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**"I Shall Never Know Contentment":
The Development of the Association of Registered
Nurses of Newfoundland -
A Drive for Self-Determination**

by

HEIDI COOMBS

A thesis submitted to the Department of History
in conformity with the requirements for
the degree of Master of Arts

Queen's University
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Dedicated with love and respect
to my parents,
John and Kathleen Coombs

INTRODUCTION

I shall never know contentment
Unless I walk in white
Among the rows and rows of beds
By daytime or by night.

I shall never know contentment
Unless I succour those
Needing sympathy and comfort
For mind or body woes.

I shall never know contentment
Unless I can perform,
The hundred thousand daily tasks
For which a nurse is born.

I shall never know contentment
Unless it is my right,
To follow in 'Our Lady's' steps
Her Lamp my guiding light.

I shall never know contentment
Unless I walk in white.ⁱ

This epigraphic poem, written by a St. John's Salvation Army Grace Hospital graduate, provides a suitable metaphor for the struggle of the nurses in Newfoundland to attain recognition for their profession and for themselves as trained nursing practitioners. Through language coloured with themes of religious vocation, the poem describes a passionate drive underlining the practise of nursing. The devoted nurse is discontent unless she (or he) fulfills her/his duties. Similarly, through the chronicled development of the profession in Newfoundland, nurses are discontent unless they fulfill their responsibilities to the profession, to their patients, and to themselves.

ⁱ Alfreda Smith, ed., "The Bib and Apron Magazine, Fifth Edition, 1944-1985", Appendix in Viola Alfreda Marsh Smith, *A Small Town Nurse*, (Owen Sound, ON: Stan Brown Printers, 1986), p. 85.

The professionalization of nursing in Newfoundland began in 1913, with the efforts of Mary Meager Southcott to organize the graduate nurses of the St. John's General Hospital School of Nursing. After a series of set-backs and significant political events - the forced resignation of Mary Southcott, the establishment of the Commission of Government,² and the union of the Island with Canada, the process of professionalization culminated in 1953, with the creation of the Association of Registered Nurses of Newfoundland (ARNN).

A group sharing a common identifiable occupational activity attains the status of "profession" when it succeeds in providing advanced education in its field, standardizing educational and occupational requirements, establishing regulations for the occupation, and securing licensing and registration for its practitioners. Tracing the evolution of nursing since the late nineteenth century in countries such as Britain, the United States and Canada, one can glean the processes of social and economic advancement through determined efforts of similarly-minded nursing leaders. These women strove for the "professional" recognition of the nursing field, and through their efforts a "professionalizing strategy" emerged.³ Nursing leaders, deriving from the professional middle class, successfully pushed for the

² The Commission of Government was established to govern Newfoundland in 1934 and remained in effect until Confederation, 1949. Responsible Government was suspended and the Island was governed through a body of six appointed civil servants. For more detail on the Commission see Chapter III.

³ See Celia Davies, "Professionalizing Strategies as Time- and Culture-Bound: American and British Nursing, Circa 1893," in Ellen Condliffe Lagemann, ed., *Nursing History: New Perspectives*,

authorization to regulate nursing. This "professionalization" occurred through improvements in nursing education and practise and through the administration of licensing and standardization for nurses and by nurses.

Due to the significant communication between Newfoundland and continental North America, the evolution of nursing on the Island emulated the professionalizing pattern set by Canadian and American nursing leaders. Contact with the continent increased through the twentieth century and reached a plateau in 1949, when Newfoundland became a province within the Canadian Dominion. This significant event ended a period of benevolent dictatorship and restored a democratic political system to the Island.¹ It also marked an ideological shift in how Newfoundland and Canadian nurses viewed the existing apparatus for the legitimate representation of educated, professional Newfoundland nurses. As the national body authorized to represent the nurses of all provinces in Canada, the Canadian Nurses Association became actively involved in the creation of an association of registered nurses in Canada's newest province.

Establishing whether or not nursing is a profession has been the subject of infinite attention by nursing scholars. Celia

New Ideologies, New York: Teachers College Press, 1983, pp. 47-63.

¹ Newfoundland was granted Responsible Government in 1855, through which system the populace could elect representatives in the local Legislature. The Island attained Dominion status in 1933. However, during the Commission of Government (1934-1949) democratic rights were suspended as elections no longer took place. The referenda on Confederation with Canada was the first

Davies attempts to clarify the confusion by dividing "professionalization," the process attaining the status of a profession, into "professional ideology" - the language applied by leaders in reference to their shared activity, and "professionalizing strategy" - the accumulation of those actions proposed by leaders for the intention of directing the shared activity.⁵ Whether described as an ideology or a strategy, the concept of professionalization has provided historians with a useful vehicle for the discussion of change within occupational groups. According to this concept, the hallmarks of a profession are 1. Definition; 2. Autonomy, in terms of education, licensing or regulation, and discipline; and 3. Power, over working conditions, wages, and benefits.⁶

Historians of nursing have used the concept productively to trace the events of the last two centuries, most often as a noble struggle, of middle class origins, for power and recognition from economic oppressors, as a fight against male/medical domination, or as a process of maturation.⁷ Recently, some have questioned this positive casting of events - not only for its obvious

time democratic privilege was exercised after the establishment of the Commission. See Neary.

⁵ Celia Davies, "Professionalizing Strategies," pp. 47-63.

⁶ See for example, Hill B., and S. Michael, "The human factor," *Journal of Psychiatric & Mental Health Nursing*, 3(4): 245-8, August 1996 and R.K. Tworek, "Professionalization of an allied health occupation: the physician's assistant," *Journal of Allied Health*, 10(2): 107-13, May 1981.

⁷ See for example, D. Coburn, "The development of Canadian nursing: professionalization and proletarianization," *International Journal of Health Services*, 18(3): 437-56, 1988; S. Nelson, "Reading nursing history," *Nursing Inquiry*, 4(4): 229-36, December 1997; M.O. Mosley, "Beginning at the beginning: a history of the professionalization of Black nurses in America,

presentist bias, but also because academic nurses now begin to question whether or not professionalization has been good or appropriate for this caring occupation."

Nursing as a profession has suffered problems of identity and definition. This identity problem has itself become an element of the nursing identity - exemplified by the nursing struggle to gain the respectable status of a "profession". Part of this problem of identification concerns the difficulty for "nursing" to establish definite boundaries. In "Of Images and Ideals: A Look at Socialization and Sexism in Nursing," Janet Muff points out that nurses have often accepted the "discarded" responsibilities of physicians, and have passed their own nursing responsibilities on to nursing assistants.⁷ The nursing profession sets its boundaries according to those set by the medical profession. Thus, nursing, like other professions

1908-1951," *Journal of Cultural Diversity*, 2(4): 101-9, Fall 1995.

⁷ See for example, P.A. Parkin, "Nursing the future: a re-examination of the professionalization thesis in the light of some recent developments," *Journal of Advanced Nursing*, 21(3): 561-7, March 1995; G.E. Tibbits, "The professionalization of nursing - an outdated goal," *Australian Nurses Journal*, 2(37): 2, 18, August 1974; J Salvage, "Professionalization--or struggle for survival? A consideration of current proposals for the reform of nursing in the United Kingdom," *Journal of Advanced Nursing*, 13(4): 515-9, July 1988; M.L. Campbell, "Nurses' professionalism in Canada: a labor process analysis," *International Journal of Health Services*, 22(4): 751-65, 1992; S. Porter, "The poverty of professionalization: a critical analysis of strategies for the occupational advancement of nursing," *Journal of Advanced Nursing*, 17(6): 720-6, June 1992; S. Kermode, "The organization: a problem for the professionalization of nursing," *Contemporary Nurse*, 3(3): 110-7, September 1994, and "The power to be different: is professionalization the answer?," *Contemporary Nurse*, 2(3): 102-9, December 1993.

⁸ Janet Muff, "Of Images and Ideals: A Look at Socialization and Sexism in Nursing," in *Images of Nurses: Perspectives from*

dominated by women, is a reactive force and the boundaries that establish what nursing is are blurred.

This theme is also discussed by Canadian nursing historians, Katheryn McPherson and Sarah Jane Growe. In *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*, McPherson examines five generations of nurses in Canada, beginning with the pioneer nurses of the late nineteenth century and concluding with the emergence of the politically aware nurse - the militant unionist. She explores how each generation faced challenges associated with a gendered-construction of nursing unique to their period. McPherson also emphasizes the difficulties these generations of Canadian nurses have had in establishing the boundaries of their profession.¹⁰

Growe also discusses the problematic boundaries of the nursing profession in her study, *Who Cares? The Crisis in Canadian Nursing*. She points out that developments in medicine change the duties of nurses as well as the relationship between physicians and nurses. As medicine became more complicated nurses inherited certain duties, such as taking blood pressure, previously performed by physicians only. Growe concludes that "what has evolved is a nursing practise that derives its professional identity almost entirely from controlling medical acts."¹¹

History, Art, and Literature, Anne Hudson Jones, ed., (Philadelphia: University of Pennsylvania Press, 1988), p. 202.

¹⁰ Katheryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*, (Toronto: Oxford University Press, 1996).

¹¹ Sarah Jane Growe, *Who Cares? The Crisis in Canadian Nursing*, (Toronto: McClelland & Stewart, 1991), p. 103.

Two American historians have examined the development of nursing in the United States during the nineteenth- and twentieth-centuries. Susan Reverby's acclaimed work, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, examines national nursing reforms by focusing on trends in Massachusetts hospitals. She argues that divisions within nursing were caused by the originating relation of "nursing" to "caring".¹²

Barbara Melosh also examines how class-divided origins have affected nursing in her study, *"The Physician's Hand": Work Culture and Conflict in American Nursing*. She argues that nursing is not a profession. Her rationale for this lies in the originating definition of "professionalism" established by an elite, male population. Melosh considers professions as "...particular expressions and vehicles of dominant class and culture."¹³ Since women are the "second sex," an occupation dominated by women can never be a profession. However, this argument does not consider the organic nature of human compositions, such as "professionalism." Like human societies and languages, definitions, such as "professionalism," are evolutionary.

Melosh traces the development of American nursing from the post-World War I period to the 1970s. She argues that there existed a significant division within the nursing ranks, between the nursing vocal "elite" who sought public recognition and

¹² Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, (Cambridge: Cambridge University Press, 1987).

professional standards and those rank-and-file nurses whose positions were threatened by the proposals of the leaders. These leaders focused on positioning the profession of nursing within the larger medical structure, but these elite nurses were not speaking on behalf of all practising nurses. Melosh attempts to re-examine American nursing history from the perspective of these rank-and-file nurses, arguing that the understanding and interpretation of nursing history thus far has been shaped by the language and ideals of the select few elite.¹⁴

Many early histories of nursing focus on celebrating the pioneers in the nursing field and providing narratives that emphasize the courage and devotion of the heroic nurse. *Three Centuries of Canadian Nursing*, by John Murray Gibbon and Mary S. Mathewson, is a classic in this genre. Beginning with the establishment of nursing sisterhoods in Quebec, *Three Centuries* provides a sweeping chronological account of significant events in the development of Canadian nursing until the Second World War. It provides little critical analysis of the purposes and consequences of those events. However, *Three Centuries* maintains value for the nurse historian in its compilation of basic, country-wide and scattered information.

The most comprehensive history of nursing in Newfoundland, Joyce Nevitt's *White Caps and Black Bands: Nursing in Newfoundland to 1934*, also fits into this genre of non-critical narrative compilation. Nevitt traces the development of nursing

¹³ Barbara Melosh, *"The Physician's Hand": Work Culture and Conflict in American Nursing*, (Philadelphia: Temple University Press, 1982), p. 20.

in Newfoundland from the health care work of religious organizations throughout the nineteenth century to the inauguration of the Commission of Government on the Island. Nevitt's original use of personal interviews provides valued information, that would have otherwise been lost to antiquity. However, the general theme of the text presents the congratulatory evolution of a health care practise from "dark ages" to modern advancement common to this form of historical approach.¹⁵

A more focused and critical examination of nursing in Newfoundland is Linda White's thesis, "Who's in Charge Here? The General Hospital School of Nursing, St. John's, Newfoundland, 1903-1930." White addresses the power struggle that existed within the Hospital hierarchy through the early twentieth century. The conflict was resolved with the controversial resignation of the Superintendent of Nurses. White's study exemplifies the jurisdictional discord that existed within developing hospital structures.

The history of Newfoundland contains few studies of professions or professional development. Frederick Rowe has made significant contributions to the history of education in Newfoundland, but his studies focus on the general nature of the educational system. With the exception of a chapter on the creation of the Newfoundland Teachers' Association, Rowe does not

¹⁴ Melosh, "The Physician's Hand", pp. 4-7.

¹⁵ For an argument detailing the problems inherent in this approach to nursing history see Celia Davies, "Introduction: The Contemporary Challenge in Nursing History," in *Rewriting Nursing History*, Celia Davies, ed., (London: Croom Helm), 1980.

delve into the development of teaching as a profession. Furthermore, his examination of the Confederation period focuses on the impact of that event on the educational system, not on the professionalization of teaching.¹⁶ H. Cuff, however, examines the development of Newfoundland's professional association for teachers in his thesis, "The Newfoundland Teachers Association 1890-1930: Its Founding; and its Establishment as a Stable, Influential, and Permanent Professional Organization." Cuff's thesis provides a comprehensive study of the professional development of teaching in Newfoundland from the late nineteenth century to 1930.¹⁷

Although nursing histories are often organized by country, few historians of nursing have examined the influence of political change at a national level on the process of professionalization. In a search of Medline references from 1966 to 2001, only eight articles on nursing used the keyword "professionalization" in conjunction with either "politics" or "political": one on nursing in South Africa; one on New York State; one on the United Kingdom; two on higher education; two on black nurses; one on discourse. Of these, only the first article used the word political to refer to changes on a national scale.

¹⁶ Frederick Rowe, *The History of Education in Newfoundland*, (Toronto: Ryerson Press, 1952); *The Development of Education in Newfoundland*, (Toronto: Ryerson Press, 1964); and *Education and Culture in Newfoundland*, (Toronto: McGraw-Hill Ryerson Limited, 1976).

¹⁷ H.A. Cuff, "The Newfoundland Teachers Association 1890-1930: Its Founding; and its Establishment as a Stable, Influential, and Permanent Professional Organization," M.A. Thesis, Memorial University of Newfoundland, 1971.

While there have been studies pertaining to major wars and nursing - the Crimean War, the Boer War, and the two World Wars, few of these studies examine the political impact of a changing political circumstance on an individual country's nursing establishment. Furthermore, war periods are sometimes referred to as "interruptions" in what is considered the normal course of professional development. While there are many general, national nursing histories that trace the development of nursing in that country, there has not been any significant focus on the professionalizing process during a political shift. For example, after the establishment of the Communist Party in Russia, nurses were forced to join unions but had no rights concerning lobbying the government or going on strike. Russian nursing history has received no critical analysis. German nursing has at least received some attention, especially during the inter-war period. However, the effect of a broader political event on the professionalization process is essentially neglected.¹⁸

Thus, amidst the range of scholarly attention paid to the historical development of the nursing profession, few works have examined this development in relation to a national political event. While the majority of the Canadian provinces entered Confederation before nursing had become recognized as a profession, Newfoundland entered the union *after* such recognition. For a nation that had enjoyed independent settlement and had lobbied for centuries for local self-government,

¹⁸ Meryn Stuart, and Geertje Boschma, "Seeking Stability in the Midst of Change," in *Nurses of All Nations: A History of the*

Confederation with Canada marked a considerable psychological shift.

This study will examine the development of nursing in Newfoundland in relation to the process of professionalization and the political history of Island, from the first attempts of nurses to organize in 1913, to the formation of the ARNN in 1953. Chapter I will establish the social history of the Island, including the evolution of sharp class divisions, and will examine the health care developments in Newfoundland to the end of the nineteenth century. Chapter II will explore the value of education in the creation of professional standards, including the establishment of the St. John's General Hospital School of Nursing, and the leadership of Mary Meager Southcott and her efforts to establish a nurses' association in Newfoundland. and the health care advancements made by the Commission of Government. Chapter III will illustrate the health care advancements made by the Commission of Government, including the substantial funding of advanced education. Finally, Chapter IV will examine the important links between Newfoundland and the North American continent, culminating with the union of the Island with Canada and the formation of the Association of Registered Nurses of Newfoundland.

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CHAPTER I

BACKGROUND: SETTING THE STAGE

Foundations of a Class-Divided People

Newfoundland became Britain's first overseas colony in 1583. From that time through to the twentieth century, the government applied to its small colony a series of self-serving policies designed for Britain's benefit at the Island's expense. In 1793, John Reeves, Chief Justice of Newfoundland, composed a history of the government of Newfoundland. It detailed the constitutional developments pertaining to the Island from the Charter granted to Humphrey Gilbert in 1583 to the proposal of a Bill, in the British House of Commons, to institute a court of civil jurisdiction in Newfoundland. Reeves' study described the constant struggle of the local inhabitants against the influential merchant adventurers of the West Country of England (the counties of Dorset, Somerset, Devonshire, and Hampshire):

...the vicissitudes of two contending interests - the *planters* and *inhabitants* on the one hand, who, being settled there, needed the protection of a government and police, with the administration of justice; and the *adventurers* and *merchants* on the other; who, originally carrying on the fishery from this country, and visiting that Island only for the season, needed no such protection for themselves, and had various reasons for preventing its being afforded to others.¹

Britain disregarded the best interests of the Island for the sake of its own limited and immediate naval and mercantile benefits. Newfoundland served primarily as a fishing station - the West Country merchants brought their fishing crews and materials to

¹ John Reeves, *History of the Government of the Island of Newfoundland*, (Reprint New York: Johnson Reprint Corporation, 1967), p. 1.

Newfoundland in the spring of each year and returned in the fall with their profits. The West Country of England and its merchants was the principal beneficiary of this arrangement.²

While the merchants feared that permanent settlement on the Island would threaten their supremacy in the fishing industry; the British Government feared that permanent settlement on the Island would convert the British fishery of Newfoundland into a colonial fishery. William Knox, an Under Secretary of State in the American Department of the British Government, explained the status of Newfoundland in 1793:

The Island of Newfoundland has been considered, in all former times, as a great ship moored near the Banks during the fishing season, for the convenience of English fishermen. The Governor was considered as the ship's captain, and those who were concerned in the fishery business as his crew, and subject to naval discipline while there, and expected to return to England when the season was over.³

The West Country merchants were supported in their fisheries pursuit by the Admiralty, which valued the English ship fishery of Newfoundland as a training ground for seamen of the Royal Navy.⁴ The only code of law applicable to the Island was the

² With the eventual growth of population on the Island and the decrease of the migratory fishery, this arrangement shifted from favouring English merchants to local merchants. The fishing industry operated through the truck system: the merchants provided the fishing population with goods and supplies on credit, controlled the value of fish to ensure their own profit, and thereby kept the population permanently in debt. See Peter Neary, *Newfoundland in the North Atlantic World, 1929-1939*, (Kingston: McGill-Queen's Press, 1988), p. 17.

³ Quoted in D.W. Prowse, *A History of Newfoundland from the English, Colonial and Foreign Records*, (London: Macmillan and Co., 1895), p. xix.

