A Struggle for Equality: Resistance to Commissioning of Male Nurses in the Canadian Military, 1952-1967

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On a effectué une recherche d’un point de vue historique dans le but d’explorer et de décrire les forces d’opposition à l’emploi d’infirmiers et à leur obtention du grade d’officier dans la division des soins infirmiers des forces armées canadiennes. Avant 1967, seules les infirmières pouvaient s’engager dans la division des soins infirmiers de l’armée canadienne. Il fallut une lutte d’un quart de siècle, menée par la Registered Nurses Association of Ontario (RNAO), le Comité des infirmiers (CI) de la RNAO et l’Association des infirmières et infirmiers du Canada (AIIC) pour modifier cette politique discriminatoire de l’armée. Grâce à l’unité qu’ont manifesté le CI, la RNAO et l’AIIC, la lutte pour l’égalité en faveur des infirmiers canadiens a abouti. L’étude montre également qu’il faut aller au-delà des perspectives matriarciales de l’histoire concernant les soins infirmiers pour comprendre plus globalement l’évolution de la profession au Canada.

Historical research was conducted to explore and describe the forces of resistance that prevented male registered nurses from being employed and conferred officer status in the Nursing Division of the Canadian military. Prior to 1967, only female nurses were permitted to join the Nursing Division. A 25-year struggle by the Registered Nurses Association of Ontario (RNAO), its Male Nurses Committee (MNC), and the Canadian Nurses Association (CNA) was required to change this discriminatory policy. The struggle for equality on behalf of Canadian male nurses was successfully resolved because of the united stand taken by the MNC, the RNAO, and the CNA. The study also demonstrates the need to move beyond matriarchal history perspectives in nursing to more completely understand the evolution of the profession in Canada.

Historical exotica, such as the Crusades, often serve as the focus for discussions about the history of men in nursing (Larsen & George, 1992). The relevancy of this history for the Canadian context is remote; accounts of men in nursing are briefly mentioned in the literature.

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(Larsen & George; MacPhail, 1991; Okrainec, 1990), but historical research on Canadian men in nursing is virtually nonexistent. Rigorous investigation will help us more fully understand the history of men in nursing and the evolution of the profession in Canada. In this paper, the authors report on a systematic inquiry into male nursing in the Canadian military between the years 1952 and 1967.

During the period 1945-1965, Canadian men and women generally assumed social roles and pursued careers based on gender. For example, engineering and medicine were virtually male bastions, while nursing was overwhelmingly the domain of women. In 1951, only 138 registered nurses in Canada, or 0.33%, were men (Canadian Nurses Association, 1960). By 1966, the number of male nurses had marginally increased, to 372, or 0.45% of all Canadian nurses (MacPhail, 1991). Systemic societal barriers to occupational gender equity were evident during this post-war period; men and women who attempted to challenge occupational mores often met with resistance.

The following examples illustrate the resistance to accepting men in nursing during the 1950s and 1960s. This resistance was apparent both within and outside the profession. A study by Robson (cited in Okrainec, 1990) showed that out of 170 Canadian schools of nursing only 25, or 14.7%, accepted male applicants during the early 1960s. Robson suggested that men were refused admission because schools lacked appropriate residential accommodations. However, resistance to men in nursing must be seen in the context within which the nursing profession was situated. Evidence suggests that the few men admitted as students were often excluded from particular areas of nursing, such as obstetrics. Male nursing students, by virtue of their presence, challenged gender-based roles. Limitations were placed on their learning experiences, however, and they were not permitted to function as fully fledged nursing students.

Practice restrictions were also imposed on male nurses. Prior to 1969, men were not permitted to register as nurses with the Association of Nurses of the Province of Quebec (Desjardins, 1971). When the Association endeavoured, in 1946, to have men legally admitted to the profession the move was blocked in the Quebec Upper House, one senator commenting that it was “immoral” to have men working under the supervision of female nurses in hospitals. It was not until December 1969 that Bill 89 (“An Act to amend the Nurses Act”) received assent by the National Assembly of Quebec. The amendment permitted male nurses to register as full members in the provincial nursing association for the first time since its inception in 1920. Nursing
care in Quebec was traditionally provided by female religious orders. The influence of these orders, combined with legislation reflecting societal views on gender-appropriate roles, had effectively kept men out of nursing for 49 years.

