarchy. The health centre model advocated a further leveling of the elite position of medicine vis a vis other health care workers through the salaried payment of doctors. Although historically nascent rather than ascendant, this set of ideas about health care provision had long-lasting impact on debates about health care delivery, re-surfacing for example in the community health centre movement of the 1960s and 1970s, and nursing's demand for expanded scope of practice.

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**The Bonds That Bind: the Role of Friendship in the Creation of an International Nursing Network During the Interwar Years.**

American feminist historian, Leila Rupp, describes the interwar period as the peak in the activity of the international women's movement. Rupp, along with feminist historians Marilyn Lake and Nancy Cott, have found that women who attended international meetings and congresses often maintained strong, loyal, lasting connections to each other and to the organization's cause, through their continued exchange of letters and attendance at international congresses. The work of these historians demonstrates that the development of friendships between the members of these international organizations also helped in strengthening their connection to the issues as well as to the formation of what they describe as a "collective identity as feminist internationalists".

In nursing, the increased demands for public health initiatives created in the wake of WWI led to a rise in the international training and travel of nurses from many countries around the world. In one particular example, the League of Red Cross Societies, in conjunction with Bedford College at the University of London, hosted a year-long public health course for nurses throughout the interwar years. During this period, approximately 350 nurses from 49 different countries engaged in international travel in order to participate in these courses. One outcome of these courses included the formation of an alumni association named the "Old Internationals Association" (OIA). Through the continued exchange of letters and participation within international organizations and the OIA, a number of these nurses formed close friendships and bonds.

This paper examines the personal communication that occurred between one Canadian participant of the LRCS courses with her fellow classmates over a period of 60 years. It also makes use of additional material such as photographs and articles from the 'Canadian Nurse' and the 'American Journal of Nursing' relating to the international activity of these nurses during this period. Through the application of feminist and collective identity theories, this presentation examines the symbolic and interpersonal processes through which these nurses forged international sisterhood and a shared identity, uniting them as "Old Internationals".

**Laurie Meijer Drees**  
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**Translating and Transforming Nursing Care: Health Aide Training and Practice in 1960s  
Native Alaska.**

In the mid-1950s, the Alaska Native Service launched two significant health care training programs for Alaska Native peoples: the Sanitation Aide and Village Health Aide programs. The goal of these initiatives was to educate Alaska Native villagers in formal western health practices supporting the eradication of tuberculosis in Native communities at a time when the disease had reached epidemic proportions within the state. In short, the Aides were anticipated to serve as translators of contemporary western health care for their communities. The focus of this paper is on the Village Health Aides, their training and their role within their Alaska Native communities. Using oral accounts from individual Alaska Native women who became health aides as well as doctors and nurses who were involved in training Health Aides, this paper describes and analyses how western notions of nursing practice were translated for application in the Alaska Native villages, and how this translation served to transform notions of "nursing" care in that setting.

**Leah Morton**  
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**From Serums and Immobilization to Hot Packs and Nursing Shortages: the Transformation of Nursing During Manitoba's Polio Epidemics, 1928-1953.**

In 1953, Manitoba suffered through a massive polio epidemic. It was completely unexpected, as over 1000 people had contracted the disease in 1952, and consecutive epidemics had never before occurred in North America. Regardless, the 1953 Manitoba epidemic turned out to be the largest in Canadian history, with over 2200 cases. Popularly known as 'the Crippler,' polio often left otherwise healthy individuals paralyzed, usually within hours or days after the onset of symptoms.