⁴ For a comprehensive account of the early fishery of Newfoundland see Gillian T. Cell, *English Enterprise in Newfoundland, 1577-1660*, (Toronto: University of Toronto Press, 1969).

informal "Fishing Admiral System." Under this system, the captain of the first ship to reach a harbour was considered the "Admiral" of that harbour. The Admiral was entitled to settle disputes pertaining to the fishery.⁵ The earliest medical services in Newfoundland were provided by physicians who traveled with this migratory fishing fleet each season.⁶

The discussion on appointing a governor and providing for the administration of justice on the Island usually favoured the merchant adventurers. Often the laws pertaining to Newfoundland forbade local settlement. For instance, a petition for the establishment of settlement under a governor was brought before the lords of the committee for trade and plantations in 1674-75. After examination of the petition and the circumstances of the Island, the lords recommended that

...all plantations in Newfoundland should be discouraged; and, in order thereunto, that the commander of the convoy should have commission to declare to all the planters, to come voluntarily away, or else that the western charter should, from time to time, be put into execution; by which charter all planters were forbid to inhabit within six miles of the shore, from Cape Race to Cape Bonavista.⁷

For centuries, the government of England prohibited and discouraged settlement on the Island in favour of English business interests through its "naval-cum-mercantile anti-settlement policy."⁸ Through the Western Charter of 1634 the

⁵ Rowe, *A History of Newfoundland and Labrador*, p. 104.

⁶ Nevitt, *White Caps*, p. xxx.

⁷ Reeves, *History of the Government*, pp. 20-21.

⁸ St. John Chadwick, *Newfoundland: Island into Province*, (Cambridge: Cambridge University Press, 1967), p. 6. See also S.J.R. Noel, *Politics in Newfoundland*, (Toronto: University of Toronto Press, 1971), p. 4. See also John Parker, *Newfoundland:*

English government finally attempted to initiate a balance between the rights of the planters who insisted on living on the Island and the rights of the West Country adventurers who desired a continuance of their monopoly of the Newfoundland fishery. However, the Western Charter still heavily favoured the interests of the merchants.⁹

Settlement on the Island was not permanently deterred, despite the efforts of the merchants and the government. By the end of the eighteenth-century, Britain finally conceded that settlement could no longer be prevented on the Island and the government abandoned its former policies discouraging lasting settlement.¹⁰ Population on the Island developed, though slowly. By 1857 the population of Newfoundland had reached 119,304.¹¹

The people on the Island required law and social order, as well as public medical facilities. Within the discipline of health care¹² emerged women interested in ensuring Newfoundland's

¹⁰ *Province of Canada*, (London: Lincolns-Prager, 1950), pp. 12-13.

⁹ For a detailed account of early settlement attempts in Newfoundland see Gillian T. Cell (ed.), *Newfoundland Discovered: English Attempts at Colonization, 1610-1630*, (London: The Hakluyt Society, 1982).

¹⁰ Keith Matthews, *Lectures on the History of Newfoundland, 1500-1830*, (St. John's: Maritime History Group, Memorial University of Newfoundland, 1973), p. 15.

¹¹ Gertrude E. Gunn, *The Political History of Newfoundland, 1832-1864*, (Toronto, 1966), pp. 89-109.

¹² The meanings and uses of the terms "health care," "nursing," and "nurse" throughout the nineteenth century differed significantly from that of the twentieth century. "Health care," "nursing," and "nurse" developed in the twentieth century as terminology associated with institutionalized scientific and medical practice. For example, an individual who "nursed" before the twentieth century provided physical or emotional care to those who were sick, but was not formally trained or licensed to perform such practice. Thus, while the individual was considered a "nurse," he/she was not an educated or registered "nurse" as

nursing standards reached levels acceptable in Britain, Canada, and the United States. These women who would constitute the nursing profession in Newfoundland were products of a society that had struggled for centuries for self-determination and international political recognition. Their determination, coupled with inspiration from their North American colleagues, led them through a professionalizing strategy affected by changes in a broader political environment.

As a result of the centuries of English and local merchant domination, social classes were more sharply divided in Newfoundland than in any other North American colony.¹³ Even into the twentieth century, a significant disparity in wealth separated the merchant elite of St. John's, the "fishocracy",¹⁴ from the working class fishermen. This disparity resulted from the evolution of the "truck" system of credit trading between the local merchants and the fishermen. Through the truck system, the merchant provided the fishermen with supplies on credit. He determined both the price of these supplies as well as the value of the fishermen's catch, which he received as payment for the supplies. Thus, through this arrangement, the merchant could always guarantee his own profit. The small merchant population thus became significantly wealthy.¹⁵

twentieth century nursing practitioners were. For the sake of this study, the term "nurse" is applied to both nineteenth and twentieth century practitioners of nursing. However, it should be remembered that a fundamental distinction exists between the nineteenth century "nurse" and the twentieth century "nurse."

¹³ Noel, *Politics*, pp. 8-9.

¹⁴ P. Tocque, *Newfoundland: As it was and as it is in 1877*, (Toronto, 1878), p. 86.

¹⁵ Noel, *Politics in Newfoundland*, p. 8.

The truck credit system also resulted in the use of little hard currency on the Island. The fisher-people were (not always) supplied with barely enough in supplies and food to survive a single winter. Unlike the merchant population, the fisher-people did not have access to hard currency. The society that developed in Newfoundland was significantly marked by a sharp division between the mercantile elite of St. John's and the fishing families of the outports.¹⁶

This polarization within society shaped the composition of the profession of nursing on the Island. Before the watershed of the Second World War, usually only women from the wealthier classes of Newfoundland society could afford to attend a nurse training school. Many nurses during the first half of the century were members of substantial Newfoundland families. When a nurse was mentioned in a local newspaper, the article usually mentioned her in relation to a public male figure. For instance, an article in *The Daily News* in 1916 briefly outlined the experience of Nurse Maisie Parsons serving at Salonika. The article mentioned that the nurse was the daughter of E. Parsons, Member of the House of Assembly.¹⁷ Another article referred to Elsie Doyle, niece of the Right Honourable J. Harris, who had graduated from the King's County Hospital in Brooklyn, New York.¹⁸ The quantity of articles devoted to nurses from the wealthier classes does not necessarily mean that the nursing profession in Newfoundland was composed entirely of society women. The newspapers were

¹⁶ Noel, *Politics in Newfoundland*, pp. 8-9.

¹⁷ *The Daily News*, 17 April 1916, p. 7.

¹⁸ *The Daily News*, 6 April 1916, p. 3.

especially interested in the activities of the upper class families of the country - the daughter of a prominent local family entering the respectable nursing profession was a noteworthy event.

Some working-class women also entered nursing, but financially they had a more difficult path. Women from fishing families could usually not afford the cost of education abroad or even in St. John's. They were often needed at home to help with the family livelihood. Furthermore, regardless of socio-economic situation, many families did not agree with women earning their own living. Mary Southcott's parents refused her permission to become a nurse; as a result, she did not pursue her aspiration until after the death of her mother and father.¹⁹

This was the foundation of the society under study, coloured by a significant gap between the mercantile elite and the working-class fisher-families of the Island. In addition, outport women in Newfoundland were geographically removed from major nurse training centres - even from the General Hospital in St. John's. Due to the segregated nature of Newfoundland society and the geographical distance between working-class women and nurse training schools, the profession was comprised primarily of wealthier women from the city. As a result, the early composition of the nursing profession in Newfoundland differed slightly from its North American counterparts, where working-class women had

¹⁹ Mary Southcott looked after her parents during their illness, an experience that strengthened her resolve to become a nurse. See Joyce Nevitt, *White Caps and Black Bands: Nursing in Newfoundland to 1934*, St. John's: Jespersen Press, 1978), p. 44.

more opportunities to pursue a nursing career.²⁰ However, as the twentieth century progressed and the demand for qualified nursing care increased, so, too, did the opportunities for women from outside St. John's to train and enter the profession.

²⁰ In Britain before the 1860s nursing provided a respectable alternative to domestic service provided by respectable working-class women. After the 1860s, nursing consisted mostly of middle-class women who had to earn a livelihood, lead by upper-class women such as Ethel Bedford Fenwick. Robert Dingwall, Anne Marie Rafferty, and Charles Webster, *An Introduction to the Social History of Nursing*, (London: Routledge, 1988), pp. 68-78. See also, Brian Abel-Smith, *A History of the Nursing Profession*, (London: Heinemann, 1960).

Early Health Care and Hospital Developments

During the seventeenth-century, physicians who traveled with the migratory fishery each summer provided health care services to the fishing population. In 1663, there were at least three physicians practising on the Island - two visiting Englishmen on the east coast and one resident French physician in the garrison hospital at Placience. Early medical institutions in Newfoundland were established for military purposes, such as the French hospital at Placience. In St. John's, the British built a hospital for military and naval personnel in 1782.²¹

Health care was provided through religious organizations. The Society for the Propagation of the Gospel began sending medical missionaries to Newfoundland in 1701. This organization brought religious, educational, judicial and medical aid to outport communities. The missionaries were sometimes trained in both medicine and theology. The Moravian missionaries brought similar aid to the coast of Labrador starting in 1771. Joyce Nevitt illustrated the impact that the charitable origins of medical care had on the nursing profession:

...even long after the introduction of trained nurses, health care institutions continued to be viewed as resources which catered only to paupers, while the wealthy received more skillful care at home, for many of these nurses did private duty nursing.²²

The 1794-95 Newfoundland census cited two women who provided health care services in St. John's: Ann Brazil was referred to as

²¹ Nevitt, *White Caps*, p. xxxi.

a "midwife" and Mary Whelan as a "nurse." Both women were widows. While Whelan was identified as a nurse, she was not trained or registered since no nurse training schools existed in the eighteenth-century.²³ The earliest known nurses who had been trained in a Nightingale School to practise in Newfoundland were those British women recruited by Dr. Wilfred Grenfell for his medical missions along coastal Labrador and the Great Northern Peninsula of Newfoundland in 1892-3. Nurses Cecilia Williams and Ada Carwardine of the London Hospital accompanied Grenfell to Newfoundland as part of the volunteer medical staff of the Grenfell Mission, which provided medical and spiritual services to the most isolated, disadvantaged communities along the Labrador and northern Newfoundland.²⁴ In subsequent years, many British and American nurses journeyed to the country to serve with the Grenfell Mission.

Nineteenth century hospitals in St. John's were associated with public welfare, not with medicine and healing. As was the practise elsewhere in the western world, the wealthy received medical care in their own homes, often by servants designated as "nurses." Hospital institutions, sometimes associated with religious organizations, housed and treated the poor.²⁵ The first

²² Nevitt, *White Caps*, pp. xxxi-xxxii.

²³ Nevitt, *White Caps*, p. xxx.

²⁴ Ronald Rompkey, *Grenfell of Labrador: A Biography*, (Toronto: University of Toronto Press, 1991), p. 57.

²⁵ See Nevitt, *White Caps*, pp. xxx-xxxii, 4.

civilian hospital in Newfoundland was built at the request of local concerned citizens.²⁶

In 1811, a Committee was formed to manage the establishment of a Hospital for Sick Persons. William Carson was the driving force behind the establishment of this hospital for the poor that opened in St. John's. Carson was born in Kircudbright, Scotland in 1770. He received his M.D. from the University of Edinburgh, in 1794, and practised in Birmingham, England before immigrating to Newfoundland in 1808. Carson was physician of the St. John's Volunteers' garrison hospital from 1808 to 1814, when the civilian hospital opened.²⁷ He did not limit his practise to the garrison or the upper class of the city: Carson treated patients of all classes, including those who could not pay for his services. The new civilian hospital was originally funded through public donations - visiting seamen gave the Hospital one shilling upon entering St. John's, while local residents had their wages reduced by one penny a pound to help maintain the institution. However, such funding was insufficient and the hospital suffered financial difficulties. In 1855, when Newfoundland attained

²⁶ "Annual Report of General Hospital St. John's, 1913," *JHA*, (Appendix), (St. John's: The Evening Herald Office, 1914), p. 305.

²⁷ Through his political career, William Carson served as Member of the House of Assembly for St. John's, 1833-43; Speaker of the House of Assembly, 1837-40; and Member of the Executive Council, 1842-43. He died in 1843 in St. John's. See *Dictionary of Newfoundland and Labrador Biography*, (Robert H. Cuff, Melvin Baker, Robert D.W. Pitt, eds.), (St. John's: Harry Cuff Publications, 1990), pp. 49-50.

Responsible Government, the Hospital became a Government institution and its financial situation improved.²⁸

Throughout his successful medical and political career, Carson had vigorously pushed for medical reform on the Island by lobbying the government to improve social conditions. His passion for medical reform was passed on to his son, Samuel Carson. Samuel was born in Birmingham, England, perhaps in 1803. Like his father, he also attended the University of Edinburgh for medical training and received his diploma in surgery from the Royal College of Surgeons in 1829. Samuel practised medicine in St. John's from 1830-60, and was appointed District Surgeon for the city in 1838. Like his father, Samuel was also active in medical reform: for instance, he campaigned for an inquiry into the conditions at the St. John's civilian hospital.²⁹

The 1851 inquiry into the conditions of the St. John's Hospital established that a matron with a staff of nurses was essential. This position of matron and the duties and responsibilities involved were not defined in the Inquiry. During the mid-nineteenth century the Hospital employed a secretary and a medical keeper. Samuel Carson recommended these positions be replaced with a resident male superintendent and chief nurse. A "nurse" at this time was not "trained" through a nursing school, but was rather a domestic servant. Neither legally nor

²⁸ For an account of the financial problems of the Hospital see "Annual Report of the General Hospital St. John's, 1913: Brief Review of Hospital Growth Here," *JHA* (Appendix), pp. 304-329. See also *Encyclopedia of Newfoundland and Labrador*, vol. 1, pp. 359-362.

ideologically was "nursing" restricted to women. In fact, a man named John Rohan was a general nurse and servant at the St. John's General Hospital from 1832 to at least 1851.³⁰ The first matron of the Hospital was Mrs. Johanna Beeson, appointed in 1852. She served for six years as Matron, with a salary of £9/12/2 quarterly.³¹

In 1840, two sisters arrived in Newfoundland who would both hold the position of matron of the St. John's Hospital. Janet (1819-1865) and Agnes Cowan (1839-1893) were born in Dunfermlineshire, Scotland, and immigrated to Newfoundland in 1840. Although neither sister held a trained nursing certificate, they dedicated their careers to nursing the sick at the St. John's General Hospital. Janet became matron of the Hospital in 1860, and held that position for four years. Through her short career, Janet inspired her sister Agnes, and informally trained her in nursing knowledge. Agnes began nursing around the year 1857, at the age of eighteen years.³² She became the first official sub-Matron of the St. John's Hospital in 1863, when her sister appointed her to that position. Her salary was £18 per annum.³³ Agnes became Matron and administrator of the General

³⁰ Samuel Carson was also appointed to the Legislative Council in 1855. See *Dictionary of Newfoundland and Labrador Biography*, pp. 49-50.

³¹ See Government of Newfoundland, *Journal of the House of Assembly, Appendix*, "Evidence taken before the Select Committee of the St. John's Hospital," p. 193; and "The St. John's Hospital in Account with the Directors," p. 273.

³² Nevitt, *White Caps*, p. 6.

³³ *Dictionary of Newfoundland and Labrador Biography*, p. 69. See also M. Southcott, "Nursing in Newfoundland," *The Canadian Nurse*, vol. XI, no. 6, June 1915, p. 312.

³⁴ Nevitt, *White Caps*, pp. 7-8.

Hospital in 1865.³⁴ Her staff included a Sub-Matron, four nurses, and three fever nurses who received £14 pounds per annum each.³⁵ Through informal apprenticeship training, Cowan effectively taught and directed young women to perform nursing and housekeeping duties in the Hospital.³⁶

The Nightingale training schools had not yet been established in England. Thus, neither of the Cowan sisters, nor any other nurse practising in Newfoundland before the end of the nineteenth century, were trained in a nursing school. The physicians at the General Hospital pushed for the employment of a trained nurse to the position of Matron. However, when Agnes died in 1893, her position was filled by the Hospital seamstress.³⁷

By the close of the nineteenth century, Newfoundland physicians were beginning to recognize the importance of trained nurses to the delivery of health care. Along with the new century would open a new School of Nursing.

³⁴ In 1871, the Government of Newfoundland took over the military hospital in St. John's. The staff and patients from the civilian hospital were transferred to the ex-military institution that would become known as the General Hospital. See Nevitt, *White Caps*, p. 11.

³⁵ *JHA*, 1866, p. 600.

³⁶ *Diamond Jubilee: General Hospital School of Nursing, 1906-1981*, p. 23.

³⁷ The seamstress, Lizzie Morgan had previously assisted Agnes and was familiar with the operating room and other aspects of the Hospital health care. See Nevitt, *White Caps*, pp. 7-9, 17.

CHAPTER II

EDUCATION AND LEADERSHIP

The St. John's General Hospital School of Nursing

The training school for nurses at the St. John's General Hospital began in 1903. The staff at this time consisted of thirteen nurses,¹ one of whom was Mary Southcott as first Superintendent of Nurses. Southcott proved instrumental in the development of trained nursing in Newfoundland throughout the early twentieth century. She had studied abroad and was determined to base Newfoundland's only nursing school on the Nightingale system in Britain. Born in St. John's in 1862, Southcott became financially independent upon the death of her father in 1895 and chose to use her resources to pursue nurses' training in England. She attended the London Hospital and graduated from the two-year program in 1901, with a "Highly Satisfactory" performance and an award in Proficiency in Nursing Lectures and Education.²

The matron of the London School, while Southcott attended, was Eva Luckes, a contemporary of Florence Nightingale. After graduating, on the advice of Luckes, Southcott enrolled in a course in midwifery at the Maternity and District Nurses Home in London. By this time, Southcott was a mature, independent and educated woman focused on her career. Nursing had long been her ambition, and upon graduating she passionately entered the profession. Southcott worked in London for one year before

¹ *Diamond Jubilee*, p. 21.

² White, "Who's in Charge Here?" pp. 97-98.

returning to Newfoundland to assume her new post as Superintendent of Nurses at the General Hospital.³

The training she received at the London Hospital impressed upon Southcott certain principles of nursing that remained with her throughout her career. She asserted her position within the hospital hierarchy and motivated nurses with her authority and nursing ethics. Southcott explained to the commission of inquiry in 1905:

Any nurse who knows anything about her work is supposed to know when to send for a doctor. If a patient comes in and I am there the nurse always comes and tells me, and if the doctor does not happen to be present I would be the sole judge as to whether he should be sent for or not. Every nurse is supposed to be a judge. It is not the duty of a nurse to send for a doctor when a patient enters the hospital unless, in her opinion, it is necessary to do so.⁴

Mary Southcott served as both supervisor and patient-caregiver at the General Hospital. Her duties included hiring all nursing staff and maintaining records, instructing student nurses, evaluating the quality of nursing care provided by her staff, inspecting the cleanliness of the hospital and equipment, and overseeing the health of patients and her staff at the General Hospital.⁵ Southcott kept a record of the patients entering and leaving the Hospital. She was also responsible for preparing prescriptions.⁶ When Southcott began her appointment as Superintendent of Nursing in 1903, her staff at the Hospital

³ Nevitt, *White Caps*, pp. 45-46.

⁴ PANL, GN6, 10/1/6, File 5, "General Hospital Inquiry, 1905: Report, 28 August 1905," Report of the Commission to the Governor Sir William MacGregor, p. 36.

⁵ *Diamond Jubilee*, p. 21.

