

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



## President's Message - Message de la présidente by Sandra Harrisson

The year 2020 will certainly be marked by challenges related to the Covid-19 pandemic. This epidemic, predicted for some time, has disturbed our daily life in many ways. Humanity has had to pause—to lock down, in many cases—to ensure that hospital systems had the capacity and were prepared to treat individuals severely affected by the virus. At the epicentre of this infection are the health care providers, including the nurses.

Nurses always have been at the centre of health crises. The image of our nursing heroines, past and present, is engraved on our collective memories. Since the beginning of the current pandemic, world leaders have praised the courage and devotion of our “guardian angels.” This angelic vision of health workers, however, has been denounced by some of the workers themselves. They feel that such an image is a return to nursing as a “vocation,” and that it implies a need for self-sacrifice, which in turn creates a feeling of guilt among caregivers. Instead, they uphold the professional nature of their duties and their rights to obtain adequate personal protective equipment. They reveal the flaws of the current health care system and the living conditions of elderly hospitalized patients. Some admit to being afraid for their loved ones and themselves, a fear shared by frontline nurses in past epidemics. This international nurses’ year will make history for many reasons: we hope that one of them will be nurses’ emancipation from this inherited vocational status, which continues to undermine the recognition of the nursing profession and women’s work in society today.

Despite this difficult time, the executive committee members continue to work very hard within our association. Kathy Murphy put the final touch to the revised CAHN-ACHN Constitution and Bylaws. They were presented and approved at our AGM in June. Our recruitment campaign, launched in the fall 2019 by Linda Quiney and Helen Vandenberg, helped enlist new members. Unfortunately, the cancellation of our annual conference has slowed recruitment, especially among the student population. However, new members were added over the summer and we have received new applications for membership in the past few days. The communications and website committees are more active than ever thanks to the work of Noreen Bolton, Erin Spinney, and Andrea McKenzie. We are actively preparing our entry on social media in the coming weeks. We have received interesting research proposals for our Margaret M. Allemang student grants competition and Vera Roberts funds. The research and scholarship committee members, Geertje Boshma,

Welcome  
to our  
Pandemic  
Edition

## President's Message continued

Margaret Scaia and Carol Helmstadter, diligently studied the candidates' files and selected our laureates. Congratulations to Erin Donald, Myriam Lévesque, Travis Hay and Emily Kaliel. The CAHN's financial status is doing well thanks to the excellent work of our treasurer, Helen Vandenberg. It is important to highlight the many publications of our active members. Several distinguished themselves at scientific conferences at national and international level through presentations related to the History of Nursing. Nursing historians are solicited for their expertise in the context of the current crisis. The value of their knowledge is put to use, which generates great interest for historical knowledge among the population. Despite the cancellation of the annual CAHN conference, we are already working to organize our joint meeting with the Canadian Society for the History of Medicine. The call for papers was launched a few weeks ago. Constrained by current health measures due to the pandemic, the conference organizers have made the decision to organize this event in virtual form. We therefore look forward to seeing you virtually at this event.

I would like to extend my gratitude to members for their generous donations. Your confidence in our association touches us enormously and encourages us to continue to highlight the importance of nursing history in Canada. I want to thank you for your trust and your interest in the Canadian Association for the History of Nursing.

Finally, I would like to sincerely thank Noreen Bolton for her outstanding work as newsletter committee chair over all these years. We were blessed with her involvement in our association. The fall edition 2020 is her last under her supervision. We wish her the best for her new adventures.

Sincerely,

Sandra Harrisson, President

L'année 2020 a été marquée par les nombreux défis reliés à la pandémie du COVID-19. Cette épidémie, prédite par certains depuis quelques années, aura chaviré notre quotidien à bien des égards. En quelques semaines, l'humanité s'est mise sur pause pour parer aux divers scénarios possibles pour assurer la capacité des systèmes hospitaliers de traiter les individus sévèrement affectés. À l'épicentre de cette infection, on retrouve les soignants, dont les infirmières.

De tout temps, les infirmières ont été au cœur des combats sanitaires. L'image de ces héroïnes est gravée dans nos mémoires collectives. Les dirigeants de différents pays ont salué le courage et la dévotion de ces anges gardiens dès le début de cette épidémie. Ce discours soulignant le travail remarquable de soignants est dénoncé par plusieurs d'entre elles, car la représentation du héros sous-entend le statut de vocation, du don de soi en créant un sentiment de culpabilité auprès de ces aidants. Celles-ci revendiquent plutôt le caractère professionnel de leurs tâches et leurs droits à de l'équipement de protection personnelle adéquate. Elles révèlent les manquements du système de soins actuel et les conditions de vie des patients âgés hospitalisés. Certaines avouent avoir peur pour leurs proches et elle-même. Un cri du cœur qui est partagé par les infirmières à travers les différentes époques qui étaient aux premières lignes lors des épidémies antérieures. Cette année internationale des infirmières passera à l'histoire pour bien des raisons, en espérant que l'une d'elles sera l'émancipation de la profession du statut de vocation hérité d'autres temps qui brime encore la reconnaissance du travail des femmes dans la société d'aujourd'hui.

## President's Message continued

Malgré ce temps difficile, les membres du comité exécutif continuent de travailler très fort auprès de notre association. Kathy Murphy a révisé notre constitution et Bylaws. Ils ont été présentés et approuvés lors de notre Assemblée générale en juin dernier. Notre campagne de recrutement, lancée à l'automne 2019 par Linda Quiney et Helen Vandenberg, a permis d'enrôler de nouveaux membres. Malheureusement, l'annulation de notre congrès annuel a ralenti le recrutement, surtout auprès de la population étudiante. Malgré tout, de nouveaux membres se sont ajoutés au cours de l'été et nous avons reçu de nouvelles demandes d'adhésion dans les derniers jours. Les comités des communications et du site web sont plus actifs que jamais grâce au travail d'Andrea Mackenzie, de Noreen Bolton et d'Erin Spinney. Nous préparons notre entrée sur les réseaux sociaux dans les prochaines semaines. Nous avons reçu de belles propositions de recherche dans le cadre de nos concours de bourses étudiantes Margaret M. Allemang et du fonds Vera Roberts. Les responsables du comité de recherche et bourse, Geertje Boshma, Margaret Scaia et Carol Helmstadter ont étudié assidument les dossiers des candidats et ont sélectionné nos lauréats. Toutes mes félicitations à Erin Donald, Myriam Lévesque, Travis Hay et Emily Kaliel. L'état financier de l'ACHN se porte bien grâce à l'excellent travail de notre trésorière, Helen Vandenberg. Il importe de souligner les nombreuses publications de nos membres actifs. Plusieurs se sont également démarqués au cours de conférences scientifiques au niveau national et international lors des présentations de leurs résultats de recherche en lien avec l'histoire du nursing. Les historiens du nursing ont été sollicités pour leur expertise dans le cadre de la crise actuelle. La valeur de leur connaissance est mise à profit ce qui engendre un engouement des savoirs historiques auprès de la population. Malgré l'annulation du congrès annuel de l'ACHN de cette année, nous sommes déjà à pied d'œuvre pour organiser notre rencontre conjointe de l'an prochain avec la Société canadienne de l'histoire de la médecine. L'appel de communications a été lancé il y a quelques semaines. Contraintes aux mesures sanitaires actuelles dues à la pandémie, les organisateurs du congrès ont pris la sage décision d'organiser cet événement sous forme virtuel. Nous avons donc très hâte de vous retrouver virtuellement lors de cet événement.

