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Frontier Nursing: Nursing Work and Training in Alberta, 1890-1905

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Le présent article analyse la relation entre le travail et la formation des infirmières de 1890 à 1905 dans cette partie du territoire du Nord-Ouest qui devait s'appeler à partir de 1905 la province de l'Alberta. On a examiné les données primaires (archives) et secondaires (documents publiés) afin d'établir la nature du travail salarié des infirmières, la façon dont celles-ci étaient recrutées, les conditions de travail, la manière dont les femmes étaient préparées au travail infirmier ainsi que la relation entre les programmes de formation en hôpital et le travail salarié des infirmières diplômées.

Avant 1905, la plupart des infirmières diplômées travaillaient dans les hôpitaux. En plus des tâches administratives, elles s'occupaient des malades et aidaient les médecins. Les directions d'hôpitaux avaient du mal à recruter des infirmières diplômées et elles mirent en place des programmes de formation afin de pallier leur manque de main d'œuvre. Le Medicine Hat General Hospital débuta les programmes en 1894, le Calgary General Hospital en 1895. Les hôpitaux ayant des programmes de formation commencèrent alors à avoir pour personnel des élèves infirmières. Le succès de ces programmes incita les autres hôpitaux de l'Alberta à mettre en place des programmes de formation; en 1915, dix programmes étaient en place. On s'attendait à ce que les diplômées des programmes hospitaliers travaillent à leur compte ou cherchent de l'emploi dans le secteur privé et soient remboursées sur une base d'honoraires payés par leurs malades.

Bien qu'ils n'aient pas été élaborés pour préparer les infirmières à la pratique privée, les programmes de formation en hôpital sont cependant parvenus à une certaine intégration entre l'hôpital et le travail infirmier à domicile, en partie parce que les conditions primitives des hôpitaux de l'Alberta équivalaient à celles des ranchs, des fermes et mêmes des habitations citadines. Les élèves infirmières se tournèrent vers le secteur privé parce que leurs services étaient «loués», durant leur période de formation, pour prendre soin des malades à leur domicile.

This article analyzes the relationship of nursing work and training from 1890 to 1905 in that part of the North West Territory which in 1905 became the province of Alberta. Primary (archival) and secondary (published) data are analyzed to determine the nature of salaried nursing work, how nurses were recruited, the conditions of employment, how women were prepared for nursing work, and the relationship between hospital training programs and the salaried work of graduate nurses.

Prior to 1905, most graduate nurses in Alberta were employed in hospitals. Their work involved administration as well as attending to patients and assisting physicians. Hospital boards had difficulty recruiting graduate nurses and began training programs to remedy their labour shortage. Programs were begun by the Medicine Hat General Hospital in 1894 and the Calgary General Hospital in 1895. Hospitals with training

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programs soon came to rely on pupil nurses for staffing. The success of these programs stimulated other Alberta hospitals to begin training programs, and by 1915 there were 10 programs in existence. Graduates of hospital programs were expected to be entrepreneurs, seeking employment in private practice and being reimbursed on a fee-for-service basis by their patients.

Although they were not designed to prepare nurses for private practice, hospital training programs did achieve some integration between hospital and home nursing work, partly because the primitive conditions of Alberta hospitals matched those of the ranches, homesteads, and even town homes. Pupil nurses became oriented to private duty when they were "hired out" during their period of training to care for ill individuals in their homes.

Providing help to the ill and the injured was a major challenge in that part of the North West Territory which, in 1905, became the province of Alberta. Single men building the transcontinental railway had no family resources to help them through periods of sickness. Typhoid epidemics plagued Canadian Pacific Railway work camps and the dangerous nature of railroading led to many injuries. Ranching and homesteading were also fraught with physical risk. As families of settlers occupied more of the previously uncultivated southern and central regions, the demand for health care intensified. Small hospitals were built in Medicine Hat, Lethbridge, Calgary, and Edmonton to provide a place for the ill and injured to recover, and to provide centralization of physician services. Early in the history of Alberta, hospitals became the focal point of health-care delivery.

Hospitals needed nurses, and as the number and size of hospitals increased so too did the demand for nurses. This article builds on previous histories of health care and nursing in Alberta,[1] incorporating new information from primary archival sources to examine the relationship of nursing work and training from 1880 to 1905 in the about-to-be province of Alberta. This examination was conducted as part of the growing body of Canadian[2] and international nursing historiography[3] addressing this era. Particular emphasis will be placed on the nature of salaried nursing work, how nurses were recruited by hospitals, the conditions of employment, how women were prepared for nursing work, and the relationship between hospital training programs and the employment of graduate nurses in Alberta during its Territorial years.

Early Hospitals

Before 1905, most graduate nurses in Alberta were employed in hospitals. The settlers of the North West Territory were widely dispersed over a large geographic area. In 1891 the population of Alberta was about 9,000 native peoples and 17,500 Métis and white settlers[4]; by 1901

it had increased to 73,000.[5] Travel between the few small towns, and between ranches and homesteads, was difficult and time-consuming, and many settlers lacked the cash to pay for medical or nursing services. Hospitals offered graduate nurses the security of a known environment, guaranteed living arrangements, and an acceptable reason for an unmarried female to venture unaccompanied into the northwest frontier.

Most Alberta hospitals recruited graduate nurses because they valued skilled nursing. Reverend Lyon noted during ceremonies to mark the laying of the cornerstone for the Medicine Hat General Hospital in 1889 that he had "seen valuable lives lost simply through the want of proper care and skilled nursing. In some forms of disease skilled nursing is everything. People may be willing...but if they have neither skill nor experience, how helpless they really are."[6] The term "graduate nurse" referred to women who had undergone training in a hospital and had demonstrated competence in caring for the ill. Graduates were often recruited through personal recommendation and according to the previous affiliation of the hospital's medical superintendent. For example, early recruits to the Medicine Hat General Hospital tended to be graduates of the Winnipeg General Hospital,[7] whereas the Galt Hospital in Lethbridge favoured graduates of the Montreal General Hospital.[8]

By 1905 at least seven general hospitals in Alberta employed one or more graduate nurses. These were: the 25-bed Medicine Hat General, opened in 1890[9]; the 15-bed Lethbridge Galt, opened in 1891[10]; the 35-bed "new" Calgary Holy Cross, opened in 1892[11]; the 35-bed "new" Calgary General, opened in 1895[12]; the 35-bed Edmonton General, opened in 1895[13]; the 25-bed Edmonton Public (later renamed Edmonton City and finally Royal Alexandra), opened in 1900[14]; and the smaller Edmonton Misericordia Mission Hospital, opened in 1900 as a maternity hospital but later revamped to general services.[15] The Lethbridge Galt was privately owned and operated by the North West Coal and Navigation Company.[16] The Medicine Hat General,[17] Calgary General,[18] and Edmonton Public[19] were publicly incorporated institutions owned and operated by elected boards of local citizens. The Calgary Holy Cross,[20] Edmonton General,[21] and Edmonton Misericordia[22] were owned and operated by Catholic sisterhoods. Each of these hospitals was public in that it served individuals regardless of religion, race, and ability to pay, and each received some funding from the Territorial government.