⁶ PANL, GN6, 10/1/6, File 4, "General Hospital Inquiry, 1905: Evidence," Mary Southcott, 25 July 1905, p. 1.

included young women who had been informally trained on the job by Agnes Cowan.⁷ These young women performed nursing and domestic services, but they learned their tasks by assisting the more experienced women who nursed at the Hospital. They were not "trained nurses".⁸

The curriculum for the young training school for nurses included formal lecture courses in General Nursing and Anatomy and Physiology taught by Mary Southcott as well as courses in Surgical and Medical Nursing taught by hospital physicians.⁹ The training also included a period of apprenticeship, in which a trained nurse worked along with, and passed her knowledge on to the student nurses.¹⁰ Upon successful completion of the program and final exams, the graduate received a certificate. Most graduates did not receive an official registration "card" until the formation of the ARNN. However, the NGNA did receive many requests from General Hospital graduates seeking employment in Canada, who were required to present proof of their graduation for consideration. This consisted of either the student's

⁷ There was also one male nurse practising at the General Hospital at the time of Mary Southcott's appointment. Edward Taaffe had been appointed by Dr. Crowdy in 1875, with a salary of \$320/year. He performed all the dressings in the Male Ward until the arrival of Southcott, when his job description shifted. His main duties thenceforth consisted of operating the x-ray machine and helping dismissed patients leave the hospital and get passage on the train or steamer. See PANL, GN6, 10/1/6, File 4 "General Hospital Inquiry, 1905: Evidence," Edward Taaffe, 24 March 1905.

⁸ *Diamond Jubilee*, p. 23.

⁹ Beginning in 1913, cooking classes were also held for the students at the training school, taught by the Assistant Nursing Superintendent. See "Annual Report of the General Hospital, St. John's, 1913," *Journal of the House of Assembly of Newfoundland*, St. John's: Evening Herald Office, 1914, p. 301.

¹⁰ *Diamond Jubilee*, p. 23.

transcript from the nursing school or her certificate issued through the government.¹¹

St. John's had no Maternity Hospital until 1923, when The Salvation Army Grace General Hospital officially opened. Dr. William Roberts was the driving force behind the establishment of the institution, and was its first Medical Superintendent.¹² Salvation Army Staff Captain Eliza J. Fagner and Ensign Pearl Payton, both trained in maternity nursing, arrived in St. John's for the purpose of organizing and managing the new hospital. Captain Eliza Fagner was from Conception Bay, Newfoundland and attended nurse training school in Winnipeg. Before returning to Newfoundland in 1923 Fagner was in charge of a Salvation Army Home in New Brunswick.¹³

In 1924, Dr. Roberts initiated an eighteen-month Maternity Training Course, intended to train ten maternity nurses each year. The curriculum was based on that of the Central Midwives Board in London and also included training in obstetrics and children's diseases. In order to differentiate between this new eighteen-month maternity course and a previous three-month course provided by the Midwives Club, graduates of the eighteen-month course were known as "Maternity Nurses" while graduates of the

¹¹ See Janet Story; and Ruby Dewling.

¹² Dr. William Roberts pursued post-graduate studies in Edinburgh, specializing in the diseases of women. In 1913-14 he returned with a Scottish nurse and opened a small hospital for women in his home in St. John's. The hospital was not long in operation, but Roberts recognized the need for a special hospital for women in the city. He approached the Salvation Army with his ideas, and in December of 1923 the Salvation Army Grace Maternity Hospital opened. See Nevitt, *White Caps*, p. 147.

¹³ Browning, p. 3.

three-month course were known as "Midwives."¹⁴ The standard of admission to this program was higher than the standard of admission for the General Hospital School of Nursing.¹⁵

In 1929, Major Pearl Payton expanded this course into a three-year program leading to a diploma in nursing that resembled nurse training programs throughout North America.¹⁶ The nursing program was structured to provide the most cost-efficient means of staffing hospital-nursing personnel. Fully trained registered nurses held positions in supervisory roles and taught the formal courses in nursing technique. Hospital physicians provided the lectures in the remaining courses of the required curriculum. In the training program, the students' lectures came secondary to the hours of apprenticeship duty that the students provided to the hospital.¹⁷

Regulations for admission into the nurse training program at the Salvation Army Grace Maternity Hospital differed only slightly from the regulations set by the government for the St. John's General Hospital. To be accepted into the program at the Grace Hospital the applicant had to be a single woman between the ages of eighteen and twenty-three. Men were not considered for application to the program.¹⁸ In May 1941, thirteen women were accepted as probationers ("A" section) and in September fourteen more women were accepted ("B" section). Viola Alfreda Smith

¹⁴ Nevitt, *White Caps*, p. 150.

¹⁵ Nevitt, *White Caps*, p. 149.

¹⁶ "The Grace General Hospital, St. John's, Newfoundland, 60th Anniversary, 1923-1983," (St. John's, NFLD: Robinson-Blackmore, October 1983), p. 4. See also Marsh, *A Small Town Nurse*, p. 84.

¹⁷ The first class of ten students graduated from the program in 1931. See "The Grace General Hospital," p. 4.

Marsh, who entered the program in that year, described the training school hierarchy in domestic terms:

We were now a big family of Probies, Junior, Intermediate and Senior nurses, each respecting the other. We were expected to stand when a doctor, the Supervisor or a Senior Nurse entered the room, always letting them go first and being courteous at all times.¹⁸

Training at the Grace Hospital usually consisted of twelve-hour days that began at 6:00 a.m. with roll call. Students received two hours off duty each day, which they usually spent in the classroom. The student nurses received one half-day off each week, one late-leave each month, and three weeks holiday during the summer. During their last year of training, the student nurses entered the operating room and the maternity case room for the first time. Through the affiliation program, they also spent time practising at the Tuberculosis Sanitarium, the Hospital for Communicable Diseases, and the Hospital for Mental and Nervous Diseases.¹⁹ Alfreda Smith Marsh worked as a nurses' aide in the Burin Cottage Hospital before she entered training at the Salvation Army Grace Hospital. She described the general training at the Grace Hospital as similar to her informal apprenticeship under the English nurse at the Burin Cottage Hospital:

Our training was similar to the English nurse in training. We scrubbed walls, urinals, bedpans and dusted. We washed dressings and bandages, refolded, rewound and reused them. We were taught to autoclave and sterilize. We learnt from our teachers how to suture small wounds, deliver babies, incise small areas for drainage and to be able to diagnose an illness. Nurses must be capable and responsible to work independently in the remote areas of

¹⁸ Marsh, *A Small Town Nurse*, p. 43.

¹⁹ Marsh, *A Small Town Nurse*, p. 43.

²⁰ Marsh, *A Small Town Nurse*, pp. 44-45.

Newfoundland. They were often unable to contact others to obtain assistance.²¹

Until the mid-twentieth century, student nurses comprised the majority of the hospital nursing staff. Through this apprenticeship system, the student nurse provided services to the institution in exchange for room and board and a small allowance. Most North American nurse training schools followed this pattern.²²

St. Clare's Mercy Hospital in St. John's formally opened on May 21, 1922. Sister Mary Bernard Gladney, who graduated in September 1921 from Mercy Hospital in Pittsburgh, was appointed Superintendent of the new hospital. Sister Mary Aloysius Rawlins looked after the administration of the hospital and the nursing staff consisted of Alice Casey, R.N., and five Sisters. Many of St. Clare's Sisters graduated from Mercy Hospital School of Nursing in Baltimore, Maryland.²³

The School of Nursing at St. Clare's Mercy Hospital began in November 1939. Fourteen new students entered the program that year, along with five students who had spent one year of informal training in the original hospital. Those five students received formal credit for their previous training, and in 1941 became the first graduates of St. Clare's School of Nursing.²⁴ From the beginning of the program in 1939 until 1954, the curriculum included twelve-hour ward shifts - from 7:00 a.m. to 7:00 p.m. with a break either between 11:30-2:00 or between 2:00-4:00.

²¹ Marsh, *A Small Town Nurse*, p. 44.

²² See for example, Wishart, "Producing Nurses."

²³ Six Sisters graduated between 1921 and 1939. See "St. Clare's Mercy Hospital," [p. 2].

Students attended classes that were scheduled between hours spent in clinical work and had a supervised study period from 7:00-9:00 p.m. twice a week. Students working night-shifts were still required to attend classes in the day.²⁵

During the early years of the School, the nursing program at St. Clare's was involved in the affiliation program with the specialty hospitals in St. John's - the Hospital for Mental Diseases, the Tuberculosis Sanatorium, and the Fever Hospital. The students' training included a period of work in these hospitals. The affiliation program included students from the St. John's General Hospital, the Salvation Army Grace Hospital, and St. Clare's Mercy Hospital. It provided the opportunity for the students from the different schools to live and work together.

In 1922, the International Council of Nurses passed resolutions to standardize education for nurses:

- [the] standard for trained professional women shall be three years continuous training in recognized, qualified training schools
- the training school be under the direction of a trained professional Nurse Superintendent
- the "Standard Curriculum" to be given under the direction of a professional nurse.²⁷

Whether Newfoundland nursing and medical leaders had communicated with the ICN or not, they were anxious to ensure that the Island's education for nurses was based on the accepted

²⁴ "St. Clare's Mercy Hospital," [p. 4].

²⁵ The eight-hour shift was introduced in 1954. See Burke, p. 13.

²⁶ In 1959, affiliations were started with St. Patrick's Mercy Home and the Victorian Order of Nurses in Community Nursing. Affiliations with the Sanatorium and the Hospital for Communicable Diseases ended in 1965, while affiliations with Memorial University of Newfoundland, the Janeway Children's Hospital and the Cottage Hospitals began. See Burke, pp. 31-32.

²⁷ Quoted in Stuart, "Seeking Stability," p. 90.

standards for training schools in Canada. Since early 1920s, coinciding with the ICN resolutions, the St. John's hospital training schools had been following the *Minimum Curriculum for Approved Training Schools for Nurses in Ontario*. Furthermore, prior to Confederation, and at the instigation of Dr. Miller, the NGNA invited a Canadian nurse to St. John's to examine the curricula and standards of Newfoundland's training schools. Miller wished to ensure that the training programmes at the local schools were equivalent to the training schools on the mainland.²⁸ The government and the Medical Board aimed to maintain facilities, education, and health care practises that were equivalent in quality and scope to Canadian standards.

²⁸ Janet Story.

Mary Southcott

The institutionalization of health care with the opening of the St. John's General Hospital was significant to the development of nursing as an organized occupation in Newfoundland. The early trained Matrons of the St. John's General Hospital brought to the position a wide range of experience and education. Due to their educational contacts with Britain and North America, early nursing practises in Newfoundland retained much in common with the nursing practises of the other Western nations. The Matron was responsible for housekeeping, supplies, and the preparation of meals for the nursing staff and patients. Hospital cooks and servants were under her direction.²⁹

As early as 1902, nurses in Newfoundland were asserting themselves in the medical environment. In that year, a commission of inquiry was established to examine certain complaints made by the Matron of the St. John's Hospital for the Insane against the Medical Superintendent of that hospital. She charged him with "1) the death of a patient from hypodermic, 2) improper treatment of female attendants, and 3) neglect of patients in the Institution."³⁰ The medical superintendent of the Hospital at that time was Dr. J. Sinclair Tait, appointed to that position in 1900. In 1901, Tait became the central figure of a scandal at the

²⁹ PANL, GN6, 10/1/6, File 4, "General Hospital Inquiry, 1905: Evidence," G.W. Gushue, 17 February 1905, p. 4.

³⁰ Appointed to the inquiry were James G. Couroy, Michael T. Knight, and George M. Johnson. See PANL, GN 6, 1902, 10/1/5, #

Asylum that resulted in a government Commission of Inquiry. According to local, politically partisan newspapers, following the suicide attempt of a patient of the Hospital, Tait departed for England. The institution, therefore, temporarily had no mental-health doctor.³¹ *The Daily News* denounced the government, the institution, and Dr. Tait for irresponsibility and incompetence surrounding the scandal of the Asylum and demanded a public inquiry into the events.³²

In 1905, another commission of inquiry was appointed by the government, this time to investigate the affairs of the St. John's General Hospital. The inquiry was incited by a controversial incident at the General Hospital concerning a seaman patient. Mary Southcott refused to provide the Seaman's Physician, Dr. William Kennedy, with certain splints for the patient's leg. Southcott was unaware of Kennedy's position within the institution. She had never before seen Kennedy and no one had informed her of his particular position. After hearing the testimonials, the commission concluded that "Ignorance, on the part of Miss Southcott, as to the position that Dr. Kennedy occupied in the Civil Service was quite excusable, seeing that she had but recently been appointed to the position that she

10, File 1, "Department of the Colonial Secretary: Proclamation," Governor Sir Cavendish Boyle, 26 May 1902.

³¹ The two major newspapers in St. John's were affiliated with the two major political parties. *The Evening Telegram* supported the Liberal government, which at the beginning of the twentieth century was led by Sir Robert Bond. *The Daily News* ardently criticized the Bond government, particularly in its editorials. See "Is This True?," *The Daily News*, 29 May 1901; "The Asylum Scandal," *The Daily News*, 4 June 1901.

³² "Further Outrage," *The Daily News*, 5 June 1901; and "They Treat it Lightly," *The Daily News*, 1 June 1901.

occupied; but we feel that when Dr. Kennedy explained to her his connection with the hospital she was placed in an awkward position and no doubt acted with the best of her judgment...." ³³ The commission was also responsible for examining "the present system of medical attendance and general management, and whether the same may be charged with advantage to the Institution and to the public."³⁴ The Hospital suffered administrative mismanagement at this time. Several of the complaints concerned confusion in the admittance and dismissal of patients. Alfred Bishop Morine declared to the House of Assembly that he had learned that operations at the Hospital were often needlessly delayed, that some patients could not be treated properly because certain medical apparatus had not been installed on time, and that the food and its preparation was of poor quality.³⁵

Evidently there was a negative dynamic in the Hospital during this period. This confusion was perhaps a result of occupational conflicts, as medical practitioners of various fields sought to define their responsibilities and their positions within the institution. One of the individuals called before the commission observed that the officials of the Hospital

³³ Appointed by the governor, Sir William MacGregor, were Sir Robert Bond, Alfred Bishop Morine and James M. Kent. See PANL, GN6, 10/1/6, File 5, "General Hospital Inquiry, 1905: Report 28 August 1905," Report to the Commission to Governor Sir William MacGregor, pp. 17-24.

³⁴ See PANL, GN6 1905, File 3, "General Hospital Inquiry, 1905," Précis of Questions and Answers in the House of Assembly during the Session of 1904, in reference to General Hospital affairs, pp. 1-2.

³⁵ PANL, GN6 1905, File 3, "General Hospital Inquiry, 1905," Précis of Questions and Answers in the House of Assembly during the Session of 1904, in reference to General Hospital affairs, pp. 1-2.

placed blame or found fault with their coworkers. Another individual noticed continued annoyance between the Superintendent of Nurses and Dr. Henry Shea, the Hospital's Resident Physician.³⁶ The atmosphere of the institution had a particular effect on the nurses of the General Hospital. Many nurses would not openly raise complaints about Hospital abuses due to the fear of being dismissed.³⁷

At the Commission of Inquiry, Mary Southcott brought forth certain recommendations on improving the working conditions and living arrangements of the nursing staff of the General Hospital. She suggested the structure of the hospital be arranged to function more efficiently and conveniently, that a nurses' home be constructed at the institution, that the hospital capacity be increased by sixty beds, and consequently that the nursing staff be increased to accommodate the number of patients. Southcott argued for an eight-hour workday for the nursing staff.³⁸ She was also steadfast in promoting the increase in her nurses' salaries, particularly because the hospital lost many of its nursing staff to Canadian and American employers:

³⁶ Henry Shea was born in St. John's in 1835. He was raised in England, attended medical school at Dublin University, and returned to Newfoundland to begin his medical practise. He was medical superintendent of the Fever Hospital in St. John's from 1870-1889 and resident physician at the General Hospital from 1889-1909. See *Encyclopedia of Newfoundland and Labrador*, vol. 5, (Cyril F. Poole, Robert H. Cuff eds.), St. John's: Harry Cuff Publications, 1994, p. 154. PANL, GN6 1905, File 3, "General Hospital Inquiry, 1905: Minutes of Meetings, 10 February - 8 August 1905," Colonial Secretary's Office, 24 February 1905, p. 2.

³⁷ PANL, GN6 1905, File 3, "General Hospital Inquiry, 1905," *Précis of Questions and Answers in the House of Assembly*, p. 2.

³⁸ PANL, GN6, 10/1/6, File 4, "General Hospital Inquiry, 1905: Evidence," Mary Southcott, 25 July 1905.

I think there ought to be some inducement for nurses to stay on at the Hospital after they have received their training and got their certificates. I think they should be given larger salaries. They get \$100 a year for the three years they are training, and I think that by an increase in their salaries the nurses could be induced to remain, and an efficient staff maintained.³⁹

Dr. Herbert Rendell, Assistant Physician of the St. John's General Hospital, also testified at the Inquiry of 1905. He concurred with Mary Southcott that the nurses should have a home in which to live. In return for their board, the nurses would provide the institution with their services. They would also be "...at the disposal of the Government in all cases of emergency such as an epidemic in any of the outports."⁴⁰ Such arrangements were not unique to the St. John's General Hospital School of Nursing. Indeed, nursing schools throughout North America were organized through medical institutions to provide the hospital with an large and inexpensive body of labour - the student nurse. In his recent thesis, "Producing Nurses: Nurse Training in the Age of Rationalisation at Kingston General Hospital, 1924-1939," James Wishart argued that the paternalistic hospital Training School was adapted economically and scientifically to meet the demands of post-World War I health care. Within this regimented adaptation, the nursing student provided an inexpensive means of providing credible nursing care within hospital institutions.⁴¹

³⁹ PANL, GN6, 10/1/6, File 4, "General Hospital Inquiry, 1905: Evidence," Mary Southcott, 25 July 1905, p. 2.

⁴⁰ PANL, GN6, 10/1/6, File 4, "General Hospital Inquiry, 1905: Evidence," Herbert Rendell, 25 July 1905.

⁴¹ James Wishart, "Producing Nurses: Nurse Training in the Age of Rationalization at Kingston General Hospital, 1924-1939," MA Thesis, Queen's University, Kingston, 1997.

The early twentieth century witnessed the continuation of foreign-born medical men attaining considerable authority within the Newfoundland medical community. In 1889, Edward Lawrence Keegan immigrated to the Island and his involvement with St. John's medical institutions had lasting effects on health care and nursing within the city. Born in Dublin, Ireland, Keegan graduated from Trinity College medical school before arriving in Newfoundland to begin his private medical practise. Keegan quickly advanced in the medical hierarchy, serving as superintendent of the Hospital for Mental and Nervous Diseases in St. John's from 1898 to 1901, district surgeon for St. John's East, and Chief Surgeon and Medical Superintendent of the General Hospital in 1909.⁴² During his tenure as Medical Superintendent, Keegan became embroiled in a dispute with Mary Southcott. This dispute led to another Commission of Inquiry, and its outcome influenced the early development of the nursing profession in Newfoundland.

In her thesis, "Who's in Charge Here? The General Hospital School of Nursing, St. John's, Newfoundland, 1903-1930," Linda White described and explained the discord between Mary Southcott, Superintendent of Nurses, and Keegan, Medical Superintendent of the hospital. The conflict between Keegan and Southcott revolved around the question of job-description - in particular, Southcott's position within the Hospital hierarchy.

⁴² Keegan was the founder and first president of the Newfoundland Medical Association. See *Encyclopedia of Newfoundland and Labrador*, (Joseph R. Smallwood, Cyril F. Poole, and Robert H. Cuff eds.), vol. 3, (St. John's: Harry Cuff Publications, 1991), p. 159.