J'aimerais exprimer ma gratitude envers nos membres pour leurs généreuses donations. Votre confiance à notre égard nous touche énormément et nous encourage à continuer de mettre de l'avant l'importance de l'histoire du nursing au Canada. Je tiens à vous remercier de l'intérêt que vous portez à l'Association canadienne pour l'histoire du nursing.

Pour terminer, je tiens à remercier sincèrement Noreen Bolton pour son travail exceptionnel en tant que responsable du *Newsletter* durant toutes ces années. Nous avons été choyés par son implication au sein de notre association. L'édition de l'automne 2020 sera la dernière sous sa responsabilité. Nous lui souhaitons beaucoup de bonheur dans ses nouveaux projets.

Sandra Harrisson, présidente

March 11, 2020 - The World Health Organization proclaims the  
Novel Corona SARS II - CoV 19 as an official pandemic

## A War on Two Fronts

### Andrea McKenzie

On November 11th, 1918, on the day the Armistice to end the First World War was signed, Canadian Nursing Sister Annie MacDougall and her colleagues at No. 1 Casualty Clearing Station near Arras worked frantically to save the lives of 1,400 soldiers, some wounded in the last days of the fighting, many others struck down by influenza. The clearing station had only 300 beds, so stretchers clogged the hallways and every available room and space. Though peace had arrived and the guns were silent, nurses at Canadian hospitals and clearing stations throughout France had little or no time to celebrate: their battle to save lives continued. As the author of No. 1 CCS's war diary commented, "The war was not over as far as we were concerned."

Throughout October, news of victory mingled with alarm at the epidemic of influenza that was spreading so rapidly. "Isn't the war news splendid?" wrote NS Mildred Forbes from her small forestry hospital near Bordeaux. But she also wrote of "a fearful epidemic of influenza.... The cases have been terrible & the deaths appalling." Even the Senior Medical Officer had been taken ill, and Forbes had sent for a fourth sister to help cope. Her experience was echoed in hospitals and clearing stations throughout Europe. In England, Clare Gass called it "this awful plague," and added the next day, "Such sick sick men. Many of them will die." Gertrude Gilbert, with No. 4 Ambulance Train in France, echoed Gass's thoughts about a trainload of men on October 28th. "Horrible trip down," she wrote. "The Patients were so sick." She was relieved to arrive at Rouen at 3 a.m. the next day "with all our load still alive."

Back home in Canada, the same dichotomy appeared in the pages of *The Canadian Nurse*, the journal of the Canadian Nurses' Association. In November 1918, the editorial was divided between rejoicing at the "glorious news of the war" and this statement about the epidemic raging throughout Canada:

"It seems like the irony of fate that now, when nurses are most needed of any time in our history, our numbers are so lessened by the call overseas of so many graduates. Emergency hospitals have had to be installed in so many cities, with but the scantest supply of trained nurses. It has been appalling to see the suffering and deaths caused by the lack of both medical and nursing services. Our profession has responded as we should expect them to, and toll has been taken out of our ranks; many, both graduates and pupils, trained helpers and those volunteering for service though without experience, have 'gone West' while doing their duty."

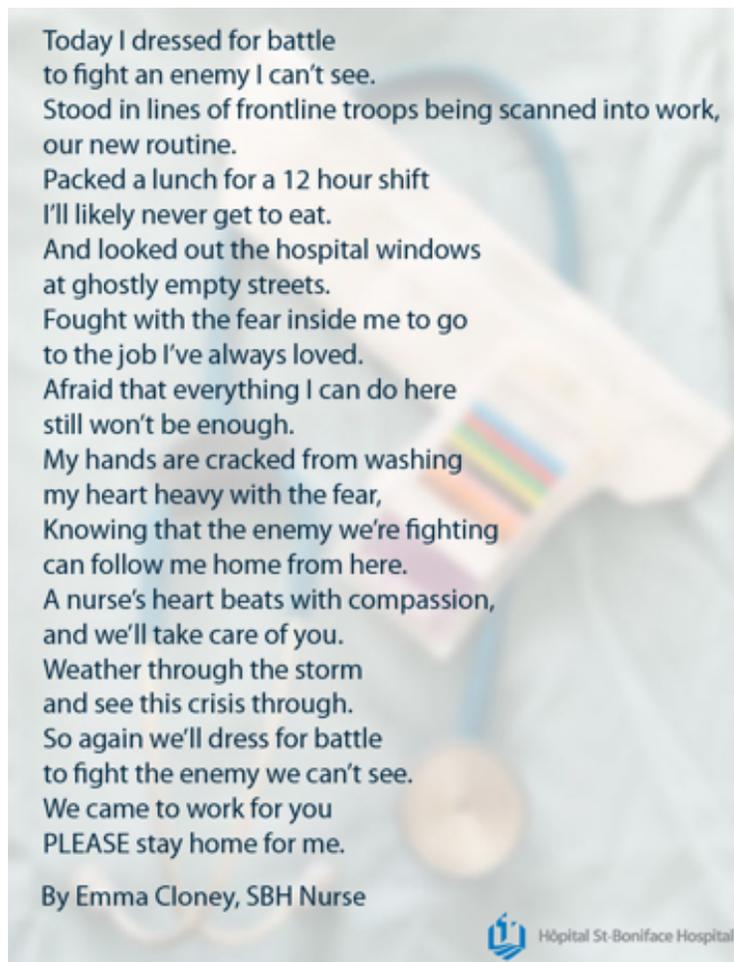
The worst wave of the epidemic began in September and raged throughout October and November, carried throughout Europe and Canada by troop movements. As in today's COVID-19 pandemic, schools and churches were closed, public gatherings banned, and isolation attempted – except for celebrations of the Armistice throughout Canada, which probably caused more cases. By December 1918, the worst wave was over, though another, briefer one would occur in January 1919.