Hospital Nursing Work

The role of nurses in early Alberta hospitals was to provide an environment in which ill persons could safely recover from surgery and treatable diseases. Male patients often outnumbered females three to one, which reflects not only the gender ratio of the population at large but also the reluctance of some hospitals to provide obstetrical services. Hospitalization in the non-Catholic institutions was confined to those who were considered as standing to benefit from the medical treatment available; therefore, the Medicine Hat General, Lethbridge Galt, Calgary General, and Edmonton Public excluded the mentally ill and persons with social problems. In these hospitals, physicians determined who was and who was not admitted.[23] Such professional hegemony was associated with the reorganization of North American hospitals as laboratories for the development and testing of scientific treatments,[24] and a concomitant shift away from hospitals as charitable social-service agencies. The three hospitals run by Catholic sisterhoods – Edmonton General, Edmonton Misericordia, and Calgary Holy Cross – admitted individuals with a wider range of health and social problems, regardless of whether they had an attending physician.[25] The Edmonton General Hospital functioned as a treatment centre for the ill,[26] but Calgary Holy Cross offered some social services as well as nursing services,[27] and Edmonton Misericordia Mission Hospital served as a hospital, boarding house, and orphanage.[28] Physicians wielded considerably less direct power and authority in Catholic hospitals, because administrative and organizational decision-making was vested in the Mother Superior – who reported to her Council and Motherhouse – rather than to a medical superintendent or lay board.[29]

The individual mission of each early Alberta hospital, its administrative structure, and its clientele directly affected the roles and responsibilities of graduate nurses. In the non-Catholic hospitals, the work of graduate nurses included administrative duties, attending the patient, and assisting the physician.[30]

Administrative Duties

A senior graduate nurse, designated Lady Superintendent or Matron, was appointed by the boards of non-Catholic hospitals to administer the hospital and oversee patient care. She had a broad mandate and considerable power and authority. At the Medicine Hat General Hospital, the Lady Superintendent engaged and discharged all nurses and other staff, and regarding patient care was second only to the medical superintendent and the secretary-treasurer of the board.[31] She

was held accountable for order, neatness, and cleanliness in the hospital wards and in the nurses' home; she also approved all orders for supplies, including food, and ensured that proper economy was exercised in their use. The Lady Superintendent was also responsible for the preparation and distribution of food for the wards and the staff dining rooms. The rules specified that permission of the Lady Superintendent was required before patients could leave their ward, visit patients in other wards, use tobacco "in any form," or leave the hospital grounds.[32] The Lady Superintendent submitted a written report to each board meeting, concerning the hospital, the patients, and the staff.[33]

The Matron of the Calgary General Hospital played a similar role, and was given full authority by the hospital board over kitchen, laundry, maintenance, and nursing staff.[34] Unlike the situation in Medicine Hat, there was no medical superintendent in the early years of the Calgary General. The Matron was the only administrator on site. Alfred Cross, President of the Calgary General in 1905, attested to the complexity of the Matron's role:

> There was...a very difficult position held by the Matron in charge. There was no doctor directly connected with the Hospital, no Purchasing Agent or Household Manager, nor anybody else to treat with the public except the Matron; and it was most difficult for her to maintain an efficient staff, keep Doctors in order and maintain their good-will and the general public, who were often most unjustly critical in spreading stories that had no foundation against the hospital.[35]

The power and authority of Lady Superintendents and Matrons in Alberta was broader than that reported for other Canadian hospitals of the period. For example, at the Winnipeg General Hospital (WGH) prior to 1900, the medical superintendent controlled nursing services as well as medical services, including the school of nursing, which was established in 1887.[36] The Lady Superintendent reported directly to the medical superintendent, and, under ordinary circumstances, had no direct access to the board of directors – her recommendations were always presented through the medical superintendent.[37] WGH Lady Superintendent Adah Patterson was forced to resign in 1900 because she challenged the absolute authority of the medical superintendent by requesting that an advisory committee of physicians be established on matters related to nursing service.[38] At the General Hospital in St. John's, Newfoundland, two senior graduate nurses were appointed to administrative positions in 1903, at identical salaries – one as Superintendent of Nurses, with "full control over nurses and nursing matters," the other as Matron, "to be in charge of the cooking, cleaning, and general maintenance of the institution."[39] The reason for the differ-

ent roles of senior graduate nurses at the Medicine Hat and Calgary General hospitals, in comparison to the Winnipeg and St. John's General hospitals, was that Alberta hospitals of the Territorial era were created quickly, as new institutions; they did not usually develop from other institutions, and they had to consider only the "traditions" of their founding members, physicians, and nursing staff.[40]

Staff graduate nurses fulfilled very broad functions. They not only nursed the patients on their wards, but also acted as ward managers. One nurse was responsible for the overall organization and management of a ward or combination of wards for a 24-hour period. She maintained a daily record of each patient in her ward, noting in writing the orders of the attending physician, and ensured that orders for the night nurse were written and that the night nurse understood them.[41] In the morning, the graduate nurse received the night nurse's report on the patients' conditions and any new physician's orders. When patients were admitted, the graduate nurse was responsible for counting, recording, and safely storing their clothing and personal effects. She sent vermin-infested clothes to be fumigated and dirty clothes to the laundry.[42] The graduate nurse's role as manager of a ward or combination of wards was comparable to the administrative role of the Lady Superintendent, although on a smaller scale. The performance of graduate nurses was subject to scrutiny by the hospital board, as is evident from comments about the "peculiar temper" of a nurse employed in 1891 at the Medicine Hat General Hospital, "whose occasional alleged displays are more human than angelic."[43] This nurse's "strongmindedness" prevented "softheaded swains making love during convalescence."[44] Since "no instance was cited when any of those displays of temper had disturbed the equilibrium of the nervous system of any patient," the board took no action.[45] The significance of this situation is the board's review and its apparent unwillingness to delegate handling of the complaint to the Lady Superintendent.

Attending the Patient

Graduate nurses provided personal care to patients. They gave bed baths and changed bed linen with patients in situ. They prevented bedsores, positioned patients comfortably, and helped with meals. Nurses were expected to constantly attend patients and to observe and report to attending physicians their "state of secretions, expectorations, pulse, temperature, skin, appetite, intelligence (as to delirium or stupor), breathing, sleeping, conditions of wounds, eruptions, formation of matter, effect of diet, stimulants, or medicines."[46] They carried out a

broad range of sometimes complicated treatments prescribed by physicians to alleviate suffering and promote recovery – dressing blisters, burns, sores, and wounds; preparing and applying fomentations and poultices; applying leeches and subsequent treatment; administering enemata; catheterizing female patients; warming body parts by friction[47]; washing out the bladder; gastric lavage; administering fluids by rectum; giving hypodermic injections of fluids and drugs; cupping; and preparing and giving nourishing drinks.[48] An almost identical list of duties was drawn up for nurses at the WGH in 1897.[49] In the case of an emergency, a graduate nurse was expected to assess the patient immediately and take whatever measures were within her realm of experience while awaiting arrival of the physician. Non-emergency patients were assessed more leisurely, usually after giving them an admission bath.[50] Since both the Medicine Hat General and the Calgary General included maternity units, housed in separate bulidings, graduate nurses in these hospitals admitted and cared for patients awaiting delivery, monitored women in labour, assisted at (and sometimes conducted) deliveries, and cared for post-partum mothers and infants. Graduate nurses were expected to have a broad range of clinical skills and knowledge and to be able to cope with whatever illnesses, injuries, and conditions their patients presented.

Assisting the Physician

Graduate nurses also assisted physicians, which often involved helping with surgery and recording new orders for diets, treatments, and medications. They frequently administered the anesthesia during surgery. Nurses were responsible for preparing the operating room, which included preparing bandages, antiseptics, and disinfectants; sterilizing supplies and surgical instruments; and setting up the anesthetic table. Physicians often provided their own surgical instruments. In the earliest days, sterilization sometimes involved using ordinary kitchen utensils to boil instruments and steam dressings.[51] During surgery, one nurse "srubbed up," donned a sterile gown and hood, and assisted the physician by handing him instruments, sponges, and suture material. Another nurse circulated about the operating room, positioning and securing the anesthetized patient on the operating table, providing supplies during surgery, and being "always on hand for any work which cannot be done by those who are surgically clean."[52] The graduate nurse in charge of the operating room was responsible for ensuring that it was "always ready at a moment's notice for emergency work."[53]