The Canadian military was also affected. Before 1967, male registered nurses could not join the Nursing Division of the Canadian Armed Forces. Attempts to challenge this policy serve as a case study in the struggle to achieve equality within the nursing profession and are the focus of this historical investigation.

Resistance to Males:
The Nursing Division of the Canadian Armed Forces

Within the Nursing Division, female registered nurses were given nursing officer status, while male registered nurses worked as non-commissioned officers – as X-ray technicians, medics, or in other allied health-care positions. An applicant to the Nursing Division had to “be a registered nurse and a current member of a provincial registered nurses’ association. Male nurses [were] not eligible for enrollment in this branch.” The only military career option available to them was in the Medical Administration Branch, where they could work towards a commission as registered nurses. Male nurses holding officer status in this branch, however, were not “nursing officers”; they served as administrators rather than practising nurses.

The authors explored efforts made by the Male Nurses Committee (MNC) of the Registered Nurses Association of Ontario (RNAO), as well as the Canadian Nurses Association (CNA), to change this discriminatory policy. The purpose of our study was to investigate the forces of resistance that prevented male nurses from achieving commissioned officer status in the Canadian military prior to 1967. Two research questions guided this study:

1. How was resistance toward male registered nurses in the Canadian military manifested during the years 1952-1967?
2. What actions were taken by the MNC of the RNAO and by the CNA to overcome this resistance?

Primary and secondary archival materials and an interview with a key informant served to bring to life the involvement of the CNA, the RNAO, and the MNC in this issue. The struggle for equality in the Nursing Division unfolded in three distinct time periods spanning 25 years and was characterized by an ebb and flow in movement toward resolution of this issue.
Male Nurses and the Military: The Issue Surfaces in 1942, 1952-1953

In 1942 the RNAO began to bring about a policy change in the Department of National Defence whereby only female registered nurses were commissioned in the Nursing Division of the Canadian Armed Forces. This issue first appeared in the Executive Committee minutes of the CNA dated June 2, 1952. Members of the Executive Committee discussed the fact that “Medical Services refused to enroll male registered nurses as nursing officers” (p. 6). Some Committee members who had served overseas during World War II stated that there were many cases in which the services of a male nurse was required. Alice Wright put forward the following motion:

THAT the In-Service Medical Committee, Department of National Defence, be asked to reconsider present policy in respect to male registered nurses, and that the request be implemented in the most effective manner possible.

It was decided that a delegation of former nursing sisters would present this request, in person, to the In-Service Medical Committee. However, Marjorie Russell, Edith Dick, and Gladys Sharpe, the delegates, were unable to secure a meeting with officials of the defence department. No explanation was given in subsequent minutes to account for the delegation’s lack of progress.

Agnes Macleod, CNA Representative on the Department of Defence Medical and Dental Services Advisory Board, was then requested to seek the advice of the Chair of the Board on how to “deal with this matter and report back to the National Office.” Miss Macleod agreed to do so; however, the outcome of her efforts is not known. There does not appear to be any mention of this issue within the CNA until 1966, when the RNAO put forth a resolution at a CNA annual general meeting requesting that Canadian nurses exert pressure to bring about a change in the discriminatory policy of the Department of National Defence.

The Male Nurses Committee of the RNAO: 1956-1963

On April 14, 1956, the RNAO Board of Directors approved the formation of a Male Nurses Committee (MNC). Albert Wedgery was elected its first Chair. The Committee dealt with many issues related to male nurses (e.g., recruitment of men into the profession, different educational content for male and female nursing students, and use of only feminine pronouns in the RNAO by-laws and its publications). It also sought to reverse the military policy preventing male nurses from
becoming commissioned officers in the Nursing Division of the Canadian Armed Forces.