No accurate global statistics were kept about the numbers of people who fell ill or the number who died. However, when the epidemic was "at its height," influenza was the cause of 49 per cent of all overseas military hospital admissions, and the flu caused 51% of the deaths in hospitals (Andrew MacPhail, p. 323). An estimated 50,000 Canadians died in the epidemic, though records of First Nations and Inuit communities decimated or wiped out by the illness don't seem to have been kept. World-wide, the number of deaths was estimated at between 20 and 40 million, more people than had been killed during the entire First World War. According to a report from America published in *The Canadian Nurse* in January 1919, though no firm statistics could be reported, the majority of

deaths occurred in healthy young adults between 20 and 40 years of age. No vaccine was available then, either, but the measures recommended were surprisingly similar to those touted for COVID-19 today.

Entire families were laid low, and the Victorian Order of Nurses, which did not normally nurse contagious cases, instructed its nurses “to assist in every way with the care of the affected people.” Emergency hospitals were set up throughout Canada, but the scarcity of nurses was telling. In one emergency hospital in Vancouver, 400 patients were cared for by three daily shifts of eight nurses each, with fewer on at night. Some of those nurses had not yet completed their training, while other trained nurses who had had to resign on marriage returned to join the fight. The trained nurses were supplemented by “a great many volunteers, who knew nothing of nursing, but who were willingness itself” (*Canadian Nurse* editorial, Dec. 1918). Many caught the illness themselves, and a number succumbed. The December issue of *Canadian Nurse* lists 29 nurses who died of influenza, with other nurses mourned throughout its sections. Those in the army were given military funerals; those who were civilians were grieved by their families and colleagues.

Countless nurses throughout Canada and overseas fought in this epidemic of influenza, saved lives, and sometimes lost their own, yet their story is still largely untold in its history. Let us ensure that the names and the work of the nurses, the women and men who fight COVID-19 for us today, are remembered.



### **Dressed for Battle - COVID 19 front line Nurse Emma Cloney**

## Spanish Flu Epidemic 1918-1919

**Clara Beatrice Uren: Matron of Emergency Hospital, Ladysmith, Vancouver Island**  
**Irene Goldstone**

We are in the midst of a pandemic that recalls the influenza of 1918-1919. While researching the history of the school of nursing, Ladysmith General Hospital, I was able to reconstruct

Ladysmith's experience with influenza and the role of one nurse: Clara Beatrice Uren. The primary source for the research was the local newspaper, the *Ladysmith Chronicle*.

Constrained by current restrictions, this was augmented by my library, personal communications with local citizen historians, and the internet.

Nanaimo, Ladysmith, Chemainus, and Duncan are neighbouring resource-based communities on the southeast coast of Vancouver Island. These small communities were established during the last half of the 19th century on the traditional territory of the Stz'uminus (Chemainus), a band of the Coast Salish Peoples.

With industrialization and growth, Ladysmith incorporated in 1904. By 1910, the infrastructure included water, sewage, electricity and telephone systems, public schools, and churches. The population of Ladysmith reached 5,000 by 1913. Mining was a dangerous enterprise, and chronic respiratory disease and infant and maternal mortality rates were especially high amongst miners and their families. However, death and resilience were thematic in the life of Ladysmith residents. The influenza pandemic was superimposed on an environment that had included major disasters. Among these were memories of smallpox epidemics, which were especially devastating to the First Nations of BC, of typhoid, of injuries and death related to mining (during the 32 years the local mines operated, 104 men were killed), and of losses associated with World War 1. All these occurred in the absence of social safety networks. In response to a smallpox epidemic in 1908 the city council opened a temporary isolation hospital staffed by two nurses. In October 1909, a major mining accident killed 32 men of whom 30 were from Ladysmith. The hospital board then raised funds for the capital costs of the Ladysmith General Hospital. It opened in July 1911 with a capacity of 10-17 beds. The first matron, Grace Woodward, with staff that included an assistant matron, a cook and a maid, opened a school of nursing with three probationers.

### **Clara Beatrice Uren**

Clara Beatrice Uren was born in 1880 in North Wellington, BC, a coal mining community north of Nanaimo; she was one of three children. Her father (Absolam) was a miner from Cornwall, England, her mother (Annie), Norwegian. The family was relocated to Ladysmith in 1900 from North Wellington; while her father continued mining, her parents prospered. Annie ran a boarding house for five miners with a staff of two Chinese cooks. Her father subsequently owned the Temperance Hotel in Ladysmith and her sister Fannie, owned a millinery shop.

Clara Beatrice Uren graduated in 1907 from the training school for nurses of the Chemainus General Hospital that was established in 1900. A classmate's diploma states: "completed a two and half year course ... and is a qualified nurse for Medical and Surgical cases." The Chemainus hospital was built in 1900 in response to a typhoid epidemic. Clara Beatrice was one of the earliest graduates of this school; her graduation pin is held in a private collection. Nothing is known of her nursing career until January 1917 when she was appointed matron of the Ladysmith General Hospital. The *Chronicle* congratulated the board of the hospital on securing the services of a nurse so well qualified for the position. Clara retired from her position at Ladysmith 1918 and served as relief matron at Hazelton Hospital in Northern B.C.



**Miss Clara Beatrice Uren**

### **Influenza Reaches Vancouver Island – Ladysmith Responds**

The first mention of influenza, describing an outbreak in Victoriaville, Quebec, appeared in the *Chronicle* September 24, 1918. By October 8, with 100 cases reported in Victoria, that city's Health Officer, Dr AG Price banned all public and community gatherings followed by the closure of schools, churches, libraries, theatres, colleges, and dance halls. Dr JD MacLean, BC minister of health and education, used the Public Health Act (an outcome of the smallpox epidemic of 1892) to empower a city's medical health officer orders be enforced by police if necessary. By October 12 the *Chronicle* reported an increase in cases in Victoria and several cases in Duncan.