The position of Dr. Keegan in the Hospital was not defined in his appointment, nor has it been defined since; the position of Miss Southcott was defined in her appointment by the Governor in Council, but it was apparently never brought to the attention of Dr. Keegan. The definition of Miss Southcott's position in her letter of appointment was not in our opinion free from ambiguity, and the lack of definition in regard to Dr. Keegan's position has led the latter to depend largely on what he considered the powers and duties of Medical Superintendent should be....¹³

Keegan felt the nurses should not have the authority to define the role of nursing within the hospital. He blamed Southcott and the nurses for preventing him from successfully fulfilling his role as Medical Superintendent.¹⁴

Southcott was substantially supported in the situation, both by renowned physicians as well as her own staff of nurses. During the Commission, Mary Southcott presented letters from nursing superintendents of hospitals in England, Canada, and the United States to support her argument that nursing staff was the responsibility of the Nursing Superintendent. Furthermore, the testimonies of other doctors also illustrated this as the usual practise. Reputable local physicians familiar with the General Hospital and Southcott's success within that institution stated that the Superintendent of Nurses was responsible for nursing affairs in the hospital, and that Mary Southcott was efficient in this role.¹⁵ At least four nurses of the General Hospital formally stood in support of Southcott and threatened to resign if their

¹³ JHA, (Appendix), "Report of the Royal Commission," (St. John's: The Evening Herald Office, 1915), p. 800.

¹⁴ Linda White, "Who's in Charge Here? The General Hospital School of Nursing, St. John's, Newfoundland, 1903-1930," *Canadian Bulletin of Medical History*, vol. 11 (1994), pp. 91, 103.

Superintendent resigned. Nurses Forsey, Payn, Cluett and Reid wrote the Colonial Secretary, J.R. Bennett, stating the following:

As our Nursing Superintendent Miss Southcott and Senior Nurse Sister Redmond [were] insulted this morning by Dr. Keegan in the presence of Dr. Knight, Sister Forsey and patients of Crowdy Ward, should Miss Southcott and Sister Redmond resign as the result of such, we nurses will resign also.⁴⁶

Despite the strength of evidence presented in Southcott's defence that overwhelmingly emphasized the importance of retaining the authority of the Nursing Superintendent in regulating nursing within the hospital and supervising her nursing staff, the Commission concurred with Keegan. Upon the recommendation of the General Hospital Board of Governors, the Government dismissed Mary Southcott in April 1916. This move was sharply criticized by the Opposition in the House of Assembly. William Coaker referred to Southcott as

...a magnificent woman, splendidly trained, first class in every respect. You take her from the hospital...and we have not had any explanation as to why the change is being made, or as to whether anything improper has been done by her to justify her removal.⁴⁷

The Colonial Secretary could offer no reasonable justification for Southcott's removal. When Coaker asked: "...that no charge has been brought against this woman; that she did her work faithfully; but for some particular reason the Board of Governors asked for her dismissal and the Government agreed?" the Colonial

⁴⁵ Dr. Thomas Anderson, Dr. H. Cowperthwaite, Dr. Nutting Fraser, and Dr. Cluny MacPherson all supported Southcott. See White, "Who's in Charge Here?" pp. 108-109.

⁴⁶ PANL, GN6, 1914-15, Letter to J.R. Bennett (Colonial Secretary) from B. Forsey, A.L. Payn, R. Cluett, E. Reid, 28 March 1914.

⁴⁷ *The Daily News*, 8 April 1916, p. 9.

Secretary concurred.⁴⁸ Southcott's dismissal was a blow to nursing education and to the development of the young profession in the country. After her resignation, Southcott continued nursing in St. John's. She established a private hospital in the city consisting of eight to ten beds and a small operating room, where she received maternity patients and children.⁴⁹

The General Hospital Act was passed on 5 June 1915 and established a Board of Governors consisting of six individuals appointed by the Governor in Council. The duties and powers of the Board were extensive and included the right to appoint, suspend, and dismiss the Superintendent of Nurses, Assistant Superintendent of Nurses, Night Superintendent, Sisters of the Operating-Room, Sisters of the Ward, and the Matron.⁵⁰ The General Hospital Act provided the Medical Superintendent with authority over the Superintendent of Nurses and the nursing staff:

The powers of the Superintendent [of Nurses] shall not be held to include the right to intervene directly between any departmental head and the subordinates of that head in matters of administration, but in his capacity of physician and surgeon he may give medical or surgical directions to the Ward Sisters or Nurse in charge in relation to the care and treatment of patients.⁵¹

The Act was passed in direct response to the Royal Commission into the General Hospital that investigated the conflict between Southcott and Keegan. The result was the

⁴⁸ *The Daily News*, 8 April 1916, p. 9.

⁴⁹ Nevitt, *White Caps*, p. 102.

⁵⁰ The Board also had the power to appoint, suspend or dismiss the Medical Superintendent along with the medical staff. See Government of Newfoundland, "An Act Respecting the General Hospital," *Act of the General Assembly of Newfoundland*, (St. John's: J.W. Withers, 1915), p. 116.

⁵¹ "An Act Respecting the General Hospital," p. 117.

effectual demotion of the Nursing Superintendent's position. She was now responsible directly to the Medical Superintendent and her authority in her Wards was diminished:

The Superintendent of Nurses shall be appointed by the Governors. She shall have the management and supervision of all the Nurses in the Hospital, and the Nurses' Home. She shall obey all instructions in respect of all medical and surgical work, given by the Superintendent, the visiting Medical Practitioners and Surgeons, and the House Surgeons. She shall perform such other duties as may be prescribed by the rules and regulations, made by the Governors hereunder and shall be responsible directly to the Superintendent.⁵²

The nursing staff remained under the jurisdiction of the Nursing Superintendent except in the operating room where they were responsible to the surgeon in charge.⁵³

During the fifteen years after the General Hospital Act, the condition of the School of Nursing and its standard of education declined. The Board of Governors set the regulations for both student and graduate nurses and also altered staffing conditions for the purpose of economizing the cost of health care. The Board replaced the position of Matron of the Residence, a trained nurse position, with a housekeeper. In 1923, it abolished the positions of Matron of the Hospital and Assistant Superintendent of Nurses. The priority of the Board during these years was to save money, in which they succeeded, to the detriment of the quality and

⁵² "An Act Respecting the General Hospital," p. 118.

⁵³ "An Act Respecting the General Hospital," pp. 117-118. An exception to this regulation was the position of X-Ray Operator and Anesthetist, held at that time by Madge Cullian. As a trained Sister, Cullian should have been under the authority of the Superintendent of Nurses. However, the Commission recommended that Cullian receive the title of X-Ray Operator and Dispenser and be placed directly under the Medical Superintendent. Thus, Southcott's authority was bypassed. See "Report of the General Hospital Commission," pp. 804-805.

productivity of nursing care.⁵⁴ Cost-saving measures were also employed at this time by Canadian hospitals. For example, at Kingston General Hospital the education of student nurses through a regimented apprenticeship system ensured the efficiency of the nursing staff while maintaining a large, inexpensive hospital labour force.⁵⁵

The duties and responsibilities of the Superintendent of Nurses at the St. John's General Hospital changed after the inquiry of 1915. The Superintendent was required to visit and inspect the wards and Nurses' Home each day, ensure that the nurses under her charge suitably performed the duties required by the hospital physicians and surgeons. She ensured the proper performance of Nursing Staff duties, and retained

...a register containing the names and ages of all Probationers and Nurses, the dates of their appointment, promotion, register, transfer, resignation, discharge, and a memorandum of character and qualifications, both on appointment and on retirement or discharge, which Register shall from time to time be submitted to the Board of Governors.⁵⁶

The Superintendent administered the General Hospital School of Nursing, received applications for admission into the Training School and submitted those names to the Board of Governors, delivered lectures on General Nursing, decided on the promotion of Probationers, and assigned duties to the Probationers and Nurses.⁵⁷

⁵⁴ White, "Who's in Charge Here?" pp. 110-112.

⁵⁵ Wishart, "Producing Nurses."

⁵⁶ Government of Newfoundland, "First Interim Report of the Royal Commission on Health and Public Charities, June 1930," (St. John's: Office of the King's Printer, 1930), p. 47.

⁵⁷ "First Interim Report," pp. 47-48.

Myra Louise Taylor succeeded Southcott as Nursing Superintendent of the Hospital in 1916. Born in Bay Roberts, Newfoundland, Taylor graduated from the General Hospital School of Nursing (1910) and a course in midwifery at the Queen Charlotte Maternity Hospital in London, England (1913).⁵⁸ She served as Superintendent of Nurses at the General Hospital for twenty-three years. In 1917, Taylor began requesting the government to consider introducing an eight-hour work day for nurses, a system that had been introduced in Canadian and American hospitals.⁵⁹ She also supported her nursing staff when they petitioned the government for a salary increase, which they received in 1919.⁶⁰

As Superintendent of Nurses from 1916 to 1939, it fell upon Taylor to effectively manage the changes brought about by the General Hospital Act. According to this Act, the duties of the Superintendent of Nurses included visiting the wards and Nurses' Home each day for inspection, evaluating applications for the Training School, delivering lectures in General Nursing, supervising the students in their studies and performance of duties, maintaining a register of all Probationers and Nurses at the institution, ensuring the proper patient ministrations by the nursing staff, obtaining proper bedding and linen from the

⁵⁸ *Dictionary of Newfoundland and Labrador Biography*, p. 335.

⁵⁹ Taylor was still petitioning the government about the eight-hour work day in 1919. This was finally achieved by the ARNN in 1954. See, Government of Newfoundland, *The Journal of the House of Assembly*, (Appendix), p. 672.

⁶⁰ Salaries for General Hospital nurses was raised from \$38/month to \$50/month. This was still below the salaries of Military nurses, which ranged from \$80-\$100/month. See Nevitt, *White Caps*, pp. 96-97.

Hospital Matron, and performing any other task designated to her by the Medical Superintendent, the Board of Governors, or the government Legislature. In addition to her list of duties, Taylor was required to adopt the duties and responsibilities of the Assistant-Superintendent of Nurses when the Hospital Board eliminated that position as a cost-saving measure. Nonetheless, Taylor remained Superintendent of Nurses at the General Hospital School of Nursing until 1939, and contributed to the reforms in health care brought about by the Commission of Government.⁶¹

Although they did not attain statutory licensing for Newfoundland nurses during their tenures, Mary Southcott and Myra Taylor advanced the cause of professionalization through their leadership and their informal assertion of professional standards.

⁶¹ "First Interim Report," pp. 47-48.

CHAPTER III

International Influence and Local Dictatorship:

The Commission of Government

Communications between Newfoundland and the North American continent increased significantly through the twentieth century. Being a Commonwealth "sister," Canada became especially influential in the affairs of Newfoundland. Canada provided an organic example of how a modern nation was positively improving the application of medical and nursing care for all citizens. Canadian developments in health care could easily be adapted and applied to the Island.

The Newfoundland Commission of Government was especially interested in improving nursing standards and education in its ardent campaign to reform public health. The Government encouraged political, medical and nursing leaders to attend North American conferences on health care. Furthermore, the Government also secured the financial support of the Rockefeller Foundation in sending local nurses to attend advanced nursing courses in Canada and the United States. Through such efforts, the Commission of Government aimed to keep Newfoundland nurses up to date with continental education and health care practises.

Training Abroad

Out-migration plagued the development of nursing in Newfoundland from the establishment of the General Hospital School of Nursing to Confederation. When the School opened in 1903, women in St. John's had easier access to nurses training than women in the outports. The government hoped the opening of the nursing school in the city would entice more Newfoundland women to enter nursing and provide services to the Island, rather than relying on British nurses with short-term contracts. However, after their training, many local graduate nurses left Newfoundland in search of well-paying nursing positions that Canadian and American hospitals could offer. In 1914, 31% of the nurses who had graduated from the General Hospital since 1906 had left the Island. This figure had reached 37% by the end of the first World War. [See Appendix] As a result, the General Hospital was almost always under-staffed.¹

Out-migration of nursing graduates became such a concern for officials that, in 1909, Mary Southcott, with Dr. Keegan's support, approached the government requesting an increase in salaries for graduate nurses, to encourage them to stay in Newfoundland. In 1910, staff nurses upon graduation were paid the same salary as third-year probationers: \$100 per annum. At this time, the nursing school of the General Hospital enjoyed a

¹ Nevitt, *White Caps*, p. 52.

reputation for providing quality training, and graduates from the School were in much demand in Canada.²

Even as late as 1940, many of the nurses employed in the International Grenfell Association and the cottage hospitals throughout Newfoundland were from Britain.³ Viola Alfreda Smith Marsh, along with two other young women, worked as nurses' aides in the Burin Cottage Hospital from 1940-41. Marsh notes how the nurse in charge, who was a British Sister, "...taught [them] the general aspects of nursing. She taught [them] bed baths, bed making, sanitation, dressings, treatments, first aid and how to scrub for minor operations, all allowed in a Newfoundland outport at that time."⁴ Newfoundland nurses were still leaving the Island in search of more advanced training or higher salaries. However, women were now more frequently traveling to Canada to undertake advanced nursing courses at the university level.⁵ The general shortage of trained nurses practising in Newfoundland continued after the establishment of St. Clare's Hospital and the Island-wide Cottage Hospitals. The country's training schools could not produce enough graduate nurses to adequately staff the hospitals or the Outport Nursing and Public Health Nursing Services. Furthermore, although married nurses were permitted to continue nursing, many trained nurses left the profession upon marriage.⁶

² Nevitt, *White Caps*, pp. 52-55.

³ Nevitt, *White Caps*, p. 77.

⁴ Marsh, *A Small Town Nurse*, p. 43.

⁵ ARNN, NGNA, 16/1.01.002, Minutes 1941-1942, 56th General Meeting, 14 January 1941.

⁶ PANL, S6-1-2, File 14, "Establishment of Health Services in Newfoundland 1938-41", Letter from H.M. Mosdell to the Commissioner for Public Health and Welfare, 18 March 1941; see also ARNN, NGNA, 16/1.04, "Reports 1950-1954."

In her memoirs, *A Small Town Nurse*, Viola Alfreda Smith Marsh details particulars about her family from Grand Bank and her own career as a nurse. From her memoirs one may appreciate a representative picture of the experiences of a typical outport family. Her father, Alexander Smith, was from a traditional fishing family in Harbour Mille, Fortune Bay. He was a fishing captain for sixty years and traveled to many Canadian ports in Quebec and Nova Scotia as well as American ports in New England.⁷ Marsh's mother, Amelia Hickman Dodman, was the daughter of British immigrants. Perhaps encouraged by the travels of her immigrant parents, Amelia also traveled abroad and worked for several years in Boston. She returned to Newfoundland to marry and raise her family, and she described to her children the wonders of the big city.⁸ Their mother's experiences abroad enticed the children to leave Newfoundland as well. Marsh's eldest sister, Dorothy, resolved to go to Canada, but was obliged to remain at home when her mother became ill; her sister, Edith, left for Halifax where she lived for three years before settling in Boston; her brother, Alec Leslie, left Newfoundland to fish out of Lunenburg and Halifax before entering the Canadian Navy during World War II; her brother, John, fished between Newfoundland and Nova Scotia before eventually settling in Ottawa; and her sisters Margaret and Ellen moved to Toronto.⁹

Many sectors of Newfoundland society felt the pull of out-migration. The women who chose nursing as a career often had a

⁷ Marsh, *A Small Town Nurse*, pp. 24-26.

⁸ Marsh, *A Small Town Nurse*, pp. 27-28.

⁹ Marsh, *A Small Town Nurse*, pp. 27-35.

pioneering spirit and were eager to expand their horizons, challenge themselves, and practise their occupation in various locations, including large mainland cities and small, isolated outport communities. In the "First Interim Report of the Royal Commission on Health and Public Welfare," (1930) the Commissioners noted the difficulty in finding enough nurses for the Tuberculosis Nursing Service throughout the Island:

Practically at all times our nursing staff is undermanned; the cause of the lack of probationer nurses is not clear...it may be that living out of town is not found compatible with the present day craving for gaiety, it may be due to unrest and the desire to go to the United States....¹⁰

Newfoundland nursing schools provided the opportunity for women to train in nursing, but could not provide the incentive for all their students to remain on the Island for their careers. After completing the training program at the Salvation Army Grace Hospital in 1944, Viola Alfreda Smith Marsh nursed in St. John's for one year, in the Burgeo Cottage Hospital for one year, and then relocated to Montreal where she married and settled into her career. Marsh worked in several hospitals in Montreal through the Montreal Registered Nurses Registry. She particularly noticed a difference between her Newfoundland training and the job-description at the Reddy Memorial Hospital:

I soon discovered the difference between the training of the Canadian Nurse and the Newfoundland Nurse. It was very difficult for me since many of the tasks I had previously performed were now assigned to the interns, orderlies and others on staff. There were no limits on nursing duties in Newfoundland outports. Back home we did everything from stoking the furnace to scrubbing for a surgical case.... I became frustrated

¹⁰ "First Interim Report," p. 107.

and thought about going back to where nurses were nurses.¹¹

Marsh's perspective on the duties of a nurse exemplified the ideological difference between the rank-and-file nurses and the elite nursing leaders within the profession. The duties and responsibilities that nurses such as Marsh felt were integral to the profession were considered by nursing leaders to be beneath the efforts of the professional nurse.¹²

Unfortunately, like many Newfoundland nurses Viola Marsh did not return. Such women went in search of higher salaries, which hospitals in larger cities throughout Canada and the United States could provide. However, while many Newfoundlanders left for the continent, some chose to remain on the Island. Those who stayed also sought education abroad but brought their knowledge back to their country. They observed the trends and developments employed at the larger continental hospitals and admired the organization of North American nurses. Education abroad provided Newfoundlanders with valuable international learning experiences. By attending these innovative nursing schools, these women enjoyed direct contact with other trained nurses and nursing students. They could observe the novel developments occurring within the profession of nursing and bring their observations and new knowledge back to Newfoundland.

Inspiration for nursing was not always dependent on Newfoundlanders training abroad and bringing back their ideas. In particular, British nurses were commissioned by the government to

¹¹ Marsh, *A Small Town Nurse*, p. 53.

bring health care to outport communities.¹³ During the 1880s, the Island welcomed the arrival of two individuals who would direct lasting positive social reform in St. John's and introduce to the Island an outstanding North American nursing leader. Canadian Harriette Armine Nutting received charge of the Church of England School for Girls in St. John's in 1882. During her tenure she met Gilbert Gosling, from Bermuda, who was then employed with Harvey and Company. Six years later they married in Halifax, Nova Scotia, and returned to Newfoundland to make St. John's their home. Armine was the younger sister of Mary Adelaide Nutting, leader in Canadian and American nursing education.

Between 1882 and 1923, Adelaide spent a considerable amount of time in Newfoundland visiting her sister, brother-in-law and their family. Gilbert Gosling shared a friendship with Wilfred Grenfell, and through their association Adelaide became well acquainted with the pioneer Labrador doctor. She and Grenfell discussed medical-care and public health issues pertaining to Newfoundland, particularly the significant problem of consumption. In 1908, Adelaide was invited to the Anti-Tuberculosis Convention in St. John's, where she presented "The Opportunity of the Teacher in the Prevention of Tuberculosis," as a principal address.¹⁴

¹² For a reputed examination of the rift between rank-and-file nurses and the nursing leaders, see Melosh, *The Physician's Hand*.

¹³ See for example, Nevitt's illustration of the Newfoundland Outport Nursing and Industrial Association (NONIA) in *White Caps*, and Marsh, *A Small Town Nurse*, p. 44.