The MNC received a letter from Corporal John Bell, a registered nurse with the Royal Canadian Army Medical Core (RCAMC), inquiring about the status of male registered nurses in the Armed Forces. It is interesting that Corporal Bell approached the MNC rather than the military, possibly to protect himself from repercussions such as censorship. After discussion by members of the MNC it was moved

That the committee recommend that the RNAO Board of Directors request the CNA to make representation to the proper authorities regarding male registered nurses in the armed services having equal rank with female nurses; and, That they be assigned duties for which their training has fitted them.\(^\text{14}\)

No RNAO records were located to account for how this MNC motion was implemented by the RNAO Board of Directors. Mr. Wedgery reported that correspondence from Florence Walker (Executive Secretary, RNAO), Pearl Stiver (General Secretary, CNA), and Brigadier Tremblay suggested that the armed services employed male nurses to the best advantage of the military. Mr. Wedgery stated that while he understood this position he did not agree with it.\(^\text{15}\) At the next meeting of the MNC (September 12, 1959), the issue was reviewed again and tabled until a later date.

Eight months later, Flight Officer John Scholes, Royal Canadian Air Force, Medical Administration Branch, attended an MNC meeting and addressed the issue of status of registered male nurses in the Nursing Division. It was Flying Officer Scholes’s opinion that

the continuance of the policy handed down from the Director General of Medical Services, Canadian Armed Forces, was a slur on the nursing profession in that both male and female nurses enjoy equal recognition in ordinary nursing employment. The present utilization of registered male nurses in the Armed Forces not only shows professional discrimination but also fails to assign male nurses to duties for which they have been trained.\(^\text{16}\)

A registered nurse and a commissioned officer in the Administration Branch, Flying Officer Scholes was concerned that qualified men were working at a non-professional level in the military while full advantage was not being taken of their training. He suggested that the time was right to press for change, given the following: the amalgamation of Medical Services in the Armed Forces was in a transition stage, a new Director General of the Canadian Forces Medical Services had recently been appointed, and there appeared to be sufficient support among
medical personnel to justify a review of the matter at the federal level. At this same meeting, members of the MNC put forth the following motion:

That the Board of Directors [RNAO] request the Canadian Nurses Association to arrange a joint interview between the four Matrons-In-Chief of the Canadian Forces Medical Services and representatives of the Male Nurses Committee to explore further the matter of commissioning registered male nurses in the Armed Forces.  

In February 1961 the MNC received a letter from Miss Walker, RNAO Executive Secretary, regarding this motion. RNAO and CNA agreed that arrangements for this interview would be made at a later date. “It was the committee’s [the MNC’s] general feeling that something concrete had been accomplished and the results so far were encouraging.”  

However, this optimism was short-lived, as a letter dated April 13, 1961, to Miss Stiver (CNA) from T. B. McLean, Surgeon Rear Admiral, Surgeon General, Canadian Forces, communicated the military’s perspective on this issue. It appears that his letter usurped the planned meeting with the Matrons-In-Chief. It contained the following points:

- the impracticality of opening the issue of commissions for male nurses at this stage in the integration of the Medical Services
- the existence of opportunities for male nurses as administrative medical officers in the RCAMC
- any interested candidates would not be involved directly in nursing duties.

The MNC was not satisfied with this response, as the military did not provide clear reasons why male nurses could not be assigned the nursing duties for which they had been prepared.

At the April 1961 annual meeting of the RNAO, a resolution was passed that the issue be placed in the hands of the RNAO Board of Directors to “follow through as they see fit.” Mr. Wedgery, who was now Secretary of the MNC, attended an RNAO Executive Committee meeting on June 14, 1961. He later reported that since this matter concerned all male nurses in Canada, the Executive Committee placed it on the agenda of the Executive Secretaries and Registrars meeting to be held in Ottawa in September 1961. “By determining the viewpoint of the other provincial nursing associations and attempting to gain dominion-wide support in this problem, it was felt that the RNAO would have a stronger argument to present to the federal authorities.”

Not only were these formal channels used, the MNC minutes revealed, but clandestine political activity occurred around this issue as
well. “ Intercepted” private correspondence was shared with members of the MNC at a meeting held on June 21, 1961, although identity of the male nurse who secured the correspondence was not divulged at the meeting.