On October 18, operating under the Public Health Act, Ladysmith's Mayor EG Pannell ordered all churches, schools, and social clubs closed and all public and private meetings prohibited; residents were requested to shop early so that clerks could go home early. He reported to the city council that he had consulted with the local medical health officer and chair of the board of health, Dr AC Frost, and had taken a series of actions: because the Temperance Hotel was the most suitable place to "keep patients," it had been rented for \$150/month; Miss Uren would arrive shortly and take charge; plumbing fixtures were being installed in the building. He noted that a few citizens had already volunteered their services and would work under the direction of the trained nurse.

Red Cross home nursing and nutrition courses had been offered throughout the war years; these participants were especially skilled and essential volunteers. At the peak of the epidemic, 14 beds were occupied.

In the October 19th, and subsequent issues of the *Chronicle*, the following notice from council appeared:

### ***Influenza – Keep Well, Avoid Grippe***

*If you sneeze, cough and have sudden chills, severe headache, pain the back, general tired feeling, sore throat, fevered (100-104), with runny nose and watery eyes – See your doctor at once - This disease is serious - be on the watch- help keep it down, keep away from crowds - keep bowels open - keep clean - avoid common drinking cup - don't cough, sneeze or spit without using your handkerchief.*

The colliers remained open with miners wearing masks. The presence of World War 1 continued; the RMS *Leinster* had been torpedoed in the Irish Sea and October 26 the *Chronicle* confirmed the death of Nursing Sister Henrietta Millett, formerly head nurse at Nanaimo Hospital. As reported October 29, the CPR coastal steamer SS *Princess Sophia* went down in a blinding snowstorm near Juneau, Alaska; all 364 passengers and crew died, many of whom were known to Ladysmith's residents. It remains the worst maritime disaster on the North Pacific coast.

Full of optimism, the *Chronicle* opined on October 29, that the community would be clear of the disease in 10 days. However, although the isolation hospital was reported to be managing, by November 2, Miss Uren was "fitting out more rooms" and she requested the assistance of more volunteer nurses; there was a shortage of food for patients. The conservation of food for export for the troops and civilians in Europe had been paramount; during the pandemic the women of Ladysmith were asked to provide gruel, broth, and custards. The *Chronicle* conceded that the reported cases did not include those from the nearby First Nations' community where mortality rates "threatened to surpass the earlier ravages of smallpox." The *Chronicle* makes no further reference to the impact of the influenza on local First Nations. Nor does the *Chronicle* make mention of the impact on Chinese miners or the Japanese community. Given the practices of the time, it is unlikely that First Nations, Chinese, or Japanese were admitted to the Emergency Hospital. In northern BC, however, missionary hospitals played a critical role in caring for First Nations. Towns such as Kelowna dedicated specific public buildings for care of Asians.

Despite prohibition of all public meetings, when the War ended on November 11, 1918 the mayor ordered businesses closed that day and at 1:30 pm, for those well enough, a parade was held. The nursing staff were described as "fearfully overtaxed" and, to make matters worse, Miss Uren and one of her staff nurses had been "laid up" with bad colds.

By December 21 the crisis was easing; Miss Ewing, a nurse at the Emergency Hospital, was granted leave to travel to Vancouver for Christmas. After debate within the city council and the Board of Health, it was decided to pay the nurses \$35/week rather than the \$25/week originally proposed. There was no discussion about remuneration to volunteers, who were necessary because of the shortage of nurses. February 8, 1919 with the six remaining patients discharged, the Emergency Hospital closed after 3 months of operation.



**Miss Uren's Graduation  
pin**

The business aspect of the pandemic dragged on, and in April the city council reported receiving \$4,500 from the Provincial Board of Health for the costs of running the Emergency Hospital. The blankets, sheets, and other equipment were to remain the property of the government. Strenuous efforts were made to collect accounts due for care of patients at the Emergency Hospital. Fannie Uren, representing her father, made claims to the council for repairs to the Temperance Hotel. Two nurses submitted invoices. The nurses were described “as rendering good and faithful service to the public... the kindness and attention of the nurses cannot be too highly praised.” The three nurses and the staff of the hospital as well as local volunteers were presented with commemorative brooches or lockets; these were made by Henry Birks and Sons (a total cost of \$225.03).

The exact number of deaths due to influenza in Ladysmith is not known. One volunteer, a teacher who had responded to the call for volunteers at the Emergency Hospital, died. Overall, the mortality rate in BC was 6.2 per 1,000 non-native people compared with 46 per 1,000 for First Nations. In Canada, an estimated 50,000-55,000 died due to influenza. In comparison, Canada lost 60,000 troops and an estimated 76 Nursing Sisters. Ladysmith lost 41 men in WW1, and countless wounded.

### **Afterwards**

On January 17, 1919, Clara Beatrice Uren was appointed matron at the Hazelton Hospital. Late that autumn Fannie was called to Hazelton when Beatrice became seriously ill; by early December, she had improved. She served as matron, having “rendered most excellent service” until October 1920 when she returned to Ladysmith to care for her father. She married Patrick Bernard Regan, a rancher in 1921. They lived in Telwa, northern BC, until moving to Ladysmith in 1925. They had one daughter, Margaret. Patrick died in 1938 and Clara Beatrice in 1956. At the time of her death, at 75 years, she was living with Fannie; from her death certificate we learn that she last worked as a housewife and nurse until 4 days before death.

### **Acknowledgements**

I am grateful for the assistance of Archivist Christine Meutzner and Volunteers of the Ladysmith and District Historical Society, especially Esther and John Sharp and Bridget Watson. Geoff Mynett, author of the recently published *Service on the Skeena: Horace Wrinch, frontier physician*, assisted with biographical details of Clara Beatrice Uren and supplied the photograph from his personal collection. John Sharp facilitated access to digitized editions of the *Ladysmith Standard* and the *Ladysmith Chronicle*. Grateful thanks are due to Bob Nitychoruk for permission to publish his image of Clara Beatrice Uren’s graduation pin from his personal collection. I am indebted to the editorial assistance of Glennis Zilm, with whom I am working on a *History of BC Hospital Schools of Nursing*.

### **Author Note**

Irene Goldstone is a graduate of the Training School for Nurses, Royal Victoria Hospital, Montreal (RN, 1966), McGill University (BN, 1972), and the University of British Columbia (MSc, 1981). She is a founding member of both BCHNS and CAHN. She can be reached at [Irene.goldstone@gmail.com](mailto:Irene.goldstone@gmail.com).

