THE GENERAL HOSPITAL SCHOOL OF NURSING
ST. JOHN'S, NEWFOUNDLAND
1903-1930

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by

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Abstract

This thesis examines the effect of the political economy of the General Hospital on the development of the General Hospital school of nursing from 1903 to 1930. The General Hospital was the only government-funded hospital in Newfoundland providing health care for the entire colony of 124,000. The school of nursing was the only nurses' training program in Newfoundland until 1929 when a second school opened. Therefore, almost all trained nurses who worked in Newfoundland were graduates of the General Hospital school of nursing. The exceptions were the British nurses who worked in remote rural areas as medical missionaries with the Grenfell Association and the Newfoundland Outport Nursing and Industrial Association.

During the first period, 1903 to 1916, Mary Southcott, the Superintendent of Nurses, and the nurses sought to establish their place within the male medical hierarchy of the hospital. They believed the goals of professionalization would help them improve their status in that hierarchy, goals such as autonomy within their occupation, the right to develop their own code of ethics, educational standards, and certification requirements.

At the same time the hospital was evolving from a marginal welfare institution to a modern health care facility. Doctors and administrators were anxious to carve out their own sphere of influence within this system. They saw it as beneficial to have a subordinate and compliant female workforce as a cheap source of labour. This was supplied by the school of nursing attached to the

hospital. Two personalities which played an important role in the development of nursing were Mary Southcott and Lawrence Keegan. Keegan, as Medical Superintendent of the hospital, disagreed with the nurses' view that nurses should have control over all nursing matters. He felt that all aspects of health care should be under his jurisdiction. This contradiction led to a major crisis at the hospital in 1914 with the government instigating a royal commission to examine the problems and suggest recommendations. At issue was the struggle between the nurses and the administration (doctors and government officials) over who had the power and authority to determine the nurses' role and status within the hospital.

After a year of investigation, the royal commission agreed with Keegan's view and subsequently organized the hospital along new lines. Southcott was fired and a new, more compliant nurse put in her place. The second period, 1916 to 1930, saw the recommendations of the royal commission put into place. A board of governors was established to run the hospital on a more businesslike footing.

The years 1903 to 1916 were an optimistic period where nurses sought their place in the medical hierarchy. It was a time of loyalty and respect to their common ideals of professionalism. In the second period, 1916 to 1930, nurses responded to the new industrial management techniques by more aggressive industrial style opposition. Instead of polite letters of protest which marked the first era, nurses resorted to threats of strike action to protest low wages and poor working conditions.

Hospital nursing schools produced a work culture that was unique to nursing. The apprenticeship form of training meant that nurses learned the detailed routine of hospital work from senior nurses and each other. Learning was done both on the wards and in the residence. Nurses' training programs in Newfoundland, Britain, Canada, and the United States were based on the guidelines established by Florence Nightingale. Therefore, the universality of nurses' training offered General Hospital nurses the mobility of travelling and working in any of these countries. Almost half of the nurses who graduated from the General Hospital travelled outside Newfoundland to work, the most popular location being the eastern United States. Nursing, as a career, gave many Newfoundland women personal and financial independence as well as an opportunity to travel.

TABLE OF CONTENTS

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This thesis is dedicated to my mother, Joyce Carter White.

List of Tables

Chapter 1: Introduction

In 1903, the first training school for nurses in Newfoundland opened at the General Hospital in St. John's. Mary Southcott, a Newfoundlander who had trained at the London Hospital, London, England, was appointed the first Superintendent of Nurses. As Superintendent she hoped to pattern the General Hospital school of nursing on the model for training nurses that Florence Nightingale had developed in England. The General Hospital in St. John's remained the only training school in Newfoundland until 1929 when the Grace Maternity Hospital opened its school. Southcott taught courses to the nursing students after they had spent the day working on the wards. She also encouraged doctors working at the General to give lectures to the students. There was no formal school, no physical building, to house classrooms and study areas during those early years; rather, students were housed within the hospital itself, where they worked, took their meals and carried on their daily activities. Mary Southcott was Superintendent of Nurses from 1903 to 1916 and had sole responsibility for nurses and nursing during those years.

During the same period the General Hospital evolved from a marginal welfare institution to a complex medical and nursing care facility as health care was transferred from patient's home to hospital. From 1903 to 1916, the General Hospital, as a government institution, was under the jurisdiction of the Colonial Secretary. Dr. Henry Shea was Medical Superintendent of the hospital from 1889

to 1909, a period of initial change during which the hospital was slowly modernized and the school of nursing was opened. In 1909, a general election resulted in a change of government. As a result, Dr. Lawrence Keegan replaced Dr. Shea as Medical Superintendent of the General Hospital. Keegan's appointment was political, resulting from his support of the newly elected People's Party. He remained in that position until his retirement in 1935. His role in the development of nursing was profound and far-reaching. Throughout the first part of his tenure, 1909 to 1916, he invariably undermined the position of the Superintendent of Nurses. During those years Southcott and Keegan had an ongoing battle over the extent of nurses' responsibilities and tasks. As nurses sought a place in the medical/hospital world, there was a struggle between nurses and administration to determine who had power and authority over nurses' role and status within the hospital. The resulting clash between Keegan and Mary Southcott for control of the nursing department was pivotal to the development of nursing in Newfoundland.

The history of the General Hospital school of nursing will be examined in two sections: the first covers the period 1903 to 1916, and the second from 1916 to 1930. During the first period, Southcott, the student nurses, and the initial graduates had as their vision the professionalization of nurses. They sought professional status for nursing because they believed it would improve their position in the male medical hierarchy of the hospital. They hoped to identify nursing with the prestige and

privilege which they felt professionalism represented. For Southcott and the other nurses, professionalism entailed: possession of a specialized body of knowledge, a special commitment to service, autonomy within the occupation with little or no external supervision, and the right to develop their own code of ethics, educational standards, and certification requirements. Thus, during the early years of nursing school development, nurses had high expectations. Class size was small and upon graduation nurses could hope for rapid promotion in the newly expanding field of health care. During Southcott's term student nurses realized that the hospital needed students as a cheap source of labour for the functioning of the hospital. They felt, however, that this was less important than obtaining a sound nurses' training and establishing a reputable school of nursing.

In May 1914, the Government of Newfoundland implemented an enquiry into the General Hospital with the appointment of a Commission issued under Chapter 30 of the Consolidated Statutes, Second Series, entitled "Of Enquiries Concerning Public Matters".[1] The Commission was directed to "inquire into and report to [the government] concerning all matters and things of whatsoever nature relating to the General Hospital and each and all departments of the same." Over the seven months during which the Commission sat, testimony was given by 32 people including Southcott, Keegan, staff

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[1] 1914/1915 Royal Commission of Enquiry into Matters Relating to the St. John's General Hospital, GN 6, Provincial Archives of Newfoundland and Labrador (PANL). Hereafter cited 1914 Royal Commission.

nurses, hospital staff, government officials, physicians practising at the General Hospital, and other doctors in private practice in St. John's. The Commission was sparked initially by questions in the House of Assembly by William Coaker who alleged that the Medical Superintendent, Dr. Lawrence Keegan, had misappropriated food and hospital supplies. However, it subsequently evolved into a dispute over the roles and responsibilities of the Superintendent of Nurses and the Medical Superintendent. The long standing struggle between Southcott and Keegan for authority over nurses and nursing had finally come to a head and was brought out in public.

The report of the General Hospital Commission[2], completed in 1915, was a turning point in the history of the General Hospital school of nursing. Without addressing the hundreds of pages of testimony it had gathered the report concluded that the hospital was costing the government increasingly more money to operate, and that the petty squabbles of the staff were irreparable. It recommended placing the hospital on what it termed a more business-like footing. It felt this would be best achieved by establishing a Board of Governors to administer the hospital, a board made up of prominent businessmen. Their suggestions were incorporated into the first General Hospital Act in 1915. An examination of this legislation shows explicitly the Commissioners', and subsequently the government's, support for Keegan. Yet an examination of the testimony indicates that Keegan had for several years been undermining Southcott's position and authority. The dispute

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[2] Journal of the House of Assembly, 1915, Appendix, p.798.

between Keegan and Southcott was finally resolved in 1916 when the Board of Governors asked for her resignation.

The two decades following the Royal Commission brought a period of far-reaching changes at the General Hospital. The number of patients admitted increased because of improved medical technology and the trend to treat patients in the hospital rather than their home. A higher patient population required more labour to operate the hospital. It was not long before the hospital became a major employer in St. John's. A hospital is similar to a large hotel with its large laundry service, varied food requirements and extensive property to maintain. In addition, medical service is labour intensive. Therefore, throughout the late 1910s and 1920s the concept of "scientific management" was introduced into hospitals as it was being introduced into industry. In order to sell hospital care as a commodity it was economically beneficial for hospital administrators to keep nurses in a subordinate position as they had been since the establishment of the schools of nursing. At the same time, physicians such as Keegan were also busy carving out their own spheres of influence in the health care system and were concerned with the development of their own profession. Therefore, to stem competition from nurses in the medical market place, doctors agreed with hospital administrators on the need to keep nurses subordinate. Thus, during the years 1916 to 1930, nursing at the General Hospital was placed firmly on the lower rung in the medical hierarchy. They were on the same footing as industrial workers. Nurses performed the role of

essential labour needed for the operation of an efficient hospital. In its attempt to streamline costs, the General Hospital's Board of Governors abolished several nursing positions and combined all supervisory responsibilities into one position, the Superintendent of Nurses. This cost-saving measure and other actions resulted in the deterioration of the school of nursing to the point that in 1924 there was serious discussion on closing the school.

The development of nursing in Newfoundland was most profoundly shaped by hospital-trained nurses. These women received their training and nursing philosophy within the hospital environment and as graduates they carried this experience into their jobs as private-duty nurses, public health nurses, or as nurses in other institutions. Nurses, however, were not passive victims in the shaping of their roles in the medical world, rather they "developed a political stance which resisted, accommodated, and reshaped both nursing and the hospital."[3]

During the first period, 1903 to 1916, the aspirations of Southcott and the nurses for the development of the General Hospital school of nursing coincided with the objectives of the doctors and the government. However, during the second period, 1916 to 1930, the aims of these two groups diverged. The hospital administration and the government saw the development of the hospital in economic terms and in their attempts to implement scientific management nurses lost control over the field of

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[3] Susan Reverby, "The Nursing Disorder: A Critical History of the Hospital-Nursing Relationship, 1860-1945", (Ph.D Dissertation, Boston University, 1982,), p.viii.

nursing. This resulted in the deterioration of the nurses' training program and depersonalization of the work environment.

The history of the General Hospital school of nursing from 1903 to 1930 is the history of a struggle by nurses to find a place in the hospital world. It is about who had power and authority to determine the role and status of nurses, based on two conflicting models: the female model which represented female order, obedience, and responsibility as promoted by Florence Nightingale versus the model of male institutionalization, economy and patriarchal obedience. Nursing in Newfoundland paralleled the history of nursing in Canada, Britain, and the United States. All were profoundly shaped by Florence Nightingale and her model for training nurses. The schools of nursing which were established throughout the western world were based, therefore, on the Nightingale model.

The importance of the General Hospital and its school in the development of nursing in Newfoundland is evident when set against the background of health care in the colony during the late 19th century and the first decades of the 20th century. During the 19th century, the government's intervention in public health matters consisted of appointing ad hoc boards of health to deal with epidemics of communicable diseases; enacting legislation to regulate quarantine; and enforcing compulsory vaccinations. Until 1814 the only hospital facilities belonged to the military. In that year the first civilian hospital opened in St. John's and was called the Riverhead Hospital or the St. John's Hospital. The

hospital was organized along the lines of the British voluntary hospital system, and depended on public subscriptions. The government provided additional funding. The government also employed district surgeons to treat patients in St. John's. In 1836 management of the St. John's Hospital was transferred from the colony's Grand Jury to a Board of Directors who were elected by the owners and masters of ships registered in St. John's.[4]

After an inquiry into the affairs of the St. John's Hospital in 1851, the government assumed direct financial and administrative control. When responsible government was established in 1855 the hospital and the insane asylum became public institutions, administered by the Board of Works.[5] Treatment of the insane had been provided by the St. John's Hospital until 1847 when patients were transferred to Palk's Cottage, and then to the Hospital for Mental Diseases which was built in the west end of the town.[6] Conditions at the St. John's Hospital were criticized by doctors and the public and the demand for a new hospital increased. As a result, in 1871 the government converted the former military hospital on Forest Road to a civilian hospital. The former St. John's Hospital at Riverhead was subsequently used as a fever hospital to isolate patients in times of epidemics. In 1897 the

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[4] Janet Miller Pitt and Melvin Baker, "Health" in Encyclopedia of Newfoundland and Labrador, Volume II, (St. John's: Newfoundland Book Publishers, 1984), p.864.

[5] Patricia O'Brien, Out of Mind, Out of Sight (St. John's: The Waterford Hospital Corporation, 1989), p.326.

[6] O'Brien, Out of Mind, Out of Sight, p.43.

St. John's General Hospital was placed under the control of the newly organized Department of Charities which was a section of the Department of the Colonial Secretary. The Department of Works retained control over the maintenance of buildings.[7]

Until 1894 the only hospital in Newfoundland was the St. John's General Hospital, serving a population of 124,000 people.[8] In that year Dr. Wilfred Grenfell began a 30 year career of providing nursing and hospital services to the people on the coast of Labrador and the Great Northern Peninsula. By 1893 he had established cottage hospitals at Battle Harbour and Indian Harbour in Labrador.

The first decades of the 20th century saw the development of a reform movement which focused on social and medical problems in Newfoundland. The leaders of the movement were philanthropic individuals who stressed the importance of self-help and individual responsibility rather than increased government intervention.[9] Treatment of tuberculosis and the provision of health services for servicemen during the first world war dominated medical concerns. The Newfoundland Association for the Prevention of Consumption organized an anti-tuberculosis campaign in 1908. In the following year a royal commission on public health recommended the building

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[7] Pitt and Baker, "Health", p.868.

[8] O'Brien, Out of Mind, Out of Sight, p.45.

[9] James Overton, "Self-Help, Charity, and Individual Responsibility: the Political Economy of Social Policy in Newfoundland in the 1920s", (St. John's: unpublished paper, 1992), p.2.

of small sanatoriums around the island for treatment of tuberculosis patients. The government, however, resisted direct involvement and, subsequently, private citizens took up the cause. The Imperial Order Daughters of the Empire established a camp near Mundy Pond for the treatment of women with tuberculosis. By 1911, however, the spread of tuberculosis continued to increase which prompted the government to appoint Dr. Herbert Rendell to head an anti-tuberculosis campaign.[10]

In 1897 the Victoria Wing was added to the General Hospital and in 1903, in addition to the opening of the school of nursing, the Cowan Mission was established at the hospital to serve as a convalescent home. In 1910, a branch of the St. John Ambulance Association was formed in St. John's. In the same year, the Anglo-Newfoundland Development Company (AND) which operated a paper mill in Grand Falls built and managed a small hospital. A year later the company opened a hospital in Millertown to provide medical service for AND loggers in the area. In 1911, the government opened a hospital in Grand Bank on the Burin Peninsula. These hospitals were very small and usually employed one doctor.

The first world war brought a flurry of activity in health care. But like the activities outlined above many were temporary measures and operated with minimal government intervention. The health care facilities which opened during the war served the requirements of servicemen and were closed when the war was over.

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[10] Joyce Nevitt, White Caps and Black Bands: Nursing in Newfoundland to 1934, (St. John's: Jesperson Press, 1978), p.82.

In 1916 the Jensen Camp was established by private citizens to treat soldiers with tuberculosis. The government established Escasoni Hospital in a house on the outskirts of St. John's to meet the growing demand for tuberculosis treatment of servicemen. Donovan's Hospital on Topsail Road was also used by the government in 1916 to isolate soldiers with measles. Donovan's was closed later that year and the hospital relocated in a house on Military Road which remained open until 1920. The continuing epidemic of tuberculosis necessitated the building of a sanatorium by the government in 1917. In 1922 it had expanded to 111 beds and the Jensen Camp and Escasoni Hospital were closed.[11]

Reform minded citizens continued to take up the cause of health care. In June 1919, the Women's Patriotic Association, which had been formed in 1914 to assist with the war effort, established a Child Welfare Committee to provide assistance to mothers and newborn babies. In 1921 the WPA disbanded and reorganized as the Child Welfare Association. With financial assistance from the Newfoundland government and the St. John's Municipal Council, the CWA set up nursing stations throughout the city.

In 1922 and 1923 two new hospitals opened in St. John's: St. Clare's Hospital was operated by the Roman Catholic Sisters of Mercy, and the Salvation Army opened a maternity hospital. Both hospitals cared primarily for maternity patients and were funded by private means. During the 1920s, three hospitals opened outside

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[11] Nevitt, White Caps and Black Bands, p.102.

St. John's. In 1924, a hospital was opened at Twillingate with funding from local residents, the Grenfell Association, and a grant from the government. In 1925, the Newfoundland Power and Paper Company built a hospital in Corner Brook and in 1928 the American Smelting and Refining Company built a ten bed hospital in Buchans. Another group which provided health care outside St. John's was the Newfoundland Outport Nursing and Industrial Association (NONIA). It was launched by concerned citizens in St. John's to provide nursing services to isolated outports. They recruited nurses from Britain who served for one to two years and were similar to the Grenfell nurses in their missionary outlook. By 1926 there were 12 NONIA nurses employed. When Commission of Government was established in 1934 this nursing service was taken over by the government.

The provision of health care services throughout the years 1903 to 1930 was very limited. The entire population had to depend on the General Hospital for most of its medical needs. The minimal nature of government intervention in health care made the anomaly of the General Hospital all that more significant. In contradiction to its desire to have health care provided by private sources, the political and social importance of the General Hospital made continued government funding mandatory. The government and hospital administration wanted the General Hospital to be a modern medical institution with a school of nursing which met international standards. Properly trained nurses were recognized as a necessity for a modern hospital.

Chapter 2: Nursing Historiography

In 1860 Florence Nightingale opened the first training school for nurses at St. Thomas's Hospital, London. The school provided a basic educational program, while the hospital furnished practical experience. This apprenticeship form of training became the blueprint for future schools of nursing in Britain, the United States, and Canada. From 1860 to the early years of the 20th century, nurses, doctors, hospital administrators and politicians helped shape the theory and practice of nursing. The relative influence of each of these groups is one of the interesting issues of nursing historiography. Great advances in medicine and science as well as rapid industrialization and increased urbanization led to a significant growth in the number of hospitals. The impact of this growth is another feature in the rich and varied historiography of the period. This chapter will examine this secondary literature, emphasizing primarily the origins and developments of nursing. It will also assess trends and developments in recent literature to provide insight into methodology and theoretical frameworks to be used in the history of the General Hospital school of nursing. The new historiography draws on the recently developed areas of social, labour, and women's history. It brings new questions and issues to the traditional histories of the "angels of mercy".

Conventional nursing histories, according to one observer, portray the nurse as a combination of the "pure and celibate image

of a nun with the dedicated professional ideal of a Florence Nightingale".[12] Generally written by nurses, these histories tend to be chronological narratives of the progress of nursing. Three Centuries of Nursing is typical of the conventional style of nursing history.[13] Written by John Gibbon in collaboration with Mary Mathewson, a registered nurse, the book traces the history of nursing in Canada from the early days of French settlement along the St. Lawrence River to the second world war. The survey begins with the religious orders of New France and then proceeds to the post-Confederation years. Province by province the authors present each nursing history from the period when the first schools of nursing were opened. Additional chapters portray nurses in all aspects of health care: public health nursing, the Victorian Order of Nurses, nurses in wartime and nurses in hospitals. Drawing upon a plethora of sources including newspapers, government documents, private correspondence, diaries, nursing and medical journals, and the records of private and public institutions, the authors compiled an impressive amount of information on Canadian nursing. The presentation, however, is based on the view that nursing history is merely a story of progress from the dark days before Nightingale to the modern day professional licensed nurse. This style of history glorifies the nursing profession and serves as an inspiration for future nurses.

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[12] Kathryn Macpherson, "Nurses and Nursing in Early Twentieth Century Halifax" (M.A. thesis, Dalhousie University, 1982), p.111.

[13] John Gibbon and Mary Mathewson, Three Centuries of Canadian Nursing (Toronto: The Macmillan Company of Canada Ltd., 1947).

Inherent in the old form of nursing history was the acceptance of a liberal-democratic view of history, a view which recent historiography challenges. Celia Davies gives a succinct description of the liberal-democratic interpretation:

> Implicit in what is written is a liberal-democratic view of change; it assumes that there is a group (or sometimes only a few individuals) with progressive and humanitarian ideas, it assumes that these ideas will find a forum of expression and it assumes that, being more just, these ideas will eventually win out against the opposition of vested interests.[14]

Three Centuries of Canadian Nursing exemplifies this view. Like other conventional nursing histories it was written to describe and praise the nursing reformers who possessed the progressive and humanitarian ideas which led nursing to its modern day form. Markedly absent are the views and opinions of rank and file nurses. Did they agree with the nursing leadership in their aims and goals? Were nurses more concerned with wages and working conditions than with professional status? How did nurses view their relationship with the medical profession and how did this relationship evolve? Was the image of the nurse as portrayed in conventional histories based on fact or fiction? These are some of the questions which later historians raise.

Recent studies attempt to go beyond the traditional heroic view to depict nurses as professional women seeking their own self-interest as a group and as individuals. In 1960 British sociologist, Brian Abel-Smith, pioneered the re-writing of nursing

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[14] Celia Davies (ed.), Rewriting Nursing History (London: Croom Helm, 1980), p.12.

history with A History of the Nursing Profession.[15] While writing from the liberal-democratic perspective, Abel-Smith presents an unsentimental history of British nursing based on primary sources such as hospital records, government documents, nursing, medical, and administrative journals. The first chapter gives an overview of nursing before the advent of Florence Nightingale's schools of nursing. This is followed by the history of nursing reformers and leaders from 1860 to the 1950s. In essence, he examines the politics of nursing against the wider background of the changing nature of medical care.

Before 1860 the number of untrained nurses in Britain was less than 1000. By the turn of the century, the census estimated approximately 69,000 trained and untrained nurses.[16] According to Abel-Smith the growth in the occupation of nursing was due to demographic changes: large numbers of daughters of the middle and upper classes sought employment in a "respectable" occupation. These young women entered nursing, not for commercial motives, but to escape the boredom of family life, claimed Abel-Smith. "If nursing could be made respectable," he wrote, "it could provide an outlet for the social conscience and frustrated energies of the Victorian spinster."[17] Many nursing histories have this image of "the frustrated spinster".

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[15] Brian Abel-Smith, A History of the Nursing Profession (London: Heineman Educational Books, 1960).

[16] Abel-Smith, A History of the Nursing Profession, p.53.

[17] Abel-Smith, A History of the Nursing Profession, p.17.

Abel-Smith concentrates on the activities and rivalries of the numerous professional associations and trade unions which vied for the chance of representing English nurses. Although Abel-Smith gives glimpses into the structure of the schools of nursing, recruitment of nurses and conditions of service, the descriptions are sometimes vague and prone to generalizations. The emphasis is on the struggle for the registration of nurses. Nursing reformers believed that legislation requiring all nurses to have a minimum of three years nurses' training in an accepted school of nursing would bring about a uniformity and standardization of the nursing profession. One of the larger pressure groups which advocated registration was the British Nurses' Association, which at its zenith had only 3000 nurses listed as members.[18]

The British Nurses' Association and other nursing organizations consisted of reformers, a small nursing elite. Abel-Smith documents the conflicts and struggles of such reformers in their quest for professionalization through the early years of the 20th century and he examines the impact of the two world wars on this struggle. According to Abel-Smith, women's attainment of the vote and their contributions to the war effort were instrumental in establishing the professional status of nursing. Like the reformers, Abel-Smith equates the granting of registration as synonymous with the achievement of professionalization. In his conclusion, Abel-Smith writes:

Facts do not speak for themselves. By their selection and

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[18] Abel-Smith, A History of the Nursing Profession, p.76.

> presentation the reader is influenced to accept the viewpoint of the writer... The story [of nursing] has been told with a minimum of interpretation...[19]

Abel-Smith's "selection and presentation" of "the facts" constitutes a liberal-democratic interpretation of nursing history. The nursing leadership, drawn from the elite of nursing, promoted their aims and desires for their profession. The attainment of registration with its notions of professionalization was the goal of these women and it was due to their influence and position in British society that they obtained their objectives. Abel-Smith portrays the nursing leaders as individuals who possessed the humanitarian and progressive ideas which eventually won out. This is consistent with Davies' description of liberal-democratic history. However, as Abel-Smith traces the "political" history of nurses, he makes an important contribution by providing new insights into the origins and development of nursing. Compared to Three Centuries of Canadian Nursing it is revolutionary.

The American historian Barbara Melosh has seriously challenged Abel-Smith's seminal history of nursing in "The Physician's Hand": Work Culture and Conflict in American Nursing.[20] Her primary criticism is his emphasis on the history of leaders and his definition of professionalization. Melosh echoes the sentiments of other historians, including Celia Davies, in her claim that A History of the Nursing Profession celebrates a history of progress

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[19] Abel-Smith, A History of the Nursing Profession, p.240.

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

from the dark days of the 19th century to the triumphs of recent years. The heroines portrayed in these conventional histories were the nursing leaders whose ultimate goal was professionalization.[21] In the "The Physician's Hand", Melosh demonstrates that the aims and ideals of the rank and file nurses were radically different from those of the nursing leadership. Instead of viewing nursing history as a progression under the leadership of a few individuals, Melosh argues that the underlying conflict between nurses and the nursing leadership is pervasive throughout nursing history. By examining the history of rank and file nurses in the United States during the late 19th and 20th centuries, Melosh concludes that their work experience, or "work culture", led to a widening gap between nurses and their leaders. This work culture was created by the apprenticeship form of nurses' training. During training nurses lived together in residences attached to the hospitals. The common experience of working together in the hospitals and the shared hours living together in the residences were fruitful grounds for the development of occupational or work culture. According to Melosh, nurses in training provided the hospitals in America with cheap labour throughout the first half of the 20th century. The universality of nurses' training and its inherent work culture remained the nurse's philosophy after she graduated and found employment elsewhere.

The three areas where nurses found employment were private duty nursing, public health nursing, and to a lesser extent,

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[21] Melosh, "The Physician's Hand", p.4.

hospital nursing.[22] Melosh maintains that these three areas were so isolated from one another and so inherently insular that rank and file nurses had little input into the development of nursing on a national level. The majority of trained nurses in the first half of the 20th century did private duty work and, therefore, had little contact with fellow workers. Within the hospital ward, the nurse felt sure of her job and position in the medical hierarchy and frowned on the private duty nurses as freelancers who were more concerned with profits and wages than with nurses' status and reputation. Public health nurses, on the other hand, were generally employed in rural and remote areas removed not only from hospital institutions but also from the direct intervention of doctors. This autonomy and independence grew as the developing field of preventive medicine expanded after the first world war.[23] Melosh maintains that these areas of employment entailed different work experience for the nurses involved. Consequently, on the national level nursing leaders in each field promoted the aims and ideals of their own group.

Areas of employment changed as the 20th century progressed. The demand for public health nursing and private duty nursing decreased as medical and scientific advances eliminated contagious diseases and concentrated sickness, disease and even maternity care within hospitals. By 1950, the majority of nurses in the United States worked in hospitals and were subject to close supervision

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[22] Melosh, "The Physician's Hand", p.77.

[23] Melosh, "The Physician's Hand", p.113.

and new forms of control as hospitals incorporated the regimentation and organization expounded in the industrial work world. However, Melosh notes that the rationalization found in American industry was modified in the health care system as developments in medical science and technology demanded new nursing skills.[24]

Melosh concludes that two cultures influenced nursing development in the United States: the culture of apprenticeship and the culture of professionalism. Apprenticeship in hospital nursing schools provided a work culture which nurses carried into all forms of nursing. Concomitantly, nursing leaders and reformers sought professional status for nurses through the formation of nursing associations and organizations that focused on improving the academic credentials of nursing and standardizing national qualifications. Professionalization, Melosh asserts, was doomed to fail because professionalism as an ideology divided nurses. The meaning of professionalism for nurses during this period was diverse. The nursing leadership sought professional status for nurses to improve the nurses' position in the medical hierarchy. They hoped to identify nursing with the prestige and privileges which professionalization entailed. Rank and file nurses resisted this struggle for professionalization because they viewed the rising standards of professionalization as threatening. They feared that higher academic credentials and national standards would result in downgrading or even excluding some practising

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[24] Melosh, "The Physician's Hand", p.159.

nurses.[25]

Melosh goes further and argues that even without divided goals, professionalization of nurses could not have succeeded. Her analysis of professional ideology provides useful insights into the role of professions in society. She claims that the conventional definition of a profession is an ideological one. Its proponents, including early nursing leaders, asserted that specific characteristics were representative of a profession. They included: possession of a specialized and highly prized knowledge, a special commitment to service, autonomy within the occupation with little or no external supervision, and the right to develop its own code of ethics, educational standards and certification requirements. This definition of professionalism assumes that a hierarchical organization of knowledge is desirable and necessary. A profession maintains its position in the hierarchy with the support of society. In the case of medicine, society in general and doctors themselves, believe physicians hold highly-prized knowledge and have a special commitment to service. Doctors have established a closed profession with no external supervision. They regulate their own code of ethics and decide the standards and requirements for membership.[26]

Melosh and revisionists claim that professionals won their privileged position because of the support of a social elite, not from a broad social consensus. The medical profession obtained its

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[25] Melosh, "The Physician's Hand", p.3.

[26] Melosh, "The Physician's Hand", p.17.

professional dominance with the support of the social elite and was maintained by a trusting clientele. In essence, the two definitions of professionalism are: the conventional interpretation, which claims professionals enjoy a high social status because they do prestigious work; and, the revisionist interpretation, which states that professional work is prestigious because the profession consists of members of the dominant social elites. Melosh supports the latter view and argues that professions are not just special organizations of work but are expressions of dominant class and culture. Thus, since the dominant class in western society is composed of white upper middle class males, there can be no women's professions. According to Melosh, nursing cannot be a profession for two reasons: firstly, the autonomy of nursing is limited by the medical profession's dominance in the field and secondly, most nurses are women and women do not hold a position of dominance in society.

Melosh concludes that the struggle for professionalization by the nursing leadership shaped and limited their role and involvement in the nursing profession. Nursing leaders struggled to distinguish the work of nurses from women's unpaid domestic nursing, and to distance themselves from the sentimental conception of womanly service. This aspect of professionalization presented some difficulty for nursing leaders who, in wanting to distance themselves from the traditional connotations of womanly service, could not criticize this service and its virtues of motherhood and Christian love. Melosh states that by the 1920s the two concepts

of service were apparent in nursing journals: the sentimental vision of service and the professional picture of nurses' technical expertise. Culturally, the professional image promoted nurses as career-oriented women yet alienated these same women from the traditional role women held in society. Work and the professional ideology translated into self-fulfilment, not self-sacrifice. These were the concerns facing nursing as its leadership sought professionalization. While acknowledging the failure of these attempts, Melosh maintains that the struggle itself was important as it took nursing beyond the confines of domestic ideology into the new realm of the labour market.