1. A letter from Mr. Hazen Argue, National Leader of the CCF Party, to Mr. Pierre Sevigny, Associate Minister of National Defence, made reference to the desirability of awarding commissioned rank to male nurses, thus putting them on the same level as Nursing Sisters.

2. A letter from Mr. Gaston Levesque, Executive Assistant to the Minister of National Defence, in reply to Mr. Argue’s letter. This letter stated the government’s April 1961 decision to continue to restrict the Nursing Branch of the Armed Forces to female nurses. The factors cited were: influence on morale, the flexibility of employing unmarried Nursing Sisters, and the minimal cost of military training for Nursing Sisters. These factors were listed as determining the decision to continue to maintain a female nursing section.

3. A letter from W. H. Pope, Executive Assistant to Mr. Argue, replied to Mr. Sevigny and raised the following points: (a) some jobs in the nursing profession could be more suitably performed by men yet require the skill and training of a registered nurse, (b) the discontinuance of the present maintenance of registered male nurses in the subordinate status of medical orderlies or assistants, (c) while nursing sisters are not obliged to exercise powers of command over service personnel, they have all the prerogatives of rank accredited to male officers.

Upon consideration of the above correspondence, members of the MNC put forth another motion requesting that the RNAO Executive Committee, through the CNA, take immediate steps to discuss this issue with the Minister of National Defence. They recommended that a member of the MNC be present at these discussions.

At the October 4, 1961, meeting of the MNC it was revealed that the meeting of the CNA Executive Secretaries and Registrars had not taken place as expected in September. However, the MNC pointed out that support would be sought at the CNA Executive Committee meeting in February 1962. At this same October 1961 meeting, a further item of correspondence “had been put at the Committee’s disposal.” A letter from Gaston Levesque, Executive Assistant, Department of National Defence, in reply to a letter from W. H. Pope, Executive Assistant, House of Commons, identified points “noted as being significant in estimating the degree of resistance to any change in present regulations.” The essence of these points was: (a) male nurses have opportunities for commissions in Medical Administration or in any branch they
choose, excluding the Nursing Branch; (b) only in very limited areas (such as rare emergency situations) can male nurses be more suitably employed than their female counterparts; and (c) a predominately female branch is desirable, despite the large turnover of female personnel due to marriage. Because of this turnover, Mr. Levesque suggested that male nurses would eventually accrue more seniority than female nurses, an unacceptable situation for a predominately female branch. Mr. Levesque’s reasoning did not directly address the issue of why male registered nurses could not engage in direct patient care. The MNC judged that this policy was discriminatory and that it was not based on the proper use of service personnel.

Mr. Wedgery reported to the MNC that the provincial Executive Secretaries and Registrars held a meeting in Ottawa in February 1962. A letter from Doris Gibney, CNA Assistant Executive Secretary, stated that members had been most sympathetic on the matter and “supported whole heartedly the principle of equal rights for all members of the CNA.” At the February meeting in Ottawa, Miss Stiver, CNA Executive Director, agreed to arrange a meeting between representatives of the MNC and the Surgeon General; members of the MNC decided that Mr. Wedgery should represent them.

On October 12, 1962, the long-anticipated meeting with the Deputy Surgeon General took place, with nursing and military perspectives presented. The MNC outlined a series of pertinent arguments related to the employment of female and male nurses in the Armed Forces. The government’s representatives, mainly Surgeon Commodore George Elliott, countered these arguments. According to Mr. Wedgery, the military “administrative machinery is geared to handle only female personnel and the introduction of male nurses on a commissioned basis would create undesired administrative problems.” He observed that the government agreed that the policy was discriminatory, but “the decision to restrict commissions to female nurses is deliberately designed to avoid the administrative problems, real or imagined, which male nurses would produce.” In conclusion, Mr. Wedgery stated that “the present policy is predicated on preserving an unbroken tradition, rather than on an exercise in judgment.” It was apparent that the military had a vested interest in preserving the status quo. “Any change in policy of the Department of National Defence towards the male registered nurse in the Armed Forces would come only as the result of pressure being exerted on it from outside, namely, through public opinion.” Peter H. C. du Domaine, a member of the MNC, expressed a need for widespread publicity about the military policy. Because the meeting with the Deputy Surgeon General proved unsuccessful, the
MNC recommended that the RNAO “continue its efforts to achieve a change in policy relating to male registered nurses being commissioned as nurses in the armed forces.”