Graduate nurses employed in hospitals in Alberta before 1905 performed multiple tasks and assumed enormous responsibility. They were often the first person the patient saw if he or she went directly to the local hospital without consulting a physician. In such instances the graduate nurse determined who required the attention of a doctor, and summoned one. In the meantime, she attended to any injuries or wounds and began the most appropriate treatment she could offer. In the day-to-day routine of the hospital, the graduate nurse ensured there were adequate supplies, food, and medicines, and attended to the physical needs of the patient. She was accountable to the hospital board for appropriate and economical use of all equipment and supplies. The graduate nurse demonstrated broad clinical knowledge and skill in assessing patients, providing nursing care, and following through on doctors' treatment regimens, which often involved assisting the physician with invasive treatments such as surgery. Although nurses were hired by the hospital board, they were required to satisfy not only board members, but also patients, physicians, and visitors. By and large, nurses employed in Alberta hospitals before 1905 were members of the first generation of trained Canadian nurses – they were graduates of the few nurse-training programs in Canada offered in large hospitals under the directorship of women trained outside Canada.[54] McPherson concludes that this first generation of Canadian nurses was distinguished by its small size, strong sense of vocation, "and the complex web of interpersonal relationships which developed among this pioneer generation and between nurses and feminists."[55]

Securing a Nursing Workforce

Once established, early Alberta hospitals grew quickly, which led to an increased demand for nurses. Because of the distance from central Canadian hospitals, with their nurse training programs, and the primitive living conditions of the Alberta frontier, hospital boards had difficulty recruiting graduate nurses. They therefore began their own training programs. The Edmonton Public Hospital Board of Directors acknowledged, in their 1905 annual report, that "during the autumn and early winter the difficulty of securing trained nurses led to the establishment of a Training School For Nurses in connection with the hospital."[56] The first program in Alberta was established by the Medicine Hat General Hospital in 1894, four years after it opened. A second one was begun by the Calgary General Hospital in 1895 – the year it moved from its original frame house to a new, specially designed building. In Medicine Hat, the hospital medical superintendent,

Dr. Calder, supported the establishment of a nurse-training program because:

> We are certainly receiving applications from young ladies who are anxious to acquire a nurses's training. This could be done with very little educational outlay. There are few ways in which the hospital can benefit the public more than by being able to supply a nurses's training to those who are anxious and willing to acquire one, and who are often willing to give their time and work gratuitously for the sake of the information they receive.[57]

The situation at the Calgary General was more prosaic. When she moved, in September 1894, from the Medicine Hat General Hospital to Calgary, Matron Mary Ellen Birtles found that the cornerstone was just being laid for the hospital she had hoped to find completed.[58] Birtles moved into the existing cottage hospital – a two-storey frame, rented house.[59] Two days later, all the staff abandoned her, and Birtles found herself cook, housekeeper, and nurse. For two months she continued as the sole nurse for an average of eight patients.[60] Birtles desperately needed help, and she recruited Marion Moody in April 1895 as the Calgary General's first pupil nurse.[61] Moody began her probationary period "by taking charge at night while the Matron and head nurse who had been having a very busy time got a chance to rest."[62] She subsequently assisted with the move to the new hospital, where she continued her probationary period by "going back on night duty with only five hours sleep in sixty hours" and going "out in a shack at the back of the hospital [to] nurse three children through scarlet fever."[63] Of the remainder of her probationary period, Moody reported, "there is not much to record except that I was put on day work and the charge of this isolated ward while a nurse of eleven months' standing was put on at night until the children and their mother...were convalescent."[64] By fall 1895, Moody held the title of senior nurse, "having under me a junior and a probationer."[65]

Once training programs began, hospital staffing quickly came to rely on the cadre of pupil nurses who were learning on the job. Numbers of graduate and pupil nurses and patient census reports clearly demonstrate this reliance. In 1897 at the Medicine Hat General Hospital, two graduate and six pupil nurses assisted at 114 operations and 29 births, and provided care for the 300 patients admitted during the year.[66] By 1907, four graduate nurses – including the Lady Superintendent, the Assistant Superintendent, an operating-room nurse, and a nurse in charge of the maternity hospital – supervised 13 pupil nurses who cared for 815 patients and assisted at 94 births.[67] Two years later, the hospital still employed only four graduate nurses; the

number of pupil nurses had increased to 16, and 789 patients had been admitted.[68]

A comparable situation existed at the Calgary General. In January 1905, the nursing staff consisted of the Matron, one graduate nurse, and eight pupil nurses, who cared for an average daily census of 35 patients housed in two buildings.[69] Later that year, four more graduate nurses were hired, bringing the total to six, including the Matron.[70] One nurse was in charge of the maternity building, one was in charge of the isolation building, one was in charge of each of the two floors of the main building, and one was in charge of night duty in the three-building hospital complex.[71] During 1905, 741 patients were admitted, of whom 67 were maternity cases and 42 were isolation cases; the number of operations was not reported. These ratios of pupil to graduate nurse staff are similar to those Johns reports for the Winnipeg General Hospital in 1898[72] and to those Rosenberg reports as typical in American hospitals at the end of the 19th century.[73]

The role of graduate nurses in hospitals with training programs quickly expanded to include teaching and supervising pupil nurses, in addition to administering wards, assisting physicians, and caring for patients. The graduate nurse in charge of each ward or grouping of wards continued to be responsible for nursing work on her unit throughout a 24-hour period. As the cadre of pupil nurses increased in number, they began to be assigned to night duty, freeing all but one graduate for day duty. The Night Supervisor worked from seven in the evening until seven in the morning. She supervised the pupil nurses assigned to each unit and acted as a resource to them, in addition to coping with emergency admissions and operations, "problem" visitors, occasionally boisterous patients, and physicians' late visits.

It is worth pointing out that the pupil nurses' contribution to a hospital's staff *during training* was considered more important, by the boards, than their potential contribution as trained nurses. Members of hospital boards during the Territorial era were local merchants, businessmen, and politicians, who brought to their boards an entrepreneurial philosophy and values. They considered the exchange of training for labour a business transaction, rather than in terms of the advancement of either nursing or women's independence. Thus hospitals were concerned with neither the number of nurses they trained nor where or how these trained nurses might be employed after graduation. What interested the continually under-financed boards was having a large, reliable labour pool to ensure continued operation of the hospital. Pupil nurses supplied this pool of labour.

Reliance on pupil nurses to staff general hospitals was common in Britain as well. In his study of the first generation of general-hospital-trained nurses in England from 1881 to 1914, Maggs concludes that the expanding hospital system needed more staff than what the existing nursing population could provide. Hospitals therefore set out to attract pupil nurses to staff their institutions. In fact English hospitals preferred trainees to graduate nurses, because the former were "the cheapest form of labour for hospitals which faced the constant problems of under-financing, whether they were voluntarily supported or publicly supported through rates [taxes]."[74] Similarly, in her analysis of nursing in the United States from 1850 to 1945, Reverby concludes that American training programs around the turn of the century existed primarily to provide hospitals with a nursing labour pool.[75] "The demands of the hospital for a work force often overcame the nursing school's abilities to educate its students," she notes, adding, "Nursing education was called training; in reality it was work."[76] The situation was no different in Canada, where, according to Agnew, at the turn of the century it "became an almost universally accepted principle that a school of nursing was indispensable in operating a hospital...the apprenticeship system flourished and the educational needs of the students were frequently subordinated to the service needs of the hospital."[77] Thus the model of hospital training begun before 1905 in Alberta was comparable in philosophy and format to programs operating in England, the United States, and other parts of Canada.

Conditions of Employment

Hospital nursing in Territorial Alberta constituted a distinct lifestyle for women, was demanding, and was variably rewarded. All nursing staff, graduate and pupil, lived in the hospital or in a residence on the grounds. They were on call at all times. Conditions were arduous, involving a seven-day week of 12-hour shifts, from seven to seven.[78] Nurses on day shift were permitted to rest one to two hours in the afternoon, providing all their work had been done, but night nurses enjoyed no such break. Day nurses usually had a half day off on Sunday, and were expected to spend part of it in church.[79] At the Medicine Hat General, night nurses were to be in bed by 10 a.m. and to sleep at least seven hours; they were not permitted to leave the hospital grounds before four o'clock without the permission of the Lady Superintendent.[80]

There is no evidence of written agreements between boards and graduate nursing staff concerning conditions of employment, such as

hours of work, salary, and room, board, and laundry services. Hospital boards that failed to honour verbal agreements concerning salary and living arrangements soon found themselves without sufficient graduate staff, while graduate nurses who failed to abide by their verbal commitments found themselves without the written testimonials of board members and physicians that were necessary to secure subsequent employment.