> Leaders brought a certain realism and vitality to the problems of nursing, measuring nurses' positions by the standards and values of the world of paid work, not the lost world of an idealized domesticity. In identifying themselves with professionals, they tried to act as men's equals in the world of paid work. They refused the limiting conventions of gender in their own lives and in their goals for nursing as an occupation.[27]

The negative aspect of pursuing a professional ideology was the tactic of exclusiveness. The leadership in promoting improved academic credentials and training programs lost the broad support of all nurses, trained and untrained. The inclusion of all nurses in a powerful trade union organization might have been more effective than the narrowing and limiting ideology of professionalization. Melosh argues that by pursuing this professional ideal nurses helped maintain their own

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[27] Melosh, "The Physician's Hand", p.28.

subordination.[28]

Barbara Melosh's contribution to nursing historiography is immense. Whereas Brian Abel-Smith focuses on the struggles and activities of nursing reformers in England in their fight for professionalization, Barbara Melosh argues that such a fight was self-defeating because nursing could not be a profession. Abel-Smith examines the elite of nursing, a small group of dedicated reformers whose activities reflect the politics of nursing on a national scale. Melosh studies the pursuit of professionalism by nursing leaders in America and analyzes its effects on rank and file nurses.

In a review of "The Physician's Hand", Kathryn Macpherson emphasizes the need for further studies at local levels to determine how individual nurses responded to the contradictions of professional ideology and how far nurses considered themselves part of the working class. The nature of nursing combined with the ethical implications of strikes and walkouts posed serious questions for nurses. Macpherson argues that answers to these questions can be discovered by more research into nurses' historical relationships with other workers in the health care system.[29]

Susan Reverby's Ph.D thesis, "The Nursing Disorder: A Critical History of the Hospital-Nursing Relationship 1860 - 1945" builds on

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[28] Melosh, "The Physician's Hand", p.29.

[29] Kathryn Macpherson, "Review of 'The Physician's Hand': Work Culture and Conflict in American Nursing" by Barbara Melosh in Labour/Le Travail, 14, Fall, 1984, p.273.

Melosh's seminal work, raises similar issues and poses new questions.[30] Where Melosh focuses her study on nursing from the bottom up, Reverby examines nursing development on a national level from the top down. Melosh concludes that nursing history took the course it did because of the divisions among nurses. Nursing reformers sought professionalization while rank and file nurses were concerned with conditions in the workplace. Nurses in the workplace were further divided into three areas of private duty, public health and hospital nursing. Reverby agrees with Melosh on certain points: the division of nurses; the struggle for professionalization; the role of the ideology of womanhood. Unlike Melosh, however, Reverby argues that this division among trained nurses had little effect on the development of nursing. According to Reverby, nurses in public health and private duty were removed from the area of influence, the hospital. Nurses in the hospital were mostly students and it was their role as cheap labour which shaped nursing development.

Reverby examines the development of the American hospital between 1860 and 1945, as it was transformed into a major medical and nursing care institution. She analyzed

> how the political economy of the hospital-nursing relationship and the ideology of womanhood and nursing training established the conditions under which nursing grew, and how nurses developed a political stance which resisted, accommodated and reshaped both nursing and the

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[30] Susan Reverby, "The Nursing Disorder: A Critical History of the Hospital-Nursing Relationship, 1860 - 1945", (Ph.D Dissertation, Boston University, 1982).

hospital.[31]

Advances in medical science and the subsequent transfer of medical care from the patient's home to the hospital transformed the American hospital from a marginal social welfare institution into a major health care institution. The hospitals, requiring a large labour force, saw the schools of nursing as a source of cheap labour. Middle-class women reformers viewed the schools of nursing as providing a respectable occupation for women from the middle classes. These women's attitudes were derived from the ideology of womanhood.[32]

By the turn of the century, as improved medical technology and treatment required more workers, hospital administrators introduced capitalist methods into the administration of hospitals. The selling of medical and nursing care as a commodity became a reality. Consequently, it was economically beneficial for hospital administrators to maintain nurses in their subordinate position. Physicians, who were also carving out their own spheres of influence in the health care system, were concerned with developing their own medical profession. They agreed with hospital administrators on the need to keep nursing in a subordinate position. Both physicians and administrators drew upon the ideology of womanhood, the virtues of obedience and hard work, to preserve the status quo. In their efforts to control and organize, nursing leaders faced the contradiction of these two ideologies.

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[31] Reverby, "The Nursing Disorder", p.viii.

[32] Reverby, "The Nursing Disorder", p.56.

They promoted nursing as an occupation for women, using the ideology of womanhood. They saw nursing as the personification of the virtues and qualities of motherhood. As nursing developed, however, it soon became evident that hospital administrators utilized the ideology of domesticity to justify their exploitation of student nurses. Instead of teaching new medical theory and technology to student nurses, they demanded more and more labour.[33]

Reverby argues that the nursing leadership, faced with this situation, had little choice in the action they took. They saw the social relations of advanced capitalism as the only possibility for order and professional control in nursing and the only hope for freedom from the paternalistic relations with hospital administration and the patriarchal control of the doctors.[34] According to Reverby, these social relations promulgated throughout the western world included: reliance on wage labour; separation of manual and mental work; creation of the specialist-expert; and the development of a quantitative "scientific" rationality. Reverby asserts that by the end of the 1930s the efforts of nursing leadership coupled with the economic crisis of this decade led nurses to become the hospital's wage labourers while at the same time nursing became more specialized and divided.[35]

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[33] Reverby, "The Nursing Disorder", p.266.

[34] Joanne Ashley who wrote Hospitals, Paternalism and the Role of the Nurse, offered a different interpretation. She argues that nurses accepted male authority and searched, child-like, for male approval. Just as Stanley Elkin's study of slavery argued, Ashley claimed hospitals created "nursing sambos".

[35] Reverby, "The Nursing Disorder", p.xx.

Recent work in British nursing history also provides a rich and varied historiography, raising new questions and adding new perspectives. Most of this new historiography consists of individual, specialized essays rather than general overviews. In her book, Rewriting Nursing History,[36] Celia Davies brings together a collection of such essays reflecting some of the new trends and developments in British historiography. Rejecting conventional nursing history with its inherent liberal-democratic theory, the essays start from a different perspective:

> ...assuming that ruling ideas are much more hegemonic and less easily overthrown, denying that the political system is so open, seeing certain groups as consistently discriminated against, arguing that reforms are not necessarily progressive but are double-edged, always in part at least reflecting the views of the most powerful.[37]

Two essays reflecting this different perspective are Christopher Maggs' "Nurse Recruitment to Four Provincial Hospitals, 1881-1921"[38] and Mitchell Dean and Gail Bolton's "The Administration of Poverty and the Development of Nursing Practice in Nineteenth-Century England."[39] Both articles examine the years from the 1880s

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[36] Celia Davies (ed.), Rewriting Nursing History (London: Croom Helm, 1980).

[37] Davies, Rewriting Nursing History, p.12.

[38] Christopher Maggs, "Nursing Recruitment to Four Provincial Hospitals, 1881-1921" in Celia Davies, Rewriting Nursing History (London: Croom Helm, 1980), p.18.

[39] Mitchell Dean and Gail Bolton, "The Administration of Poverty and the Development of Nursing Practice in Nineteenth Century England" in Celia Davies (ed.), Rewriting Nursing History (London: Croom Helm, 1980), p.76.

to the turn of the century to assess the origins and development of British nursing.

Maggs reassesses the image of nurses as portrayed in the nursing and other contemporary literature after 1880, an image which has been perpetually reinforced in numerous conventional histories. The four hospitals examined were located in Leeds, Manchester, Southampton, and Portsmouth. Maggs studied the records of these hospitals to discover some of the general characteristics of the nurses in them. By contrasting the image of nurses in contemporary literature and the portrait of nurses he found in hospital records he produced some startling results.[40] Maggs employed the terms "prescriptive" and "descriptive" to designate the two images. The "prescriptive" image was the idealized account of nurses found in the popular press, novels, nursing journals, medical and administrative journals. The "descriptive" image of nurses appeared in nurses' applications to schools of nursing and in hospital employment records. It described the actual nurses: not what nurses should be. Maggs believes the prescriptive model had a dual purpose: it erected a model of behaviour and performance for prospective nurses to emulate and it acted as a yardstick against which nurses were measured.[41]

Maggs' evaluation of hospital records and contemporary literature is divided into five categories: the number of recruits,

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[40] Maggs, "Nursing Recruitment to Four Provincial Hospitals", p.18.

[41] Maggs, "Nursing Recruitment to Four Provincial Hospitals", p.20.

age of recruits, previous work experience, geographic mobility, and leaving patterns. For the sake of brevity, the contrast between the prescriptive and descriptive models in the categories of the age of recruits, their previous work experience, and leaving patterns only will be discussed.

Nursing journals and nursing textbooks throughout the period after 1860 and the early years of the 20th century claimed the optimum age of a student nurse was 25 to 35 years.[42] However, Maggs' investigation of hospital records revealed the actual ages of nurse recruits to be lower. Of the four hospitals studied the majority of recruits were between 21 and 25 years old and this average age dropped significantly during the first world war when the demand for nurses increased dramatically. The records of the Leeds Poor Law Infirmary during the years 1881-1921 showed that 80 percent of all recruits were between 21 and 25 years of age. Similar patterns emerged in the other hospitals. In the Portsmouth Poor Law Infirmary a large proportion of entrants was less than 21 years of age. Beginning in 1915 all hospitals recruited student nurses under the age of 21. It is obvious, therefore, that the optimum age prescribed in contemporary literature had little basis in reality. In fact, for all the years for which records exist, no student recruit was over 35 and less than 20 percent were more than 31 years old.[43]

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[42] Maggs, "Nursing Recruitment to Four Provincial Hospitals", p.39.

[43] Maggs, "Nursing Recruitment to Four Provincial Hospitals", p.34.

Another category examined by Maggs was the amount of work experience student nurses had before they entered schools of nursing. The writings of various nursing journals and other contemporary literature advised prospective student nurses "to stay at home under their mother's wings" and continue their education while learning the more practical arts of cooking, needlework, and household management. In contrast to this prescriptive model, Maggs' survey of hospital records revealed the majority of student nurses not only had previous work experience but that this experience was gained in nursing-related jobs such as nurse's aides and untrained nurses. Most of the young women who entered schools of nursing, in the hospitals surveyed, did so to improve their situation. As hospitals increased in number throughout this period, the demand for nurses to staff them increased accordingly. More often than not then, the nurse recruit at the turn of the century was a young woman between 21 and 25 years old, already experienced in work and wage discipline. This is in sharp contrast to the image of nurses in conventional histories which portrayed student nurses as older more mature women fresh from home environments."

The final category of Maggs' survey to be examined here is the leaving patterns of student nurses during their three-year training program at nursing schools. The projected image of a school of nursing in the contemporary literature shows young women entering

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" Maggs, "Nursing Recruitment in Four Provincial Hospitals", p.34.

the program for three years, living in a nurses' residence and taking their meals in the hospital dining room. Nursing schools appear to consist of a homogenous group of young potential nurses. In fact, Maggs' analysis of hospital records show a drop-out rate of student nurses as high as 50 percent. Nurses' training then, was not the cloistered lifestyle portrayed in the literature. Instead, the schools of nursing experienced a constant stream of women entering and leaving the program. Some students stayed for a week, some a month and others completed the three years.[45]

The image of a cloistered and submissive student nurse quietly completing her three years is perpetuated by conventional histories such as Three Centuries of Canadian Nursing. This idealized image has been seriously challenged by Maggs. Although his study is an important contribution its most serious flaw is the limited number of hospitals surveyed. More research on schools of nursing is needed to test his thesis. In addition to Maggs, the importance of the "image" of a nurse plays a significant part in the work of two other historians studied here: Barbara Melosh and Susan Reverby. Barbara Melosh argues that rank and file nurses were divided over the issue of professionalization. Those who advocated professionalization and those who were against it projected conflicting nursing images. Those who advocated it saw nursing as skilled work requiring technical expertise. Those opposed portrayed nursing as traditional women's work based on domestic

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[45] Maggs, "Nursing Recruitment in Four Provincial Hospitals", p.33.

ideology. The importance of the nurse's image was also relevant in Susan Reverby's study of nursing leaders' conflict in making nursing "a respectable woman's job" in the 19th century and projecting it as a professional career in the 20th century. These images of nurses have shaped our views and understanding of nursing history.

Christopher Maggs' social history is concerned with nurses as individuals. It is history "from the bottom up". Mitchell Dean and Gail Bolton in their essay, "The Administration of Poverty and the Development of Nursing Practice in Nineteenth-Century England", take a very different approach. Where Maggs analyzed the empirical evidence of hospital records to describe the local employment patterns, Dean and Bolton use the writings of British political economists to argue their theory that the governing powers of Britain realized by the second half of the 19th century that the increasing number of paupers was an inherent part of industrial capitalism. Realizing this fact forced government to implement a social policy to contain and control this army of the poor. Consequently, government social policy was based on social control. Dean and Bolton maintain that nursing, which emerged during this period, was one of the social institutions to be manipulated by government in its efforts to control the behaviour of the "dangerous classes".[46]

Dean and Bolton rely on the works of Adam Smith, David Ricardo, and Thomas Malthus to establish their theory that by mid-

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[46] Dean and Bolton, "The Administration of Poverty", p.77.

19th century the discussion of the distribution of wealth in society had reached the point where it was recognized that the existence of a poorer class was a necessary corollary of capitalism: "For one very rich man, there must be at least 500 poor, and the affluence of the few supposes the indigence of the many."[47] The administration of poverty became a constant feature of governments and poverty became closely associated with illness, disease, riots and crime. Nursing had a role to play in combating these problems:

> The nurse was to be one element in the rich ensemble of techniques which were elaborated in the later nineteenth century so that the health, sexuality, sanitation and moral behaviour of the population could become an essential part of the art of government. These processes of intervention were not, however, to destroy the distinction of rich and poor, but to preserve it and guarantee the poor's dependence on wage labour as a means of subsistence.[48]

Workhouses and infirmaries were established as a means of controlling the able-bodied poor and the sick poor. The origins of nursing, according to Dean and Bolton, can be found in these infirmaries and the development of nursing can be found within the framework of management of the poor. More research on a local level into the development of nursing and its relationship with the evolving medical profession and increased government intervention is required to assess Bolton and Dean's social control model.

Mitchell Dean and Gail Bolton examine the origins and development of nursing as an institution designed by government to

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[47] Dean and Bolton, "The Administration of Poverty", p.77.

[48] Dean and Bolton, "The Administration of Poverty", p.80.

act as an agent of social control. Eva Gamarnikow is also concerned with nurses as part of a power struggle but in a feminist sense. In her article, "The Sexual Division of Labour: The Case of Nursing" in Feminism and Materialism: Women and Modes of Production[49], Gamarnikow analyzes the origins and development of nursing in Britain with a focus on the ideology of patriarchy in shaping this development. Like Susan Reverby, Gamarnikow sees the social relations of capitalism as a major force in shaping nursing development. The similarities between Reverby's work on American nursing and Gamarnikow's work on British nursing are striking.

Gamarnikow argues that nursing was established as an occupation specifically for women by reformers such as Florence Nightingale. They hoped to develop non-industrial jobs for women yet at the same time they wanted to prevent nursing from becoming another form of Victorian female charity. To achieve these objectives, Gamarnikow asserts, reformers were greatly influenced by the developing social relations of capitalism. Gamarnikow's discussion and analysis of the sexual division of labour and the ideology of patriarchy is important to the study of the history of nursing.

Gamarnikow begins her discussion with a definition of the sexual division of labour. Several theorists, she claims, employed biological explanations to justify the sexual division of labour by

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[49] Eva Gamarnikow, "Sexual Division of Labour: The Case of Nursing" in Annette Kuhn and Ann Marie Wolpe (ed.), Feminism and Materialism: Women and Modes of Production (London: Routledge and Kegan Paul, 1978), p.96.

claiming "women's work" and "men's work" were based on biological naturalism. Nursing was seen as women's work because nursing incorporated traits such as nurturing, mothering, and caring which were supposedly natural female traits. Materialist feminists, on the other hand, define the sexual division of labour as based on social relations, not biological causes. They view the subordination of women in the workforce as an aspect of capitalist class structure.[50]

According to Gamarnikow and other materialist feminists, patriarchy is an autonomous system of social relations between men and women and is found within the family. The marriage contract is a labour contract whereby men exploit women's labour power in exchange for their upkeep. Wives provide unpaid services to their husbands in return for food and shelter. This is the domestic mode of production. In contrast, the capitalist mode of production depends on the free sale of labour. In marriage, women do not sell their labour but give it freely. This form of patriarchal exploitation, Gamarnikow notes, is common to all married women yet limited to married women. The sexual division of labour incorporates this patriarchal ideology and applies it to all women, even outside of marriage. All women, therefore, are dependent on men because they are biologically females. The sexual division of labour identifies all women as comprising a separate category of worker. As a form of work organization the sexual division of labour divides all jobs into male and female categories. By

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[50] Gamarnikow, "The Sexual Division of Labour", p.98.

incorporating the ideology of patriarchy, the sexual division of labour subsequently subordinates all women to men. Jobs are not inherently male or female. Instead they are defined this way because of the ideological identification placed on them.[51]

Gamarnikow criticizes nursing histories, such as Abel-Smith's A History of the Nursing Profession, because they fail to recognize that in the struggle for professionalization nursing leadership accepted a subordinate position to physicians in their desire not to threaten medicine's control of health care. From the beginning doctors' dominant role in health care was evident in that it was doctors who decided who qualified to be called a patient. Yet the division of labour between nurses and doctors was not primarily a technical one in the years when nursing was developing. The dividing line between the two jobs was flexible. The division of labour in health care into two spheres of competence, therefore, was based on gendered and unequal relations. Nursing was organized by women for women and because nursing was a female-dominated occupation the division of labour was a sexual one. The justification for this division of labour was rooted in the prevailing ideology of patriarchy. Doctors were seen as fathers, nurses as mothers, and patients as children.[52]

Nursing reformers in 19th century Britain wanted to make nursing an occupation which was responsible for patient care and for the management and organization of nursing. They also wanted

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[51] Gamarnikow, "The Sexual Division of Labour", p.99.

[52] Gamarnikow, "The Sexual Division of Labour", p.102.

to place nursing within the existing medical hierarchy. Consequently, nursing reformers mapped out their own spheres of competence with the understanding of a subordinate position. The apprenticeship form of nurses' training developed by Florence Nightingale reinforced and perpetuated this theory and practice of nursing.[53]

Gamarnikow argues that the occupational ideology of nursing divided labour along lines of gender. This ideology equated a good nurse with a good woman. Nursing was set up and defined as woman's work. The belief that a good woman equalled a good nurse and the use of the family analogy as leitmotif in nursing literature resulted in nursing tasks being identified with housework. Thus hygiene and sanitary work became the two main tasks of nursing. In their attempt to distance nursing from domestic work, however, reformers in the late 19th century incorporated hygiene and sanitary work in nursing practice only as they directly related to the patient's care and presented these tasks as highly "scientific". Domestic tasks such as cleaning hospital wards were assigned to domestic workers.[54]

Gamarnikow argues that any history of nursing has to consider the role of the sexual division of labour as found in capitalist social relations. The development of the theory and practice of nursing can only be understood in this light. Barbara Melosh and Susan Reverby also present this feminist interpretation of nursing

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[53] Gamarnikow, "The Sexual Division of Labour", p.103.

[54] Gamarnikow, "The Sexual Division of Labour", p.115.

history. All three historians argue that the ideology of womanhood was instrumental in making nursing a respectable and acceptable female occupation. Nursing leaders later attempted to distance nursing from the domestic ideology as they tried to place nursing in the evolving complex health care system. The effect of advanced capitalism is also apparent in Dean and Bolton's essay in which they argue that nursing was an instrument of capitalist governments in their attempts to implement social control over the poorer classes. All of these works add new ideas and methodology to the older portrayal of the heroic nurse advancing to her rightful position of respectability.

Examples of the "old" and "new" historiography exist in Atlantic Canada in the work of Joyce Nevitt on Newfoundland and Kathryn Macpherson on Nova Scotia. Kathryn Macpherson's M.A. thesis, "Nurses and Nursing in Early 20th Century Halifax" is an example of the new historiography.[55] Especially indebted to Barbara Melosh and Susan Reverby, she draws on Melosh's framework to examine the experiences of Halifax nurses in the three major work environments: hospital nursing, private duty nursing, and public health nursing. Macpherson concludes that a division between nursing leadership and rank and file nurses was also evident in Nova Scotia. The leadership organized the Graduate Nurses Association of Nova Scotia (GNANS) in 1909 and had as one of its major objectives the professionalization of nurses through

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[55] Kathryn Macpherson, "Nurses and Nursing in Early Twentieth Century Halifax" (M.A. thesis, Dalhousie University, 1982).

government legislation. Macpherson argues that rank and file nurses were more concerned with securing control of the job market and working conditions and showed little interest in the GNANS. However, she concurs with Reverby's assertion that the hospital, as an evolving institution, and the physician's hegemony in the medical hierarchy, were more important in shaping nursing development than the division among nurses. She argues that by the turn of the century, doctors had complete control over medical care and that medical care was in the process of being transferred from patients' homes to the hospitals. Jointly then, physicians and hospital administrators realized the need for a large workforce within the hospital. As a result, schools of nursing were accepted because they provided cheap sources of labour. Macpherson concludes that nurses were the working class of the medical hierarchy. Administrators and doctors encouraged improvements in the quality of the nursing schools as they sought to upgrade the image of the hospital in order to attract middle- and upper-class patients. From the beginning, Macpherson writes, nursing reformers attempted to fit the occupation of nursing into a well-defined medical hierarchy.

Macpherson's sources include hospital records, contemporary journals, minutes from public health records, and interviews with nurses. These interviews provide a vibrant analysis of the work experience and ideology developed by the apprenticeship form of training with its residence life and hospital work. The descriptions of intense training in tedious jobs such as making

beds show how neatness, cleanliness and orderliness were inculcated in student nurses. "Emulating the scientific management tactics applied to factory work, administrators of nurses' training programs equated a standard approach to nursing work with efficiency."[56]

Halifax became the Canadian leader in public health nursing after the end of the first world war as a result of the devastating explosion in Halifax in 1917. The establishment of the Massachusetts-Halifax Health Commission, from money donated by the citizens of Massachusetts after the explosion, provided an extensive program of public health nursing.[57] The Victorian Order of Nurses was also active in Halifax. Macpherson argues, however, that these privately administered organizations which gave nurses a wide variety of work and responsibility decreased their services by the late 1920s.

> Although nurses working for public health organizations possessed autonomy and authority in their work, their inability to stem the rapid decline in Halifax's public health work reflects the weakness of their professional situation. Municipal and provincial governments, influenced by Halifax's leading doctors, easily undermined the position public health care nurses had attained as experts in preventive health care....[58]

Macpherson concludes that the only option for the growing numbers of unemployed public health nurses was emigration. Throughout the 1920s, nurses from all fields of nursing emigrated to New England

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[56] Macpherson, "Nurses and Nursing", p.28,

[57] Macpherson, "Nurses and Nursing", p.75.

[58] Macpherson, "Nurses and Nursing", p.77.

where wages and the demand for white anglo-saxon nurses were high.[59] According to Macpherson, nursing in early 20th century Halifax provided women with geographic mobility, and more importantly, it offered them personal and financial independence. Nursing also provided an avenue into public life where nurses found jobs as social and executive administrators.[60]

While Kathryn Macpherson's thesis is an example of the new historiography, Joyce Nevitt's White Caps and Black Bands: Nursing in Newfoundland to 1934 is an example of the old. As a nurse and founder of the school of nursing at Memorial University of Newfoundland, Nevitt's study is reminiscent of the conventional nursing histories discussed earlier. She traces the development of nursing in Newfoundland from the 19th century when the Order of the Sisters of Mercy was established on the island to modern nursing under the Department of Health of the Commission of Government. Nevitt's book contains a great deal of information. Years of extensive research of a variety of sources including general histories, government documents, contemporary journals, private and public papers, newspapers and interviews produced a wealth of material on nursing. Her subjects include schools of nursing, the Grenfell Association, the Newfoundland Outport Nursing and Industrial Association (NONIA), and hospital development. Her work, however, has no introduction or conclusion and lacks any analysis of how and why nursing developed. It is a chronological

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[59] Macpherson, "Nurses and Nursing", p.101.

[60] Macpherson, "Nurses and Nursing", p.11.

narrative written to glorify nursing and to inspire future nurses. In her final chapter, Nevitt aptly summarizes her view of Newfoundland nursing history:

> The evolution of nursing in Newfoundland from a domestic service to an organized profession was not marked by dramatic or radical changes. It grew as a response to the same social and economic pressures that affected all aspects of life on the island. No major suffragette movements disturbed the status quo of women in society.[61]

Nursing history in Newfoundland was not as peaceful or predictable as Nevitt claims. The history of nursing in Newfoundland was most profoundly shaped by the history of the General Hospital school of nursing. Nurses working at the General Hospital were predominantly students and it was their role as cheap labour which shaped nursing history. The transfer of medical care from the patients' home to the hospital during the early 20th century transformed the General Hospital from a marginal social welfare institution to a major health care institution. During this transformation, the hospital required a large work force and it saw the school of nursing as a cheap source of labour. The social relations of capitalism also played a major role in shaping nursing development. With the implementation of the General Hospital Act in 1915, the government of Newfoundland and the hospital administration introduced greater capitalist rationalization into the running of the hospital.

During the transformation, doctors were also carving out their

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[61] Nevitt, White Caps and Black Bands, p.234.

own sphere of influence and they agreed with the administration on the need to keep nurses subordinate. As a profession, doctors had the dominant role in the medical hierarchy. Instead of teaching nurses new medical theory and technology as the General Hospital developed, the hospital administration and doctors demanded more and more labour to maintain the institution. The sexual division of labour was also a key factor in the development of the school of nursing as the patriarchal ideology subordinates all women to men. The patriarchal ideology was prevalent at the General Hospital where doctors were seen as fathers, nurses as mothers and the patients as children.

The history of nursing at the General Hospital will be presented from a feminist approach incorporating the works of historians Susan Reverby, Barbara Melosh, Kathryn Macpherson, Eva Gamarnikow and, to a lesser extent, Christopher Maggs. The role of the hospital in the development of nursing as demonstrated by Susan Reverby parallels most profoundly the history of nursing in Newfoundland. Her argument that the political economy of the hospital was the most influential factor in nursing development applies to the Newfoundland case as well. Before 1931, all Newfoundland-trained nurses trained at the General Hospital school of nursing. Melosh's division of nurses into three spheres, private duty, public health and hospital nurses, is evident but in a way unique to Newfoundland in that public health nurses were predominantly British missionary nurses. The application of Melosh's research on the development of a unique work culture among

nurses who trained under the Nightingale tradition is apparent at the General Hospital school of nursing. As nurses graduated from the General Hospital they carried their work experience and nursing philosophy with them into the larger community. The division between rank and file nurses and nursing leadership, however, was not as explicit in Newfoundland because during the time period under study the number of nurses was too few to have much division and the General Hospital was the only school of nursing. Therefore, there were no competing groups hoping to represent nurses on a national level. However, Melosh's demonstration of the role of apprenticeship training and the nurses' residence as influential factors in nursing history is also apparent at the General Hospital school of nursing. The similarities between the Nova Scotia experience and that of Newfoundland is striking. The importance of the Victoria General Hospital in Halifax and the General Hospital in St. John's as evolving institutions and the doctors hegemony within the hospital hierarchy were significant.

Graduate nurses from Newfoundland and Nova Scotia found employment in the three fields of nursing, especially in the eastern United States where large numbers of them emigrated. The overriding factor in the history of nurses' training in Britain, the United States, Canada, and Newfoundland was the influence of Florence Nightingale. The guidelines she wrote in 1860 to establish a school of nursing became the blueprint for all training programs until the 1950s.

Chapter 3: The Nightingale Influence

Mary Southcott, the founder of the General Hospital school of nursing, was a contemporary of Florence Nightingale. She had trained at the London Hospital where Eva Luckes, a colleague of Nightingale, was the matron. These women were important influences in the life of Mary Southcott and the nurses' training program she implemented at the General Hospital was based on the program designed by Nightingale. This program became the standard for training schools in Britain, Canada, the United States, and Newfoundland.

Florence Nightingale has become synonymous with nursing. Her role in the history of nursing began with the Crimean War. Shortly after the outbreak of war in 1853, correspondents sent home dramatic and graphic descriptions to their newspapers. One of the aspects covered by reporters was the incompetence of the British war effort, especially the lack of medical care for wounded soldiers. One of the results of this news coverage was the campaign by Florence Nightingale to improve medical services in the army. Nightingale and 38 untrained nurses travelled to Scutari on the Crimean Peninsula at the British government's expense. The nurses' efforts received extensive coverage. The news stories of Nightingale's work nursing the sick and wounded soldiers, reorganizing the cooking arrangements, and generally providing and maintaining a hospital service, catapulted her into national and international prominence. Gifts of money and other tributes poured

in. A close friend, Sidney Herbert, established the Florence Nightingale Fund[62]; when the war ended in 1856 it stood at 32,000, and money continued to pour in.[63] Queen Victoria made a significant donation and praised the work of Nightingale and her nurses. Although there was a board appointed to administer the Fund, the members were disappointed that Nightingale herself did not at first want to be involved with the promotion and organization of trained nurses. She was much more concerned with writing lengthy reports to the British government recommending the need for proper sanitation, improved ventilation, and good food and clean air in the battle against disease. Nightingale had little faith in the new theory that disease was caused by germs. For her, and others, fresh air, good food, and proper sanitation could banish disease. Eventually, the pressure on her to take an active role in the administration of the Nightingale Fund was such that, in 1860 she turned her attention to the training of nurses.[64]

Before 1860, nursing was performed by untrained men and women who were generally looked upon as domestics within the hospital environment. Nursing was mainly confined to the patient's home; hospitals were seen as charity institutions for the sick poor. Medical science was limited and surgery consisted mainly of

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[62] Monica Baly, Florence Nightingale and the Nursing Legacy (London: Croom Helm Ltd., 1986) p.5.

[63] Baly, Nightingale, p.13.

[64] Baly, Nightingale, p.20.

amputations or simple procedures. Caring and nurturing were done in the home by family members, usually women.[65]

Between 1860, when the first school of nursing was opened in London and 1900, Nightingale and other reform-minded people involved with the Nightingale Fund concentrated their energies on organizing and defining the St. Thomas's training school. The hospital already had a matron and untrained nurses when it was chosen to house the first Nightingale school. The Florence Nightingale system of nursing established by the administrators of the Nightingale Fund succeeded in carving out an empire for nursing. In this system the matron[66] was supreme in all nursing matters and all nurses, both students and graduates, were under her direct control. The underlying premise was that nurses were accountable to nurses. As Monica Baly points out this was not only important managerially but it also gave nursing both status and structure as a career, with the hope of a reasonable salary, within the sphere of women's work.[67]

From the time of the Crimean War until her death in 1910 Nightingale wrote prolifically on nursing. These writings provided the guiding principles for the establishment and conduct of nursing

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[65] Colin D. Howell, A Century of Care: A History of the Victoria General Hospital in Halifax 1887-1987, (Halifax: The Victoria General Hospital, 1988) p.13.

[66] The term matron, nursing superintendent, lady superintendent, and superintendent of nurses are interchangeable in nursing literature, although matron was sometimes used to designate the nurse in charge of housekeeping at the hospital or the nurse in charge of the nurses' residence.

[67] Baly, Nightingale, p.223

schools. The roles of the matron and nurses were clearly defined, as was their relationship in the hospital hierarchy. From the beginning Nightingale insisted that the matron was to have absolute power to select women for admission to the school and to dismiss them. The clergy and medical doctors were not to be given control over nurses or nursing duties. In 1867, Nightingale wrote:

> The whole reform of nursing both at home and abroad has consisted of this. To take all power out of the hands of men and put into one female trained head and make her responsible for everything - regarding the internal management and discipline being carried out.... Don't let the Doctor make himself the Head Nurse, and there is no worse matron than the Chaplain.[68]

The importance of the matron being solely responsible for the nursing staff was a recurring theme throughout the early years of nursing school development and one which was to cause many problems for the matron within the male medical hierarchy of the hospital. Henry Bonham Carter, secretary of the Nightingale Fund, who wrote extensively on nursing reforms, stated in 1872 that without the whole female staff being responsible to the matron there would be a lack of moral discipline. The matron, he claimed, would see that the nurses carried out the doctors' orders with regard to the treatment of patients. If any doctor had a complaint against a nurse, he should make it directly to the matron who alone should take action.[69] The task of building a nursing school, Bonham Carter asserted, was made all the more difficult in the face of the

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[68] Baly, Nightingale, p.71.