According to records obtained from the RNAO, the last meeting of the MNC was held on March 6, 1963. It should be noted that at this meeting a motion to disband the MNC, although defeated, may explain why the Committee became inactive shortly thereafter. Another reason for its demise was probably Mr. Wedgery’s decision to return to school to further his education. Attempts to locate additional data about MNC activities were unsuccessful. It appears that the issue lay dormant between the years 1963 and 1966, since no other records obtained from the CNA or the RNAO made reference to this military policy.

The Issue Resolved: 1966-1967

At the CNA annual general meeting of July 4-8, 1966, Resolution V, “Male Nurses in Armed Forces,” was submitted by the RNAO and moved by Eleanor Graham and Reverend Sister Gagnon. The motions read as follows:

THAT: this convention go on record as directing the Canadian Nurses Association to meet with the Minister of National Defence to interpret in the strongest possible terms the attitude of nurses in this country toward the continued disregard of a basic Canadian principle in denying equal rights to all registered nurses seeking commissions as nursing officers in the Canadian Forces; and

THAT: Canadian nurses exert the necessary pressure to bring about a change in this discriminatory policy of the Department of National Defence.

The resolution was passed unanimously. That same month, the CNA Executive Director, Helen K. Mussallem, met with the Associate Minister of National Defence, Léo Cadieux. The following accounts are based on an interview conducted with Dr. Helen Mussallem on December 5, 1994.

Dr. Mussallem was “called” to a meeting with Mr. Cadieux; the Surgeon General of Canada, Dr. George Elliott; and the Chief Nurse in the Armed Forces, Lieutenant Colonel Harriet Sloan. Dr. Mussallem described the setting:

Léo Cadieux couldn’t be more gracious. He greeted me and he said, “Now would you bring in your advisors.” And I said, “Oh, I’ve just come alone.” So alone I was. I remember sitting down with Dr. George
Elliott on my right and Hallie [Lt. Col. Sloan] on my left. George Elliott was seated behind a great stack of papers. I had just a very thin file.

The following exchange took place between Dr. Mussallem and Mr. Cadieux.

Mr. Cadieux asked me what I came for – or words to that effect. Holding out a printed sheet, I said, “This resolution has been passed by the membership of the Canadian Nurses Association.” I explained what CNA was and how many members it represented. He had a copy of the resolution and asked me if I would like to read it. I said, “Yes, I would.” So I read the whole resolution out to him. And he said, “Well, we are not in a position to comply with your request from CNA.” I said, “Mr. Cadieux, I understand. What I will do is report to the CNA that you are discriminating against male nurses and I know that the Board of Directors will make this public knowledge.” I knew that I had a strong case and that the CNA would be successful if I just played my cards right.

Discussion ensued between Mr. Cadieux, Dr. Elliott, Lieutenant Colonel Sloan, and other government officials at the meeting. Mr. Cadieux then asked Dr. Elliott, “Could we have one, two, or three male nurses?” Dr. Mussallem recalled that Dr. Elliott refused to consider this option. Mr. Cadieux then stated that the Armed Forces would permit six men to become commissioned officers within the nursing branch. Dr. Mussallem replied, “Oh, Monsieur Cadieux, that will not do. If I report to the Board, it will still be regarded as discrimination.” The Associate Minister then stated, “This is the best we can do.” As Dr. Mussallem left, she said, “I hope you reconsider your decision. Will you kindly convey your decision by letter to the Association?”

Mr. Cadieux’s subsequent letter to the CNA did not mention a quota of six male nurses. Dr. Mussallem observed, “As I recall, the letter stated that a decision was made to have men as nursing officers in the Armed Services.” The revised Canadian Forces Administrative Orders outlined the following basic enrolment standards for commissioned officers employed as nurses:

[An] applicant must:

a. be a graduate of a school of nursing accredited by the Canadian Nurses Association; and

b. be currently registered by an officially recognized provincial registered nurses association.