In the 1940s, the treatment of polio patients was dramatically transformed by Australian nurse Sister Elizabeth Kenny. Kenny and her seemingly radical methods were positioned as problematic by the American medical establishment, but were accepted more readily in Canada, particularly Manitoba. The Kenny method was transformative not just for patients, but for nurses as well. Using a variety of primary sources including oral histories, municipal records, and newspaper and journal articles, the first section of this paper examines the changing nature of nursing work on the polio wards. It does so first with a brief comparison to the treatment of patients during the first Manitoba epidemic in 1928. Following that is an interrogation of the labour intensive work performed by nurses during the 1953 epidemic. The reconstituted nature of polio nursing had important consequences for the profession. Owing to the transformation of nursing practices and to the attention afforded to the epidemic in the mainstream press the spectre of a disastrous nursing shortage loomed large throughout the 1953 epidemic. The second part of this paper examines critically the construction of this 'crisis', how it worked to potentially change the image of nurses and, importantly, how nursing leaders responded to both the shortage and their portrayal. Manitoba's multiple epidemics, combined with the unique problems this disease presented, provided an excellent opportunity for the interrogation of the transformative nature of nursing over time.

**Marg Olfert**  
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**The History of Collaborative Nursing Education Programs in Canada , 1980-2009:  
Challenges and Benefits**

Nursing education in Canada has evolved over the past century. The shift to the collaborative efforts of the past three decades has created both challenges and benefits to the partners involved. What do these collaborative nursing education programs bring to the transformation of nursing education? How has the political and economic context shaped their development, implementation, and maintenance?

Education programs to prepare registered nurses have moved from hospital-based training to occurring in higher education institutions. Since 1980, collaborative nursing education programs have been developed across Canada, joining the resources of two or more higher education institutions for the purpose of delivering nursing education. The rationale for the creation of such programs include the baccalaureate requirement as entry to practice as registered nurses, an anticipated shortage of registered nurses, and the economic and political context of the country and provinces. Various benefits have been achieved, but challenges and barriers to success are also evident. Some programs have been maintained and/or have evolved over time, while others have ended, or are in the process of being dissolved.

This paper will utilize secondary sources to describe the history of collaborative nursing programs in Canada. Secondary sources, including scholarly articles, nursing history books, task force reports, and websites have provided keys to understanding the development and implementation of various collaborative nursing programs in Canada.

The results of this historical review reveal that government and institutional support in developing and maintaining collaborative efforts were highly influential to the successes of each partnership. Nurturing relationships between members and blending cultures must occur in order for the collaborative efforts to be sustained. Ultimately, the collaborative nursing program movement has become an integral component of the evolution of nursing education in Canada.

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### **Order Amidst the Ruins: Nurses and Nursing Care During the Halifax Disaster of 1917**

**Aim of Study:** In this paper I examine the role, contributions, and dynamics of United States relief nurses and Canadian nurses who provided disaster relief within the first month after the Halifax Explosion of December 6, 1917.

**Rationale and Significance:** Public and academic historians, primarily in Canada, have analysed the disaster itself; the work of physicians, social workers, lay volunteers, and Canadian VON nurses; the reconstruction of the public infrastructures; and the long term effects of the disaster on residents of Nova Scotia. As often happens, the role of physicians and political leaders is well known but the activities of a major group of relief workers (nurses from both the United States and Canada) remains marginalised. The activities of the nurses caring for the injured in hastily-assembled relief hospitals have received little scrutiny. This research contributes to scholarly analysis of these important disaster relief professionals in the immediate period after the disaster.

**Methodology:** Social history research methods were used to conduct the research. Primary sources were perused in public and private archival and on-line sources in the United States and Canada. Secondary sources included books and journal articles related to the Halifax disaster, women's labour, nursing care, women's history, and nursing history of the period.

**Findings and Conclusions:** The majority of the United States relief nurses came from the Boston Massachusetts area, where many Haligonians and other Maritime Provincial Canadians, including women seeking training as professional nurses, lived and worked. The U.S. nurses saw the people of Halifax not as "the other" but had historical, ethnic, economic, and emotional connections to the eastern Canadian cities residents. The U.S. nurses arrived several days after the disaster, days during which the Canadian nurses worked without rest to generate order amidst the ruins. Undoubtedly, shared racial, ethnic, historical, linguistic, professional and cultural identities enabled the Canadian and U.S. nurses to blend more seamlessly than they might have otherwise.