[69] Baly, Nightingale, p.47.

medical hierarchy already established at the hospital in addition to the number of untrained nurses on staff.

The Nightingale system of training nurses was defined as an apprenticeship form of training within a hospital environment. Young women who entered the nurses' training program lived in a residence which was either attached to the hospital or on the hospital grounds. The student nurses worked in the hospital, providing it with a cheap labour force in return for room and board and a practical training. This system remained virtually unchanged for the next one hundred years. The nurses' residence was a Nightingale innovation which was to play a significant role in the development of nursing. In the London of 1860 a secure environment was imperative not only for the young student nurses but also to convince parents to allow their daughters to leave home and travel to London and train as nurses. But the secure nurses' residence with its strict rules and regulations resulted in what E. Goffman terms the "total institution"[70], a place where boundaries between public and private life end, a place where all life is under surveillance. All student nurses were required to live in residence whether they were from out of town or not. Graduate nurses, too, often lived in the residence. Within the hospital compound nurses worked, slept, ate, played, and even prayed together. And under the strict surveillance of their superiors nurses developed a culture and folklore of their own. Monica Baly, however, argues that for succeeding generations, when security was

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[70] Baly, Nightingale, p.224.

not as necessary, the residence became an end in itself as hospital administration retained a large and compliant work force close at hand, to work unsocial hours.[71] In 1865, Nightingale explained the relationship of the nurses' residence to nurses' training as a whole. Many of the attributes of a nurse, she stated, could be inculcated in the residence where complete surveillance was mandatory.

> ... ward training is but half of training. The other half consists in women being trained in habits of order, cleanliness, regularity, and moral discipline... the whole establishment must be so constructed that the probationers' dining rooms and day rooms, dormitories and the matron's residence and office must be put together and the probationers under the matron's immediate hourly direct inspection and control.[72]

This emphasis on continual supervision and control in order to instill a sense of order, cleanliness, regularity, and moral discipline was to become the hallmark of nurses' training programs.

Another significant aspect of the Nightingale legacy was the importance placed on secular training.[73] Throughout the 1860s and 1870s, Nightingale was formulating and reformulating the policies and procedures of the training program for nurses. In 1873, she commented on the fact that although the angel of mercy notion had been eliminated, she was afraid that in removing this

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[71] Baly, Nightingale p. 224.

[72] Baly, Nightingale, p.49. The term "probationer" originally designated a student nurse during her probationary period which varied in length from hospital to hospital, but was usually one to three months. In nursing literature, however, the term student nurse and probationer are often used interchangeably.

[73] Baly, Nightingale, p.220.

characteristic all ambition and high aspiration had also been eliminated.

> As we are I am not sure that the hard drive of the probationers is a bad thing. At least it knocks the ministering angel nonsense out of their heads and makes them look at nursing as the urgent business like work it really is. But then it knocks something else too out of their heads - to wit goodness and all high aspiration.[74]

Florence Nightingale and the administrators of the Nightingale Fund were successful in carving out a new occupation for women when they established the first school of nursing at St. Thomas's. The new, "trained" nurses were the product of the Nightingale legacy which included these criteria: all nurses were trained as apprentices in the hospital in addition to receiving lectures given by the matron and physicians; they all received room and board in return for their work; and they were all required to live within the nurses' residence. All nurses were inculcated, both in the hospital and in the nurses' residence, with the belief that cleanliness, order, obedience, and moral discipline were the highest attributes of a nurse. It was this nursing legacy that was disseminated around the world.

The Toronto General Hospital School of Nursing was established in 1877 when Harriet Goldie, the hospital matron, organized a training program for nurses and was appointed its superintendent. Although Goldie was not a trained nurse herself, she had received post-secondary training in education at Hellmuth College in London, Ontario. Like many other women during this period, she was

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[74] Baly, Nightingale, p.171.

genuinely inspired by Florence Nightingale's accomplishments. Following a tour of training schools in the United States and Britain, Goldie introduced a program for training nurses at the Toronto hospital. By 1881 the program was established and offered as a two-year course; upon the completion of the program the nurses who graduated received a certificate and school badge which were rapidly becoming emblems of trained nurses in Canada, Britain and the United States. The first trained nurses graduated from the Toronto General Hospital in 1883.[75] In 1884, Mary Snively, who had recently graduated from Bellevue Hospital in New York, replaced Goldie as superintendent of nurses. Snively introduced other aspects of Nightingale's criteria into the Toronto General Hospital's School of Nursing. Although the nurses' residence was not built until 1887, Snively, wanting to adhere to Nightingale's principle of having the nurses live on the hospital grounds, converted every suitable space in the hospital to sleeping quarters for the student nurses. Together with the physicians at the hospital, she gave students lectures in basic nursing. In 1896 Snively extended the nurses' training program to three years which was the practice in most of the larger schools in Britain and the United States. By the turn of the century, the Toronto General Hospital school of nursing had incorporated most of the basic Nightingale criteria. This included a training program based on a

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[75] Pauline O. Jardine, "An Urban Middle-Class Calling: Women and the Emergence of Modern Nursing Education at the Toronto General Hospital, 1881-1914", Urban History Review, Vol.XVII, No. 3, February 1989, p.178.

working apprenticeship which instilled the qualities of obedience, cleanliness and orderliness; student accommodation in a nurses' residence which provided protection and surveillance by the matron; and lectures by the matron and those physicians who were willing.[76] These then were the attributes Barbara Melosh described as contributing to a unique nursing "work culture".

The Victoria General Hospital school of nursing in Halifax was opened in November 1891 under the direction of Julia Pardy, the superintendent of nurses. A formal course of instruction was implemented within a year and was taught by Pardy and the hospital doctors. This included classes in general nursing, anatomy, fever nursing, maternity and massage therapy.[77] Pardy's organization of the school followed Nightingale's guidelines. During their work day on the hospital wards the student nurses received the practical part of their training. This included a uniform procedure for making beds, running the wards, preparing patients for the operating room, and cleaning and disinfecting. Monitoring patients' temperature, pulse, respiration and bodily secretions was also performed in a very systematic and methodical manner. A great emphasis was placed on efficiency, cleanliness and obedience; each nurse was required to perform each procedure in the prescribed manner at all times. This obsession with uniformity and conformity

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[76] Jardine, "Toronto General Hospital", p. 180.

[77] Colin D. Howell, A Century of Care: A History of the Victoria General Hospital in Halifax,1887-1987 (Halifax: The Victoria General Hospital, 1988), p.38.

was inherent in all nursing programs based on the Nightingale system.[78]

According to Colin Howell, strict rules and regulations were enforced in the nurses' residence in order to emphasize the subordination of student nurses within the hospital hierarchy. These regulations insisted that students' rooms were always open to inspection, lights were extinguished at specific times, and day passes were required to leave the hospital grounds. Behaviour outside the hospital compound was as important as deportment within the hospital itself, Howell asserts. The objective of the training program was to inculcate standards of professionalism, cleanliness, and obedience among the nursing staff. The emphasis on professionalism was in order to make nursing a more attractive occupation to women.[79]

By the beginning of the 20th century, schools of nursing were well-established in Britain, Canada, and the United States. The examples examined here were typical in their use of the Nightingale model of training schools. Mary Southcott trained at a Nightingale school in England and her faith in the Nightingale model would be the foundation of her work in organizing the General Hospital school of nursing.

Mary Meager Southcott, the eldest of three daughters of John and Pamela Southcott, was born in St. John's on September 21, 1862 and was baptized in the Church of England Cathedral by Bishop

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[78] Howell, A Century of Care, p.40.

[79] Howell, A Century of Care, p.39.

Edward Feild. Her father and his brother, James, were well known architects and builders. She was educated at Jersey Lodge, a school for Church of England girls, on King's Bridge Road. Little is known of her life before she decided to become a nurse at the age of 37. Her parents had opposed this idea so she waited until they died before pursuing her ambition. She inherited her father's share of the business, which appears to have made her independently wealthy.[80]

Southcott went to England in March 1899 to train at the London Hospital, at that time the largest in Britain: it had eight hundred beds and treated 75,000 patients each year.[81] The nursing staff consisted of the matron, 23 sisters, 191 nurses and probationers and 25 private nurses. While at the London Hospital, Southcott attended regular classes in medical and surgical nursing, anatomy and physiology, nursing ethics, and cooking. She received practical experience on the 75 wards, and in the out-patients department.[82] Southcott, a competent student, was awarded a certificate from the National Training School for Cookery on September 22, 1899 and was rated "excellent" in cooking. On July 9, 1900, she won second prize for "Proficiency in Nursing Lectures and Examinations, 1899-1900". She completed her two-year program on

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[80] Supreme Court Proceedings, June 7, 1897, GN 5/2/A/1, Box 17, PANL, Mary Southcott vs James Southcott.

[81] Ronald Rompkey, Grenfell of Labrador: A Biography (Toronto: University of Toronto Press, 1991), p.16. Wilfred Grenfell, the medical missionary, had received his training as a physician at the London Hospital from 1883 to 1888.

[82] Nevitt, White Caps and Black Bands, p.43.

March 1, 1901 and received the graduation certificate from the London Hospital rating her performance as "Highly Satisfactory", her work "good" and her conduct "very good". After Southcott completed nurses' training, she enrolled in a four week midwifery course at the Maternity and District Nurses Home in Plaistow, London.[83]

Florence Nightingale and Eva Luckes were the two major influences in Southcott's philosophy and practice of nursing. Southcott hoped to emulate both women in her role as superintendent of nurses at the General Hospital school of nursing. At the turn of the century, nursing leaders such as Nightingale and Luckes had carved out a separate sphere for nurses in the medical hierarchy. Nursing had become an accepted occupation for single women. According to Martha Vicinus, nursing reformers claimed that medicine was divided into cure (doctors) and care (nurses). The reformers believed that this separation gave nursing a distinct and well-defined role. In their quest for a separate sphere from the doctors, however, the reformers lost sight of the fact that it was doctors who decided who was sick and who would be admitted to hospital and placed under the nurses' care.[84] Consequently, nurses would always be subordinate to doctors.

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[83] Southcott's nursing certificates are located at the Lillian Stevenson Archives/ Museum, the Leonard A. Miller Centre, St. John's.

[84] Martha Vicinus, Independent Women: Work and Community for Single Women, 1850-1920 (Chicago: Chicago University Press, 1985), p. 92.

While nurses were establishing their guidelines, doctors were consolidating their sphere of influence in medicine. In the closing years of the 19th century great advances were made in surgery and diagnostic techniques (nurses were excluded from both of these fields) and in the growing power of the scientific approach to medicine. In their acceptance of the subordination of nurses to the medical profession, the nursing leaders, therefore, concentrated their energies on the only area left to them: control of nurses and nursing. The nursing leadership turned its attention to the discipline of nurses rather than challenging the doctors' hegemony in the field of medicine.[85]

Luckes and Nightingale concentrated their efforts on what they viewed as professionalizing nursing by improving the training, living conditions, and respectability of the nurses at the London Hospital. Its training school reflected the nature and conditions of a typical Nightingale school at the turn of the century. The training of student nurses was left largely in the hands of the ward sisters as they were supposed to teach the students by example. Yet most sisters were so overworked that little time could be spared for teaching. Additionally, their chief function was given to the smooth running of the ward rather than the teaching of students.[86] The life of a student nurse was full of rules and regulations which dictated her behaviour twenty-four hours a day. This detailed routine came to typify the life of

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[85] Vicinus, Independent Women, p.101.

[86] Vicinus, Independent Women, p.109.

student nurses. Martha Vicinus described the life of a student nurse on the wards of the London Hospital at the turn of the century, when Southcott was a student.

> ... a thicket of unwritten rules came between the sister and those under her. A probationer never spoke to anyone until spoken to; she could not use certain staircases and had to appear before her superiors in a clean apron. She was expected to serve tea to everyone else first at mealtimes. In some hospitals it was bad manners to ask for seconds, so the probationers were often left hungry after gulping down their meals under the eyes of the waiting nurses who had been served first.[87]

Life in the nurses' residence was a combination of "boot camp and boarding school" where "homesickness and shared miseries united probationers".[88] It was from this world of the London Hospital that Southcott returned to Newfoundland.

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[87] Vicinus, Independent Women, p.108.

[88] Vicinus, Independent Women, p.109.

Chapter 4: The Establishment of a School of Nursing

Southcott arrived back in St. John's in 1901, apparently for her sister's wedding. It is not known if she worked as a nurse before her appointment as Superintendent of Nurses at the General Hospital in 1903 or the circumstances surrounding her appointment. At this time, the General Hospital was in the midst of a major transformation as it evolved from a marginal social welfare institution to a modern general hospital. Although this trend was universal, certain events in Newfoundland at the end of the 19th century contributed to this transition and to the establishment of the school of nursing in 1903. Medical care had been primarily a reaction to epidemics by both the government and the medical community which consisted of physicians in St. John's and several outports, and religious orders such as the Sisters of Mercy.[89] Most medical care, nonetheless, came from female family members and from women in the community such as midwives.[90] The use of patent medicines and other home remedies was prevalent. Epidemics of tuberculosis, measles, typhus, smallpox, diphtheria, and cholera were the most common diseases as well as malnutrition. The government's reaction to communicable diseases was the imposition of quarantine regulations on shipping and individuals and, in the

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[89] For information on the Sisters of Mercy see: M. Williamina Hogan, Pathways to Mercy in Newfoundland 1842-1984 (St. John's: Harry Cuff Publications, 1986).

[90] Janet MacNaughton, "The Role of the Newfoundland Midwife in Traditional Health Care, 1900-1970", (PhD Dissertation, Memorial University of Newfoundland, 1989).

case of catastrophic epidemics such as the cholera outbreak of 1854, the setting up of health boards to administer quarantine. These boards were usually active only in times of epidemics and were disbanded once the threat was over. In response to a serious epidemic of diphtheria which hit St. John's during the years 1888-1892, legislative changes gave more authority to the Board of Health in order to control the spread of the disease. In 1889, the Public Health Act allowed for the first medical health officer for St. John's and within two years this position was made permanent.[91]

The second half of the 19th century was a period of increased activity in health care. The only hospital in 1850 was the St. John's Hospital at Riverhead, which was essentially an infirmary for the town's sick poor.[92] There was very little surgery performed at the hospital, and most medical care was palliative. An examination of the hospital's Annual Reports for the period reveal a considerable number of doctors, both inside St. John's and outside the town, demanding a "general" hospital for the colony. Repeatedly they argued it was necessary to build a new hospital or improve considerably the one already in existence. As a result, in 1851, the government appointed a committee to examine conditions at the St. John's Hospital to ascertain the necessity of establishing a "general" hospital. Those called to give evidence included the directors, doctors practising at the hospital, and John Rouhan, who

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[91] Melvin Baker, "The Development of the Office of a Permanent Medical Health Officer for St. John's, Newfoundland, 1826-1905", in HSTC Bulletin, Vol. VII, No.2, May 1983, pp.98-105.

[92] O'Brien, Out of Mind, Out of Sight, p.326.

had been a general servant and an untrained nurse there since 1832. Several local physicians not associated with the hospital were also asked to give evidence.[93] They all agreed on the necessity for a general hospital.

Evident from the testimony presented was the fact that the St. John's Hospital was a charity institution. Dr. Edward Kielley, surgeon, testified that 80 percent of the patients admitted in the previous 18 months were district paupers from St. John's and other parts of the island. There were also a number of castaway seamen.[94] Dr. Charles Renouf suggested that admitting privileges to the hospital be open to all doctors in Newfoundland if it was converted to a general hospital. He claimed it would require considerable renovations to upgrade the existing institution. The hospital as it stood, he said, did not "possess the confidence of the medical profession, nor the public generally".[95] Dr. Thomas McKen recommended the employment of a matron and a staff of nurses to attend the patients, and an increase in the number of physicians.[96] Despite these recommendations the inquiry resulted in very few reforms. A few minor renovations were ordered but things were generally left unchanged until 1865.[97]

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[93] Journal of the House of Assembly, 1851, Appendix, p.200.

[94] JHA, 1851, Appendix, p.192.

[95] JHA, 1851, Appendix, p.195.

[96] JHA, 1851, Appendix, p.197.

[97] JHA, 1866, Appendix, p.590.

In that year another inquiry was conducted by Drs. Thomas McKen, Henry Stabb, Charles Crowdy, and Henry Shea. They were unanimous in their conclusion that conditions at the St. John's Hospital were appalling and that it was imperative to build a new hospital. Dr. McKen, the superintendent, illustrated the deplorable state of the institution by describing the basement story:

> The basement story of the main building, used for kitchens, storerooms, vegetable and coal cellars, the Apothecary's and nurses' sleeping apartments, and Physician's consulting room, is underground, damp and replete with foul air.... It ought, therefore, to be immediately abandoned, as a dwelling place....[98]

He added that the situation at the hospital was detrimental to the health of the staff, claiming that "of the whole number of nurses attacked by fever, from time to time, about 50 per cent. have died...." [99] In response to this plea the government agreed, in May 1871, to abandon the St. John's Hospital and to convert the recently vacated military hospital on Forest Road to a "general" hospital.[100] Dr. Charles Crowdy was appointed its first Medical Superintendent, a position he held until 1889.

The first matron of the new "general" hospital was Agnes Cowan who served from 1871 to 1893. Although she had no formal training, she had worked since 1854 at the hospital at Riverhead with her

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[98] JHA, 1866, Appendix, p.597.

[99] JHA, 1866, Appendix, p.600.

[100] The military hospital had been built in 1854.

sister, Janet, who had been the matron there from 1860 until her death in 1865. Agnes Cowan had a long and distinguished career at the St. John's General Hospital. In addition to her nursing duties, she was responsible for the administration of the hospital, which included ordering supplies, supervising staff, and assisting at operations. Her administrative skills were well-known throughout the community. As a result, in 1890, she was granted leave in order to assist the directors of the St. John's Lunatic Asylum in implementing long-needed reforms there.[101] Cowan's death in 1893 was a great loss. While Cowan's ability to manage the affairs of the institution smoothly and efficiently was exceptional, the hospital administration believed that the only way to build an efficient nursing staff was to have "trained" nurses similar to the new Nightingale nurses in England.

By the end of the century, the demand for trained nurses was growing in other quarters. Several reform-minded people in St. John's took an active part in efforts to obtain trained nurses and to encourage Newfoundland women to seek nurses' training. Dr. Rendell, a physician at the General Hospital, reflected the opinion of several doctors when he voiced his concern over the employment of untrained nurses. He wrote in a report to the government in 1894: "Skilled nursing is unknown in the hospital. The attendants though kind and willing act blindly and probably do quite as much

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[101] Terry Bishop, "Agnes Cowan", Dictionary of Canadian Biography, Volume XII (Toronto: University of Toronto Press, 1990) p.217.

harm as good."[102] Lady O'Brien, the wife of the governor, took a more active part in efforts to secure trained nurses. An 1891 editorial in The Daily Colonist praised her efforts in making arrangements with three hospitals in the United States where Newfoundland women could enter training programs. She had corresponded with officials at the New York Hospital, Boston City Hospital, and Johns Hopkins Hospital in Baltimore, had obtained admission for three candidates for the following October, and had promises of more positions for the next class in April 1892. The editorial stated that these hospitals were best suited due to their proximity, cost and general reputation. It ended by reiterating the need for trained nurses in Newfoundland.

> The want of a sufficient number of trained or skilled nurses during the diphtheria epidemic was, in many instances, only too manifest, especially in some of the outharbours. Next to the skilful doctor the trained nurse is indispensable in severe cases of illness....[103]

Nursing as an occupation was receiving a great deal of publicity at this time, a factor which encouraged many women to enrol in a nurses' training program. In March 1900, The Evening Telegram reported that Queen Victoria was seriously ill and had a trained nurse in constant attendance.[104] On a local level, the newspaper reported that in October 1899 Lillian Snow of Harbour Grace, trained in Montreal, had joined the Red Cross Society of

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[102] Nevitt, White Caps and Black Bands, p.23.

[103] The Daily Colonist, June 18, 1891.

[104] The Evening Telegram, March 31, 1900.

Nurses, and praised her decision to volunteer her services with the Canadian forces in South Africa.[105]

The importance of trained nurses received additional support with the arrival of Dr. Wilfred Grenfell in Newfoundland. As an evangelical missionary of the Royal National Mission to Deep Sea Fishermen, Grenfell arrived in St. John's in 1892 and in subsequent years organized hospitals and nursing stations along the Labrador coast and in northern Newfoundland. By the turn of the century, he had established hospitals at Battle Harbour and Indian Harbour in Labrador, and by 1905 at St. Anthony on the Great Northern Peninsula.[106] The volunteer medical staff who came out with Grenfell from England in 1893 included two physicians, and two nurses, Sister Cecilia Williams and Sister Ada Carwardine. Williams and Carwardine trained at the London Hospital where Grenfell received his medical training.[107] News of Grenfell's activities and his highly popular lectures on hygiene and public health were well publicized in the St. John's newspapers.

The first trained nurse to work at the General Hospital was an English woman, Charlotte Collings, a graduate of the University College Hospital Training School, London. Little is known of her, except that her appointment as matron was made on December 24, 1894. Her salary was 100 sterling and included her passage to

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[105] The Evening Telegram, December 22, 1899.

[106] Ronald Rompkey, Grenfell of Labrador: A Biography (Toronto: University of Toronto Press, 1991), p.104.

[107] Rompkey, Grenfell of Labrador, p.57.

Newfoundland.[108] The next matron was Margaret Rendell, a Newfoundlander, who had trained at the Johns Hopkins Hospital in Baltimore. The Johns Hopkins Hospital had opened in 1889 and the training school was organized after consultation with Florence Nightingale. Mary Adelaide Nutting, a prominant Canadian nurse, was Superintendent of Nurses at the Johns Hopkins Hospital.[109] Rendell was thirty-two when she travelled to Maryland in 1895 to attend the two year training program. After graduation she spent some time in the United States before returning to St. John's to take up the position of matron at the General Hospital on May 1, 1898.[110] On December 4, 1899, Ida Campbell replaced Rendell when the latter resigned to be married. Little is known of Campbell except that she held the position of matron for one year.[111]

Throughout these years Newfoundland women continued to travel to the United States, Britain and Canada, to attend schools of nursing. Although exact numbers cannot be obtained, newspaper reports frequently made references to young women travelling abroad

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[108] 1914 Royal Commission, testimony of Arthur Mews, Deputy Colonial Secretary.

[109] Mary Adelaide Nutting's sister was Armine Nutting who had married William Gilbert Gosling in 1888. Armine had moved to St. John's in early 1882 to take charge of the Church of England School for Girls. In October of that year Adelaide joined her sister in St. John's to teach music at the school. It is possible that Margaret Rendell met the Nutting sisters at this time. Helen E. Marshall, Mary Adelaide Nutting: Pioneer of Modern Nursing (Baltimore: The Johns Hopkins University Press, 1972) p.10.

[110] It is unknown whether Lady O'Brien played any role in Rendell's admission to the Johns Hopkins Hospital Training School.

[111] The Evening Telegram, December 4, 1899; Nevitt, White Caps and Black Bands, p.36.

to enter nurses' training programs. On February 1, 1900, The Evening Telegram announced that Blanche Forsey, daughter of Magistrate Forsey of Burin, had gone to New York to enter one of the hospitals there to train as a nurse.[112] In February 1901, the newspaper reported that a Miss Walker, who had been "chief milliner at Marshall and Rodgers, leaves by the Sylvia for New York, where she will enter a hospital as a nurse".[113] Shortly afterwards, on March 16, 1901 it was noted that Kitty Thompson had left for New York to enter nurses' training at a hospital there.[114] The American hospitals were most popular during these years as there was regular transportation to and from the towns on the eastern seaboard of the United States and many Newfoundland families had relatives who worked in these coastal towns.

Renovations and repairs to the General Hospital continued piecemeal until 1900, when the election of Robert Bond and the Liberal party coincided with a period of prosperity and economic growth.[115] Improved economic conditions allowed the new government to implement several improvements in the infrastructure of the colony. New timber and mining industries were launched providing jobs for thousands of Newfoundlanders, and fish export markets improved. The General Hospital also benefitted from this

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[112] The Evening Telegram, February 1, 1900.

[113] The Evening Telegram, February 25, 1901.

[114] The Evening Telegram, March 16, 1901.

[115] S.J.R. Noel, Politics in Newfoundland (Toronto: University of Toronto Press, 1971), p.26.

prosperity. By 1909 the General Hospital had enlarged from 58 patient beds to 120 beds. The main building, erected in 1857, was renovated in 1909: the first floor housed servants' bedrooms, a dispensary, and a kitchen and pantries; the second floor contained a sitting room and bedroom for the Superintendent of Nurses, a dining room for the nursing staff, and an eight-patient ward called Cowan Ward; the third floor was almost exclusively used as a dormitory for the nursing staff. A portion of each floor on the southern end of the building contained quarters for the Medical Superintendent. An extension to the hospital, known as the "Male Hospital", consisted of two floors: the first floor contained a male ward with fourteen beds, an X-ray room, and the matron's quarters; the second floor had a male ward with fourteen beds, an adjoining private ward, and a small operating room which after 1905 was converted to a two-bed ward. A second extension, the Victoria Wing, had one female ward with ten beds, a private ward, and an operating room which had been built in 1905.[116]

The responsibility for the General Hospital was divided between two government departments, the Colonial Secretary and the Board of Works. The latter was responsible for the physical maintenance of the buildings and ordering supplies through tender. All supplies for the hospital were ordered by the Matron and the Medical Superintendent and forwarded to the Board of Works which

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[116] Testimony of George Gushue, Royal Commission of Enquiry into Medical Attendance and General Management of St. John's General Hospital, 1905, GN 6, Provincial Archives of Newfoundland and Labrador (PANL). Hereafter cited 1905 Royal Commission.

then put them out to tender. Admitting patients, hiring staff, and collecting fees were the jurisdiction of the Colonial Secretary's Department. In theory, the Colonial Secretary was to have complete control over the admission of patients including the care of paupers. Admission of paupers was suppose to go through the Commissioner of Public Charities (an official of the Colonial Secretary' Department). Doctors in St. John's and the outports who wanted to admit a patient were supposed to provide the patient with a medical certificate which the patient subsequently submitted to the Colonial Secretary's Department. In practice, however, most patients just appeared at the hospital requesting admission or were sent directly to the hospital by their doctors.[117]

The Resident Physician or Medical Superintendent from 1889 to 1909 was Dr. Henry Shea.[118] In 1904/5 a new operating room was constructed and new equipment was acquired for medical treatment including X-Ray machines and a Finsen Light used primarily for heat treatments. Premier Robert Bond, who had visited New York the previous year, had seen the Finsen Light in operation, advised Dr. Shea on its purchase from a company in the United States. When the new equipment arrived in St. John's an electrician with the Reid Railway Company installed it at the General Hospital.[119]

When the nurses' training program was introduced in 1903 the medical staff of the General Hospital included Dr. Henry Shea as

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[117] 1905 Royal Commission, testimony of George Gushue.

[118] 1905 Royal Commission, testimony of Dr. Henry Shea.

[119] 1905 Royal Commission, testimony of Dr. Henry Shea.

Medical Superintendent and Dr. Herbert Rendell and Dr. Stabb as Visiting Physicians. The doctors made rounds at least once each day, usually between 11 a.m. and noon. Otherwise there was no doctor in the hospital and, subsequently, the responsibility for the efficient operation of the hospital was the domain of the nursing staff. The doctors charged $5.00 per week for medical attendance to private patients; the government paid for patients who were unable to pay. A paying patient was one who worked for a major company such as the Reid Newfoundland Company.[120]

The General Hospital was evolving into a complex health care institution which many doctors saw as a place for scientific and clinical investigation which in turn would enhance public acceptance for their profession.[121] An essential part of the modernization of hospitals was the ability to provide a staff of modern trained nurses. A school of nursing attached to the General Hospital would provide the institution with a respectable, uniformed, and disciplined staff of educated women, a reform which would go far in enhancing the reputation of the hospital.

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[120] 1905 Royal Commission, testimony of Dr. Henry Shea.

[121] Howell, A Century of Care, p.15.

Chapter 5: General Hospital School of Nursing 1903-1916

The development of training schools for nurses was shaped primarily by the trends in nursing as developed by Florence Nightingale and other nursing reformers in Britain. These trends were exemplified in the school of nursing at the General Hospital in St. John's. The opening of the school of nursing, the objectives and philosophy of Mary Southcott, and the structure of the training program contributed to the development of nursing in Newfoundland. The most influential factor was Southcott's endeavour to incorporate the Florence Nightingale model for nurses' training into the General Hospital. Between 1903 to 1909, when the school was going through its initial organization, Southcott had practically a free hand as government officials and the hospital's administration left the organization of the school to her.

During her tenure (1903 to 1916) Southcott, the students, and the early graduates, had as their goal the establishment of a reputable school of nursing. They believed the pursuit of professionalization of nursing would lead to a better position within the male medical hierarchy at the hospital. They hoped to identify nursing with the prestige and privilege which they believed professionalism entailed. These first nurses had high expectations and upon graduation could expect rapid promotion. In return, they provided the hospital with a cheap source of labour. During this first period, nurses, doctors and the government

administration had the same goal: the establishment of a school of nursing to provide trained nurses for the General Hospital.

Southcott returned to Newfoundland on June 30, 1901. In March 1903 she was appointed Superintendent of Nurses and Nursing at the General Hospital in St. John's. Southcott brought to this position the English tradition of a strong and determined matron. In the English hospitals she had learned that the superintendent of the nursing schools did not share power over the nursing department with anyone. Lucy Hannaford, a Newfoundlander who had trained at St. Vincent's Hospital, New York, was appointed matron at the same time.[122] In their letters of appointment, the Deputy Colonial Secretary wrote that Southcott was to have "full control of nurses and nursing" while Hannaford would be in charge of the administration of the hospital which included the cooking, cleaning and general operation of the institution.[123] Hannaford began work in January 1903 but it was March before Southcott's room at the hospital was ready and she took up her duties as the first Superintendent of Nurses. Both women lived in the hospital and both received the same salary, $480 per year.[124]

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[122] Lucy Hannaford was born in Petty Harbour. She graduated from St. Vincent's Hospital in August 1900 and returned to Newfoundland in September 1900. In February 1901, Hannaford advertised her services as a private duty nurse in the daily newspaper. See The Evening Telegram, August 1, 1900 and February 13, 1901.

[123] 1914 Royal Commission, testimony of Arthur Mews

[124] 1914 Royal Commission, testimony of Arthur Mews.

During the next 13 years, Southcott organized and developed a training program for nurses. Three major aspects of this work were the development of the hospital as a health care institution, the role of the doctors and administrators, and the role of the nurses themselves. Commenting on those early years, Southcott wrote:

> An entirely new order of things had to be established, and it was uphill work at first, but the difficulties met were successfully grappled with and overcome, and within a year the training school was running fairly smoothly, and at the end of three and a half years the General Hospital presented its certificates to its first four nurses.[125]

Southcott was explicit in her view that the nursing school should be developed along the same lines Florence Nightingale had proposed and incorporated. Southcott reiterated the role of the Nursing Superintendent in an essay she wrote during this period entitled "An Hour With Miss Nightingale". The Nursing Superintendent, she claimed, must be the sole head of the training school and she must have complete control of all aspects of nursing:

> While absolute obedience must be given in all medical matters to the physician, the discipline, health, living quarters, of the nurses must be her care and she must be responsible for the care of the patients.[126]

This statement reflects the nature of nursing at this time. By 1900, the subordination of nurses to doctors in the male medical hierarchy was complete. Although Southcott acceded to this

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[125] Mary Southcott, "Nursing in Newfoundland", Newfoundland Quarterly, Christmas Number, 1915, p.17.