## Polio in the 1950s: Gloria Stephens Interviews Mabel Purdy

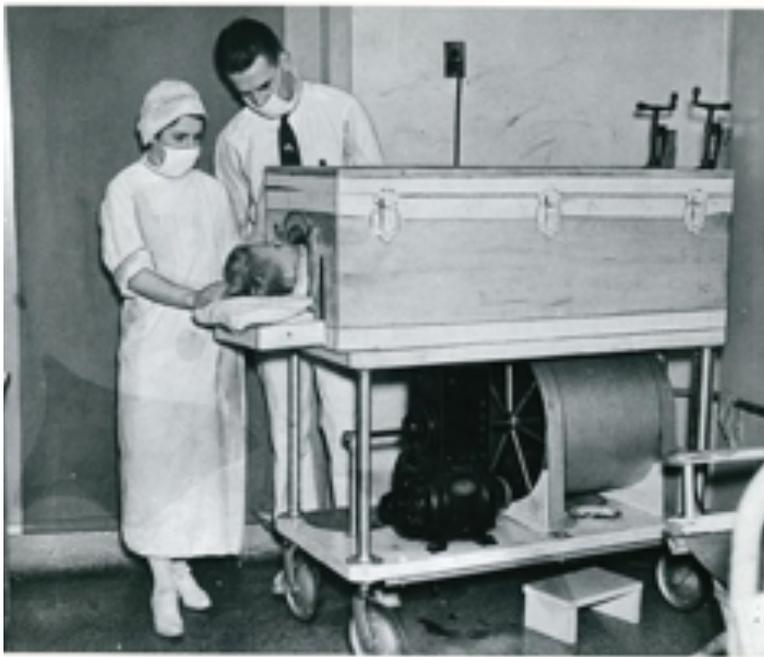
### Gloria Stephens

*Gloria Stephens worked at the polio clinic next to the Victoria General Hospital in Halifax, Nova Scotia in the early 1950s, when she was a student nurse. She graduated from the VGH in 1953, and worked in nursing for 46 years. A recipient of many awards, founder of the Nursing History Nova Scotia Society, and President of that organization when it hosted our 2018 conference, she was kind enough to grant us permission to print an interview she did with nurse Mabel Purdy. Mabel Purdy graduated from Brandon General Hospital School of Nursing in 1939, then moved to and obtained registration in Truro, Nova Scotia. She worked at the first polio clinic in Nova Scotia, in Dartmouth, from 1942 to 1945.*

*Poliomyelitis travelled Canada in waves from the 1920s till the 1950s, with especially bad epidemics in 1937 and 1953. In the latter year, over 9,000 people were infected, with 500 people dying from it.*

#### **Mabel Purdy's story, from Gloria's interview with her:**

"My work included assisting in the care of 14 patients, all in the 'Iron Lung. The Iron Lungs were all in one large room where the swishing and sucking sound never stopped. These 14 patients depended on these machines for breathing. The machines attached to the patient were vacuum processed, acting as bellows. The power for the machine was electricity.



**Wooden lung used at Toronto Hospital for Sick Children 1937**



**Gloria Stephens as a student nurse**

The 'iron lungs' at the clinic were wooden box-type with two portholes on each side to enable minimal patient care. The head of the box opened where a tray-like apparatus could be pulled out of the box. The patient was placed on this tray, pushed inside, while their head remained on the outside of the box.

When the patient was on this 'tray' and required breathing assistance, the tray was pushed into the box and the head of the box was closed tightly. It was not unusual when bathing, feeding, dressing etc, that the patient would have to be put in and out of the lung five or six times in order to complete the patient's care because they had difficulty breathing. Working with these 'iron lung' patients all day gave a feeling of working with coffins-like activity.

## Polio in the 1950s continued

The wooden iron lung was used during WWI. They were vital to maintain life with polio patients. A mechanic was on duty 24/7 in case we had a power failure and a temporary hookup would be arranged. This would be a 'life and death situation.' The staff had to be always on the watch for patients who may suddenly develop in breathing and often an emergency tracheotomy had to be performed immediately. My experience in the clinic included such a procedure when a female patient required an immediate 'trach' and my job was to quickly get the 'Track Tray' and assist the doctor – time was the essence of importance, and decisions and actions had to be made instantly.



**Greta Peppard**

This patient was Greta Peppard of Truro. She was quickly removed from the Iron Lung on the 'slab/tray' so her head and neck was exposed for the procedure. As soon as the tracheotomy tube was inserted into her trachea and she was returned to the iron lung she was breathing again." [Greta, her family, and the nurse remained friends for life.]

*Interlude: The Patient Speaks.* Greta Peppard, the patient given a tracheotomy in Mabel Purdy's story, was rushed to the polio clinic in 1951. Long afterwards, she wrote, "My condition was diagnosed as acute poliomyelitis, leaving me with paralysis in the whole upper body. My husband gave permission for me to be put on a life support system called the iron lung. Within a few hours I had come from an active, healthy 26-year-old mother of Herbie age 4 and Lark age 11-1/2 [months] to complete dependence."

*Interview with Mabel Purdy, continued:*

"There were also responsibilities for patients in another section who were all ages, male and female in the same room. We had rolling screens to put around patients for privacy but because of the cramped space, this was difficult to use at times, but we did our best to honour the patient's privacy. The patients were so very ill that our ultimate concern was for their physical care. Eventually space was secured for separate wards for females, males and children.

Patients not in the Iron Lung were cared for, treated and exercised by the sister Kenny Hot Packs method. There were washing machines with a ringer at the top. These machines were filled with scalding hot water and the flannel packs, about 1 ft. + 2 ft., were placed in the water to be prepared for the treatments. It was very difficult and dangerous to the workers to move these washers across the floor to where the packs were needed. Today it would not be permitted; a safety issue. There were long tongs about 2 ft. long which were used to remove the packs from the washing machine and then put through the wringer. The packs were tested on ourselves as many patients were not sensitive to heat or cold. The packs were then placed on the patient's affected area, followed by a protective cover and a towel to keep the heat in longer. These packs were applied 3-4 times a day followed by exercises.

Many of these patients were children and so afraid and lonely for family. The children were in cribs and older patients in hospital beds. The children and older patients were often very emotional

## Polio in the 1950s continued

because of the family separation as many spent weeks if not months in the clinic. This caused a very close relationship between staff and patient and also involved the family. When they were in the infectious stage, visitors were not allowed and this added to their frustration. Family members could bring in special items and we would place them so that the patient could view the items. There was a mirror overhead on each lung machine so patients could view the room.

Besides looking after the patient's physical needs other special care was made available such as hairdos, nail care, teeth and mouth care. Of course a major issue was back-care to prevent bed sores as they had to remain on their back while in the iron lung.