¹⁴ Helen E. Marshall, *Mary Adelaide Nutting: Pioneer of Modern Nursing*, (Baltimore: The Johns Hopkins University Press, 1972). Gilbert and Armine Gosling were effectively active in social reform in St. John's. They were involved with the Suffrage

In 1895, Margaret Alexandra Rendell became the first Newfoundlander to attend a formal training school. She was selected from among four hundred applicants to attend The Johns Hopkins Hospital School of Nursing in Baltimore. Her nursing career demonstrated the effect international communications had on hospital and nursing developments in Newfoundland. Mary Adelaide Nutting was Principal of the School when Rendell was admitted. It seems likely Rendell was inspired to pursue nursing studies by Adelaide Nutting. Her choice to apply for the programme at Johns Hopkins and her subsequent acceptance into that reputable school suggests a previous acquaintance between the two women.¹⁵ After her graduation, Rendell had a short but successful career as Matron of the St. John's General Hospital from 1898 until 1901. She resigned from nursing upon her marriage to George Shea in 1901.¹⁶

By the turn of the century, Newfoundland women were attending nurse training schools themselves. They observed the trends in nursing education and practise, and admired the

movement for Newfoundland women and the Child Welfare Association of the city. Gilbert was elected twice as St. John's Mayor. For a detailed account of Gilbert Gosling's significant career, see Armine Nutting Gosling, *William Gilbert Gosling: A Tribute*, (New York: Guild Press, 1935).

¹⁵ Marshall, *Mary Adelaide Nutting*, p. 65. See also Nevitt, *White Caps*, pp. 38-39.

¹⁶ Shea belonged to a wealthy St. John's merchant family. He served in the House of Assembly from 1885-1913, was a member of the Legislative Council from 1920-35, inherited the shipping agent firm "Shea & Co." from his uncle, Ambrose Shea, and served as Mayor of St. John's from 1902-06. While he was Mayor, Shea appointed the first Medical Health Officer for the city, Dr. Robert Brehm. See *Dictionary of Newfoundland and Labrador Biography*, pp. 309-311. See also M. Southcott, "Nursing in Newfoundland," *The Canadian Nurse*, vol. XI, no. 6, June 1915, p. 309.

organization of these nurses. By attending these innovative British, American, and Canadian nursing schools, these women enjoyed direct contact with other trained nurses and nursing students. Education abroad provided Newfoundlanders with valuable international learning experiences. They could observe the novel developments occurring within the profession of nursing and bring their observations and new knowledge back to Newfoundland. These early twentieth century students of nursing would set an admirable precedent with their enthusiasm for their profession. They would become influential in the development of nursing in Newfoundland through the first half of the century.¹⁷

Political and medical leaders traveled abroad to learn modern developments in health care provision. The government ensured that Newfoundland's medical community was up to date with the advances of other countries by sponsoring such initiatives. When the Society for the Prevention of Tuberculosis was established in 1909, the Government selected Dr. Herbert Rendell to travel to Britain, the United States, and Canada in an effort to learn the most advanced methods of treatment at the time.¹⁸

During the following year, Dr. Keegan traveled to London, Montreal, and New York to study modern surgical equipment and

¹⁷ Some of these women who trained abroad and helped shape nursing in Newfoundland through the first half of the twentieth century include Margaret Rendell (Johns Hopkins Hospital, Baltimore), Mary Southcott (The London Hospital, London), Lucy Hannaford (St. Vincent's Hospital, New York), Mary Bernard Gladney (Mercy Hospital, Baltimore), Mary Teresita McNamee (Mercy Hospital, Baltimore), Marcella O'Connor (St. Vincent's Hospital, New York), Ethel Thomas (Ottawa Civic Hospital, Ottawa), Hannah Janes (Grace Hospital, Windsor), Ethel Barter (Grace Hospital, Windsor). See Nevitt, pp. 151-152, 266-267.

¹⁸ *The Daily News*, 25 April 1916, p. 6.

purchased such equipment for the General Hospital. While in London he also attended meetings of the British Medical Association and consulted with knowledgeable medical practitioners.¹⁹ The Government of Newfoundland respected and valued the knowledge and experience attained by local medical practitioners when they traveled to other Western nations.

In 1919, Dr. Keegan was again sponsored on a tour of medical institutions of the United States. He visited hospitals and clinics in Cleveland, Chicago, and New York, where he also attended the Great Surgical Congress. In his report for the General Hospital for 1919, Keegan emphasized the importance of Newfoundlanders gaining such experience:

The advantage of a visit of this kind cannot be overestimated especially for a Medical man living in Newfoundland, isolated as we are and miles away from any University centre it is impossible for a man to keep abreast of his profession unless he visits other parts, mixes with other Surgeons, hears discussions and sees for himself the great changes that even a year will bring about in Treatment, in Hospital Technique, and Equipment.²⁰

With the success of these early medical travels, the government supported nurses' participation in Canadian nursing conferences and educational courses. During the 1930s and 1940s, the Commission of Government was actively assisted Newfoundlanders

¹⁹ JHA, (Appendix), "Annual Report of General Hospital St. John's, 1913," pp. 278-79.

²⁰ While in Chicago, Keegan arranged for two wounded Newfoundland soldiers to train with the Rowley Firm in Artificial Limb making. The two men would return to St. John's and initiate a new Limb Department in connection with the General Hospital. See JHA (Appendix), "Report of the General Hospital for the Year ending 31st December 1919," (1921?), pp. 644-646.

who wished to attend conferences and meetings in Canada and the United States.²¹

The Newfoundland government encouraged and financially supported local nurses in furthering their education at reputable North American schools through the provision of education and travel grants. In 1909, General Hospital nurse Madge Cullian received a bursary to study radiology and anesthesia in Chicago and at the Royal Victoria Hospital in Montreal.²²

Government sponsorship of educational initiatives in health care and medicine continued throughout the first half of the twentieth century. The Commission of Government actively supported nurses who were interested in attending post-graduate studies in Canada and the United States. These programmes were arranged upon the condition that the nursing practitioner would spend at least two years with the Island's Department of Health.²³ On the eve of Confederation, the Newfoundland government sponsored and arranged for a local nurse to undertake a post-graduate course in the treatment of Mental and Nervous Diseases. This arrangement was made with the Ontario Hospital Service and required that the nurse serve at least two years with the

²¹ Prominent Canadian physicians and politicians, including Ontario's Deputy Minister of Health, were well acquainted with J.C. Puddester, Newfoundland's Commissioner for Public Health and Welfare, and Dr. Leonard Albert Miller, Medical Officer with the Department of Health. See PANL, GN 38 S6-5-2, File 9, "Memorandum for the Commissioner, Department of Public Health and Welfare, p. 23.

²² "Annual Report of the General Hospital St. John's, 1913," *JHA* (Appendix), p. 280.

²³ PANL, GN 1/8/6, Public Health and Welfare 27 - '49, "Memorandum for the Commission of Government," 15 March 1949.

Department of Health in Newfoundland upon completion.²⁴ Such sponsorship also continued after Newfoundland joined Canada, taking the form of Federal Health Grants.

²⁴ Margaret Nolan was the nurse sponsored. See PANL, GN 1/8/6 1949, Public Health and Welfare 33 - '49, "Memorandum for the Commission of Government," 21 March 1949.

The Commission of Government and Health Care Advances

In 1929, the Newfoundland government began to take progressive action with regard to the public health situation in the country. On January 19, Governor Sir John Middleton issued a Commission of Inquiry into "...all matters connected with the administration of public moneys provided for the relief and assistance of the poor."²⁵ This included largely the management of the Department of Public Charities. At this time, health care and the administration of public and private hospitals were still considered forms of charitable relief. The fundamental recommendation of the Commission included the formal reorganization of public health and welfare services under a central authority - the Bureau of Public Health and Welfare, subordinate to the Department of the Colonial Secretary.²⁶

The improvement of public health became an international concern through the 1920s and 1930s. Organizations such as the League of Red Cross Societies, the League of Nations' Health section, and the Rockefeller Foundation funded initiatives in public health care reform.²⁷ During the summer of 1929, the Rockefeller Foundation invited Harris Munden Mosdell, chairman of Newfoundland's "Royal Commission in Health and Public Charities,"

²⁵ "First Interim Report," p. 5.

²⁶ "First Interim Report," p. 8.

²⁷ For the involvement of the Rockefeller Foundation with public health funding, see Meryn Stuart and Geertje Boschma, "Seeking Stability in the Midst of Change," in *Nurses of All Nations: A History of the International Council of Nurses, 1899-1999*,

to visit the United States and Canada to observe the public health endeavors of those countries.²⁸

Mosdell was an accomplished teacher, editor, physician and politician. He was also well acquainted with Canada, having earned his Bachelor of Medicine from the University of Toronto and serving as the Newfoundland delegate to the Imperial Press Conference in Ottawa in 1920. He served on the Board of Governors at the General Hospital and was a former Chairman of the Board of Health.²⁹ He was eminently qualified to conduct the "Royal Commission," and he produced a thoroughly researched report.³⁰

The product of this Royal Commission was the Public Health Act of 1931. It was comprehensive and advanced and, if it had been thoroughly applied, it would have revolutionized many areas of Newfoundland's inadequate public health and welfare system.³¹

Barbara L. Bush and Joan E. Lynaugh, eds., (Philadelphia: Lippincott, 1999), pp. 98-101.

²⁸ "First Interim Report," p. 6.

²⁹ Hibbs, *Who's Who*, 1930, p. 64.

³⁰ Mosdell was born in Bay Roberts, Newfoundland, in June 1883. He worked as a teacher and the founder and editor of a newspaper before attending medical school at the University of Toronto. He graduated in 1911 with a Bachelor of Medicine (Honours). He was extensively accomplished in medicine, politics and media. Mosdell founded and edited *The Bay Roberts Outlook*, *The Daily Mail*, and *The St. John's Daily Star* and he was President of the *St. John's Daily Star Publishing Company*. He also served as the Newfoundland delegate to the Imperial Press Conference in Ottawa in 1920. Mosdell was appointed to the Legislative Council in 1922, the Executive Council of the Squires Administration, Member of the Board of Governors of the General Hospital 1922, and Chairman of the Board of Health and Royal Commission on Public Health and Public Charities. See R. Hibbs (ed.), *Who's Who in and from Newfoundland*, (2nd ed), (St. John's: R. Hibbs, 1930), p. 63.

³¹ Mosdell formulated the Act during the second Squires administration. Sir Richard Squires was the most prominent political figure of the 1920s in Newfoundland politics. He was born in Harbour Grace in 1880 and became a lawyer and politician. In May 1923, Squires was elected Prime Minister of Newfoundland and held a controversial term in office - by July 1923 his own

It established a Department of Health and Public Welfare governed by a Bureau of Health and Public Welfare (consisting of members of the Executive Council, the Minister of Public Works, the Secretary of Public Health and the Commissioner of Public Welfare). The Public Health Act made provisions for all aspects of public health, from the inspection of food to the institutionalized health care of the General Hospital and other private hospitals.

As well-developed as the Public Health Act was, it was not immediately implemented. The worldwide Depression of the early thirties had a devastating effect on the Newfoundland economy and ultimately caused political disruption. In 1930 the price of fish on international markets crashed and the value of Newfoundland exports steadily declined. While the country's revenue decreased, unemployment and the demand for relief escalated. The stress on government finances increased and the government was required to seek outside financial assistance to prevent default.³² The

Cabinet was in revolt. Squires, with one of his Cabinet ministers and closest political ally, Alex Campbell, were charged with misusing public funds for the 1923 election campaign. The Deputy Minister and three other Ministers demanded Campbell's resignation, but Campbell remained while the four Ministers resigned. Squires also resigned. He was charged with misusing funds intended for a relief project for the unemployed, illegally acquiring money from the Liquor Department, and receiving money from two steel and mining companies interested in the iron-ore deposits on Bell Island (approximately \$4300 from the Dominion Company) for financing his campaign. Squires was released on bail and remained in the House with enough support to bring the government down. He did not run in the next election. However, he was returned to office in 1928 with a majority. It was during this second term that the Public Health Act was created. See Neary, *Newfoundland in the North Atlantic World*, pp. 12-13, and Rowe, *History of Newfoundland and Labrador*, pp. 378-384.

³² The Dominions Office of Great Britain adamantly refused to allow Newfoundland to default on its interest payment. This

government of Great Britain intervened and instituted the Amulree Commission to discern the most feasible administrative future for Newfoundland. Responsible Government in the country was suspended.³³

In 1934 the "Commission of Government" was established to govern the Island. Through an absence of partisan politics, the Commission, in principle, was intended to eliminate political corruption and efficiently establish Newfoundland's economy onto a firm footing.³⁴ Whether or not this move by the British

decision was much debated by politicians at the time and has been much debated by recent scholars. Some argue that permitting Newfoundland to default would have alleviated financial pressures so that the country could have survived the difficult depression era. Clement Atlee, member of the British Parliament and future Prime Minister of that country, recommended Newfoundland not make the interest payment. Atlee observed that 'all the best countries default nowadays.' Ultimately, Britain feared that if Newfoundland were allowed to default on a payment, other countries within its Commonwealth might then also default. Britain would not have a Commonwealth nation default. Rowe, *History of Newfoundland and Labrador*, pp. 384-393.

³³ William Warrender Mackenzie, first Baron Amulree, was chosen by the British government to chair the commission of inquiry into the future state of Newfoundland. The commission consisted of Amulree; Peter Alexander Clutterbuck, graduate of Cambridge and civil servant who was appointed secretary to the commission; Sir William Stavert, from Prince Edward Island, who mediated a merger of the Bank of Montreal with small Maritime banks and was financial advisor to the Newfoundland government at the time; and Charles A. Magrath, from Ontario, who served as chairman of the Canadian section of the International Joint Commission. It is questionable whether Newfoundland's interests were genuinely represented in this circumstance, since no Newfoundlander was appointed to the Commission. See Neary, *Newfoundland in the North Atlantic World*, pp. 15-16.

³⁴ The Amulree Commission recommended the suspension of Newfoundland self-government. Ironically, the legislation for suspension signed by the Alderdice Administration was the result of an agreement the type of which the Commission itself condemned as the cause of the country's financial problems. Alderdice supported the repeal of Responsible Government with the promise that members of his government would be appointed to positions within the new administration and the civil service. In addition, the Amulree Commission condemned the political patronage infamous

government to suspend Dominion status and establish a non-elected, non-partisan system of benevolent dictatorship was necessary at the time has been the subject of considerable debate among scholars of twentieth century Newfoundland history.³⁵ The Island's economy, based, as it was, almost exclusively on the export of fish to foreign countries, was particularly sensitive to fluctuations in the world market. However, Newfoundland was certainly not the only country devastated by the 1929 crash in world markets and the subsequent Great Depression. In fact, in 1933, the Island's per-capita debt was \$344, while Canada's per-capita debt was \$540.³⁶

For better or for worse, the Commission of Government was established. The new governing body took office on 16 February 1934 and controlled social and economic affairs in Newfoundland until Confederation in 1949. The Commission consisted of six Commissioners - three from the United Kingdom and three from Newfoundland.³⁷ Each Commissioner supervised one of the six

in the country's governmental system, yet the three Newfoundlanders appointed to the Commission belonged to the Conservative party. See Rowe, *A History of Newfoundland and Labrador*, p. 406.

³⁵ For an examination of the political and economic purposes behind the establishment of the Commission of Government, see Harry A. Cuff, "Commission of Government in Newfoundland - A Preliminary Survey," MA thesis, Acadia University, 1959; J.K. J. Hiller and Peter Neary, eds., *Newfoundland in the Nineteenth and Twentieth Centuries: Essays in Interpretations*, (Toronto: University of Toronto Press, 1980); John L. Mather, "On the Loss of Responsible Self Government and Dominion Status by Newfoundland, 1933-1934," MA thesis, State University of Iowa, 1950; Neary, *The Political Economy of Newfoundland*; Noel, *Politics in Newfoundland*; and Rowe, *History of Newfoundland and Labrador*.

³⁶ Rowe, *History of Newfoundland and Labrador*, p. 393.

³⁷ The Newfoundland Commissioners were: F.C. Alderdice, former Prime Minister of the last Dominion Government, his colleague

departments within the government: the Department of Justice; the Department of Finance; the Department of Public Utilities; the Department of Natural Resources; the Department of Home Affairs and Education; and the Department of Public Health and Welfare.³⁸ The main objectives of the Commission of Government were to increase national income and to improve the health and welfare of Newfoundlanders - to implement political, economic, and social "reconstruction."³⁹

The Department of Public Health and Welfare enjoyed the most positive development of all six administrative departments. Government expenditure on public health more than doubled under the Commission, in comparison to previous governments.⁴⁰ The Public Health and Welfare was supervised by one of the Newfoundland Commissioners - J.C. Puddester. Before his appointment to the Commission, Puddester was financial manager of the *Daily News* in St. John's. According to Governor Sir David Murray Anderson, Chairman of the Commission, Puddester possessed

J.C. Puddester, and W.R. Howley, a lawyer and the Roman Catholic representative. The United Kingdom Commissioners were: Sir John Hope Simpson, retired member of the Indian civil service, E.N.R. Trentham, Treasury official who had been financial advisor to the Newfoundland government for the previous two years, and Thomas Lodge, a strong personality who had a successful career in the civil service. See T. Lodge, *Dictatorship in Newfoundland*, (London: Cassell and Company, 1939), p. 26; Rowe, *A History of Newfoundland and Labrador*, p. 405, and S.J.R. Noel, *Politics in Newfoundland*, pp. 221-223, 225.

³⁸ Neary, p. 46.

³⁹ Rowe, *History of Newfoundland and Labrador*, p. 403.

⁴⁰ Neary, pp. 73-75.

much knowledge of relief work in the areas of health and employment.⁴¹

Before the Commission of Government was established, the Department of Public Health was

...a sub department of the Secretary of State, and until 1931 had no statutory head even subordinate thereto. There was a Board of Health functioning spasmodically which to some extent regulated the medical attendance on sick poor and the Department of Public Works administered the hospitals. This was changed on the advent of Commission of Government, and a Department was set up which took over the whole of the administration of the Health Services of Newfoundland....⁴²

However, with the appointment of Puddester and Harris Mosdell as Secretary to the Department of Public Health and Welfare, Public Health became central to the remarkable restructuring of health care throughout the Island. The Department consisted of two divisions that were dealt with as separate social problems: "Health" and "Welfare." Theresa Bishop presented an examination of the separation of these two naturally linked social issues in her thesis, "Public Health and Welfare in Newfoundland, 1929-1939." In their examination of the Island's social and health problems, the Commissioners considered the effect that sickness had on poverty, but neglected to consider the effect of poverty on sickness. The Health division of the Department invested significantly in improving health care institutions and programmes. However, the Welfare division provided inadequate

⁴¹ From a letter to Sir Edward Harding, secretary of the Dominion Office, 26 December 1933, and quoted in Noel, *Politics in Newfoundland*, p. 222.