[126] Mary Southcott, "An Hour With Miss Nightingale", Unpublished paper, n.d., Lillian Stevenson Archives/Museum, Leonard Miller Centre, St. John's.

division, she was determined to map out her own sphere of influence so that all aspects of nursing were under her jurisdiction. This is also reflective of the separate spheres for nurses and doctors as advocated by Nightingale and Luckes. Doctors were responsible for the cure of patients while nurses were responsible for their care.

Southcott went on to outline her plans for the General Hospital school of nursing. She was concerned about the opposition Nightingale had faced from doctors and worried about the situation at the General. Many doctors, Nightingale claimed, were content with the old image of nurses being synonymous with ward aides and they were satisfied with the Dickensian image of a Sarah Gamp type of nurse.[127] Therefore, Nightingale felt that a hospital should have a non-medical administration. This lay administration would be responsible for finance and general management. Another of Nightingale's criteria which Southcott hoped to put in place as soon as possible was the building of a dormitory to serve as a home for the nurses and as a place to inculcate "moral discipline". To this end, a senior nurse was to be placed in charge of the dormitory to assist with lectures and to insure discipline. Southcott also agreed with Nightingale that students should learn through a systematic and well-organized training program where the ward sisters and senior nurses would train the students through apprenticeship. Records of progress were to be kept on all the students. Ideally, Southcott asserted, the nursing school needed

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[127] Southcott, "An Hour With Miss Nightingale", p.3.

trained professional teachers.[128] Until that could be attained, however, teaching would be left to Southcott and the doctors on staff.

With Nightingale's doctrine in mind, Southcott drew up a list of rules and regulations for the General Hospital school of nursing. In 1903 she submitted this list to Robert Bond for his approval. Bond was both premier and colonial secretary at this time.

Table 1. Standing Orders For Probationer Nurses[129]

Probationers will be received at this Hospital and trained as nurses subject to the following regulations:-

1) Applicants must be between the ages of 21 and 30, must be of at least average height, and in possession of good health, and unimpaired faculties, and must possess a good common school education.

2) Candidates come for one month's trial.

3) Probationers must provide themselves with three dresses, twelve aprons, twelve collars and sleeves similar to the Hospital uniform.

4) The following payments will be made by the Hospital:-
- At the rate of $48.00 the first year, in monthly payments of $4.00
- At the rate of $72.00 the 2nd year, in monthly payments of $6.00
- At the rate of $100.00 the 3rd year, in monthly payments of $8.34

5) Probationers must sign an agreement for three years.

6) They must conform to the general rules of the Hospital, as well as to such regulations specially respecting the Probationers and Nurses as may from time

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[128] Southcott, "An Hour With Miss Nightingale", p.4.

[129] Probationer was a term used for student nurse. Although students were only on probation for their first month, often they were called probationers throughout their training.

> to time be made by the Superintendent of Nurses. They are at all times subject to the authority of the Superintendent of Nurses, and are required to undertake such duties as she may assign them.
>
> 7) The theoretical portion of a Nurse's training is provided for by a series of lectures on Surgical, Medical, and General Nursing. These lectures are given by the Nursing Superintendent and the Hospital staff, and at the conclusion of each course of lectures an examination will be held. After the final examination a prize and certificates will be given.
>
> 8) At the end of the third year a Certificate of Competency as Nurses will be awarded to these who, having discharged their duties efficiently, have passed the final examination and conducted themselves in all respects to the satisfaction of the Hospital authorities.
>
> 9) Probationers are not at liberty to put an end to the engagement during the currency of the three years, except with the written permission of the Medical and Nursing Superintendent of the Hospital. They are, however, for misconduct, inefficiency, or repeated neglect of duty liable to be dismissed at any time and without notice.[130]

These rules and regulations were very similar to those at other schools of nursing, only specifics such as salaries being different. Southcott was following the tradition of presenting what Christopher Maggs called the idealized or "prescribed" view of what a student nurse should be. Applicants were required to be between 21 and 30 years old. This is interesting given that Southcott, herself, was 37 when she began her training. Although students were normally required to pass Council of Higher Education (CHE) examinations, Southcott provided an entrance exam for those who had not completed CHE. There is no evidence that the rule that students sign a three year contract was ever applied. According to

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[130] 1914 Royal Commission, testimony of Mary Southcott.

hospital records, students left the program for a variety of reasons without, it seems, any repercussions. When a student left, Southcott terminated her file with a note on the reasons for leaving, such as "Left Aug. 5th., could not look at dressings" and "Felt she would not like the work."[131] Rule 6 was very significant as it explicitly stated that Southcott was in charge of all nurses. After the Royal Commission of 1914, this rule was changed so that the Medical Superintendent was placed in charge of nurses. Rule 9 stated that nurses needed the permission of the Medical Superintendent and the Superintendent of Nurses in order to terminate their training. As with the three year contract, there is no evidence of this being put into effect. The records show that Southcott recorded their termination. The only time the Medical Superintendent played a role was when his opinion was sought on medical matters. Many of the students who left did so for health reasons.

These rules gave complete authority over almost all aspects of a student's life to the Nursing Superintendent. Southcott hoped to insure that the school of nursing would be her total domain and that she would have complete supremacy. She remembered, however, the rigid hierarchy of student nurses categorized into first, second, and third year groups. Southcott also recalled the authority of the graduate nurses over all student nurses, an

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[131] Probationers' Records, General Hospital School of Nursing, Lillian Stevenson Archives/Museum, Leonard Miller Centre, St. John's.

authority which often resulted in petty tyrannies. She recounted her early days as a student nurse at the London Hospital:

> My first days and weeks as a probationer in a large Hospital does not remain to me as a pleasant memory and I am afraid my experience is only that of most others. For many days and nights I watered my pillow with tears when alone in my room, and the brusqueness, the incivility, and rudeness of staff nurses to their probationers made a very unpleasant impression that has never been effaced.[132]

The extent of the power of the ward sister, she maintained, was such that any complaint by a student nurse resulted in her dismissal sooner or later. Although the article reflected Southcott's compassionate nature, she was quite explicit in her view of the importance of absolute obedience and strict faithfulness by all student nurses to their superiors. She warned against any abuse of this power by senior nurses.

When Southcott joined the General Hospital in 1903 there were 12 women working as untrained nurses. According to Southcott in 1914, she recollected that of these 12 women there were only two who could read and write and so she chose them to be her apprentices. They were Elizabeth Redmond and Elizabeth Blackmore. In addition, Southcott chose two women from outside the hospital, Madge Cullian and Jessie Swyers, to form the first class of student nurses.[133] Elizabeth Redmond had been working at the General Hospital since 1900. In 1901 she was appointed charge nurse in the

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[132] Private papers of Mary Southcott in the possession Dr. Nigel Rusted, Monkstown Road, St. John's.

[133] 1914 Royal Commission, testimony of Mary Southcott.

new operating room and from November 1902 to May 1903 she was acting matron. In 1903 she officially began her training as a student nurse completing the program in late 1906.[134] In 1904, Southcott appointed her head nurse on nights and she worked nights for the next ten years.[135] Because of the informal nature of the early years of the program and the small numbers of women training under Southcott, these student nurses could be given responsible positions as in Redmond's case and continue to be taught various skills and techniques by the Superintendent of Nurses.

In April 1904 an advertisement appeared in The Evening Telegram announcing that positions were available in the General Hospital nurses' training program.[136] Subsequently, three additional students entered the program. The 1904 Journal of the House of Assembly indicates that there were 12 student nurses. Southcott's report claims there were seven nurses who trained and graduated in 1903 and 1904.[137] It is possible that the five not accounted for failed or left the program for other reasons. Records for the year 1905 list sixteen nurses on the hospital's staff.

Table 2. Nursing Staff in 1905

1. Mary Southcott.....Superintendent of Nurses
2. Lucy Hannaford.....Matron
3. Elizabeth Redmond.....Night Superintendent

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[134] 1914 Royal Commission, testimony of Mary Southcott.

[135] 1914 Royal Commission, testimony of Elizabeth Redmond.

[136] The Evening Telegram April 15, 1904.

[137] 1914 Royal Commission, testimony of Mary Southcott.

4. Elizabeth Blackmore....Head Nurse
5. Lillian Purchase.....Probationer
6. Madge Cullian.....Probationer
7. Jessie Swyers.....Probationer
8. Flora Parsons.....Probationer
9. Minnie Patterson.....Probationer
10. Isabel Simms.....Probationer
11. Maud Pippy.....Probationer
12. Evelyn Cave.....Probationer
13. Ella Campbell.....Probationer
14. Bessie Allen.....Probationer
15. Selina Bonnell.....Probationer
16. Minnie Bonnell.....Probationer[138]

Fourteen of the above could be considered students. However, the Journal of the House of Assembly states there were 12 students. This discrepancy could be corrected if Redmond and Blackmore were not counted as students. No new students were accepted in 1905 but in 1906 four more women began training.[139]

Throughout these early years class size was small and Southcott and Hannaford, the only trained nurses, were responsible for training the students. Though there had been untrained male nurses at the hospital, Southcott accepted only women students. Edward Taaffe, who had worked for many years as a nurse, became a messenger and general factotum.[140] In her guidelines Nightingale stressed the importance of allowing only women to train as nurses, preferably women with a good education and background. Women, she argued, had an inherent disposition to nurturing and caring; male nurses should be discontinued. The Nursing Superintendent

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[138] 1905 Royal Commission, evidence submitted by the Colonial Secretary's Office.

[139] 1914 Royal Commission, testimony of Mary Southcott.

[140] 1905 Royal Commission, testimony of Edward Taaffe.

> was to have entire responsibility for women engaged as probationers, male nurses were to be discontinued, and although the Lady Superintendent was to be responsible to the medical officer for the treatment of patients, she was directly responsible to the governors for the cleanliness, ventilation, warming of the wards and the administration of diets and medicines, and for the delegation of those duties.[141]

Nightingale saw the hospital as the total domain of nurses, an all female workforce responsible for the care of the patient and the day to day administration of the hospital. The role of the doctor, on the other hand, was to cure the patients; his sole function, therefore, was to determine medical treatment. Southcott concurred with this prevailing view. This division of responsibilities between doctors and female nurses left no room for male nurses. The Nightingale schools of nursing in Britain admitted only female students. In Canada, the Montreal General and the Toronto General schools of nursing also admitted only women. The exception was the Victoria General Hospital in Halifax which accepted men in its early classes. Southcott and nursing leaders generally were seeking a respectable, professional status for nurses, but based, at least partially, on their 'womanly' nature, which was ultimately restrictive.

Student nurses at the General Hospital began their training with a one month unpaid probationary period. Afterwards, they received a monthly stipend and room and board. The training lasted three years. The exact number of days required was totally at the discretion of Southcott but it was generally within a month or two

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[141] Baly, Nightingale, p.139.

of three years. Student nurses began work on the wards as soon as they arrived at the hospital. They learned their procedures and the routine of the hospital by following the example of the senior nurses. In 1909 the hospital expanded to include four new wards and the patient bed number subsequently increased to 120. During the ceremonies to celebrate the extension, a formal graduation ceremony was held for the first trained nurses of the school. It was held in the hospital where Lady Horwood, the wife of the Chief Justice, presented the graduates with certificates and badges.[142]

Entry into the training program was limited by the number of student nurses and graduate nurses permitted on staff. Table 3 details the number of nurses on staff at the General Hospital from 1897 to 1916. These numbers do not include the matron, and after 1903, the nursing superintendent.

Table 3. Nursing Staff at the General Hospital[143]

Year	Students	Graduates	Untrained nurses
1897	0	0	15
1898	0	0	15
1899	0	0	12
1900	0	0	15
1901	0	0	15
1902	0	0	16
1903	0	0	16
1904	12	0	4
1905	12	0	4
1906	14	2	0
1907	14	2	0

[142] Mary Southcott, "The General Hospital, St.John's, Newfoundland", The Nursing Mirror, October 9, 1909, p.22.

[143] Figures are taken from JHA, appendices, 1898; 1899; 1900-1910; 1913; and 1916-1917.

1908	14	2	0
1909	14	2	0
1912	36	13	0
1913	30	11	0
1915	36	14	0
1916	36	14	0

As stated earlier these numbers do not correspond exactly with Southcott's recollections. However, they do give an overview of the changes that were taking place. After the nursing school was established in March 1903 the number of untrained nurses declined so that in 1904 there were 12 student nurses and only four untrained nurses. In the 1904 Journal of the House of Assembly the term "probationer" appears for the first time. By 1906 there were no untrained nurses on staff. It is unclear what happened to the untrained nurses. It is possible they continued as ward aides or domestics. After 1906, all nurses working at the hospital were hired by Southcott and worked as student nurses. When a nurse resigned, her position was filled by promoting existing staff and then a new candidate was admitted to the training program to maintain the quota.[144]

In his survey of British hospitals, Christopher Maggs showed that nurses were continually leaving and new ones joining training programs. The drop out rate was very high. In contrast to this descriptive model of nursing, the prescriptive model as seen in the nursing literature of the day, presented a view of nurses as a static and homogenous group of women entering training together and graduating together. This discrepancy between the descriptive and

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[144] JHA, 1903-1916.

prescriptive models was also the case at the General Hospital school of nursing. The nursing staff was always in a state of flux with students beginning their training at different times throughout the year rather than as one coherent group. An analysis of the careers of four student nurses will illustrate the nature of this fluctuation.

Bertha Forsey began her training on August 1, 1908, graduating on October 4, 1911;[145] May Lloyd began October 26, 1908 and graduated in December 1911.[146] Ellen Penney began nurses' training in July 1910, but within a few months she had to withdraw because of illness and went home. She returned to the General Hospital in June 1911 and graduated in the summer of 1914.[147] Students entered nurses' training with the permission of Southcott and they continued in the program at her pleasure. If a nurse had to leave for any reason and was readmitted at a later date, it was done only with Southcott's approval. Maysie Parsons began her training at the General Hospital in 1909 and after completing two years she had to return home to care for her brother's family as his wife had died. Shortly after she arrived home, she received a letter from Southcott encouraging her to return and complete her training at a time when it was convenient. Parsons did return in August 1913 and graduated in August 1914.[148] Table 2 above lists

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[145] 1914 Royal Commission, testimony of Bertha Forsey.

[146] 1914 Royal Commission, testimony of May Lloyd.

[147] 1914 Royal Commission, testimony of Ellen Penney.

[148] 1914 Royal Commission, testimony of Maysie Parsons.

the names of the student nurses for the year 1905. Four of these nurses, Redmond, Blackmore, Cullian, and Swyers, were the first students admitted into the training program. These four women graduated in 1906. Isabel Simms, Evelyn Cave, and Ella Campbell comprised the second group of student nurses beginning training in 1904. They graduated in 1907. The remaining seven student nurses did not graduate. The turnover of student nurses during this early period was high. Purchase, Parsons, Peterson, and Pippy were senior students. This high drop out rate would decrease dramatically as the school developed.

By 1908 the turnover had declined significantly. Class size had increased as more students were admitted to the program.

Table 4. Students Enrolled in the School of Nursing in 1908[149]

Student	Seniority	Graduating Year
Badcock, Estella....	1st Year	-
Forsey, Bertha.....	1st Year	1910
Gardner, Grace.....	1st Year	1911
Hubley, Ada.....	1st Year	1911
McDonald, M.....	1st Year	1911
Moulton, Mabel.....	1st Year	1911
Taylor, Gertrude....	1st Year	-
Taylor, Myra.....	1st Year	1910
Hayes, Bridget.....	2nd Year	1910
Morey, Fanny.....	2nd Year	1910
Pittman, Ethel.....	2nd Year	1910
Reid, Lillian.....	2nd Year	1910
Woodman, Bertha.....	2nd Year	1910
Carey, Alice.....	3rd Year	1909
Cashin, Annie.....	3rd Year	1909
Edgar, Clarissa.....	3rd Year	1909
Hackett, Marg.....	3rd Year	1909
Rowsell, Bessie.....	3rd Year	1909

[149] JHA, 1909, Appendix, p.526.

As the above table shows there were 18 students enrolled: 8 were in their first year, 5 were in second year, and 5 were in third year. Out of the total enrollment, 16 nurses graduated and only two did not. This trend of a lower drop out rate continued throughout the years, 1903 to 1916.

During Southcott's tenure at the General Hospital, she had absolute responsibility for the hiring and firing of nurses. When she was absent from the hospital, she would delegate her responsibility to another nurse. On one occasion while Southcott was away, Hannaford, the matron, dismissed a nurse who had been on staff for two years. The nurse's father appealed to the Chairman of the Board of Works, George Gushue, to have his daughter reinstated. When Southcott returned, the Secretary of the Board of Works, James Harris, Premier Robert Bond and Gushue asked for her opinion on the dismissal. Southcott upheld Hannaford's decision and the case was closed. It was felt that it was not necessary to consult the Medical Superintendent, Dr. Henry Shea, as this was a nursing matter.[150] This incident demonstrates the authority Southcott had at the General Hospital. Her administration of the hospital and the school of nursing was accepted by both doctors and government officials. This was also characteristic of British hospitals at this time.

Seniority among student nurses was determined by the year(s) of the program completed. Thus, the terms first year, second year, and third year nurse were used to designate a student's position in

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[150] 1914 Royal Commission, testimony of Mary Southcott.

the nursing hierarchy. The title probationer was the term used by Southcott and hospital staff to represent a student nurse. Upon graduation nurses were called "staff nurses" and when a staff nurse was given charge of a ward she received the title "sister". Again these appointments were made at the discretion of Southcott. Southcott appointed Bertha Forsey, who had graduated in October 1911, Sister of Cowan and Crowdy wards within months after she had graduated.[151] Another nurse, May Lloyd, graduated in December 1911. After graduation she went home for a month's holiday and when she returned Southcott assigned her staff nurse on Victoria and Alexander wards. Within a year, Southcott promoted her to Sister of Shea and Carson wards.[152] Occasionally sisters followed the British tradition of taking the name of the ward they worked on; thus, Forsey was called Sister Cowan or Sister Crowdy. It is evident, therefore, that during this initial period nurses received rapid promotion when they graduated. It is also apparent that Southcott, in her role as Superintendent of Nurses, had total authority over the nursing staff of the General Hospital, both students and graduates.

Barbara Melosh's history of American nursing showed how the apprenticeship form of "nurses' training" which Nightingale originated resulted in a shared work experience which she termed "work culture". This work culture, derived from nurses living in residence together and working together on the hospital wards, was

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[151] 1914 Royal Commission, testimony of Bertha Forsey.

[152] 1914 Royal Commission, testimony of May Lloyd.

unique to nursing. Apprenticeship nursing was the basis of the General Hospital school of nursing. Senior nurses, both staff nurses and sisters, taught students nursing procedures and nursing care. In their off-duty hours, students learned the theoretical aspects of nursing from Southcott and the medical staff at the hospital. Students received lectures in four fields: general nursing, anatomy and physiology, surgical nursing, and medical nursing. At the end of each set of lectures an examination was held.[153] A third year student in 1914 explained the course of studies:

> One hour a week is taken for active lectures and two other hours for study: each of these hours is taken between 8 and 9 p.m. [154]

Maysie Archibald, a third year student, explained the lectures and examinations:

> We have four examinations during our training. I am now studying for the third one. In my exams about three months ago I came first in the pass list with only four marks short of honours. Dr. Keegan set that one, but Dr. Carberry set our first one. The second exam was physiology. Eleven or twelve nurses sat for the exams. Three obtained honours, the other eight or nine obtained the pass. I was at the head of that group. We are expecting our third exam in two weeks --surgical-- Dr. Keegan is giving the lectures. I do not know who is going to set the surgical paper. Our fourth paper will be a medical one.[155]

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[153] Probationer's Register, General Hospital School of Nursing, Lillian Stevenson Archives/Museum, Leonard Miller Centre, St. John's.

[154] 1914 Royal Commission, testimony of Clara White.

[155] 1914 Royal Commission, testimony of Maysie Archibald.

Classes were taught to all students, whether they were first, second, or third year students, enrolled in the program at the same time. For example, if Dr. Shea gave lectures in surgical nursing every student nurse, who had not taken the course before, attended classes. Thus first, second and third year students could be in the same class at the same time.

Southcott stipulated that entrance into the school of nursing required a good common school education. A guideline she adopted as a "good education" was passing the Council of Higher Education (CHE) examinations. This requirement can be seen as a move to project nursing as an acceptable, middle class occupation. There were occasions, however, when Southcott gave entrance examinations to those who had not passed CHE examinations.[156] Another guideline was a preference for students from outside St. John's. She believed the temptation to quit would be less for young women from the outports:

> Most girls find the work and discipline hard when they enter a training school, and there is much demanded from them that seems unnecessary at first, and many nurses will tell you that if they were only near home, or were not ashamed to give up, they would have done so the first week; and that is why the Nursing Superintendent always prefers probationers who do not belong to the place. Most new probationers think they could run the training school much better than the Nursing Superintendent.[157]

The preference for women from outside St. John's contributed to the theory of "total institution" as proposed by E. Goffman, a place where the boundaries between public and private life end. All

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[156] Annual Report of the General Hospital, 1913, p.27.

[157] 1914 Royal Commission, testimony of Mary Southcott.

aspects of a student's life were under the scrutiny of the nursing superintendent.

All nursing staff lived in the General Hospital on the third floor of the main building. In 1912, the King Edward VII Nurses' Home opened. It was attached to the General Hospital and it housed the student nurses and graduate nurses. Annie Cashin, a graduate of the General Hospital school of nursing, was the first matron of the Nurses' Home. She had entered nurses' training in 1906 and had graduated in 1909. After graduation she worked as a staff nurse on Crowdy Ward for six months and subsequently was promoted to the position of Sister of Crowdy and Cowan Wards.[158] With the opening of the nurses' residence and the appointment of Cashin, Southcott had incorporated another tenet of Nightingale's criteria for a nurses' training school. Cashin's principal role in the nurses' residence was overseeing the activities of the nurses living there:

> I had to be in the dining room at every meal, regarding the Nurses' Hours; to see that they were in bed at 10 o'clock and lights out; and reporting to her [Southcott] if they would break any of the rules, or do anything they should not do. The reporting to her would be orally. I would do so, it was my duty. That goes on all the time. I always report anything. I am obliged to. [159]

The whole life of student and graduate nurses revolved around the Nurses' Home and the General Hospital. Nurses worked all day or night at the hospital and spent much of their meagre off-duty

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[158] 1914 Royal Commission, testimony of Annie Cashin.

[159] 1914 Royal Commission, testimony of Annie Cashin.

time in the residence. The work day of a student nurse was long and strenuous. Work on the wards included numerous domestic tasks such as scrubbing, polishing, and sweeping. One young woman described her first months as a student nurse:

> After I had gone through the three months of scrubbing, and washing dishes, which is customary, I thought it was time that I got a chance of some training in Nursing.[160]

Southcott kept a precise record of the activities of each student nurse including her work experience on the various wards of the hospital, the number of lectures attended, her examination results, a short commentary on her overall ability, and the amount of sick leave she had required. One student nurse, for example, entered nurses' training at the General Hospital on April 29, 1913. Southcott assigned her to work on Cowan Ward on the same day she arrived at the hospital. She remained working on Cowan Ward for three months after which Southcott wrote of her progress so far: "No confidence in self". From July 23 to November 9, this student worked on Victoria Ward: eight of these shifts were day duty and the remainder were night duty. Southcott's comment at the end of this work rotation was "very slow". November 11 to November 30 the student worked on Carson Ward and at the end of this tour of duty Southcott commented that the student was improving. The student nurse began her second year on June 1, 1914 and her third year on August 13, 1915. She graduated from the General Hospital School of Nursing in December 1917 and remained on staff at the hospital for

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[160] 1914 Royal Commission, testimony of Maysie Archibald.

six months working as a staff nurse. She subsequently resigned this position and went to work at the Fever Hospital in St. John's.[161] An exact record of the number of shifts worked, on which ward they were worked, and whether it was day or night duty was meticulously kept. Off-duty hours, which included holidays and sick time, were also recorded. Illness was a major factor in the amount of time off. In the case of the student nurse above, she was off work for 22 days due to illness for the year 1914 to 1915. One of the common causes for sick leave was diphtheria. Other contagious diseases such as typhoid fever and tuberculosis were noted but diphtheria was most prevalent. The keeping of exact records was important to determine seniority of each nurse as seniority dictated a nurse's position in the hierarchy of the nursing staff. An exact record also insured uniformity as Southcott rotated a nurse's schedule to include duty on each ward within the hospital, insuring each nurse received the same work experience.

Student nurses worked long arduous days. They were the primary care-givers and constituted the necessary workforce of the hospital. For the year 1913, for example, the total nursing staff at the General Hospital numbered forty-two.

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[161] Probationer's Register, General Hospital School of Nursing, Lillian Stevenson Archives/Museum, Leonard Miller Centre, St. John's.

Table 5. General Hospital Nursing Staff in 1913 [162]

Nursing Superintendent	1
Assistant N.Superintendent	1
Night Superintendent	1
Anaesthetist and X-Ray Operator	1
Home Sister	1
Operating Sisters	2
Ward Sisters	4
Staff Nurse	1
Nurses in third year	9
Nurses in second year	8
Nurses in first year	13

There were 35 nurses working on the wards giving direct patient care: of the 35 nurses 30 were students. These 30 students comprised the majority of the workforce. In addition to the nursing staff, there were four ward maids, two house maids, and two male attendants who assisted the nursing staff in providing nursing care for 120 patients.[163]

Students were the main source of cheap labour. They began their day shift at 7 a.m. It was their duty to make sure the ward was clean before the Sister came on duty at 9 a.m. Each ward had 22 beds, 11 on each side of the room. A sister would be in charge of two wards. Her desk, the nursing station, was situated at the head of the ward. From this vantage point she could observe all the patients in her charge. At 7 a.m. the beds were made according to very precise instructions, then the wards were swept. The patients ate their breakfasts and the floors were swept again. The wards

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[162] JHA, 1914, Appendix, p.27.

[163] JHA, 1914, Appendix, p.37. There were 23 other employees at the General Hospital, excluding the doctors. Other staff included a seamstress, laundry maids, kitchen staff, engineers, and firemen.

were swept after every meal by the most junior nurse working on the ward that day. The sisters or the more senior nurses working on the ward attended to procedures such as changing dressings and other treatments. Student nurses would observe and repeat the procedure supervised by the senior nurse. In carrying out their work, students were taught to follow the hospital "system" which was closely patterned on the discipline of factory work. Nurses were taught uniform procedures for carrying out their duties such as making beds, cleaning and disinfecting utensils, changing bandages, and preparing patients for the operating room. Nurse Bertha Forsey explained how medical treatments were delegated:

> On the ward I was on, it was mostly surgical treatments. When the doctors would come into the wards the orders are received by me as Sister. If Miss Southcott is there she will repeat them to me. If neither of us are there the senior nurse receives them. The Doctor does the first dressings in a surgical case, or he might give the order to the Sister....[164]

Southcott supervised the routine of the wards very closely. It was essential in the hierarchical, Nightingale system that a strict routine be followed to ensure total uniformity of all nursing procedures from sweeping the floors to changing surgical dressings.

In April 1914 there was a major sealing disaster off the north east coast of Newfoundland. Many sealers died and those who survived suffered from severe frostbite and were admitted to Shea Ward of the General Hospital. Treatment of these patients involved

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[164] 1914 Royal Commission, testimony of Bertha Forsey.

up to 35 dressing changes throughout the day.[165] Nurse Ellen Penney, who graduated in 1913, complained of the number of dressings she had to do as a result of the admission of the sealers to her ward. Her chief complaint was that there were not enough competent student nurses on the ward to assist her. The student nurses who had been assigned to her floor had no experience in doing dressings, she claimed, and so in addition to the large number of dressings, she was hindered in her work because she had to teach the students as well. She stated:

> Both Nurse Fleming ... and myself had [student] nurses with us who could not put on dressings. I spoke to Miss Southcott about it. She said Nurse Mews should know how to put on fomentation, and that both her and Nurse Stein had to be taught .... The reason why I asked ... for a senior nurse, was because the nurse I had with me was unable to do dressings, or any order I gave her to do, as I had to go and show her how to do it.[166]

Fomentation was a procedure where wet dressings were applied to frostbitten skin. A solution of saline and water was used to soak the bandages which were then applied to the affected area. It was important to keep the bandages wet because it would be very painful and damaging to the skin if they were allowed to dry. In the event of a crisis such as the sealing disaster, the nursing staff at the General Hospital were burdened with the added work of caring for these emergency patients.

Each ward was subject to the same organization and it was Southcott who designed this organization. Work on the wards

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[165] 1914 Royal Commission, testimony of Maysie Parsons.

[166] 1914 Royal Commission, testimony of Ellen Penney.

consisted mainly of washing patients, making beds, cleaning the wards, distributing meals, and changing dressings. This routine was based on the training system developed by Nightingale and promoted through the nursing schools. A description of a day for a student nurse at St. Thomas's Hospital, London, demonstrates this routine. It was the same routine Southcott learned at the London Hospital and similar to the routine she incorporated into the General Hospital school of nursing.

> She rose at 6:00 a.m., had breakfast, and from 7:00 to 8:00 made fourteen beds and washed each patient. At 8:00 the ward sister came on duty and read prayers. Until 9:30 the probationer washed all utensils, including the dressing bowls, spittoons, and bedpans. At 10:00 she helped give out lunch...assisted with dressings, and generally helped until 12:45 and dinner. This was eaten as quickly as possible to make room for a little rest. In the meantime, the sister and ward nurse served dinner in the ward and took turns going for their dinners. At 1:30 the probationer returned to help prepare patients for the doctor's rounds.... At 3:30 the probationers were given an hour and a half off and then had an hour for tea. At 6:00 they returned to the ward to wash the patients and prepare them for the night, including dressings, poultices, liniments and so forth.[167]

Life for a student nurse certainly emulated the discipline and routine of factory work as well as the rigid hierarchy of military life. The gruelling day of a student nurse, however, did not end when she came off duty for during off-duty hours lectures were given and studying completed.

Southcott incorporated this routine into the nurses' training program at the General Hospital. As Superintendent of Nurses, she assigned each nurse her duties and her hours of work. Sisters

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[167] Vicinus, Independent Women, p.91.

worked shifts of different lengths on alternate days. They worked 11 hours per day, with a one hour break in the afternoon or they worked 12 hours per day with a four hour break in the afternoon. Working schedules applied equally to the sisters and student nurses. These schedules reinforced the importance of uniformity and conformity. Student nurses were awakened every morning at 6 a.m. by the matron of the Nurses' Home. They ate breakfast together in the dining room under the watchful eye of the matron. They reported for duty at 7 a.m. and worked until 9:45 a.m. They were off then until 11:30 a.m. during which time they were responsible for tidying their rooms in residence and having a mid-morning break. They returned to the wards at 11:30 a.m. and worked until 1 p.m. at which time they took a half-hour dinner break. Again their meals were taken in the dining room under the supervision of the matron. The nurses returned to the ward at 1:30 p.m. and worked until 9 p.m. except for a half hour meal break at 5 p.m.[168] These split shifts made for a very long working day for both student and graduate nurses. At the end of each shift, the sister in charge of the ward or the senior nurse on staff wrote a nursing report on the condition of the patients in her care and brought it to Southcott's office. The sister coming on duty would then report to Southcott's office where she would receive an oral report on each of her patients.[169] In this way Southcott was kept

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[168] 1914 Royal Commission, testimony of Clara White.