Of course Dr. Jonas Salk's discovery of the polio vaccine in 1955 has now presented a much different picture regarding polio throughout the world."



**Mabel Purdy**

Gloria Stephens will be presenting a talk on her new book *Remembering Nurses Who Served: WW1, WW2, Korea and Vietnam*. Eastlink, on November 17, 2020 at Government House. Also, watch for her up coming article in the *Canadian Nurse*.

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## Amy Wilson - When Days Are Long: Nurse in the North"

### Introduction to Laurel Deedrick-Mayne and Amy Wilson

Laurel Deedrick-Mayne was selected as the recipient of the CAHN – ACHN Vera Roberts Endowment fund, which would have enabled her to present on the biographical history of her aunt, Amy Wilson. Amy Wilson's book "*When Days Are Long: Nurse in the North*" [2019].was originally published in 1965, and through the efforts of Laurel has been re-published by Caitlin press in 2019,

In her presentation at the CAHN-ACHN conference, Laurel planned to discuss aspects of her aunt's nursing career as a public health nurse in Northern Alberta and the Yukon during the 1950s and 1960s. Laurel's talk was to draw on the book and her collection of Amy Wilson's correspondence with family and the Department of Indian Affairs. The book is a timely historical account. that shines light on Amy Wilson's public health nursing work in the context of epidemics and her work with Indigenous communities in providing health services and the issues it presented, an account that is both historically and currently relevant.

### Laurel on Amy Wilson:

In the wake of the Coronavirus Pandemic, the most significant public health crisis of our time, the CAHN-ACHN conference has been postponed due to the current pandemic. . Until we are able to meet, I want to share a little of my Aunt Amy's story with you. These opening lines from a chapter of Amy's book highlight the role of the northern nurse and the persistent and recurrent nature of some epidemics - such as diphtheria - in some parts of Canadian society. Amy wrote:

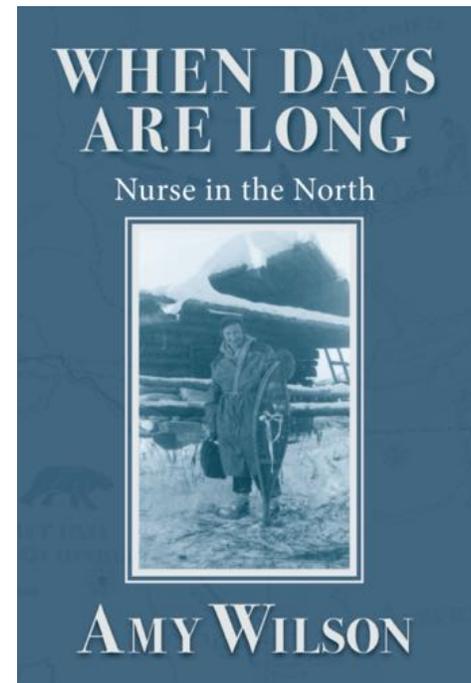
On December 15 in the bleak winter of 1949, a lone emaciated Indian stumbled into the little shack of a ham radio operator at Hudson Hope, British Columbia. He looked like a ghost – mumbling and swaying. When he pulled a piece of frost-covered blanket from his face, the operator caught the words “bad sickness” and went closer to catch the words from the exhausted man's lips. It was unbelievable!

This man had made his way from the Halfway River, snowshoeing sixty miles over an unbroken trail to get help for his people. Four were already dead. They had choked to death. The rest were too ill and weak to leave the camp to hunt. All food supplies were gone, and the band members believed that they would soon be wiped out. They had never seen a sickness like this before. There was no mistaking the urgency of the message, and at its conclusion, the man collapsed on the floor. [An] emergency message [was] relayed to me at Whitehorse, Yukon Territory, nine hundred miles away.

As the Indian Health nurse, it was my responsibility to get to that Indian camp as soon as possible, so I boarded the midnight plane for Fort St. John. No sleep came to me on that night long ride.”

How prescient that the WHO declared 2020 “Year of the Nurse!” Every year in the history of nursing is noteworthy, from the herculean efforts undertaken in times of crisis to the intimate demonstrations of skill and compassion in the most remote and isolated environs. We are called upon daily to adapt to shifting circumstances around the COVID19 Pandemic in all aspects of our professional and personal lives. This was true for Amy as well. When temperatures dropped too low for vehicles to operate, Amy went by horseback, dog team or snowshoe for miles to reach diphtheria-stricken people with precious anti-toxin pinned inside her sweater. She was the sole public health nurse for 3000 Indigenous people; her district - 200,000 square miles. This is why I wanted to re-release her book. Amy was and is a ‘nurse to know’ as she spent her career trying to draw attention to the plight of Indigenous people and was continually ignored. Many of the conditions she encountered 60 years ago still exist today. Ms. Wilson believed in the value of all persons; the wisdom of traditional ways and of original medicine; the necessity of working together with mutual respect; and that Indigenous nurses were key to the future.

All of those who study, research, and work in public health are bastions of adaptability, resilience and goodness. I applaud you and look forward to a future CAHN Conference.





### **Amy Wilson providing anti-toxin to community members**

Proceeds from the sale of “Amy Wilson - *When Days Are Long: Nurse in the North*” will go to support the Canadian Indigenous Nurses Association (CINA), Jean Goodwill Scholarship Fund. The aim of this scholarship is to encourage nurses of Indigenous ancestry to obtain the specialized knowledge they require in areas of community health nursing, outpost nursing, midwifery etc.

Order the book:

- From Caitlin Press: <https://caitlin-press.com/our-books/when-days-are-long/>
- Amazon: [https://www.amazon.ca/When-Days-Are-Long-Nurse/dp/1773860089/ref=sr\\_1\\_1](https://www.amazon.ca/When-Days-Are-Long-Nurse/dp/1773860089/ref=sr_1_1)
- Indigo: <https://www.chapters.indigo.ca/en-ca/books/when-days-are-long-nurse/9781773860084-item.html>

CINA Jean Goodwill Scholarship: <https://indigenousnurses.ca>

## **DIPHTHERIA**

Also known as “the strangler of children” Diphtheria has been documented since the 1600’s. Diphtheria bacteria produces a deadly toxin that causes a thick membrane to develop in the throat making it increasingly difficult to breathe. The toxin also affects other vital bodily systems, including the heart. Pre-vaccine, the death rate in children was 5-10%, and up to 20% in adults.