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### **Filipino Nurse Migrants in Western Canada: an Oral History**

The Philippines is often identified as the largest producer of nurses for export globally and Filipino nurses are joining the Canadian health care workforce at a steady rate contributing to the growing diversity of nursing practitioners. To date, little historical analysis exists of their experiences. This study explores Filipino nurses' biographical oral histories in order to provide insight into their immigrant journey and integration into the Western Canadian health care workforce. The study examines how their individual experiences are intertwined with larger migration patterns, educational trends, and foreign presence in the Philippines. The study focuses in particular on Filipino nurse immigration to British Columbia and Alberta, using oral history interviews with immigrant Filipino nurses in these two provinces and selected nurses still in the Philippines. Through exploration of life and work experiences, the study illustrates larger social trends reflected in individuals' stories, as well as illustrating how larger social pressures were experienced by individuals. The study contributes an important historical understanding of the significant impact Filipino nurse immigration has on the Canadian health care system in the broader context of colonization and nurse migration. Complementary to the impact on the Canadian system, how the educational, economic, and societal context of Filipino nurses in the Philippines shapes this phenomenon will be highlighted. The paper concludes that life history of a relatively small number of Filipino nurses provides important insight in larger migration dynamics and work force tensions in nursing and health care.

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### **Nursing in a Canadian One-industry Resource Town 1933 to 1974**

The purpose of this paper is to examine the continuities, contingencies and fault lines in nursing education and nursing practice over the period of 1933 to 1974 in a northern Ontario resource town. The approach focuses on the oral histories of 42 nurses who worked there during that period, approximately one-half of whom also took their nurse training there.

The years between the 1910s, when some of these women were children, and the 1970s were fraught with cataclysmic global and national events which were reflected in a changing local and family context. Within this milieu, women chose to become nurses and lived out their lives and careers.

Of major importance will be their comments on the following:

- The influence of major world events on their lives;
- Their reasons for entering nursing and for choosing a particular nursing program;
- Their educational program and student life;
- Their job histories, and how marriage and having children influenced their careers;

and

The changes they saw - in the work performed by nurses; in how the work was organized; in the dependence/independence of decision-making; in the relationships with patients, nurses, doctors; and in hours of work, pay, and job satisfaction.

There are obvious limitations to this study. This was a sample of convenience - nurses interviewed were those known by the members of the local history of nursing group or recommended by other interviewees. At the beginning the focus was on interviewing retired, older nurses. In the end there were interviewees who had graduated as nurses in each decade between 1930 and 1970, some of whom were still working but close to retirement.

Within the methodological limitations, the interviews will be analysed for the continuity of nursing practice and education over the 1933-1974 period, and for fault lines - clear breaks in continuity. An attempt will be made to identify contingencies within society and nursing to account for the continuity and the change.

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**Blurring Cultural Boundaries and Transgressing Professional Roles: Vera Roberts and Health Care in the Canadian North.**

The development of health care in the Canadian North over the twentieth century has and continues to be different from policies of health and welfare employed in the Southern provinces. Health care professionals in Northern Canada face different patient conditions and outcomes, community and cultural dynamics, and occupational changes than their southern counterparts, and even within the North itself, divergent conditions have produced widespread regional variations. Histories of medicine examining the experience and practice of medical professionals have neglected these regional disparities, focussing on the more populated areas of Southern Canada. Health professionals (especially nurses) working in the Canadian Arctic and dealing with their own situations have been largely overlooked.