[169] 1914 Royal Commission, testimony of Mary Southcott.

informed on the condition of each patient in addition to monitoring the nursing care provided by the staff.

Southcott introduced rules and regulations which were designed to inculcate strict habits among the nurses. They also eroded what remained of any private life a nurse might have had while living in the Nurses' Home. These regulations reinforced the subordination of nurses in the nursing and medical hierarchy of the hospital community. For example, nurses other than sisters were not permitted to use the telephone without Southcott's permission. Nurses were entitled to only one day off every fortnight, at Southcott's discretion and they had to be in residence by 10 p.m. every night. Southcott sometimes permitted nurses late leave until 12 midnight. According to Scuthcott, "Late leave is a privilege granted occasionally to nurses whose work and conduct is satisfactory." [170] This exacting routine was obviously intended to weed out all but the most determined students.

Although the life of the nurses was very arduous, they did share a certain comraderie. Life in such strict confines produced long-lasting and deep friendships. In 1912 the King Edward VII Home for Nurses opened. It was a three-storey building with a basement. In the basement was the kitchen, scullery, and larder as well as the coal cellars, furnace room, and quarters for the night watchman. The second and third floors had verandas which overlooked Quidi Vidi Lake. On the first floor was the dining room, study room, waiting room, and the matron's private apartment.

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[170] 1914 Royal Commission, testimony of Mary Southcott.

Annexed to this floor were ten bedrooms for nurses with wash room, linen room, and bath room. The second and third floors also housed nurses. The rooms in the front of the building overlooking the lake were reserved for sisters and other senior nurses according to rank.[171] For Southcott it was important to encourage a family atmosphere. She would often invite the nurses to her sitting room for afternoon tea. In addition, on stormy afternoons in the winter Southcott and the nurses would congregate in the large hospital kitchen after the meals were cleared away and make candy.[172] Besides these sanctioned activities, the nurses were very imaginative in arranging other off duty events. A former telephone operator of the hospital tells of a complicated network of arrangements where she would assist the nurses in making dates with their male friends in St. John's. It had an air of cloak and dagger about it as the nurses were not allowed to receive or make personal calls while at work. In addition the telephone system was such that anyone could listen in on an extension phone.[173]

Nurses at the General Hospital received experience in two nursing fields which were not part of the mandate of the General Hospital: obstetrical nursing and fever nursing. In 1906, the government opened a Fever Hospital on the grounds adjacent to the General Hospital. During times of epidemics when greater demands

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[171] "King Edward VII Nurses' Home", The Newfoundland Quarterly, July 1913, Vol. 13 (1), p.28.

[172] 1914 Royal Commission, testimony of Mary Southcott.

[173] Interview with Jenny Codner, St. John's, January 1989.

were placed on the staff of the Fever Hospital, graduate nurses at the General Hospital went there to assist the staff and to gain experience in fever nursing.[174] In 1907, Southcott made arrangements with the matron of the Salvation Army Home for the nurses of the General Hospital to attend maternity cases there. The matron at the Salvation Army Home was a trained midwife certified by the Central Midwives Board, London, England. Senior nurses would attend the birth of a baby and would follow up with regular visits to the mother for the mandatory eight days of confinement. Visits to the Home were done during the nurse's off duty hours. In addition to the Salvation Army Home, nurses occasionally received obstetrical training when St. John's doctors permitted the nurses to accompany them on visits to maternity cases in St. John's.[175]

One of the features of nursing as an occupation is the geographic mobility it afforded. An advantage of the Nightingale system of training was that nurses could move from hospital to hospital world wide. In its first full decade of operation 40 nurses graduated from the General Hospital school of nursing.[176] Appendix A lists the names of the 40 nurses and their occupations as of 1913. Of the 40 nurses who graduated, 28 had remained in

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[174] Mary Southcott, "The General Hospital, St. John's, Newfoundland", The Nursing Mirror, October 9, 1909, p.22.

[175] 1914 Royal Commission, testimony of Mary Southcott. Maternity patients were admitted to the General Hospital if complications were expected during the delivery.

[176] Annual Report of the General Hospital, 1913, p.27.

Newfoundland, 6 had emigrated to the United States, and 6 nurses had moved to Canada. Twenty-three of the nurses who remained in Newfoundland worked in St. John's. The four remaining nurses had moved to the outports: Ada Hubley, a graduate of the class of 1911 was Nursing Superintendent of a mining company hospital on Pilley's Island, in Notre Dame Bay; Elizabeth Kennedy, a graduate of the class of 1913, worked as a nurse with the Dominion Iron and Steel Company on Bell Islan; Susan Roper, who graduated in 1911, was not working at the time of the report and was residing at home in Bonavista; and M. Sheppard worked as a private nurse in Harbour Grace. The 23 nurses who remained in St. John's found work in three fields of nursing: public health nursing, hospital nursing, and private duty nursing. Ten nurses continued working at the General Hospital when they graduated from the training program. Three nurses worked at the Fever Hospital in St. John's; six worked doing private duty; two worked in public health nursing; two nurses were married and not working. One nurse had died.[177] The graduates of the General Hospital were different from their counterparts in Canada and the United States. According to the nursing histories reviewed earlier, the majority of nurses chose private duty nursing when they graduated; most Newfoundland nurses, however, chose hospital nursing.[178] Employment at the General

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[177] Annual Report of the General Hospital, 1913, p.28.

[178] This survey includes Newfoundland nurses who graduated from the General Hospital. Throughout this period Newfoundland women continued to go to the United States, Canada, and Britain to receive nurses' training.

Hospital offered job security and rapid promotion. There were few public health nursing jobs outside of St. John's.[179]

In 1910 the Newfoundland government established a Commission on Public Health. Its findings were mostly concerned with infant mortality and the rampant spread of tuberculosis. It gave financial assistance to the Association for the Prevention of Consumption which employed two nurses, Reid and Anderson, to travel to the outports to teach prevention in the treatment of tuberculosis.[180] In St. John's the Imperial Order Daughters of the Empire opened a camp near Mundy Pond for the treatment of tuberculosis patients. It employed Ada Hubley, who had graduated from the General Hospital in 1911. The government employed two nurses to begin work on a tuberculosis campaign in 1911. Nurse LeRoy worked at the night camp which the government had started on the grounds of the General Hospital and Nurse Rowsell was assigned to travel to the outports to teach tuberculosis prevention.[181] In June 1912 the government inaugurated the Tuberculosis Public Service with Ella Campbell, graduate of the General Hospital, as Nursing Superintendent.[182] This was the beginning of public health care in Newfoundland and it provided opportunities for

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[179] Edgar House, Light at Last: Triumph Over Tuberculosis in Newfoundland and Labrador 1900-1975 (St. John's: Jesperson Press, 1981), p.16.

[180] "Report of the Commission on Public Health", JHA, 1911, Appendix, p.601.

[181] Nevitt, White Caps and Black Bands, p.84.

[182] House, Light at Last, p.28.

locally trained nurses. Over the next two decades public health activity would expand. However, public health nursing outside St. John's would remain largely the domain of British nurses with the Grenfell Association the Newfoundland Outport Nursing and Industrial Association (NONIA).

The graduate nurses of the General Hospital school of nursing had no difficulty in finding employment as trained nurses whether they remained in Newfoundland or emigrated. They surely provided incentive to other young women in the community to enter nurses' training as it was a career which provided full employment, rapid promotion, financial and personal independence, and an opportunity to travel. Elizabeth Blackmore, who graduated with the first nurses' class in 1906, subsequently emigrated to Canada and worked as an Operating Room nurse at the McKellar Hospital in Fort William, Ontario. Both Isabel Simms who had graduated in 1907 and Ethel Pittman who graduated in 1910, also emigrated to Canada; the former worked as Night Superintendent at a hospital in Greenwood, British Columbia, and the latter as district nurse with the Victorian Order of Nurses in Winnipeg. The nurses who emigrated to the United States lived in either New York or Boston and worked as private duty nurses or in hospitals there.[183] Those who remained in Newfoundland exemplified the advantages of a career in nursing. Madge Cullian who graduated with the first class in 1906 was the X-Ray Operator and the anaesthetist at the General Hospital. As

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[183] W. G. Reeves, "Newfoundlanders in the Boston States: A Study in Early Twentieth-Century Community and Counterpoint" in Newfoundland Studies 6, 1 (1990), p.34.

stated earlier, Ella Campbell worked in public health as the Nursing Superintendent of the Tuberculosis Campaign in St. John's. At the General Hospital, nine of the nurses who had graduated from the nursing school had been promoted to the position of Sister by 1914.[184] A career in nursing was evidently becoming more attractive to Newfoundland women as they applied in increasing numbers for acceptance into the General Hospital school of nursing. Unfortunately, the number of students admitted to the school did not increase according to the demand. James Overton argued that the Newfoundland government limited its intervention into health care by limiting financial support. No matter how great the demand for medical and nursing care the government kept its costs down by providing ad hoc services rather than a comprehensive health care policy.[185]

By 1914, the demand for entrance into the General Hospital school of nursing far exceeded the supply of vacant positions. The nursing staff at the hospital remained fairly constant at approximately 45 nurses including both graduate nurses and students. When a nurse, either a student or a graduate, left the institution a new recruit could enter the program. In 1913, Southcott received 54 formal applications to the school of nursing. Of those, thirteen were taken on as probationers with ten of them

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[184] Annual Report of the General Hospital, 1913, p.28.

[185] James Overton, "Self-Help, Charity, and Individual Responsibility: the Political Economy of Social Policy in Newfoundland in the 1920s" (St. John's: unpublished paper, 1992), p.2.

remaining after the probationary first month. This demand for entry into the school continued throughout this period and increased dramatically from 1914 to 1930.[186]

One significant aspect of nursing development was the role of religion. Southcott agreed with Nightingale and other reformers that nurses' training should be secular. This was important to distance nurses from religious orders. The significant role of religion in Newfoundland history, however, meant that it was an issue in most aspects of life. In the 1860s politicians had agreed to a principle of denominational power sharing and all government departments subsequently filled positions from each denomination in proportion to its representation in the population.[187] Evidence of this in nursing can be found in the 1909 Journal of the House of Assembly. The appendix lists the staff of the General Hospital according to denomination. It appears a quota system was in place as the report ended by totalling the number of Roman Catholics, Church of England, and Methodists on staff and provided the numbers of each there should have been had appointments perfectly reflected the religious divisions of the population. There were 17 Roman Catholics whereas there should have been 12; there were 14 members of the Church of England when there should have been 11; and there

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[186] Annual Report of the General Hospital, 1913, p.27.

[187] James Hiller, "Confederation Defeated: The Newfoundland Election of 1869" in James Hiller and Peter Neary (eds.) Newfoundland in the Nineteenth and Twentieth Centuries (Toronto: University of Toronto Press, 1980) p.85.

were 5 Methodists where there should have been 10.[188] Unable to find any other evidence of the role of religion in nursing it is difficult to ascertain if the quota system was maintained. It is interesting to note that the hospital's two dominant personalities, Southcott and Keegan, were of different denominations. Southcott was a member of the Church of England and was prominant in the Anglican community, teaching Sunday school at the Church of England cathedral. Keegan was Roman Catholic, having been born and raised in Ireland.

While salaries for student nurses and graduate nurses at the General Hospital remained fairly constant from 1903 to 1916, they were very low in comparison to nurses' wages in Canada and the United States. Even nurses who worked in Newfoundland outside the General Hospital received higher wages. From the beginning of the training program in 1903, Southcott repeatedly tried to obtain higher salaries for the nurses. During the early years of the school, nurses upon graduation would continue to receive the same salary as they had when they were third year student nurses. Southcott had hoped to increase the salaries of the graduate nurses to induce them to remain on staff and provide leadership for the younger nurses. In commenting on the early graduates, she wrote:

> We hoped to have had the help of these for our future work, but the hospital board was not prepared to give any increase in salary beyond what they had been receiving as probationers, and most of the nurses, as they graduated, left to take positions elsewhere. While we regretted their loss, we felt they had their way to make in the

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[188] JHA, 1909, Appendix, p.526.

> world and could not find fault with them for doing so.[189]

The salaries paid to graduate nurses and student nurses are difficult to ascertain due to the lack of records surviving from this period. All student nurses from 1903 to 1906 received room and board and a salary of $48 per year.[190] After 1906, salaries for the student nurses progressed each year: first year students continued to receive $48 per year; second year students were paid $72 per year; and third year students received $100 per year. Graduate nurses were also paid $100 a year and the hospital provided them with room and board.[191]

The first major increase in salaries came in 1909/1910 when significant renovations and extensions were made to the hospital and the staff was increased. Dr. Lawrence Keegan, the Medical Superintendent of the General Hospital since December 1909, and Southcott, sent requests to the Colonial Secretary, Robert Watson, for increases in the nurses' wages. Keegan explained that it was imperative that the nurses receive an increase in salary when they graduated to stem the emigration of nurses to the United States and Canada. He insisted that wages "must be nearly equal to that offered by Canada otherwise our Hospital will merely be used as a

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[189] Mary Southcott, "Nursing in Newfoundland", The Newfoundland Quarterly, Christmas Number, 1915, p.17.

[190] JHA, 1904, Appendix, p.29.

[191] JHA, 1908, Appendix, p.30.

Training School for other countries."[192] He provided the Colonial Secretary with a list of nurses who had graduated from the General Hospital and had worked outside the country at better wages: Elizabeth Blackmore who had graduated four years earlier worked in Ontario at $480 a year; Bessie Rowsell who had graduated in 1909, worked in Ontario as a District Nurse at $240 a year; and, Evelyn Cave who graduated in 1907, Keegan claimed, earned $1440 a year as a private duty nurse in Boston[193]. Keegan pointed out that the graduate nurses did not have to leave Newfoundland to receive higher salaries. Alice Carey, who graduated in 1909 and remained in St. John's, earned $480 a year working as a nurse at the Fever Hospital, another government institution.[194] Due to pressure exerted by Southcott and Keegan, the salaries of the General Hospital staff were increased in May 1910. While students' salaries remained unchanged, graduate nurses received $240 a

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[192] Letter from Dr. L. Keegan to R. Watson, Colonial Secretary, December 20, 1909, GN 2/5, Colonial Secretary's Special File 17A, PANL.

[193] Keegan's estimate of Cave's salary was in all probability exaggerated in order to emphasize his point. In 1929/1930 the annual average salary for institutional nurses was only $1385. See George Weir, Survey of Nursing Education in Canada (Toronto: University of Toronto Press, 1932).

[194] Letter from Dr.L. Keegan to R. Watson, January 11,1910, GN 2/5, Colonial Secretary's Special File 17A, PANL.

year.[195] By 1919, the salary of a graduate nurse increased to $600 a year.[196]

In June 1913, Southcott organized the Graduate Nurses' Association of Newfoundland. It was open to all graduate nurses in the colony.[197] The first meeting of the association was held in Southcott's sitting room at the General Hospital with thirty nurses attending. They elected Mary Southcott as their President; Ella Campbell, a 1907 graduate of the General Hospital, the Vice-President; and Flora Bowden, who had trained in Long Island, New York, the Secretary-Treasurer. At the second annual meeting of the Graduate Nurses Association of Newfoundland in 1914 these officers were re-elected.[198] Unfortunately there are no surviving records of the Graduate Nurses' Association from this period. One of the benefits of this organization was the establishment of a Nurses' Registry in St. John's. Registries provided a central location where nurses could list their names when they were available to do private duty work. It also served as a centre which patients and doctors could contact when they required a private nurse. The St. John's Nurses' Registry registered only those private duty nurses

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[195] Minute of Council, April 20, 1910, GN 2/5, Colonial Secretary's Special File 17A, PANL.

[196] Colonial Secretary Special File 278A, April 14, 1919 GN 2/5 PANL.

[197] Mary Southcott, "Nursing in Newfoundland", The Newfoundland Quarterly, Christmas Number, 1915, p.19.

[198] The Evening Telegram, July 1, 1914.

guaranteed by the Graduate Nurses' Association.[199] The establishment of a registry demonstrated the nurses' control over who could work as a trained nurse in St. John's. The early 20th century marked the period when the struggle for nurses' registration was at its height in Britain. In Canada, the Canadian National Association of Trained Nurses had been organized since 1910 and it served as an umbrella group for the provincial associations.[200] Southcott attended the fourth annual meeting of the C.N.A.T.N in July 1914 when she applied, on behalf of the Graduate Nurses' Association of Newfoundland, for affiliation with the Canadian organization. The C.N.A.T.N., however, was unable to accept the application because Newfoundland was not a part of Canada.[201] The establishment of a nurses' association was an important goal for nurses in their pursuit of professionalization. The right to determine standards and certification of their members was a significant part in their attempt to have nursing controlled by nurses.

In summary, the goals of Southcott and the nurses coincided with those of the government and the doctors in promoting "modern" health care as nurses sought to carve out their own sphere within the male medical hierarchy at the hospital. The General Hospital school of nursing was well-established by 1916. Southcott had

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[199] Mary Southcott, "Nursing in Newfoundland", Newfoundland Quarterly, Christmas Number, 1915, p.19.

[200] The Canadian National Association of Trained Nurses was the forerunner of the present day Canadian Nurses Association.

[201] Nevitt, White Caps and Black Bands, p.88.

built a school based on the Nightingale plan and the number of Newfoundland women wanting to enter the program increased yearly. Salaries improved although they were considerably behind neighbouring countries. Nurses who chose to stay in Newfoundland experienced rapid promotion in the institutions in which they worked and they enjoyed the social status their positions entailed. They could also work as private nurses for patients in their homes or in the hospital. The few public health nursing jobs during this period were predominantly with ad hoc campaigns to abolish contagious diseases such as tuberculosis. Nurses who left Newfoundland found employment in Canada, the United States and elsewhere. Nursing was increasingly seen as an honourable job for women. Southcott and the nurses of the General Hospital had organized a reputable training school and they believed they were well on the way to professionalization. By 1916, they had acquired the following criteria: a specialized education in nursing care; a dedication and commitment to service; relative autonomy within the occupation; their own code of ethics, educational standards and certification. Although these pioneer nurses met with much success there were losses experienced as the school of nursing was formalized and entrenched.

With the formal organization of the General Hospital, nurses lost much of the autonomy enjoyed by earlier nurses such as Agnes Cowan. This would become more evident in the period from 1916 to 1930. Throughout these years the General Hospital increased in size and bed capacity which correspondingly increased the medical

and other necessary staff. The resulting increase in administrative costs required more government involvement. Nurses' autonomy would be challenged further as "rationalization" of the hospital structure was introduced during the years 1916 to 1930. The male hospital hierarchy was firmly established and nurses were given a place within that structure. Nurses and doctors were developing separate spheres which would eventually become entrenched. Nevertheless, nursing provided women with financial and personal independence, as well as the freedom to travel and work outside their own country.

Chapter 6: Royal Commission into the General Hospital 1914-1915

By 1914 when the Royal Commission was called, the school of nursing at the General Hospital was well-established with an average of eight newly trained nurses graduating each year. Southcott had achieved many of the criteria set out by Nightingale for the formation of a nurses' training program. The hospital itself had expanded during this period with a subsequent increase in staff and maintenance. These changes were reflected in the budget, which showed expenses doubling in one year from 1908 to 1909 because of the extensive renovations and additions done to the building. In 1908, the budget for the hospital was $26,401 for salaries and maintenance. In 1909, this amount almost doubled as $50,626 was allocated for salaries and maintenance.[202]

The essential component of the Nightingale philosophy was the absolute supremacy of the Nursing Superintendent over all nurses and nursing matters. Nurses at the General Hospital, like nurses elsewhere, had carved out their separate spheres within the male medical hierarchy. This sphere was based on female control in nursing but in 1914 this component was challenged and lost at the General Hospital as a result of an inquiry into the hospital. Problems between Southcott and Keegan had been brewing since Keegan's appointment in 1909. They became public in February 1914.

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[202] JHA, 1908, Appendix, p.25.

While speaking in the House of Assembly William Coaker[203] accused Dr. Lawrence Keegan of misappropriating food and hospital supplies for his personal use. This issue was lost, however, as the debate evolved into a dispute over the duties and roles of Mary Southcott and Lawrence Keegan as Nursing Superintendent and Medical Superintendent respectively. Keegan was able to refocus events and draw attention away from Coaker's insinuations and place the blame for what he saw as hospital problems on Southcott and the nurses. In the end the inquiry produced the Report of the General Hospital Commission in 1915. In essence it ignored the testimony of the inquiry and concluded that the petty squabbles of the staff were irreparable. It found, however, that the hospital was costing the government more money to operate each year, and the commissioners recommended placing the hospital on a more business-like footing which they felt could be achieved by establishing a board of governors composed of six prominent St. John's businessmen. The recommendations were incorporated into the first General Hospital Act in 1915. An examination of this legislation shows the commissioners', and subsequently the government's support, for Dr. Keegan's viewpoint on the sequence of events. An examination of the testimony demonstrates that Keegan had for several years been undermining Southcott's position and authority as Superintendent of

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[203] William Coaker, leader of the Fishermen's Protective Union, and opposition Member in the House of Assembly in the Liberal Party under Sir Robert Bond. See: Ian McDonald, "To Each His Own" William Coaker and the Fishermen's Protective Union in Newfoundland Politics, 1908-1925 (St. John's:Institute of Social and Economic Research, Memorial University of Newfoundland, 1987).

Nurses and that he was successful in convincing the Commission to accept his view of past events even though it was contrary to the opinions of other doctors and most of the staff of the hospital.

The events of 1914/1915 resulted in extensive changes for the hospital and the nursing staff: it marked the beginning of a General Hospital bureaucracy which would continue to expand, virtually unchecked, throughout the 20th century. The imposition of scientific management resulted in a depersonalization of the work environment for nurses and other hospital staff and it formalized the subordination of nurses to doctors and hospital administrators. The role of the nurse was consolidated and limited to two primary functions: carrying out doctors' orders and performing predominantly domestic duties on the hospital wards. The crisis of 1914 also resulted in the loss of the most important champion of nurses in Newfoundland: Mary Southcott. In 1916, the Board of Governors asked for her resignation, thus legitimizing Keegan's accusations and insinuations. This chapter will examine the events leading up to the establishment of the Royal Commission in 1914, the testimony of the witnesses, and the final report of the commissioners.

Dr. Lawrence Keegan (1868-1940) was born in Dublin, Ireland and educated at Trinity College. He came to Newfoundland in 1889 and practised medicine in St. John's. Keegan was closely connected to the Conservative Party and many of his appointments were a direct result of political patronage. When the Conservatives took power for a short time in 1894 the Liberal appointees were removed

from office and replaced by Conservative supporters. In June 1894, Keegan was appointed Visiting Physician to the Lunatic Asylum in St. John's. In December 1894, the Liberals resumed office and the appointments changed again. In December 1897, the Liberal party was defeated and the new Conservative government appointed Keegan Medical Superintendent of the Lunatic Asylum.[204] He had great success in obtaining government funds to improve conditions there and within a short time the legislature approved $50,000 to add two new wings. Further, the government authorized him to travel abroad to study mental health care in other countries. In the spring of 1899, he visited public asylums in England, Scotland and Ireland and on his return to St. John's he submitted a report of his findings to the government. Nevertheless, before he could introduce additional innovations, the Conservative government was defeated in the election of 1900. Robert Bond's Liberal government removed Keegan removed from his post.[205]

Keegan's next political appointment came in 1909 when the People's Party under the leadership of Sir Edward Morris won the general election.[206] Dr. Keegan replaced Dr. Henry Shea as Medical Superintendent of the General Hospital in December

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[204] O'Brien, Out of Mind, Out of Sight, p.116.

[205] O'Brien, Out of Mind, Out of Sight, p.119.

[206] Robert Bond and the Liberals were defeated. The People's Party was a mixture of old Tories, former Liberals and others. See S.J.R. Noel, Politics in Newfoundland, p.50.

1909.[207] The conflict between himself and Mary Southcott did not become full blown until 1913. This was because Keegan was absent from the General Hospital for much of the first three years of his appointment.

Keegan's first leave of absence was from July 1 to September 1, 1910, when he travelled to Great Britain, Canada, and the United States to observe the structure of hospital administration, and to assess new surgical procedures and medical supplies.[208] Keegan's next leave was due to illness. While performing surgery at the General Hospital in the winter of 1911, Keegan accidentally injured himself and contracted blood poisoning. He was confined to bed for many months but by the fall of 1912 when his condition had not improved he travelled to New York to consult a specialist there.[209] The treatment he received was not successful and the affected leg was amputated. He was unable to return to work until June 1913.[210] Soon after, the first signs of conflict between Southcott and Keegan appeared but the critical point which made the whole affair public occurred in the early months of 1914.

From his appointment in December 1909, Keegan clashed with Southcott over the roles and responsibilities of the Nursing Superintendent. This may have been influenced by his only other

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[207] Letter from James Harris to L.E. Keegan, November 23, 1909, Colonial Secretary's Special File No. 278A, GN 2/6 PANL.

[208] 1914 Royal Commission, Copy of Minute in Council, July 4, 1910 in the testimony of Arthur Mews.

[209] Annual Report of the General Hospital, 1913, p.6.

[210] 1914 Royal Commission, testimony of Lawrence Keegan.

experience as an administrator. At the Lunatic Asylum, there were no trained nurses except for the matron and the male and female attendants who worked there were viewed as servants. Therefore, his appointment to the General Hospital was Keegan's first encounter with a school of nursing, and this school was well established by the time of his arrival. It was, however, the domain of a very determined and strict administrator. Southcott, the graduate nurses and the students presented a challenge to Keegan's monopoly of health care. He expected everyone who worked in the hospital to be directly under his control. Within a year of his arrival the first serious dispute had arisen. He requested a nurse to act as general office secretary and to work in the dispensary issuing medications. Southcott arranged for Nurse MacDonald to go to Connor's Drug Store in St. John's to learn basic pharmacology. Keegan disagreed with the choice and insisted on having Nurse Cullian in the position. Cullian, who graduated with the first class in 1906, had been the first nurse to be appointed "sister" by Southcott. Southcott agreed and Cullian began her new position in November 1910.[211] Unknown to Southcott, Keegan told the Colonial Secretary that the new position was directly under his supervision. He wrote, "she will be directly responsible to me for everything in her department."[212] Keegan's blatant favouritism towards Nurse Cullian, which began at this time, fuelled the

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[211] Nevitt, White Caps and Black Bands, p.51.

[212] 1914 Royal Commission, testimony of James Harris.

dissension between Southcott and Keegan over the next few years and contributed to the growing divisions among the nursing staff.

Cullian's next promotion was to the position of anaesthetist. This position had always been filled by a doctor. Dr. Cluny Macpherson had been appointed to the position on October 4, 1906[213] but left when Keegan was appointed Medical Superintendent claiming there was "too much politics" at the hospital.[214] Following Macpherson's resignation anaesthetics were given by Southcott and visiting physicians. A Royal Commission Report in 1905 recommended hiring a doctor as permanent anaesthetist and discontinuing the practice of nurses administering anaesthetics but Keegan ignored these recommendations and instead suggested Cullian be placed in charge of anaesthetics.[215] To prepare her for these added duties, Keegan arranged for Cullian to go to Montreal in 1912 to take a course in anaesthesia and radiology.[216] When Keegan informed Southcott of his plans, she was astonished by his repeated interference in assigning nursing staff. She felt Nurse Redmond should have been chosen as she had been working at the hospital longest. Again Southcott was forced to acquiesce and Cullian went to Montreal for five months. On her return, she was placed in

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[213] 1914 Royal Commission, "List of Appointments Made by the Government to General Hospital", evidence submitted by James Harris from the office of the Colonial Secretary.

[214] 1914 Royal Commission, testimony of Cluny MacPherson.

[215] 1905 Royal Commission of Enquiry into Medical Attendance and General Management of St. John's General Hospital, GN 6, PANL.

[216] 1914 Royal Commission, testimony of Madge Cullian.

charge of the Electrotherapy Department which included administering x-rays, light treatments, and anaesthetics.[217]

On February 2, 1914, William Coaker stated in the legislature that he had been informed that supplies such as milk, vegetables, and meat were being taken from the General Hospital for private use at the Keegan family home.[218] In response to this accusation, the Colonial Secretary, J.R. Bennett, sent Keegan a copy of Coaker's statement and asked for an explanation.[219] There followed a lengthy correspondence between Keegan and Bennett debating the extent of the subsidies due to the Medical Superintendent. Keegan claimed he was due the food and supplies as part of his income. The Colonial Secretary disagreed, asserting that Keegan had been informed of his salary and benefits when he was appointed to the position of Medical Superintendent in 1909. The benefits did not include food and household supplies from the General Hospital stores. The outcome of this debate was a full meeting of the executive council on February 7, 1914 to examine Keegan's salary and benefits. Bennett informed Keegan that the members

> were unanimous that there is no justification whatever for the position set up by you for the perquisites and emoluments claimed. When you were appointed to the Hospital you will remember that those who discussed with you the terms of your appointment before you went to the Institution made no reference to any such emoluments or

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[217] 1914 Royal Commission, testimony of Lawrence Keegan.

[218] Dr. Keegan, his wife and children lived on the grounds of the General Hospital in a house provided for the Medical Superintendent.

[219] 1914 Royal Commission, letter from J.R. Bennett to L. Keegan, February 4, 1914.

> perquisites, nor was there any reference to the same in the records of your appointment. You were given the salary agreed upon, and, in addition, your light, fuel and light, carriages and harness, etc., but nothing further, and it was on these terms that the late incumbent of the Institution was pensioned.[220]

The extent of the perquisites due to the Medical Superintendent was debated in the House of Assembly. However, while this debate heated up, matters at the General Hospital were reaching a critical point. A conflict between Southcott and the nurses on the one hand and Dr. Keegan on the other had been simmering for many months. Two specific incidents at the hospital in March and early April of 1914 would bring it out into the open.[221] And when events became public the controversy over Keegan's misappropriation of hospital food and supplies was lost in the maelstrom.

Two incidents sparked the crisis which led to the establishment of a Royal Commission into affairs at the hospital: Southcott's appointment of Elizabeth Redmond as "acting" Assistant Superintendent of Nurses in March, and then Keegan's appointment of Florence Scott as "permanent" Assistant Superintendent of Nurses in April. In 1912, Southcott had promised Redmond the position of matron of the newly built Nurses' Home, but Keegan insisted that the position go to another nurse, Annie Cashin. To appease

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[220] 1914 Royal Commission, letter from J.R. Bennett to L. Keegan, February 9, 1914, evidence submitted from the Colonial Secretary's office.

[221] As of December 1913 there were four sisters in charge of the wards; each sister was responsible for two wards. The operating room had two sisters and there were 30 student nurses and one staff nurse. JHA, 1914, Appendix, p.301.

Southcott, Keegan had intimated that Redmond would be better suited to the proposed position of Assistant Superintendent of Nurses. Southcott was again misled, and Flora Bowden, a Newfoundlander who had trained at the Long Island Hospital in New York, was appointed to the new position. Therefore, when Bowden resigned on March 17, 1914, Southcott saw this as the perfect opportunity to appoint Redmond to the post.[222]

When Keegan discovered Redmond working day shifts he asked her to return to her duties as Night Superintendent. Redmond refused saying she accepted her nursing assignments only from the Superintendent of Nurses. A few days later, on March 28, Keegan encountered Redmond and Southcott on Crowdy Ward with Sister Bertha Forsey, the nurse in charge. Keegan again asked Redmond in what capacity she was working on Crowdy Ward. She responded that she was acting Assistant Superintendent of Nurses. Enraged, Keegan ordered her off the ward. In solidarity, Southcott and Forsey also left the ward.[223] Later that night and during the early hours of Sunday morning, the sisters and staff nurses gathered in the nurses' residence to talk over the day's events and to discuss what action they would take in response to the doctor's treatment of their colleague. The nurses' residence played an important role as the centre of activity for nurses to air their grievances and to

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[222] 1914 Royal Commission, testimony of Mary Southcott.