⁴² PANL, S6-1-2, File 19, "The Government's Health Program 1938," Speech on 'The Government's Health Programme,' delivered by Hon.

relief for those suffering poverty. As a result, many of the Commission's policies on public health were self-defeating.⁴³

Within this division of the Department of Public Health and Welfare, Puddester directed the agenda of Welfare while the Secretary for the Department, Mosdell, directed the agenda of Health. Mosdell oversaw the appointment of a full-time medical director at the Mental Hospital who modernized its methods of treatment, introduced the practise of visiting surgeons to the General Hospital, arranged for a hospital ship, the *Lady Anderson*, to bring medical care to the south coast, and intensified the campaign against tuberculosis, smallpox, typhoid and diphtheria.⁴⁴ The Commission of Government also established the successful cottage hospital scheme that began in 1935.⁴⁵ Within one year of the scheme seven such hospitals were located throughout the Island.⁴⁶

As Secretary for Public Health and Welfare, Mosdell examined the financial situation of the St. John's General Hospital and discovered that the institution suffered administrative disorganization which lead to economic problems. The Hospital had been admitting individuals as "paying patients" who were unable to pay for their health care. As a result, he recommended the rigid enforcement of section 305 of the 1931 Public Health Act -

J.C. Puddester to the St. John's Rotary Club on April 14, 1938, pp. 1-2.

⁴³ Theresa Lynn Bishop, "Public Health and Welfare in Newfoundland, 1929-1939," MA thesis, Queen's University, 1984.

⁴⁴ Lodge, *Dictatorship*, pp. 225-228.

⁴⁵ Leonard Miller, "Newfoundland Department of Health," *Canadian Journal of Public Health*, vol. 50, June 1959, p. 231.

that no individual would be admitted to the General Hospital without the authority of the Bureau of Public Health.⁴⁷ In keeping with the agenda of the Commission of Government, Mosdell was determined to make efficient use of the Department's finances in order to invest in the areas of Newfoundland health care that were most desperate for funding.⁴⁸

The Commission of Government was particularly interested in improving health conditions in rural Newfoundland. Increased nursing services were essential in this regard, since enticing physicians to practise in the outports was especially difficult. The government also promoted training in public health, especially through the employment of particular district nurses who would train local women. The Commission of Government recommended the Public Health Nursing Service follow the Newfoundland Outport Nursing and Industrial Association (NONIA) practise of employing nurses through the British nursing associations. Two of these nurses would receive \$85/month while the supervisor nurse would receive \$100/month.⁴⁹ When the service began in 1934 there were eight nurses involved in district nursing; by the end of 1936, fifty-four nurses served the outports. Furthermore, the Midwives Act of 1936 provided for the

⁴⁶ The cottage hospitals were in Markland, Argentia, Old Perlican, Come-by-Chance, Burgeo, Grand Bank, and Harbour Breton. See Neary, *Newfoundland in the North Atlantic World*, p. 52.

⁴⁷ PANL, GN38, S6-1-1, File 1, Public Health and Welfare 16 - 1934, Letter to the Commissioner of Public Health and Welfare from Harris Munden Mosdell, 9 April 1934. See also *Who's Who*, p. 64.

⁴⁸ Bishop, "Public Health and Welfare in Newfoundland."

⁴⁹ PANL, GN38, S 6-1-1, File 1, Public Health and Welfare 20 - 1934, Letter to the Commissioner of Public Health and Welfare from Harris Munden Mosdell, 21 April 1934.

licensing and registration of midwives, to increase medical maternity services to the outports.⁵⁰

Initially, the Public Health Act formulated under the knowledge and foresight of Mosdell was theoretically significant to the development of organized nursing in Newfoundland. During the Commission of Government, the Act became realistically significant to nursing. Many of its recommendations were carried through by Mosdell as Secretary of Public Health and Welfare. Of particular importance to the struggle for Newfoundland nurses to gain recognition for their profession was that section of the Act regulating nursing education.

Mosdell had previously recommended the General Hospital adopt the *Minimum Curriculum for Nursing Schools* in Ontario to set a consistent standard for the training schools in Newfoundland. The Grace Hospital was already operating according to the Ontario schools' standards.⁵¹ Under Part XIII of the Public Health Act, the Department of Public Health and Welfare established "Regulations for the Conduct of Nurse Training Schools and for the Registration of Nurses" in 1937. These "Regulations" were inspired by the standard curriculum set by Ontario, and was administered by the Government. The "Regulations" were based on the standard curriculum set by Ontario.⁵²

⁵⁰ Neary, *Newfoundland in the North Atlantic World*, p. 52.

⁵¹ Nevitt, *White Caps* p. 210.

⁵² The ARNN assumed responsibility for the nursing school regulations when it was created in 1954. See Government of Newfoundland, Department of Public Health and Welfare, "Regulations for the Conduct of Nurse Training Schools and for the Registration of Nurses," (St. John's, 1937).

Only those nursing schools connected with a hospital or sanatorium that had a nursing staff consisting of a Superintendent of Nurses, an Assistant Superintendent and a Night Supervisor, were approved by the Government to train students. Classes began at one specified time each year, at which time students were admitted to the programme. In order to be accepted into the programme, the candidate had to undergo a series of steps through the application process of the School. She was required to be at least eighteen years of age, and no older than thirty. She had to have successfully completed Junior Matriculation and had to present the School with a certified copy of her Grade XI marks.⁵³ She was also required to present to the Director of Nurses a satisfactory chest x-ray plate along with other documents as proof of good health.⁵⁴

Concern was also raised by the Government about potential students who suffered menstrual disorders, for fear that they would have to miss classes. The Admission Report indicated menstrual disorders would be a health hindrance to the candidates' education and occupation, and it implied they would not consider students who suffered from such disorders.⁵⁵

If the applicant passed the age, education, and health requirements for entry into the program, she then had to forward

⁵³ The Junior Matriculation diploma (Grade XI) was managed and sent out by the Board of Education in St. John's. See *A Small Town Nurse*, p. 41.

⁵⁴ PANL, GN 38, S 6-5-4, File 14, "Reports and Miscellaneous: St. John's General Hospital Training School for Nurses - Admission Requirements for the School of Nursing," p. 1.

⁵⁵ PANL, GN 38, S 6-5-4, File 14, "Reports and Miscellaneous: St. John's General Hospital Training School for Nurses - Admission Requirements for the School of Nursing," p. 1.

a list of documents to the Director of Nurses at the St. John's General Hospital. These documents included the applicant's birth certificate, the application form, a medical and dental certificate and an immunization certificate. A personal interview was often a prerequisite for acceptance and enrollment into the program. Once accepted into the programme, the student served a preliminary probationary period of at least three months. During this period she could not take on the full responsibility of a "nurse." However, she learned the practical application of nursing methods in preparation for future duties in her career.⁵⁶

The "Regulations" thoroughly detailed the period of study for each subject area in the programme: medical and surgical nursing receiving three months of study each; Obstetrical Nursing, Nursing of Children, Tuberculosis Nursing, Contagious Disease Nursing, Mental Disease Nursing, and Operating Room Nursing receiving two months each; and finally, a class in Diet Kitchen receiving one month of study. The "Regulations" were even more specific on the number of hours in the programme that each subject should receive.⁵⁷ The course work of the student nurse included instruction in the following subjects:

14. (1) The minimum number of hours to be spent by a student nurse in connection with theoretical instruction in the various subjects in the course shall be as follows:

- (a) Nursing principles and methods with full practical demonstrations - 110 hours
- (b) Charting - 2 hours
- (c) Dietetics, including instruction

⁵⁶ PANL, GN 38, S 6-5-4, File 14, "Reports and Miscellaneous: St. John's General Hospital Training School for Nurses - Admission Requirements for the School of Nursing," [1945], p. 1.

⁵⁷ "Regulations," pp. 1-7.

and practise in the diet kitchen	- 24 hours
(d) Hospital housekeeping	- 3 hours
(e) History of nursing and ethics	- 12 hours
(f) Bacteriology	- 5 hours
(g) Chemistry and Physics	- 10 hours
(h) Urinalysis	- 4 hours
(i) Hygiene and sanitation	- 6 hours
(j) Anatomy and physiology	- 32 hours
(k) Materia medica	- 25 hours
(l) Medicine	
1. General	- 15 hours
2. Contagious Diseases	- 4 hours
3. Tuberculosis	- 8 hours
4. Venereal Diseases	- 6 hours
5. Mental Diseases	- 4 hours
6. Diseases of the skin	- 2 hours
7. Children's Diseases, including infant feeding	- 6 hours
(m) Surgery:	
1. General	- 8 hours
2. Orthopedic	- 4 hours
3. Gynecological	- 4 hours
4. Eye, ear, nose and throat	- 4 hours
(n) Obstetrics	- 10 hours ⁵⁸

In terms of respite, the student was allowed a three-week vacation each year, and the work week could not exceed fifty-eight hours, including both hospital duty and lecture periods.⁵⁹

In conformity with other North American training schools, the "Regulations" included provisions for formal registration examinations administered by the government. Exams were held in the following subject areas:

- I. Anatomy and physiology.
- II. Medical Nursing.
- III. Nursing in general, orthopedic and gynecological surgery.
- IV. Obstetrical nursing.
- V. Nursing of children.
- VI. Tuberculosis nursing.
- VII. Mental disease nursing.
- VIII. Contagious disease nursing.

⁵⁸ Government of Newfoundland, Department of Public Health and Welfare, "Regulations for the Conduct of Nurse Training Schools and for the Registration of Nurses," (St. John's, 1937), pp. 1-7.

⁵⁹ "Regulations for the Conduct of Nurse Training Schools and for the Registration of Nurses," pp. 1-7.

- IX. Preventative medicine and hygiene.
- X. Demonstration of nursing technique.⁶⁰

In Newfoundland at this time, nurses did not have the authority to set and administer the students examinations. Physicians set the nursing exams that qualified the student for registration. Upon completion of the exams the successful graduate was referred to as a "registered nurse," although she was not formally "registered," since no legitimate register existed.⁶¹ All students who successfully passed these examinations received a certificate of registration from the Department of Public Health.⁶²

Uniformity with other North American training schools in the standard of education provided was essential in order to attain the respect and approval of peers and counterparts in the profession. The government also recognized the wisdom of establishing a registration process for the country's nurses. Under the Public Health Act, Puddester attempted to launch the official registration of trained nurses in Newfoundland:

A graduate of such training school, upon satisfying the Secretary of Public Health as to his or her proficiency and upon the payment of the fees prescribed by the regulations, shall be entitled to registration in a register kept for that purpose under the discretion of the Secretary of Public Health and a person while so registered shall be designated 'Registered Nurse'.⁶³

⁶⁰ "Regulations for the Conduct of Nurse Training Schools and for the Registration of Nurses," p. 10.

⁶¹ See Janet Story.

⁶² "Regulations for the Conduct of Nurse Training Schools and for the Registration of Nurses," p. 12, Miller, "Newfoundland Department of Health," p. 231.

⁶³ "An Act Respecting Health and Public Welfare," 15 May 1931, *Acts of the General Assembly of Newfoundland*, (St. John's: David R. Thistle, King's Printer, 1931), pp. 218-219.

To be entitled to registration through the Department of Public Health, the applicant was required to be "of good moral character," at least twenty-one years of age, and a graduate of an approved training school for nurses. The candidates had to successfully pass the registration examination set by the government and pay an annual fee of \$2.50.⁶⁴

By 1934, however, an Official Register had still not been established. It is not clear why the Register was neglected. The suspension of democratic privileges in 1933 disrupted the fulfillment of many aspects of the Public Health Act. By the end of 1934, Mosdell felt "...very few local nurses could measure up to the required standard which alone would ensure recognition abroad of a Newfoundland certificate as R.N."⁶⁵ However, upon inquiry from Canadian nurses in 1949, Elizabeth Summers communicated that the NGNA was not a Registered Nurses Association as they had in the other provinces, but that nurse registration was administered through the Department of Health. Thus, perhaps an unofficial register existed, consisting mainly of government-employed and Private Duty Nurses.⁶⁶

In 1937, the Department of Public Health and Welfare began a Division of Public Health Nursing Service, an amalgamation of the

⁶⁴ There was an additional fee for writing the registration examination of \$2.50. The fee for an applicant who was registered through another country was \$5.00. See "Regulations for the Conduct of Nurse Training Schools and for the Registration of Nurses," pp. 10-11.

⁶⁵ PANL, S6-1-1, GN 38, File 30, Letter from H.M. Mosdell, Secretary for Public Health and Welfare to the Commissioner for Public Health and Welfare, 8 November 1934, p. 3.

⁶⁶ ARNN, NGNA, 16/4/90, "Correspondence," Letter from Elizabeth Summers, Secretary NGNA, to Sister Sainte Honorine, Ottawa General Hospital, 2 September 1949. See also Janet Story.

services previously provided by the NONIA and the Child Welfare Association.⁶⁷ In anticipation of the establishment of this Division, the Government communicated with the Rockefeller Foundation requesting information on sponsorship for sending local nurses to study Public Health at a North American institution. The International Health Division of the Rockefeller Foundation informed Mosdell that

In Canada and the United States there are regular courses in public health for qualified nurses, and we would be sympathetically disposed, I think, to forward a fellowship grant for one or more nurses, provided their preliminary qualifications meet the university standards and there is a mutual understanding on the part of the Government and the nurses that they would engage in the health service of the Newfoundland Government at the end of the training period for a reasonable length of time.⁶⁸

The Government employed the services of Syretha Squires to direct the Department's Tuberculosis and Public Health campaign. A native Newfoundlander, Squires was then Nursing Superintendent with the Victorian Order of Nurses (VON) in St. Catherine's, Ontario. She had been in Canada for several years with the VON, and the Government valued her Canadian experience. Before she arrived in St. John's to begin her appointment with the new Department, Squires attended a month-long course in Public Health

⁶⁷ ARNN, NGNA, 16/1.04, Reports 1950-1954, "Public Health Nursing in Newfoundland," p. 2.

⁶⁸ PANL, Public Health and Welfare, 24 - '37, Letter from John A. Ferrell of the International Health Division of the Rockefeller Foundation, New York, to Dr. Harris M. Mosdell, Department of Public Health and Welfare, 10 February 1937.

at the University of Kentucky, sponsored by the Commission of Government.⁶⁹

During the Second World War, Canada and the United States constructed health care facilities in centres where their troops were stationed - particularly St. John's, Gander and Botwood. Upon the conclusion of the War, these facilities were transferred to the Newfoundland government.⁷⁰ The War period brought prosperity to Newfoundland both economically and socially. Through the establishment of American and Canadian bases throughout the Island and Labrador, Newfoundlanders came into greater social contact with their continental neighbours. Furthermore, the possibility of job opportunities on the bases virtually abolished local unemployment.⁷¹ Government revenue increased substantially, and some of this extra capital was invested in the expansion and improvement of hospital facilities on the Island. The Commission of Government continued the initiatives of previous governments in Newfoundland that had provided funding for the advanced training of medical staff. It instituted a program for sending men and women overseas for further medical training with the condition that the students

⁶⁹ PANL, Public Health and Welfare, 24 - '37, Letter from J.C. Puddester, Commissioner for Public Health and Welfare, to the Secretary for the Commission, 18 May 1937.

⁷⁰ Parker, p. 135.

⁷¹ For a more detailed account of the economic, political, and social impact of the American and Canadian bases on Newfoundland, see Malcolm MacLeod, *Peace of the Continent: The Impact of Second World War Canadian and American Bases in Newfoundland*, (St. John's: Harry Cuff Publications, 1986).

would serve in Newfoundland for a number of years upon completion of their program.⁷²

This trend to maintain current knowledge of medical developments abroad increased through the 1930s and 1940s. In 1941, Newfoundland's Commissioner for Public Health and Welfare, John Charles Puddeste, visited Montreal, Kingston and Toronto to gather information on Canadian hospitals and other institutional operations.⁷³ Puddeste learned that Canadian hospitals also had difficulty maintaining adequate staffing of physicians and nurses - due to wartime conditions many medical practitioners were overseas. Puddeste remarked that

...if the Department of Public Health and Welfare is to function efficiently it is essential that the Commissioner visit periodically comparable Departments of the Federal and Provincial Governments of Canada.⁷⁴

Ten years before Newfoundland joined the Canadian Confederation, the Commissioner for Public Health and Welfare valued interaction between the Island and Canada.

⁷² Parker, p. 136.

⁷³ Puddeste was born in 1881 in Northern Bay, Newfoundland. He was a teacher, an accountant with the Reid Newfoundland Company, managing director of Robinson & Company (1916) and business manager of the *Daily News* (1916-32) before moving on to his political career. He became Member of the House of Assembly for Bay de Verde (1924-32), deputy speaker of the House of Assembly 1924-28, MHA for Carbonear-Bay de Verde (1932-34), Cabinet Minister for the Alderdice administration (1932), and Commissioner for the Department of Public Health and Welfare (1934-47). See *Dictionary of Newfoundland and Labrador Biography*, p. 280.

⁷⁴ PANL, S6-1-2, File 47, "General Administration 1937-40," Report from J.C. Puddeste to the Governor in Commission, 20 November 1941.

Through the wisdom of Harris Mosdell, the Commission of Government standardized the curricula of the Newfoundland nursing schools and encouraged advanced education for local nurses.

CHAPTER IV

"THE GAVEL OF RESPONSIBILITY":

**THE DEVELOPMENT OF THE ASSOCIATION OF
REGISTERED NURSES OF NEWFOUNDLAND**

The Newfoundland Graduate Nurses Association

In 1913, Mary Southcott established the first organization of trained nurses in the country, the Newfoundland Graduate Nurses' Association (NGNA). She held the first meeting in her own sitting room, with thirty nurses present, and was elected the Association's first president.¹ Membership in the NGNA was voluntary and consisted mostly of nurses employed in the St. John's area, although there were some nurses across the Island involved with the Association. Initially, the NGNA served mostly a social function for local nurses. However, through the efforts of a Mrs. Andrews, the Association endeavored to establish a registry of private-duty nurses in St. John's who were available to provide local nursing services.² Only nurses guaranteed by the NGNA were considered for this registry.³ In the early years of the NGNA the private nurses negotiated their nursing fees together through the Association, to keep their salaries in accordance with each other.⁴

¹ Also involved in the creation of the NGNA was Evelyn (Cave) Hiscock, born in St. John's in 1885. Hiscock began her training at the St. John's General Hospital in 1904, and continued on with maternity training in Boston. She assisted in the development of the Newfoundland Outport Nursing and Industrial Association (NONIA) in 1919 and was elected to the first Midwives Board in 1920. See *Dictionary of Newfoundland Labrador Biography*, p. 158. See also Southcott, "Nursing in Newfoundland," p. 309.

² Nevitt, *White Caps*, p. 89.

³ Southcott, "Nursing in Newfoundland," p. 312.

⁴ Janet Story.

After the First World War membership declined to such a degree that the NGNA became moribund through the twenties.⁵ However, in 1933, President Lucy Barron (nee Hannaford) and Dr. N.S. Fraser reorganized the NGNA. Mary Southcott provided them with previous papers and funds belonging to the Association that she had in her possession. This amounted to between fifty and seventy dollars, and provided the economic basis for the Association's rebirth.⁶

The renewed organization was incorporated in 1935 as an "association not for profit" under the Companies Act. The objectives of the NGNA as specified under its incorporation resembled the incorporation acts of earlier Canadian graduate nursing associations. The NGNA would unite all graduate nurses of Newfoundland, advance the standards of nursing education, promote the honourable practise of nursing, provide awards and distinctions for students of nursing, and "support and protect the character, status and interest of the nursing profession generally."⁷ The NGNA was successful in implementing these articles, especially the advancement of nursing education.

In an attempt to assist Newfoundland nurses in keeping aware of current nursing and health care knowledge, Barron arranged for lecture sessions at NGNA meetings.⁸ The Association also maintained a registry through the 1930s, with a fee of one dollar

⁵ Nevitt, *White Caps*, p. 89.

⁶ ARNN, NGNA,

⁷ *Memorandum and Articles of Association of the Newfoundland Graduate Nurses' Association*, (St. John's: Manning & Rabbitts Printers, 1935), pp. 1-4.