This paper will examine the changing state of health care in the Canadian North and the careers of outpost nurses such as Vera Roberts who worked in many different areas of health care while stationed in the North. These women filled a crucial role and faced many professional and cultural issues working in the early nursing stations of the Canadian Arctic that were unknown to their southern colleagues. Nurses experienced regular problems with communication and transportation, and were constantly forced to function outside of their occupational boundaries. These women also dealt with language barriers and cross-cultural issues, and as a result, often encountered difficulty in delivering services and public health messages that were culturally relevant to people residing in the rural North. Vera Roberts' career is emblematic of the many personal, professional and cultural issues nurses faced while working in the North and provides an invaluable lens to study the wider history of northern nursing.

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### **Mixed Messages: Nursing, Status, and Employment in Victorian Britain**

Historians have long since moved beyond seeing the early development of nursing as a unified story about Florence Nightingale's inspired leadership as founder of professionalized nursing. More recent histories present complex accounts of reforms in nursing in Britain during the nineteenth century that lead to nursing's evolution from menial drudgery to professionalism and proficiency. While differing in their interpretations of the achievements resulting from these early reforms, virtually all accounts agree, either implicitly or explicitly, that this is a story about women's agency in their attempts to professionalize nursing.

What histories of nursing leave out of their narratives is another set of influences that were crucial to the evolution of nursing in nineteenth-century Britain, and that is the public discourse over women's place in the nation's workforce. This paper will explore the varied attitudes towards nursing as an employment suitable for middle-class women in the Victorian period, attitudes that find expression in debates in the press, in employment columns in women's newspapers, and in recruitment notices for training schools. In examining the shifting attitudes towards nursing that emerges in the public discourse, I propose to demonstrate that the perception of nursing in much of the Victorian period was fractured and unstable, not just in the collective mind of the public, but also among nursing practitioners and educators. I will argue that the instability of the idea of the nurse was largely the result of a growing realization that it would be in the public interest to induce middle-class women to work, and that nursing was one area of employment that could be redefined as suitable for respectable women. As a consequence, marked contradictions developed in the social and cultural perceptions of the relation among nursing, status, and employment in the 1870s and 1880s. Nursing is accordingly variously represented as distasteful-work that is "far from agreeable, especially to refined and cultivated women" -and as the jewel in the crown of the Victorian social legacy: "The future historians of the reign of Queen Victoria," a Times leader presciently affirms in 1888, "will be likely to give a prominent place among other social improvements, to the institution and organization of skilled nursing."

**Conference Dinner:  
Southwood Golf and Country Club  
Cash Bar, 6:00 PM; Dinner, 7:00 PM**

**Getting there:**

The Southwood Golf and Country Club is immediately adjacent to the UofM Campus. For those who like to walk, it is a pleasant walk of almost exactly one kilometre, and for those who prefer to ride, please meet in the Helen Glass Atrium at 6:00 PM.





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### **Faculty of Nursing, University of Manitoba**

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### **Associated Medical Services**

We would like to thank Associated Medical Services for their continuing support of the annual Hannah Lecture and their support of graduate student travel.

### **Manitoba Association for the History of Nursing**

This year's conference is being organized by the Manitoba Association for the History of Nursing. The MAHN is an interest group of the College of Registered Nurses of Manitoba, and the MAHN membership comprises Registered Nurses, Registered Psychiatric Nurses, university scholars and interested members of the community. MAHN meets four times per year to hear original papers in the history of Health and Nursing.

To learn more about MAHN and its programs, contact Pat Powell: papowell@shaw.ca

### **Sigma Theta Tau Nursing Honour Society, Psi Lambda Branch**

We would like to acknowledge the support of the Sigma Theta Tau Nursing Honour Society, Psi Lambda Branch for their co-sponsorship of the Hannah Lecture and Friday reception.

### **The College of Registered Nurses of Manitoba**

We would like to thank the College of Registered Nurses of Manitoba for their sponsorship of one of the refreshment breaks.

### **Local Arrangements Committee:**

Allison Cowell, Beverley Hicks, Marion McKay, Pat Powell

### **Program and Peer Review Committee:**

Chris Dooley, Sonya Grypma, Jo-Ann Lapointe-McKenzie, Jaime Lapeyre