[223] 1914 Royal Commission, testimony of Elizabeth Redmond, Mary Southcott, and Bertha Forsey.

plan their actions. They decided to send a letter of protest to the Colonial Secretary. The letter read:

> As our Nursing Supt. Miss Southcott and Sr. Nurse Sister Redmond [were] insulted this morning by Dr. Keegan in the presence of Dr. Knight, Sr. Forsey and patients of Crowdy Ward, should Miss Southcott and Sr. Redmond resign as the result of such we nurses will resign also.[224]

Bertha Forsey, Annie Payn, Rita Cluett, and Emma Reid were the four senior sisters who signed the letter.[225] Reid, who graduated in October 1913 and was appointed sister by Southcott shortly afterwards, summarized the activities of that night in the Nurses' Home as the nurses talked over the events of the day and decided what action they were going to take:

> ... Sister Forsey came in my room that same day between 12 and 1 o'clock. It was my day off. She called me and she said 'Reid, what do you think of this affair'. I said 'What affair?' and she said 'Dr. Keegan has insulted Miss Southcott in my presence'. I asked her what he had said and she explained.... so then she said to me 'Reid, don't you consider Miss Southcott was insulted'? and she being insulted that we were also insulted. We talked a good while about it. Afterwards I got up and went out. I did not see anyone afterwards until Sunday morning. On Sunday morning I signed the protest dated March the 28th.[226]

May Lloyd, who graduated from the General Hospital School of Nursing in 1911, was also a senior sister at the hospital. She said the incident was talked about not only in the Nurses' Home but

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[224] 1914 Royal Commission, letter to J.R.Bennett from B. Forsey, A.L. Payn, R. Cluett, E. Reid, March 28, 1914 in the testimony of Arthur Mews.

[225] 1914 Royal Commission, letter to J.R. Bennett from B. Forsey, A.L. Payn, R. Cluett, E. Reid, March 28, 1914 in the testimony of J.R. Bennett.

[226] 1914 Royal Commission, testimony of Emma Reid.

also among the nurses on the wards. She had wanted to sign the letter of protest but the others had submitted it before she had an opportunity. She described how she heard of the matter:

> ...The Redmond incident took place on Crowdy Ward. This was Sister Forsey's ward. I heard about the Redmond incident and I was very indignant about it. One of the nurses told me that Miss Southcott and Miss Redmond had been insulted by Dr.Keegan. I was talking to Sister Cluett about it and I said I would sign it, if there was a protest. I went over to my room and Sister Forsey and Sister Cluett and Sister Redmond was present. Sister Forsey was talking about getting up a protest and she asked me if I would sign it. I asked them to wait for a while and not to do anything in a hurry.... Afterwards I heard that the protest had gone in. I did not sign it. I would have signed it if I had been asked, before it went in.[227]

The second incident occurred within a few days. Florence Scott had graduated from the General Hospital School of Nursing in August 1913 and subsequently left the hospital to work as a private duty nurse in St. John's. In March 1914 she applied for the position of Assistant Nursing Superintendent of the General Hospital. According to a letter of March 30, 1914 from the Colonial Secretary, to Scott, the Governor-in-Council had agreed to appoint her to the position of Assistant Nursing Superintendent.[228] The records do not show who approached Scott about this position. However, it is clear that Southcott did not recommend or appoint her. As soon as Scott's appointment was made known there was an outcry by the senior sisters on staff. Again the Nurses' Home was

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[227] 1914 Royal Commission, testimony of May Lloyd.

[228] 1914 Royal Commission, letter from J.R. Bennett to Florence Scott, March 30, 1914, testimony of Arthur Mews.

the centre of activity as the nurses gathered in each other's rooms to discuss events as they unfolded. The outcome of these nocturnal meetings was the immediate resignations of Sisters Forsey, Lloyd, and Reid. They maintained they could not work under Scott, a junior nurse whom they had helped to train. In addition, they did not think she was competent to fill the position as she had only graduated eight months earlier and, more importantly, they believed that Redmond was entitled to the job after having worked at the General Hospital for fifteen years.[229] Sister Forsey explained how the episode took shape:

> There was another paper of resignation sent in. That was because Miss Scott was appointed Assistant Nursing Superintendent. Seeing that she had been put over Miss Redmond we were not going to stay, and I was three years her senior. I did not think it was fair to Miss Redmond.... This document was drafted in Miss Lloyd's room. I was speaking of it to Miss Cluett in Sister Reid's room, and Miss Cluett went and told Miss Lloyd. Then she came out to Sister Reid's room.... I first learned of it through Nurse Larner, one of nurses on the ward.[230]

May Lloyd, who also resigned over the incident, stated that she too felt that Scott did not deserve the position. She reiterated the feelings expressed by the other nurses:

> I said I did not think Nurse Scott was capable to fill the position. I said I would not think of remaining under Nurse Scott, a nurse who [sic] I helped to train. She practically graduated on Carson Ward....I did not apply

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[229] 1914 Royal Commission, letter to Mary Southcott from B. Forsey, M.G. Lloyd, and E. Reid, March 31, 1914, testimony of Arthur Mews. This letter was subsequently forwarded to the Colonial Secretary's office.

[230] 1914 Royal Commission, testimony of Bertha Forsey.

> for the position...I did not think myself capable nor would I think of applying over a nurse senior to me.[231]

Mary Southcott did not submit the three nurses' resignations to the Colonial Secretary immediately hoping that they would reconsider. However, the nurses subsequently wrote three separate letters of resignation which Southcott was obliged to forward to the Colonial Secretary. In a covering letter, Southcott informed Bennett of her opinion on Scott's appointment:

> Miss Scott has a good record and is a very good nurse but the sisters naturally resent having one of their pupils put over them. It is a difficult position for a nurse to have to supervise the work of those who have been her teachers for three years.[232]

These two events were the final episodes in the deteriorating relationship between the nursing staff at the General Hospital and the Medical Superintendent.

During March and April 1914 the friction between Southcott and Keegan worsened. In response to the resignations of the sisters, Keegan added fuel to the fire on April 26 by informing Southcott that he was going to appoint three staff nurses, Annie Payn, Teresa Carroll, and Clara White as sisters to replace the nurses who left.[233] Payn had graduated in December 1913, and had remained at the General Hospital as a staff nurse.[234] Teresa Carroll

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[231] 1914 Royal Commission, testimony of May Lloyd.

[232] 1914 Royal Commission, letter from M. Southcott to J. R. Bennett, April 20, 1914, in the testimony of J.R. Bennett.

[233] 1914 Royal Commission, testimony of L. Keegan.

[234] 1914 Royal Commission, testimony of Annie Payn.

graduated on March 21, 1914. On April 13, she left the hospital to do private duty nursing in St. John's. Before leaving Keegan informed her that a position might become available as a sister as he heard three nurses were leaving. Carroll returned to the hospital on May 15 to take up the position of sister.[235] Clara White had graduated on March 19, 1914 and continued working at the hospital on Shea Ward.[236] By appointing these three nurses to the position of sister, Keegan again intruded on Southcott's territory of assigning the nursing staff. Promotion to the rank of sister had always been the right of the Nursing Superintendent and so Southcott refused to recognize these nurses as sisters when they worked on the wards. It is interesting to note that although Keegan told the nurses to work on the wards as sisters they did not wear the uniform of a sister claiming they would rather work as senior nurses. Their loyalty to Southcott and her authority had not been totally diminished.

Keegan's action was also in contradiction to the instructions he had received from the Colonial Secretary who had told Keegan to maintain all staff in their positions until the inquiry was over.

> In view of the grave conditions which, from the statements in your letters, appear to exist in the Institution, and of the trouble and friction which, during the last few months, have been apparent, and, as, under the circumstances, you have placed yourself upon record as declining to take the responsibility for anything that may happen in the Institution under existing conditions, the Government have decided to

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[235] 1914 Royal Commission, testimony of Teresa Carroll.

[236] 1914 Royal Commission, testimony of Clara White.

> appoint a Commission of Enquiry into all matters pertaining to the institution....
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> Because of the appointment of this Commission, the Government have decided to withdraw their acceptance of resignations of Nurses Forsey, Lloyd and Reid... as it is necessary that these, and all other officials connected with the Institution, shall retain their present positions...[237]

The Royal Commission began its work on May 7, 1914,[238] and presented its report one year later, on May 6, 1915.[239] The commissioners began their inquiry by touring the hospital with Dr. Keegan. The Commission subsequently held all its hearings and investigations on the premises of the hospital. The Commissioners were: J. Alex Robinson, editor of The Daily News; W. F. Lloyd, Member of the House of Assembly and editor of the Evening Telegram; and M. P. Gibbs, Member of the Legislative Council. Thirty-two people were questioned including Keegan, Southcott, 15 nurses (graduates and students), the matron, the cook, seven medical doctors, the telephone operator, the secretary of the Board of Works, the Deputy Colonial Secretary and two workmen who were employed at the hospital. The report concluded that there was no way to ameliorate the disputes between the various staff members and that there was no purpose in apportioning blame. They believed

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[237] 1914 Royal Commission, letter from J.R. Bennett to L. Keegan, April 30, 1914, evidence submitted by J.R. Bennett. The three nurses had already left the hospital. Forsey and Lloyd had moved to Canada and Reid was working as a private nurse in St. John's.

[238] Report of General Hospital Commission, JHA, 1915, Appendix, p.798-811.

[239] Proceedings of the House of Assembly, May 6, 1915, p.491.

the underlying problem at the General Hospital was a lack of definition of the duties and responsibilities of each staff member, and subsequently of each person's place in the hospital hierarchy. It was necessary, they stated, to establish one person in charge of the entire hospital with each staff member subordinate to him. Two different models had crystallized: the nursing model of female control, order and regulation versus the model of male institutionalization, economy and patriarchal obedience.

The commissioners were not medical people and were not familiar with the operation of a hospital. Keegan gave the commissioners to understand that Southcott was under the delusion she was in charge of the General Hospital and, therefore, Keegan claimed he was hampered in his work of running the hospital by Southcott's interference. Keegan maintained that the whole problem at the hospital was the fact that there was not one person who was clearly in charge of the institution. He told the Commission that the school of nursing was one department of the hospital among many departments. His attitude towards the school of nursing was made quite explicit in his testimony.

> There are practical problems involved... when the demand is made that "training schools must be freed from bondage to hospital needs". The divorce of the two may come in the future, but there are many who believe that a divorce of this kind would be just as deplorable as divorces usually are. For the present at least, however important the average school may be, it is not a separate organization. It is a department - a part of the whole....
>
> In every well organized institution there is one head - one person whose duty is to co-ordinate the different factors concerned in the institution...
> There is gradually developing a conviction that one superintendent is enough for any institution, and that

> the title "superintendent of nurses" should be dropped.[240]

The Commissioners could understand and empathize with Keegan's view of male bureaucracy. Southcott on the other hand had no illusions about her responsibilities. She was in charge of all nurses and nursing matters. She acknowledged the fact that the Medical Superintendent was in charge of all medical matters and treatments relating to the patients.

There was widespread coverage of the inquiry in the daily newspapers. The Mail and Advocate had concluded its own verdict on the affair by May 21. Headlines announced that the government had taken action in "Big Hospital Mix Up". It claimed that the government took decisive action by giving "supreme control" of the hospital to Keegan and by informing Southcott she was to obey his orders.[241]

The testimony of the inquiry covered a variety of subjects. One of the most revealing aspects of the inquiry was that Keegan was asked to testify first. All subsequent questions were asked in response to his testimony. Keegan's opening statement set the tone for the rest of the inquiry:

> I am taking up in the first place all matters that relate to the well-being, discipline and management of that Institution because I have arrived at the conclusion, rightly or wrongly, that little can be accomplished by exploiting any petty squabbles, jealousies and bickerings that have taken place, in a large measure because I had

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[240] 1914 Royal Commission, testimony of L. Keegan.

[241] The Mail and Advocate, May 21, 1914.

> not the power which every other Medical Superintendent has, of dealing with these matters myself.[242]

Keegan continued in his testimony to outline various occurrences at the hospital which he claimed showed that he had, from the beginning, to contend with the "unwarrantable interference of a nurse in matters quite outside her department and beyond her capacity."[243] He maintained that the hospital was in a state of great disorganization when he was appointed Medical Superintendent in 1909. This was remedied, he claimed, and the hospital's reputation greatly improved because of his work at organizing the institution along the lines of those he had visited abroad. For example, he pointed out how he had organized the hospital into separate departments for more efficiency. These departments included: the nursing department, matron's department, x-ray department, engineer's department, medical and surgical department, and the kitchen. He then explained that Southcott was in charge of the nursing, Nurse Madge Cullian in charge of x-ray, Miss Powell was the matron, and Miss Ryan was in charge of the kitchen. Keegan submitted the job descriptions of each of these positions showing that each department was quite separate and each responsible directly to him. An examination of these records, however, shows that they were written in January 1914, only four months before the inquiry began.[244]

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[242] 1914 Royal Commission, testimony of L. Keegan.

[243] 1914 Royal Commission, testimony of L. Keegan.

[244] 1914 Royal Commission, testimony of L. Keegan.

As an example of Southcott's interference with the running of the hospital, Keegan pointed to her objection to nurse Cullian's position as x-ray nurse and anaesthetist. In his testimony to the inquiry, Keegan praised Cullian's proficiency in her work as x-ray technician and attempted to verify this by reporting that she had presented a paper on radiology to the Canadian Medical Association at their annual convention in June of 1914. However, the annual report of the Canadian Medical Association's meeting does not list Nurse Cullian giving a paper to the convention.[245]

Although Keegan attempted to represent Southcott as an incompetent Nursing Superintendent in order to discredit her, the testimony of other doctors who practised at the General Hospital and other St. John's doctors contradicted him. The medical staff of the General Hospital at this time included Keegan as Medical Superintendent and Dr. James Knight as the houseman, both of whom lived on the hospital grounds. There were three visiting doctors: Thomas Anderson, Nutting Fraser, and Hugh Cowperthwaite. These five doctors, the only ones permitted to practice at the hospital, were called to give evidence before the Commission.[246] Three physicians practising in St. John's were also called to give evidence: C. Roberts, W. Roberts, and Cluny Macpherson. The doctors' opinions of Southcott's role and ability was in sharp

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[245] Canadian Medical Association Journal, April 1914.

[246] A debate over who could practise at the hospital was ongoing from the early days. Various commissions and inquiries show testimony from doctors in St. John's and outside requesting admitting privileges, or at least the right to visit their patients while in hospital.

contrast to those of Keegan. They were unanimous in their opinion that the Medical Superintendent was responsible for the medical treatment in the hospital and the Nursing Superintendent was solely in charge of nurses and all nursing matters. The doctors were quite explicit in their opinion that the Medical Superintendent gave medical orders for the treatment of the patients and the Nursing Superintendent was responsible for insuring that these treatments were carried out by her nursing staff. These doctors also explained that this was the practice in most hospitals with which they had contact in Canada, the United States, and Great Britain.

Dr. Thomas Anderson had been a visiting doctor at the General Hospital since 1892. He described the role of the physicians at the hospital: four of the wards[247] in the hospital contained 22 beds each; half of the beds in each ward were reserved for Keegan's patients and the other 11 beds were shared between Anderson and Cowperthwaite. Alexander and Victoria wards had 11 beds each and were divided in the same manner. There were three private wards as well. Anderson visited the hospital every day usually between the hours of 12 noon and 2 p.m. Each visiting doctor received a monthly stipend of $300 from the government for these services.[248] This stipend of $300 was reflective of the higher status of doctors over nurses. Anderson asserted that the Medical Superintendent was

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[247] The four new wards were completed in 1909: Cowan, Crowdy, Shea, and Carson.

[248] 1914 Royal Commission, testimony of T. Anderson.

ultimately responsible for all matters pertaining to the General Hospital. He felt, however, that in regards to nursing matters the Nursing Superintendent should be in charge. The Nursing Superintendent was responsible for the staffing of the hospital and it was up to her to assign nurses to their various duties. When asked whether he felt a Board of Governors could run the hospital more efficiently, Anderson said he preferred not to answer the question. He went on to point out that in other hospitals where he had worked the nursing superintendent was responsible for the administration of the hospital. In Britain, he said, the matron was responsible for the nurses and the day to day administration with a Board of Governors to oversee the whole organisation.[249]

Dr. Cowperthwaite had been a visiting physician to the General Hospital since December 1909. In his testimony to the Commission, he explained what he considered were the duties of the Nursing Superintendent:

> I consider that the Nursing Superintendent should have the engaging and discharging of nurses, she should regulate their hours of duty, be responsible for their work, have control of the general discipline of nurses.[250]

The commissioners asked Cowperthwaite if he felt the hospital was "in a state of absolute disorganization " which Keegan had claimed had been the case after he returned from his long absence due to illness. Cowperthwaite replied there was no justification for such a statement. He felt the hospital was run efficiently and there

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[249] 1914 Royal Commission, testimony of T. Anderson.

[250] 1914 Royal Commission, testimony of H. Cowperthwaite.

had been no friction among the staff until recent months. In response to a question about who was in charge of the hospital when there was no doctor present, Cowperthwaite answered that Southcott was in charge.[251]

Since 1910 Dr. Nutting Fraser had also been a visiting doctor at the General Hospital. As such, he attended his patients at the hospital at least twice a week. However, during the period in which he was giving evidence to the Commission, he visited the hospital every day to see a private patient he had there.[252] Fraser also agreed that Southcott was an efficient nurse and administrator and he assumed that when there was no doctor at the hospital, Southcott was in charge. When questioned about the ability of the nurses at the General Hospital, he responded:

> I have never had any complaint with the nursing at the Hospital. I find the nurses all very ready to do anything they are asked. I think in their training they can be compared with any nurses.... I never had any trouble in getting a nurse to attend and what orders I gave were always carried out. I did not have any complaints from patients about the nursing.[253]

Dr. Cluny Macpherson, a prominent St. John's physician, reiterated the view that Southcott should be in charge of nurses and all matters pertaining to nursing. Macpherson had worked at the General Hospital as an anaesthetist in 1899. He left the hospital, he stated, because politics played such an important role

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[251] 1914 Royal Commission, testimony of H. Cowperthwaite.

[252] 1914 Royal Commission, testimony of Nutting Fraser.

[253] 1914 Royal Commission, testimony of Nutting Fraser.

in medical appointments.[254] He felt that the Medical Superintendent of any hospital should not interfere with nursing affairs:

> The Medical Superintendent should not direct the Nursing Superintendent as to what nurses should be promoted, or what nurses should be assigned to particular duties.[255]

Macpherson added that he disagreed with Keegan's interference in other hospital departments such as the kitchen and housekeeping. He suggested the formation of a non-political board of governors to administer the hospital in order to ameliorate the friction between Southcott and Keegan.[256]

The disputes between Southcott and Keegan ranged from the serious threat of Southcott losing all her power as Superintendent of Nurses to petty disagreements. Most of the friction was due to the fact that Keegan wanted to have direct control over the appointment of nurses and assignment of their duties. Southcott, on the other hand, was adamant that it was not the role of the Medical Superintendent to interfere in nursing matters. She told the Commission that when Keegan began in 1909 she continued the tradition she had established with Dr. Shea of talking over matters pertaining to the nurses while still believing she was ultimately responsible for the discipline of the nurses. She claimed that when it became evident that what she had confided in Keegan was not

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[254] 1914 Royal Commission, testimony of C. MacPherson.

[255] 1914 Royal Commission, testimony of C. MacPherson.

[256] 1914 Royal Commission, testimony of C. MacPherson.

kept confidential she gave up the practice of discussing nursing matters with him.[257] Subsequently, many of the nursing assignments made by Southcott were overturned by Keegan.

In her testimony to the Commission, Southcott submitted evidence to show that the general practice in most hospitals was that all nursing staff came under the jurisdiction of the Superintendent of Nurses. Her evidence included letters from the nursing superintendents at various hospitals in England, the United States, and Canada. She also included notes from the writings of Florence Nightingale and a letter from Sydney Holland, chair of the London Hospital, who summarized the role of nursing superintendent:

> If you like to have and quote my opinion you are welcome to do so on the point as to whether the Medical Superintendent or you ought to have control of the Nurses. There is really only one opinion in the Old Country, and that is the Matron is solely responsible to the staff for the proper nursing of the patients. And dual control is impossible. It lowers the power of the Matron, it creates disloyalty, it lessens her power of getting promptly obeyed if nurses have another head over them....[258]

Southcott's reputation was reflected in the calibre of the contacts she had with people who were willing to enter the fray on her behalf.

The recommendations of the Report of the Commission on the General Hospital were incorporated into the first General Hospital Act, passed on June 15, 1915.[259] This legislation established a

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[257] 1914 Royal Commission, testimony of M. Southcott.

[258] 1914 Royal Commission, letter from Sydney Holland to Mary Southcott, April 29, 1914 in the testimony of Mary Southcott.

[259] General Hospital Act 1915, 6 Geo. V, Cap. XIX.

rigid staff hierarchy and entrenched the roles of the hospital staff. The Governor-in-Council appointed six men to form the first board of governors to administer the hospital. The duties of the medical and nursing superintendents were clearly defined, giving the medical superintendent authority over all nurses in key positions in the hospital. The sisters who were in charge of the operating rooms, x-ray department, dispensary, the matron's office and the kitchen were now under the jurisdiction of the medical superintendent. The trained nurses who worked as staff nurses on the wards and the student nurses were the only nurses left within the nursing superintendent's domain.[260] To add insult to injury Southcott was directed to "obey implicitly the General Superintendent".[261] The 1915 Act also allowed for the introduction of trained male nurses. The training course for them was to be 12 months and they were to be directly responsible to the medical superintendent. Their duties included the bathing and shaving of all male patients and preparation of male patients for the operating room.[262] The Act also provided for the implementation of user fees. Although a scale of fees was discussed at several Board meetings it was not put into effect until 1922. The General Hospital Act flew in the face of the Nightingale tradition. Most significantly control over nurses and

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[260] JHA, 1915, Appendix, p.802.

[261] JHA, 1915, Appendix p.804.

[262] JHA, 1915, Appendix, p.807.

nursing was taken from nurses and given to male administrators and doctors.

The events of 1914 led to the establishment of a rigid hierarchy with the nursing staff divided into different departments and the Medical Superintendent as the head of each department. The supremacy of the Nursing Superintendent over all aspects of nurses and nursing ended. Nurses were divided against one another in their roles in the hospital hierarchy. This division was one factor which led to the deterioration of the school of nursing in the 1920s. Another factor was the loss of nursing leadership which resulted after the resignations of the three senior sisters in 1914 and, more importantly, the loss of Mary Southcott in 1916 when she was fired by the new Board of Governors.

At a Board of Governors meeting on February 1, 1916, further changes to the administration of the General Hospital were introduced. Annie Cashin, matron of the Nurses' Home since 1912, was due to retire on March 1, 1916. The Board decided it was not necessary to have a trained nurse in that position and instead appointed a housekeeper. The position of matron of the Nurses' Home was an important criterion in the Nightingale system and its elimination further diminished the role of trained nurses in the education of student nurses. Subsequently, the positions of matron of the hospital and kitchen superintendent were amalgamated into one. Other changes by the Board included an increase in the salaries of the seven sisters on staff from $240 a year to $270 and the addition of another nurse to work night shifts. The Board

decided to abolish the position of Assistant Superintendent of Nurses whenever the nurse in that position left. Florence Scott eventually resigned in 1922 and the position was made redundant. The Board had considered reducing the salary of the Nursing Superintendent but decided against it when they abolished the assistant nursing superintendent's position.[263]

These sweeping changes to the nursing staff were made without any consultation with Southcott. All that she and the other nurses had worked for in building the General Hospital school of nursing over the previous 12 years disintegrated before their eyes. She continued to fight to retain the little influence she had in the hospital but the Board had other plans. As early as December 4, 1915, the Board of Governors had discussed her dismissal. In April 1916 they followed through with this plan and asked for her resignation. They justified their actions by claiming that "there is no possibility of correcting the trouble so long as Dr. Keegan and Miss Southcott are retained in their present relative positions...."[264] Keegan had finally won. From this point on actions by the Board of Governors, on the advice of Keegan, brought such a strain on the school of nursing and the nursing staff that by 1924 there was serious thought of closing the school.

In April 1916 the Board of Governors hired Myra Taylor to replace Southcott. Taylor, the daughter of Richard Taylor and

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[263] Colonial Secretary's Special File No. 278A, 1916, GN 2/5, PANL.

[264] Colonial Secretary's Special File 278A, 1922, GN 2/5, PANL.

Eliza (Calpin) Taylor, was born and educated at Bay Roberts. She graduated from the General Hospital school of nursing in November 1910. After graduation Southcott appointed her sister in charge of the surgical wards. A year later she resigned in order to go to England to take a course in midwifery at Queen Charlotte's Hospital, London. When she completed the course in October 1912 she registered with the Central Midwives Board of England and Wales. She followed this with a course in massage therapy before returning to Newfoundland in August 1913. During the fall and winter Taylor did private duty nursing in St. John's until she joined the staff of the St. John Ambulance Brigade. In April 1914 the survivors of the S.S. Newfoundland sealing disaster were brought to St. John's. The King George V Seamen's Institute was converted to a temporary emergency hospital to treat the frostbitten sealers. Casualties needing long term care were subsequently transferred to the General Hospital. Taylor, as a member of the St. John Ambulance Brigade, supervised the nursing staff and assisted Dr. Cluny Macpherson, the District Surgeon and Superintendent of the Brigade.[265]

Taylor's position at the General Hospital was quite different from the role Mary Southcott had developed. Taylor was regarded as one among many of the several department heads in the hospital. The 1915 General Hospital Act stated there would be 11 officials and each was head of a department and directly responsible to the

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[265] Governor's Office, 1914, Despatch Number 84, GN 1/3/A, PANL.

Medical Superintendent. They were, in descending order in the hierarchy: medical superintendent, visiting doctors, first house surgeon, second house surgeon, superintendent of nurses, x-ray operator, anaesthetist, dispenser, matron, kitchen superintendent, housekeeper of the Nurses' Home, storekeeper, and engineer.[266] One of the first tasks of the new Board was to define the duties and responsibilities of each of these positions. They formalized the rules and regulations governing the lives of the student nurses and, for the first time, the graduate nurses on staff.

Table 6 Rules for Nurses and Probationers

1. Nurses must be quite punctual. Any nurse late for a meal, or in returning to the Hospital, must report herself to the Nursing Superintendent at 9 a.m.
2. No nurse may go to a ward other than that in which she is working, unless sent on a message.
3. Nurses are not allowed to receive visits from their friends while on duty.
4. Nurses must enter their names in the gate register, when going out and returning.
5. Nurses are not to remain in their own wards, or visit any other wards, when off duty.
6. Nurses are to be in their bed-rooms by 10 p.m. Lights are to be out by 10:30 p.m., after which time talking is not permitted.
7. Nurses are required to adhere strictly to the Hospital uniform. They are not allowed to wear rings or other jewellery, when in uniform.
8. No nurse shall take any gratuity, or present from any patient, or patient's friend.

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[266] X-ray operator, anaesthetist, and dispenser was one position held by Cullian.

9. The Nursing Superintendent must be informed of any irregularity occurring in the wards.

10. Great care must be taken that there is no unnecessary noise during the night.

11. All talking, laughing, running in the corridors, stairs, and passages of the Hospital is strictly forbidden.

12. Nurses must keep their bed-rooms tidy, and well-ventilated.

13. Any nurse late for meals, or late in returning to the wards, or exceeding her time off duty, four times within the space of a month will forfeit a day off.[267]

These rules covered almost all aspects of the nurse's life. The combination of boot camp and convent had been achieved. The Board of Governors did not limit itself to governing the life of the nurse. It also introduced rules to cover behaviour on the wards:

Table 7 Ward Rules

1. Wards to be kept clean and in good order. Work to be done at times as will not interfere with the visits of the Medical Staff.

2. Every ward shall be kept thoroughly ventilated.

3. Each patient shall be attended to immediately on admission, and given any nourishment that may be required. The Nursing Superintendent's permission must be asked before a bath is given.

4. In case of any patient complaining of great pain, or presenting any grave symptom, the Nurse shall let the Nursing Superintendent or Doctor know at once.

5. No visitors shall be admitted except at the proper hours, not more than two to a bed. No food shall be brought into the ward without the Nurse's permission.

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[267] Colonial Secretary's Special File No. 278A, 1916, GN 2/5, PANL.

6. The Nurse is responsible for all linen belonging to the ward. All linen unfit for use to be brought to the linen room at a given time.[268]

The administration of the school of nursing now came under the scrutiny of the Board. By October 1916 they had designed a standard form letter which was sent to prospective student nurses. An application form and a questionnaire for references were included. The cover letter read:

> In reply to your letter I am sending you an application form which I shall be glad for you to fill in and return to me immediately, also a form of certificate to be filled up by your family physician and returned with your application. Should your references prove satisfactory I will put your name on my list of candidates. It will be necessary for you to pass an entrance examination before being offered a vacancy. Notice of this will be sent to you. A certificate of the Council of Higher Education in the Preliminary or some higher grade will be accepted in lieu thereof.[269]

The applicant was requested to fill in the application form in her own handwriting answering the following questions:

Table 8. Application Form

1. Name in full.
2. Present address.
3. Are you single, married, or a widow?
4. Age last birthday, and place of birth.
5. Address and occupation of parents.
6. Of what religious denomination?
7. Your present employment.
8. Are your sight and hearing good?
9. Are you strong and healthy? What illness have you had?
10. At what school or schools were you educated?

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[268] Colonial Secretary's Special File No. 278A, 1916, GN 2/5, PANL.

[269] Colonial Secretary's Special File No. 278A, 1916, GN 2/5, PANL.

11. Give the names and addresses of two persons to whom you are well known who may be referred to; one must be a lady.
12. If in situation give the name and address of your employer.
13. What is your weight and height?
14. Have you entered for or passed any of the C.H.E. examinations?[270]

Applicants also had to provide references. There was a standardized form listing 10 questions to be answered by the referee. They were:

Table 9. References

1. Are you related to her?
2. How long have you known her?
3. Has she been employed by you?
4. In what capacity and how long?
5. Do you consider her capable and trustworthy?
6. Is she good tempered and mentally well balanced?
7. Do you consider her strong and healthy?
8. Has she any physical defect?
9. What are her special characteristics?
10. Are you willing to recommend her?[271]

Application to the school of nursing was now more formalized and bureaucratized. This was in sharp contrast to Southcott's informal practice of interviewing prospective students along with their parents over tea in her sitting room at the hospital.

Mary Southcott's reputation in the community of St. John's was not in the least tarnished by this whole episode. She remained active in nursing and public life for many years. Immediately after her dismissal from the General Hospital she began a private maternity hospital on Kings Bridge Road. Later in 1916, the

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[270] Colonial Secretary's Special File No. 278A, 1916, GN 2/5, PANL.

[271] Colonial Secretary's Special File No. 278A, 1916 GN 2/5, PANL.

government asked her to take charge of Donovan's Hospital, to deal with an epidemic of measles which had swept through the soldiers' barracks. Southcott was assisted by Emma Reid, the nurse who had resigned in protest from the General Hospital in April 1914. When the epidemic passed, Southcott returned to her private hospital and Reid remained in charge of Donovan's. Southcott subsequently moved her hospital to 28 Monkstown Road, a house which her father had built. One of the few private hospitals in St. John's, this ten bed facility mainly provided care for maternity patients but visiting doctors also performed minor pediatric surgery such as tonsillectomies.[272]

Southcott was also active in the women's suffrage movement. She joined the Ladies Reading Room and Current Events Club in St. John's which sponsored various activities to promote the vote for women. This included organizing debates, circulating petitions, and arranging for guest speakers at the club.[273] Southcott was also active in the child welfare movement in St. John's. She was president of the Child Welfare Association which had been formed in 1921 by the Women's Patriotic Association. In 1921, a Midwives Club was organized to regulate the practise of midwives. A Newfoundland Midwifery Board was appointed with Dr. Cluny Macpherson as president and Mary Southcott as vice president. The Board set policies and rules for practising midwives. Other

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[272] Nevitt, White Caps and Black Bands, p.102.