Initially, graduate nurses individually negotiated their salaries with the boards that employed them. Thus in 1893 the Medicine Hat General paid one of its graduate nurses $25 per month and another $15.[81] These salaries were comparable to those paid almost a decade earlier at the Winnipeg General. Johns reports that the five nurses recruited by the WGH in 1884 received from $15 to $20 per month, as compared with $8 to $12 paid in Montreal.[82] In 1892 the Medicine Hat General paid the Matron $40,[83] the cook $25,[84] and the medical superintendent $50.[85] When a training program was begun in 1894, pupil nurses received a relatively generous monthly stipend of $10 their first year and $12 their second, plus a $25 bonus for successfully completing the two-year program.[86] No stipend was paid probationers, although they were boarded and lodged at the hospital's expense.

At the Calgary General, monthly stipends for pupil nurses from 1895 to 1897 were noticeably less: $5 the first six months after probation, $6 the next six months, $7.50 the second year, and $10 the third year.[87] In late 1897, stipends were increased to $7.50 the first year, $10 the second, and $12.50 the third.[88] The salaries of graduate nurses at the Calgary General prior to 1905 are not recorded; however, in 1894 Matron Mary Ellen Birtles was hired at $400 per year, or about $33 per month,[89] which was 20% less than the salary of the Lady Superintendent at the Medicine Hat General. In 1905, in an attempt to recruit and retain staff, the monthly salary of graduate nurses at the Medicine Hat General was increased to $30[90] and the Lady Superintendent's salary was raised to $60.[91] At that time, an orderly's pay was $25 per month.[92] Other salaried hospital staff included the Chinese cook, who was paid $60,[93] and the Chinese laundryman, who received $70[94]; both were expected to hire and pay as many helpers as they needed from their wages.

Hospitals also provided accommodation, meals, and laundry services without charge to graduate and pupil nurses and other employees.[95] The type and quality of room and board varied greatly and was a significant factor in recruiting both graduate and pupil nurses. The Medicine Hat and Calgary General hospitals initially housed their grad-

uates and pupils in the hospital, which was common practice in other parts of Canada.[96] Overcrowding and lack of privacy were serious problems until nurses' residences were opened by the Calgary General in 1904 and by the Medicine Hat General in 1905.[97]

Nurse Training Programs

Women who wished to train as nurses were admitted by the Medicine Hat and Calgary General hospitals at irregular intervals, depending upon when the hospital was prepared to accept a new pupil and when the prospective pupil could come. There were few admission criteria beyond a willingness to submit to the authority of the Lady Superintendent or Matron, freedom from family responsibilities, sound health, and sound character.[98] The latter was usually attested to by a clergyman and one other responsible person, while proof of sound health often required a statement from a physician or consent to a physical examination conducted by a physician of the hospital's choice. Although "women of superior education and cultivation....[were] preferred to those who do not possess these advantages,"[99] it is likely that prior to 1905 many pupil nurses came from working-class families and had only primary-school education, especially those who came from rural areas.[100] Recruits without high-school education were common in Canadian and American hospital programs. Reverby reports that even in 1910, in Massachusetts, nearly a quarter of all hospital training schools expected their students to have no more than the equivalent of grade-school education.[101] As was the case in the United States, early Canadian, and especially prairie, hospital training programs of the late 19th and early 20th centuries offered unmarried rural women geographic mobility and a way to participate safely in the "excitement, independence, and opportunity of the urban working world."[102]

Successful applicants were taken into the hospital on probation of one month or more. Probationers at the Medicine Hat General were prepared for an examination on "practical work" and in reading, penmanship, simple arithmetic, and English dictation.[103] At the end of the probationary period the applicant was tested for ability to read aloud well, write legibly and accurately, keep simple accounts, and take notes of lectures.[104] The decision whether to retain a probationer was made by the Matron at the Calgary General and by the Lady Superintendent, in consultation with the Medical Superintendent, at the Medicine Hat General. Those accepted as pupil nurses were required to sign an agreement that they would obey all hospital rules. A pupil nurse could be discharged at any time if she proved to be "inefficient," and could be

suspended or discharged for negligence or misconduct.[105] The criteria for admission, and the conditions of probation, at the Medicine Hat General Hospital bore a striking resemblance to those implemented at the Winnipeg General Hospital School of Nursing upon its opening in 1887.[106] Undoubtedly this similarity was directly related to the fact that the MHGH's first Lady Superintendent, Grace Reynolds, and its first graduate nurse employee, Mary Ellen Birtles, both came from the WGH. Reynolds, originally trained in England at the Leeds Infirmary,[107] moved to Medicine Hat from Winnipeg in February 1890, accompanied by her former pupil at the WGH, Birtles.[108] As previously noted, Birtles moved to Calgary in September 1894 to take up the position of Matron at the new Calgary General Hospital. As the initiator of the CGH nurse training program, in 1895, Birtles likely implemented a program very similar to those at the MHGH and her own training school, the Winnipeg General.

Program of Instruction

The resemblance of both the MHGH and the CGH training programs to the program offered from 1887 to 1895 in Winnipeg was obvious also in the irregular and ad hoc instruction pattern of the two Alberta programs. Periodic lectures given in the evenings after a full day's work, by the Lady Superintendent and selected physicians, constituted most of pupil nurses' formal learning. There were no curriculum, designated lecture content, or specified clinical learning exercises. Lecture content depended upon the interests, knowledge, and availability of the physicians, although anatomy, some physiology, materia medica, dietetics, and the care of medical, surgical, and obstetrical patients were usually addressed.[109] Three notebooks, dated 1905, 1906, and 1908 – which belonged to Annie Gibson, a 1908 graduate of the Calgary General Hospital training program – record doctors' lectures; directions for the preparation of treatment trays, disinfectants, antiseptics, and ointments; uses and doses of common medications; and recipes for nourishing beverages.[110] The notebooks describe surgical and non-surgical treatment of common illnesses and diseases, including the nurse's role and responsibilities.

Pupils learned to nurse by doing nursing work. The labour needs of the hospital determined the assignment of pupil nurses; the illnesses with which patients were admitted, and the medical treatment they received, determined the clinical experience of pupil nurses. Thus the amount and quality of class work and theoretical instruction suffered if pupil nurses were needed on the wards.[111] Pupil nurses at the Calgary

General learned more about communicable diseases and isolation nursing than did their counterparts at the Medicine Hat General, because the former had a special isolation unit and the latter did not. Operating-room nursing was a significant focus for pupil nurses, as was pre- and post-operative patient care. Pediatrics was limited, since hospitals admitted few children, and psychiatric nursing was non-existent. Because the Medicine Hat and Calgary General hospitals had separate maternity units, pupil nurses learned about labour and delivery and care of the newborn. Examinations were held at the end of both the probationary period and the training period. They were set and marked by physicians selected by the hospital board and were medically focused.[112] Pupil nurses who completed the prescribed training program and passed their examinations were awarded a certificate by the sponsoring hospitals.