In the early 20th Century an anti-toxin was developed at the Pasture Institute in Paris, and further refined into a vaccine at the University of Toronto in 1924, in what would become the Connaught Laboratories. After several controlled studies that proved its efficacy, Diphtheria Toxoid was widely administered in Canada by the early 1930s. Diphtheria toxoid continues to be administered today to both children and adults.

## 2020 Photovoice Contest Results/ Resultats du concours photovoix 2020

The CAHN-ACHN congratulates the winners of the photovoice / photovoix contest, organized by the CAHN-ACHN, which was held in spite of the 2020 conference postponement. Winners in each of the two categories received \$200.

**Univers carcéral: dilemmes et obstacles dans la relation infirmier/ère-patient entourant la prise en charge des détenus.**

Quanshun Zhang et Widenie Gourdet  
Baccalauréat en science infirmière, Université d'Ottawa, Ottawa 2020

Tromsø Regional Clinical TB Hospital



Source: James Naclway (2009) James Naclway's photographs of Tuberculosis Cells in Siberian prison colonies Consulté le 13 mars 2020, sur le site web <https://personphotography.org/2009/05/13/james-naclway-tuberculosis-in-siberian-prison-colonies/>



La photo ci-contre montre une infirmière en train de prodiguer des soins à un patient en milieu carcéral. Ce dernier, derrière les barreaux de sa cellule, ouvre la bouche pour montrer qu'il a bien avalé sa médication. Cette photo évoque la difficile coexistence entre les soins infirmiers et le milieu carcéral. Prodiger des soins dans un milieu à caractère punitif va à l'encontre de la relation d'aide qui est l'essence de la profession infirmière. Cette situation soulève aussi parallèlement des dilemmes et conflits éthiques. Les barreaux de métal représentent une barrière institutionnelle et professionnelle qui affecte la relation soignant-soigné. Plusieurs facteurs influencent cette relation. L'un d'eux est la sécurité, préoccupation prépondérante en milieu carcéral. La présence d'une séparation marquée entre le « dedans » et le « dehors » et les relations de pouvoir complexes jouent un rôle considérable dans la relation d'aide. Ainsi les modalités correctionnelles ne concordent pas avec les rôles et valeurs de la profession infirmière et créent des tensions qui affectent les soins prodigués et la relation avec le patient.



**Widenie Gourdet and Zhang Quanshun collaborated to win the undergraduate award for their work on the paradox of nursing care in prisons, a theme that reflected that of the conference, “Caring and Conflict.” Congratulations, Widenie and Zhang!**



**Evy Aude Nazon and Sandra Harrisson in Florence**

## Photovoice - Photovoice

### *Departure: Filipina Nurses Marching at Graduation, 1959*

Ren Capucão  
CAHN Annual Conference  
June 10-12, 2020, Ottawa



Source: Private collection of Araceli Marcial

This image depicts the 1959 Chinese General Hospital School of Nursing graduation in Manila, Philippines. Conflicted expressions of pensiveness and jubilation across these newly minted nurses' faces reflect the prospect of departure from the islands for work in foreign lands. The chains of US colonization have linked dreams of overseas migration to the cultural history of the so-called American dream. At the nascence of the 20<sup>th</sup> century, the importation of the American model of nursing under the guise of benevolence, taught Filipina women the tenets of professional nursing and American culture. By the 1920's, the Philippines had more nurses than it could employ. Then, the aftermath of the Second World War left the Philippines in economic devastation, exacerbating the already scarce employment opportunities in nursing. Yet while the Philippines had a surplus of nurses, the US faced a critical shortage. Inadvertently, the Philippines' colonial ties to its former imperial power primed Filipina nurses for work at US hospitals. During the mid-century, US policies supported the mass migration of Filipina nurses through the Exchange Visitor and H-1 visa programs. Push and pull migration factors often made departure the pragmatic choice and aggressively nudged Filipina nurses toward the US and other high-income countries.



**Reynaldo Capucão Jr took the prize for the graduate award with a stunning image of Filipina nurses marching at graduation in 1959. Their conflicting expressions and the straight lines of nurses versus the circling crowd of families and friends beautifully expresses the conflicts of the time and the nurses' leave taking—of their school and of the islands. Congratulations, Reynaldo!**

**CAHN/ACHN 2021 Annual Conference is going virtual.**

**June 1-2, 2021**

**Call for Abstracts is on page 20.**

**Deadline is December 10, 2020**

## Nursing History and Experience Blogs

Blogs can be enjoyable and thought-provoking to read and to write. It takes only a few minutes to read most of the posts (much longer to write them, of course), but the research, evidence, or thoughts expressed can stay with us for much longer. Many of the ones given here are written about nursing history, and some combine that with current issues.

CNA doesn't appear to have its own blog, but Ann Silverside's article in *Canadian Nurse* reviews a number of nursing blogs, many about nurses' personal experiences. She interviewed several bloggers, and the results are most interesting. You can find her article at: <https://www.canadian-nurse.com/en/articles/issues/2012/january-2012/blogging-the-nursing-life>

*UBC's Consortium for Nursing History Inquiry at the School of Nursing* does have a blog, though posts don't appear frequently. Their blog is here:

<http://blogs.ubc.ca/nursinghistory/>

And a fascinating current post about some of the special collections that involve nurses, such as letters, can be found here:

<https://rbsc.library.ubc.ca/2020/05/13/celebrating-nurses-and-health-care-professionals-at-rbsc/>

The *American Journal of Nursing* maintains a regular blog, "Off the Charts," that engages with current issues and some historical ones:

<https://ajnoffthecharts.com/>

The *Royal College of Nursing* (UK) runs a blog (called, simply and efficiently, "Blog") focused on nursing history, with some posts dedicated to specific nurses, and others that examine issues such as oral interviews. It looks rich and interesting:

<https://www.rcn.org.uk/get-involved/forums/history-of-nursing-forum/blog>

The *Barbara Bates Centre for the Study of the History of Nursing* (UPenn, US) runs a blog called "Echoes & Evidence." Its current post,

"1918 Redux," combines the history of the 1918 flu pandemic with thoughts about supportive care during today's pandemic. A previous post examines war nurse Ellen LaMotte's later crusade against opium. You can find this blog at:

<https://historian.nursing.upenn.edu/>

Finally, *Evidence Based Nursing* (BMJ, UK), maintains a blog that explores current issues, plus some history:

<https://blogs.bmj.com/ebn/2020/05/20/from-student-to-newly-qualified-nurse-nqn-during-covid-19-a-transition-unlike-any-other/>

If you have nursing history or experience blogs that you enjoy or find helpful, please let us know at [acmckenzen@yorku.ca](mailto:acmckenzen@yorku.ca). We'll publish a list in future newsletters.