[273] "Current Events Club - Women Suffrage - Newfoundland Society of Art" in J.R. Smallwood, The Book of Newfoundland (St. John's: Newfoundland Book Publishers Ltd., 1937), Vol.1, p.199.

General Hospital graduates were active in this organization. Evelyn Cave, one of the early graduates, was responsible for formalizing the course and teaching midwifery to women who were interested. The Club also formed an Advisory Committee of graduate nurses to assist in teaching and instructing student midwives. Two members of the Committee, Edna Cunningham and Jessie Edgar, were graduates of the General Hospital school of nursing.[274] Unfortunately when a proposed act was submitted to the Ministry of Justice in 1921 it was discovered that the Board had no legal authority. It took another five years of lobbying by the Midwives' Board before the government introduced "An Act to Secure the Better Training of Midwives and to Regulate Their Practice". Again the legislation was lost in a tangle of bureaucracy as the Legislative Council chose to appoint a select committee of both houses rather than promulgate the act. Finally in 1931 legislation regarding midwives was finally passed as part of the Public Health Act. [275]

In December 1923, the Grace Maternity Hospital was opened by the Salvation Army with accommodation for 20 patients and 17 babies. Two committees were formed to administer the hospital, one to look after financial affairs and one to take responsibility for the nursing. The latter was called the Grace Maternity Hospital Association. Mary Southcott was one of the 29 members of this Association and she helped design an 18 month maternity course. By

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[274] Nevitt, White Caps and Black Bands, p.126.

[275] Janet McNaughton, "The Role of the Newfoundland Midwife in Traditional Health Care, 1900-1970", (Ph.D Dissertation, Memorial University of Newfoundland, 1989), p.80.

1929 the Grace Maternity Hospital had expanded to a general hospital and opened its own school of nursing. In 1931 eleven nurses graduated from the program.[276] Throughout this period, Southcott also remained active in the Graduate Nurses' Association. She continued as president for many years but after 1918 membership dwindled and the organization stopped meetings.[277]

In conclusion, the crisis for the General Hospital school of nursing came in May 1914 when Keegan refused to continue as Medical Superintendent, forcing a government investigation into the hospital. From this point the objectives of the government and the hospital administrators differed from the goals of the nurses. In accepting the commissioners' report in 1915, the administration of the General Hospital concentrated its efforts on making the institution economically viable. The new Board of Governors planned to run the hospital as a business and over the next fifteen years they introduced a series of measures to streamline the costs of running the hospital. These measures were detrimental to the school of nursing as control over nursing was taken from the nurses and placed in the hands of a patriarchal administration. Keegan and the Board of Governors subsequently had a monopoly on all aspects of hospital care.

[276] Nevitt, White Caps and Black Bands, p.147.

[277] Nevitt, White Caps and Black Bands, p.88.

1916-1930

The second period covered in this study is 1916 to 1930. They were the years in which the General Hospital Act of 1915 was put into effect. This was the period when the hospital administration and the nurses diverged in their plans and objectives. The administration hoped to stem the increasing cost of health care by introducing business techniques into the running of the hospital. Slowly throughout the decade, the principles that Mary Southcott had established to ensure that the General Hospital school of nursing was on par with other reputable schools eroded. By 1924 the training program was diminished to the point that there were no courses taught for almost two years. The First Interim Report of the Royal Commission on Health and Public Charities was published in 1930.[278] This report saw the complete vindication of Mary Southcott and represented the end of an era for the hospital, a process soon to be paralleled by the colony as a whole. Newfoundland, not just the hospital, was to be put on a modern, business footing when the Amulree Report of 1933 recommended the suspension of responsible government and governing placed in the hands of six men in the form of a Commission of Government.[279]

The 1920s brought many changes to the General Hospital and the school of nursing. One of the more far reaching was the

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[278] First Interim Report of the Royal Commission on Health and Public Charities (St. John's: Office of the King's Printer, 1930).

[279] Annual Report of the General Hospital, 1929, p.9.

appointment of W.H. Rennie, who had previously worked with the St. John's Gas Company, as full-time administrator of the hospital in April 1921.[280] Accountable to the Board of Governors for the financial administration of the hospital, Rennie introduced new measures which aimed at making the institution self-supporting. This concentration on finances and streamlining expenditures would be, over the next ten years, detrimental to the development of the school of nursing and nurses themselves. The influence of the hospital, according to historian Susan Reverby, was the most significant force in shaping nursing history. The political economy of the hospital-nursing relationship established the conditions under which nursing grew. The development of nursing in Newfoundland was also shaped by the political economy of the hospital, and from 1916 to 1930 the relationship of the hospital's political economy to nursing development was quite explicit.

Rennie immediately introduced a new accounting system. The fiscal year was changed from the calendar year, January - December, to July - June in keeping with the new trends in business.[281] The reports he submitted to the Board of Governors reflected his efforts to operate the hospital as a business and the financial accounts he presented carried comparative statements to demonstrate his accomplishments. The accounts were divided into two categories: those received from paying patients and those received

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[280] Colonial Secretary's Special File No. 278A, 1922, GN 2/5, PANL.

[281] Annual Report of the General Hospital, 1922, p.6.

from the government through the Commissioner of Public Charities. The comparative statement[282] for the years 1922 to 1925 shows:

	1922	1923	1924	1925
Paying Patients:	$ 7,836	11,892	12,760	18,280
Public Charities:	$14,187	27,639	33,082	28,804

This statement shows that within three years Rennie had more than doubled the income from paying patients and had managed to double the amount of money received from the government.

By 1928 Rennie's annual report stressed the need for more facilities for private, paying patients. At that time, the General Hospital had three private and two semi-private rooms. The Board of Governors responded by commissioning architects to design a private pavilion similar to the one at the Victoria General Hospital in Halifax. Although never built, it reflected the modern trend in North America to entice more lucrative private patients to the hospital.[283] His report also pointed out the necessity for expanding the hospital in order to cope with the increasing demand for hospital treatment. He argued that it would be more economical for the government to enlarge the General Hospital rather than continue the practice of having government patients treated at private facilities in St. John's. There were various private hospitals in St. John's at different times, operated by individuals or charity groups. For example, Sophia Danson rented the Rectory

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[282] Annual Report of the General Hospital, 1925, p.10.

[283] Annual Report of the General Hospital, 1928, p.4.

of St. Thomas's Church in 1918 for use as a private hospital: there were five private wards, one general ward, and another ward for children. Two wards of the hospital were set aside for government paying patients. Danson employed two trained nurses.[284] In 1928 alone, the government spent over $65,000 on the treatment of the sick poor in private hospitals because the General Hospital could not keep up with the demand for services.

Rennie was also instrumental in implementing user fees as the Royal Commission of 1914 had recommended. In 1922 the following scale of fees was introduced:

Table 10. Scale of Fees in 1922

> Persons admitted to the public wards: $1.00 per day. Persons occupying private rooms: $10.00 per week, in addition to the daily fee of $1.00.[285]

On July 1, 1929 additional fees were introduced. These fees were further broken down to cover more aspects of hospital care as additional categories were added.

Table 11. Scale of Fees in 1929

> No.1 FOR PRIVATE ROOM PATIENTS the charge will be $2.50 per day; $1.00 per day additional for Hospital Nurse, or $1.00 per day additional to cover cost of meals if private nurse brought in. In either event the total charge to the patient will be $3.50 per day, with an additional nominal charge of $10 for a major operation and $5 for a minor operation. Radiographs and Electrical treatments will also be extra.
> No.2 FOR SEMI-PRIVATE ROOMS the charges will be $2.00 per day; and $1.00 per day for Hospital Nurse, or $1.00 per day private nurse to cover cost of meals. In either

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[284] Nevitt, White Caps and Black Bands, p.107.

[285] Annual Report of the General Hospital, 1922, p.4.

> event the total charge to the patient will be $3.00 per day. Extras same as No.1.
> No.3 FOR SCREENED BED ON WARD the charge will be $1.50 per day, and $1.00 per day extra for special meals; and $1.00 per day if private nurse is brought in, to cover cost of her meals. The cost per day will be $2.50 without a private nurse, and $3.50 per day with a private nurse. Extras same as Nos.1 and 2.
> No.4 FOR WARD PATIENTS the charge will be $1.00 per day as at present and $10.00 and $5.00 will also be charged for major and minor operations respectively. Radiographs and Electrical treatments will also be extra.[286]

Patients were informed that all fees were to be paid directly to the hospital: patients were not to pay any fees to their physician. The problem of physicians collecting fees from patients was long standing at the General Hospital. Repeatedly, notices were posted in the hospital and in the daily newspapers advising patients of this. However, in 1928, Rennie again had to warn doctors that they would be suspended from practising at the General Hospital if they were discovered collecting fees from patients.[287] The attention given to the introduction of user fees reflected the business techniques that were being incorporated into hospital management. The selling of medical and nursing care had become a reality.

Another aspect of the incorporation of business management techniques was the increased use of standardized records, and printed forms were used to achieve this standardization. In the past, record books had been made individually by hand: ledgers were bought and then ruled according to the purpose for which they were

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[286] Annual Report of the General Hospital, 1929, p.9.

[287] Annual Report of the General Hospital 1928, p.8.

used. By Rennie's tenure, record books were purchased with a format already established. Ledgers, registers, and casebooks were bought and used for repetitive hospital records such as statistical reports, salary records and clinical histories. The use of printed forms was the most obvious sign of this trend towards standardization. The variety and detail of earlier records disappeared under the pressure for increased use of standard forms. The production of records in hospitals increased throughout the early decades of the 20th century as reports being written included: laboratory reports, reports of surgical procedures, temperature charts, treatment sheets, doctors' orders, nurse's notes, X-ray reports and correspondence. There were three main influences on this growth in record keeping. The first was government demand for more records to account for their increased spending on health care and to satisfy inspectors that hospitals were meeting the requirements of health acts and other legislative conditions. Developments in administrative practices were the second influence on the increase of record keeping. As the hospital became a more complex institution, business management techniques were introduced which in turn generated more records. This was especially evident in the field of accounting. The third influence was the development of hospital medicine. The records produced by new procedures and the increase of data collected on

the personal histories of patients added to the size of the ever expanding patient's file.[288]

The General Hospital reflected this growth in record keeping. As administrator of the hospital, Rennie introduced new techniques of standardization to improve the management of the institution. Annual reports made use of statistics to present arguments for more financial support and to justify expenditures. One technique Rennie introduced in 1930 was the weekly census. Census forms were sent to the head nurse[289] on each ward and they were filled out by her each week listing each patient on her floor. These reports were then sent to Rennie's office where they were transferred to index cards and accumulated to provide statistics on admissions and discharges.[290] This is an example of the direct interference of administration into nursing routine. In Southcott's time all nursing reports were written and submitted to her before going to the general office. Southcott also required a verbal report from each nurse in charge of a ward. Throughout the 1920s delinquent accounts increased at the hospital; Rennie designed a form letter to be sent to patients who had not paid their hospital bills. This

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[288] Barbara L. Craig, "Hospital Records and Record-Keeping, c.1850 - c.1950, Part 1: The Development of Records in Hospitals" in Archivaria, Number 29, Winter 1989-90, p.61.

[289] After the first world war the term "head nurse" which was used in American hospitals began to replace the older British term "sister" at the General Hospital.

[290] Annual Report of the General Hospital 1930, p.7.

letter informed the patient that legal action would be taken if the bill was not paid.[291]

The annual reports of the Medical Superintendent and the Superintendent of Nurses continued to be descriptive narratives of hospital events. Nevertheless, the trend to lengthy statistics was gaining popularity here as well. The Medical Superintendent's reports included statistics of various categories such as the average length of stay by patients, number of patients according to religious denomination, the cost per patient per day, and the number of annual admissions. Although the Nursing Superintendent also incorporated the use of statistics in her reports she continued to provide a narrative style report on the activities of the nurses. In 1918 the first annual report of the Electrotherapy Department was published. This department had been considerably expanded during the first world war. Madge Cullian continued as the sister in charge but now with the added assistance of two graduate nurses.[292] The expansion of this department and the increase in staff there represented the continuing favouritism shown to Nurse Cullian.[293]

While Rennie was introducing new management techniques, the school of nursing was also undergoing changes as Myra Taylor, the

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[291] Annual Report of the General Hospital 1930, p.11.

[292] Annual Report of the General Hospital, 1919, p.30.

[293] Folklore at the General Hospital alleges that Dr. Keegan and Nurse Cullian were having an affair throughout this period. Whether this is true or not is impossible to determine but may explain the favouritism.

Superintendent of Nurses, attempted to keep pace with modern nursing trends. During the first decades of the 20th century, nursing schools placed increased emphasis on the importance of the curriculum and Taylor sought to expand the curriculum at the General Hospital school of nursing. As the need for orthopaedic services increased during the first world war, classes were given in anatomy, physiology and orthopaedics. Taylor added Nursing Ethics to her teaching duties. Affiliation with the Fever Hospital was well established by this time and each nurse at the General Hospital spent three months there gaining experience in nursing patients with infectious diseases.[294] Taylor had two other objectives: the introduction of eight-hour shifts and changing the probationary period for students so that they were not required to staff the wards during their first six months in training.[295] In her request for eight hour shifts she wrote:

> ...there is no reason to suppose that the amount of staying power is greater in the individual in the Nursing profession than in any other work which calls for an equal amount of mental applications plus supreme physical efforts.[296]

She also argued that illness among nurses was in part due to the fact that their resistance to disease was low because of their long hours of work. In order to set up a work schedule of eight hour shifts, she estimated an additional 15 nurses would be

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[294] JHA 1918, Appendix, p.676.

[295] Colonial Secretary's Special File No. 278A, GN 2/5, PANL.

[296] Annual Report of the General Hospital, 1919, p.31.

required.[297] In several of her annual reports she reiterated her requests for these changes but met with no support. The hospital, requiring a large labour force, saw the school of nursing as a cheap source of labour. Eight hour shifts did not fit into the emerging capitalist ethic of administrators as nurses became the hospital's wage labourers.

Accepting the relations of advanced capitalism, nurses adopted the methods of workers in industry. Therefore, during the period 1916-1930, the nursing staff focused its demands for change on the issue of wages. Although the autonomy of the staff of the General Hospital had been severely curtailed as a result of the General Hospital Act, nurses were not powerless in voicing their concerns. Instead of letters of protest and quiet resignations, nurses now backed up their demands with threats of strike action. On April 29, 1919 ten graduate nurses submitted a letter to the Board of Governors requesting an increase in salary. The ten nurses comprised the total staff of sisters at the General Hospital excluding Myra Taylor. They were the Assistant Superintendent of Nurses, X-ray Operator, Operating Room Sisters, Hospital Secretary, Assistant X-ray Operator, and four ward sisters. In their letter they stated that the nurses in other government institutions, such as the Tuberculosis Sanatorium and the Fever Hospital, received $80 to $100 a month whereas nurses at the General received only $38 month. The Superintendent of Nurses, sent a letter of support saying: "Out of nine Graduates from 1918, one only remained on the

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[297] Annual Report of the General Hospital, 1919, p.31.

Staff, as these Nurses could do private work in town for $80.00 together with their board...." The Board of Governors subsequently sent these letters to the Colonial Secretary informing him that although they agreed the salaries were inadequate they could not recommend an increase. They pointed out that although the wages were lower at the General Hospital, the nurses had the advantage of having permanent positions.[298] By June 20, the nurses still had not received any reply from the Colonial Secretary. They notified the Board of Governors that if they did not receive a pay increase by the following Sunday they would withdraw their services. Within three days strike action was averted when the Colonial Secretary told the nurses their raises were forthcoming. On July 25 the government offered them the following salaries retroactive to July 1:

Table 12. Nurses Salaries in 1919

Nursing Superintendent.....	$80 month
Assistant Nursing Superintendent...	$65 month
X-ray Operator.....	$65 month
Operating Room Sister.....	$55 month
Graduate Nurses [Sisters].....	$50 month

On July 30 the nurses responded that the graduate nurses "cannot undertake to work for less than $60 and $65 per month after July 31st". The Colonial Secretary countered by pointing out that in the past 18 months their salaries had increased from $30 a month to

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[298] Colonial Secretary's Special File 278, 1919, GN 2/5 PANL. The ten nurses were Florence Scott, Madge Cullian, Bessie Hartery, Gertrude Bradbury, Hettie Young, Eva Long, Florence Sinyard, Agnes Doyle, Bride Larner, and May Flemming.

$50 a month, an increase of 66 per cent. On August 14 the nurses accepted the government's offer.[299]

In 1923 Rennie requested an increase in nurses' wages because the hospital was having problems keeping trained nurses on staff after they graduated. Throughout this period the number of nurses who graduated and emigrated to the United States increased. There they found lucrative and secure work at American hospitals. Losing graduate nurses to other American institutions and to private duty work in St. John's was a continuing problem for the General Hospital. In 1923 nurses received another pay raise. The Superintendent of Nurses' salary was increased to $105 a month. This increase was to cover the added responsibility she had acquired when the Assistant Superintendent resigned. The X-ray Operator's salary increased to $80 and her assistant's was increased to $60 a month. The supervisor of the Operating Room had her salary increased to $70 month and the two Operating Room Sisters received an increase to $60 month. The five staff nurses received increases which resulted in them earning $35 a month. This final category of staff nurse was the most significant. Traditionally staff nurses who chose to stay on after they graduated continued to earn a third year student wage which was $18.50 in 1923.[300]

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[299] Colonial Secretary's Special File No. 278A, April 29, 1919 - August 14, 1919, GN 2/5, PANL.

[300] Colonial Secretary's Special File 278A, 1923, GN 2/5, PANL. This pay raise differed from the 1919 raise in that it applied to staff nurses. The 1919 raise applied to sisters only.

First-year student nurses lost out in the pay raises of 1923 when their salary of $9 a month was discontinued. Third-year students continued to receive $18.50 a month and second-year students $13.25 a month. Rennie, in his submission to government, justified abolishing first year wages by claiming that the $1400 saved in addition to the increased revenue from paying patients, would help offset the increases given to the graduate nurses. In addition he claimed that "This regulation will, it is anticipated, raise the standard of applicants".[301] This idea that working without wages or for very low wages would improve the calibre of student nurses was first introduced in nursing schools which had a religious affiliation. The Salvation Army Grace Maternity Hospital which opened a school of nursing in 1929 paid all students $20 a month throughout their training. If a student was not a member of the Salvation Army, however, she was paid only $8 a month. It was presumed that "over-pay and under-training usually go hand in hand".[302] In reality, however, the underlying reason was, as Rennie stated, to save money for the hospital.[303] Another effect of not paying students was that nursing would be limited to middle and upper class women as they were the only ones able to afford to enter training.

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[301] Annual Report of the General Hospital, 1923, p.5.

[302] The First Interim Report of the Royal Commission on Health and Public Charities, p.94.

[303] Colonial Secretary's Special File No. 278A, 1923, GN2/5, PANL.

In December 1924, the Minister of Public Works, C. E. Russell, in a letter to Sir John Crosbie, Minister of Finance and Customs, suggested that Christmas presents be given to first-year students to compensate for their loss of wages in 1923. Crosbie asked for a list of the names of the thirteen students and recommended giving them $10 to $15. The Board of Governors, however, disagreed stating that the salary issue had been settled in 1923 and reiterated their belief that the standard of applicant would be raised if first year students received no wages.[304] In 1929, for unknown reasons, the salaries of first year nurses were reinstated. After July 1, 1929 new students entering the program received $8 per month. Six first-year students who had entered the training program before July 1 protested this action when they discovered they would not receive the compensation. These six students sent a petition to Rennie expressing their protest and subsequently, they too received their wages.[305]

In addition to salary changes, the Board of Governors made adjustments in staffing requirements in order to economize. In January 1923, Nellie Powell, who had been matron of the hospital since January 1913, retired from her position.[306] The matron's room was located in the hospital. When she left, the room was converted to accommodate five student nurses because of

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[304] Colonial Secretary's Special File No. 278A, 1924, GN 2/5, PANL.

[305] Colonial Secretary's Special File No. 278A, 1924, GN 2/5, PANL.

[306] 1914 Royal Commission, testimony of Nellie Powell.

overcrowding in the Nurses' Home. Shortly after, Florence Scott, the Assistant Superintendent of Nurses resigned. Both of these positions were abolished by the Board and the duties and responsibilities were added to Myra Taylor's workload. It was not long before the strain of the added work took its toll on Taylor. In 1924 she required a three-month leave of absence during July, August, and September to recover from total exhaustion. May Flemming was appointed acting Superintendent in her absence.[307] Because of Taylor's illness, the Board of Governors decided to reinstate the position of matron of the hospital. On September 1, 1924, Maud Ryan, the matron of the Nurses' Home, was transferred to the hospital. Consequently, the Board of Governors reduced Taylor's salary by $20 because it claimed her duties had been lessened. Nurse Hannah Jones was appointed matron of the Nurses' Home. She had graduated from the General Hospital school of nursing in 1920 and subsequently worked at the Norwegian Hospital in New York before returning to Newfoundland. At this point Rennie agreed that it was necessary to have a trained nurse in the Home in order to assist with teaching the student nurses.[308]

While Taylor's leave of absence in 1924 was supposed to last from July to the end of September, she had not sufficiently recovered by then and asked for an extension of her leave. After consulting with Drs. Anderson and Cowperthwaite the Board of Governors extended her leave until the spring of 1925. During

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[307] Colonial Secretary's Special File 278A, 1924, GN 2/5, PANL.

[308] Colonial Secretary's Special File 278A, 1924, GN 2/5, PANL.

Taylor's prolonged absence the school of nursing deteriorated to the point that the students received no lectures and their training was essentially working on the wards. Rennie wrote to the Colonial Secretary on March 23, 1925:

> For your information I beg to say that the work of the training school for probationers and nurses, formerly conducted by Miss Taylor, has been more or less in abeyance for some time past. The result has been that the nurses and probationers have received very little general training, and present circumstances may compel the discontinuance of the training school for the present, or until such time as Miss Taylor resumes her duties, or failing that the appointment of a regular Nursing Superintendent.[309]

Fortunately for the student nurses Taylor returned to work in August 1925 and the school remained opened. The elimination of the two positions, assistant superintendent of nurses and matron, had been false economy as the strain of work placed on Taylor by the added duties only resulted in her absence.

When Taylor returned to work in August 1925 the Board of Governors continued their practice of assigning nursing staff. In their attempt to save money, they repeatedly reduced staff and subsequently reduced the efficiency and quality of nursing care. Hannah Jones, a graduate of the school of nursing in 1920, was appointed matron of the Nurses' Home in September 1924, a position she held until 1926.[310] When Jones resigned, the Board of Governors told Taylor to assign one of the staff nurses from the hospital to the Nurses' Home to act as matron. Taylor complained

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[309] Colonial Secretary's Special File 278A, 1925, GN 2/5, PANL.

[310] Annual Report of the General Hospital 1925, 1928.

that she could not afford to continue assigning a nurse to the Nurses' Home as the nurse was needed on the wards. In response to Taylor's complaints the Board appointed Alice Jeffrey to the position of matron although Jeffrey was not a trained nurse. In 1928, two years after her appointment, Jeffrey required a leave of absence because of illness. She returned to work but in May 1930 she asked for another six weeks leave. At this point Rennie fired Jeffrey claiming that the Board had decided to appoint a trained nurse to the position. He now argued that it was necessary to have a trained nurse as she could assist in training students, work on the wards if necessary, and replace the Nursing Superintendent when she was absent from the hospital.[311] On September 2, 1930 Mildred Pike was appointed matron of the Nurses' Home. She had graduated from the Long Island College Hospital, New York in May 1925. After graduation she remained in New York and worked at that hospital before moving on to work with the Metropolitan Life Insurance Company. She then worked at a nursing home in Babylon, New York, before she returned home to Newfoundland in 1930. She worked at the Grace Maternity Hospital as acting night supervisor until she applied for the position of matron at the General Hospital.[312] This whole problem of staffing the hospital was a direct result of having non-nursing personnel assigning nursing staff. When Southcott was in charge and she had control over all aspects of nursing and, she assigned nurses according to patients' needs.

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[311] Colonial Secretary's Special File 278A, 1930, GN 2/5, PANL

[312] Colonial Secretary's Special File 278A, 1930, GN 2/5, PANL.

When this responsibility was given to the Board of Governors, the assignment of nursing staff was dictated by financial considerations rather than patients' requirements.

The demand for entry into the General Hospital school of nursing remained persistent throughout the 1920s. The following table shows the number of applications requested, the number of formal applications made to the school, the applications which met the requirements, and finally the number of students accepted into the program.

Table 13. Applications to School of Nursing, 1917 to 1931[313]

	1917	1918	1919	1921	1924	1925	1927	1928	1929	1930	1931
Request for prospectus....	55	56	59	73	58	42	46	52	74	55	100
Formal applications.....	21	28	31	32	29	28	29	31	35	36	60
Application accepted.....	12	17	10	11	10	16	14	18	12	10	-
Students accepted.....	11	17	7	10	-	-	17	11	15	13	-

There were students accepted into the program even in 1924 and 1925 when Myra Taylor was on leave and the training program was temporarily suspended. In 1927, eighteen nurses graduated from the school.[314] The sharp jump in requests for the school prospectus in 1931 indicates the effect of the world economic depression on Newfoundland. Unfortunately, throughout this period the school did

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[313] Annual Reports of the General Hospital 1917-1919; 1921; 1924-1925; and 1927-1931.

[314] Annual Report of the General Hospital, 1927, p.30.

not expand to accommodate the increasing numbers of women who wanted to find employment in nursing or to meet the demand for nurses by the general public. Although the General Hospital was a government funded institution paid for by all Newfoundlanders, the nurses that were trained there were expected to staff the hospital only and not to provide health care outside the institution.

Graduate nurses of the General Hospital found employment in three fields of nursing: private duty, public health, and hospital nursing. Many of them throughout their individual lifetime found work in each field of nursing according to their personal circumstances. Nurses also continued to emigrate, mostly to the United States, to seek work or to take postgraduate courses in nursing. The survey found in Appendix B examines the life cycle of nurses who graduated from the General Hospital between the years 1914 and 1924. This ten year period, although not complete, provides insight into the employment patterns of Newfoundland nurses during this time. From 1914 to 1924, 129 nurses graduated from the General Hospital school of nursing and of those seven died. Of the remaining 122, fifty-eight nurses (almost half) left Newfoundland to take up employment elsewhere or to go overseas during the first world war.[315]. Fourteen of the nurses who went to the United States took postgraduate courses in maternity nursing at American hospitals. Maternity nursing was popular as many nurses who worked private duty did so with private maternity patients in

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[315] It is not known if the nurses outside Newfoundland and designated as "married" went away to find employment first and then subsequently married or married and then emigrated.

the patient's home. Of the total number of nurses who graduated from the General Hospital, 43 did private duty nursing at some time during their career: only seven did public health nursing. This reflected the limited number of jobs there were in this field and the fact that most public health nursing in Newfoundland was provided by British missionary nurses. Most of the nurses found work in hospitals with 106 of the graduates working in institutions in either Newfoundland or the United States. Thirty-eight of the graduate nurses worked in more than one nursing field during their career. The most popular combination was to work at a hospital for a period of time and then to follow this with private duty nursing. Although the hospital provided more security, private duty work was by far more lucrative and independent.

Throughout the 1920s the economy of Newfoundland declined, and year after year the government operated on budget deficits which were met by foreign loans. By 1930 the annual interest payments on these loans were almost impossible to meet. At the same time, the government was under increasing pressure to provide able-bodied relief as a hedge against massive unemployment. By 1933 a third of the population of the colony was receiving able-bodied relief at six cents a day.[316] In an attempt to economize in the health care field, the government appointed a Royal Commission on Health and Public Charities which met for two years from 1929 to 1930. Dr.

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[316] S.J.R. Noel, Politics in Newfoundland (Toronto: University of Toronto Press, 1971), p.186.

H.M. Mosdell was appointed chair.[317] The mandate of the commission was to investigate all matters relating to government health and welfare expenditures and then to draft legislation to incorporate their recommendations. In 1930 the First Interim Report of the Royal Commission on Health and Public Charities was published and the subsequent legislation, the first Health and Public Welfare Act was enacted in 1931.[318] This act created a Department of Health and Public Welfare over which the Secretary of State (formerly the Colonial Secretary) presided. This was the first attempt by a Newfoundland government to formulate a comprehensive health and welfare policy.

The report of the Royal Commission recommended a variety of changes for the General Hospital. Its criticisms of how the Board of Governors had organized the department of nursing and the training program left no doubt that it was extremely inefficient. The commissioners first condemned how the nurses were divided into so many departments which they said resulted in inefficiency and waste of staff time. They listed all the duties of Mary Taylor, Superintendent of Nurses, which they said were "too onerous to be assumed by or demanded of any single official". They criticized the decision to abolish the position of Assistant Superintendent of Nurses saying it was "false economy" to give the work of both these jobs to one person. The report also criticized the delegation of

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[317] Mosdell was a Member of the House of Assembly and chairman of the Board of Health.

[318] First Interim Report of the Royal Commission on Health and Public Charities (St. John's: The King's Printers, 1930).

nursing staff at the hospital arguing that there were too many graduate nurses in administrative positions and not enough of them working on the wards. The commissioners argued that while the actual number of nurses on staff was equivalent to that of other hospitals, they were not assigned to achieve maximum service. The report cited the case of the X-ray Department as an example of inefficient use of staff. There were four graduate nurses assigned to this department. Nurse Cullian was in charge and she had three graduate nurses to assist her. The commissioners recommended that a medical doctor who had training in radiology be placed in charge of the department with Cullian as an assistant. This would free up three graduate nurses to work on the wards.[319] They also pointed out that the Superintendent of Nurses was in charge of only four of the thirteen graduate nurses on staff. These four were in charge of the wards. The remaining nine were autonomous in their individual departments which did not involve direct patient care: x-ray department, operating room, and the dispensary. The Commissioners recommended that the Superintendent of Nurses be placed in charge of all nurses on staff at the hospital.[320] Southcott was finally vindicated.

Although the recommendations of the First Interim Report on Health and Public Charities were accepted by the government, many were not put into effect until the establishment of Commission of Government in 1934. As a result of the worldwide depression and

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[319] Royal Commission on Health and Public Charities, p.52.

[320] Royal Commission on Health and Public Charities, p.48.

local circumstances in the early 1930s, the Newfoundland government, which faced economic bankruptcy, agreed to Britain's appointment of a Royal Commission, in February 1933, to investigate the future of the colony. The report of the Royal Commission recommended that the country be given a "rest from politics" and until Newfoundland became self-supporting again, that it be governed by a Commission of Government appointed by the Crown. Thus in 1934, democratic government in Newfoundland was suspended. The Commission of Government subsequently began implementing the recommendations of the First Interim Report of Health and Public Charities in 1934.[321] Although Southcott was completely vindicated by this report and nurses were back in control of nursing, they remained subordinate to doctors in the male medical hierarchy of the hospital. In fact, the introduction of the Public Health and Welfare Act in 1931 and the Department of Health during the Commission of Government further increased the male medical hierarchy.

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[321] S. J. R. Noel, Politics in Newfoundland, p.204.