⁸ Nevitt, *White Caps*, p. 234.

for each nurse.⁹ Although it did not enjoy the privileges of statutory legislation, the NGNA was considered the official organization of trained nurses in Newfoundland. After the establishment of the Salvation Army Grace Hospital and St. Clare's Mercy Hospital, graduates of those schools also joined the NGNA. The Association came to "...insure the maintenance of good professional standards, and to encourage educational programs which [were] planned for keeping [their] nurses up to date in medical and nursing advances."¹⁰

The NGNA did not enjoy legitimate political authority. It did not control entrance requirements to nursing schools nor did it control Registration, both being the responsibility of the Department of Public Health.¹¹ However, the NGNA did attempt to guide standards for nursing practise and education in Newfoundland. In their early efforts to gain recognition for the nursing profession, the Association openly communicated with Canadian nursing associations for guidance and example.¹²

Although the Association, in practise, worked along with the government to ensure Newfoundland's nurses were educated by the same standards of continental nurses, the NGNA did not enjoy any legal privilege in this regard. Nor was the NGNA the legitimate representative of the Island's nurses. By creating the ARNN,

⁹ ARNN, NGNA, 16/1.04, Reports 1950-1954, Summary titled "Newfoundland Graduate Nurses' Association," November 1953.

¹⁰ Elizabeth Summers, "Newfoundland's Nurses," *The Canadian Nurse*, vol. 48, no. 3, March 1952, pp. 180-181.

¹¹ Janet Story. See also ARNN, NGNA, 16/4/90, "Correspondence: Sister Sainte Honorine", Letter from Elizabeth Summers to Sister Sainte Honorine, 28 November 1949.

Newfoundland nurses hoped to gain statutory recognition legitimizing nurses' right and duty to regulate their own profession.

The notion of creating a registered nurses' association to regulate the profession in Newfoundland was not new in 1949. Before Newfoundland had become a province in the Dominion of Canada, the desire to improve nursing conditions in the country crossed international boundaries through personal communications. Furthermore, nursing, medical and political leaders of Newfoundland were frequently invited to Canada and the United States to attend conferences and to meet with other leaders in health care. In 1944, the Director of the Departmental Nursing Service visited Ottawa, Montreal, Toronto and Halifax to attend conferences in Public Health and to observe Canada's administration of Public Health Services.¹³

As early as 1940, NGNA was corresponding with the CNA. Syretha Squires,¹⁴ a graduate of the Montreal Maternity Hospital, was President of the NGNA at the time.¹⁵ Squires also completed a course in Public Health Nursing at McGill University. She was the first nursing director in the Division of Public Health Nursing in Newfoundland, created in 1937, and remained at that post

¹² ARNN, NGNA, 16/1.04, Newfoundland Graduate Nurses Association - Reports 1950-1954," Annual Report by President Sheila Mahoney, 1949-1950.

¹³ PANL, GN 38 S6-5-2, File 9, "Memorandum for the Commissioner, Department of Public Health and Welfare," 28 July 1944, p. 23.

¹⁴ No relation to Sir Richard Squires. Janet Story, Telephone Interview with Linda White, April 2000, St. John's, Newfoundland.

¹⁵ Nevitt, *White Caps*, p. 221.

through the 1940s.¹⁶ In the autumn of 1940, Squires went to Canada, where she met with the editor of *The Canadian Nurse*, the distinguished Ethel Johns.¹⁷ Johns informed Squires about

...the space reserved in the magazine for News Notes from the different provinces, and suggested that a group be formed to send News Notes from Newfoundland; and that a Committee be formed to whose members articles written on nursing in Newfoundland be submitted for censorship.¹⁸

As a result of Syretha Squires' contact with Ethel Johns, the NGNA decided to form two new committees, one to handle subscriptions to *The Canadian Nurse* and the other, the Censorship Committee, to submit articles to the journal for publication.¹⁹ Newfoundland nurses learned much about the national Canadian Nurses Association through subscriptions to this magazine. Janet Story also remembered receiving subscriptions to *The Trained*

¹⁶ Syretha Squires, *The Canadian Nurse*, vol. 38, no. 11, November 1942, p. 842.

¹⁷ Ethel Mary Johns was born in England in 1879, and she emigrated to Canada with her family when she was thirteen years old. She graduated from the Training School for Nurses at the Winnipeg General Hospital in 1902. Johns was involved with the creation of the Alumnae Association of the Winnipeg General Hospital as well as the Manitoba Association of Graduate Nurses, of which she also served as secretary. She was also a driving force behind the movement in Manitoba for the registration of nurses. Through her effort and enthusiasm, in 1913 Manitoba became the second province in Canada to attain a Nurse Registration Act. Ethel Johns' distinguished nursing career also included the positions of Superintendent of Nurses at the Vancouver General Hospital (1919-1922), first head of the Department of Nursing at the University of British Columbia (1919-1925), and Special Member of the field Staff in Nursing Education for central Europe with the Rockefeller Foundation. See Glennis Zilm and Ethel Warbinek, *Legacy: History of Nursing Education at the University of British Columbia, 1919-1994*, (Vancouver: University of British Columbia School of Nursing, 1994), pp. 24-27.

¹⁸ "Censorship" in this context refers to editing and peer review rather than suppression. ARNN, NGNA, 16/1.01.001, Minutes 1939-1940, 55th General Meeting, 12 November 1940.

¹⁹ ARNN, NGNA, 16/1.01.002, Minutes 1941-1942, 56th General Meeting, 14 January 1941.

Nurse and Hospital Review.²⁰ Thus, organizations and individuals outside Newfoundland had an impact on the constitution of the NGNA.

Syretha Squires attempted to establish reciprocity for registration with Canada, especially Ontario, on behalf on Newfoundland nurses. In order to be considered for positions at Canadian hospitals, Newfoundland nurses were required to present proof of formal training. Reciprocity agreements permitted nurses from Newfoundland to register for practise in Canada without sitting an examination. Usually, the General Hospital could forward the nurse's transcript direct to the province in which she wished to work. For provinces with which the NGNA did not have reciprocity, the nurses were required to register by writing an exam with that province.²¹

At least as early as 1939, Newfoundland already had reciprocity with one Canadian province, Nova Scotia, as well as with England and Wales.²² In 1945 reciprocity was still being negotiated, as Dr. Leonard Miller, addressing the NGNA, expressed his wish that reciprocity would soon be finalized.²³ In the meantime, by the 1940s, Newfoundland nurses could present their Department of Health certificate of registration, or provide proof that they belonged to the NGNA, to be permitted to practise

²⁰ Janet Story.

²¹ Janet Story.

²² ARNN, NGNA, 16/1.01.002, Minutes 1941-1942, 56th General Meeting, 14 January 1941. See also ARNN, NGNA, 16/4/59, "NGNA: Correspondence - Syretha Squires," Address to the Graduates of '39, 26 October 1939.

²³ ARNN, NGNA, 16/ 1.01.003, Minutes 1943-1947, 10 April 1945.

nursing in that province.²⁴ The links connecting Newfoundland nurses to Canadian nurses kept increasing.

²⁴ Women contacted the Newfoundland Department of Health and Welfare as well as the NGNA, requesting "a membership card from the Association in Newfoundland." While the NGNA did have cards, it does not seem that were in the practise of issuing them. However, by the 1940s, the Department of Health did present the graduate nurse with a certificate, issued by the government, recognizing the successful completion of her programme. See for example, ARNN, NGNA, 16/4/5, "Correspondence: Alma Blundon," 22 August 1944; NGNA, 16/4/47, "Correspondence: Carrie Nebucette," 8 March 1950. See also Ruby Dewling, Interview with the author, 12 July 2000, St. John's, Newfoundland. Transcript in possession of author.

Graduate Nursing Associations of Canadian Provinces

The movement to organize graduate nurses for the purposes of registration began earlier in the Canadian provinces than in Newfoundland, perhaps due to their closer proximity to developments in the United States. In 1907, Canadian nurses assembled to create the Canadian Society of Superintendents of Training Schools, with Agnes Snively as president. Under the representation of such a national organization, Canada's nurses hoped for acceptance into the International Council of Nurses. The Superintendents Society met with representatives from sixteen nursing organizations throughout the country and, in 1909, founded the Canadian National Association of Trained Nurses, renamed the Canadian Nurses Association in 1924.²⁵

As the national organization representing nurses throughout Canada, the CNA was concerned with advancing the status of the profession. It sought to attain professionalization by improving nursing education, placing higher standards on education, and developing statutory registration for Canadian nurses. An early step in this process was the establishment of Graduate Nurses associations through each province, which differed from the NGNA in that they were created through an Act of Legislature.²⁶

²⁵ The Canadian Nurses Association consisted of nurses involved with alumnae associations and graduate nurses associations affiliated with the CNA. See Gibbon and Mathewson, *Three Centuries of Canadian Nursing*, pp. 356-358.

²⁶ The Canadian Nurses Association, *A Brief History of the Canadian Nurses Association, Founded 1908*, (Winnipeg, 1926), p. 90.

The first province to incorporate a Graduate Nurses' Association was Nova Scotia in 1910. Thereafter, the other provinces' nursing associations pushed for provincial legislation. Each provincial Act became more detailed in outlining the responsibilities of the Graduate Nurses' Associations in promoting the welfare of members and the respectability of the profession.²⁷ While the Nova Scotia legislation did not require all nurses in the province to register to practise nursing, it was certainly a positive beginning for legal development of the profession in Canada.

In Newfoundland, no act was passed that dealt specifically with the profession of nursing or registration until the Act incorporating the ARNN in 1953. However, there was legislation pertaining to nursing included in the "Health and Public Welfare Act, 1931." Part XIII of the Act provided for the registration of nurses in Newfoundland:

A graduate of such training school, upon satisfying the Secretary of Public Health as to his or her proficiency and upon the payment of the fees

²⁷ See Government of Nova Scotia, "An Act to Incorporate The Graduate Nurses' Association of Nova Scotia," *The Statutes of Nova Scotia*, Ch. 141, 1910; Government of Alberta, "An Act to Incorporate the Graduate Nurses of Alberta," *Statutes of the Province of Alberta*, Ch. 35, 1916; Government of New Brunswick, "An Act to Incorporate 'The New Brunswick Association of Graduate Nurses,' and to Establish a Provincial Registration of Qualified Nurses," *Acts of the Legislative Assembly of New Brunswick*, Ch. 49, 1916; Government of British Columbia, "An Act Respecting the Profession of Nursing," *Statutes of the Province of British Columbia*, Ch. 65, 1918; Government of Quebec, "An Act to Incorporate the Association of Registered Nurses of the Province of Quebec," *Statutes of the Province of Quebec*, Ch. 141, 1920; Government of Ontario, "An Act Respecting the Registration of Nurses," *Statutes of the Province of Ontario*, Ch. 60, 1922; Government of Prince Edward Island, "An Act Respecting the Profession of Nursing," *Acts of the General Assembly of Prince Edward Island*, Ch. 15, 1922.

prescribed by the regulations, shall be entitled to registration in a register kept for that purpose under the direction of the Secretary of Public Health and a person while so registered shall be designated "Registered Nurse."²⁸

As had the legislation of the Canadian provinces, the Newfoundland legislation also stated that any person who assumed the title "Registered Nurse" without being registered through the Department of Public Health would be penalized.²⁹

A comparison of the development of Graduate Nursing Associations throughout the Canadian provinces causes much confusion due to different phases of legislation being passed at different times in each province. What is more significant is that these general developments were occurring across Canada within the same time frame. In fact, even though Newfoundland was not a Canadian province, Mary Southcott attended the CNA Convention in 1914. The Canadian nurses were interested in the developments in Newfoundland and the topic of registration for Newfoundland nurses was discussed. Southcott responded that her nurses had not yet discussed registration.³⁰ However, one cannot help but wonder how the professionalization of nurses in Newfoundland would have developed had Mary Southcott not been forced to resign as Nursing Superintendent of the General Hospital in 1916.

²⁸ Government of Newfoundland, "An Act Respecting Health and Public Welfare," *Acts of the General Assembly of Newfoundland*, St. John's: David R. Thistle King's Printer, 1931, pp. 218-219.

²⁹ "An Act Respecting Health and Public Welfare," p. 219.

³⁰ *The Canadian Nurse*, October 1914, vol. x, no. 10, p. 635.

Confederation and the Formation of the ARNN

Under the Commission of Government, there was no formal method of lobbying the government and no means for the Newfoundland public to determine whether or not they believed government-employed nurses deserved salary increases. Therefore, for nursing in Newfoundland, 1949 marked more than the union of Newfoundland with Canada, the introduction of applicable Federal Health Grants and the established Canadian social welfare system. 1949 marked the end of the period of dictatorship in Newfoundland and the restoration of a democratic governing institution. Thus, although Newfoundland nurses had attempted to organize a representative organization before Confederation, such a move could not be brought about without the ideological shift that occurred in 1949. The advent of Confederation provided the opportunity for nurses to gain legitimacy and a voice in the public sphere.

The Newfoundland medical community immediately felt the benefits of membership within the Canadian union, particularly through the federal health plan. In 1949, fifteen Newfoundland men and women received financial assistance in the form of Federal Health Grants for post-graduate study in public health - nine of whom were nurses. The Federal Health Grants were conferred annually to each province and were based on population. During 1951-52, Newfoundland was entitled to \$1,033,899 in nine

categories of assistance, one of which was General Public Health.³¹

Training of technicians and other professional personnel, post graduate courses for nurses and physicians; employment of same; new construction of, and equipment for hospitals; and grants to unofficial organizations, [were] the main media through which this program [was] carried out.³²

The Federal Health Grants assisted in the expansion of existing provincial health projects. And continued the tradition of helping local women attend post-graduate nursing education on the continent.

1949 marked the final phase of the professionalization process of nursing in Newfoundland. Canadian interest in the nursing situation of the new province significantly increased after Confederation, and the CNA began to take an active role in the development process. In November 1949, Elizabeth Smellie³³ of

³¹ *Canadian Journal of Public Health*, vol. 40, no. 12, December 1949, p. 523.

³² JHA, "Annual Report of the Department of Health, 1951: Federal Health Grants Program," (St. John's: Bowden & Co., 1953), p. 19.

³³ Elizabeth Lawrie Smellie, C.B.E., R.R.C., was Matron-in-Chief of the Canadian Army Nursing Service from 1940-1944 and became the first woman in Canada to hold the rank of Colonel. Born in Port Arthur, Ontario, Smellie succeeded in having a distinguished nursing career. She graduated from the Johns Hopkins Hospital Training School for Nurses in Baltimore and went on to serve with the Nursing Services of the first Canadian Contingent in the First World War. Smellie was awarded the R.R.C. from King George V in honour of her notable military nursing services. After the First World War, Smellie attended Simmons College in Boston for a Public Health Nursing Course. She served as Field Supervisor for the Victorian Order of Nurses in Montreal and was appointed Assistant Director of the School for Graduate Nurses at McGill University. In 1924, Smellie became Chief Superintendent of the Victorian Order of Nurses. She received the C.B.E. in 1934 and the Mary Agnes Snively Medal in 1938 in recognition of her exceptional leadership in the nursing profession. See John Murray Gibbon and Mary S. Mathewson, *Three Centuries of Canadian Nursing*, (Toronto: Macmillan Company of Canada, 1947), p. 273, 363.

the Dominion Health Council addressed the NGNA while visiting St. John's. Smellie explained the functions of the CNA and the relationship of that national organization to the provincial Registered Nursing Associations. She detailed the benefits of the authoritative national organization in forming policies and maintaining the standards of the nursing profession.³⁴

Professionalization of nursing was more smooth a process in Newfoundland than in other Canadian provinces. While Canadian nurses often suffered disunity and conflict within their own ranks which complicated their struggle for professionalism, Newfoundland nurses held a more united front and were significantly supported by the local medical community. Furthermore, when the Island became a Canadian province, nurses across the country expressed an interest in assisting the new province's nurses in forming an effective registered nursing association. Along with the visits of prominent national nursing leaders, Newfoundland welcomed nursing leaders from other provincial associations. Lillian Pedigrew, the Executive Director of the Manitoba Association of Registered Nurses, visited St. John's in 1954 to assist Pauline Laracy, Executive Secretary of the ARNN, in setting up the ledger for the Association.³⁵

The NGNA communicated with many Canadian nursing leaders from 1949 to 1953. The Newfoundland nurses requested information on organizing and establishing a Registered Nurses' association

³⁴ARNN, NGNA, 16/1.04, Reports 1950-1954, "Report of the Committee for the Study of a Proposed Bill for an Association of Registered Nurses of Newfoundland," by Elizabeth Summers, 20 February 1953, p. 1.

³⁵ Janet Story.

and the CNA was eager to assist. Gertrude Hall, Secretary-Treasurer of the CNA, paid a visit to the Island to assist in preliminary actions for organizing the Association.³⁶ She acquainted the NGNA with the composition of the CNA, the Provincial Associations, and the International Council of Nurses.³⁷

In addition to Canadian nurses visiting St. John's, Newfoundland nurses visited Canadian cities where they attended conferences and met with nursing leaders. Pauline Sheppard, on the teaching staff of the General Hospital School of Nursing, attended the CNA Convention held in June 1950. She reported to the NGNA an explanation of what the CNA was, the duties and responsibilities it performed, and the constitution of the CNA - being comprised of elected representatives from each provincial registered nurses association.³⁸ In January 1952, Elizabeth Summers met with Gertrude Hall of the CNA and Margaret Street of the Quebec Provincial Nursing Association in Montreal. With their assistance, Summers studied the administration of other provincial nursing acts and discussed considerations for the Newfoundland nursing act.³⁹

³⁶ Gertrude Hall was a graduate of the Winnipeg General Hospital School of Nursing. She became Secretary-Registrar and School of Nursing Advisor of the Manitoba Association of Registered Nurses, Director of Nursing at the Calgary General Hospital, and General-Secretary of the CNA. See Margaret M. Street, *Watch Fires on the Mountains: The Life and Writings of Ethel Johns*, (Toronto: University of Toronto Press, 1971), pp. 213, 242, 272.

³⁷ ARNN, NGNA, 16/1.04, Reports 1950-1954, "Report of the Committee for the Study of a Proposed Bill," p. 1.

³⁸ ARNN, NGNA,

³⁹ ARNN, NGNA, 16/ 1.04, Reports 1950-1954, "Annual Report of Secretary 1951-1952", p. 3.

In May 1950, the NGNA appointed a committee of three members to examine the possibility of forming a provincial nursing association in Newfoundland. The committee studied the Acts and by-laws of the other provincial nursing associations to discern in what manner the Newfoundland Act should be constituted. St. Clare's Mercy Hospital hosted the first meeting of this committee in October 1950. Representatives from the three Newfoundland nursing Schools, the hospital superintendents, and the provincial Department of Health attended this meeting.⁴⁰

In preparing the constitution of the ARNN, the NGNA examined the existing Acts of the nursing associations in the other Canadian provinces. Margaret Kerr recommended the ARNN examine the Quebec and Prince Edward Island Acts in particular, as they seemed most appropriate for the new Association. The Alberta Act inspired Article 19 of the ARNN proposed bill, due to the simplicity and directness of its wording. Kerr specifically recommended an extract from the New Brunswick Nurses' Act for the article on Discipline, although she suggested an examination of the British Columbia Act as well.⁴¹

Within a year of its inception, "the committee for the study of a R.N.A. for NFLD [had] three meetings with members of the schools of Nursing and several meetings of smaller groups for study of the P.E.I. Act."⁴² Between 1950 and 1953, the committee held eighteen meetings as well as eight conferences and

⁴⁰ARNN, NGNA, 16/1.04, Reports 1950-1954, "Report of the Committee for the Study of a Proposed Bill," p. 2.