## CAHN-ACHN and CSHM Conferences Postponed

Unfortunately, most 2020 annual conferences, including the Congrès ACHN-CAHN Conference 2020, the CSHM conference, and the 100th Anniversary of the Victoria General Hospital School of Nursing Alumni in Halifax have all been postponed due to COVID-19.

## Florence 2020: International Conference on the History of Nursing

The CAHN was well-represented at Florence 2020, the International Conference on the History of Nursing, which took place from 13 to 15 February, 2020, in Florence, Italy, the birthplace of Florence Nightingale. Welcome speeches and the first keynote talks were held at the historic Palazzo Vecchio. Christine Hallett, Professor of Nursing History at the University of Huddersfield, UK, Chair of the UK Association for the History of Nursing, and President of the European Association for the History of Nursing, gave her keynote speech about visions and revisions of Florence Nightingale's nursing ideals, while Paul de Raeve (RN, MSN, MA, PhD), spoke about the current state of nursing in the development of the European Health and Social Policy.



**Andrea McKenzie**

Two packed (and joyous) days of talks followed at Il Fuligno, with series of panels about nursing in wartime, histories of nursing practice, the development of nursing traditions and practice in Europe, global histories of nursing, Italian nursing history, plus a myriad of diverse panels on intriguing topics. CAHN members who gave talks included Geertje Boschma, Sandra Harrison and Evy Aude Nazon, Carol Helmstadter, Andrea McKenzie, Kate McPherson, Sioban Nelson, Marg Olfert, and Helen Vandenberg. The conference finished with two additional keynote speakers: Karen Nolte, Professor and Director of the Institute for History and Ethics of Medicine at the University of Heidelberg, whose keynote talk explored nursing objects and practices, followed by Alessandro Stievano, Associate

Director for Nursing and Health Policy at the International Council of Nurses, who focused on future developments of nursing history in Italy. Many old and new friends and colleagues from Canada, the US, Europe, Japan, Australia, and South America were present for this exciting and in-depth conference. The sun shone, the talk sparkled, and the city radiated history.



**Geertje Boschma**



**Helen Vandenberg**

# Obituary

Dr. Shirley Marie Stinson, OC, AOE, RN, EdD, LLD (Hon), DSc (Hon), DSL (Hon)

Dr. Shirley Marie Stinson, a visionary nursing leader and a founding member of the CAHN-ACHN, passed away on June 4th, 2020 at the age of 90. She was honoured for her rich contributions to multiple fields, including raising the profile of nurses in Canada, establishing Canadian graduate programs in nursing – including the first PhD program in nursing – and improving standards of patient care world-wide. Invested as an Officer in the Order of Canada in 2002, she also received the Province of Alberta's highest award, the Alberta Order of Excellence, multiple honorary doctorates, the Canadian Centennial Medal, the Queen's Golden Jubilee Medal, the Haultain Prize in Humanities, and the Canadian Nurses Foundation Ross Leadership Award, among a long list of honours and awards. As our Fall newsletter recounted, this past November, the University of Alberta honoured this great leader by holding the first Shirley Stinson Research Day to commemorate her commitment to nursing research.

Dr. Stinson was born in Saskatchewan, graduated in nursing from the University of Alberta, received her MA in nursing administration from the University of Michigan, and her PhD in education from Columbia University in 1969, after which she joined the faculty at the University of Alberta. Over her long career, she “taught, inspired, and mentored several generations of nurses and hospital administrators, from boomers to millennials, including many of today's leaders in education and in nursing.” As a founding member of the CAHN-ACHN, she encouraged and helped to establish the field of nursing history in

Canada. As a pioneer, a leader, a researcher, and a mentor, she will be greatly missed.

<http://edmontonjournal.remembering.ca/obituary/dr-shirley-stinson-1079321899>



**Dr. Shirley Marie  
Stinson**

**Call for Papers**  
**Joint Conference: Canadian Society**  
**for the History of Medicine (CSHM)**  
**and Canadian Association for the**  
**History of Nursing (CAHN)**

**June 1 & 2, 2021**

The 2021 joint meeting of the Canadian Society for the History of Medicine and the Canadian Association for the History of Nursing will be a virtual conference on June 1 & 2, 2021.

COVID-19 has revealed the multiple ways that structural discrimination shapes healthcare systems. Following the cancellation of Congress 2020, which was to focus on “Bridging Divides: Confronting Colonialism and Anti-Black Racism,” the Programme Committee is particularly interested in papers that address medicine’s historic and ongoing role in perpetuating Anti-Indigenous and Anti-Black racism, and how racism and discrimination have shaped experiences, understandings, dialogues, and debates on disease, health, and healing at local, national, and global levels. Broadly-defined histories of health, healing, and resilience in BIPOC communities are also particularly welcome, as well as papers that critically and creatively explore the relationships between historians of health and medicine and the communities they influence and are influenced by. Submissions from community-based presenters are also warmly welcomed. Proposals on topics unrelated to the theme will also be considered.

The online conference will take a unique format. Each panel will be 75 minutes and will include four ten-minute presentations, remarks from a commentator, and time for questions. Presenters will be required to submit a draft of their presentation to their panel commentator two weeks before the conference. There is no fee for the conference, but presenters are required to be members of either CSHM or CAHN.

Please submit an abstract of no more than 150 words, as well as a one-page CV, to Dr. Lydia Wytenbroek at [lydia.wytenbroek@ubc.ca](mailto:lydia.wytenbroek@ubc.ca) by December 10, 2020. The Programme Committee welcomes proposals for organized panels of four related papers and a commentator; in this case, please submit a panel proposal of less than 200 words in addition to an abstract and one-page CV for each presenter. The Committee will notify applicants of its decision by January 30, 2021. Those who accept an invitation to present at the meeting agree to provide French and English versions of the accepted abstract for inclusion in the bilingual Programme Book.

Questions can be addressed to the Programme Committee Co-Chairs:  
 Dr. Caroline Lieffers, King’s University  
 ([caroline.lieffers@kingsu.ca](mailto:caroline.lieffers@kingsu.ca))  
 Dr. Lydia Wytenbroek, University of British Columbia  
 ([lydia.wytenbroek@ubc.ca](mailto:lydia.wytenbroek@ubc.ca))



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Approved at CAHN AGM in Vancouver in June 2019

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