At the Winnipeg General Hospital, organized instruction of nurses was introduced by Lady Superintendent Elizabeth Holland in 1895[113] and a minimal curriculum was initiated in 1897.[114] However, the programs at neither the MHG nor the CGH progressed beyond irregular and unsystematic instruction until after the First World War.[115] Until Nurses' Homes were constructed, at the CGH in 1904 and at the MHGH in 1905, neither hospital had classrooms nor a library. Lady superintendents of the CGH and the MHGH were conscientious in meeting the expectations of their boards, by ensuring the relatively smooth operation of their hospitals, but they paid limited attention to the quality of instruction offered pupil nurses. The Alberta hospitals lacked the spark of educational innovation provided by WGH Lady Superintendents Adah Patterson, Elizabeth Mackay, and Edith Martin.[116]

Discipline During Training

A remarkable degree of supervision and discipline was imposed on pupil nurses. As Reverby observes in her assessment of American nurse training prior to 1945, "Drill and discipline, as well as character, became the hallmarks of [hospital nurse] training."[117] Although hospital boards stated that they sought to attract mature women with the best possible educational credentials, their rigid rules of behaviour suggest that boards possessed little confidence in the ability of their trainees to behave as "ladies." For example, "Rules for the Hospital" prepared by the Medicine Hat General Hospital Board detailed how nurses were to keep their rooms neat and orderly and how they were to handle soiled personal and bed linen.[118] The detail and rigidity of these rules reflect

in part the appropriate role of women as perceived by the exclusively male members of the board, and the board's corresponding stated prerogative to mould character. The Medicine Hat board stated its rationale thus:

> The nurses will always bear in mind that the paramount objective, during the two years of the hospital course, is to fit them for the avocation they may have chosen, not only by the practical teaching in hospital work and the knowledge acquired in the school, but by the cultivation and establishment of a character for steadiness, thoughtfulness, modesty and tact, which will justify confidence in those who employ them or recommend them for employment, and reflect credit on themselves and on the school.[119]

Thus strict discipline was for the board, as it had been for Florence Nightingale, the "essence" of moral training and nursing education.[120] The hospital board replaced the paternal head of the Victorian "family," while the Lady Superintendent was the "mother." This analogy between hospital and family was reinforced when pupil nurses were fed and cloistered in the hospital or in adjacent nurses' "homes," as the residences were called.[121] Later, even their uniforms were provided. This Victorian conception of proper nurse training was most apparent in the Alberta non-Catholic hospitals, whose boards were comprised, almost totally, of members of the ruling Anglo elite.[122]

Relationship of Hospital Training and Graduate Nurse Work

The majority of graduates of early Alberta nurse-training programs were expected to seek employment in private practice, and to be paid on a negotiated fee-for-service basis by their patients. Only a few graduates were required to supervise the pupil nurses who staffed hospitals. Pupil-nurse labour for routine hospital work was preferred by boards because it was less expensive and because pupil-nurse labour was more reliable than graduate-nurse labour. Their stipends were less than half the salaries demanded by graduate nurses, and they were formally contracted to obey hospital rules and to complete a prescribed period of training. Graduate nurses were not formally contracted, and might leave after only a few weeks' notice to take another job or to marry. In a frontier society with a surfeit of single men eager to find practical, sensible wives, graduate nurses were in high demand.[123] Histories of the early years of Alberta non-Catholic hospitals are replete with stories of Lady Superintendents and graduate nurses forming socially advantageous liaisons by marrying the bachelor and widowed business and professional elite of their communities.[124]

A predominantly pupil-nurse staff had the added advantage of being useful for a number of domestic duties, such as cleaning wards, preparing and sterilizing supplies, and preparing meals. Thus hospital boards could keep housekeeping and dietary staff to a minimum. The costs associated with operating a nurse-training program were conveniently "buried" in the capital and operating costs of the hospital. Cost of food, accommodation, and laundry for pupil nurses never appeared separate from the operating costs of the hospital in annual fiscal reports.[125] In his history of Canadian hospitals from 1920 to 1970, Agnew admits that the cost of nursing education was assumed to be offset by the free labour of the student, despite the fact that there was little factual or research-based information on the true cost to the hospital of sponsoring a training program.[126]

Making a living solely by private duty was difficult for unmarried graduate nurses in Alberta at the turn of the century, and few did so. Unlike older, more populated regions of Canada and the United States, the prairie frontier was unsuitable for private duty. Too few people were able to pay for their services. Obtaining employment was difficult, and reaching patients' homes posed a challenge. The patients of Marion Moody, the first graduate of the Calgary General Hospital, lived in "country towns" from Innisfail in the north to Lethbridge in the south, and, further west, from the Crow's Nest Pass to Banff.[127] She received calls from ranches 17, 20, and 30 miles from town and doctor, which often could be reached only by horse and buggy. Such travel required a strong constitution and not a little daring. Another challenge faced by early private-duty nurses was convincing clients of modest means of the benefits of engaging a trained rather than an untrained nurse. As Moody pointed out:

> As there were only, with one exception, utterly untrained women engaged in nursing at the time, women who were prepared to do the washing and the housework and attend to their patient between times, and who charged ten dollars a week for their work, the public had to be gradually enlightened as to what it meant to be nursed by a trained nurse, and to the fact that a nurse could not give her patient proper attention and fill the position of washerwoman and general servant at the same time. Also that when a nurse spent over three years fitting herself for her work, her services were worth more than an untrained woman who could neither give the same care nor take the same responsibility.[128]

During the five years of private duty following her graduation in 1898,[129] Marion Moody's weekly fee was $12.50 for maternity cases and $15 for medical cases.[130] She dealt with attempts by untrained nurses to discredit her work, an occupational hazard likely faced by other grad-

uate nurses in private practice. It is worth noting that after five years in private duty Moody spent the remainder of her nursing career in hospitals at Frank, in southwestern Alberta, at The Pas, Manitoba, and in Calgary.[131] The steady employment and consistent working conditions no doubt appealed to the 36-year-old Moody[132] more than the rigours and uncertainty of private practice in frontier Alberta.

Although they were not designed to prepare the graduate nurse for private practice, early hospital training programs did achieve some degree of integration between hospital and home-based nursing, largely because the primitive conditions of Alberta hospitals matched those found on ranches, on homesteads, and even in some homes in town. The scope of hospital nursing, with its component of domestic work, was similar to home nursing. Carrying out a physician's orders in a patient's home was comparable to doing so in a hospital, the most obvious difference being the availability of an equipped operating room of sorts. In both environments, an experienced nurse often administered the anesthetic during surgery, and she was in charge of monitoring the patient's post-operative condition.

Pupil nurses of both the Medicine Hat General and the Calgary General inadvertently became oriented to private-duty working conditions when they were "hired out" by the hospital board to care for patients in their homes. According to hospital financial statements, this practice was begun in Medicine Hat in 1894 and continued until 1906.[133] The Medicine Hat board saw it as both beneficial to local inhabitants and good advertising for the hospital, and they made explicit their desire to "keep two or three competent nurses available for all kinds of outside nursing, and thus give trained service at the lowest possible cost."[134] It was also a policy of the Calgary General to send pupil nurses into private clients' homes.[135] Fees collected from this service were the exclusive property of the hospital, and the pupil nurse was permitted to accept neither personal payment nor gifts from grateful patients "without the sanction of the lady superintendent."[136]

This practice was less extensive and of shorter duration in Alberta than in longer established and more populated regions of North America, for some of the same reasons that fewer Alberta nurses were able to support themselves through private practice – the widely scattered, sparse population, few members of which could afford to pay for nursing services. By sending pupil nurses to ranches, homesteads, and other homes, the hospital was faced with problems associated with wasteful travel time, supervision difficulties, limited extra revenues, and reduced numbers of pupil nurses available in the hospital.

Rosenberg quotes impressive figures on the revenues generated by American hospitals in sending pupil nurses on private assignments.[137] However, the income of the MHGH for private cases was negligible, and it declined substantially after 1904.[138] The practice was also dangerous for the pupil nurse. If she became ill while on a private-duty assignment, she was as difficult for a physician to reach as her patient. It may not be a coincidence that the Medicine Hat General Hospital stopped sending trainees to patients' homes soon after one of its pupils contracted typhoid fever while caring for a patient in Fort Macleod and died before help could be summoned. The pupil nurse, Margaret Drinnan, was a member of one of Medicine Hat's merchant families that had been intimately associated with the Medicine Hat General.