⁴¹ ARNN, NGNA, 16/5.02, Letter from Margaret Kerr to Elizabeth Summers, 15 November 1952.

interviews with members of the CNA and others conducive to drawing-up legislation for the province's nurses.⁴³ These meetings were low-profile affairs held in St. John's, usually at the home of Elizabeth Summers.⁴⁴

In addition to the efforts of the Committee for the Study of a Proposed Bill, the president of the NGNA arranged to meet with nursing leaders of other provinces and learn from their particular knowledge. Elizabeth Summers, as President of the NGNA, attended the CNA Biennial conventions in Vancouver and in June 1952 was joined by five other members of the NGNA at the Biennial convention in Quebec City.⁴⁵ Summers met with the registrar of the Association of Nurses of the Province of Quebec, in January 1951, to discuss and study the license Act for nurses that Quebec had in effect since 1946.⁴⁶

The CNA was eager to receive the nurses of Newfoundland into their national organization. The interest and assistance of Margaret Kerr, graduate of the University of British Columbia School of Nursing, was especially valuable to the NGNA. Kerr succeeded Ethel Johns as editor of *The Canadian Nurse* journal. She was also chairman of the Public Health Section of the CNA and

⁴² ARNN, NGNA, 16/ 1.04, Reports 1950-1954, "Annual Report of Secretary 1951-1952", p. 3.

⁴³ ARNN, NGNA, 16/1.04, Reports 1950-1954, "Report of the Committee for the Study of a Proposed Bill," p. 2.

⁴⁴ Janet Story, Interview with Linda White and the author, 25 September 1999, St. John's, Newfoundland. Transcript in possession of author.

⁴⁵ ARNN, NGNA, 16/1.04, Reports 1950-54, "Report of the Secretary for the year 1952-53," 15 May 1953, p. 4.

⁴⁶ ARNN, NGNA, 16/1.04, Reports 1950-1954, "Report of the Committee for the Study of a Proposed Bill," pp. 2-3.

a member of the committee on Legislation and Bylaws.⁴⁷ She attended a meeting of the NGNA in October 1952, and "...it was mainly through her advice and participation in several committee meetings that we were able to prepare the draft of the Proposed Bill and by-laws...."⁴⁸

The notion of forming a registered nurses' association in Newfoundland to become associated with the nationally representative CNA advocated an ideology of unity. However, Newfoundland nurses could not be divided within themselves if they were to preserve the integrity of their provincial association at a national level. Only in St. John's were graduate nurses formed into any association, while nursing staffs at hospitals throughout the province had no access to such opportunity. It was on this premise that the NGNA recommended graduate nurses across the province unite into local "Chapters" of the Association. The first Chapter formed in Corner Brook in 1950, and contained forty-seven members. When the proposed legislation and by-laws were composed, the NGNA sent copies to nurses across the province via these Chapters and welcomed suggestions from those nurses in return.⁴⁹ In this way, all Newfoundland nurses could contribute to the formation of the ARNN.

⁴⁷ Kerr also served on the faculty of the University of British Columbia School of Nursing. See Street, *Watch-fires on the Mountain*, pp. 213, 232.

⁴⁸ ARNN, NGNA, 16/1.04, Reports 1950-1954, "Report of the Committee for the Study of a Proposed Bill," p. 3.

⁴⁹ ARNN, NGNA, 16/1.01.004, "Minutes, 1948-1949," 14 October 1949; and ARNN, NGNA, 16/1.01.005, "Minutes, 1950-1953," 13 October 1950.

The NGNA forwarded the proposed bill for the Newfoundland Nurses' Act along with a letter of suggestions to Medical Health Officer, Leonard Miller. Miller was helpful in developing the ARNN and its constitution, and was instrumental in getting the bill passed through legislature.⁵⁰ He ensured government funding for NGNA members to meet with Canadian nursing leaders abroad and offered support and advice to the Newfoundland nurses. To ensure the successful passage of the bill through the Legislature, Miller made certain suggestions on the proposed legislation to prevent too radical a change for the Government to accept.⁵¹

The NGNA hired the counsel of a lawyer to draw-up their proposed bill. When all members were satisfied with the proposed legislation they agreed to proceed to the final phase creating their legitimate association. The proposed bill for the Formation of the Association of Registered Nurses of Newfoundland was presented to the provincial House of Assembly, and became law in May 1953.⁵² The legislation was passed in May 1953, and came into effect in January 1954. The ARNN was one of the only provincial

⁵⁰ Miller was born in St. John's in 1906, the son of German and Prussian immigrants. He attended Dalhousie University where he completed his Bachelor of Arts in 1926 and his Doctor of Medicine in 1930. After an internship at the Victoria General Hospital in Halifax, Miller returned to St. John's to start a private practise and quickly advanced to the position of Medical Health Officer. For more on Miller's life and career, see John R. Martin, *Leonard Albert Miller: Public Servant*, (Markham, ON: Fitzhenry & Whiteside, 1998).

⁵¹ ARNN, NGNA, 16/5.03, "Transition from NGNA to ARNN - Legislation and By-Laws," Letter from Leonard Miller to Elizabeth Summers, 13 February 1952.

⁵² *An Act to Incorporate the Association of Registered Nurses of Newfoundland*, 20 May 1953.

associations, at that time, in which membership was mandatory.⁵³ Janet Story described the structure of the Association during that first year:

Once the Act went through, until such time as we could have an election they had what was called a provisional council. And Betty Summers was the president and I was the vice-pres... And we had a treasurer and a secretary and a...few other things to presumably handle the affairs of the Association 'til such a time as there could be an election under the nursing Act. And, so that went on for about a year.⁵⁴

The ARNN would promote the professional standard of Newfoundland nurses while maintaining the welfare of the public.

The first duty of the Provisional Council of the ARNN was to establish the means for electing permanent officials. Pauline Laracy⁵⁵ became the first Executive Secretary and Registrar of the ARNN, and set up the procedure for registration exams. A board of examiners organized the exams, received the results and issued those results to the council of the ARNN.⁵⁶ The Provisional Council assisted the transfer of the NGNA to the ARNN and made the preparations necessary for smooth inauguration of the ARNN in 1954.

The Association of Registered Nurses of Newfoundland held its first Annual Meeting on 23 March 1954, with one-hundred and thirty-five nurses in attendance. The Association's by-laws were presented and the first executive committee elected, with Elizabeth Summers as President and Janet Story as Vice

⁵³ See ARNN, 12-18-13/72, "Eighteenth Annual Meeting - 1972," Speeches, M. Bachand, "The Professional Organization," p. 18.

⁵⁴ Janet Story.

⁵⁵ Pauline Laracy graduated for a nursing hospital in New York, and returned to Newfoundland to practise Private Duty nursing. See Janet Story.

President.⁵⁷ Thus, the ARNN was formally created. After forty years, Newfoundland nurses finally attained the legal recognition and responsibility over their profession that they long desired.

On 7 June 1954, at the biennial convention of the Canadian Nurses' Association held in Banff, Alberta, the President of the united Association of Registered Nurses of Newfoundland, Elizabeth Summers, received the "Gavel of Responsibility" from the National association. This event marked the entrance of Newfoundland into the CNA and recognized the ARNN as the organization responsible for the profession of nursing in the province.⁵⁸ It also marked the successful conclusion to a struggle of more than forty years in which Newfoundland nurses' endeavored to gain control over their profession and responsibility for their profession.

⁵⁶ Janet Story.

⁵⁷ *The Evening Telegram*, 24 March 1954, p. 7.

⁵⁸ ARNN, NGNA, 12-0-7/54-2, "Second General Meeting 1954, Minutes," 2 November 1954.

CONCLUSION

Nurses in Newfoundland could not attain the legitimate representation they desired through a registered nursing association during the Commission of Government. As a benevolent dictatorship, the arrangement of the Commission did not allow for legitimate lobbying for working conditions or wage increases. The Newfoundland nurses at this time were not represented by a Union, or even by an authorized, professional organization. Only nurses employed with government-owned institutions, such as the St. John's General Hospital, were able to request salary increases from the Commission. Whether or not these requests were met depended on the ability of Harris Mosdell to receive funding for the Department of Public Health and Welfare. To do so, he needed the support of the six Commissioners and, ultimately, the Dominions Office in London. However, Mosdell effectively managed the Department of Health. The Commission assisted the professionalization process of nursing in Newfoundland by standardizing training school curricula and financially supporting post-graduate education for local nurses on the continent.

The development of the nursing profession in Newfoundland reflected a struggle for self-determination. At the beginning of the twentieth-century, nurses in Newfoundland gathered into an identifiable community of women who shared a common education, a common practise, and usually, a common social stature. As the

century progressed, through the turmoil of the two World Wars, the economic disaster of the Great Depression, the adoption of a governing benevolent dictatorship, the restoration of democratic rights, and finally the union of the Island with Canada, the leaders of Newfoundland's small nursing community embraced opportunities for greater communications with North American nurses. They sought the respect and hegemony over their profession that they witnessed among other nursing communities.

Assisted by Government sponsorship, the development of professional nursing in Newfoundland reflected a persistent discontent amongst a society of women - nurses. Led by Mary Southcott, Syretha Squires, and Elizabeth Summers, these determined women attained the legitimate recognition they desired. Underlying their efforts was an ideological shift caused by the political events of the late 1940s. The transfer from a benevolent dictatorship to a democratic province drew Newfoundland nurses toward their Canadian sisters. Thus, the process of professionalization culminated with the formation of the Association of Registered Nurses of Newfoundland.

APPENDIX

Travel Trends of General Hospital Graduates'

NURSE	CLASS	LOCATION 1914	LOCATION 1919	LOCATION 1920
Elizabeth Blackmore	1906	McKellar Hospital Fort William, ON (CAN)	McKellar's Hospital Fort William, ON (CAN)	McKellar's Hospital Fort William, ON (CAN)
Madge Cullian	1906	General Hospital St. John's (NFLD)	General Hospital St. John's (NFLD)	General Hospital St. John's (NFLD)
Elizabeth Redmond	1906	General Hospital St. John's (NFLD)	St. John's (NFLD)	St. John's (NFLD)
Jessie (Swyers) Swanie	1906	Canada	Canada	Canada
Ella Campbell	1907	Tuberculosis Campaign St. John's (NFLD)		
Evelyn (Cave) Hiscock	1907	St. Johns (NFLD)	St. John's (NFLD)	St. John's (NFLD)
Isabel Simms	1907	Greenwood, BC (CAN)	Moore's Barracks Shorncliffe, Kent (UK)	General Hospital St. John's (NFLD)
Clara Edgar	1909	Peel Co., ON (CAN)	St. John's (NFLD)	Fever Hospital St. John's (NFLD)
Alice (Carey) Brehm	1909	Fever Hospital St. John's (NFLD)	Military Hospital Brighton (UK)	St. John's (NFLD)
Annie Cashin	1909	General Hospital St. John's (NFLD)	St. John's (NFLD)	Cape Broyle (NFLD)
Margaret (Hackett) Sears	1909	Bellvue Hospital NY (USA)	New York, NY (USA)	New York (USA)
Bessie (Rowsell) Vivian	1909	General Memorial Hospital NY (USA)	Overseas	Pushthrough (NFLD)
Bertha (Forsey) Porter	1910	General Hospital St. John's (NFLD)	Overseas	Regina, SK (CAN)
Bride Hayse	1910	St. Johns (NFLD)	Overseas	Fever Hospital St. John's (NFLD)
Fannie Morey	1910	Winnipeg, MB (CAN)	Winnipeg, MB (CAN)	Winnipeg, MB (CAN)
Ethel (Pittman) Roberts	1910	St. Johns (NFLD)	St. John's (NFLD)	St. John's (NFLD)
Lilian (Reid) Pippy	1910	St. Johns (NFLD)	General Hospital St. John's (NFLD)	General Hospital St. John's (NFLD)
Myra Taylor	1910	New York (USA)	New York, NY (USA)	New York (USA)
Bertha Woodman	1910	Boston, MA (USA)	Alexandria (Egypt)	St. John's (NFLD)
Grace Gardener	1911	Pilley's Island (NFLD)	Canada	Canada
Ada Hubley	1911	General Hospital	Coney Island Hospital	Coney Island Hospital

Marion McDonald	1911	St. John's (NFLD)	NY (USA)	NY (USA)
Mabel Moulton	1911	General Memorial Hospital NY (USA)	St. John's (NFLD)	Western Union Telegraph Company Heart's Content (NFLD)
Susan Roper	1911	St. Johns (NFLD)	California (USA)	California (USA)
Violet (Snow) McDonald	1911	Bonavista (NFLD)		
Bessie (Taylor) Cobb	1911	Nova Scotia (CAN)	Nova Scotia (CAN)	Nova Scotia (CAN)
Rita (Cluett) Robins	1912	St. Johns (NFLD) General Hospital	St. John's (NFLD)	Bishop's Falls (NFLD)
Edna Cunningham	1912	St. John's (NFLD)	Ramea (NFLD)	Ramea (NFLD)
Gert (Lundrigan) Connors	1912	St. Johns (NFLD) General Hospital	St. John's (NFLD)	St. John's (NFLD)
Lucy (Morris) Harris	1912	St. John's (NFLD)	New York, NY (USA)	New York (USA)
Mary McGrath	1912	St. Johns (NFLD) General Hospital	St. John's (NFLD)	St. John's (NFLD)
Annie (Payne) Crawford	1913	St. John's (NFLD) General Hospital	Overseas	St. John's (NFLD)
Emma Reid	1913	St. John's (NFLD) General Hospital	St. John's (NFLD) Fever Hospital	St. John's (NFLD) Fever Hospital
Florence Scott	1913	St. John's (NFLD)	St. John's (NFLD)	St. John's (NFLD)
Alfrida Taylor	1913	Fever Hospital	St. John's (NFLD)	St. John's (NFLD)
Jessie Edgar	1913	St. John's (NFLD) Fever Hospital	St. John's (NFLD)	St. John's (NFLD)
Elizabeth (Kennedy) Fraser	1913	St. John's (NFLD)	Military & Naval Hospital	Military & Naval Hospital
Alice Lilly	1913	Dominion Iron & Steel Company Bell Island (NFLD)	St. John's (NFLD)	St. John's (NFLD)
Marion (Sheppard) Proudfoot	1913	General Memorial Hospital NY (USA)	Nova Scotia (CAN)	Nova Scotia (CAN)
Teresa Carroll	1914	Harbour Grace (NFLD)	New York, NY (USA)	New York (USA)
Clara White	1914		Bell Island (NFLD)	Bell Island (NFLD)
Mildred Edgar	1914		Overseas Escasoni Military Hospital	New York (USA) Fever Hospital
Katherine (Fitzpatrick) Morley	1914		St. John's (NFLD)	St. John's (NFLD)
Ellen Penny	1914		St. John's (NFLD)	St. John's (NFLD)
Maysie (Parsons) Marsee	1914		St. John's (NFLD)	Bell Island (NFLD)
Kathleen (Condon) Weiss	1914		New York, NY (USA)	New York (USA)
			Broad Street Hospital	Broad Street Hospital

Clara (Morris) Pope	1914	NY (USA)	New York (USA)
Bride Larner	1914	St. John's (NFLD)	St. John's (NFLD)
May Flemming	1915	General Hospital	General Hospital
Elizabeth Tremills	1915	St. John's (NFLD)	St. John's (NFLD)
Sybil (Oakley) Parsons	1915	General Hospital	General Hospital
Bessie Hartery	1915	St. John's (NFLD)	St. John's (NFLD)
Francis (Cron) Beveridge	1915	Royal Victoria Hospital	Naval & Military Tubercular Hospital
Mary (Guy) Lacey	1916	Netley (UK)	St. John's (NFLD)
Ethel Moore	1916	Cartwright, Labrador (NFLD)	Cartwright, Labrador (NFLD)
Belinda (Morris) Lacey	1916	General Hospital	General Hospital
Maysie Archibald	1916	St. John's (NFLD)	St. John's (NFLD)
Jean (Bowman) Dawe	1916	Scotland (UK)	Scotland (UK)
Alice Casey	1916	St. John's (NFLD)	St. John's (NFLD)
Mabel Gibbons	1916	Anaconda, Montana (USA)	Anaconda, Montana (USA)
Vivian (Mifflin) Brown	1916	St. John's (NFLD)	New York (USA)
Una Harvey	1916	Bay Roberts (NFLD)	Bay Roberts (NFLD)
Alexandra Snelgrove	1917	St. John's (NFLD)	St. John's (NFLD)
Florence Sinyard	1917	General Hospital	St. John's (NFLD)
Lilla Mews	1917	St. John's (NFLD)	General Hospital
Agnes Doyle	1917	St. John's (NFLD)	St. John's (NFLD)
Lillian Kelly	1917	General Hospital	Children's Hospital
May Hartigan	1917	St. John's (NFLD)	St. John's (NFLD)
Hettie Young	1917	Boston Lying-In Hospital	St. John's (NFLD)
Gertrude Bradbury	1917	Boston, MA (USA)	Boston Lying-In Hospital
		General Hospital	Boston, MA (USA)
		St. John's (NFLD)	General Hospital
		General Hospital	St. John's (NFLD)
		St. John's (NFLD)	General Hospital

Susan Snelgrove	1917	St. John's (NFLD)	St. John's (NFLD)
Emeline Joliffe	1918	Dominion Iron & Steel Company	Dominion Iron & Steel Company
Eva Long	1918	Bell Island (NFLD)	Bell Island (NFLD)
May Miller	1918	General Hospital	General Hospital
Isabelle Walshe	1918	St. John's (NFLD)	St. John's (NFLD)
Kathleen Northcott	1918	Sloan's Hospital	Sloan's Hospital
Nellie Maher	1918	NY (USA)	NY (USA)
Mary Tibbs	1918	St. John's (NFLD)	St. John's (NFLD)
Agnes Baldwin	1918	St. John's (NFLD)	St. John's (NFLD)
Nellie Williams	1918	St. John's (NFLD)	St. John's (NFLD)
Caroline Ellis	1919	Fever Hospital	Philadelphia (USA)
Maud Miller	1919	St. John's (NFLD)	Philadelphia (USA)
Marguerite Scott	1919	Montreal, PQ (CAN)	St. John's (NFLD)
Jessie Moors	1919	St. John's (NFLD)	Canada
Maud Palmer	1919	St. John's (NFLD)	Long Island Hospital
Minnie Hyde	1919	St. John's (NFLD)	New York (USA)
			Southcott Hospital
			St. John's (NFLD)
			Fever Hospital
			St. John's (NFLD)
			Pilley's Island Hospital
			Pilley's Island (NFLD)
			General Hospital
			St. John's (NFLD)
			General Hospital
			St. John's (NFLD)
			General Hospital
			St. John's (NFLD)

Graduate Statistics:	Remained in NFLD	Traveled abroad	-Canada	-USA	-UK/Overseas
1914	67 %	31%	50%	50%	
1919	63%	37%	25%	39%	36%
1920	72%	28%	35%	61%	4%

* Source: Government of Newfoundland, *Journal of the House of Assembly*, 1915, 1920, 1921.

LIST OF ABBREVIATIONS

- ARNN - Association of Registered Nurses of Newfoundland
- CNA - Canadian Nurses Association
- JHA - Journal of the House of Assembly of Newfoundland
- NGNA - Newfoundland Graduate Nurses Association
- NONIA - Newfoundland Outport Nursing and Industrial Association

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