In 1967, Lieutenant Roy D. Field became the first male Armed Forces nurse to receive officer status. Although Lieutenant Field had been a nurse prior to his commission, he worked as an X-ray technician for
18 years. Mr. Wedgery, who was then serving as the first male President of the RNAO, applauded this change in military policy:

The news that a number of male registered nurses are to be commissioned as nursing officers in the Canadian Armed Forces marks the end of a long and perplexing struggle for equal rights. It means that at last the knowledge and skills of professional male nurses will be properly utilized. Certainly this positive move by the Department of National Defence will be greeted with resounding approval by all nurses throughout Canada.35

Observations Regarding Resistance to Male Nurses in the Nursing Division

Throughout the period when the MNC, the RNAO, and the CNA challenged the policy against employing and commissioning male registered nurses in the Nursing Division, the Armed Forces failed to offer substantive justification for the policy. The military arguments were not reasonable (e.g., changing policy would be “impractical,” or males had other routes within the branches of the Medical Services to become commissioned officers). Rejection of outsiders, conformity to norms, and protection of vested interests and cultural cohesion established the military as a distinct culture (Watson, 1969). Such forces of resistance contributed to the entrenchment of a discriminatory policy. Collectively, these forces were strong enough to resist a 25-year struggle for change on behalf of the nursing profession.

Systemic resistance (Watson, 1969) to employing men in the Nursing Division of the Armed Forces arose from the need to: (a) protect the vested interests of those who could lose status or position through the proposed change, (b) conform to a perception of societal norms such as appropriate work for men and for women, and (c) preserve cultural cohesion – in this case the military, male-dominated culture where women were given exclusive domain over a nurturing profession. When a meeting with Armed Forces representatives finally transpired, their reasons for maintaining the status quo were preservation of the administrative system and conformity to norms. Mr. Wedgery recognized the military’s decision as “...preserving an unbroken tradition, rather than...an exercise in judgment.” Introduction of male registered nurses and nursing officers into the Nursing Division was considered a threat to the status quo. Gaston Levesque implied that male nursing officers could have a detrimental effect on morale in the Nursing Division, including erosion of the administrative flexibility associated with the employment of unmarried
nursing sisters. Presumably these nursing sisters would not be leaving the Nursing Division because of pregnancy; they were readily uprooted and moved around as dictated by staffing needs, and it was more cost-effective to manage a nursing sister than a nurse with a family. Furthermore, it was commonly understood within the military and society that nursing was “women’s work.”

The resistance to having commissioned male nurses in the military may also have been a result of cultural cohesion in the Nursing Division itself. The Nursing Division was an enclave richly steeped in tradition and cultural norms. Nursing sisters may have had a vested interest in maintaining things as they were to preserve their status in a world when little status was accorded to women and women’s work. Dr. Mussallem suggested that resistance to change (i.e., admitting male officers into the Nursing Division) was based in part on a desire to maintain cultural cohesion. “My feeling is that they [nursing sisters] were uncomfortable having men in their ranks. I think maybe a major factor was resistance to change and how it would affect [them].”

In addition to these forces of resistance, moving the concerns of the MNC through the complex channels of the military bureaucracy frequently led to a dead end. Effective pressure for change was applied to the military only after the MNC raised this issue at the national level, whereby the CNA membership provided the Executive Director with a solid mandate to advocate for Canadian nurses. By the late 1960s, changes in politicians’ attitudes towards women and towards work roles was occurring – albeit slowly – and that is when Léo Cadieux ceded victory to the nursing profession. Continued resistance to the commissioning of male nurses gradually came to be seen as an injustice. The policy was a grievous affront to women in that it appeared to protect their interests while in reality serving to reinforce the notion of women’s work as confined to traditional nurturing roles. The nurturing role was discordant with the traditional male role in military culture. Thus the policy was offensive to both the nursing profession and the men who had chosen nursing as a career.