Conclusion

The number of hospital training programs increased dramatically in the decade after Alberta attained provincial status in 1905. Programs were begun by the Edmonton Public Hospital (later renamed the Royal Alexandra) in 1905, the Strathcona Municipal (later renamed the University of Alberta Hospital) in 1906, Calgary's Holy Cross Hospital and Edmonton's Misericordia Mission Hospital in 1907, the Edmonton General in 1908, Lethbridge's Galt Hospital in 1910, the Lamont Public Hospital in 1912, and the Vegreville General in 1915. The reasons for the rapid acceptance of the programs in Alberta are essentially consistent with those cited by Rosenberg for their acceptance by century's end by all large hospitals and many small ones in the United States. Training programs served the hospitals, the trainees, and society – in providing skilled workers for home and hospital in a way that was consistent with its predominent values and mores.[139]

The training programs begun in 1894 at the Medicine Hat General and in 1895 by the Calgary General demonstrated to other Alberta hospital boards, and to the sisters in charge of the three Catholic hospitals, the practical and economic advantages of engaging pupil nurses. They provided hospitals a relatively stable, reliable, and disciplined staff at less cost than comparable graduate staff. Although the labour demand tended to be greater than the hospital's ability to offer adequate instruction or comfortable working conditons, the training programs were one of the few ways in which small-town and rural women could seek dignified and socially sanctioned employment. Women's other options were teaching, and, later, secretarial and retail work.[140] Nursing had the added advantage for women from cash-strapped families of first-generation prairie settlers and homesteaders of offering the exchange of

labour for professional training.[141] It was also a route out of the endless, backbreaking toil of homestead and ranch life and into the growing cities of the emerging province of Alberta. Nursing was clearly "women's work" that did not de-sex its practitioners; in fact many considered nursing the ideal preparation for women's most meaningful work in life – marriage and motherhood. For those few nurses who rejected women's traditional functions of homemaking and childrearing, there was always the option of tending a surrogate family in the role of Lady Superintendent or graduate nurse, or of tending other families through private duty. Early Alberta hospitals functioned as extended families led by patriarchal boards and medical superintendents, managed by a matriarchal Lady Superintendent and her unmarried cadre of graduate-nurse supervisors. They offered safe and respectable working and living arrangements, and they were considered an acceptable environment for unmarried women in frontier society.

Endnotes

[1] Histories of Alberta hospitals and hospital schools of nursing include: Marcel Dirk, *A Healthy Outlook: The Centennial History of the Medicine Hat Regional Hospital* (Medicine Hat: Holmes Printing, 1989); John Gilpin, *The Misericordia Hospital: 85 Years of Service in Edmonton* (Edmonton: Misericordia Hospital, 1986); Evelyn Hardwick, Eileen Jameson, & Eleanor Tregillus, *The Science, the Art and the Spirit: Hospitals, Medicine and Nursing in Calgary* (Calgary: Century Calgary Publications, 1975); D. Scollard, *Hospital: A Portrait of Calgary General* (Calgary: Calgary General Hospital, 1981); J.R. Vant & T. Cashman, *More than a Hospital: University of Alberta Hospitals 1906-1986* (Edmonton: University Hospitals Board, 1986); Betty Wilson, *To Teach This Art: The History of the Schools of Nursing at the University of Alberta* (Edmonton: Alumnae Association of the University of Alberta Hospital School of Nursing, 1977); Christina Dorward & Olive Tookey, *Below the Flight Path* (Edmonton: Alumnae Association of the Royal Alexandra Hospital School of Nursing, 1968); Barbara Kwasny, *Nuns and Nightingales: A History of the Holy Cross School of Nursing, 1907-1979* (Calgary: Alumnae Association of the Holy Cross School of Nursing, 1982); Leah Poelman, *White Caps and Red Roses: History of the Galt School of Nursing, Lethbridge, Alberta, 1910-1979* (Lethbridge: Ronalds Western Printing, n.d.); and Pauline Paul, *A History of the Edmonton General Hospital 1895-1970: "Be Faithful to the Duties of Your Calling,"* Ph.D. dissertation, University of Alberta, 1994. Information about nursing work and education in Alberta is contained in John Murray Gibbon and Mary Mathewson, *Three Centuries of Canadian Nursing* (Toronto: Macmillan, 1947), and Tony Cashman, *Heritage of Service: The History of Nursing in Alberta* (Edmonton: Alberta Association of Registered Nurses, 1966). Histories of Alberta public-health and district nursing include: Alvine Cyr Gahagan, *Yes, Father: Pioneer Nursing in Alberta* (Manchester, NH: Hammer Publications, 1979); Irene Stewart, *These Were Our Yesterdays: A History of District*

Nursing in Alberta (Altona, MB: D.W. Friesen & Sons, 1979); Maureen Riddell, *Towards a Healthier City: A History of the Edmonton Local Board of Health and Health Department, 1871-1979* (Edmonton: Edmonton Local Board of Health, 1980); and Adelaide Schartner, *Health Units of Alberta* (Edmonton: Health Unit Association of Alberta, 1982).

[2] See Ina J. Bramadat & Marion I. Saydak, "Nursing on the Canadian Prairies, 1900-1930: Effects of Immigration," *Nursing History Review*, 1 (1993):105-17, for discussion of public-health nurses as agents of European colonization on the prairies; Kathryn McPherson, "Science and Technique: Nurses' Work in a Canadian Hospital, 1920-1939," D. Dodd & D. Gorham, eds., *Caring and Curing: Historical Perspectives on Women and Healing in Canada* (Ottawa: University of Ottawa Press, 1994), 71-101, for analysis of the "scientific" basis of hospital nursing; Kathryn McPherson, "Skilled Service and Women's Work: Canadian Nursing 1920-1939," Ph.D. dissertation, Simon Fraser University, 1990 (especially Chapter I), for classification of Canadian nurses' experiences in the health-care system by political and economic conditions; and Linda White, "Who's in Charge Here? The General Hospital School of Nursing, St. John's, Newfoundland, 1903-30," *Canadian Bulletin of Medical History*, 11, 1 (1994):91-118, for an examination of the political economy of a government-funded hospital upon development of its hospital training program.

[3] For example, Celia Davies, "Professionalizing Strategies as Time- and Culture-Bound: American and British Nursing, circa 1893," in Ellen Condliffe Lagemann, ed., *Nursing History: New Perspectives, New Possibilities* (New York: Teachers College Press, Columbia University, 1983), 47-64; Christopher J. Maggs, *The Origins of General Nursing* (London: Croom Helm, 1983); Barbara Melosh, *"The Physician's Hand": Work, Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982); and Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (New York: Cambridge University Press, 1987).

[4] Howard Palmer, *Alberta: A New History* (Edmonton: Hurtig, 1990), 64.

[5] Ibid., 78.

[6] "It Was Laid," *Medicine Hat Times*, 8 June 1889.

[7] The first two medical superintendents of the Medicine Hat General Hospital, Drs. Olver and Calder, were graduates from Winnipeg. "Medicine Hat General Hospital School of Nursing," M86.28.28; Medicine Hat Regional Hospital Fonds (hereafter called MHRHF); Medicine Hat Museum and Art Gallery Archives (hereafter called MHM&AG Archives), Medicine Hat, Alberta.

[8] The Galt Hospital's first superintendent, Dr. Mewburn, was a graduate of McGill University and had interned at the Montreal General Hospital. According to Leah Poelman in *White Caps and Red Roses: History of the Galt School of Nursing, Lethbridge, Alberta, 1910-1979* (Lethbridge: Galt School of Nursing Alumnae Society of Alberta, n.d.), 4, "Dr. Mewburn, when recruiting nurses for his little hospital in the west, was partial to those who had trained at the Montreal General."

[9] Dirk, *A Healthy Outlook*, 12, 14.

[10] Poelman, *White Caps and Red Roses*, 3.

[11] Kwasny, *Nuns and Nightingales*, 15.

[12] Scollard, *Hospital: A Portrait of Calgary General*, 17.

[13] Paul, *A History of the Edmonton General Hospital*, 59.

[14] Dorward & Tookey, *Below the Flight Path*, 1.

[15] Gilpin, *The Misericordia Hospital*, 32.

[16] Poelman, *White Caps and Red Roses*, 3.

[17] "General Hospital," *Medicine Hat Times*, 1 June 1889.

[18] "Fourth Annual Report of the Calgary General Hospital for the Year of 1894 Ending Monday, December 31," G443073, reel #1, Calgary General Hospital Collection, Calgary Public Library.