Chapter 8: Conclusion

The history of nursing in Newfoundland largely paralleled the history of nursing in Britain, Canada, and the United States. Barbara Melosh's study of American nursing showed how nurses were divided into three separate fields: private duty, public health and hospital nursing with each group pursuing their individual interests. It was this division of leaders and rank and file nurses into three groups which influenced nursing history in the United States. This was not the case in Newfoundland. Nurses working in Newfoundland between 1903 and 1930 were divided into two groups. The first group were the British nurses who came to Newfoundland to work as medical missionaries with the International Grenfell Association and the Newfoundland Outport Nursing and Industrial Association. They were district nurses who worked in remote areas of Newfoundland and Labrador and had little or no contact with the nursing community in St. John's. Nurses comprising the second group were the Newfoundland-born women who trained at the General Hospital School of Nursing in St. John's. This school offered the only nurses' training program in Newfoundland until the Grace Maternity Hospital opened its school of nursing in 1929. Therefore, the field of public health nursing with a few exceptions in St. John's was the domain of British nurses. The field of hospital, private duty and public health nursing in St. John's was the domain of General Hospital nurses and

so it was the role of the hospital which shaped nursing history in Newfoundland.

Susan Reverby's study of American nursing concluded that the political economy of the hospital was most influential in the development of nursing. She claimed that the majority of nurses worked in hospitals and consequently were subjected to the new forms of control as hospitals incorporated the regimentation and organization of the industrial work world. Nurses who worked in private duty and public health nursing, she said, were too far away from the area of influence, the hospital. This was the case in Newfoundland as well. Almost all trained nurses who worked in St. John's had graduated from the General Hospital school of nursing. Therefore, the history of the General Hospital is a critical part of the history of nursing in Newfoundland in the early twentieth century.

As a government institution, the General Hospital had a mandate to provide health care to the whole island. During the last years of the 19th century, health care was slowly being transferred from the patient's home to the hospital. Newfoundland's experience paralleled this development and by 1909 the General Hospital had increased in size to accommodate 120 patients. Several factors during the last years of the 19th century contributed to the opening of the first school of nursing in Newfoundland. During the diphtheria epidemic of 1888-1892, editorials in the daily newspapers wrote of the need for trained nurses to assist doctors and medical boards in the fight against

communicable diseases. Secondly, the administration of the General Hospital repeatedly asked for the introduction of trained nurses to staff the institution during various government inquiries into health care. Finally, reform-minded individuals called upon the government to establish a training school fashioned on the Nightingale schools which were so popular in Britain. As young Newfoundland women continued to travel to the United States and Britain to receive training, it became evident that a local school of nursing was needed.

Mary Southcott, a Newfoundlander who trained in the Nightingale tradition at the London Hospital, opened the General Hospital School of Nursing in 1903. She was appointed the Superintendent of Nurses and remained in that position until 1916. During her tenure, a reputable training program which paralleled training schools elsewhere was established. From 1903 to 1916, the aspirations of Mary Southcott and the nurses under her direction corresponded with those of the administration of the hospital. As the demand for hospital treatment increased, it also became evident to the administration that a school of nursing supplied a skilled workforce on the premises at all times. The doctors practising at the hospital felt that the addition of "trained" nurses to the staff served to enhance the reputation of the hospital and the care they provided. Both the doctors and the administrators of the hospital saw it as economically beneficial to keep nurses in a subordinate position. These men drew upon the ideology of patriarchy to enforce the sexual division of labour. Eva

Gamarnikow and other material feminists claim the sexual division of labour is based on the social relations of capitalism not biological causes. They view the subordination of women in the workforce as an aspect of capitalist class structure. Therefore the division of health care into two spheres of competence, doctors and nurses, was based on gendered and unequal power relations.

In 1915 the report of the Royal Commission of Enquiry into Matters Relating to the St. John's General Hospital recommended radical changes to the hospital organization. The Royal Commission was initiated because of Coaker's allegations that Keegan was misappropriating hospital supplies but evolved into a conflict between Mary Southcott and Lawrence Keegan, over the roles and responsibilities of the nurses. In essence, the struggle between Southcott and Keegan represented a larger issue. This issue was: who had the power and authority to determine the role and status of nurses? Keegan did not agree with the Nightingale view, which Southcott espoused, that all aspects of nursing should be under the direct control of the Superintendent of Nurses. As Medical Superintendent, Keegan felt he was responsible for all hospital matters including the nursing department. The outcome of this debate was settled in 1916 when the report of the Royal Commission was passed into legislation as the first General Hospital Act. The Commissioners agreed with Keegan's view and subsequently recommended reorganizing the hospital along new lines. The acceptance of Keegan's view over Southcott's reflected the privileged position of doctors in society. Doctors were part of

the social elite and were members of the dominant class and culture. The powers of the Superintendent of Nurses were greatly diminished. Southcott was fired and a new, more compliant nurse found to take her place.

The provisions of the General Hospital Act were implemented during the years 1916 to 1930. A Board of Governors, comprised of six businessmen, was appointed to administer the hospital. The Board addressed the increasing cost of health care to the Newfoundland government by operating the hospital as a private business. New management techniques were implemented. In 1921 the reorganization was well under way when the Board appointed W.H. Rennie full-time administrator. Having no medical experience, Rennie conducted the business affairs of the hospital in the same manner he had conducted business at the St. John's Gas Company where he had previously worked. He concentrated his efforts on streamlining costs and implementing what he saw as money saving measures. The most detrimental of these measures to the school of nursing were the changes he made to Myra Taylor's workload. To economize he abolished two positions: Assistant Superintendent of Nurses and matron of the hospital. He incorporated these duties into Taylor's work. This resulted in long periods of illness for her and, although she was absent in 1924 and 1925 and there were no classes being taught, student nurses continued to graduate as trained nurses when their three years of apprenticeship was complete. This obviously represented a decline in educational standards for the nursing school.

The First Interim Report of the Royal Commission on Health and Public Charities, published in 1930, was highly critical of the way the administration had reorganized the hospital. Most significantly the report recommended restoring control over all nursing affairs to the Superintendent of Nurses. The nursing staff would be reorganized for more efficient use of the graduate nurses. Most of them would be assigned to work on the wards instead of such areas as the hospital office and the x-ray department. The x-ray department was singled out in the report. It recommended appointing a physician to run the department with the assistance of one trained nurse. The remaining three graduate nurses would be reassigned to work on the wards. In essence, the report restored the control of nursing and nurses back to the nurses.

Although young women continued to go to Canada, the United States and Britain to train as nurses throughout 1903 to 1930, the General Hospital school of nursing grew and expanded. Women from across the island came to St. John's to spend three years living together in residence and working together in the hospital. Away from family and friends, they quickly developed close friendships through the shared experience of nurses' training. Barbara Melosh demonstrated that the hospital nursing schools produced a work culture which was unique to nursing. Graduate nurses carried this work culture with them into the different fields of nursing. This too was the experience of the General Hospital school of nursing. The apprenticeship form of training meant that students learned the detailed routine of hospital work from senior nurses and each

other. Beds were made with precise hospital corners and temperatures were taken at regulated times. In their brisk starched uniforms, they moved around the wards tending to their patients. They learned the theory of nursing when classes were given in their off-duty hours. This General Hospital experience stayed with them and graduates of the school of nursing would always be known as "General" nurses. In the residence the students talked over the day's events and listened to graduate nurses explain the workings of the hospital. They also heard of graduate nurses travelling to such places as Boston and New York where they worked in large hospitals and made relatively large amounts of money.

Nursing provided many Newfoundland women with a valuable career. The universality of nurses' training offered General Hospital nurses the mobility to travel anywhere in Canada, Britain, and the United States to work but the most popular location was the United States. Almost half of the nurses who graduated between 1914 and 1924 travelled outside Newfoundland to work as a nurse. Nursing as a career also offered occupational mobility: trained nurses could move easily from institutional nursing to private duty nursing and in some cases industrial nursing. Nursing gave them personal and financial independence as well as an opportunity to travel.

The history of nursing at the General Hospital from 1903 to 1930 included the history of a struggle by nurses to find a place in the male medical hierarchy of the Hospital. This struggle was

important in that these women refused the limiting conventions of gender in their own lives and in their goals for nursing as an occupation. In the first optimistic period, 1903 to 1916, this struggle involved methods such as petitions to government, and issues like respect and loyalty to one another and to their common professional ideals, such as autonomy. In the second period, 1916 to 1930, they responded to the new industrial management techniques of the hospital by more aggressive industrial-style opposition, threatening strike action to protest low wages and difficult working conditions.

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Appendix A: Graduates of the General Hospital School of Nursing 1903 - 1913[322]

1906

Blackmore, E.....Operating room nurse, McKellar Hospital, Fort William, Ontario
Cullian, M.....Anaesthetist and X-Ray Operator, General Hospital, St. John's
Redmond, E.....Night Superintendent, General Hospital, St. John's
Swyers, J.....Married, living in British Columbia

1907

Campbell, E.....Nursing Superintendent, Tuberculosis Campaign, Hamilton Avenue, St. John's
Cave, E.....Married, living in St.John's
Simms, I.....Night Superintendent, British Columbia

1908

No graduates.

1909

Edgar, C.....Private duty nurse, Peel County, Ontario
Carey, A.....Nurse, Fever Hospital, St. John's
Cashin, A.....Matron, Nurses' Home, General Hospital, St. John's
Hackett, M.....Nurse, Bellevue Hospital, New York
Rowsell, B.....Nurse, General Memorial Hospital, New York

1910

Forsey, B.....Sister, Cowan and Crowdy Wards, General Hospital, St. John's
Hayes, B.....Died
Morey, F.....Private duty nurse, St. John's
Pittman, E.....District nurse, Victorian Order of Nurses, Winnipeg, Manitoba
Reid, L.....Private duty nurse, St. John's
Taylor, M.....Private duty nurse and masseuse, St. John's
Woodman, B.....Private duty nurse, New York

1911

Gardner, G.....Private duty nurse, Boston
Hubley, A.....Nursing Superintendent, Pilley's Island Hospital, Notre Dame Bay

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[322] Journal of the House Assembly, 1906-1913

Lloyd, M.....Sister, Shea and Carson Wards, General Hospital, St. John's
MacDonald, M.....Nurse, General Memorial Hospital, New York
Moulton, M.....Private duty nurse, St. John's
Soper, S.....not working, living in Bonavista
Snow, V.....Married, living in Nova Scotia
Taylor, B.....Married, living in St. John's

1912
Cluett, R.....Operating Room Nurse, General Hospital, St. John's
Cunningham, R.....Private duty nurse, St. John's
Lundrigan, G.....Operating Room nurse, General Hospital, St. John's
Morris, L.....Married, living in St. John's
McGrath, M.....Sister of Victoria and Alexander Wards, General Hospital, St. John's

1913
Payn, A.....Staff nurse, General Hospital, St. John's
Reid, E.....Sister, General Hospital, St. John's
Scott,F.....Private duty nurse, St. John's
Taylor, A.....Nurse, Fever Hospital, St. John's
Edgar, J.....Nurse, Fever Hospital, St. John's
Kennedy, E.....Nurse, Dominion Iron and Steel Company, Bell Island, Newfoundland
Lilly, A.....Nurse, General Memorial Hospital, New York
Sheppard, M..... Private duty nurse, Harbour Grace, Newfoundland

Appendix B: Employment Patterns of Graduate Nurses[323]

Class of 1906

1. Elizabeth Blackmore
   1913: Operating Room nurse, McKellar's Hospital, Fort William, Ontario.
   1919: Superintendent of Nurses, McKellar's Hospital.
   1924: Private duty nurse, Toronto

2. Madge Cullian
   1913: Anaesthetist and X-ray Operator, General Hospital
   1919: Anaesthetist and X-ray Operator, General Hospital
   1924: Anaesthetist and X-ray Operator, General Hospital

3. Elizabeth Redmond
   1913: Night Superintendent, General Hospital
   1919: Retired

4. Jessie Swyers
   1906: Nurse, Reveldale[sic], British Columbia
   1913: Married, Mrs. Swanie, Canada
   1919: Married.
   1924: Married.

Class of 1907

1. Ella Campbell
   1913: Nursing Superintendent, Association for the Prevention of Consumption, Hamilton Avenue.
   1917: Matron, Sanatorium.
   1919: Deceased.

2. Evelyn Cave
   1907: Maternity course and social work course at Peter Brent Brigham Hospital, Boston.
   1913: Married, Hiscock.
   1920: Head of the Midwives Club, St. John's.

3. Isabel Simms
   1913: Night Superintendent, Greenwood, British Columbia.
   1914: Overseas during the war.
   1919: Stenographer, British Columbia.
   1924: Stenographer, British Columbia.

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[323] These statistics were taken from Annual Reports of the General Hospital, 1914, 1919, 1924; Joyce Nevitt, White Caps and Black Bands, and General Hospital School of Nursing Probationers' Register.

Class of 1909

1. Clara Edgar
   1913: Private duty nurse, Peel County, Ontario.
   1919: Staff nurse, Fever Hospital, St. John's.
   1924: Married. Mrs. Bracklin, Corner Brook.

2. Alice Carey
   1913: Staff nurse, Fever Hospital.
   1914: Overseas during the war: stationed at the Military Hospital, Brighton, England.
   1919: Married, Dr. Brehm, Public Health Officer, St. John's.

3. Annie Cashin
   1913: Matron, Nurses' Home, General Hospital.
   1919: Not working, home at Cape Broyle.
   1924: Retired, Cape Broyle.

4. Margaret Hackett
   1913: Staff nurse, Bellevue Hospital, New York.
   1919: Married, Lloyd Sears, New York.
   1924: Private duty nurse, New York.

5. Bessie Rowsell
   1913: Staff nurse, General Memorial Hospital, New York.
   1919: Married, Rev. Vivian, Pushthrough, Newfoundland.
   1924: Married.

Class of 1910

1. Bertha Forsey
   1913: Sister, Cowan and Crowdy Wards, General Hospital.
   1914: Overseas during the war, stationed at a military hospital in Yorkshire. Returned to Grand Falls and married.
   1919: Married, Mrs. J. Porter, Regina.
   1924: Married, Vancouver.

2. Bride Hayes
   1913: Deceased.

3. Frances Morey
   1913: Private duty nurse, St. John's
   1915: Overseas during the war.
   1919: Staff nurse, Fever Hospital, St. John's.
   1924: Private duty nurse, St. John's.

4. Ethel Pittman
   1913: District nurse, Victorian Order of Nurses, Winnipeg.
   1919: Married, Mrs. Roberts, Winnipeg.
   1924: Married.

5. Lillian Reid
   1913: Private duty nurse, St. John's.
   1919: Married, Mrs. Pippy, St. John's.
   1924: Married.

6. Myra Taylor
   1911: Midwifery course, Queen Charlotte Maternity Hospital and a massage therapy course at St. Bartholomew's Hospital, London.
   1913: District nurse, London.
   1913: Private duty nurse, St. John's
   1919: Superintendent of Nurses, General Hospital, St. John's
   1924: Superintendent of Nurses.

7. Bertha Woodman
   1913: Private duty nurse, New York.
   1919: Private duty nurse, New York.
   1924: Married, Rev. Beauchamp, New York.

Class of 1911

1. Grace Gardiner
   1913: Private nurse, Boston.
   1914: Overseas during the war, stationed at the Military Hospital, Brighton, England.
   1919: Private duty nurse, St. John's.
   1924: Private duty nurse, Boston.

2. Ada Hubley
   1912: Nurse, Tuberculosis Camp, Blackmarsh Road, St. John's.
   1913: Superintendent of Nurses, Pilley's Island.
   1919: Canada.
   1924: Canada.

3. Marion MacDonald
   1913: Staff nurse, General Memorial Hospital, New York.
   1919: Nurse, Western Union Telegraph Company, Heart's Content.
   1924: Nurse, Western Union Telegraph Company.

4. Mabel Moulton
   1913: Private duty nurse, St. John's.
   1919: Private duty nurse, California.
   1924: Private duty nurse, Boston.

5. Susan Roper
   1913: Not working, at home in Bonavista.
   1919: Deceased.

6. Violet Snow
   1913: Married, Mrs. MacDonald, Nova Scotia.
   1919: Married.
   1924: Married.

7. Bessie Taylor
   1913: Married, Mrs. Cobb, St. John's.
   1919: Married, Bishop's Falls.
   1924: Married, Corner Brook.

Class of 1912

1. Rita Cluett
   1913: Operating room nurse, General Hospital.
   1919: Married, Rev. Robbins, Ramea.
   1924: Married: Montreal.

2. Edna Cunningham
   1913: Private duty nurse, St. John's.
   1919: Community nurse, St. John's.
   1920: Community nurse, Child Welfare Association.
   1924: Married, Mrs. B. Forsey, Vancouver.

3. Gertrude Lundrigan
   1913: Operating Room nurse, General Hospital.
   1919: Married, Mrs. Connors, New York.
   1924: Married.

4. Lucy Morris
   1913: Married, Mrs. Harris, St. John's.
   1919: Married.
   1924. Married.

5. Mary McGrath
   1913: Sister, Victoria and Alexander Wards, General Hospital.
   1914: Overseas during the war.
   1919: Private duty nurse, St. John's.
   1924: Private duty nurse, New York.

Class of 1913

1. Annie Payn
   1913: Staff nurse, General Hospital.
   1919: Married, Mrs. Crawford, St. John's.
   1924: Married.

2. Emma Reid
   1913: Sister, General Hospital.
   1914: Private duty nurse, St. John's.
   1916: Nurse, Donovan's Hospital, St. John's.
   1916: Matron, Military Infectious Diseases Hospital, St. John's.
   1919: Matron, Fever Hospital.
   1924: Matron, Fever Hospital.

3. Florence Scott
   1913: Private duty nurse, St. John's.
   1919: Assistant Superintendent of Nurses, General Hospital.

1924: Matron, Deer Lake Hospital.

4. Alfrida Taylor
   1913: Staff nurse, Fever Hospital, St. John's.
   1915: Staff nurse, Indian Harbour Hospital (summer only)
   1919: Staff nurse, Fever Hospital.
   1924: Private duty nurse, Boston.

5. Jessie Edgar
   1913: Staff nurse, Fever Hospital, St. John's.
   ? Maternity course, Montreal Maternity Hospital.
   1919: Matron, Military and Naval Convalescent Home, St. John's.
   1924: Nurse, Child Welfare Association.

6. Elizabeth Kennedy
   1913: Nurse, Dominion Iron and Steel Company, Bell Island.
   1919: Married, Mrs. Fraser, Nova Scotia.
   1924: Deceased.

7. Alice Lilly
   1913: Staff nurse, General Memorial Hospital, New York.
   1919: Private duty nurse, New York.
   1924: Married, Mrs. LaPerch, New York.

8. Marion Sheppard
   1913: Private duty nurse, Harbour Grace.
   1919: Married, Mrs. Proudfoot, Bell Island.
   1924: Married.

Class of 1914

1. Theresa Carroll
   1919: Private duty nurse, New York.
   1924: Married, Mrs. Hitchcock, New York.

2. Clara White
   1914: Overseas during the war, Royal Victoria Hospital, Netley, England.
   1919: Staff nurse, Fever Hospital, St. John's.
   1924: Company nurse, Hampden, White Bay.

3. Mildred Edgar
   1919: Private duty nurse, St. John's.
   1924: Private duty nurse, New York.

4. Katherine Fitzpatrick
   1919: Married, Mrs. Morley, Bell Island.
   1924: Married.

5. Ellen Penny
   1915: Nurse, Indian Harbour Hospital, Labrador.
   1919: New York.

1924: ? married.

6. Maysie Parsons
   1914: Overseas during the war, stationed in Belgium
   1919: Married, Dr. Marsey, Ottawa.
   1924: Married, Montreal.

7. Kathleen Condon
   1919: Married, Dr. Weiss, Broad Street Hospital, New York.
   1924: Married.

8. Clara Morris
   1919: Married, Mrs.H. Pope, Golf Ave, St. John's
   1924: Married.

9. Bride Larner
   1919: Sister, General Hospital.
   1924: Married, J. Perez, St. John's.

Class of 1915

1. May Flemming
   1913: Sister, General Hospital.
   1919: Night Superintendent, General Hospital.

2. Elizabeth Tremills
   1915: Overseas during the war, Royal Victoria Hospital, Netley, England.
   1919: Matron, Naval and Military Tuberculosis Hospital, St. John's.
   1924: Married, Mrs. White, New York.

3. Sybil Oakley
   1919: Married, Hayward Parsons, Cartwright.
   1924: Married.

4. Bessie Hartery
   1919: Operating Room sister, Aseptic Surgery, General Hospital.
   1924: Supervisor, Operating Room, General Hospital.
   1924: Nurse, First Aid Station, British Empire Steel Company, Bell Island.

5. Frances Cron
   1915: Overseas during the war, stationed at Salonika.
   1919: Married, Mrs. Beveridge, Scotland.
   1924: Married.

Class of 1916

1. Mary Guy
   1917: Sister, General Hospital.
   1919: Married, J. Lacey, St. John's.

1924: Married.

2. Ethel Moore
   1916: Staff nurse, General Hospital.
   1916: Sister, Operating Room, General Hospital.
   1917: Supervisor, Septic Operating Room, General Hospital.
   1918: Died of brain tumor.

3. Belinda Morris
   1919: Married, Lacey, Anaconda, Montana.
   1924: Married.

4. Maysie Archibald
   1919: Private duty nurse, New York.
   1924: Married, White, Stephenville Crossing.

5. Alice Casey
   1916: Staff nurse, General Hospital.
   1917: Staff nurse, Fever Hospital.
   1917: Private duty nurse, St. John's.
   1919: Private duty nurse, St. John's.
   1922: Staff nurse, St. Clare's Mercy Hospital, St. John's.
   1924: Private duty nurse, St. John's.

6. Jean Bowman
   1916: Staff nurse, Fever Hospital.
   1919: Married, Wilfred Dawe, Bay Roberts.
   1924: Married.

7. Mabel Gibbons
   1916: Staff nurse, General Hospital.
   1919: Sister, Septic Operating Room, General Hospital.
   1919: Private duty nurse, St. John's.
   1924: Married, G. Stafford, St. John's.

8. Vivian Mifflen
   1916: Staff nurse, General Hospital.
   1917: Sister, General Hospital.
   1918: Married, Charles Brown, St. John's.
   1924: Married.

9. Una Harvey
   1917: Maternity course, New York Medical College Hospital for Women, New York.
   1919: Private duty nurse, St. John's.
   1924: Deceased.

10. Mary Curtin
   1916: Maternity course, Flown Hill Hospital, New York.
   1919: ?
   1924: Private duty nurse, St. John's.

Class of 1917

1. Alexandra Snelgrove
   1917: Staff nurse, General Hospital.
   1919: Staff nurse, Fever Hospital.
   1924: Sister, General Hospital.

2. Florence Sinyard
   1917: Staff nurse, General Hospital.
   1919: Sister, General Hospital.
   1924: Sister, General Hospital.

3. Lilla Mews
   1919: Sister, Children's Hospital, St. John's.
   1924: Private duty nurse, St. John's.

4. Agnes Doyle
   1918: Staff nurse, General Hospital
   1918: Sister, Victoria and Alexander Wards, General Hospital.
   1919: Sister, General Hospital.
   1924: Sister, General Hospital.

5. Lillian Kelly
   1917: Staff nurse, Fever Hospital.
   1919: Staff nurse, Boston Lying In Hospital.
   1924: Private duty nurse, Boston.

6. May Hartigan
   1919: Deceased.

7. Hettie Young
   1917: Staff nurse, Fever Hospital.
   1918: Hospital Secretary and Dispenser, General Hospital.
   1924: Married, J. Bemister, St. John's.

8. Gertrude Bradbury
   1917: Nurse, General Hospital.
   1918: Staff nurse, General Hospital.
   1919: Sister, Septic Operating Room, General Hospital.
   1924: Sister, General Hospital.

9. Susan Snelgrove
   1917: Staff nurse, General Hospital.
   1918: Private duty nurse, St. John's.
   1924: Private duty nurse, Boston.

Class of 1918

1. Emmeline Joliffe
   1919: Nurse, Dominion Iron and Steel Company, Bell Island.
   1924: Married, St. John, Bell Island.

2. Eva Long
   1918: Staff nurse, General Hospital.
   1919: Sister, Xray Department and Assistant Anaesthetist, General Hospital.
   1920: Matron, Dr. Nutting Fraser's Children's Hospital.
   1924: Sister, Xray Department and Assistant Anaesthetist, General Hospital

3. May Miller
   1919: Private duty nurse, St. John's.
   1924: Private duty nurse, New York.

4. Isabel Walsh
   1919: Private duty nurse, St. John's.
   1924: Private duty nurse, St. John's.

5. Kathleen Northcott
   1917: Staff nurse, General Hospital.
   1918: Sister, Operating Room, General Hospital.
   1919: Private duty nurse, St. John's.
   1924: Private duty nurse, St. John's.

6. Nellie Maher
   1919: Nurse, Philadelphia.
   1924: Private duty nurse, Philadelphia.

7. Mary Tibbs
   1919: Staff nurse, Fever Hospital.
   1919: Private duty nurse, St. John's.
   1924: Trinity.

8. Agnes Baldwin
   1919: Private duty nurse, Canada.
   1924: Private duty nurse, Vancouver.

9. Ellen Williams
   1919: Staff nurse, Long Island Hospital, New York.
   1924: Staff nurse, Long Island Hospital, New York.

Class of 1919

1. Caroline Ellis
   1919: Staff nurse, Southcott Hospital.
   1924: Private duty nurse, Montreal Hospital

2. Maud Miller
   1919: Staff nurse, General Hospital.
   1919: Staff nurse, Fever Hospital.
   1924: Staff nurse, Contagious Hospital, New York.

3. Marguerite Scott
   1919: Matron, Pilley's Island Hospital, Notre Dame Bay.
   1924: Married, P. Blackmore, Pilley's Island.

4. Jessie Moors
   1919: Sister, Operating Room, Aseptic Surgery, General Hospital.
   1921: Maternity course, New York Lying In Hospital, New York.
   1921: Staff nurse, Women's Hospital, New York.
   1924: Staff nurse, Norwegian Hospital, New York.
   1924: Supervisor, Operating Room, General Hospital.

5. Minnie Hyde
   1919: Staff nurse, General Hospital.
   1924: Private duty nurse, St. John's.

6. Maud Palmer
   1919: Staff nurse, General Hospital.
   1920: Sister, General Hospital.
   1921: Maternity course, Women's Hospital, New York.

Class of 1920

1. Annie Moore
   1920: Staff nurse, General Hospital.
   1921: Sister, Operating Room, General Hospital.
   1924: Staff nurse, Ear, Eye, Nose, Throat Hospital, New York.

2. Hannah Jones
   1920: Staff nurse, General Hospital.
   1921: Xray Department and Anaesthetics, General Hospital.
   1924: Acting Superintendent of Nurses, General Hospital.
   1924: Staff nurse, Norwegian Hospital, New York.

3. Clara Adams
   1920: Private duty nurse, St. John's.
   1924: Private duty nurse, St. John's.

4. Sadie Hampton
   1924: Staff nurse, Norwegian Hospital, New York.

5. Martha Smith
   1920: Staff nurse, General Hospital.
   1924: Nurse, Dominion Iron and Steel Company, Bell Island.

6. Mary O'Flynn
   1920: Staff nurse, General Hospital.
   1920: Matron, at hospital in Millertown.
   1921: Maternity course, The Women's Hospital, New York.
   1924: Private duty nurse, New York.

7. Georgina Cooper
   1920: Matron, Escasoni Hospital, St. John's, for one month.
   1924: Staff nurse, Fever Hospital.

8. Mercedes Murray
   1920: Staff nurse, General Hospital.
   1922: Sister, General Hospital.
   1924: Ear, Eye, Nose, Throat Hospital, New York.

9. Nellie Olsen
   1920: Staff nurse, General Hospital.
   1922: Sister, General Hospital.
   1924: Secretary, General Hospital.

10. Ida Tucker
   1919: Staff nurse, General Hospital.
   1924: Married, Captain Clarke, Montreal.

Class of 1921

1. Jessie Greenslade
   1924: Married, Ploughman, Manuels.

2. Ethel Mifflen
   1924: Deceased.

3. Emma Lewis
   1921: Sister, Children's Hospital, St. John's.
   1924: Married, Mrs. Oke, St. John's.

4. Viola Dwyer
   1921: Staff nurse, General Hospital.
   1924: Private duty nurse, Boston.

5. Lillian Stevenson
   1922: Staff nurse, General Hospital.
   1924: Sister, Operating Room, General Hospital.

6. Syretha Squires
   ? Maternity course, Montreal Maternity Hospital.
   ? Public health course, McGill University. (scholarship from the Victorian Order of Nurses)
   1924: Public health nurse, Child Welfare Association, St. John's.

7. Wilhemina French
   1921: Staff nurse, Massachussetts General Hospital, Boston.
   ? Supervisor, Obstetrical Ward, Arlington Hospital.
   1924: Married, Mrs. Winsor, Boston.

8. Jean Munn
   1921: Maternity course, Boston Lying In Hospital, Boston.
   1924: Married, G. Baggs, Boston.

Class of 1922

1. Caroline Pittman
   1922: Staff nurse, General Hospital.
   1924: Sister, Operating Room, General Hospital.

2. Rita Fitzgerald
   1924: Private duty nurse, New York.

3. Sarah Ethelfloceda Caldwell
   1922: Staff nurse, General Hospital.
   1924: Private duty nurse, Rochester, New York.

4. Maud Hogan
   1922: Staff nurse, General Hospital.
   1922: Maternity course, Boston Lying In Hospital, Boston.
   1924: Staff nurse, Wychof Heights Hospital, New York.

5. Ivy Cunningham
   1922: Staff nurse, General Hospital.
   1924: Staff nurse, Sloan's Hospital, New York.

6. Isabel Foley
   1922: Staff nurse, General Hospital.
   1924: Operating Room nurse, St. Clare's Hospital, St. John's.

7. Helen Hiscock
   1924: Private duty nurse, St. John's.

8. Margaret O'Neil
   1922: Staff Nurse, General Hospital.
   1923: Dietetics course at Battle Creek Sanatorium (H. J. Crowe scholarship)
   1924: Sister, General Hospital.

Class of 1923

1. Lillian Tulk
   1923: Dietetics course, Battle Creek Sanatorium (H.J. Crowe Scholarship)
   1923: Hampden, White Bay, at request of H.J. Crowe. Returned in the spring.
   1924: Married, Dr. Elliott, Halifax.

2. Elizabeth Moore
   1924: Private duty nurse, St. John's.

3. Marie Taaffe
   1924: Staff nurse, Sloan's Hospital, New York.

4. Elizabeth Sheppard
   1924: Private duty nurse, St. John's.

5. Mercedes Hoskins
   1924: Sister, 2nd Assistant, Xray Department, General Hospital.

Class of 1924

1. Mary Stuart Cron
   1924: Staff nurse, Sudbury Hospital.

2. Dora Pelley
   1924: Maternity course, Women's Hospital, New York.
   1924: Staff nurse, Sloan's Hospital, New York.

3. Vera Shambler
   1924: Private duty nurse, St. John's.

4. Pearl Blackmore
   1924: Staff nurse, Fever Hospital.

5. Dolly Scott
   1924: Maternity course, Grace Maternity Hospital, St. John's.
   1924: Staff nurse, Deer Lake Hospital.
   ? Staff nurse, Corey Hill Hospital, New York.

6. Alice Peyton
   1924: Staff nurse, General Hospital.

7. Lottie Spracklin
   1924: Married, Mrs. Dinney, Boston.

8. Nellie Coughlan
   1924: Staff nurse, Fever Hospital.
   1924: Staff nurse, Women's Hospital, New York.

9. Violet Parsons
   1924: Staff nurse, General Hospital.

10. Isabel Gosse
    1924: Maternity course, Grace Maternity Hospital, St. John's.
    1924: Staff nurse, General Hospital.
    1924: Staff nurse, Deer Lake Hospital.
    1925: Staff nurse, Rockaway Beach Hospital, New York.

11. Louise O'Neill
    1924: Staff nurse, General Hospital.