Finally, the CNA\textsuperscript{36} intended to “go public” with this issue. Public scrutiny would have moved the military’s discriminatory policy into the political arena. This measure proved unnecessary, as Mr. Cadieux did not establish a quota system for male nurses in the Nursing Division of the Medical Services Branch of the Canadian Armed Forces.

Resistance to change can be profound, as this study has shown. The combined efforts of the Male Nurses Committee of the RNAO (and Albert Wedgery in particular), the Board of Directors of the
RNAO, a mandate from the CNA membership, and the political acumen of Dr. Helen Mussallem were required to overturn a discriminatory military policy.

This study illustrates the importance of moving beyond strictly matriarchal history perspectives in nursing. The history of Canadian men in nursing remains little researched and the subject is too often glossed over as historical curio. Careful and focused studies on men in nursing will lead to a more complete understanding of the history of the nursing profession in Canada.

References


Endnotes

1. Minutes of the Male Nurses Committee (MNC) of the Registered Nurses Association of Ontario (RNAO), November 30, 1957.


3. Air Force Administrative Orders, Appendix D, c.01/02, 22 Feb 63, p. 3.

4. Male Nurses Committee minutes and annual reports for the years 1956-1964.

5. CNA Executive Committee minutes dealing with “Employment of Male Nurses in Medical Nursing Corps, Nursing Services” (June 7, 1952; January 29, 1953).


7. Air Force Administrative Orders, Appendix D, 6.01/02, 22 Feb 63, p. 3; Regulations and Instructions for the Royal Canadian Navy 1942, Chapter VI, 137A, p. 56; Terms of Service-Officers of the Canadian Army (Regular), 256-3, date of issue – 24 July 61, Annex A, p. IV.
8. Correspondence was often cited in the minutes of the Male Nurses Committee. The original letters were not found in the primary archival sources obtained from the RNAO. For example, private correspondence between Pierre Sevigny, Associate Minister of National Defence, and Hazen Argue, National Leader of the CCF Party, was not located. This correspondence addressed the desirability of commissioning male nurses, thus putting them on the same level as nursing sisters (minutes of the Male Nurses Committee, June 21, 1961, p. 3).


10. Dr. Helen K. Mussallem, CNA Executive Director, 1963-1981. Interview by David Gregory, December 5, 1994, Ottawa. Dr. Mussallem confirmed the accuracy of the primary archival data and provided an insider’s view of events as they unfolded. Transcript available from Dr. Gregory, University of Manitoba, Faculty of Nursing, Winnipeg, Manitoba.

11. Although reference is made to the RNAO’s efforts to bring about change in this military policy, beginning in 1942, we were unable to locate primary data to substantiate it. The minutes of the 33rd CNA General Meeting (July 4-8, 1966) are a secondary source regarding this matter.

12. CNA Executive Committee minutes, June 2, 1952, p. 6.

13. Recruitment of men into the nursing profession and gender pronoun issues were identified in the MNC minutes of June 9, 1956. That there should be no differentiation in educational programs for male and female nursing students was identified in the minutes of November 30, 1957.

14. MNC minutes, June 14, 1958, p. 2.

15. MNC minutes, June 6, 1959, p. 1.

16. MNC minutes, May 7, 1960, p. 3.

17. Ibid., p. 4.


20. Ibid., pp. 2-3.

21. Unfortunately, copies of the original correspondence were not part of the MNC minutes for the June 21, 1961, meeting. Thus this information is considered secondary data.

22. MNC minutes, June 21, 1961, p. 3.


25. Ibid.

26. “Meeting of Representatives of the Male Nurses Committee with Deputy Surgeon General, Department of National Defence, Ottawa, Friday, October 12, 1962.”

27. Ibid., p. 1.

28. Ibid.

29. Ibid., p. 2.
31. Ibid., p. 2.
32. During the latter stages of this study, RNAO was in the process of relocating. The MNC records were “boxed away” and could not be readily found.
35. Ibid.
36. CNA Board minutes, July 1966, p. 11: “Male Nurses in the Armed Services.”

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