[19] "An Ordinance to Incorporate the Edmonton Public Hospital, Assented to May 4th, 1900," MS 12, Box 1, file 2, Edmonton Hospitals Board Minutes, 1899-1939 Collection (hereafter called EHBM); City of Edmonton Archives (hereafter called CEA).

[20] Kwasny, *Nuns and Nightingales*, 14.

[21] Paul, *A History of the Edmonton General Hospital*, 56.

[22] Gilpin, *The Misericordia Hospital*, 25.

[23] See, for example, By-Law Z-Medical Superintendent, "Medicine Hat General Hospital Charter, Constitution and By-laws," M86.28.28, MHRHF, MHM&AG.

[24] McPherson asserts that the "new" occupation of nursing was the result of both the need of physicians for a skilled, subservient workforce to provide scientific therapy in hospital "laboratories" and the important social force of the late 19th-century "first wave" feminists. She also comments that the relationship between the general hospital and the Canadian medical profession has only recently attracted scholarly attention but that there is no Canadian study to compare with Morris J. Vogel, *The Invention of the Modern Hospital: Boston 1870-1930* (Chicago: University of Chicago Press, 1980), or Charles Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987). Kathryn McPherson, *Skilled Service and Women's Work: Canadian Nursing 1920-1939*, Ph.D. dissertation, Simon Fraser University, Vancouver, BC, 1990, 2.

[25] The policy of the Edmonton General Hospital to admit individuals without physician referral led a group of Protestant doctors to establish the non-sectarian Edmonton Public Hospital in 1900. They objected to attending pauper patients admitted by the sisters, largely because they received no fees for this service. This despite the fact that these physicians had originally petitioned the Grey Nuns to establish a general hospital in Edmonton, had agreed to support it to the exclusion of any other hospital, and had agreed that it be managed by the sisters without a resident doctor (medical superintendent). "Statement of the Edmonton General Hospital Medical Board Physicians," Edmonton Public Hospital Minute Book, Feb. 2, 1899-Dec. 19, 1909, MS 12, Box 1, File 1, EHBM, CEA. See also Paul, 53-57, 62-70.

[26] Paul, 71-2.

[27] Kwasny, 16, reports that the Holy Cross Hospital continued to supply meals to the poor as late as 1924.

[28] Gilpin, 25.

[29] Paul, op. cit., describes the administrative structure and function of the Catholic Edmonton General Hospital, emphasizing that the Grey Nuns maintained administrative control of their hospital.

[30] The roles and responsibilities of the few lay nurses employed by Catholic hospitals before 1905 warrant further investigation. It is possible that the Catholic hospitals did not hire any lay graduate nurses until several years after each was established. For example, Kwasny, 16, 19, reports that the first graduate nurse at the Calgary Holy Cross Hospital was Sister Ducket, who arrived in 1899 to establish a nurse-training school, and that the first lay graduate nurse was Nellie Whalley, a Holy Cross graduate who returned in 1911 from a course at the Edmonton General to teach the first classes in obstetrics at Holy Cross. Gilpin, 15, 16, 32, does not specify whether Mary Jane Kennedy, a lay nurse who accompanied the Misericordia Sisters to Edmonton in 1900 to found their hospital, was a graduate nurse, or whether the "one to three" lay nurses who assisted the Sisters between 1900 and 1906 were trained. Paul does not indicate if there were any lay graduate nurses at the Edmonton General before 1905. Since the Edmonton General was created in 1895 when the Grey Nuns moved their St. Albert mission hospital into Edmonton, the nursing staff likely comprised only of sisters.

[31] "Minutes of the Regular Board of Directors of the Medicine Hat General Hospital, 2 February 1891," M86.28.1, MHRHF, MHM&AG Archives.

[32] Ibid., 16.

[33] Ibid., 15.

[34] "Fourth Annual Report of the Calgary General Hospital for the Year of 1894 Ending Monday, December 31," G443073, reel #1, Calgary General Hospital Collection, Calgary Public Library; "Fifteenth Annual Report and Accounts, Calgary General Hospital for the Year 1905," and "Sixteenth Annual Report and Accounts, Calgary General Hospital for the Year 1906," M2457, Calgary Hospital Board Papers (hereafter called CHBP), Glenbow Archives (hereafter called GA), Calgary. See also Scollard, 23.

[35] Letter from A.E. Cross to J. Barnes, 29 Nov. 1924, M2457, CHBP, GA.

[36] Ethel Johns, *The Winnipeg General Hospital School of Nursing, 1887-1953* (Winnipeg: Alumnae Association of the Winnipeg General Hospital School of Nursing, n.d.), 15.

[37] Ibid., 30.

[38] Ibid.

[39] White, op. cit.

[40] Johns, 7-8, 20, describes the supreme authority of the medical superintendent beginning in 1880 and lasting for at least two decades. This authority related in part to the fact that a non-nurse matron oversaw all female help, except the graduate nurse staff, from 1880 to 1889. White notes that the St. John's General was created in 1871 from a previously existing military hospital. In 1897, it was

placed under the new Department of Charities, a section of the Colonial Secretary's office; however, the Board of Works retained control over maintenance, effectively dividing the hospital's administration. The traditions of these two hospitals early in their existence resulted in roles and responsibilities for the senior graduate nurse that differed from those of Alberta's senior graduates.

[41] "Minutes of the Regular Board of Directors of the Medicine Hat General Hospital, 2 February 1891," M86.28.1, MHGH Collection, MHM&AG.

[42] Ibid.

[43] "Minutes of the Regular Board of Directors of the Medicine Hat General Hospital," 4 Sept. 1891, M86.28.1, MHGH Collection, MHM&AG.

[44] Ibid.

[45] Ibid.

[46] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG.

[47] Ibid.

[48] "Nursing Training Notebooks," M7664, Box 1, File 4, Annie (Gibson) Perry Papers, Thomas Lionel Perry Family Fonds (hereafter called TLPFF), GA.

[49] Johns, 22.

[50] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG.

[51] Ibid.

[52] "Nursing Training Notebooks," M7664, Box 1, File 4, Annie (Gibson) Perry Papers, TLPFF, GA.

[53] Ibid.

[54] McPherson, 5-7.

[55] Ibid., 7.

[56] "Edmonton Public Hospital Annual Report of the Board of Directors (1905)," MS 12, Box 1, Edmonton Public Hospital Minute Book, 2 Feb. 1899-19 Dec. 1909, Edmonton Hospital Board Minutes, 1899-1939 Collection, City of Edmonton Archives.

[57] "Third Annual Hospital Meeting," *Medicine Hat Times*, 2 Mar. 1893.

[58] "A Survey of Nursing at the Calgary General Hospital, 1890 to 1955," MS 2456, file 715, Calgary General Hospital School of Nursing Fonds (hereafter called CGHSONF), GA.

[59] Scollard, 14.

[60] Ibid.

[61] "Pioneer Nursing In Alberta," M7967, Moody Family Fonds (hereafter called MFF), GA.

[62] Ibid.

[63] Ibid.

[64] Ibid.

[65] Ibid.

[66] "Hospital Meeting – Report of the Medical Superintendent," *Medicine Hat Times*, 11 Feb. 1897.

[67] "Eighteenth Annual Report of the Medicine Hat General Hospital for the Year Ending 31st December 1907," M82.15.11, MHRHF, MHM&AG.

[68] "Twentieth Annual Report of the Medicine Hat General Hospital for the Year Ending 31st December 1909," M82.15.11, MHRHF, MHM&AG.

[69] "Fifteenth Annual Report and Accounts, Calgary General Hospital for the Year 1905," 9-10, M2457, Calgary Hospitals Board Papers 1905-1970 (hereafter called CHBP), GA.

[70] Ibid., 20.

[71] Ibid.

[72] Johns, 24.

[73] Rosenberg, 221.

[74] Maggs, 14.

[75] Reverby, 60-63.

[76] Ibid., 60.

[77] G. Harvey Agnew, *Canadian Hospitals 1920 to 1970: A Dramatic Half Century* (Toronto: University of Toronto Press, 1974), 116.

[78] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG.

[79] Ibid.

[80] Ibid.

[81] "Minutes of the Regular Board of Directors of the Medicine Hat General Hospital, 9 January 1893," M86.28.1, MHRHF, MHM&AG.

[82] Johns, 8.

[83] This calculation is derived from "Minutes of the Board of Directors of the Medicine Hat General Hospital," 26 May 1890 and 16 Mar. 1891, M86.28.1, MHRHF, MHM&AG.

[84] "Minutes of the Board of Directors of the Medicine Hat General Hospital, 12 September 1892," M86.28.1, MHRHF, MHM&AG.

[85] "Minutes of the Board of Directors of the Medicine Hat General Hospital, 14 December 1891," M86.28.1, MHRHF, MHM&AG.

[86] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG.

[87] "Pioneer Nursing in Alberta," M7967, MFF, GA.

[88] Ibid.

[89] Scollard, 16.

[90] "Minutes of Calgary General Hospital Board 1905-1912, 11 September 1905," M2455, Oversize Vol. 1, CHBP, GA.

[91] "Minutes of Calgary General Hospital Board 1905-1912, 13 November 1905," M2455, Oversize Vol.1, CHBP, GA.

[92] "Minutes of the Calgary General Hospital Board Meetings 1905-1912, 11 September 1905," M2455, Oversize Vol. 1, CHBP, GA.

[93] Ibid.

[94] "Minutes of the Calgary General Hospital Board Meetings 1905-1912, 14 May 1906," M2455, Oversize Vol. 1, CHBP, GA.

[95] Graduate and pupil nurses were invariably provided room, board, and laundry service, according to available archival documents and published histories of individual Alberta hospitals and hospital training programs. Evidence of similar benefits for other hospital employees is found in "Edmonton Public Hospital Minute Book 2 Feb. 1899-19 Dec. 1909," MS 12, Box 1, ledger book, EHBM, CEA.

[96] For example, see Johns, 10, 16, 18, and White, 101.

[97] For a description of nurses' dissatisfaction with accommodation in the Medicine Hat General Hospital, and the board's subsequent struggle to build a nurses' home, see "Annual General Hospital Meeting" reports, *Medicine Hat Times*, 23 Feb. 1899, 8 Feb. 1900, 14 Feb. 1901, 13 Feb. 1902, and *Medicine Hat News*, 12 Feb. 1903, 11 Feb. 1904, 16 Feb. 1905. See also Dirk, 26-32.

[98] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG; "A Survey of Nursing at the Calgary General Hospital 1890 to 1955," MS 2456, file 715, CGHSONF, GA.

[99] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG.

[100] For a synopsis of early Alberta public education, see Palmer, 112-114.

[101] Reverby, 85.

[102] Ibid., 77.

[103] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG.

[104] Ibid.

[105] Ibid.

[106] Johns, 12, 14-15.

[107] Ibid., 9.

[108] "Medicine Hat General Hospital School of Nursing," MHRHF, MHM&AG.

[109] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG; "Nursing Training Notebooks," M7664, Box 1, file 4, Annie (Gibson) Perry Papers, TLPFF, GA.

[110] Nursing Training Notebooks, M7664, Box 1, File 4, Annie (Gibson) Perry Papers, TLPFF, GA.

[111] A similar situation existed at the WGH, where Johns, 24, quotes Lady Superintendent Elizabeth Holland in an 1898 report as saying that "owing to the pressure of work, in the wards, the class work and theoretical instruction [of pupil nurses] has not been kept up during the year as it should have been."

[112] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG.

[113] Johns, 21-22.

[114] Ibid., 22.

[115] See Scollard, 32, 34, 36-39, for a brief description of the CGH training program immediately after the First World War and the improvements made after 1923 when Jessie Connal became hospital "Instructress" and began scheduling expanded lectures by herself and selected members of the medical staff. Similarly, see Dirk, 62-63, for a brief highlighting of regularization of instruction at the MHGH between the wars.

[116] See Johns, 28-31, for a discussion of Patterson's contributions to subsequent significant improvement in teaching at the WGH, and Johns, 32-37, for discussion of Mackay's and Martin's leadership in improving instruction of pupil nurses at the WGH from 1900 to 1905.

[117] Reverby, 51.

[118] Ibid.

[119] Ibid.

[120] Ibid., 53.

[121] Ibid., 52.

[122] See Palmer & Palmer, 54-58, for discussion of the establishment of the southern Alberta British, who determined Alberta economic and political direction until after the First World War. See also Palmer & Palmer, 78-86, for discussion of British and American immigration, which reinforced the Anglo model of early Alberta settlement life.

[123] See Susan Jackel, Introduction, *A Flannel Shirt and Liberty: British Emigrant Gentlewomen in the Canadian West, 1880-1914* (Vancouver: University of British Columbia Press, 1982), xiii-xxvii, for discussion of the acute shortage of women in the West and immigration policies aimed at luring marriageable women to the prairies.

[124] See, for example, Poelman, 3-7, for a description of Galt Hospital graduate nurse Susan Gallinger's celebrated marriage to Dr. W.S. Galbraith, and the marriage of Galt Hospital Lady Superintendent Florence Miller to the hospital's secretary-treasurer, C.B. Bowman. Similarly, Dorward & Tookey episodically identify marriages of Edmonton Public graduate and pupil nurses to prominent Edmonton bachelors, especially physicians. Even hospital histories written by non-nurses reflect this prediliction for "advertising" the enhanced marriage prospects of pupil and graduate nurses in hospitals. J. Vant & Cashman's *More than a Hospital* is characteristic of this genre.

[125] See "Annual Reports of the Medicine Hat General Hospital," *Medicine Hat Times*, 31 Jan. 1895, 4 Feb. 1897, 24 Feb. 1898, 23 Feb. 1899, 8 Feb. 1900, 14 Feb. 1901, 13 Feb. 1902 and *Medicine Hat News* , 12 Feb. 1903, 11 Feb. 1904, 16 Feb. 1905, 14 Feb. 1907; and "Fifteenth Annual Report and Accounts, Calgary General Hospital for the Year 1905," M2457, CHBP, GA.

[126] Agnew, 119.

[127] Ibid.

[128] "Pioneer Nursing in Alberta," M7967, MFF, GA.

[129] "Diary of M.E. Moody," M7967, MFF, GA.

[130] "Pioneer Nursing in Alberta," M7967, MFF, GA.

[131] "Diary of M.E. Moody," M7967, MFF, GA.

[132] According to a 1966 biographical sketch of Marion Moody by Mrs. Charles F. Parks, M 4107, MFF, GA, Moody was born in Quebec City on 30 Jan. 1867 and moved west with her family in 1891. "Diary of M. E. Moody," M7967, MFF, GA, indicates that she went to the Frank Hospital 31 July 1903 and engaged in no private-duty nursing after that date.

[133] See reports of Annual General Meetings of the Medicine Hat General Hospital as published in *Medicine Hat Times* and *Medicine Hat News* from 1885 to 1909.

[134] "Fifth Annual Meeting of the Medicine Hat General Hospital," *Medicine Hat Times*, 24 Jan. 1895.

[135] "Pioneer Nursing In Alberta," M7967, MFF, GA. See also "A Survey of Nursing at the Calgary General Hospital 1890 to 1955," MS 2456, file 715, CGHSNF, GA, and *Calgary General Hospital, 1890-1955: Sixty-five Years of Community Service* (Calgary: Calgary General Hospital, n.d.).

[136] "Medicine Hat General Hospital School of Nursing," M82.15.11, MHRHF, MHM&AG.

[137] Rosenberg, 222.

[138] See reports of Annual General Meetings of the Medicine Hat General Hospital as published in *Medicine Hat Times* and *Medicine Hat News* from 1885 to 1909.

[139] Rosenberg, 220.

[140] Eliane Leslau Silverman, "Working Out," *The Last Best West: Women on the Alberta Frontier, 1880-1930* (Montreal: Eden Press, 1984), 105-123.

[141] Rosenberg, 223.

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